

## **General Guidelines for Developing Emergency Action Plans**

**1. Establish Roles** – adapt to specific team/sport/venue, may be best to have more than one person assigned to each role in case of absence/turnover

- Immediate care of the athlete
  - Typically physician, ATC, first responder but also those trained in basic life support
- Activation of Emergency Medical System
  - Could be school administrator, anyone
- Emergency equipment retrieval
  - Could be student assistant, coach, anyone
- Direction of EMS to scene
  - Could be administrator, coach, student assistant, anyone

## **2. Communication**

- Primary method
  - May be fixed (landline) or mobile (cellular phone, radio)
  - List all key personnel and all phones associated with this person
- Back-up method
  - Often a landline
- Test prior to event
  - Cell phone/radio reception can vary, batteries charged, landline working
  - Make sure communication methods are accessible (identify and post location, are there locks or other barriers, change available for pay-phone)
- Activation of EMS
  - Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
  - Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
  - Post both of the above near communication devices, other visible locations in venue, and circulate to appropriate personnel
- Student emergency information
  - Critical medical information (conditions, medications, allergies)

# National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics

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**Objectives:** To educate athletic trainers and others about the need for emergency planning, to provide guidelines in the development of emergency plans, and to advocate documentation of emergency planning.

**Background:** Most injuries sustained during athletics or other physical activity are relatively minor. However, potentially limb-threatening or life-threatening emergencies in athletics and physical activity are unpredictable and occur without warning. Proper management of these injuries is critical and should be carried out by trained health services personnel to minimize risk to the injured participant. The organization or institution and its personnel can be placed at risk by the lack of an emergency plan, which may be the foundation of a legal claim.

**Recommendations:** The National Athletic Trainers' Association recommends that each organization or institution that sponsors athletic activities or events develop and implement a written emergency plan. Emergency plans should be developed by organizational or institutional personnel in consultation with

the local emergency medical services. Components of the emergency plan include identification of the personnel involved, specification of the equipment needed to respond to the emergency, and establishment of a communication system to summon emergency care. Additional components of the emergency plan are identification of the mode of emergency transport, specification of the venue or activity location, and incorporation of emergency service personnel into the development and implementation process. Emergency plans should be reviewed and rehearsed annually, with written documentation of any modifications. The plan should identify responsibility for documentation of actions taken during the emergency, evaluation of the emergency response, institutional personnel training, and equipment maintenance. Further, training of the involved personnel should include automatic external defibrillation, cardiopulmonary resuscitation, first aid, and prevention of disease transmission.

**Key Words:** policies and procedures, athletics, planning, catastrophic

Although most injuries that occur in athletics are relatively minor, limb-threatening or life-threatening injuries are unpredictable and can occur without warning.<sup>1</sup> Because of the relatively low incidence rate of catastrophic injuries, athletic program personnel may develop a false sense of security over time in the absence of such injuries.<sup>1-4</sup> However, these injuries can occur during any physical activity and at any level of participation. Of additional concern is the heightened public awareness associated with the nature and management of such injuries. Medicolegal interests can lead to questions about the qualifications of the personnel involved, the preparedness of the organization for handling these situations, and the actions taken by program personnel.<sup>5</sup>

Proper emergency management of limb- or life-threatening injuries is critical and should be handled by trained medical and allied health personnel.<sup>1-4</sup> Preparation for response to emergencies includes education and training, maintenance of emergency equipment and supplies, appropriate use of person-

nel, and the formation and implementation of an emergency plan. The emergency plan should be thought of as a blueprint for handling emergencies. A sound emergency plan is easily understood and establishes accountability for the management of emergencies. Furthermore, failure to have an emergency plan can be considered negligence.<sup>5</sup>

## POSITION STATEMENT

Based on an extensive survey of the literature and expert review, the following is the position of the National Athletic Trainers' Association (NATA):

1. Each institution or organization that sponsors athletic activities must have a written emergency plan. The emergency plan should be comprehensive and practical, yet flexible enough to adapt to any emergency situation.
2. Emergency plans must be written documents and should be distributed to certified athletic trainers, team and at-

tending physicians, athletic training students, institutional and organizational safety personnel, institutional and organizational administrators, and coaches. The emergency plan should be developed in consultation with local emergency medical services personnel.

3. An emergency plan for athletics identifies the personnel involved in carrying out the emergency plan and outlines the qualifications of those executing the plan. Sports medicine professionals, officials, and coaches should be trained in automatic external defibrillation, cardiopulmonary resuscitation, first aid, and prevention of disease transmission.
4. The emergency plan should specify the equipment needed to carry out the tasks required in the event of an emergency. In addition, the emergency plan should outline the location of the emergency equipment. Further, the equipment available should be appropriate to the level of training of the personnel involved.
5. Establishment of a clear mechanism for communication to appropriate emergency care service providers and identification of the mode of transportation for the injured participant are critical elements of an emergency plan.
6. The emergency plan should be specific to the activity venue. That is, each activity site should have a defined emergency plan that is derived from the overall institutional or organizational policies on emergency planning.
7. Emergency plans should incorporate the emergency care facilities to which the injured individual will be taken. Emergency receiving facilities should be notified in advance of scheduled events and contests. Personnel from the emergency receiving facilities should be included in the development of the emergency plan for the institution or organization.
8. The emergency plan specifies the necessary documentation supporting the implementation and evaluation of the emergency plan. This documentation should identify responsibility for documenting actions taken during the emergency, evaluation of the emergency response, and institutional personnel training.
9. The emergency plan should be reviewed and rehearsed annually, although more frequent review and rehearsal may be necessary. The results of these reviews and rehearsals should be documented and should indicate whether the emergency plan was modified, with further documentation reflecting how the plan was changed.
10. All personnel involved with the organization and sponsorship of athletic activities share a professional responsibility to provide for the emergency care of an injured person, including the development and implementation of an emergency plan.
11. All personnel involved with the organization and sponsorship of athletic activities share a legal duty to develop, implement, and evaluate an emergency plan for all sponsored athletic activities.
12. The emergency plan should be reviewed by the administration and legal counsel of the sponsoring organization or institution.

## BACKGROUND FOR THIS POSITION STAND

### Need for Emergency Plans

Emergencies, accidents, and natural disasters are rarely predictable; however, when they do occur, rapid, controlled re-

sponse will likely make the difference between an effective and an ineffective emergency response. Response can be hindered by the chaotic actions and increased emotions of those who make attempts to help persons who are injured or in danger. One method of control for these unpredictable events is an emergency plan that, if well designed and rehearsed, can provide responders with an organized approach to their reaction. The development of the emergency plan takes care and time to ensure that all necessary contingencies have been included. Lessons learned from major emergencies are also important to consider when developing or revising an emergency plan.

Emergency plans are applicable to agencies of the government, such as law enforcement, fire and rescue, and federal emergency management teams. Furthermore, the use of emergency plans is directly applicable to sport and fitness activities due to the inherent possibility of "an untoward event" that requires access to emergency medical services.<sup>6</sup> Of course, when developing an emergency plan for athletics, there is one notable difference from those used by local, state, and federal emergency management personnel. With few exceptions, typically only one athlete, fan, or sideline participant is at risk at one time due to bleeding, internal injury, cardiac arrest, shock, or traumatic head or spine injury. However, emergency planning in athletics should account for an untoward event involving a game official, fan, or sideline participant as well as the participating athlete. Although triage in athletic emergency situations may be rare, this does not minimize the risks involved and the need for carefully prepared emergency care plans. The need for emergency plans in athletics can be divided into 2 major categories: professional and legal.

**Professional Need.** The first category for consideration in determining the need for emergency plans in athletics is organizational and professional responsibility. Certain governing bodies associated with athletic competition have stated that institutions and organizations must provide for access to emergency medical services if an emergency should occur during any aspect of athletic activity, including in-season and off-season activities.<sup>6</sup> The National Collegiate Athletic Association (NCAA) has recommended that all member institutions develop an emergency plan for their athletic programs.<sup>7</sup> The National Federation of State High School Associations has recommended the same at the secondary school level.<sup>8</sup> The NCAA states, "Each scheduled practice or contest of an institution-sponsored intercollegiate athletics event, as well as out-of-season practices and skills sessions, should include an emergency plan."<sup>6</sup> The *1999–2000 NCAA Sports Medicine Handbook* further outlines the key components of the emergency plan.<sup>6</sup>

Although the *1999–2000 NCAA Sports Medicine Handbook* is a useful guide, a recent survey of NCAA member institutions revealed that at least 10% of the institutions do not maintain any form of an emergency plan.<sup>7</sup> In addition, more than one third of the institutions do not maintain emergency plans for the off-season strength and conditioning activities of the sports.

Personnel coverage at NCAA institutions was also found to be an issue. Nearly all schools provided personnel qualified to administer emergency care for high-risk contact sports, but fewer than two thirds of institutions provided adequate personnel to sports such as cross-country and track.<sup>9</sup> In a memorandum dated March 25, 1999, and sent to key personnel at

all schools, the president of the NCAA reiterated the recommendations in the *1999–2000 NCAA Sports Medicine Handbook* to maintain emergency plans for all sport activities, including skill instruction, conditioning, and the nontraditional practice seasons.<sup>8</sup>

A need for emergency preparedness is further recognized by several national organizations concerned with the delivery of health care services to fitness and sport participants, including the NATA Education Council,<sup>10</sup> NATA Board of Certification, Inc,<sup>11</sup> American College of Sports Medicine, International Health Racquet and Sports Club Association, American College of Cardiology, and Young Men's Christian Association.<sup>12</sup> The NATA-approved athletic training educational competencies for athletic trainers include several references to emergency action plans.<sup>10</sup> The knowledge of the key components of an emergency plan, the ability to recognize and appraise emergency plans, and the ability to develop emergency plans are all considered required tasks of the athletic trainer.<sup>11</sup> These responsibilities justify the need for the athletic trainer to be involved in the development and application of emergency plans as a partial fulfillment of his or her professional obligations.

In addition to the equipment and personnel involved in emergency response, the emergency plan must include consideration for the sport activity and rules of competition, the weather conditions, and the level of competition.<sup>13</sup> The variation in these factors makes venue-specific planning necessary because of the numerous contingencies that may occur. For example, many youth sport activities include both new participants of various sizes who may not know the rules of the activity and those who have participated for years. Also, outdoor sport activities include the possibility of lightning strikes, excessive heat and humidity, and excessive cold, among other environmental concerns that may not be factors during indoor activities. Organizations in areas of the country in which snow may accumulate must consider provisions for ensuring that accessibility by emergency vehicles is not hampered. In addition, the availability of safety equipment that is necessary for participation may be an issue for those in underserved areas. The burden of considering all the possible contingencies in light of the various situations must rest on the professionals, who are best trained to recognize the need for emergency plans and who can develop and implement the venue-specific plans.

**Legal Need.** Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants. Of further legal precedence is the accepted standard of care by which allied health professionals are measured.<sup>14</sup> This standard of care provides necessary accountability for the actions of both the practitioners and the governing body that oversees those practitioners. The emergency plan has been categorized as a written document that defines the standard of care required during an emergency situation.<sup>15</sup> Herbert<sup>16</sup> emphasized that well-formulated, adequately written, and periodically rehearsed emergency response protocols are absolutely required by sports medicine programs. Herbert<sup>16</sup> further stated that the absence of an emergency plan frequently is the basis for claim and suit based on negligence.

One key indicator for the need for an emergency action plan is the concept of foreseeability. The organization administrators and the members of the sports medicine team must ques-

tion whether a particular emergency situation has a reasonable possibility of occurring during the sport activity in question.<sup>14,15,17</sup> For example, if it is reasonably possible that a catastrophic event such as a head injury, spine injury, or other severe trauma may occur during practice, conditioning, or competition in a sport, a previously prepared emergency plan must be in place. The medical and allied health care personnel must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Several legal claims and suits have indicated or alluded to the need for emergency plans. In *Gathers v Loyola Marymount University*,<sup>18</sup> the state court settlement included a statement that care was delayed for the injured athlete, and the plaintiffs further alleged that the defendants acted negligently and carelessly in not providing appropriate emergency response. These observations strongly support the need to have clear emergency plans in place, rehearsed, and carried out. In several additional cases,<sup>19–21</sup> the courts have stated that proper care was delayed, and it can be reasoned that these delays could have been avoided with the application of a well-prepared emergency plan.

Perhaps the most significant case bearing on the need for emergency planning is *Kleinknecht v Gettysburg College*, which came before the appellate court in 1993.<sup>5,17</sup> In a portion of the decision, the court stated that the college owed a duty to the athletes who are recruited to be athletes at the institution. Further, as a part of that duty, the college must provide “prompt and adequate emergency services while engaged in the school-sponsored intercollegiate athletic activity for which the athlete had been recruited.”<sup>17</sup> The same court further ruled that reasonable measures must be ensured and in place to provide prompt treatment of emergency situations. One can conclude from these rulings that planning is critical to ensure prompt and proper emergency medical care, further validating the need for an emergency plan.<sup>5</sup>

Based on the review of the legal and professional literature, there is no doubt regarding the need for organizations at all levels that sponsor athletic activities to maintain an up-to-date, thorough, and regularly rehearsed emergency plan. Furthermore, members of the sports medicine team have both legal and professional obligations to perform this duty to protect the interests of both the participating athletes and the organization or institution. At best, failure to do so will inevitably result in inefficient athlete care, whereas at worst, gross negligence and potential life-threatening ramifications for the injured athlete or organizational personnel are likely.

## Components of Emergency Plans

Organizations that sponsor athletic activities have a duty to develop an emergency plan that can be implemented immediately and to provide appropriate standards of health care to all sports participants.<sup>5,14,15,17</sup> Athletic injuries may occur at any time and during any activity. The sports medicine team must be prepared through the formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, use of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Some potential emergencies may be averted through careful preparticipation physical



## Sample Venue-Specific Emergency Protocol

\_\_\_\_\_University Sports Medicine Football Emergency Protocol

1. Call 911 or other emergency number consistent with organizational policies
2. Instruct emergency medical services (EMS) personnel to "report to \_\_\_\_\_ and meet \_\_\_\_\_ at \_\_\_\_\_ as we have an injured student-athlete in need of emergency medical treatment."  
**University Football Practice Complex:** \_\_\_\_\_ Street entrance (gate across street from \_\_\_\_\_) *cross street:* \_\_\_\_\_ Street  
**University Stadium:** Gate \_\_\_\_\_ entrance off \_\_\_\_\_ Road
3. Provide necessary information to EMS personnel:
  - name, address, telephone number of caller
  - number of victims; condition of victims
  - first-aid treatment initiated
  - specific directions as needed to locate scene
  - other information as requested by dispatcher
4. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed

### Note:

- sports medicine staff member should accompany student-athlete to hospital
- notify other sports medicine staff immediately
- parents should be contacted by sports medicine staff
- inform coach(es) and administration
- obtain medical history and insurance information
- appropriate injury reports should be completed

### Emergency Telephone Numbers

\_\_\_\_\_ Hospital \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Emergency Department \_\_\_\_\_ - \_\_\_\_\_  
University Health Center \_\_\_\_\_ - \_\_\_\_\_  
Campus Police \_\_\_\_\_ - \_\_\_\_\_

### Emergency Signals

Physician: arm extended overhead with clenched fist  
Paramedics: point to location in end zone by home locker room and wave onto field  
Spine board: arms held horizontally  
Stretcher: supinated hands in front of body or waist level  
Splints: hand to lower leg or thigh

screenings, adequate medical coverage, safe practice and training techniques, and other safety measures.<sup>1,22</sup> However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

The goal of the sports medicine team is the delivery of the highest possible quality health care to the athlete. Management of the emergency situation that occurs during athletic activities may involve certified athletic trainers and students, emergency medical personnel, physicians, and coaches working together. Just as with an athletic team, the sports medicine team must work together as an efficient unit to accomplish its goals.<sup>22</sup> In an emergency situation, the team concept becomes even more critical, because time is crucial and seconds may mean the difference among life, death, and permanent disability. The sharing of information, training, and skills among the various emergency medical care providers helps reach the goal.<sup>22,23</sup>

**Implementation.** Once the importance of the emergency plan is realized and the plan has been developed, the plan must be implemented. Implementation of the emergency plan requires 3 basic steps.<sup>23</sup>

First, the plan must be committed to writing (Table) to provide a clear response mechanism and to allow for continuity among emergency team members.<sup>14,16</sup> This can be accomplished by using a flow sheet or an organizational chart. It is also important to have a separate plan or to modify the plan

for different athletic venues and for practices and games. Emergency team members, such as the team physician, who are present at games may not necessarily be present at practices. Moreover, the location and type of equipment and communication devices may differ among sports, venues, and activity levels.

The second step is education.<sup>23</sup> It is important to educate all the members of the emergency team regarding the emergency plan. All personnel should be familiar with the emergency medical services system that will provide coverage to their venues and include their input in the emergency plan. Each team member, as well as institution or organization administrators, should have a written copy of the emergency plan that provides documentation of his or her roles and responsibilities in emergency situations. A copy of the emergency plan specific to each venue should be posted prominently by the available telephone.

Third, the emergency plan and procedures have to be rehearsed.<sup>16</sup> This provides team members a chance to maintain their emergency skills at a high level of competency. It also provides an opportunity for athletic trainers and emergency medical personnel to communicate regarding specific policies and procedures in their particular region of practice.<sup>22</sup> This rehearsal can be accomplished through an annual in-service meeting, preferably before the highest-risk sports season (eg, football, ice hockey, lacrosse). Reviews should be undertaken as needed throughout the sports season, because emergency medical procedures and personnel may change.

**Personnel.** In an athletic environment, the first person who responds to an emergency situation may vary widely<sup>22,24</sup>; it may be a coach or a game official, a certified athletic trainer, an emergency medical technician, or a physician. This variation in the first responder makes it imperative that an emergency plan be in place and rehearsed. With a plan in place and rehearsed, these differently trained individuals will be able to work together as an effective team when responding to emergency situations.

The plan should also outline who is responsible for summoning help and clearing the uninjured from the area.

In addition, all personnel associated with practices, competitions, skills instruction, and strength and conditioning activities should have training in automatic external defibrillation and current certification in cardiopulmonary resuscitation, first aid, and the prevention of disease transmission.<sup>5,7</sup>

**Equipment.** All necessary supplemental equipment should be at the site and quickly accessible.<sup>13,25</sup> Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Improvements in technology and emergency training require personnel to become familiar with the use of automatic external defibrillators, oxygen, and advanced airways.

It is imperative that health professionals and organizational administrators recognize that recent guidelines published by the American Heart Association call for the availability and use of automatic external defibrillators and that defibrillation is considered a component of basic life support.<sup>26</sup> In addition, these guidelines emphasize use of the bag-valve mask in emergency resuscitation and the use of emergency oxygen and advanced airways in emergency care. Personnel should consider receiving appropriate training for these devices and should limit use to devices for which they have been trained.

To ensure that emergency equipment is in working order, all equipment should be checked on a regular basis. Also, the use of equipment should be regularly rehearsed by emergency personnel, and the emergency equipment that is available should be appropriate for the level of training of the emergency medical providers and the venue.

**Communication.** Access to a working telephone or other telecommunications device, whether fixed or mobile, should be ensured.<sup>5,17,21</sup> The communications system should be checked before each practice or competition to ensure proper working order. A back-up communication plan should be in effect in case the primary communication system fails. A listing of appropriate emergency numbers should be either posted by the communication system or readily available, as well as the street address of the venue and specific directions (cross streets, landmarks, and so on) (Table).

**Transportation.** The emergency plan should encompass transportation of the sick and injured. Emphasis should be placed on having an ambulance on site at high-risk events.<sup>15</sup> Emergency medical services response time should also be factored in when determining on-site ambulance coverage. Consideration should be given to the level of transportation service that is available (eg, basic life support, advanced life support) and the equipment and training level of the personnel who staff the ambulance.<sup>23</sup>

In the event that an ambulance is on site, a location should be designated with rapid access to the site and a cleared route for entering and exiting the venue.<sup>19</sup> In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies that require critical intervention

and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance to the most appropriate receiving facility, where the necessary staff and equipment can deliver appropriate care.<sup>23</sup>

In addition, a plan must be available to ensure that the activity areas are supervised if the emergency care provider leaves the site to transport the athlete.

**Venue Location.** The emergency plan should be venue specific, based on the site of the practice or competition and the activity involved (Table). The plan for each venue should encompass accessibility to emergency personnel, communication system, equipment, and transportation.

At home sites, the host medical providers should orient the visiting medical personnel regarding the site, emergency personnel, equipment available, and procedures associated with the emergency plan.

At away or neutral sites, the coach or athletic trainer should identify, before the event, the availability of communication with emergency medical services and should verify service and reception, particularly in rural areas. In addition, the name and location of the nearest emergency care facility and the availability of an ambulance at the event site should be ascertained.

**Emergency Care Facilities.** The emergency plan should incorporate access to an emergency medical facility. In selection of the appropriate facility, consideration should be given to the location with respect to the athletic venue. Consideration should also include the level of service available at the emergency facility.

The designated emergency facility and emergency medical services should be notified in advance of athletic events. Furthermore, it is recommended that the emergency plan be reviewed with both medical facility administrators and in-service medical staff regarding pertinent issues involved in athlete care, such as proper removal of athletic equipment in the facility when appropriate.<sup>22,23,27</sup>

**Documentation.** A written emergency plan should be reviewed and approved by sports medicine team members and institutions involved. If multiple facilities or sites are to be used, each will require a separate plan. Additional documentation should encompass the following<sup>15,16</sup>:

1. Delineation of the person and/or group responsible for documenting the events of the emergency situation
2. Follow-up documentation on evaluation of response to emergency situation
3. Documentation of regular rehearsal of the emergency plan
4. Documentation of personnel training
5. Documentation of emergency equipment maintenance

It is prudent to invest organizational and institutional ownership in the emergency plan by involving administrators and sport coaches as well as sports medicine personnel in the planning and documentation process. The emergency plan should be reviewed at least annually with all involved personnel. Any revisions or modifications should be reviewed and approved by the personnel involved at all levels of the sponsoring organization or institution and of the responding emergency medical services.

## SUMMARY

The purpose of this statement is to present the position of the NATA on emergency planning in athletics. Specifically,

professional and legal requirements mandate that organizations or institutions sponsoring athletic activities have a written emergency plan. A well-thought-out emergency plan consists of a number of factors, including, but not necessarily limited to, personnel, equipment, communication, transportation, and documentation. Finally, all sports medicine professionals, coaches, and organizational administrators share professional and legal duties to develop, implement, and evaluate emergency plans for sponsored athletic activities.

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- Emergency contact information (parent / guardian)
- Accessible (keep with athletic trainer for example)

### **3. Emergency Equipment**

- e.g. Automated External Defibrillators, bag-valve mask, spine board, splints
- Personnel trained in advance on proper use
- Must be accessible (identify and post location, within acceptable distance for each venue, are there locks or other barriers)
- Proper condition and maintenance
  - document inspection (log book)

### **4. Emergency Transportation**

- Ambulance on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel)
  - Designated location
  - Clear route for exiting venue
- When ambulance not on site
  - Entrance to venue clearly marked and accessible
  - Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

### **5. Additional considerations**

- Must be venue specific (football field, gymnasium, etc)
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS)
  - Development
  - Approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review plan at least annually
- Rehearse plan at least annually



- Document
  - Events of emergency situation
  - Evaluation of response
  - Rehearsal, training, equipment maintenance

## **Additional Considerations for Specific Conditions When Developing an EAP**

### **1. Sudden Cardiac Arrest**

- Goal of initiating Cardio-Pulmonary Resuscitation within 1 minute of collapse
  - Targeted first responders (e.g. ATC, first responders, coaches) should receive CPR training and maintain certification
- Goal of “shock” from a defibrillator within 3-5 minutes of collapse
  - Consider obtaining Automated External Defibrillator(s)
    - Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average and can be longer in some places
    - Appropriate training, maintenance, and access
    - Notify EMS of AED type, number, and exact location
- Additional equipment to consider beyond AED
  - Barrier shield device/pocket masks for rescue breathing
  - Bag-valve mask
  - Oxygen source
  - Oral and nasopharyngeal airways

### **2. Heat Illness**

- Follow NCHSAA heat and humidity guidelines on p. 50-51 (developed for football but applicable to other sports) <http://www.nchsaa.org/intranet/downloadManagerControl.php?mode=getFile&elementID=5876&type=5&atomID=6445>
- Inquire about sickle cell trait status on Pre-Participation form
  - consider those with the trait to be “susceptible to heat illness”
  - those with the trait should not be subject to timed workouts
  - those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed

- If heat illness is suspected
  - Activate EMS immediately
  - Begin cooling measures
    - Shade, cool environment
    - Ice water immersion, ice packs, soaked towels, fan and mist
- Any victim of heat illness should see a physician before return to play

### 3. Head and Neck injury

- Athletic trainer / First responder should be prepared to remove the face-mask from a football helmet in order to access a victim's airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS
  - Agree upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players)
  - Type of immobilization equipment available on-site and from EMS
- Athletes and coaches should be trained not to move victims

### 4. Asthma

- Students with asthma should have an "asthma action plan"
  - Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician / PA / NP
  - On file with sports medicine coordinator
  - Available at games / practice / conditioning
  - Can be same as that on file with school nurse

(see [http://nhlbi.nih.gov/health/prof/lung/asthma/asth\\_sch.htm](http://nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm) or [www.aafa.org](http://www.aafa.org) for examples)

- Students with asthma should have:
  - Rescue inhaler and spacer if prescribed
    - Readily accessible during games / practice /conditioning
    - Athletic trainer / first responder should have an extra inhaler prescribed individually for each student as back-up
    - Before each activity test to be certain it is functional, contains medication, is not expired
  - Pulmonary function measuring device

- Use in coordination with asthma action plan

## 5. Anaphylaxis

- Documentation of known anaphylactic allergy to bee stings, foods, medications, etc. should be on file with sports medicine coordinator
  - Describes symptoms that occur
  - What action to take if specific symptoms occur
- Students with known anaphylactic allergy should have
  - Rescue prescription medication (usually an epi-pen)
    - Readily accessible during games / practice /conditioning
    - Athletic trainer / first responder should have an extra supply of the rescue medication prescribed individually for each student as back-up
    - Before each activity examine to be certain it is functional, contains medication, is not expired

## 6. Lightning

- Assign the role of monitoring for threatening weather conditions
  - Typically athletic trainer, administrator
  - Discuss in advance of games the role of this person (Baseball, softball, football)
- Methods to monitor for lightning risk
  - Consult National Weather Service (<http://www.weather.gov/alerts/nc.html>) or local media for severe weather watches and warnings
  - Flash-to-bang method
    - Count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows. If count is less than 30 seconds stop activity and seek safe shelter
- Communicate the need to stop activity and seek shelter
  - P.A. announcement
  - Signal sound from a horn, siren, whistle, bell
- Identify safe shelter for each venue and be sure it is accessible (within reasonable distance, unlocked, capacity)
  - Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)

- Secondary option is a metal roof vehicle with all windows completely rolled up
- Last option is thick grove of small trees surrounded by larger trees or a dry ditch assuming proper posture (crouch, grab knees, lower head, minimize contact with ground)
- Determine when to resume activity
  - Flash-to bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning

## Emergency Medical Plan

### **University of Georgia Sports Medicine Emergency Plan**

- [Emergency Plan: Spec Towns Track & Field Stadium Venue](#)
- [Emergency Plan: Butts-Mehre Hall and Football Practice Fields](#)
- [Emergency Plan: Foley Field Baseball Stadium Venue](#)
- [Emergency Plan: Sanford Stadium Venue](#)
- [Emergency Plan: Ramsey Center: Gymnastics & Volleyball Venues](#)
- [Emergency Plan: Ramsey Center: Gabrielson Natatorium Venue](#)
- [Emergency Plan: Stegeman Coliseum Venue: basketball/gymnastics](#)
- [Emergency Plan: Women's Soccer/Softball Complex Venues](#)
- [Emergency Plan: Dan Magill Tennis Complex Venue](#)
- [Emergency Plan:UGA Cross-Country Racing Venue](#)
- [Emergency Plan:UGA Golf Course Venue](#)
- [MEMORANDUM](#)

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### **Introduction**

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately.

### **Components of the Emergency Plan**



There are three basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment

### **Emergency Plan Personnel**

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student athletic trainers; coaches; managers; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, and coaches are good choices for this role. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. After EMS has been activated, the fourth role in the emergency team should be performed, that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, or coach may be appropriate for this role.

### **Roles Within the Emergency Team**

1. Immediate care of the athlete
2. Emergency equipment retrieval

3. Activation of the Emergency Medical System
4. Direction of EMS to scene

### **Activating the EMS System**

Making the Call:

- 911 (if available)
- telephone numbers for local police, fire department, and ambulance service

### **Providing Information:**

- name, address, telephone number of caller
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by first responder
- specific directions as needed to locate the emergency scene ("come to south entrance of coliseum")
- other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

### **Emergency Communication**

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

### **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency

equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise

### **Transportation**

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletic association coordinates on site ambulances for competition in football, soccer, gymnastics, and men's and women's basketball. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or SEC/NCAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

### **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletic association helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approved by \_\_\_\_\_ Medical Director

Date: \_\_\_\_\_

### **Emergency Plan: Spec Towns Track & Field Stadium Venue**

Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from Butts-Mehre athletic training facility (adjacent to track) and Stegeman Coliseum athletic training facility (across street from track)

Emergency Communication: fixed telephone line under practice shed (542-8962); additional fixed telephone lines accessible from Butts-Mehre athletic training facility adjacent to track (542-9060 and 542-8984)

Emergency Equipment: supplies maintained under practice shed; additional emergency equipment (AED, trauma kit, splint kit, spine board) accessible from Butts-Mehre athletic training facility adjacent to track

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200
4. Direction of EMS to scene
  - a. open appropriate gates
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Track and field stadium is located on Lumpkin Street (cross street Pinecrest) adjacent to Butts-Mehre Hall. Three gates provide access to track:

1. Lumpkin Street (most direct route): directly across from Catholic Student Center
2. Smith Street: opens to artificial turf practice field adjacent to track; accesses practice field drive to track
3. Rutherford Street: opens directly to practice field drive to track; gate must be activated from outside by 5 digit security code or opened by personnel from inside (either by 5 digit security code, weight sensor or trip switch in storage building adjacent to gate)

Venue Map

### **Emergency Plan: Butts-Mehre Hall and Football Practice Fields**

Emergency Personnel:

Butts-Mehre Hall: certified athletic trainers, student athletic trainers, and physician (limited basis) on site in athletic training facility, located on 1st floor

Football practice fields: certified athletic trainers and student athletic trainers on site for practice and work-outs

Emergency Communication:

Butts-Mehre Hall: fixed telephone lines in Butts-Mehre athletic training facility adjacent to practice fields (542-9060 and 542-8984)

Football practice fields: certified athletic trainer carries cellular telephone (706-540-2955); fixed telephone line under practice shed (542-8962); additional fixed telephone

lines accessible from Butts-Mehre athletic training facility adjacent to practice fields (542-9060 and 542-8984)

Emergency Equipment:

Butts-Mehre Hall: emergency equipment (AED, trauma kit, splint kit, Banyan kit, spine board, ProPak vital signs monitor) located within athletic training facility on 1st floor

Football practice fields: emergency equipment (AED, trauma kit, splint kit, Banyan kit, spine board) maintained on motorized medical cart parked adjacent to practice shed during practice; additional supplies maintained under practice shed; additional emergency equipment accessible from Butts-Mehre athletic training facility adjacent to track

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
  - b. notify campus police at 542-2200
4. Direction of EMS to scene
  - a. open appropriate gates
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions:

Butts-Mehre Hall is located on Pinecrest Street (cross street Lumpkin). Three entrances provide access to building:

1. Main entrance: front of building on Pinecrest Street (directly across from Barrow Elementary School)
2. Side entrance: from side parking lot (across street from Foley Field baseball stadium)
3. Rear entrance: must be accessed from practice field drive through security gate on Rutherford Street

Football practice fields: are located with two fields adjacent to Rutherford Street and two fields adjacent to Smith Street. Two gates provide access to football practice fields:

1. Smith Street: opens to artificial turf practice field adjacent to track
2. Rutherford Street: gate directly across from Alumni House; opens directly to practice field drive; gate must be activated from outside by 5 digit security code or opened by personnel from inside (either by 5 digit security code, weight sensor or trip switch in storage building adjacent to gate)

Venue Map

**Emergency Plan: Foley Field Baseball Stadium Venue**



Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from Butts-Mehre athletic training facility (across street from stadium)

Emergency Communication: fixed telephone line in baseball satellite athletic training room (542-6142)

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) maintained in baseball satellite athletic training room; additional emergency equipment accessible from Butts-Mehre athletic training facility across street from stadium (542-9060 and 542-8984)

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200
4. Direction of EMS to scene
  - a. open appropriate gates
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Foley Field baseball stadium is located on corner of Pinecrest Street and Rutherford

Street adjacent to Butts-Mehre Hall. Two gates provide access to the stadium:

1. Pinecrest Street (1st base side): drive leads to field as well as rear door of complex (locker room, athletic training room)
2. Rutherford Street: turn into Coliseum parking lot by Alumni House, take right at bottom of drive, leads to gate in left outfield

Venue Map

### **Emergency Plan: Sanford Stadium Venue**

Emergency Personnel: certified athletic trainers and student athletic trainers on both home and visiting team (host coverage as needed) sidelines; MDs (primary care/sports medicine, orthopedic, neurosurgery, internal medicine) and paramedic crew on home sideline; radiological technicians on home sideline with fluoroscope in field level first aid room (SW corner of stadium); ambulance for field of play is positioned inside stadium on ramp via player gate entrance from East Campus Road: paramedics for ambulance positioned on field at SE corner of stadium; additional ambulance located by first aid room in SW corner of stadium; medical cart is available to transport injured athlete from field

Emergency Communication: fixed telephone lines in athletic training rooms off locker rooms:

Home team: 542-7857

Visiting team: 542-7831

Emergency Equipment: emergency equipment (AED, trauma kit, splint kit, Banyan kit, spine board) maintained on home sidelines; additional emergency equipment with paramedic crews on sideline stretcher and in field of play ambulance in SE tunnel

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. signal paramedics on site
  - b. campus police on site will assist in coordinating as necessary
4. Direction of EMS to scene
  - a. open appropriate gates/doors
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Sanford Stadium is located centrally on campus between East Campus Road and Sanford Drive. Two gates provide access to the field of play:

1. Players Gate off East Campus Road: follow ramp down to field level (SE corner of stadium)
2. Gate 10: enter through parking off off Lumpkin (cross street Baxter) and follow under Sanford Drive bridge to field level (SW corner of stadium: adjacent to field level first aid room)

Venue Map

### **Emergency Plan: Ramsey Center: Gymnastics & Volleyball Venues**

Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from University Health Center Sports Medicine Department (542-8636)

Emergency Communication: fixed telephone line in Ramsey Center satellite athletic training room (542-4695)

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) maintained in Ramsey Center satellite athletic training room

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific

directions, including which EMS entrance to turn in off the River Road loop (Main Entrance or Natatorium/Loading Dock)

b. notify Ramsey Center staff at front desk at 542-1454: notify staff that ambulance is in route, which entrance it has been directed to (Main Entrance or Natatorium/Loading Dock), and where the injured person is located. Rec Sports will send a staff member with a radio to meet the ambulance at the appropriate EMS turn off from the loop, open appropriate traffic gates, and direct EMS personnel to scene.

c. notify campus police at 542-2200

#### 4. Direction of EMS to scene

a. open appropriate gates

b. designate individual to "flag down" EMS and direct to scene

c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Ramsey Center is located on River Road, the one-way loop which surrounds the center. Three roads provide access to the River Road loop.

1. College Station Road entrance: across from UGA Intramural Fields, just north of Hwy. 10 loop

2. Carlton Street entrance off East Campus Road

3. River Road, which is continuous with the loop

Ramsey Center has multiple entrances. The following provide the quickest access for the specific venue:

1. Gymnastics: take College Station Road entrance to River Road loop. Turn off River Road loop at EMS Main Entrance sign. Facility staff members will direct EMS down the sidewalk to Spectator Lobby and the Gymnastics Gym.

2. Volleyball: Carlton Street entrance to River Road loop. Turn off River Road Loop at EMS Natatorium/Loading Dock sign. Facility staff members will direct EMS to facility entrance adjacent to the loading dock and into the Volleyball Arena.

Venue Map

### **Emergency Plan: Ramsey Center: Gabrielson Natatorium Venue**

Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for practice and competition; life guard on deck for practice and competition; additional sports medicine staff accessible from University Health Center Sports Medicine Department (542-8636)

Emergency Communication: fixed telephone line in Ramsey Center satellite athletic training room (542-4695)

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) maintained in Ramsey Center satellite athletic training room; spine board on pool deck

Roles of First Responders

1. Immediate care of the injured or ill student-athlete

- a. lifeguards will execute water rescue for athlete in water; athletic trainers will initiate care as soon as athlete reaches pool deck
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify Ramsey Center staff at front desk at 542-1454: notify staff that ambulance is in route, which entrance it has been directed to (Main Entrance or Natatorium/Loading Dock), and where the injured person is located. Rec Sports will send a staff member with a radio to meet the ambulance at the appropriate EMS turn off from the loop, open appropriate traffic gates, and direct EMS personnel to scene.
  - c. notify campus police at 542-2200
4. Direction of EMS to scene
  - a. open appropriate gates
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Ramsey Center is located on River Road, the one-way loop which surrounds the center. Three roads provide access to the River Road loop.

1. College Station Road entrance: across from UGA Intramural Fields, just north of Hwy. 10 loop
2. Carlton Street entrance off East Campus Road
3. River Road, which is continuous with the loop

Ramsey Center has multiple entrances. The following provides the quickest access for the Gabrielson Natatorium swimming venue:

1. Swimming: Carlton Street entrance to River Road loop. Turn off River Road Loop at EMS Natatorium/Loading Dock sign. Facility staff members will direct EMS to driveway that leads to the natatorium deck level entrance and into the natatorium.

Venue Map

### **Emergency Plan: Stegeman Coliseum Venue: basketball/gymnastics**

Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for practice and competition; additional sports medicine staff accessible from Stegeman Coliseum athletic training facility (542-6521); MD on site for competition; paramedic crew on site for competition: stationed on floor by X seating section; ambulance for competition positioned outside SE side of Stegeman Coliseum (adjacent to Olympic Gym)

Emergency Communication: fixed telephone line on basketball court for practice (542-8052)

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) maintained in Stegeman Coliseum athletic training facility

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200
6. Direction of EMS to scene
  - a. open appropriate gates
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Stegeman Coliseum is located between Smith and Carlton Streets, across the street from Butts-Mehre football practice fields. Stegeman Coliseum has multiple entrances. The following provides the quickest access to the court level as well as the athletic training facility:

Court level entrance: follow Smith Street (one-way) around curve past Stegeman Coliseum and Olympic Gym; turn left into drive by horse stable; follow drive around between Stegeman Coliseum and Olympic Gym

Venue Map

### **Emergency Plan: Women's Soccer/Softball Complex Venues**

Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for practice and competition

Emergency Communication: the certified athletic trainer carries a cellular phone; fixed telephone line in sport press boxes:

Soccer press box: 227-

Softball press box: 227-

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) transported to venue each practice or competition from Stegeman Coliseum athletic training facility

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200



1. Direction of EMS to scene

- a. open appropriate gates
- b. designate individual to "flag down" EMS and direct to scene
- c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: UGA Women's Soccer/Softball Complex is located on South Milledge (approximately 7/10 mile past Hwy. 441. There is a large UGA billboard at the entrance just past

Will Hunter Road. Turn into complex just before billboard. Upon entering complex, turn left just past soccer field: the practice soccer field is on left, the softball field on right, and game soccer field straight ahead.

Venue Map

**Emergency Plan: Dan Magill Tennis Complex Venue**

Emergency Personnel: student athletic trainer(s) on site for practice and competition in direct radio contact with certified athletic trainer in adjacent Stegeman Coliseum athletic training facility; certified athletic trainer on site as available for competition; additional sports medicine staff accessible from Stegeman Coliseum athletic training facility (542-6521)

Emergency Communication: fixed telephone lines as follows:

Outdoor tennis clubhouse 542-1622

Indoor tennis clubhouse 542-4584

Coach Diaz office 542-8066 or 542-9348

Coach Wallace office 542-5090

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) maintained in Stegeman Coliseum athletic training facility

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200

4. Direction of EMS to scene

- a. open appropriate gates (punch code to McWhorter Courts gate: 543)
- b. designate individual to "flag down" EMS and direct to scene
- c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: Dan Magill Tennis Complex is located in the Stegeman Coliseum parking area between Foley Baseball Field and McWhorter Hall. The parking area is accessed by two roads:

1. Rutherford Street (cross street Smith)
2. Brooks Drive (cross street Carlton)

The Dan Magill Tennis Complex consists of three areas:

1. Tennis stadium (6 courts)
2. Indoor Tennis Center (4 courts)
3. Practice area (6 courts) on hill behind indoor tennis center

Venue Map

### **Emergency Plan:UGA Cross-Country Racing Venue**

Emergency Personnel: certified athletic trainer and student athletic trainer(s) on site for competitions.

Emergency Communication: the certified athletic trainer carries a cellular phone;

Emergency Equipment: supplies (AED, trauma kit, splint kit, spine board) transported to venue each competition from Stegeman Coliseum athletic training facility

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200
2. Direction of EMS to scene
  - c. open appropriate gates
  - d. designate individual to "flag down" EMS and direct to scene
  - e. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: UGA Cross Country Racing Complex is located on South Milledge (approximately 1.50 miles past Hwy. 441. There is a UGA sign (Golf Maintenance Shop Entrance) at the entrance on the left past the State Botanical Garden entrance. Turn into complex just before the Sign. Upon entering complex, turn left just past the Railroad tracks. The Start line is located by the Large Red Barn straight ahead.

Venue Map

### **Emergency Plan:UGA Golf Course Venue**

Emergency Personnel: UGA golf coach(es) on site for practice and competitions (current first aid/CPR training).

Emergency Communication: fixed telephone line at Boyd Golf Center (369-5932)

Emergency Equipment: first aid kit with limited supplies maintained in Boyd Golf Center

Roles of First Responders

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
  - a. 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested
  - b. notify campus police at 542-2200
4. Direction of EMS to scene
  - a. open appropriate gates
  - b. designate individual to "flag down" EMS and direct to scene
  - c. scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: UGA Golf Course is on Riverbend Road off South Milledge:

Follow South Milledge to Riverbend Road (4/10 mile past Hwy. 441)

Turn left on Riverbend Road; UGA Golf Course is 2/10 mile on right

Venue Map

## **MEMORANDUM**

Date: August 30, 1999

To: Sparky Wilson, EMT-P, Director of EMS, St. Mary's Hospital Don Cargile, EMT-P, Director of Emergency Services, Athens Regional Medical Center Chuck Horton, Chief, UGA Public Safety

From: Ron Courson, Director of Sports Medicine

RE: Athletic Venue Emergency Plans

Emergency Plan:

Enclosed along with this memorandum is a copy of the newly revised University of Georgia Sports Medicine Emergency Plan. This plan features specific information for each athletic venue and has been reviewed with all UGA sports medicine staff members as well as coaches and strength and conditioning personnel. Venue specific plans have been posted by telephones at each facility. The plan emphasizes proper communication with both EMS and campus police and provision of specific directions applicable to each venue.

Athletic Practice and Competition Coverage

With the exception of golf, all UGA athletic teams have a member of the UGA sports medicine staff at all practices and competitions. In addition, with competition, St. Mary's EMS will have an ambulance and EMS crew at football (designated field of play), men's

and women's basketball, gymnastics, and soccer. Attached is an overview of our sports medicine coverage.

**Emergency Training:**

All UGA certified athletic trainers are CPR and first aid trained. All UGA student athletic trainers are, at a minimum, CPR trained. In addition, beginning this year, all UGA coaches and strength and conditioning personnel have completed a National Safety Council course in child and adult CPR and first aid. Eleven of the certified athletic trainers with the UGA sports medicine staff are additionally currently taking an EMT-I course through Glenn Henry, EMT-P with Northeast Georgia EMS.

**Emergency Equipment:**

Basic emergency equipment is on site at each venue as outlined in the emergency plan. All UGA certified athletic trainers and team physicians have received AED training and four PhysioControl Life-Pak 500 AED units are accessible at venues for athletic cardiac emergencies.

Fortunately, athletic emergencies are rare occurrences. However, when they do occur, advance preparation and communication between all members of the emergency team helps effect a better outcome. I hope that sharing this information in advance with EMS providers and campus police will be beneficial. I appreciate the assistance that each of your respective departments provides to the Athletic Association and the sports medicine program.

Cc: Vince Dooley, Director of Athletics

Lewis Gainey, Athletic Director: Event Management



*Send email to [webdude@nata.org](mailto:webdude@nata.org) with questions or comments about this web site.  
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# Central Cabarrus High School Athletics Department

## Emergency Action Plan

# Contents

- Introduction
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  - Lightening
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# **Central Cabarrus High School Emergency Action Plan**

## **Introduction**

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic departments have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately

## **Components of the Emergency Plan**

There are three basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment

## **Emergency Plan Personnel**

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer, student assistant, or coach. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach, or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student assistants; coaches; managers; and possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most

important role is immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student assistants, managers, and coaches are good choices for this role. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. After EMS has been activated, the fourth role in the emergency team should be performed, directing EMS to the scene. One member of the team should be responsible for meeting first responders such as firemen or rescue squad personnel as they arrive at the site of the contest and a second person should direct Paramedics. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student assistant, manager, or coach may be appropriate for this role.

### **Roles Within the Emergency Team**

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

### **Activating the EMS System**

Making the Call:

- 911 (if available)
- Telephone numbers for local police, fire department, and ambulance service

### **Providing Information:**

- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene ("come to south entrance of coliseum")
- Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each



role. This allows the emergency team to function even though certain members may not always be present.

### **Emergency Communication**

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. Prior to the beginning of each fall season Athletic Trainers and EMTs will meet as designated by Cabarrus County Schools Athletics Director. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

### **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

### **Transportation**

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletics director coordinates on site ambulances for competition in home football and soccer. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or NCHSAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the

ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

## **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletics department helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approved by \_\_\_\_\_

Date: \_\_\_\_\_

## Football Stadium (Football, Soccer, Track)

### Emergency Personnel

- Athletic trainers, student assistants, assistant coaches

### Emergency Communication

- Fixed phone line in the old field house 704-793-1407
- Fixed phone line in the new field house offices and athletic training room 704-782-7563 (line 2)
- Mobile phone carried by the athletic trainer 704-737-8255
- Pager carried by athletic trainer 704-217-0950
- Two way radio carried by student assistants and athletic trainer

### Emergency Equipment

- Trauma kit, splint kit, spine board, cervical collar, rescue shears, FM Extractor

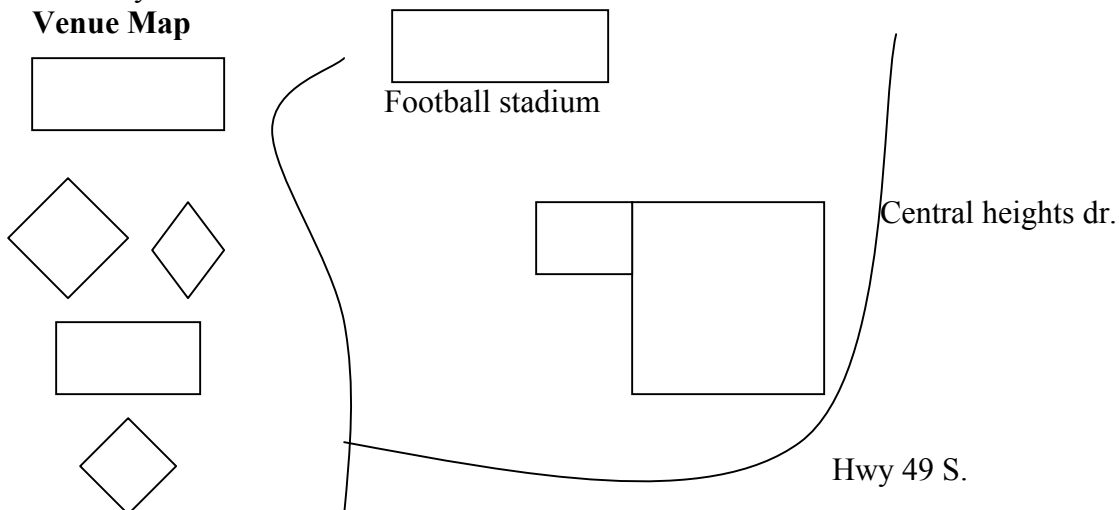
### Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
  - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
  - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers)
- 4) Direction of EMS to scene
  - a. Open appropriate gates
  - b. Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
  - c. Scene control: limit scene to first aid providers and move bystanders away from area

### Venue Directions

505 Hwy 49 S. Concord. Turn into the school drive and bear to the left.

### Venue Map



## Baseball Field

### Emergency Personnel

- Athletic trainer, student assistants, coaches

### Emergency Communication

- Fixed phone line in the baseball office 704-784-9906
- Mobile phone carried by the athletic trainer 704-737-8255
- Pager carried by athletic trainer 704-217-0950
- Two way radio carried by student assistants and athletic trainer

### Emergency Equipment

- Trauma kit. All other equipment (splints, spine board, cervical collars, crutches are maintained in the new field house

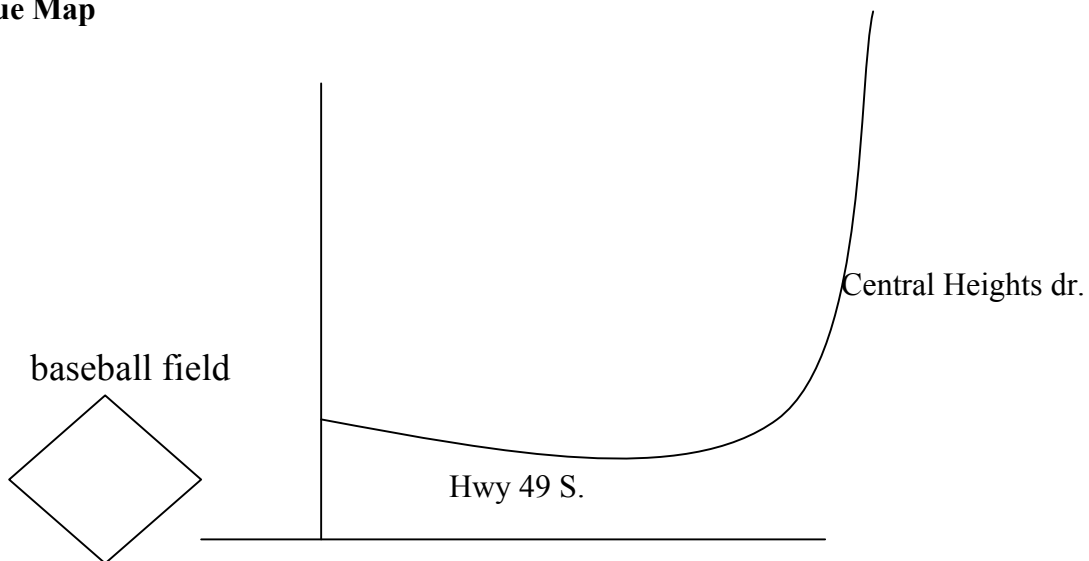
### Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
  - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
  - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers).
- 4) Direction of EMS to scene
  - c) Open appropriate gates
  - d) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
  - e) Scene control: limit scene to first aid providers and move bystanders away from area

### Venue Directions

505 Hwy 49 S. Concord. Directly on the right after turning into the school

### Venue Map



## Softball Field

### Emergency Personnel

- Athletic Trainer, student assistants, coaches

### Emergency Communication

- Fixed phone in the new field house 704-782-7563
- Mobile phone carried by athletic trainer 704-737-8255
- Pager carried by athletic trainer 704-217-0950
- Two way radio carried by student assistants and athletic trainer

### Emergency Equipment

- Trauma kit. Other equipment maintained in new field house (splints, spine board, cervical collar, crutches)

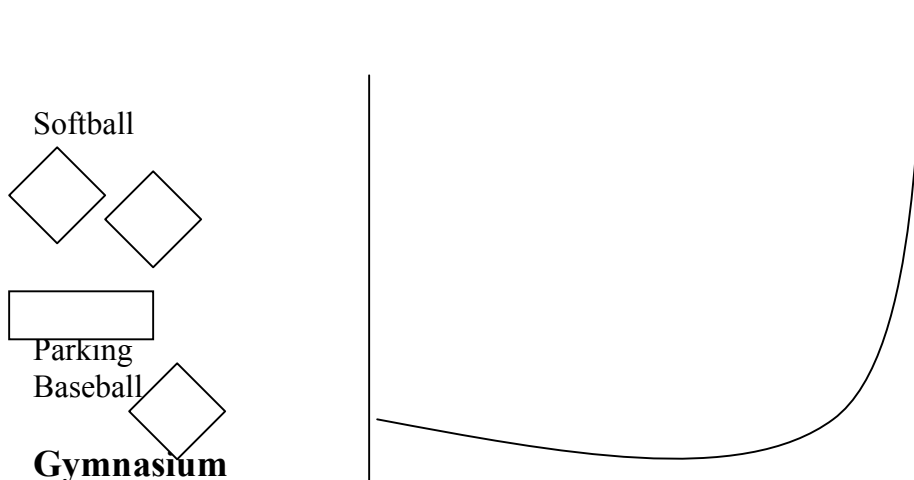
### Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
  - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
  - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers).
- 4) Direction of EMS to scene
  - a) Open appropriate gates
  - b) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
  - c) Scene control: limit scene to first aid providers and move bystanders away from area

### Venue Directions

505 Hwy 49 S. Concord. After turning into the school road, bear to the left and go past the first field, which is the baseball field. The softball field is the next field.

### Venue Map



### **Emergency Personnel**

- Athletic Trainer, student assistants, coaches

### **Emergency Communication**

- Fixed phone in the athletic directors office adjacent to gymnasium locker rooms 704-786-0125 ext 319
- Mobile phone carried by athletic trainer 704-737-8255
- Pager carried by athletic trainer 704-217-0950
- Two way radio carried by student assistants and athletic trainer

### **Emergency Equipment**

- Trauma kit. Other equipment maintained in new field house (splints, spine board, cervical collar, crutches)

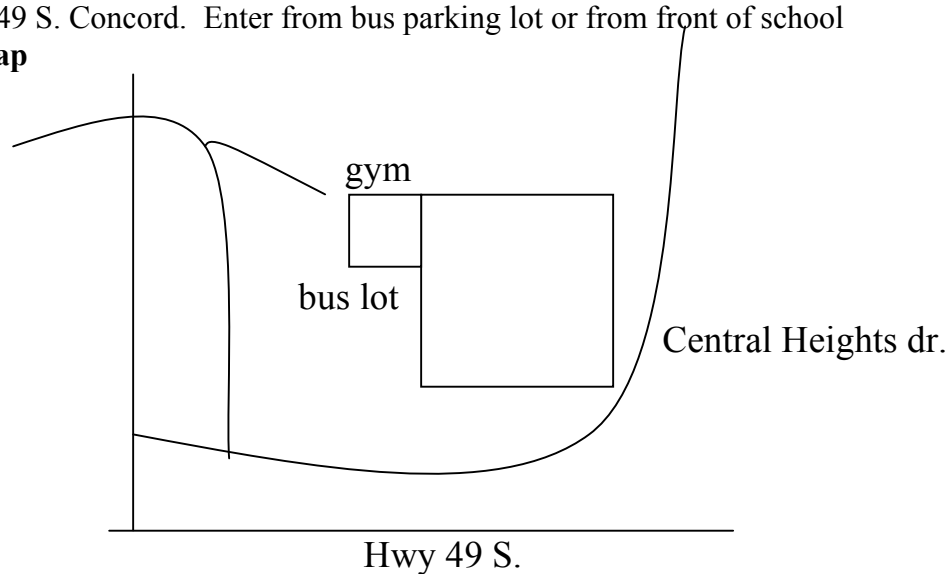
### **Roles of the First Responders**

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
  - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
  - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers).
- 4) Direction of EMS to scene
  - a) Open appropriate gates
  - b) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
  - c) Scene control: limit scene to first aid providers and move bystanders away from area

### **Venue Directions**

505 Hwy 49 S. Concord. Enter from bus parking lot or from front of school

### **Venue Map**



### **Wrestling Room/Weight Room**

## Emergency Personnel

### Emergency Communication

- Athletic Directors office adjacent to gymnasium locker rooms 704-786-0125
- Mobile phone carried by athletic trainer 704-737-8255
- Pager carried by athletic trainer 704-217-0950
- Two way radio carried by student assistant and athletic trainer

### Emergency Equipment

- Trauma kit. Other equipment maintained in new field house (splints, spine board, cervical collar, crutches)

### Roles of the First Responders

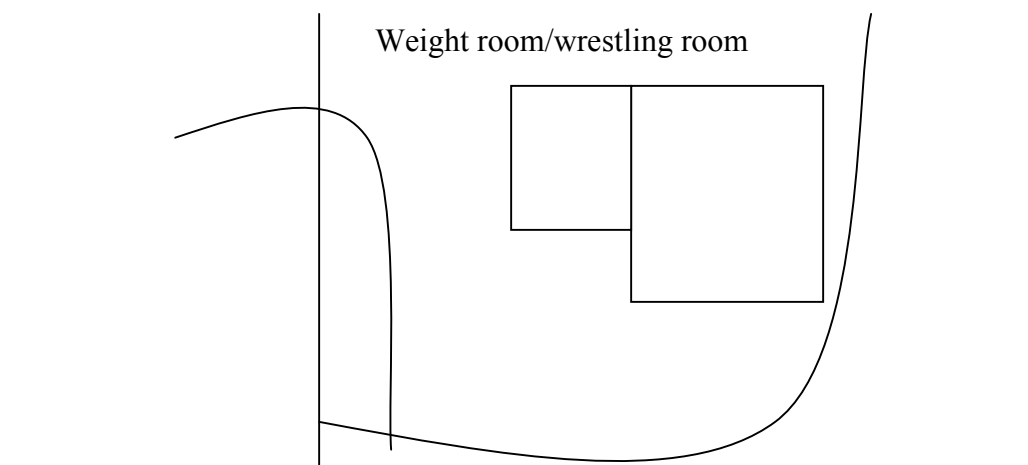
- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
  - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
  - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers).
- 4) Direction of EMS to scene
  - a) Open appropriate gates
  - b) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches

Scene control: limit scene to first aid providers and move bystanders away from area

### Venue Directions

505 Hwy 49 S. Concord. Enter from bus parking lot.

### Venue Map



## **Inclement Weather Policies**

### **Hot Weather Guidelines**

#### ***From the NATA Fluid Replacement Statement***

Dehydration can compromise athletic performance and increase the risk of exertional heat injury. Athletes do not voluntarily drink sufficient water to prevent dehydration during physical activity. Drinking behavior can be modified by education, increasing fluid accessibility, and optimizing palatability. However, excessive overdrinking should be avoided because it can also compromise physical performance and health. We will provide practical guidelines regarding fluid replacement for athletes.

- Acclimatization will take place over 11 days
- Unlimited amounts of water will be made readily available and for events lasting >90 continuous minutes a sports drink will be made available to help replace electrolytes.
- It is recommended that 6-10oz of water be consumed every 20 minutes.
- Wet bulb temperatures will be taken to determine training standards using a sling psychrometer or equivalent device (see table).

<b>Temperature (F)</b>	<b>Humidity</b>	<b>Procedure</b>
<b>80 – 90</b>	<b>&lt; 70</b>	<b>Watch Obese athletes, provide unlimited water</b>
<b>80 – 90</b>	<b>&gt; 70</b>	<b>Breaks recommended every half hour</b>
<b>90 – 100</b>	<b>&lt; 70</b>	<b>All athletes should be under careful supervision</b>
<b>90 – 100</b>	<b>&gt; 70</b>	<b>Abbreviated practice with light equipment or suspended practice</b>
<b>&gt; 100</b>		

- A 3% dehydration rule will be in effect using a weight chart to monitor athletes during the acclimatization period.



## **Lightening Policy**

### ***From the NATA Position Statement on Lightning Safety in Athletics***

Lightning may be the most frequently encountered severe-storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 AM and 7:00 PM, which coincides with the hours for most athletic or recreational activities. Additionally, lightning casualties from sports and recreational activities have risen alarmingly in recent decades.

### **Recommendations**

The National Athletic Trainers' Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher, and establishing a chain of command. Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or longer after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed. Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms. Also outlined in this document are the pre-hospital care guidelines for triaging and treating lightning-strike victims. It is important to evaluate victims quickly for apnea, asystole, hypothermia, shock, fractures, and burns. Cardiopulmonary resuscitation is effective in resuscitating pulse less victims of lightning strike. Maintenance of cardiopulmonary resuscitation and first-aid certification should be required of all persons involved in sports and recreational activities.

### **Guidelines for CCHS**

- The game official, athletics director, principle or assistant principle will make the official call to remove individuals from the game field. The athletic trainer or coach will make the call to remove individuals from the practice field(s).
- Thirty minutes time will be given for the storm to pass.
- The athletic trainer or an assistant coach will be the designated weather watcher, actively looking for signs of threatening weather.
- The athletic trainer or athletic director shall monitor weather through the use of a Sky Scan, local forecast, or [www.weather.com](http://www.weather.com).
  
- The criteria for postponement and resumption of activities will be the thirty second flash to bang method. After the first flash is seen, a count will commence. Counting

is ceased when the associated bang is heard. This count is divided by five to determine the distance in miles from the venue. When the count reaches thirty, individuals should be in a safe shelter. This is the thirty-thirty rule.

- Safe shelters for each venue are as follows:

Football/Soccer/Cross Country/Track/Field

1. Gymnasium or New and old field house
2. Car

Baseball

1. Gymnasium or New field house locker room
2. Car

Softball

1. Gymnasium or New Field house
2. Car

**Note: the secondary choice for some venues is a fully enclosed vehicle with a metal roof and the windows completely closed.**

- The following first aid will be observed for lightening strike victims:
  - 1) Survey the scene for safety
  - 2) Activate EMS
  - 3) If necessary move lightening victims to a safe shelter
  - 4) Evaluate airway, breathing, circulation, and begin CPR if necessary
  - 5) Evaluate and treat for hypothermia, shock, fractures, and/or burns