GENERAL GUIDELINES FOR DEVELOPING EMERGENCY ACTION PLANS

(adapted with permission, North Carolina High School Athletic Association)

1. **Establish Roles**
   - All involved should view module one of the KMA/KHSAA Sports Safety Course dealing with both development of an emergency plan, and the practicing of that plan.
   - 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)
     - ♦ Emergency contact information (parent / guardian)
     - ♦ Accessible (keep with athletic trainer for example)

3. **Emergency Equipment**
   - Know if you have an accessible AED (identify and if so, post location, within acceptable distance for each venue, are there locks or other barriers) and all of the parts and accessories and know if it is in proper condition.
   - Supplies Bag, spine board, splints and other equipment
   - Personnel trained in advance on proper use of all equipment.

4. Emergency Transportation

- Ambulance availability on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel) or plan of entry available if it is not possible to maintain on site.
    - ♦ 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) if they are not at facility
    - ♦ 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 if one is present
- 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 KHSAA heat and humidity guidelines
    - ♦ 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) which meet current local and national recommendations/standards
  - ♦ Type of immobilization equipment available on-site and/or provided by 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
- 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 or local media for severe weather watches and warnings
- Know provisions for 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

****This is a sample Emergency Action Plan meant to be used as a guide to help you develop a venue-specific plan for your school and for each facility. This is not an exhaustive plan but only a model to begin discussion and development of an appropriate plan specific to this venue and this school.****

The first step should be to require all those involved with the contest, practices and the venue to view module one of the KMA/KHSAA Sports Safety Course dealng with the development of a plan, and the practicing of such plan. The module may be viewed by:

- **Log into the KHSAA web site at www.khsaa.org,**
- **Select Special Programs,**
- **Select Sports Medicine Information,**
- **Select KMA/KHSAA Sports Safety Course,**
- **Select to take/resume the sports safety course,**
- **Select Don't take for credit (the credit version is for those taking all eight modules),**
- **Select module 1)**

Please use the blank spaces and bolded notes to help fill in details that are unique to your school's athletic venues. Please provide your school's Emergency Action Plan to all coaches, administrators, adult volunteers, etc involved in interscholastic athletics. This plan should also be reviewed and updated annually as needed and shall be posted in a conspicuous location. **

(Insert School Name Here) Emergency Action Plan

EMERGENCY ACTION PLAN

_____School has a written emergency plan that should be followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the head athletic trainer (or school administrator, in the absence of a licensed athletic trainer).

An emergency is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur. Situations when 911 should be called automatically are:

- an athlete is not breathing
- an athlete has lost consciousness
- it is suspected that an athlete may have a neck or back injury
- an athlete has an open fracture (bone has punctured through the skin) - severe heat exhaustion or suspected heat stroke
- severe bleeding that cannot be stopped

Chain of Command (Must be delineated)

Team Physician
Certified Athletic Trainer
School Resource Officer
Athletic Director
Administrator
Head Coach
Assistant Coach
Sports Medicine Student Assistant
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives.

Once it has been decided that EMS should be called, the following protocol should be followed:

1. The highest person on the chain of command will be deemed the leader, and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency situation on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or pay phone, **insert any specific instructions pertinent to your school's internal phone system here**) EMS should be told what the emergency is, the condition of the athlete and how to get to where the athlete is. Also, tell EMS that someone will meet them at the closest intersection to aid in directing the ambulance. **DO NOT HANG UP UNTIL EMS HANGS UP FIRST**.
3. Phones at _____School are located in the main office, classrooms, coaches offices, the training room and in the front lobby of the school, **insert any other pertinent locations here. Also, list who on the chain of command has a cellular phone.**
4. The leader will send runners to all intersections between where the athlete is located and _____ School/venue-specific location to direct the ambulance to the athlete. The runners should stay in their positions and wave the ambulance through the proper turns to get to the athlete.
5. The leader will designate another person to attempt contact with the athlete's parents. **Emergency contact information can be found** _____ **which coaches, athletic trainers, designated individual** should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.
6. If transport is deemed necessary by EMS, the athlete will be taken to **insert nearest medical center name(s) and address(es) here**, unless the parent requests otherwise.

_____ School is located at:
Insert school address here

The closest intersection to the school is _____ and _____.
Insert any other pertinent intersections or landmarks here.

Insert map of facility area attached to plan.

If the school facility has AEDs:

1. Note if AEDs are present, and if so, list all specific locations where AED's are located in and around your school.
2. If your school has multiple AED's, it may also be helpful to develop a map of AED zones along with the list of where they are located (see sample), so that each zone has access to an AED.
3. Coaches should take note of the closest AED to their practice and game locations if they are available.

ADDRESS:

123 Middle Creek Park Ave
Apex, NC 27539

IMPORTANT PHONE NUMBERS:

Athletic Trainer: 868-0499 (C) or 661-5474 (O)
First Responder: 820-0199
EMS: 911 or 9-911 if calling from a school phone
Main Office: 773-3838
Athletic Director's: 868-6795 (C) or 773-3854 (O)
School Resource Officer: 868-6795
Principal's: 625-8294

ZONE 1 (Main Gymnasium, Outside Basketball Courts, and Main Building)

EMS Route: West Lake to Middle Creek Park Ave- Entrance #1
Primary AED: Outside of Main Office
Secondary AED: Community Center

ZONE 2 (Baseball Field, Softball Complex, Multi-purpose Fields)

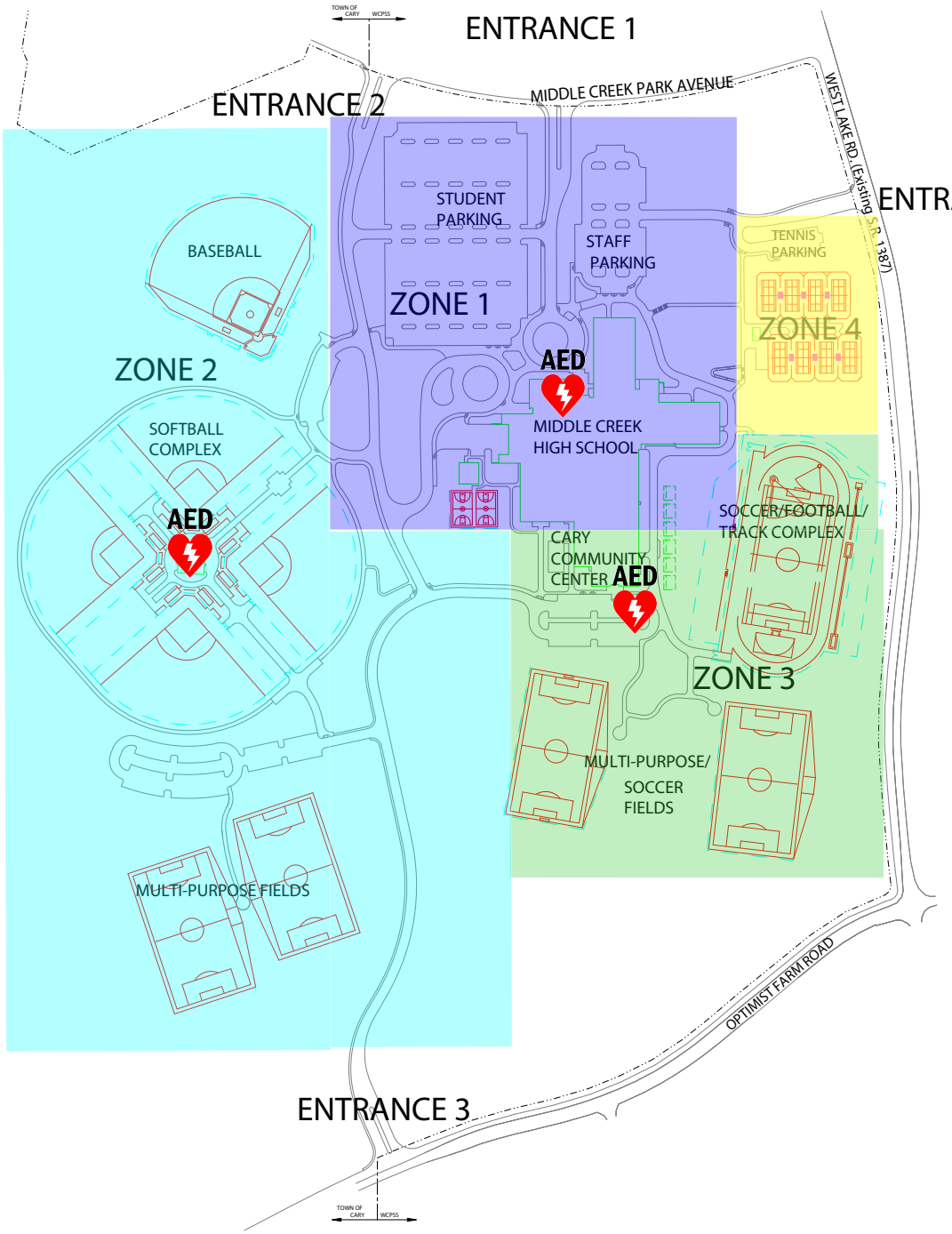
EMS Route: West Lake to Middle Creek Park Ave- Entrance #2
Primary AED: Softball Complex or Home Dugout on Baseball Field
Secondary AED: Home Dugout on Baseball Field or Softball Complex

ZONE 3 (Community Center Gymnasium, Auxilary Gymnasium, Athletic Hallway, Stadium, Practice Fields)

EMS Route: West Lake to Optimist Farm Road- Entrance #3
Primary AED: Community Center
Secondary AED: Main Office

ZONE 4 (Tennis Courts, Mobil Units)

EMS Route: West Lake - Entrance #4
Primary AED: Main Office
Secondary AED: Community Center



ZONE 1:EMS ROUTE-WEST LAKE ROAD TO MIDDLE CREEK PARK AVE TO ENTRANCE 1. PRIMARY AED: OUTSIDE MAIN OFFICE. SECONDARY AED: COMMUNITY CENTER

ZONE 2:EMS ROUTE-WEST LAKE ROAD TO MIDDLE CREEK PARK AVE TO ENTRANCE 2. PRIMARY AED: SOFTBALL COMPLEX. SECONDARY AED: OUTSIDE MAIN OFFICE

ZONE 3:EMS ROUTE-WEST LAKE ROAD TO OPTIMIST FARM ROAD TO ENTRANCE 3. PRIMARY AED: COMMUNITY CENTER. SECONDARY AED: OUTSIDE MAIN OFFICE

ZONE 4:EMS ROUTE-WEST LAKE ROAD TO ENTRANCE 4. PRIMARY AED: OUTSIDE MAIN OFFICE. SECONDARY AED: COMMUNITY CENTER

MIDDLE CREEK HIGH SCHOOL
123 MIDDLE CREEK PARK AVENUE
APEX, NC 27539
MAIN OFFICE: 919-773-3838
ATHLETIC TRAINER: 868-0499