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

2. Communication
   • Primary method
     o May be fixed (landline) or mobile (cellular phone, radio)
     o List all key personnel and all phones associated with this person
   • Back-up method
     o Often a landline
   • Test prior to event
     o Cell phone/radio reception can vary, batteries charged, landline working
     o Make sure communication methods are accessible (identify and post location, are there locks or other barriers, change available for pay-phone)
   • Activation of EMS
     o Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
     o Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
     o Post both of the above near communication devices, other visible locations in venue, and circulate to appropriate personnel
   • Student emergency information
     o Critical medical information (conditions, medications, allergies)
     o Emergency contact information (parent / guardian)
     o 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
     o 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)
     o Designated location
     o Clear route for exiting venue
   • When ambulance not on site
     o Entrance to venue clearly marked and accessible
     o 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)
     o Development
     o 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
     o Events of emergency situation
     o Evaluation of response
     o 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
     o 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
     o 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
     o Barrier shield device/pocket masks for rescue breathing
     o Bag-valve mask
     o Oxygen source
     o Oral and nasopharyngeal airways
2. Heat Illness
• Follow NCHSAA heat and humidity guidelines
• Inquire about sickle cell trait status on Pre-Participation form
  o consider those with the trait to be “susceptible to heat illness”
  o those with the trait should not be subject to timed workouts
  o those with the trait should be removed from participation immediately if any sign
    of “exhaustion” or “struggling” is observed
• If heat illness is suspected
  o Activate EMS immediately
  o 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
  o 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
  o 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”
  o Lists medications, describes actions to take based on certain symptoms and/or
    peak flow values as determined by a licensed physician / PA / NP
  o On file with sports medicine coordinator
  o Available at games / practice / conditioning
  o Can be same as that on file with school nurse
• Students with asthma should have:
  o 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
  o 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
  o “Describes symptoms that occur
• What action to take if specific symptoms occur
  • Students with known anaphylactic allergy should have
    o 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
    o Typically athletic trainer, administrator
    o 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
  • 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
    o P.A. announcement
    o 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)
    o Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)
    o Secondary option is a metal roof vehicle with all windows completely rolled up
    o 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
    o Flash-to-bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning