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)
  - 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
- 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
- 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 <u>all</u> 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