

Joliet West High School
Athletic Training Emergency Action Plan



[Reviewed 8/11/2022 by Awais Arain, ATC]

Index

- Medical Emergency Plan
- Role of First Responder
- Venues & Directions
- Catastrophic/Crisis Management
- Concussion Management Procedures
- Inclement Weather Procedures
 - Lightning
 - Heat & Humidity

The purpose of the Emergency Action Plan (EAP) is to provide the best quality of care in a timely manner, by guiding athletic personnel, emergency medical services, and campus security (if available) to emergency situations when they occur. It is essential to have a developed EAP that identifies each member of the emergency response team, those who need to be contacted, the emergency equipment available, and directions to where EMS needs to go so things run smoothly.

A SERIOUS INJURY IS ANY CONDITION WHEREBY THE ATHLETE'S LIFE MAY BE IN DANGER OR RISKS PERMANENT IMPAIRMENT. THESE INJURIES INCLUDE BUT ARE NOT LIMITED TO: CERVICAL SPINE INJURIES, HEAD INJURIES, LOSS OF LIMB, SERIOUS BLEEDING, SHOCK, SERIOUS FRACTURES, HEAT STRESS AND CARDIOVASCULAR ARREST.

Athletic Training Services: The Certified Athletic Trainer (ATC) is a highly trained professional who is there to provide the highest quality of healthcare to the student athletes. ATCs in the state of Illinois are licensed by the Board of Physicians and certified by the National Athletic Trainers Association. The role of the Athletic Trainer is injury prevention, recognition, assessment, treatment and rehabilitation, and health care administration and promotion. The athletic training services at Joliet West High School are provided by Awais Arain, ATC and Dr. Bradley Dworsky, MD. Athletes can be referred to other medical specialists as needed.

Emergency Personnel: NATA Certified and Illinois Licensed Athletic Trainer(s) are on site for practice and competition; Team Physician is on site for home football games. EMS available by calling 911. The athletic training staff is certified by the American Red Cross in Emergency Response. The Athletic Trainer must be aware of any emergency that has occurred within the athletic department.

Athletic Trainer: Awais Arain, ATC (630) 258-1227(c)

Medical Doctor: Dr. Bradley Dworsky MD (815) 693-8662 (c)

Chain of Command for an emergency:

- a. Team Physician (if present)
- b. Certified Athletic Trainer
- c. Emergency Medical Technician (if present)
- d. Coaching Staff
- e. Director of Athletics

If there are many events going on, an ATC will not always be able to be the first one to respond to a scene, so the chain of command is to be followed until a higher person on the chain of command is able to step in.

These emergency procedures are applicable at the following locations at Joliet West High School: football fields, soccer fields, tennis courts, gymnasium, fieldhouse, and practice fields.

Emergency Communication: Via cellular phone(s). Phones will be on site with certified athletic trainer during practices and events. Local EMS is 911.

Emergency Equipment: Supplies are located on the field/court with the home team certified athletic trainer. Additional emergency equipment is accessible from the athletic training room and where the AED signs are posted (two in the fieldhouse and one outside of the main gym north hallway).

Transportation: Athletes can be taken to hospital by ambulance for emergency and catastrophic injuries or illnesses. If the athlete is underage and parents are not there, parents are to be notified of the situation and what hospital he/she was sent to and a coach will go to the hospital with the athlete. If the students' parents are present, they may accompany the athlete.

ROLE OF FIRST RESPONDERS

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

1. Check ABC's, Severe Bleeding, and Levels of Consciousness.
2. Notify athletic training room immediately via radio, or cell phone.
3. Begin Rescue Breathing / CPR if needed or necessary first-aid care
4. If spine board is needed, or an ambulance is necessary, send a coach to call 911. If splinting is not possible, stabilize and comfort athlete until EMS arrives. NOTE: If cervical injury is suspected and individual is breathing and/or conscious, and ambulance response time is short, instruct victim to remain motionless until more qualified personnel (EMS) arrive.

2. Activation of Emergency Medical System (EMS)

1. Call 911
2. Name of individual making call
3. Give telephone number
4. Number of Injured Athletes
5. Condition of Injured Athletes
6. First Aid Treatment being given
7. Specific location of emergency. Give athletic field or site. (Give venue directions, include street names and how to access sites)
8. Other information as requested

3. Direction of EMS to Scene (See attached venue directions)

1. Open appropriate gates
2. Designate individual to “flag down” EMS and direct to scene.
3. Scene Control: Limit scene to first aid providers and move bystanders away from area.
 - a. Emergency equipment retrieval, documentation and debriefing, post-follow up arrangements as necessary.

*Athletic Training Staff/Athletic Department must be notified of all emergencies for after school activities.

Games, Events, and practices “AWAY”:

Medical Emergencies – Catastrophic (breathing, loss of consciousness, concussion with loss of consciousness, suspected neck or spinal injury, weak pulse, signs of shock, poor vital signs, eye or face injury, severe bleeding).

- a. Follow the First Aid/CPR/AED principles
- b. Contact the ATC if not already present
 - If ATC not at event, continue down EAP and provide First Aid until EMS arrive
- c. Ask for the host team’s athletic training staff and carry out their EAP.
- d. Have parents or school representative accompany the athlete to the hospital.

- e. If the athlete is transferred, make sure it is arranged for the head-coach to pick up the athlete when the event ends.
- f. Have parents or school representative accompany the athlete to the hospital.
 - If parents not present, contact them to let them know of the situation
 - It is the responsibility of the hospital to notify the athlete's parents or guardians with the latest and most accurate information concerning the athletes' condition.
- g. Complete an injury/illness report
- h. If ATC was not present, contact ATC upon return to school to notify them of the incident and the extent of injury/illness.

Emergency – Non-Life Threatening (fracture, dislocation)

- a. Follow the First Aid principles
- b. Contact the certified athletic trainer if not already present.
 - If ATC not at event, continue down EAP and provide First Aid. Ask visiting ATC for help if needed, along with emergency contact numbers and addresses.
- c. ATC evaluate injury
 - Provide appropriate care
- d. If needed, have transported by parents or school representative to hospital.
 - If parents not present, contact them to let them know of the situation

****It is the responsibility of the hospital to notify the athlete's parents or guardians with the latest and most accurate information concerning the athletes' condition****

- e. Complete an injury/illness report
 - If ATC was not present, contact ATC upon return to school to notify them of the incident and the extent of injury/illness.

Non – Emergencies (concussion with no loss of consciousness, illness, abrasion, minor cuts, contusion)

- a. Follow the First Aid principles
- b. Contact the ATC if more than a minor cut, abrasion, or mild contusion. If ATC not there, coach will provide basic 1st Aid.
- a. ATC evaluates injury

- Provide appropriate care
- Complete an injury/illness report

AFTER HOURS

In the event of an injury after office hours or I'm not there, and it is not life threatening, the following plan should be initiated:

Call my cell phone and we can set up a meeting time or I will get a hold of someone who is possibly in the area. You can also call the Joliet South clinic (815) 741-3758 for a free injury screen.

If a life-threatening injury occurs (head injury, loss of conscious, vitals are abnormal and to error on the safe side) call 911 and go to the nearest hospital.

You must notify the Athletic Trainer and Director of Athletics of **ANY** Emergency ASAP. Also contact the athletes head coach/staff and a family member (if necessary).

VENUE DIRECTIONS

- **Football Field**
- **Practice Fields**
- **Fieldhouse Entry**

CATASTROPHIC INJURY – CRISIS MANAGEMENT PLAN

- Contact Athletic Training and Sports Medicine Personnel
- Contact Director of Athletics: Steve Millsap's (815) 671-1206
- Designate athletic administrator point person
- Contact/update school staff if not yet familiar with situation
- Contact family by appropriate individual (use assistance as needed)
- Coordinated media plan
- **NO CONTACT WITH MEDIA**
- Meeting with athletes to discuss situation
- **NO OUTSIDE DISCUSSION OR MEETING WITH MEDIA**
- Complete documentation of events includes everyone involved with signatures

- Collect and secure all equipment and materials involved
- Construct a detailed timeline of events related to the incident
- Involve appropriate counseling and ministerial personnel
- Critical incident stress debriefing/counseling as necessary for individuals involved in incident

CONCUSSION MANAGEMENT PROCEDURES

In the specific event of a suspected concussion the following guidelines are to be followed. Symptoms suspicious of a concussion include but are not limited to: loss of consciousness (LOC), one pupil larger than another, "blacking out", slow to get up, balance problems, dizziness, headache, pressure in the head, unexplained behavior change, change in speech patterns, blurred vision, difficulty concentrating, difficulty remembering, feeling slowed down, sensitivity to light or noise, nausea or vomiting, amnesia, disorientation. Following any event possible of causing a head injury, should any of these symptoms be present, the student athlete should be pulled from participation and the ATC should be contacted immediately, with location, sport, and any obvious symptoms (LOC, amnesia, balance problems, etc.). The student athlete will then be evaluated by the ATC to determine if a concussion has been sustained, or if the student athlete will be able to return to participation. In the event of a diagnosed concussion, the student athlete will be pulled from all athletic participation (practice, competition, PE/Conditioning/AP classes) until cleared by the ATC or team physician. The ATC will notify both the coaching staff as well as the student athlete's parents. At no point should a concussed athlete be left alone until picked up by a legal guardian, as symptoms and condition may change abruptly.

ATC will notify the school's Concussion Oversight Team of the Student Athlete who sustained the concussion, as to follow State Mandated Return to Learn Guidelines.

Return-to-Learn Following a Concussion

Concussion Oversight Team:

School Nurse

PPS Coordinator

Athletic Director

Athletic Trainer

Team Physician

Upon being diagnosed as having a concussion:

- The Athletic Trainer notifies the student's parent/guardian and coach of concussion and will send home a consent form to be signed by the parent (see appendix B). The Athletic Trainer notifies the student and parent/guardian that the student must report to the Nurse's office upon return to school. Freshman will report to their School Counselor until 8:20, at which time he/she will report to the school Nurse. School Nurse confirms or modifies the recovery stage placement.
- The Athletic Trainer notifies the concussion management team and PE/ROTC teacher via email of the severity of the concussion. The Athletic Trainer makes an initial recommendation of recovery stage.
- The PPS Coordinator will inform School Counselor of the student's concussion. The School Counselor will inform the teachers of the student's Return to Learn procedure.

Return to Learn Protocol, following asymptomatic 24 hours:

If any symptoms return during completion of a step, the student athlete is to discontinue at that time. This step may be attempted again in 24 hours. If symptoms return at any point during the 24-hour break between steps, the student athlete must wait another 24 hours before reattempting the failed step. *Please refer to Appendix A for a full version of the form below.

Student Athlete is to check in with the ATC daily following school to give an update as to their current symptoms. Once the athlete is 100% asymptomatic, the ATC will initiate the post-concussion Return to Play protocol as follows:

All steps must be completed under direction of the ATC, and under the supervision of sports medicine staff. Each step must be separated by 24 hours. If any symptoms return during completion of a step, the student athlete is to discontinue at that time. This step may be attempted again in 24 hours. If symptoms return at any point during the 24-hour break between steps, the student athlete must wait another 24 hours before re-attempting the failed step. A post-concussion ImPACT test must also be passed prior to being cleared to return to sport. An MD clearance will be required prior to progressing to full contact participation and full return. A consent form will be sent home for Student and Parent signature prior to being cleared for full return (appendix C).

Return to play protocol:

- Step 1: Complete rest, remaining symptom free for 24 hours
- Step 2: Complete 15 minutes of light cardio. Jog or bike
- Step 3: Complete 15 minutes of high intensity cardio. Run/sprint. Begin Sport specific skill work, dribbling/passing/shooting.
- Step 4: Non-contact practice. Sport specific drills. Warm up with team, agility drills, non-contact drills, no live situations
- Step 5: full practice, full contact
- Step 6: cleared back to competition

**Complete Rest is the best treatment for a concussion. This means NO physical activity, NO movies, television, video games, or smart phones. Remember, nothing can speed up your recovery from a concussion, but YOU certainly can SLOW it down.

The ATC will communicate directly with the coaching staff as to the current condition and projected timeline for return of the Student Athlete. ATC will also communicate with parent/guardian as needed throughout this time. Concussion Oversight Team will be notified by ATC once Student Athlete is cleared to return to PE/Conditioning/AP class.

INCLEMENT WEATHER PROCEDURES

GENERAL POLICY

In the case of inclement weather (i.e., Thunderstorms/Lightning, Hail, Tornado), it will be under the direct discretion of the on-site Certified Athletic Trainer to determine if the practice/game fields should be evacuated. Exceptions will be made for golf, whereby the head coach will have to suspend activity in the absence of an Athletic Training staff member.

LIGHTNING

Lightning is a dangerous phenomenon. The athletic training staff has developed a lightning policy to minimize the risk of injury from lightning strike to athletes, coaches, support staff and fans. To monitor lightning the Athletic Training Staff will utilize both the Flash-Bang method and app-based Lightning detection database. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. For this reason, the following guidelines, adopted from the NCAA and NATA, must be observed if it appears that lightning is possible for the area:

1. If inclement weather is forecasted for the area or sighted in the area, a Certified Athletic Trainer will get a weather update via the National Weather Service by telephone or internet.
2. Lightning detectors will be situated on the outside fields during the possibility of inclement weather. If severe weather is in the region, and lightning is detected and the, 3-8-mile range regardless of the presence of visible lightning, all athletes and personnel must evacuate the fields and/ tennis courts and seek shelter. The nearest safe shelter is the Gymnasium. (Applies to football, track, cross country, soccer, tennis, baseball, and softball).
3. If the lightning detector is not present, use the countdown or "Flash Bang" method. To use the Flash Bang method, count the seconds from the time lightning/flash is sighted to when the clap/bang of thunder is heard. Divide this number by 5 and equals how far away (in miles) the lightning is occurring. For example, 20 second count = 4 miles). As a minimum, the National Severe Storms laboratory (NSSL), strongly recommend that all individuals have left the athletic sites and reach a safe location by the flash-to-bang count of 30 seconds (6 miles). However, lightning can strike as far as 10 miles and it does not have to rain for lightning to strike. Activities will be terminated at the 40 seconds or 8 miles.
4. If lightning is in the immediate area, the Certified Athletic Trainer will notify the head coach as to the status of the inclement weather and of need to take shelter. Teams may return to the field once the lightning detector has detected no activity in the 3-8-mile range or 30 minutes from last sight of lightning.
5. If no safe structure is within a reasonable distance, then other safe areas include enclosed buildings, fully enclosed metal vehicles with windows up (no convertibles or golf carts, unsafe shelter areas: water, open fields, dugouts, golf carts, metal objects (bleachers, fences, etc.), individual tall trees, light poles. **AVOID BEING THE HIGHEST OBJECT IN AN OPEN FIELD.** ***Athletes/coaches etc. should not stand in groups or near a single tree. There should be 15ft between athletes (NLSI, 2000).

Note: sports with metal equipment. Golfers drop your clubs and remove shoes, baseball/softball drop bats and remove shoes, tennis drop rackets.

If unable to reach safe shelter, assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground, because lightning current often enters the victim through the ground rather than by a direct overhead strike. Do not lie flat! If safe shelter is only a short distance away, it's been suggested to run for shelter, rather than stay in middle of field.

6. If a person feels that his/her hair standing on end, they should immediately crouch as described in item # 5. If someone is struck by lightning, activate the Emergency Action Plan. **A person struck by lightning does not carry an electrical charge;** immediately

initiate the EAP and begin the primary survey. If possible, move victim to a safe location.

7. Avoid using the telephone except in emergency situations. People have been struck by lightning while using a land-line phone. A cellular phone or a portable phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure, and if all other precautions are followed.

Event Procedures

Prior to Competition: A member of the Athletic Training staff will greet the officials, explain that we have means to monitor lightning, and offer to notify the officials during the game if there is imminent danger from the lightning.

Announcement of Suspension of Activity: Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and official and subsequently summon athletes (via horn or whistle) from the playing field or court.

Evacuation of the playing field: Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to an enclosed grounded structure (Fieldhouse/Locker rooms).

Evacuation of the stands: During competition once the official signals to suspend activity, a member of the Sports Information staff will announce via the PA system something like: "May I have your attention. We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek appropriate shelter at the following areas: Lobby/Gymnasium. Though protection from lightning is not guaranteed, you may seek shelter in an automobile. Thank you for your cooperation."

Resumption of Activity: Activity may resume once a member of the Athletic Training staff gives permission. Thirty (30) minutes **AFTER** the last lightning strike or activity using the Flash-Bang-Method and Two consecutive readings of the Sky Scan Detector at the 20-40 miles away range and no activity in the 3-8-mile range.

Away events: apply the home/facility EAP or modify the AACS guidelines that apply accordingly.

Lightning Detection Procedures for Non-Supervised Activities:

Ex. Athletes using facilities in the off season or outside of regular practice hours. No method of lightning detection can detect every strike nor is prevention from lightning a guarantee. However, we encourage you to follow the Flash-Bang-Method to monitor the approximation of lightning.

HEAT INDEX / HIGH HUMIDITY

During summer and early fall and late spring, high temperatures and high humidity are present. It is important that we make ourselves aware of the dangers of this situation to prevent heat exhaustion and/illness. Depending on temperature and humidity guidelines practices and contests may be modified or cancelled all together. (Temperature readings as measured by WBGT devise)

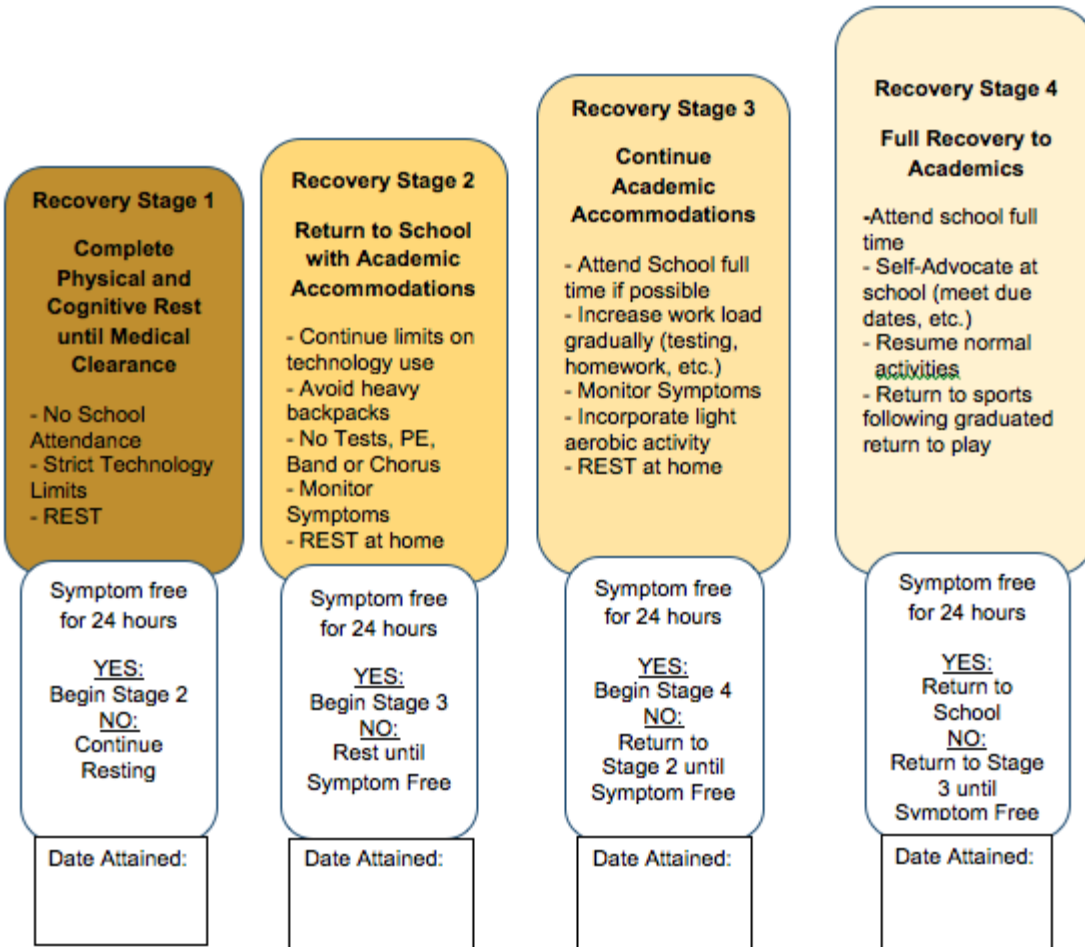
Cat 2	Activity Guidelines
< 79.9	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
80.0 - 84.5	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 5 min each. Cold Water Immersion must be available. (See below)
84.6- 87.5	Maximum practice time is 2 h. Contests may conclude if the temperature moves to orange mid-game with the required breaks provided. No new contests may be started if the temperature is in this range. <u>For Football</u> : players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports</u> : There must be 20 min of rest breaks distributed throughout each hour of practice. Cold Water Immersion must be available. (See below)
87.6 - 89.9	Maximum practice time is 1 h. <u>For Football</u> : No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports</u> : There must be 20 min of rest breaks distributed throughout the hour of practice. Cold Water Immersion must be available. (See below) Consider postponing games or practices until a cooler time of day.
> 89.9	No outdoor workouts. Delay practice until a cooler WBGT is reached.

Appendix A



JTHS Graduated Return to School Protocol

NAME: _____ ID#: _____



NOTES:

Appendix B

**JOLIET WEST HIGH SCHOOL
RETURN-TO-LEARN AND RETURN-TO-PLAY CONSENT FORM**

For signature by parent/guardian before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to begin the school's Return-to-Learn and Return-to-Play protocols.

I am the parent/legal guardian of _____ (student). I hereby consent to my student returning to play and returning to learn. By so consenting, I hereby certify that:

1. I have been informed concerning and consent to my student participating in and returning to learn and returning to play in accordance with the school's Return-to-Learn and Return-to-Play protocols as established by Illinois State Law;
2. I understand the risks associated with my student returning to learn and returning to play and will comply with any ongoing requirements in the Return-to-Learn and Return-to-Play protocols as established by Illinois State Law;
3. I consent to the disclosure to appropriate persons of the treating physician's an athletic trainer's written statement indicating it is safe for my student to begin Return-to-Learn and Return-to-Play protocols consistent with Federal HIPAA Standards.

_____ **Parent/Guardian Name Printed**

_____ **Parent/Guardian Signature**

_____ **Date**

Appendix C

**JOLIET WEST HIGH SCHOOL
RETURN TO FULL ATHLETIC PARTICIPATION CONSENT FORM**

For signature by parent/guardian and student before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to return to full participation in interscholastic athletic practice and competition pursuant to Return-to-Play Step 5.

STUDENT NAME: _____ GRADE: _____ SPORT: _____

DATE STUDENT:

- Initially Sustained Injury: _____
- Returned to Regular School Activities: _____
- Achieved Return-to-Play Baseline: _____
- Achieved Return-to-Play Step 1: _____
- Achieved Return-to-Play Step 2: _____
- Achieved Return-to-Play Step 3: _____
- Achieved Return-to-Play Step 4: _____
- Achieved Return-to-Play Step 5: _____

I am the parent/legal guardian of _____ (student). I hereby consent to my student returning to full athletic participation. By consenting, I hereby certify that:

1. On _____, I consented to my student participating in returning to learn and returning to play in accordance with the school's Return-to-Learn and Return-to-Play protocols as established by Illinois State Law.
2. As noted above, my student progressed through all steps of the school's Return-to-Play protocol, and all symptoms are absent.
3. I understand that there are still risks with sports and that no injury, including this one, is without recurrence risks. That being said, I believe it is safe for my student to return to full participation in interscholastic athletic practice and competition and consent to the same.
4. Both my student and I understand that if concussive signs/symptoms return, we must immediately notify the Athletic Trainer. In addition, we shall comply with any ongoing requirements in the school's Return-to-Play protocol.
5. I consent to the disclosure to appropriate persons of the treating physician's and/or athletic trainer's written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition.

Student Name Printed

Student Signature

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Date