

SECTION 4

EMERGENCY PROCEDURES & FORMS



SHORELINE SCHOOL DISTRICT NO. 412

Emergency Check List

- Student physical is up to date and filed with the appropriate person
- Medical release/Informed consent is on file
- Student Emergency card is on site
- Aware of any special situations:
 - Athletes that may have extra concerns, i.e. heart pathologies, diabetic, asthma, allergic reactions, eating disorders, previous injuries, concussions.
- Address of practice and game facilities
- Coach is current in 1st Aid and CPR
- Have proper equipment for all practices;
 - Training kit
 - Emergency cards
 - Ice and water
- Develop a specific emergency plan for your sport. Make sure all coaches are aware of plan and keep plan for reference.

Injury Flow Chart

Injury

Evaluation/assessment

Emergency Procedures & Action Plan

Notification:

- Parents
- School Athletic Trainer
- School Personnel

PROCEDURES IN THE EVENT OF AN ACCIDENT

1. Emergency Care

2. Accident Reports

The accident report form and/or Head Injury/Concussion form must be completed in full detail as soon after the accident as is practicable and provided to the **school nurse** within 24 hours. An email to the school nurse should be sent the same day as the accident/event. The coach(es) is encouraged to write down his/her recollections and impressions of the accident circumstances as soon after the event as possible and retain it in his/her personal files.

3. Equipment

Secure all equipment potentially involved in an athletic injury in either a game situation or in practice. Tag it for identification with the following information:

- | | |
|-------------|-----------------------------------------------------------------|
| a. Date | d. Name of injured student athlete |
| b. Time | e. Signature of one: (coach, assistant coach, trainer, manager) |
| c. Location | |

Tagged equipment should be turned over to the school Athletic Director for safe-keeping and should not be returned to use or released to any party without an okay by counsel or insurance carrier for the school.

4. Witnesses

Identify and obtain written statements of as many witnesses at the time and scene of the accident as is practicable. At a minimum, identification should include:

- | | |
|-----------------|-------------------------------------------------|
| a. Name | d. Age |
| b. Address | e. Status (student, team member, teacher, etc.) |
| c. Phone number | f. Location or vantage point |

Statements of witnesses should be brief, to the point and handwritten by the witness in his/her own words. If an apparent witness maintains he/she did not, in fact, see anything, a brief statement to that effect should be taken.

5. Accident Scene

Whenever possible, the accident scene should be maintained until such time as an inspection can be made by administration officials, insurance carrier or counsel, or until photographs can be taken.

6. Photographs

Whenever possible, photographs of the accident scene should be taken at the time, if possible, and the film labeled for identification and deposited with the principal. Likewise, game film/tapes should be identified and secured with the principal.

7. Discussion of Accident

Coaches, assistant coaches and other staff members should refrain from discussion or venturing opinions on any accident with anyone other than the school administration, insurance carrier or counsel. Requests for interviews should be referred to the district administrative offices.

Emergency Plans

Neurological and Spinal Cord

Life Threatening;

- Assess and immobilize at the injury site. Assess for the ABC's and level of consciousness. Do not transport or move without EMS assistance.
- Appoint a designated "911" caller. They will need the address and directions, (which door, etc), the type of emergency and current aide being given, telephone # of the phone you are calling from.
- Appoint someone to meet the EMS and direct to injured athlete.
- A coach or responsible person is to remain with the athlete at all times.
- Notify parents ASAP, refer to the yellow emergency card.
- Notify school athletic trainer.
- Document fully the situation and accident details, then give a copy to the athletic trainer and appropriate school personnel.

Non-Life Threatening;

- Asses the injury. Prevent further harm. Determine if the "911" procedure is to be used.
- Notify school Athletic Trainer
- Notify parents, if appropriate
- Fill out injury report/documentation
- Give copy to Athletic Trainer and Athletic Director

Head Injury/Concussion Protocol

- The Shoreline School District Athletic programs will follow the guidelines as outlined in the Lystedt Law (RCW 4.24.660) and the Sports Concussion Assessment Tool (SCAT 2) Card.
- If an athlete is declared symptomatic of a concussion by any trained medical personnel, including school district Athletic Trainers (ATC.), the Sport Concussion Assessment Tool guidelines will be followed for return to play.
- Using the above referenced return to activity guidelines, an athlete may only be cleared to participate by the attending school ATC, or by a physician designated by the Shoreline School District.

Sudden Cardiac Arrest (SCA)

The Shoreline School District Athletic programs are aware of the current laws and warning signs regarding Sudden Cardiac Arrest and have been trained in proper procedures in case of such occurrence.

1. *Recognize Sudden Cardiac Arrest*
2. *Call 9-1-1*
3. *Start CPR*
4. *Use AED*
5. *Continue Care*

Away From Home Emergency Procedures

- Always check with the "home" team and find out their emergency plan.
(Make note of the person you spoke with)
- Find out who makes the call to 911 at that site.
- Determine if/when you need to take the athlete to the closest hospital.
(Know where the nearest hospital is located)
- Notify their parents.
- Document the accident.
- Notify the athletic trainer and appropriate school personnel.

FIRST AID AND EMERGENCY KIT

PROVIDED & RESTOCKED BY SCHOOL ATHLETIC TRAINER

EMERGENCY INFORMATION

Telephone Numbers

Emergency Aid Car - 911

Hospitals - Northwest - 206/364-0500; Stevens - 425/640-4000

Location of the nearest telephone.

Directions for getting an emergency vehicle to the field or court and the necessary key(s) to open the door(s) and gate(s).

Address of the practice and game sites.

Address of the nearest hospital and a map with the most direct route clearly marked.

EMERGENCY MEDICAL INFORMATION FORM A copy of the athlete's medical permission form must be on hand at the field or court side for all practices and games.

HEAD INJURY/CONCUSSION REPORT FORMS (SCAT2 assessment) and Take Home Concussion Forms

FIRST AID KIT. A first aid or trainer's kit is to be on hand at all times for practice and contests. The kit is to include the following:

Band-aids	scissors
gauze pads	slings (i.e., triangular bandage)
adhesive tape	sterile solution for eye rinsing
Vaseline	plastic airway
tongue blades	antibiotic ointment
Q-tips	hydrogen peroxide
plastic latex gloves	

ICE CHEST. Containing crushed ice, plastic bags and ties.

TOWELS AND FACE TISSUE

DRINKING WATER SUPPLY with individual paper cups or squeeze bottles.

CRUTCHES (available - stadium and school nurse)

STRETCHER or SPINE BOARD (available)

CARDBOARD or AIR SPLINTS (available)

FOOTBALL KIT. In addition to the already listed items, the kit for football must include the following items. These are needed to permit rapid removal of football face masks:

Bolt cutters/Heavy duty utility knife

Regular and Phillips screwdrivers

Heavy duty utility scissors (for cutting plastic, heavy cloth, webbing, etc.)



SHORELINE SCHOOL DISTRICT NO. 412

EMERGENCY ACTION PLAN

Sport _____ Head Coach _____
Asst. Coach _____

_____ will render emergency care until EMS arrives.

_____ will retrieve emergency card.

_____ will call EMS from coach's office/cell phone.

Information that needs to be given over the phone:

- Type of emergency situation (life threatening)
- Possible injury/condition
- Current status of injured party (assistance being given, are they conscious)
- Exact location of facility or injured individual and specific point of entry to the facility.

Game site address _____

Practice site address _____

- Telephone # of phone being used _____

_____ will control crowd.

_____ will meet and direct EMS

_____ will inform the individual's parents/guardians that an emergency has occurred.

_____ will fill out an injury form.

If the Athletic Trainer is not on site _____ will call and inform him/her of the situation.

Shorecrest -
Shorewood - Bill Reynolds

HEAD INJURY/CONCUSSION REPORT FORM

If an athlete loses consciousness, this form must be accompanied by Report of Accident Form

Athlete Name: _____ Sport Team: _____

Date/Time of Injury: _____ Date/Time of Assessment: _____

Age: _____ Gender: _____

STEP 1: RED FLAGS – CALL 911

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call 911 for urgent medical assessment:

- Neck pain or tenderness
- increasingly restless, agitated or combative
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion
- Loss of consciousness
- Severe or increasing headache
- Deteriorating conscious state
- Vomiting
- Double vision

POCKET SCAT2 Concussion Assessment tool:

Concussion should be suspected in the presence of any one or more of the following symptoms or physical signs or impaired brain function.

1. **Symptoms** – presence of any of the following signs & symptoms may suggest a concussion

- Loss of consciousness
- Headache
- Nausea or vomiting
- Balance problems
- Sensitivity to noise
- Don't feel right
- Fatigue or low energy
- More emotional
- Nervous or anxious
- Seizure or convulsion
- Pressure in head
- Dizziness
- Balance problems
- Feeling slowed down
- Difficulty concentrating
- Confusion
- Irritability
- Amnesia
- Neck pain
- Blurred vision
- Sensitivity to light
- Feeling like in a fog
- Difficulty remembering
- Drowsiness
- Sadness

2. **Memory function** – Failure to answer all questions correctly may suggest a concussion

“At what venue are we at today?”

“Which half is it now?”

“Did your team win the last game?”

“Who scored last in this game?”

“What team did you play last week/game?”

3. **Balance testing** – Instructions for tandem stance

“Now stand heel to toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes”

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips, open their eyes, lift their forefoot or heel) step, stumble, or fall, or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Athletes with suspected concussion should: Not be left alone initially (at least for the first 1-2 hours).

Not be sent home by themselves. They need to be with a responsible adult.

Not drive a motor vehicle until cleared to do so by a healthcare professional.

ASSESSMENT RESULTS:

1. SYMPTOMS:

How many positive results from above were found: _____ of 24 (✓ symptoms above)

2. MEMORY FUNCTION:

How many incorrect answers were noted above: _____ of 5 (✓ correct answers above)

3. BALANCE TESTING: Circle the appropriate response

4 errors or less = Pass

5 errors or more = Fail

Print Coach Name _____

Coach signature _____

Date _____

Original: Coach

Copy: Medical Trainer

Copy: School Nurse



SHORELINE SCHOOL DISTRICT
Concussion Information Sheet

According to RCW 4.24.660 “a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” “They may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”

If you suspect that an athlete might have suffered a concussion look for the following indicators:

- Loss of consciousness
- Appears dazed or confused
- Is confused about their assignment
- Forgets plays
- Moves clumsily, balance problems
- Answers questions slowly
- Can't recall events prior to the hit
- Can't recall events after the hit
- Shows behavior or personality changes

Zurich Consensus Statement, 2009

When talking to the athlete you should ask them if they have any of the following symptoms:

- Loss of consciousness
- Headache
- Lightheadedness
- Light sensitivity
- Noise Sensitivity
- Nausea
- Visual problems
- feels like they are in a “fog”
- If they feel like they got their bell rung

Zurich Consensus Statement, 2009

In accordance with RCW 4.24.660 if the athlete answers yes to any of the questions or you observe any signs of a concussion, immediately remove the athlete from play and have them evaluated by the host school Licensed Athletic Trainer, your Licensed Athletic Trainer or designated Team Physician to determine return to play status.

If the athlete shows any of the following symptoms **CALL 911 IMMEDIATELY**

- Vomiting**
- Vision loss**
- Slurred speech**
- Numbness or weakness in the arms or legs**
- Increasing headache**

If an athlete is removed from play, complete the head injury concussion report form and give athlete/parent the Take Home Concussion Information Sheet. You cannot return the athlete to play until they are evaluated and cleared by the designated team physician or Licensed Athletic Trainer. If you suspect a concussion, make sure that the athlete has constant supervision by a member of your coaching staff.

Coach Signature: _____ Date: _____



TAKE HOME CONCUSSION INFORMATION SHEET

Your son or daughter is suspected of having a concussion. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Your child may experience a wide range of symptoms. Some of the most common symptoms are:

- Headaches
- Lightheadedness
- Light sensitivity
- Noise Sensitivity
- Irritability
- Balance problems
- Loss of appetite
- Visual problems
- Slurred speech
- Trouble sleeping
- Academic problems
- Nausea
- More emotional
- Dizziness
- Feeling “in a fog”
- Poor concentration- forgetting simple tasks, seems like they are not listening (more than normal)

Athletes with suspected concussions should:

- √ Not be left alone initially (at least for the first 1-2 hours)
- √ Should remain with a responsible adult
- √ Not drive a motor vehicle until cleared to do so by a healthcare professional.

You do not need to wake your child throughout the night or shine a light in their eyes. **DO NOT GIVE THEM ANY MEDICATION** unless directed by a physician. (If our child seems to be altered enough that you are not comfortable with, or to the point you feel they need frequent checks, then go to the ER)

Below are some symptoms that require immediate action on your part

- | | | |
|----------------------------------------|-------------------------------------------------|--------------------------------------|
| Vomiting | Vision loss | Deteriorating conscious state |
| Slurred speech | Severe increasing headache | Seizures/Convulsions |
| Increasingly restless/combative | Numbness or weakness in the arms or legs | |

If your child has any of these symptoms or you are not comfortable with their condition **CALL 911 or TAKE THEM IMMEDIATELY TO THE EMERGENCY ROOM**

Your child may experience symptoms for minutes, hours and even days. If your child has symptoms that are affecting school, please inform the school nurse. There are certain things that your child should avoid while they are having symptoms. These are only general guidelines and other things may worsen their symptoms. Generally TV, video games, computer screens, texting, listening to music, physical activity, and even school work can increase or prolong their symptoms and should be avoided until they can be evaluated by your schools Licensed Athletic Trainer and/or Physician.

When can my child return to play?

Your child must see a licensed health care provider as soon as possible. Once your child has been evaluated by a licensed health care provider trained in the evaluation and management of concussions and is symptom free they can start a return to play progression which is outlined on the back of this page.

Recommendations provided to: _____

Signature: _____

Date: _____ Time: _____



Graded Return-to-Play Progression post physician's clearance

Progress to the next stage only if/when SYMPTOM free
Each stage done in no less than 24-hour increments

REHABILITATION STAGE

FUNCTIONAL EXERCISE

- | | |
|------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1. No Activity | Complete physical and cognitive rest |
| 2. Light Aerobic Activity | Walking, swimming, or stationary cycling; keep intensity less than 70% maximum predicted heart rate. |
| 3. Sport-specific exercise | e.g. running drills in soccer, skating drills in hockey; NO head impact activities |
| 4. Noncontact training drills | Progression to more complex training drills; may start progressive resistance training |
| 5. Full contact practice | Only after first four phases following medical clearance to participate in normal activities |
| 6. Return to play/Return to learn | Normal game play – additionally full academic return to classroom w/out accommodations. |

NOTE: There should be at least 24 hours (or longer) for each stage and if symptoms recur, the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

The Shoreline School District ATC determines stage advancement and final return to play status.

Shoreline School District return to play protocol created with guidance from The Sports Medicine Clinic Seattle, Washington, and utilizes the SCAT5 Sport concussion assessment tool return to play protocol.

For more information on concussion and return to play protocol, please go to this link from the 5th International Consensus Meeting on Concussion in Sports held in Berlin, Germany:
<http://bjism.bmj.com/>



SHORELINE SCHOOL DISTRICT
Sudden Cardiac Arrest Information Sheet

SSB 5083 has amended RCW 4.24.660 to show awareness of Sudden Cardiac Arrest (SCA). SCA is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year. SCA is also the leading cause of sudden death in young athletes during sports.

What causes Sudden Cardiac Arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball or softball) or by chest contact from another player. While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

CARDIAC 3-MINUTE DRILL

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

How to prevent and treat sudden cardiac arrest?

Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA,
call 9-1-1, begin CPR,
and use an AED as soon as possible!***

COACH Signature: _____ Date: _____

**SHORELINE SCHOOL DISTRICT
REPORT OF ACCIDENT**

School: _____

Date: _____

Name _____ Age _____ Grade _____

Phone: _____

Parents _____

Time _____ AM _____ PM

Address _____

Time loss due to accident: _____ days

PLACE OF ACCIDENT

To/from school

Athletic field/playground

Gym

Hallway/stairs

Cafeteria/commons

Classroom # _____

Other _____

TYPE OF ACTIVITY

Athletic Team

Intramural/Open Gym

After school activity

Horseplay

Physical Education class

Other _____

DESCRIPTION OF ACCIDENT: How did the accident happen? What was student doing? Where was student?

FIRST AID TREATMENT: _____ Treatment by (name) _____

INJURY TO:

Abdomen/Chest

Ankle/Foot

Arm/Elbow

Back/Neck

Face (eye/nose/ear/mouth/tooth)

Hand/finger/Wrist

Head/Neck

Leg/Knee

INJURY:

Abrasion

Amputation

Asphyxiation

Bite

Bruise

Concussion

Dislocation

Fracture

Laceration

Poisoning

Puncture

Scald

Sprain

Other _____

TAKEN TO: School Nurse Home Physician Hospital (by whom) _____

Physician's Name _____ Hospital _____

Was a parent or other individual notified? Yes No When _____ How _____

Name of individual notified _____ By whom (name) _____

Witnesses 1. Name _____ Address _____

2. Name _____ Address _____

FOLLOW UP _____

By Whom: _____ Date _____

Signatures: _____

Coach _____ Nurse _____ Principal _____

Nurses: Please send original signed copy to the Risk Manager in the Deputy Superintendent's Office. Please keep a copy for your records.

SHORELINE SCHOOL DISTRICT NO. 412

Health, Physical Education & Athletics
MEDICAL RELEASE FORM

Dear Doctor:

The Washington State Interscholastic Activities Association requires that, following an illness or injury which requires medical care, the participant must present to school officials a written permission from the doctor to resume turning out. This form is to be used for this purpose. Thank-you for your time and cooperation.

_____ was under my care for the treatment of
name of student

general type of injury or illness

and may resume turning out on _____.
date

Special instructions: _____

Physician signature

date