



SILSBEE ISD ATHLETIC DEPARTMENT

EMERGENCY ACTION PLAN (EAP)



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EMERGENCY ACTION PLAN (EAP)

INTRODUCTION

Emergency situations may arise at any given time during any athletic event, which includes practice, and games. Proper and expedient action must take place in order to provide the best possible care to the athlete/victim in emergency and /or life threatening situations. The emergency action plan (EAP) will aid in providing proper care to all participants.

Since emergencies may and can occur at any given time during the course of sporting activities, the Athletic Department must be prepared. This preparation involves the formation of the EAP, safe coaching techniques, proper medical coverage of events, maintenance of appropriate medical emergency equipment and supplies, utilization of appropriate medical emergency personnel, continuing education and proper training and planning.

Components of the Emergency Action Plan

1. Emergency Personnel
2. Roles of First Responders
3. Emergency Communication
4. Emergency Equipment
5. Venue Information
6. Location / Sport Specific EAP's

EMERGENCY ACTION PLAN PERSONNEL

First Responder / Incident Commander

During typical athletic practices or games, the first responder / incident commander to an emergency will usually be the Athletic Trainer or Coach. The type and degree of medical coverage may vary based on such factors as the sport or activity, the setting, the type of practice or competition. The first responder /incident commander in some situations may be a coach or other institutional personnel.

Emergency Team

The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, athletic trainers, student athletic trainers, coaches, parents, and, possibly other athletes and bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head coach or head athletic trainer. There are four basic roles within the emergency team. The incident commander is the **first role**, which establishes safety of the scene

and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In instances that an Athletic Trainer is available, this role will be assumed by the Athletic Trainer. The **second role**, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. The **third role**, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, coaches, and athletes are good choices for this role. The **fourth role** of the emergency team is that of directing EMS to the scene and scene management. One or more members of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, administrator, athlete, or coach may be appropriate for this role. Also, one member of the team should manage the scene and direct non-essential bystanders. This person should inform and keep calm the parent/guardian when they arrive on the scene. A head coach, administrator or someone with good communication skills, authority would be a good choice for this role.

Roles within the First Responders / Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene / scene management and attend to the parent/guardian

Activating the EMS System Call: 911

Providing Information:

1. Name, address, telephone number of caller
2. Nature of emergency
3. Number of athletes
4. Condition of athlete(s)
5. First aid treatment initiated
6. Specific directions as needed to locate the emergency scene
7. Other information as requested by dispatcher

EAP Personnel Training and Drills:

Employee Safety Training: Certification in cardiopulmonary resuscitation (CPR), AED and First Aid Training, athletic safety training (UIL RCP training), blood borne pathogens/prevention of disease transmission, diabetes training, concussion training and emergency plan review / drills are required annually for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

Student Safety Training: Student trainers must get certification in cardiopulmonary resuscitation (CPR), AED and First Aid Training, and participate in the safety drills. Student athletes are required by HB 82 to undergo safety training, and participate in safety drills.

EMERGENCY COMMUNICATION

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. A cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible. Emergency information on all athletes should be readily available at each game and practice.

EMERGENCY EQUIPMENT

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise. Monthly AED maintenance and inspections are required and documented at Silsbee ISD.

MEDICAL EMERGENCY TRANSPORTATION

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining

transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “**load and go**” situation and emphasis placed on rapid evaluation, treatment and transportation.

VENUE DIRECTIONS

Each staff member should know the directions and address to home practice and game facilities.

SHS - SILSBEE HIGH SCHOOL 1575 Hwy 96 North Silsbee, TX 77656

EJMSMS - SILSBEE MIDDLE SCHOOL 1140 Hwy 327 East Silsbee, TX 77656
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SILSBEE COUNTRY CLUB 6200 Country Club Rd. Silsbee, TX 77656
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NON-MEDICAL EMERGENCIES

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district’s emergency action plan.

SAFETY DRILL

All Silsbee Independent School District sports teams, cheer teams, drill team, and marching band are required to do an annual safety drill. This drill shall be completed prior to the end of the first six weeks and /or the first competition. The drill will include all components of the emergency action plan and/or team and be documented by the head coach/sponsor. Documentation is to be reported to the Athletic Director.

EAP SUMMARY

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent for the athletic department to assume "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel. Through development and implementation of the emergency plan, the Silsbee Independent School District helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Automated External Defibrillators (AED) Locations:

All units have monthly maintenance checks and all equipment and supplies are routinely monitored for proper function and expiration dates. All personnel should be aware of the locations of district AEDs and should be familiar with how to use them.

Silsbee High School AED Locations:

- 1st Floor Lobby by the Elevator in a wall mounted cabinet
- 2nd Floor near Room 207 in a wall mounted cabinet
- Tiger Stadium Dauphin Field House in the athletic training room in a wall mounted cabinet. (9H2 key)
- Baseball Press Box in a wall mounted cabinet. (Press Box key)
- Cafeteria in a wall mounted cabinet
- Athletic Trainer has a portable AED unit that is used for both home and away athletic events.
- HS Band Director has portable unit during the football season used for band marching practice.
- School Nurse has a portable AED unit that is used during regular school hours

Silsbee Middle School:

- Middle School Football Field House that is a portable AED unit used for Football and Track Practice.
- School Nurse has a portable AED unit that is used during regular school hours.
- Hallway outside principles office in wall mounted cabinet

EMERGENCY ACTION PLAN – SILSBEE HIGH SCHOOL

ATHLETIC COMPLEX: FOOTBALL AND SOCCER PRACTICE FIELD, TENNIS COURT, BASEBALL FIELD, SOFTBALL FIELD

EMERGENCY PERSONNEL: Athletic Trainer usually on site for football practices, Baseball and Softball Games. Student Trainers may be present.

EMERGENCY COMMUNICATION: Cell phones provided by athletic trainer, coach, student or other personnel. Emergency contact information for involved student athletes is available.

EMERGENCY EQUIPMENT: AED in the Baseball and Softball Press Box in a wall mounted cabinet. Depending on if the athletic trainer is present, portable AED unit, first aid supplies, athletic trainer's kit, crutches, braces, immobilizers, vacuum splints, Epipens (provided by students), and inhalers (provided by students), diabetic supplies (provided by student).

Non- urgent:

- | | | |
|-------------------|------------------------------------|----------------|
| 1. Contact | Athletic Trainer - John Williamson | (409-828-1005) |
| | School Nurse – Michelle Hardy | (409-790-2366) |
| 2. Contact Parent | | |

Urgent:

1. Call 911 - Activate the Emergency Medical System
 - a. Identify yourself and your role in the emergency and phone number you are calling from.
 - b. Instruct EMS to report to the ATHLETIC COMPLEX (FOOTBALL/SOCCER PRACTICE FIELD, TENNIS COURT, BASEBALL, SOFTBALL) at:

Silsbee High School
1575 Hwy 96 North
Silsbee, TX 77656
 - c. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided.
 - d. Other specific information that EMS may ask for.
 - e. Send personnel at the front entrance to the school and gate entrance to the Athletic Complex to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal

(Principal or Athletic Director Contacts Superintendent)

EMERGENCY ACTION PLAN – SILSBEE HIGH SCHOOL

TIGER STADIUM

EMERGENCY PERSONNEL: Athletic Trainer usually on site for high school and middle school football games, soccer games and track meets. Student Trainers may be present. Ambulance will be at all High School and Middle School Football games. Team physician may be present at Varsity Football Games. School Nurse and other institutional personnel may be present.

EMERGENCY COMMUNICATION: Cell phones provided by athletic trainer, coach, student or other personnel.

EMERGENCY EQUIPMENT: AED in Dauphin Field House training room in a wall mounted cabinet. Depending on if the athletic trainer is present, portable AED unit, first aid supplies, athletic trainer's kit, crutches, braces, immobilizers, vacuum splints, Epipens (provided by students), and inhalers (provided by students), diabetic supplies (provided by student).

Non- urgent:

- | | | |
|-------------------|------------------------------------|----------------|
| 1. Contact | Athletic Trainer - John Williamson | (409-828-1005) |
| | School Nurse - Michelle Hardy | (409-790-2366) |
| 2. Contact Parent | | |

Urgent:

1. Call 911 - Activate the Emergency Medical System
 - a. Identify yourself and your role in the emergency and phone number you are calling from.
 - b. Instruct EMS to report to the Football Stadium at:
Silsbee High School
1575 Hwy 96 North
Silsbee, TX 77656
 - c. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided).
 - d. Other specific information that EMS may ask for.
 - e. Send personnel at the front entrance to the school and gate entrance to the Athletic Complex to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal
(Principal or Athletic Director Contacts Superintendent)

EMERGENCY ACTION PLAN – SILSBEE HIGH SCHOOL

SHS GYMS, WEIGHT ROOMS AND LOCKER ROOMS

EMERGENCY PERSONNEL: Athletic Trainer usually on site for high school home games. Student Trainers may be present. School Nurse and other institutional personnel may be present.

EMERGENCY COMMUNICATION: Cell phones provided by athletic trainer, coach, student or other personnel. Nearby coaches office or front school office may be available.

EMERGENCY EQUIPMENT: AED in a wall mounted cabinet near 1st floor elevator. Depending on if the athletic trainer is present, portable AED unit, first aid supplies, athletic trainer's kit, crutches, braces, immobilizers, vacuum splints, Epipens (provided by students), and inhalers (provided by students), diabetic supplies (provided by student).

Non- urgent:

1. Contact Athletic Trainer - John Williamson (409-828-1005)
School Nurse - Michelle Hardy (409-790-2366)
2. Contact Parent

Urgent:

1. Call 911 - Activate the Emergency Medical System
 - a. Identify yourself and your role in the emergency and phone number you are calling from.
 - b. Instruct EMS to report to Silsbee High School Building at:
Silsbee High School
1575 Hwy 96 North
Silsbee, TX 77656
 - c. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided).
 - d. Other specific information that EMS may ask for.
 - e. Send personnel at the front entrance to the school and entrance to the gym to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal
(Principal or Athletic Director Contacts Superintendent)

EMERGENCY ACTION PLAN – SILSBEE MIDDLE SCHOOL

EJMSMS FOOTBALL PRACTICE FIELDS / TRACK

EMERGENCY PERSONNEL: Coaches will be present. School Nurse and other institutional personnel may be present.

EMERGENCY COMMUNICATION: Cell phones provided by coach, student or other personnel. Nearby office phones may be available.

EMERGENCY EQUIPMENT: AED in a wall mounted cabinet near the principal's office, the nurse has a portable AED unit for use during school hours and a portable unit located in the Boys field house. Epipens (provided by students), inhalers (provided by students), and diabetic supplies (provided by student).

Non- urgent:

1. Contact Athletic Trainer - John Williamson (409-828-1005)
School Nurse – Lee Ann Sheppard (409-980-7800) x5050
2. Contact Parent

Urgent:

1. Call 911 - Activate the Emergency Medical System
 - a. Identify yourself and your role in the emergency and phone number you are calling from.
 - b. Instruct EMS to report to the Silsbee Middle School:
Edward-Johnson Memorial
Silsbee Middle School
1140 Hwy 327 East
Silsbee, TX 77656
 - c. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided).
 - d. Other specific information that EMS may ask for.
 - e. Send personnel at the front entrance to the school and/or main drive entrance to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal
(Principal or Athletic Director Contacts Superintendent)

EMERGENCY ACTION PLAN – SILSBEE MIDDLE SCHOOL

EJMSMS GYMS AND LOCKER ROOMS

EMERGENCY PERSONNEL: Coaches will be present. School Nurse and other institutional personnel may be present.

EMERGENCY COMMUNICATION: Cell phones provided by coach, student or other personnel. Nearby office phones may be available.

EMERGENCY EQUIPMENT: AED in a wall mounted cabinet near the principal's office, the nurse has a portable AED unit for use during school hours and a portable unit located in the Boys field house. Epipens (provided by students), inhalers (provided by students), and diabetic supplies (provided by student).

Non- urgent:

3. Contact Athletic Trainer - John Williamson (409-828-1005)
School Nurse – Lee Ann Sheppard (409-980-7800) x5050
4. Contact Parent

Urgent:

1. Call 911 - Activate the Emergency Medical System
 - a. Identify yourself and your role in the emergency and phone number you are calling from.
 - b. Instruct EMS to report to the Silsbee Middle School:
Edward-Johnson Memorial
Silsbee Middle School
1140 Hwy 327 East
Silsbee, TX 77656
 - c. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided.
 - d. Other specific information that EMS may ask for.
 - e. Send personnel at the front entrance to the school and/or main drive entrance to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal
(Principal or Athletic Director Contacts Superintendent)

EMERGENCY ACTION PLAN – SILSBEE HIGH SCHOOL

BAND PRACTICE FIELD

EMERGENCY PERSONNEL: Band Director will be present and other institution personnel may be present.

EMERGENCY COMMUNICATION: Cell phones provided by Band Director, student or other personnel. Nearby office or front school office may be available.

EMERGENCY EQUIPMENT: Band Director has portable AED unit for access during the football season for marching band practice. AED in a wall mounted cabinet near 1st floor elevator. Depending on if the athletic trainer is present, portable AED unit, portable unit in the nurse's office during school hours.

Non- urgent:

1. Contact Athletic Trainer - John Williamson (409-828-1005)
School Nurse - Michelle Hardy (409-790-2366)
2. Contact Parent

Urgent:

1. Call 911 - Activate the Emergency Medical System
 - a. Identify yourself and your role in the emergency and phone number you are calling from.
 - b. Instruct EMS to report to Silsbee High School Building at: (BAND PRACTICE FIELD)
Silsbee High School
1575 Hwy 96 North
Silsbee, TX 77656
 - c. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided.
 - d. Other specific information that EMS may ask for.
 - e. Send personnel at the front entrance to the school and entrance to the gym to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal
(Principal or Athletic Director Contacts Superintendent)

EMERGENCY ACTION PLAN – SILSBEE HIGH SCHOOL

SILSBEE COUNTRY CLUB

EMERGENCY PERSONNEL: Coaches will be present.

EMERGENCY COMMUNICATION: Cell phones provided by coach, student or other personnel. Club House may be available.

EMERGENCY EQUIPMENT: AED at this time is not installed at Country Club.

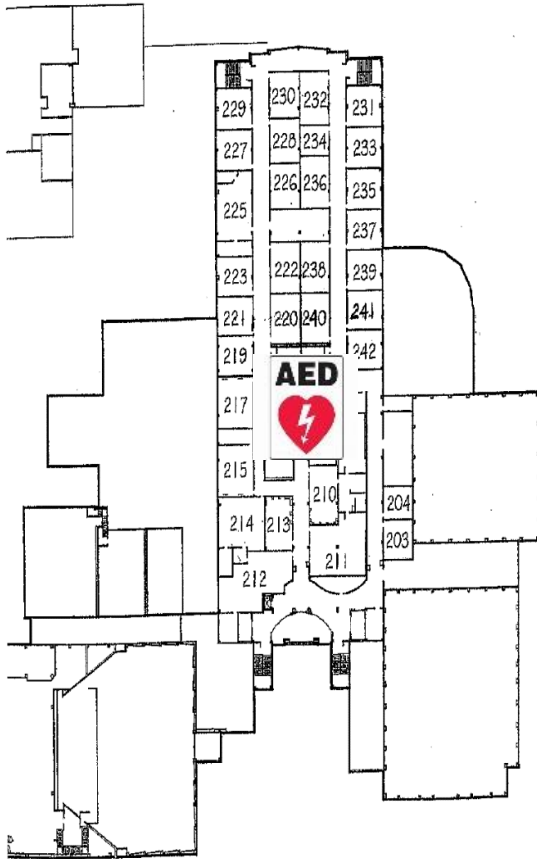
Non- urgent:

1. Contact Nurse Athletic Trainer - John Williamson (409-828-1005)
School Nurse - Michelle Hardy (409-790-2366)
2. Contact Parent

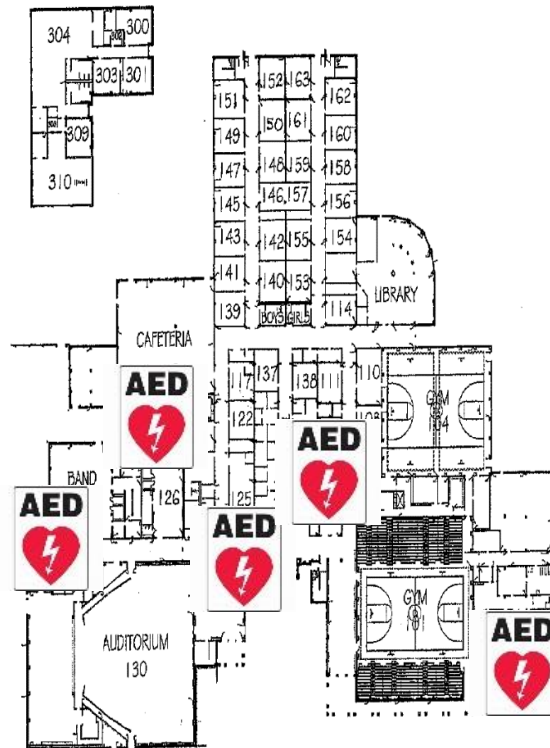
Urgent:

1. Call 911 - Activate the Emergency Medical System
 - f. Identify yourself and your role in the emergency and phone number you are calling from.
 - g. Instruct EMS to report to Silsbee High School Building at: (Silsbee Country Club)
Silsbee Country Club
6200 Country Club Rd.
Silsbee, TX 77656
 - h. Give details of the victim (name, age, nature of emergency, condition of the victim, time of incident / accident, and care that is being provided.
 - i. Other specific information that EMS may ask for.
 - j. Send personnel to the front gate entrance of the Country Club to direct the ambulance to the emergency location, and direct personnel to manage the scene (direct bystanders and give information to parent/guardian once they have arrived on scene).
2. Provide appropriate emergency care until the arrival of EMS personnel
3. Send Personnel for emergency equipment retrieval (appropriate for the emergency)
4. Contact Parent / Guardian
5. Contact Administration: Athletic Director / Athletic Trainer / Principal
(Principal or Athletic Director Contacts Superintendent)

Second Floor



First Floor



AED MOUNTED BASEBALL PRESS BOX

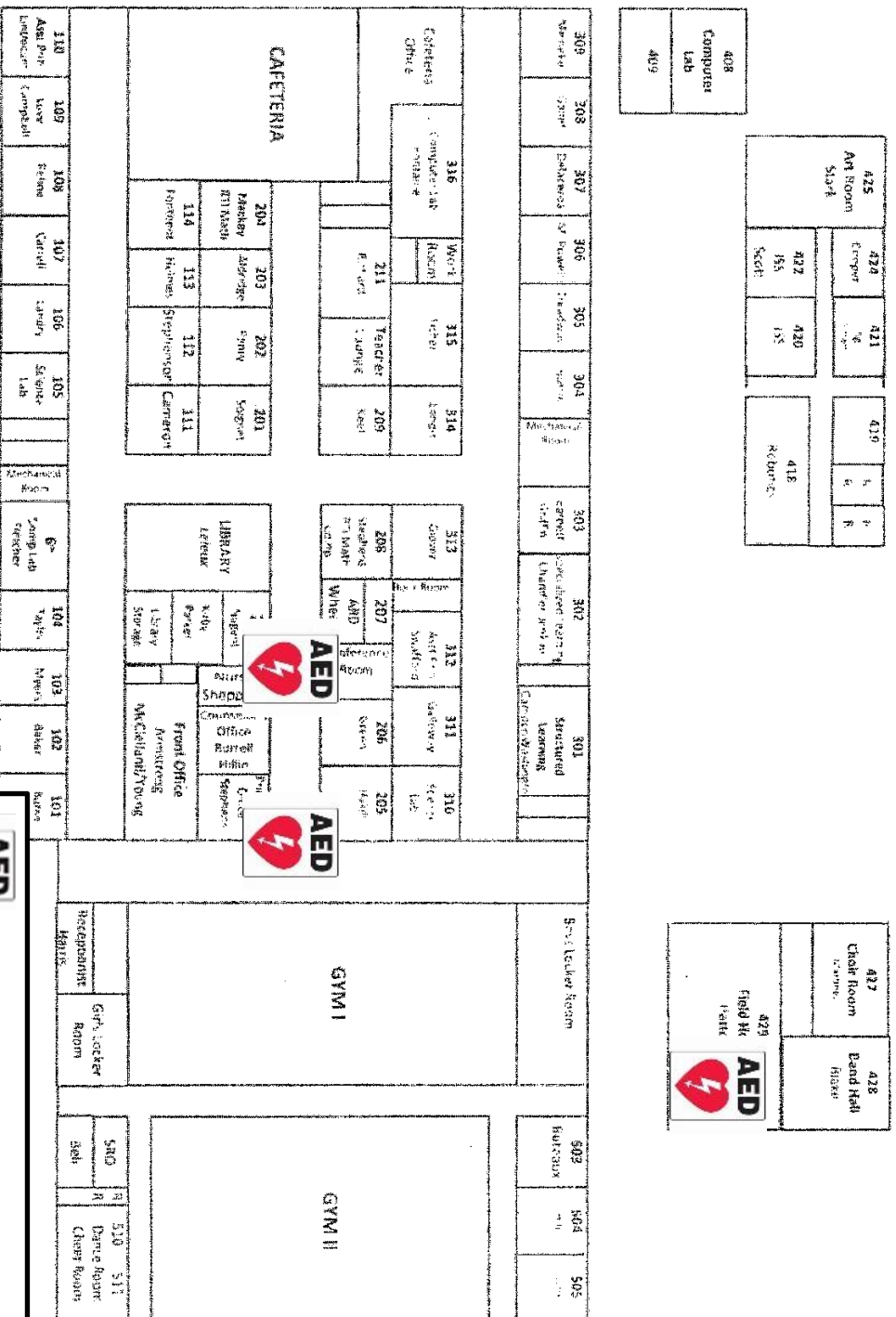
AEDL MOUNTED DAUPHIN FIELD HOUSE TRAINING ROOM



1. AED Near 1st Floor Elevator in Mounted Cabinet
2. AED in cafeteria in Mounted Cabinet
3. Portable AED in Nurses Office
4. Portable AED in Athletic Training Room / Away Travel
5. Portable AED in Band Hall in the Fall / Portable AED used by AT in Spring / Away Travel
6. AED Near 2nd Floor Room 207
7. AED Mounted in Baseball Press Box (not pictured)
8. AED Montred in Training Room at Dauphin Fieldhouse (not pictured)

SMS AED LOCATIONS

Edwards-Johnson Memorial Silsbee Middle School Map



SMS AED LOCATIONS

1. PORTABLE AED IN FIELDHOUSE
2. PORTABLE AED IN NURSES OFFICE
3. AED MOUNTED NEAR PRINCIPALS OFFICE

AED MONTHLY INSPECTION CHECKLIST

Unit Type: Philips HeartStart OnSite Defibrillator

School Year:

Unit Serial Number: _____

Campus & Specific Location: _____

Individual Responsible for Monthly AED Inspection: _____

[illegible]

PAVED MONTHLY INSPECTION CHECKLIST

Unit Type: Medtronic Lifepak CR Plus Defibrillator

School Year: _____

Unit Serial Number: _____

Campus & Specific Location: _____

Individual Responsible for Monthly AED Inspection: _____

MONTHLY CHECK	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Date:												
Initials:												
OK SYMBOL IS VISIBLE IN THE READINESS DISPLAY												
BATTERY SYMBOL 												
IS NOT VISIBLE												
ATTENTION SYMBOL 												
IS NOT VISIBLE												
WRENCH SYMBOL 												
IS NOT VISIBLE												
ADULT PADS												
PEDIATRIC PADS												
GLOVES												
SCISSORS												
RAZOR												
FACE MASK/SHIELD												
REMARKS, PROBLEMS, AND CORRECTIVE ACTIONS TAKEN:	Date	Notes										
CONTACT MICHELLE HARDY, RN, AT X6052 IMMEDIATELY WITH ANY PROBLEMS.												

SILSBEE ISD STUDENT ATHLETE SAFETY TRAINING

DATE: _____

TIME: _____

SB 82: Requires that student athletes be provided training in recognizing symptoms of catastrophic injuries, including head and neck injuries, concussions, asthma attacks, heatstroke, cardiac arrest and injuries requiring use of an AED, the risks of using nutritional supplements. This training can be conducted by the school, using the materials available on the SB 82 portion of the Health and Safety Section of the UIL web site.

SPORT: _____

COACHES SIGNATURE: _____

1		21	
2		22	
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19		39	
20		40	

SILSBEE ISD ATHLETIC DEPARTMENT

EAP SAFETY DRILL DOCUMENTATION FORM

DATE OF SAFETY DRILL: _____ TIME OF SAFETY DRILL: _____

SCHOOL: _____ Head Coach: _____

Team: _____

Situation: During practice an athlete approaches the coach complaining of dizziness, shortness of breath, chest tightness, fatigue and is feeling faint. The athlete then suddenly collapses. The athlete is now laying supine unconscious.

1. First responder care / initial assessment given by _____.
2. EMS activated (call 911) by _____.
3. AED retrieved by _____.
4. Athletic Trainer / Nurse Contacted by _____.
5. EMS met at designated area / areas by _____.
6. Crowd Control / Scene Management by _____.
7. Parent Contact / Parent received when arrived on scene by _____.
8. An AED was retrieved and available for use within _____.
9. Location of AED that was retrieved _____.

Head Coaches Signature

Date

Administrators / Athletic Trainers Signature

Date

EXTRACURRICULAR ACTIVITY SAFETY TRAINING PROGRAM



STUDENT ATHLETE SAFETY TRAINING FOR UIL SPORTS

*HOUSE BILL 82: Requires that student athletes be provided training in recognizing symptoms of catastrophic injuries, including head and neck injuries, concussions, asthma attacks, heatstroke, cardiac arrest and injuries requiring use of an AED, the risks of using nutritional supplements. This training can be conducted by the school, using the materials available on the SB 82 portion of the Health and Safety Section of the UIL web site. [**Download safety training PowerPoint presentation.**](#) (revised August 2018)*

Reducing Head and Neck Injuries in Football



Head and neck injuries in football have been dramatically reduced since the late 1960's. Several suggestions for continued reduction follow:

1. Preseason physical exams for all participants. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of head or neck injury in game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Athletes must be given proper conditioning exercises which will strengthen their necks so that participants will be able to hold their head firmly erect when making contact. Strong neck muscles may help prevent neck injuries.
4. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **Keep the head out of football.**
5. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing should be enforced in practice and in games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.
6. All coaches, physicians, and trainers should take special care to see that the player's equipment is properly fitted, particularly the helmet.
7. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.
8. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) he should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

Keeping the Head Out of Football

Rules changes that eliminated the head as the initial contact point in blocking and tackling have significantly reduced head and neck injuries in the sport.

Coaches can do their part to continue that trend by teaching correct techniques and emphasizing proper fundamentals at all times. That way, players can avoid catastrophic injury and coaches can avoid lawsuits. Keep the head out of football.



Coaches Checklist

- | | | |
|--|--|--|
| 1. Keep the head up. | 10. Repeat drills which stress proper and safe techniques. | 18. Entire staff must be "tuned in" to safety program. |
| 2. Discuss risk of injury. | 11. Admonish and/or discipline users of unsafe techniques. | 19. Check helmet condition regularly. |
| 3. Keep the head out of contact. | 12. Receive clearance by doctor for athlete to play following head trauma. | 20. Improper technique causes spinal cord injuries. |
| 4. Explain how serious injuries can occur. | 13. Stress safety every day. | 21. Helmet must fit properly. |
| 5. Involve parents in early season meeting. | 14. Don't glorify head hunters. | 22. Be prepared for a catastrophic injury. |
| 6. Have a set plan for coaching safety. | 15. Support officials who penalize for illegal helmet contact. | 23. The game doesn't need abusive contact. |
| 7. Clearly explain and demonstrate safe techniques. | 16. Don't praise or condone illegal helmet contact. | 24. Player safety is your responsibility. |
| 8. Provide best medical care possible. | 17. Provide conditioning to strengthen neck muscles. | 25. It's a game - not a job - for the players. |
| 9. Monitor blocking and tackling techniques every day. | | |

Safety Training

Senate Bill 82, in effect since the 2007-2008 school year, related to safety regulations for certain public school extracurricular activities.

This legislation:

1. Requires safety training for all coaches or sponsors for athletic activities, and any marching band director. UIL has developed a safety training program for coaches and sponsors of athletic activities that is available through the UIL Online as part of the Rules Compliance Program. [Visit the **Rules Compliance Program** to complete Safety Training.](#)

[Additional information from the Texas Administrative Code, Chapter 76.1003, on these requirements as they pertain to athletic trainers and team physicians.](#)
2. Mandates that schools, at least once per year, conduct a safety drill that incorporates the training described in the safety training program developed by UIL.
3. Requires that student athletes be provided training in recognizing symptoms of catastrophic injuries, including head and neck injuries, concussions, asthma attacks, heatstroke, cardiac arrest and injuries requiring use of an AED, the risks of using nutritional supplements. This training can be conducted by the school, using the materials available on the SB 82 portion of the Health and Safety Section of the UIL web site. [Download safety training Powerpoint presentation.](#) (revised September 2017)
4. Mandates that unsafe athletic activities are prohibited and schools must make sure that safety precautions are required (asthma medication, hydration materials present, emergency lanes clear etc.)
5. Requires that any student who is rendered unconscious while participating (in practice or game) cannot participate further in that practice or game any more and must get written clearance prior to any further participation.
6. Mandates that records of compliance with the requirements of the legislation be kept and be made public upon request.
7. Requires that non-compliance with the provisions of the bill could subject the school to penalties as outlined in section 27 and 29 of the Constitution and Contest Rules.
8. Mandates that the Texas Education Agency create hotline number and email address for reports of non-compliance and schools must post that information in their administration offices. To report complaints or violations, contact the Curriculum Division of the Texas Education Agency by phone at 512-463-9581 or by email at curriculum@tea.state.tx.us.
9. Requires the text of sections of bill as well as the Parent Information Manual must be provided to parents of participants. The bill does allow that the required materials can be provided electronically, unless specifically requested otherwise.

PAGE 3

Extracurricular Activity Safety Training Program

CPR / AED - Sudden Cardiac Arrest

- CPR at least 110 beats / Min.
- Minimize interruptions in Compressions
- If AED is present perform compression before & after a shock



Screening for Sudden Cardiac Arrest:

- Medical History / Physical Exam
- Electrocardiogram & echocardiogram

What is Sudden Cardiac Arrest?

Suddenly w/out warning, electrical malfunction that cause the heart not to be able to pump blood to brain, lungs, and other organs.



Causes of Sudden Cardiac Arrest:

- Inherited Problems - such as enlarged heart, Marfan's Syndrome, other
- Non-Inherited Problems - electrical problems, Coronary Artery Problems, abnormally developed heart
- Commotion Cardis - concussion of the heart
- Myocarditis - Inflammation of the heart
- Recreational Drug abuse

Symptoms of Cardiac Arrest:

- Fainting
- Dizziness
- Unusual fatigue / weakness
- Chest pain
- Shortness of breath
- Nausea / vomiting
- Palpitations (fast HR - skips beat)
- Family History

Treatment for Sudden Cardiac Arrest:

911

CPR

AED

Head and Neck Injuries:

- Players should not use head as battering rams, helmet is for protection not a weapon.
- Keep the head out of football.
- Proper fitting equipment
- Strict enforcement of the rules
- When a player shows signs and symptoms of a head injury / Concussion they should receive medical attention and not return to any practice or game.
- Definition: A concussion is a traumatic physical force to the head and produces altered brain function.



Symptoms:

- LOC
- Loss of Memory
- Personality Change
- Light and Noise Sensitivity
- HA
- Loss of Balance
- Emotional Change
- Feeling of Fog
- Dizziness
- Blurry Vision
- Nausea / Vomiting
- Sluggish / fatigue / Sleepy
- Concentration problems
- Stunned or Dazed
- Vacant Glare
- Confusion

Concussion Oversight Team: (Set Policy for management of Concussions)

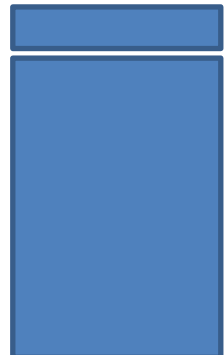
- Athletic Trainer
- Doctor
- Neurophysiologist
- Others

Other:

- Coaches and Athletic Trainers are required Concussion Training Yearly
- Concussion acknowledgement form

Response to Suspected Concussion:

1. Removal from participation if the following suspects a concussion (Doctor , Athletic Trainer, or licensed health care professional , his/her coach, ,Parent or Legal Guardian of student)
2. Medical Evaluation
3. Parents / Guardian is notified
4. Once symptom free may begin RTP
5. Final Doctor Clearance
6. Classroom Modifications is necessary



Heat, Hydration and Asthma

- Heat Stroke is the number preventable cause of death in School Sports.
- Acclimatization - start slowly and progress
- Keep each individual athlete level of conditioning and any medical conditions in mind
- Adjust intensity, rest & water breaks, and uniforms to accommodate the changing weather
- Be ready for heat related emergency

Ok to drink:



- **Water**
- **Sports Drinks – when you involved in strenuous activity greater than 45 min, Intense workouts and when exercising in hot humid weather**

Do not drink:



- **Energy drinks**
- **Soda's or any other sugary drinks**



Hydrate Properly:

- Drink 16 oz, 2 hours prior to activity
- Drink 8-16 oz. 15 min. prior to activity
- Drink 4-8 oz. every 15-20 min. during strenuous activity
- Drink 16 oz., for every pound lost before the next practice

Recognize signs and symptoms of Heat Illness:

- Muscle Cramps • Fatigue • Headache • Nausea • Dizziness • Profuse sweating

Recognize signs and symptoms Heat Stroke:

- Clumsiness • Stumbling • Collapse Obvious behavior changes • Hot, Red, Dry Skin • Convulsions

Asthma

Signs and symptoms of asthma:

- Coughing
- Wheezing
- Chest tightness
- Shortness of breath
- Breathing difficulty



Checklist for your asthmatic athletes:

- ☒ Asthma action plan on file with nurse
- ☒ Inhalers should easily accessible for all practices and games
- ☒ If asthma seems not to be well controlled, then contact the nurse / trainer/ parents / physicians
- ☒ Be aware that environmental factors may worsen symptoms, Practice modifications and practice sites may be indicated. Be aware of students with allergic reactions to aspirin or NSAID's
- ☒ Encourage athletes with diagnosis asthma to have follow up medical examinations and encourage them to participate in exercise that will improve respiratory health and overall wellbeing.

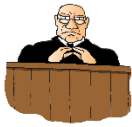
Be aware of the following websites that provide general information for asthma and exercise induced asthma:

1. American Academy of Allergy - www.aaaai.org
2. American Thoracic Society - www.thoracic.org
3. Asthma and Allergy Foundation of America – www.aafa.org

Anabolic Steroids and Nutritional Supplements



Texas State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law. The use of steroids for performance enhancement and muscle building is not a valid medical purpose.

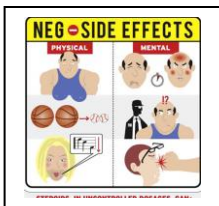


Any violation of state law concerning steroids is a criminal offense punishable to confinement in jail or imprisonment.



As a prerequisite to UIL athletic participation students must agree that they will not use anabolic steroids and understand that they may be asked to submit testing for the presence of anabolic steroids in their body at a certified laboratory.

Consequences associated with anabolic steroid abuse: Use of needle injections



can cause HIV /AIDS, bacterial infections, Hepatitis B and C, Infectious endocarditis, and abscesses.

CAUTION

All forms of Anabolic Steroids can cause the following:

Boys / Men:

- Reduced sperm production
- Shrinking of testicles
- impotence
- Difficulty with urination
- Baldness
- Irreversible Gynecomastia

Girls / Women:

- Masculine Features
- Decreased breast size
- Decrease body fat
- Deep voice
- Excessive body hair
- Baldness

Adolescents of both sexes:

- Liver disease / Cancer
- Blood Clotting
- High Blood Pressure
- Acne
- Aggression
- Fatigue
- Restlessness
- Loss of Appetite
- Headaches
- Muscle and Joint Pain
- Cholesterol problems
- Insomnia
- Depression

LIGHTNING



Safety <http://www.uiltexas.org/health/info/lightning-safety>

- Establish a chain of command
- Designated weather watcher
- Means of monitoring local weather
- Designate safe shelters
- Follow Silsbee ISD Policy / Procedure
- Must wait at least 30 Min. after each lightning strike



Key points for SISD Staff:

1. Make sure you are getting the Lightning Alerts on your phone.
2. Head coaches know your **SAFE LOCATIONS** and promptly evacuate when Lightning is in the Area.
3. Head coaches you are not only responsible for your players, you are responsible for notifying the visiting team and direct them to a safe location (locker rooms or bus, etc...), as well as the fans.
4. Make sure the **PUBLIC ADDRESS ANNOUNCEMENT** initiated.
5. **Dugouts Batting Cages, under stadium bleachers and open/covered walkways are not safe.** If you are a visiting team do not stay in the dugout even if the home team elects to stay in their dugout. Ask for a safe location to use or evacuate to the bus. **DO NOT LET YOUR ATHLETES WONDER AROUND DURING THE GAME DELAY, KEEP THEM INDOORS OR ON THE BUS.**
6. Any official, referee, coach, or player has the right by law to evacuate to safety if they feel threatened by lightning without persecution. Head coaches if you are a visiting team and you feel like the host team is participating in unsafe procedures and you wish to remove your team from the field then it is your right and responsibility to do so. Most School districts do not have the lightning alert system that we are so fortunate to have and are probably not as accurate or safe. Take the responsibility to protect your players and patrons.
7. Lightning delays for any practice or game is a minimum of 30 mins, if we are home we will use our lightning alert system via text message for an "all clear".
8. IF LIGHTNING HAS NOT BEEN ALERTED, BUT SEEMS IMPENDING AND INEVITABLE POSTPONE PRACTICES AND GAMES, USE COMMON SENSE AND SOUND JUDGEMENT.

Lightning Safety Recommendations:



Avoid being the highest point in an open field



Do not take shelter under trees, flagpoles, or light poles



Need to evacuate playing fields and move to a grounded building or bus (dug outs and covered areas are not safe locations)



Do not use land line phones, shower, bathe during lightning storms, cell phones are safe.



Lightening safe position: Crouch on the ground weight on the balls of the feet, feet together, head lowered, and ears covered (for individuals who feel their hair stand on end, skin tingle or hear "cracking" noises. Do not lie flat on the ground)



Following first aid procedures for lightning strike victims:

- Activate EMS
- Victims are safe to touch they do not carry a charge
- Evaluate A,B,C's and begin CPR, AED use
- Evaluate for hypothermia, shock, fractures and burns

Communicable Diseases: Universal Hygiene Protocol for All Sports

1. Shower after practice and competition
2. Wash all workout cloths after practice
3. Wash personal gear
4. Do not share towels or other personal hygiene products (razors, deodorant, etc.)
5. Refrain from full shaving
6. Report all wounds and skin lesions and keep covered during activity



Clean any blood on uniforms during games or practice and stop bleeding and cover any wounds or lesions that occur during practice or games. Caregivers should always wear gloves when dealing with blood borne pathogens



Clean wounds with soap and water and Clean all contaminated surfaces and equipment with disinfect and use gloves



Any blood exposure or bites to the skin that break the surface must be reported and evaluated by a medical provider immediately.



The risk for blood-borne infectious diseases such as HIV/HEP B, remains low in sports and to date has not been reported.