



EMERGENCY ACTION PLAN FOR THE TAFT SCHOOL ATHLETICS PROGRAM



Revised 8/23/23

Emergency situations may arise at any time during an athletic practice or game. This Emergency Action Plan (EAP) will serve as a guide to provide care in the event of an emergency during Taft school athletic events. As emergencies may occur at any time and during any activity, Taft employees must be prepared. Careful pre-participation screenings, adequate medical coverage, safe practice and training techniques may help avert some potential emergencies. This plan should serve as a guideline for such emergencies at Taft School athletic events and practices. Please refer to *The Taft School Emergency Response Guide* posted throughout campus and on the *Omnilert* app for any campus-wide emergency.

Definition of an Athletic Emergency

Emergency situations may arise at any time during athletic events. An athletic emergency is any case where the following may occur:

1. The player's life is in jeopardy or the player risks permanent impairment.
2. A player is injured or develops a condition during participation and they are removed from or cannot participate based on the condition.
3. Any individual at the scene who is injured or develops a condition that is life threatening, impairs their ability to function, or could lead to more serious medical development.
4. An environmental, mechanical, or physical circumstance that threatens the safety or causes injury or a physical condition.
5. Instances where medical or health care is provided to an ill or injured person on a sudden, immediate, or unexpected basis.

EAP Review and Education

The head athletic trainer and director of athletics will be responsible for reviewing and updating the EAP annually.

Coaches will receive the EAP at the beginning of the school year. The head athletic trainer and athletic directors will meet and review the EAP at the beginning of every sport season.

Emergency Telephone Numbers

Emergency: 911

Watertown Police: 860-945-5200

Ambulance: Trinity Health 203-753-5055

AMR 203-573-7710

Local Hospitals

Waterbury Hospital- 64 Robbins St, Waterbury, CT 06708 203-573-6000

St. Mary's Hospital- 56 Franklin St, Waterbury, CT 06706 203-709-6000

Urgent Care Facilities

Trinity Health of New England Urgent Care- 1312 W Main St, Waterbury, CT 06708 203-709-4575

PhysicianOne Urgent Care Southbury- 900 Main St S # 3B, Southbury, CT 06488 860-650-3848

On-Campus Offices

Athletic Director 860-945-7871

Athletic Director's office 860-945-7006

Athletic Trainers Room 860-945-7927/7713/7806

Athletic Facility Manager 860-945-7958

Equipment Room 860-945-7710

Mays Rink office 860-945-5934

Campus Safety 860-945-7790

Martin Health Center 860-945-7766

Medical Coverage and Personnel

School Physician

Dr. Sara Sahl: 860-945-7754

Director of Health Services

Kira Lent APRN: 860-945-7754

Email: klent@taftschool.org

Athletic Training Department

Head Athletic Trainer:

Sergio Guerrero ATC, LAT: 860-945-7927

Email: guerreras@taftschool.org

Assistant Athletic Trainers

Magdalena Wilson ATC, LAT 860-945-7713

Email: mwilson@taftschool.org

Sean Attanasio ATC, LAT 860-945-7806

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Head Nurse

Riann Duffy RN

860-945-7762

Email: rduffy@taftschool.org

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Coaches should take note of the closest AED to their practice and game locations.

Athletic Training Kit, Emergency Bag, Biohazard/First Aid kit, portable defibrillator will be in each athletic trainer's cart during covered events.

Each coach for each team will have a first aid kit.

Emergency first aid cabinet is located: Odden Arena First aid room

Location of Emergency Equipment

Automated External Defibrillator (AED)

The AED's located in athletics are inspected monthly by the athletic trainers, campus safety and the health center. Portable AED is in the athletic trainer's carts for all covered events.

AED Locations on Campus

- **Athletic Complex**
 - **Logan Lobby- Wall across from Athletic Training Room**
 - **Outside the weight room**
 - **Odden Arena by the entrance**
 - **Athletic Trainer's Carts**
- **School Campus**
 - **Health Center(1 mobile unit, 1 stationary unit)**
 - **Outside Bingham Auditorium**
 - **Mortara wing**
 - **Development office annex**

Nearest Phones

Athletic Trainer's personal cell phone when covering events

Coaches' personal cell phones

A phone is located in the following offices:

The Athletic Director

Ice Machines

Are located in the athletic training room, Odden first aid room and the football field house.

Rescue Inhalers

Students should have their own prescribed inhalers with them at all times. Athletic trainers will carry an Albuterol inhaler in cases of an emergency.

Epipens

Students should have their own prescribed epipen with them at all times. Athletic trainers will carry an Epipen in case of an emergency.

Splints

Located in athletic trainer's carts, athletic training room and in the health center.

Cervical Collars

Located in athletic trainer's carts, athletic training room, and health center.

Bio-Hazard Materials

Red Bags -Located in the athletic training room, Odden first aid room and the wrestling room.

Medical Coverage Chain of Command

For Taft School athletic events, the athletic training department will always act as a primary care giver at the site of the injury or accident (on-site) and would manage the situation according to the following rank:

- School Physician/Director of Health Services/any medical doctor on the scene
- Head Athletic Trainer
- Assistant Athletic Trainers
- First Responders(Police, EMT, Fireman)
- School Nurse
- Campus Safety
- Coaches/Athletic Directors trained in CPR or First Aid
- Other persons trained in CPR or First Aid
- Other bystanders

Response in an Athletic Emergency

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a licensed athletic trainer. The emergency team may

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consist of a physician, licensed athletic trainers, first responders (i.e. coaches), registered nurse, or campus safety officers.

Basic role of the emergency response team:

1. The most medically qualified person as identified in the Chain of Command will lead.
2. Establish scene safety and immediate care of the athlete or spectator.
3. Activate Emergency Medical Services (EMS)
 - a. This may be done in situations where emergency transportation is not already present at the sporting event. The athletic trainer and/or coach may call 911 or call the Health Center to activate EMS. Campus Safety will be notified of a need for emergency transportation.
4. Perform emergency CPR/First Aid.
5. If needed, equipment retrieval by any adult who is familiar with the types and locations of the specific equipment needed. Equipment consists of AED, first aid bag, splint bag, oxygen tank, etc.
6. Direction of EMS to the scene. Campus Safety will help guide the EMS team to the scene once on Taft School campus. *See Appendix II for directions to fields.*
7. Instruct another coach or bystander to stop the practices or game and control the crowd.

Emergency Communication

Communication is key to a quick, efficient emergency response. An athletic trainer should always have a two way radio and/or a cellphone to activate EMS, Campus Safety, or Health Center. Coaches should always have a radio at their venue to contact the athletic trainer in case of an injury. Coaches should activate EMS in case of a medical emergency.

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threat, violent or criminal behavior) or other campus emergency, please refer to the *Taft School Emergency Response Guide* posted throughout campus and on the *Omnilert* app. Campus Safety should be alerted at: 860-945-7789 or through the *Omnilert* app.

Injury Protocols:

Medical Emergency Transportation

Any emergency situation where there is a loss of consciousness, or impairment of airway breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a “load and go” situation and emphasis is placed on rapid evaluation, treatment, and proper transportation. Any emergency personnel who experiences doubt in their mind regarding the severity for the situation should consider a “load and go” situation and transport the individual.

Minor Injuries: sprains and strains, superficial lacerations, nose bleeds, contusions, heat cramps, etc.

- i. Athletic trainer evaluates the injury
- ii. Treat injuries appropriately. Use universal precautions for body fluid contact.
- iii. Decision to be made on continued participation
- iv. Taft Student injuries should be documented to the Taft Health Center and will also be documented in Veracross
- v. Document actions and report visiting team injuries to other schools athletic trainer/health center by telephone call or email.

Moderate Injuries: Grade 2 and 3 sprains, head injuries, heat exhaustion. Deep lacerations, etc.

- vi. Athletic trainer evaluates injury
- vii. Treat injuries appropriately. Use universal precautions for body fluid contact.
- viii. Emergency room intervention should be considered
- ix. Taft Student injuries should be documented to the Taft Health Center and will also be documented in Veracross
- x. Document actions and report visiting team injuries to other schools athletic trainers/ health center by telephone or email.

Major injuries: Fracture, dislocations, neck injuries, unconscious athlete, arterial lacerations, etc.

- xi. Check ABC's
- xii. Dial 911 and notify the health center
- xiii. Treat any life threatening injuries
- xiv. Treat injuries appropriately
- xv. Taft Student injuries should be documented to the Taft Health Center and will also be documented in Veracross
- xvi. Document actions and report visiting team injuries to other schools athletic trainer/health center by telephone call or email.

Head Injury/Concussion Protocols:

A concussion is the most common type of brain injury. It is the result of a direct blow to the head or body causing the head and brain to move quickly back and forth. This injury typically results in impairment of neurological function. The brain ceases to function normally and may result in the signs and symptoms listed below. A concussion can affect one's ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance. You cannot see a concussion. You might notice some of the symptoms right away, or symptoms can show up hours or days after the injury.

Symptoms of a concussion.

It is important to understand the signs and symptoms listed below are common for a concussion. A person with a concussion may exhibit **some or all** of the symptoms listed below:

Headache Continued Blurred or Double Vision Neck Pain Altered

**Emotions/Inappropriate Behavior Nausea Ringing in the ears
Vomiting Feeling slowed down
Loss of appetite Feeling in a “fog”
Balance Problems/Dizziness Difficulty concentrating or remembering
Drowsiness/Fatigue Confusion/Disorientation/Irritability Difficulty Sleeping
Incoherent/Slurred Speech Nervousness/Anxiety Loss of Consciousness Sensitivity to
light/noise
Prevention of a Concussion.**

Participation in many activities may result in a head injury or concussion. Although helpful, helmets, face shields, mouth guards and other protective equipment do not eliminate the risk of concussions. Purposeful or flagrant head contact is not safe and not permitted in any Taft sport or activity.

Treatment of a Concussion.

Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play and other activities before all your symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death. It is imperative that those students who suspect they may be suffering from a concussion report it to a Taft athletic trainer, the Taft physician, a nurse at the Martin Health Center, a Taft teacher, or Taft coach immediately.

The Taft School has a specific protocol it follows with respect to any student who is suspected of suffering a concussion. This protocol includes being removed from activities and the classroom until cleared to return by Dr. Fountas, our school physician. Parents, teachers, the class dean and dorm parent(s) all are notified of the injury. Depending on the severity of the injury, an injured student might remain in the health center, be sent home for better rest, or referred to the hospital/other medical providers for further diagnostic tests and treatment. If a student remains at school, their condition will be regularly monitored by Dr. Fountas and the Health Center.

When appropriate, the athletic trainers will begin a Return to Play program (“RTP”). This is a progressive exercise program that prepares the student to return to their prior level of activity. To advance in the program the student must remain symptom free for each stage. The athletic trainers monitor the student while they progress through the program and Dr. Fountas receives daily updates as to the student’s reaction to the increase in their physical activity level. Once the student has completed the program, the student is referred back to Dr. Fountas for her final evaluation to clear the student to return to activity. Parents also must consent in writing to their child’s return to play as per the new Connecticut law. No student will be allowed to return to any extracurricular activity without completing this protocol. No student will be allowed to return to a game/scrimmage on their first day back to play.

Head Injury/Concussion Return to Play Program (RTP) I think these protocols should address the first steps we take when a concussion is suspected.

The athlete/student may start the return to play program after he/she has been symptom free for 24 hours and/or has been cleared by the school physician or on occasion his/her private MD. However the

RTP timing is case dependent, but most patients diagnosed with a concussion can expect to be withheld from competition for at least 1 week.

The athlete/student will start the return to play program under the supervision of the athletic training staff. If he/she has symptoms, they will not start the RTP program. To complete this protocol the athlete/student must perform physical exertional testing as described below under the supervision of a trained professional.

Step 1: Light Aerobic exercises (Bike for 15-20 minutes)

Step 2: Moderate Aerobic Exercises (Bike for 20-25 minutes) and balance board exercise.

Step 3: Full Aerobic Exercise (Bike 25-30 minutes with Sprint interval program) followed by pushups(3x10), crunches(3x25), squats(2x15), and various balance activities.

Step 4: Full, aerobic, exertional exercise (Bike 25-30 minutes with Sprint interval, pushups, crunches, squats) followed by non-contact practice drills with team. The athlete/student must have a re-evaluation by the Athletic Trainers post practice activities.

Step 5: Full, aerobic, exertional exercise (Bike 25-30 minutes with Sprint interval, pushups, crunches, squats). Evaluation by the Athletic trainers and then full contact practice followed by re-evaluation by the Athletic Trainers post practice. If the student is not an athlete, he/she will spend one more day with the Athletic Trainers before returning to their activity

The return to play protocol may be modified according to the athlete's/student's level of play and fitness with permission of the school physician.

The athlete/student cannot participate in a game/practice/activity until he/she has finished the RTP and has been cleared by the school physician even if he/she has been cleared by his/her own medical doctor. A student cannot return to any activity until the Taft School also receives written permission from his/her parents to do so.

Note: If a student has symptoms during the RTP program, he/she will be sent down to the health center for further evaluation. Once the athlete/student is symptom free for 24 hours, he/she will repeat the previous day RTP step.

Cardiac Emergencies

- Recognize there's a cardiac event
- Activate EMS(call 911)
- Retrieve the AED
- Expose the chest(remove clothing and wipe down the chest).
- Access and clear the airway
- Start CPR
- Apply the AED pads, turn on the device and follow the prompts of the AED.

- Continue with CPR until EMS arrives and transports to the hospital.

Respiratory Emergencies

- If a student is experiencing excessive shortness of breath, coughing, wheezing or chest tightness. Help with breathing exercises.
- If a student is prescribed an inhaler, have them take the inhaler.
- If the student does not improve, transport the student to the Taft Health Center.

Traumatic Brain Injury or Spinal Cord Injury

- Activate EMS and have campus safety direct them to the injured athlete.
- The primary steps for assessing and managing the spine-injured athlete are scene survey, primary survey, stabilizing the head and spine, immediately deploying life-preserving procedures as necessary, transferring to an SMR(spine motion restriction) device, secondary survey, and transport to an appropriate preselected medical facility. Periodic reassessment should be performed to recognize any change in the athlete's condition and after interventions by the medical staff.

Heat Related Emergencies

- Call 9-1-1
- Move the individual to a cooler place
- Help lower the individual temperature with cool packs or towels
- Do not give the individual anything to drink

Cold-Related Emergencies

- Place the individual in a warm room
- Remove any wet clothing
- Wrap the individual in blankets, which are located in the splint bag
- Provide warm beverages if possible
- Monitor the individuals vital signs
- If the individual's condition worsens, activate EMS.

Overdose Policy and Procedure

POLICY

It is the policy of The Taft School that all Health Center staff, Athletic Trainers and Security staff are required to be trained in the use of intranasal naloxone kits by a certified trainer.

DEFINITIONS/SCOPE

To establish guidelines for the use of intranasal naloxone (Narcan) 4mg/0.1cc used by the above trained staff. The objective is to prevent the number of fatalities on campus related to opioid overdose.

PROCEDURE

The Health Center staff will store intranasal naloxone in their medication room on a designated shelf and in their emergency bag.

The Security Department will store intranasal naloxone in their main office, in the guard house, in their emergency bags and in their 2 security vehicles.

The Athletic Training Department will store intranasal naloxone in their office and will bring it to events in their medical bags on an event by event basis.

Stored medications will be inventoried bi- annually and expired naloxone will be placed in the garbage.

All members of the Health Center, the Security Department and the Athletic Training staff will be trained by a certified trainer in the use of intranasal naloxone for the treatment.

ADMINISTRATION

1. When administering an intranasal naloxone kit, SHS staff will:
2. Call 911
3. Maintain universal precautions
4. Perform patient assessment
5. Determine unresponsiveness, pinpoint pupils, absence of breathing or RR <10, absence of pulse, initiate CPR if required
6. Administer intranasal naloxone without priming by spraying into nostril
7. May repeat intranasal naloxone in 2-3 minutes in the opposite nostril if no or minimal breathing or responsiveness, may administer naloxone up to 3 times.
8. Document incident in Magnus or on a paper if not a student at Taft.
9. Ensure that the overdose victim was transported to the emergency department

10. CGS 17a -714a (Effective 10/01/2014) provides that “(c) Any person, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.”

Appendix I – Weather Related Safety Guidelines

Heat Guidelines for Outdoor Practices/Games

The most important components in preventing heat injury are the prevention of dehydration and limiting activity when temperature and humidity make it near impossible for the body to cool through the evaporation of sweat.

Recommendations for Fluid Replacement

- All athletes should inform their coaches and/or Athletic Training staff of any pre-existing heat illness, gastrointestinal condition and/or medical complication prior to exercising in the heat.
- Athletes should weigh in before and after each practice during hot weather.
- Replace fluids at a rate of 24 fluid ounces per pound of body weight lost after exercise.
- Athletes should begin every athletic activity well hydrated. During exercise, the average person should drink 8-12 FL Oz every 20 to 30 minutes.
- Urine color is an easy way to determine hydration status. Light yellow to clear urine indicates a well hydrated individual. Dark yellow to brown indicates dehydration.
- Water should be available to athletes at all times and never be withheld from exercising individuals.

Wet Bulb Globe Temperature Monitoring (WBGT)

A WBGT device is a measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a measure that can be used to monitor environmental conditions during exercise. Establishing WBGT guidelines that dictate modifications in activity (work: rest ratios, hydration breaks, equipment worn, length of practice) at given WBGT temperatures play a huge factor in helping to prevent exertional heat sickness.

On hot days, the athletic trainers will take a WBGT reading and notify the coaches on any hazardous conditions.

Wet Bulb Globe Temperature Guidelines

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. <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> : Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	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.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

*Reference: NATA Position Statement and Korey Stringer Institute

Cold Guidelines for Outdoor Practices and Games

Cold weather is defined as any temperature that can negatively affect the body's regulatory system. It is important to remember that temperatures do not have to be freezing to have this effect. Athletes engaged in sport activity in cold, wet, or windy conditions are at risk for environmental cold injury.

Recommended Preventative Strategies:

Competition/Practice Modifications:

- The Athletic Trainers will monitor temperature/wind speed/wind chill and precipitation through the National Weather Service, and will be in contact with the coaching staff and issue an advisory when applicable.

Risk	Temperature/Wind Chill	Modifications
Low	30 F and above	Outside participation allowed w/ appropriate clothing

Moderate	30-20 F	Additional protective clothing (Hat/gloves) Provide re-warming facilities
High	20 F-10 F	Outside participation limited to 45'*
Extreme	10 F and below	Termination of all outside activity

*Frostbite can occur in 30 minutes.

Competition Modifications:

When necessary, competition modifications should be considered to ensure the safety of the athletes. This may include:

- Extended half times
- Mandating proper clothing
- Access to a warm building

Additional Directives for coaches and student athletes:

- Exercise in windy or rainy conditions in cold temperatures adds unique challenges to the body's ability to maintain normal temperatures.
- In cold exposure, activity requires more energy from the body; additional caloric intake may be required.
- In cold exposure activity requires similar hydration to room temperature; however the thirst reflex is not activated. Conscious effort to hydrate prior and post practice is needed.
- Do not allow student athletes to train alone
- Appropriate clothing should be monitored

Cold Injury:

Hypothermia: Core body temperature below 95 F

Symptoms include:

Shivering	Impaired Motor control	Decreased heart rate
Impaired mental function	Lethargy	Amnesia
Pale, cold face and extremities	Slurred speech	

Treatment: Remove wet clothing, warm with dry blankets, cover the head, get athlete to a warm environment, and contact Athletic Trainers or the Health Center.

Frostbite/Frosting: This is actual freezing of body tissue

Symptoms Include:

Dry, Waxy skin	Burning/tingling at skin site	swelling
White/Gray/Blue Tint	Aching/throbbing/shooting pain	

Treatment: Re-warm slowly in warm (not hot) water. Avoid friction/rubbing tissue. Contact the Athletic Trainers or the Health Center

Information from: <http://www.nepsac.org/page/3116>

Lightning Safety Policy

1. When thunder is heard or lightning is seen, people should leave the field immediately and find shelter indoors.
2. No place outdoors is considered “safe”, therefore dugouts, storage sheds or rain shelters are not considered safe places during a thunder/lightning storm.
3. Buses and cars that are fully enclosed and have windows that are completely rolled up and have metal roofs can also be safe places during a storm, but not preferred. .
4. People should remain entirely inside a safe building or vehicle until at least 30 minutes have passed since the last lightning strike or last sound of thunder.

*Reference: NATA Position Statement: Preventing Sudden Death in Sports

Appendix II

Emergency Vehicle Procedures for Taft Fields and Facilities

In the event of an injury that necessitates a call for 911 assistance by the athletic trainers the following should take place:

1. Requests for emergency vehicles made to the Health Center over field radio or cell phone contact 911 directly.
2. Location of injured player and injury assessment given to nurse on duty
3. Campus Safety asked to meet ambulance and lead (direct) them to the field/area

LOWER FIELDS- Baseball field, Softball field and KMJ

Access to the lower fields should be from North Street. The vehicle should be directed to take the LEFT onto the gravel road across from Warren Way. The teams assigned to the lower fields are:

XCountry	Boys' Fourths Soccer	GV Soccer
Intramural Soccer	Girls' Thirds Soccer	
Varsity Baseball	Boys' Thirds Soccer	
BJVBaseball	Softball	

UPPER FIELDS- Camp, Football field, Track, Field 1 and 2

Access to the upper fields should be through the main gate. Security personnel may have to lead the vehicle to the appropriate field. The teams assigned to the upper fields are:

Boys' Varsity Soccer	Girls' Varsity Field Hockey
Girls' Varsity Lacrosse	Girls' JV Field Hockey
Girls' JV Lacrosse	Girls' Thirds Field Hockey
Girls' Thirds Lacrosse	Boys' Varsity Lacrosse
Football	Track
Girls' JV Soccer	Boys' JV Lacrosse
Boys' Thirds Lacrosse	Tennis

MAYS RINK (Hockey Rink)

Access to the Mays Rink should be from Guernseytown Road. Emergency personnel may find it easier to gain entrance to the rink by parking in the Zamboni driveway rather than coming in the front door to the lobby. This arrangement will be stated when the emergency call is placed.

CRUIKSHANK BUILDING/Logan Field House (Volleyball, Wrestling, Squash, Basketball)

Access to this building will depend upon the physical location of the injury. The following activities could be involved: An emergency in the athletic training room, an injury involving squash, basketball,

volleyball, wrestling or an injury in the weight room. Injuries that occur on the 2nd floor should be accessed from the archway of the Odden Arena. Access to injuries in the McCullough Gym should be through the main gate of campus, travel alongside the tennis courts toward Mays rink and turn into the area between Mays Rink and McCullough Gym.

ODDEN ARENA

Emergency vehicles may park in designated space on the side of the arena and emergency personnel may enter through these doors. Occasionally the better access to the ice area will be through the back side of the arena, into the door that is closest to the first aid room. This is the last door as you come behind the building and this entryway will allow for access to the first aid room and also onto the ice. The back gate should be unlocked during all Taft events.

OTHER

If the injured player/ spectator is in another location we will be as specific as we can regarding entry to the area and location of the individual. Access to the athletic fields and facilities may change as necessary to reach the injured player/spectator as quickly as possible.