

Emergency Action Plan

Colony High School Athletics
9550 E Bogard Rd. Palmer, AK 99645

Purpose of EAP:

To provide Colony High School Athletics with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. AT (Athletic Trainer), coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have a plan in place for the action to be taken in the event of such an emergency.

Need for EAP:

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.

Emergency Contacts:

Fixed phones are not available outside the school building. A phone is available inside the front office (Coaches and CHS Staff have P Keys) and can be used for sports played inside school (ie. volleyball, basketball). In the instance that a fixed phone line is not available, cell phones are carried by AT, coaches, and athletic staff and even spectators if necessary. The following is a list of important phone numbers needed in case of emergency:

Kristi Castellaw, ATC		Cell 865-235-8432
Kristy Johnston (Principal)	Off. 907-861-5507	Cell 907-354-5502
Tony Brooke (Ast.Principal)	Off. 907-861-5553	Cell 907-414-3407
Dale Ewart (AP)	Off. 907-861-5515	Cell 907-232-2396
School Office Phone		907-861-5500
Dr. Deryk Anderson, Team Physician (OPA)		907-562-2277
Orthopedic Physicians Alaska		907-357-2267
Poison Control Center		1-800-222-1222
Ambulance, Fire, Police		911

Information to be provided over the phone in case of emergency:

1. Name and phone number you are calling from
2. Exact location of emergency and directions (street names, buildings, landmarks, entry into the building, specific areas, etc.)
3. Type of injury or illness
4. Condition of patient(s) and type of aid being provided
5. Number of people injured
6. Other information as requested and be the last one to hang up

AT will make the decision to call EMS and will personally make the call or they may assign a responsible person to call. Local EMS should also have a map of campus to aid in the response of an emergency. A map is located at the end of this document.

Chain of Command:

AT is in charge of emergencies until EMS arrives. Doctors will assist if summoned by AT. Coaches and student AT's are also available to assist AT. The only exceptions are the visiting AT, who is responsible for their team, and when AT is not at games or practices the head coach is in charge until AT or EMS arrive.

Emergency Qualifications:

It is required that AT, Administrators, and coaches are all trained in AED, CPR and first aid. AT for events may have student athletic trainer's onsite at competitions and practice as well as coaches to assist in providing emergency first aid as the AT sees fit. New staff involved in athletic activities should comply with this rule within six months of employment. It is recommended that all personnel also be trained in the prevention of disease transmission. EMS will not be on site for all games or practices. Visiting teams should also be informed of EAP procedures.

EAP Training and Personnel:

Once the importance of the emergency plan is realized and the plan has been developed, the plan must be implemented. Education and rehearsal are necessary for EAP to be successful. Personnel involved in EAP training should include, but are not limited to, ATC for school, AT students, all coaches, school doctor(s), emergency room doctor(s), paramedics and other EMS responders. AT will be in charge of annual training and will meet with coaches before each season begins to rehearse EAP for each sport that season. Training will involve a review of EAP, a presentation of expectations and standards that each person will be held accountable for, assignments of responsibilities, and rehearsal EAP. Doctors should be at these meetings but if a conflict arises, AT will meet with doctors as soon as time permits. A thorough understanding of the procedures associated with the emergency care plan is required to ensure quick and successful care. Training and review is required each time a member joins the personnel involved in an emergency situation.

Responsibilities of Emergency Team Members:

During home games, the home team AT and the visiting AT are responsible for their own teams but may assist the other AT if needed. Since there is only one AT on campus, all coaches are responsible for emergencies during practice and games until AT, EMS, or doctor arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany students to hospital. If parents are not around, assistant coaches will accompany athletes to hospital.

Equipment and Supplies:

All available supplies and equipment are stored in the AT room. The AT room is located in the hall behind the main gym. All available equipment will be on site for games and quickly accessible including a fully stocked and complete AT kit for all games and competitions AT attends. AT is not required to bring the main bag to practice but is required to bring a personal AT bag. Equipment should be in good condition and personnel must be trained, in advance, to use it properly. Keys for the AT room are held by AT, head coaches, athletic director, and gym teachers. To ensure that emergency equipment is in working order, all equipment should be

checked on a regular basis. In addition, medical records and emergency contacts for all athletes should be available both at the school and on the road.

Conditions and Situations:

Air Quality

Attentive monitoring of local air quality index (AQI) and associated air quality alerts, especially during times of extreme environmental conditions, is recommended. AQI information can be obtained from the NWS at <https://www.airnow.gov> Schools should consider shortening or canceling outdoor athletic events (practices and competitions) in accordance with AQI guidance. Exposure should be managed more conservatively for student-athletes with pre-existing pulmonary or cardiac conditions, which may exacerbate the complications of these conditions and lead to an acute medical emergency. See below for activity modification guidelines:

- At an AQI of 100 or higher, schools should consider removing sensitive athletes from outdoor practice or competition venues and should closely monitor all athletes for respiratory difficulty. Reduce heavy or prolonged exertion in sensitive individuals.
- At AQIs of over 150, outdoor activities should be shortened, and exertion should be minimized by decreasing the intensity of activity. Sensitive athletes should be moved indoors.
- At AQIs of 200 or above, serious consideration should be given to rescheduling the activity or moving it indoors. Prolonged exposure and heavy exertion should be avoided. Avoid all outdoor physical activity for sensitive individuals.
- At AQIs of 300 or above, outdoor activities should be moved indoors or canceled if indoor activity is not an option.

Anaphylaxis (Allergic Reaction)

Anaphylaxis is a potentially life-threatening, severe allergic reaction. Prompt assessment and treatment are critical in anaphylaxis, as respiratory or cardiac arrest and death can occur within minutes. Possible signs of severe allergic reaction include sudden onset of: difficulty breathing, wheezing, flushed skin, possible hives, puffy face, mouth, eyelids or generalized swelling, loss of consciousness, shock, coma, low blood pressure with weak, rapid pulse, tingling sensation around mouth or face, apprehension, sweating, weakness, nasal congestion, generalized itching or swelling especially of palms of hands or throat/mouth.

Immediate management of anaphylaxis should be administering epinephrine if the patient has written order; otherwise, call 911. If patient has been stung by an insect attempt to remove the stinger as soon as possible by gently scraping the stinger out of skin using fingernail or piece of cardboard. Do not pinch or use tweezers as this will inject more venom. Apply an ice pack. Call 911 if not already done. The patient should be placed in the supine position with lower extremities elevated, unless there is prominent upper airway swelling prompting the patient to remain upright. If the patient is vomiting, placement of the patient semirecumbent with lower extremities elevated may be preferable. Notify guardians and monitor blood pressure and respirations. Keep patient warm until EMS arrives. A second dose of epinephrine may be administered if symptoms continue, worsen, or do not get better in 5 minutes.

Mild allergic reaction symptoms may include: itchy nose, sneezing, itchy mouth, a few hives, mild stomach nausea or discomfort. In case of a mild allergic reaction, monitor the patient closely. Notify guardians and give antihistamine (with guardian's permission). If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine and follow anaphylaxis steps.

Anxiety/Panic Attacks

A panic attack is a distinct episode of high anxiety with fear or discomfort. Common symptoms of panic attacks are: palpitations, rapid heart rate, heart pounding, shortness of breath, abdominal stress or nausea, dizziness, feeling faint, sweating, trembling/shaking, chest pain or discomfort. If a patient appears to be having a panic attack, ask them if they have experienced a panic attack before. This is to ensure it is a panic attack and not a cardiac event. Then reassure them, and remain calm. Use breathing techniques (such as counting together or matching each other's breathing) to help them catch their breath. Once the panic attack has ended, it is suggested to have a talk with the

athlete and recommend that they follow up with their PCP or school counselor to address the possible reason for the panic attack.

Cold Injuries

ATC should be current on both cold and heat injury signs and symptoms and be able to treat injuries accordingly. If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions via psychrometer or internet websites via weather.com or a local news website. ATC should refer to NATA Position Statement: Exertional Heat Illnesses as a reference on current protocols, such as determining attire, extent of practices, signs and symptoms, prevention and treatment of heat illnesses and injuries.

Concussion

A concussion is an injury to the brain that is usually caused by a direct or indirect hit to the head. The immediate symptoms of a concussion are: headache, pressure in head, neck pain, nausea/vomiting, dizziness, blurred vision, balance problems, sensitivity to light/noise, feeling slowed down, feeling in a fog, increased emotion, irritability, increased anxiety, trouble falling asleep, fatigue/low energy, difficulty concentrating/remembering, confusion, feeling in a fog, increased sadness, balance problems. Symptoms of a concussion can arise immediately, or 24-48 hours post event. If a concussion is suspected, the ATC on site should be notified immediately upon symptom onset.

If any of the following “red flag” symptoms are present in an athlete following a suspected head injury or concussion, the ATC should activate EMS: seizure or convulsion, loss of consciousness, deteriorating conscious state, vomiting more than once, increasingly restless, agitated or combative, suspected spinal injury, blocked airway, loss of vision, growing confusion, doesn’t recognize people or places, slurred speech, unequal pupil size.

- After a concussive event has occurred, the ATC on site will complete an evaluation at the time of injury. After their findings, they will communicate as necessary to athlete, coaches, teachers and parents about the next steps.
- ASAA and ASD have protocols in place for a return to play progression after the athlete has been cleared by a healthcare provider. The return to play is a 7 day progressive plan that begins with aerobic activity and ends with full contact play. After each day, the athlete must report any symptoms that may have occurred during the activity. The athlete must be symptom free for 24 hours in between each stage in order to move to the next stage of the return.

COVID-19

Please adhere to all ASAA and ASD guidelines and policies regarding COVID-19 mitigation and exposure response. This includes but is not limited to:

- Ensure adequate physical distancing whenever possible (i.e., 6 feet away from other people), particularly when not engaged in physical activity
- Wearing masks when appropriate (e.g., not engaged in vigorous activity, physical distancing is not possible)
- Wash and/or sanitize hands frequently, especially after touching your face
- Stay home if you feel at all ill, and do not return to practices/games until you receive a negative COVID test and/or are cleared by your health care provider

COVID-19 and Cardiac Risk in Youth Athletes: Some research has suggested that children and adolescents who have tested positive for COVID-19 may be at an increased risk for a condition known as myocarditis (inflammation of the heart). ASD and ASAA may have additional return-to-play requirements for athletes who have tested positive for COVID-19 in order to reduce the likelihood of sudden cardiac arrest in youth athletes who are returning to play following a COVID-19 infection.

Earthquake

In case of an earthquake, everyone inside the school will drop, cover and hold. Anyone near a window will need to move to a safer location. Stay indoors until the shaking stops and you’re sure it’s safe to exit. If people are outdoors,

find a clear spot away from buildings, trees and power lines and drop to the ground. Once the shaking stops, check yourself and others for injuries. Expect aftershocks and each time one is felt, drop, cover and hold.

Fire

In case of a fire, everyone inside the building will proceed to the nearest exit and remain outside and away from the building. Someone should also call 911 to inform them of the situation.

Fracture/Dislocations

If a fracture is to occur at an event, the ATC covering the event should be notified immediately. When evaluating a fracture, the ATC should check for compromised circulation and sensation. If there is an obvious compromise, EMS will be activated. The ATC will splint the athlete as they are as they wait for a transport. If there is no compromise, the ATC may splint and move the athlete at their discretion. The ATC will communicate with the athletes' family for transportation options (EMS, family transport, etc.)

If a joint dislocation is to occur at an event, the ATC covering the event should be notified immediately. When reducing a joint dislocation onsite, the ATC must have physician's orders (either verbal or within their written standing orders), or direct supervision of a physician. Before reducing any fractures onsite, the ATC should get a brief history from the athlete, and check to see if circulation and blood flow is compromised. Common dislocations that ATC's reduce onsite, include but are not limited to: glenohumeral, patellofemoral, metacarpophalangeal, and interphalangeal joints of the fingers and toes.

If there is a suspected dislocation of the following joints, EMS should be activated and the joint should NOT be reduced onsite without additional medical personnel: femoroacetabular, tibiofemoral, humeroulnar, and proximal radioulnar.

If the ATC/physician onsite are unable to reduce the dislocation, the athlete should be splinted as is & referred for x-rays and reduction in a controlled setting. It is also good practice for an athlete that has a first time dislocation to get x-rays to ensure proper alignment and that no fractures are present.

General Mental Illness

If there is any concern for potential violence (self harm or harming others), remain calm and maintain calm body language and tone of voice. Listen to the student-athlete and allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. Avoid judging the student-athlete; provide positive support. Keep yourself safe - do not attempt to intervene if there is eminent threat of harm or violence. Keep others safe - try to keep a safe distance between the student-athlete in distress and others in the area. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school contact the student-athlete's parents or emergency contact. If the student-athlete seems volatile or disruptive, get help from a co-worker or other adult. Do not leave the student-athlete alone, but do not put yourself in harm's way if he/she tries to leave. If you call 911, provide the following information: student-athlete's name and contact information, physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.), description of the situation and assistance needed, exact location of the student-athlete. If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

In a non-violent emergency situation: offer a quiet and secure place to talk, show your genuine concern, avoid judging the student-athlete; provide positive support, provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT. Help the student-athlete understand that he or she is not alone - others have been through this too. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head: Can you tell me what is troubling you? Are you thinking of hurting yourself? Is someone hurting you? Have you thought about suicide? If the student-athlete is expressing suicidal ideation: determine if he or she has formulated a plan. Emphasize ensuring the athlete's safety, while being aware of your own. Do NOT leave the person alone. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete's parents or emergency contact. You may offer a positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need." Document and

communicate your concerns, and refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Heat Illness

Heat Exhaustion

Signs and Symptom of heat exhaustion include the following: unable to continue exercise, sweating, pale skin, persistent muscle cramps, urge to move the bowels, weakness, fainting, dizziness, headache, hyperventilation, nausea, anorexia, diarrhea, decreased urine output, and a core temperature less than or equal to 104°F. If heat exhaustion is suspected, remove the athlete from the heat/move to shade, remove excess clothing if possible, cool with fans and cold towels, provide cool liquids to drink, place ice packs on the neck, groin, and armpits, or consider immersion in cold tub (not above shoulders). Immediately notify the athletic trainer and do not allow the athlete to return to activity until cleared to do so by AT or other appropriate health care provider.

Heat Stroke

When left untreated, heat exhaustion can rapidly progress into heat stroke, which can be fatal. Signs and symptoms of heat stroke may include confusion, hot/dry skin, rapid breathing, nausea, vomiting, dizziness, heart rate greater than 100bpm, seizures, and core body temperature greater than 104°F. If heat stroke is suspected, immediately call 911, remove the athlete from the heat, immerse up to the neck in a cold tub if available (or place ice packs on all major pulse points including the neck, armpits, groin, and wherever else possible), and monitor body temperature. Do not remove the athlete from a cold tub, even to transport via ambulance, until the core body temperature has reached 102°F (to avoid overcooling). If not using a cold tub/cold water immersion, transport the athlete immediately according to EMS instruction.

Heat Monitoring/WBGT:

According to the Korey Stringer Institute, a wet bulb globe temperature (WBGT) device (such as a sling psychrometer) 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. Avoiding exercising in conditions with WBGT readings above a certain level can greatly reduce the risk of heat illness. See the table below for NATA guidelines on activity modification.

WBGT Reading	Activity Guidelines and Rest-Break Guidelines
Under 82.0°F (27.8°C)	Normal activities: provide ≥3 separate rest breaks/h of minimum duration 3 min each during workout.
82.0–86.9°F (27.8°C–30.5°C)	Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks/h of minimum duration 4 min each.
87.0°F–89.9°F (30.5°C–32.2°C)	Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks/h of minimum duration 4 min each.
90.0–92.0°F (32.2°C–33.3°C)	Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.
Over 92.1°F (33.4°C)	No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.

Hypoglycemia and Hyperglycemia

If a patient is a known diabetic, please refer to their individual diabetic care plan when concerning blood sugar control issues and specific values to be concerned with/actions to be taken. Do not give glucagon, insulin, or any other medications without either referring to their specific care plan or without direction from an appropriate licensed health care provider or EMS. For more details on the information presented below, please see the NATA position statement entitled “Management of the Athlete with Type 1 Diabetes Mellitus.”

Hypoglycemia (or “low blood sugar”) can be defined as a blood glucose value below 70mg/dL. Blood sugar values can be obtained using a glucometer that uses a drop of blood derived from a needlestick (usually on the finger), or in some cases by observing the value reported by a continuous glucose monitor (CGM) worn by a patient. Initial signs and symptoms of hypoglycemia can include but are not limited to the following:

- An irregular heart rhythm
- Fatigue

- Pale skin
- Shakiness
- Sweating
- Hunger
- Irritability
- Tingling sensation around the mouth

Signs of severe hypoglycemia can include the following

- Confusion, abnormal behavior or both, such as the inability to complete routine tasks
- Visual disturbances, such as blurred vision
- Seizures
- Loss of consciousness

If a patient is suspected or confirmed to be experiencing hypoglycemia, do not allow them to return to activity until cleared by an athletic trainer or other licensed health care provider. As long as the patient remains conscious and coherent, give the patient adequate water and have them ingest a source of fast acting glucose, such as orange juice or candy. If the patient becomes unconscious, DO NOT put anything into their mouth. Immediately call 911 and follow dispatcher and EMS instructions.

Hyperglycemia (or “high blood sugar”) is defined as a blood glucose level that is elevated above normal, usually above 180-250 mg/dL. One of the main concerns with an elevated blood sugar value is the increased risk for developing heat illness. Initial signs and symptoms of hyperglycemia include but are not limited to the following:

- Frequent urination
- Increased thirst
- Blurred vision
- Fatigue
- Headache

Later and more severe signs of hyperglycemia include but are not limited to the following:

- Fruity-smelling breath
- Nausea and vomiting
- Shortness of breath
- Dry mouth
- Weakness
- Confusion
- Coma
- Abdominal pain
- Ketones in urine

If a patient is suspected or confirmed to be experiencing hyperglycemia, do not allow them to return to activity without clearance from an athletic trainer or other appropriate licensed health care provider. Ensure that they stay well hydrated. If more severe signs of hypoglycemia occur, in particular any mental decline or loss of consciousness, call 911 and follow dispatcher and EMS instructions.

Lightning

In case of lightning, the referee or athletic director is responsible for the decision to stop the game. However, AT can inform the referee and/or athletic director of possible hazards. Heat issues are not usually a problem in this area except during summer pre-season practice, especially during football. Cold conditions are also a possibility in this area. AT should be current on both heat and cold injuries signs and symptoms and be able to treat ill or injured athlete(s) accordingly. If the situation does arise where weather conditions might affect athletes, AT will keep track of weather conditions via psychrometer or if one is not available AT will refer to weather conditions by use of internet websites such as weather.com or local news website. AT should also follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.

Migraine

A migraine is a headache that can cause severe throbbing pain or a pulsing sensation, usually on one side of the head. It's often accompanied by nausea, vomiting, and extreme sensitivity to light and sound. Migraine attacks can last for hours to days, and the pain can be so severe that it interferes with your daily activities. For some people, a warning symptom known as an aura occurs before or with the headache. An aura can include visual disturbances, such as flashes of light or blind spots, or other disturbances, such as tingling on one side of the face or in an arm or leg and difficulty speaking.

Medications can help prevent some migraines and make them less painful. The right medicines, combined with self-help remedies and lifestyle changes, might help. Individual migraine action plans should be made for students that are diagnosed with migraines.

If a student-athlete reports a migraine, have them go to a quiet, cool, dark room and lay down. If able, have them drink water or other electrolyte-containing fluids. The student-athlete should self-administer prescription migraine medications if they have them; otherwise, OTC medications such as acetaminophen, ibuprofen, or naproxen may be helpful. Notify guardians and monitor until picked up. It is not recommended that student-athletes drive during migraine attacks. If a student-athlete regularly has signs and symptoms of migraine, they should keep a record of their attacks and treatment. Then make an appointment with their PCP to discuss. Even if they have a history of headaches, they should see their PCP if the pattern changes or headaches suddenly feel different.

If they experience any of the following signs and symptoms, refer to emergency room: an abrupt severe headache like a thunderclap, a headache that includes: fever, stiff neck, confusion, seizures, double vision, numbness or weakness in any part of the body, a worsening headache after a head injury, or a chronic headache that is worse after coughing, exertion, straining or a sudden movement.

Respiratory Distress (Asthma Attack)

Before being cleared to participate for sports, all athletes need a physical examination from their PCP. If an athlete has asthma, the athlete and the school nurse likely both have a prescribed inhaler for that athlete. It is recommended that all asthmatic athletes bring their inhaler to athletic practices and events. If an athlete begins to show signs of an asthma attack, the ATC should be notified immediately. The athlete should use their inhaler as prescribed (dosage differs per patient, ie. 1 puff every 20 minutes, etc.) If the prescribed dose of the inhaler does not relieve symptoms, EMS should be activated. If the athlete does not have their inhaler, some non-pharmacological strategies to use are nose breathing, limiting exposure to allergens/pollutants and air filtration systems. If these strategies do not reduce symptoms, EMS should be activated.

Seizure

If an athlete is having a seizure, the ATC monitoring the event should be notified immediately. If an athlete has a seizure condition, such as epilepsy, it should be marked on their preparticipation physical. During a seizure, the area should be cleared of anything that the patient could potentially hit. Any sort of protection for the head, such as a pillow, can be placed below the head during the event. The ATC should note the time that the seizure began. The patient should be rolled onto their side, if possible, in case the patient vomits during the event, to prevent choking. If the patient doesn't experience seizures, EMS should be activated. If the patient does experience seizures, and the duration of the seizure is longer than 5 minutes, EMS should be activated. If the patient does experience seizures, and the seizure is less than 5 minutes, discuss the next steps with their parent/guardian.

Sickle Cell Trait and Exertional Sickling

Some athletes may be tested for sickle cell and sickle cell trait (SCT) before participation in athletic activities. Athletes known to have sickle cell or SCT should have an individual EAP, and must be cleared to participate by their health care provider during their yearly physical exam. Sickle cell emergencies are more common in hot and humid conditions. Signs and symptoms of a sickle cell emergency include the complaint of muscle cramps without cramps that can be felt by the practitioner, as well as a sudden slumped posture. If these symptoms occur, immediately

notify the athletic trainer or physician if not present. Remove the athlete from the heat, provide cool fluids, and cool with fans if possible.

Skin Infections

Athletes with unusual skin lesions or with any concern of skin infection must be cleared to resume participation by an athletic trainer or another licensed health care provider. Specific to wrestling athletes, any athlete with a skin lesion of any kind is required to see an appropriate health care provider and have the ASAA Wrestling Skin Form completed before returning to activity. Athletes should not share towels or other personal items that contact the skin, and any shared equipment should be cleaned thoroughly with a bactericidal, virucidal, and fungicidal cleaning solution between each participant, especially in sports such as wrestling or gymnastics where more skin-equipment contact may occur.

Spine Injuries and Spineboarding

The NATA position statement “Acute Management of the Cervical Spine-Injured Athlete” will be followed. During initial assessment, the presence of any of the following findings, alone or in combination, heightens the suspicion for a potentially catastrophic cervical spine injury and requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurologic findings or complaints, significant midline spine pain with or without palpation, and obvious spinal column deformity. If a spine injury is suspected, do not allow the patient to move. Carefully stabilize the head in the position in which it is found using your hands/forearms. Maintain stabilization of the head/neck until EMS arrives and further stabilizes the head/neck as appropriate. There must be a minimum of 5 trained persons in order to spineboard an injured person. Facemasks on football and hockey helmets should be removed as soon as possible before EMS arrival to ensure adequate airway access. Become familiar with the types of attachments used on your equipment so you are able to properly remove the facemask when needed. Athletic trainers will carry the proper tools to remove facemasks in these situations. Football helmets and shoulder pads and other bulky equipment should not be removed onsite unless leaving the equipment on would prevent access to the airway or would prevent proper immobilization. If the equipment does need to be removed onsite, it should only be done by the sports medicine staff if there are at least two persons trained in equipment removal. When the athletic trainer or other appropriate health care provider is managing the injured athlete, the role of coaches during a spineboarding emergency is to manage the scene, remove bystanders, and follow the instructions of the sports medicine staff.

Stroke

If a patient is suspected of having a stroke, activate EMS immediately. The most common symptoms of someone experiencing a stroke is facial drooping, weakness in arms or legs, and slurred speech or difficulty with speaking. The acronym ‘FAST’ is an easy way to remember. (Facial drooping, Arm weakness, Speech difficulty, and Time to activate EMS). It is also important to note the time that symptoms began.

Substance Use Disorder/Opioid Overdose

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. Common signs that a person is engaging in substance abuse include but are not limited to: problems at school or work, physical issues such as lack of energy or weight changes, neglected personal appearance, behavior changes such as withdrawing from family and friends or being secretive, and money issues. Opioids (prescription drugs typically used to treat pain) are a commonly abused drug, and recognizing the signs of an overdose and responding appropriately are critical. Narcan (or naloxone) is a drug that can be used to counteract an opioid overdose. Narcan can be administered via a nasal spray for lay responders, and via injection by EMS. Administering Narcan to a person who is not overdosing has very little risk, so it should be used any time someone may be overdosing. Athletic trainers may carry Narcan in their medical kits, and it can be obtained from many pharmacies and local programs. According to the Indian Health Service, signs of an opioid overdose include but are not limited to:

- The face is extremely pale and/or clammy to the touch

- The body is limp
- Fingernails or lips have a blue or purple cast
- The person is vomiting or making gurgling noises
- Individual cannot be awakened from sleep or is unable to speak
- Breathing and heart rate are significantly reduced or have stopped
- Pinpoint pupils

According to the CDC, sometimes it is hard to tell if someone is “just high” or if they are overdosing. If you aren’t sure or if you think someone may be experiencing an overdose, the CDC recommends the following:

1. Immediately call 911
2. Administer Narcan (or naloxone) if available (repeat after 2-5 minutes if they do not regain consciousness)
3. Try to keep the person conscious/breathing
4. Lay the person in the recovery position (on their side) to avoid choking
5. Monitor for pulse and breathing. If needed, begin CPR
6. Wait until EMS arrives and follow their instructions

Sudden Cardiac Arrest and Heart Attack

Sudden cardiac arrest (SCA) is the abrupt loss of heart function, breathing and consciousness. While not the same as a heart attack, which is when blood flow to part of the heart is blocked, SCA can be triggered by and occur at the same time as a heart attack. If not addressed immediately, SCA is usually fatal. When responded to immediately with an AED and/or high quality CPR, survival from SCA is possible. Signs and symptoms that sometimes (but not always) occur before SCA may include chest discomfort, shortness of breath, weakness, and heart palpitations. There is often zero warning that SCA is about to occur. Signs that SCA is occurring are, as the name suggests, sudden and include sudden collapse, lack of pulse, no breathing, and loss of consciousness. If you suspect that someone is experiencing SCA, immediately call 911 and begin high quality CPR and use an AED if available. Perform chest compressions at a rate of 100-120 compressions/minute and give 2 rescue breaths every 30 compressions if a barrier is available and you are trained to do so. If no barrier is available, deliver chest compressions until EMS instructs you to stop or the AED asks you to pause to deliver a shock. The AED will give you step by step instructions once turned on. Repeat the CPR/ AED cycle until breathing and pulse are restored or EMS arrives and instructs you to stop.

Suicide

If an athlete shares any signs of feeling suicidal, athletic trainers are required to report it. Some signs of a patient feeling suicidal are, but are not limited to: threatening to hurt or kill themselves, looking for a method to kill themselves, talking or writing about death or suicide, sharing thoughts of hopelessness, no reason for living, or no sense of purpose, rage or anger, acting recklessly, feeling trapped, increasing substance use, withdrawing from friends, family or sport, increased anxiety, agitation and dramatic changes in mood. If you suspect a patient is having suicidal feelings or the patient shares their suicidal feelings with you, it is important to discuss with the patient, their parents and a school representative (school nurse, or counselor). If a patient shares their suicidal thoughts with you, you should not leave them alone and make sure they have a safety contact at all times. The National Suicide Hotline is 988. By calling this number, the patient would be connected immediately to a trained representative that is available to talk with them. The school nurse or counselor can help the patient reach professional help.

Emergency Care:

Apply basic emergency care as the situation requires. Care might include:

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse

- e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
 - a. AED, spine board, cervical collar, first aid kit
4. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar
 - e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - f. Treat for Shock – if necessary
5. Any other emergency procedures as necessary
6. Other things to consider during emergency situation:
 - a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

Documentation: MSBSD Student Incident/Injury Form

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit. This will ensure better reactions and effectiveness for potential emergencies. AT will be mainly in charge of recording information. Doctors may assist if they provide care or treatment.

Documentation should include the following:

1. Documentation of response and actions during emergency situation
2. Follow-up documentation on evaluation of response to emergency situation
3. Documentation of personnel training and rehearsals

All medical records should be kept at the school and copies made to be brought along when traveling. Records left at school are kept in the AD office and keys are held by custodians and AD.

Procedures for Various Sport Locations at Colony High School:

Main Gym – Boys/Girls Basketball, Volleyball, Wrestling Matches

In case of emergency a cell phone at the court will be used by AT and/or Admin assigned. AT and/or Admin will give directions for EMS to the main gym (room on map) at Colony High School if necessary. The school is located at 9550 E. Bogard Rd Palmer AK. Someone will be assigned to meet EMS at the main entrance or gym entrance to the parking lot. They will guide EMS to the court which can be accessed by using the exterior doors on the front side of the

school by the main entrance. The main gym doors are located immediately inside the main entrance doors to the right.

Auxiliary Gym – Basketball Practice, Wrestling, Cheerleading, Dance

In case of emergency a cell phone will be used by AT or Coach/Admin assigned to call EMS. AT and/or Coach/Admin will give directions for EMS to the auxiliary gym (room on map) at Colony High School if necessary. The school is located at 9550 E. Bogard Rd Palmer AK. Someone will be assigned to meet EMS at the Main entrance to the parking lot. They will guide EMS to the auxiliary gym which can be accessed by using the main entrance, turn right down the first hallway and it is the 3rd door on the left.

Outdoor Sport Complex- Tennis, Soccer, Track and Field, Football, Baseball, Softball

In case of emergency a cell phone will be used by AC and/or Coach/Admin assigned to call EMS. AT and/or Coach/Admin will give directions for EMS to the outdoor fields at Colony High School if necessary. The school is located at 9550 E. Bogard Rd Palmer AK. Someone will be assigned to meet EMS at the lower parking lot behind the school. They will guide EMS to the field where the emergency is located. MatSu Paramedics typically park between the turf field and the practice field.

Colony High School Emergency Action Plan

Abridged Version

Emergency Contact Phone Numbers:

Kristi Castellaw (AT)	Cell 865-235-8432
Activities Principal (Ewart)	Cell 907-232-2396
Asst Principal (Brooke)	Cell 907-414-3407
Principal (Johnston)	Cell 907-354-5502
School Office Phone	861-5500
Dr. Deryk Anderson	357-2267
OPA	357-2267
Poison Control Center	1-800-222-1222
Ambulance, Fire, Police	911

Information to be provided over the phone:

1. Name and phone number calling from
2. Exact location of emergency and directions (street names, buildings, landmarks, entry into the building, specific areas, etc.)
3. Type of injury or illness
4. Condition of patient(s) and type of aid being provided
5. Number of people injured
6. Other information as requested and be the last one to hang up

Emergency Care:

Apply basic emergency care as the situation requires.

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions for every 2 breaths (slow, don't force)
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury;
 - c. Splint fractures
 - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar
 - e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - f. Treat for Shock – if necessary

Equipment and supplies:

All available emergency equipment is stored in the AT room located in the hall behind the main gym .

Documentation:

Medical records and other documents are kept in the athletic director's office.

Environmental Conditions:

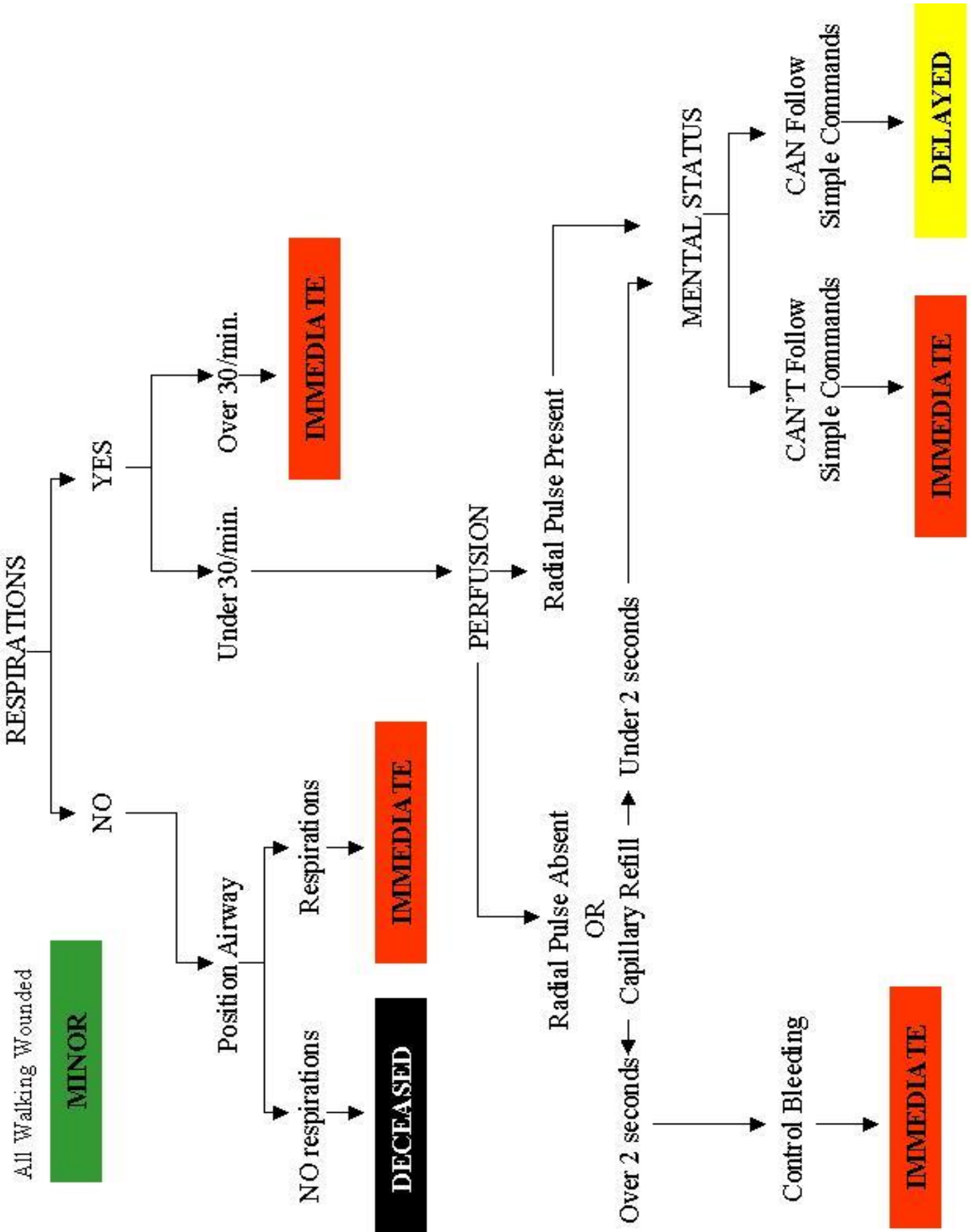
Heat Injuries

- Heat Cramps** – dehydration, thirst, sweating, muscle cramps, fatigue
- Heat Syncope** (fainting) – dehydration, fatigue, tunnel vision, pale or sweaty skin, decreased pulse rate, dizziness, lightheadedness, fainting
- Heat exhaustion** - normal or elevated temperature, dehydration, dizziness, lightheadedness, fainting, headache, nausea, diarrhea, decreased urine output, persistent muscle cramps, pale skin, profuse sweating, chills, cool/clammy skin, intestinal cramps, urge to defecate, weakness, hyperventilation
- Heat stroke** - high body-core temperature, central nervous system changes, dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, hysteria, apathy, aggressiveness, delirium, disorientation, staggering, seizures, loss of consciousness, coma, dehydration, weakness, hot and wet or dry skin, fast heart beat, low blood pressure, hyperventilation, vomiting, diarrhea; cool athlete immediately in any way possible, ***can lead to death***

Cold Injuries

- Frostnip** – white/waxy skin, numbness; typically cheeks, earlobes, fingers, and toes
- Frostbite** – white skin, “wooden” feel to affected area, numbness, possible anesthesia; warm slowly, no rubbing
- Hypothermia** – shivering, loss of function, slurred speech, dazed, irrational behavior, pale skin, dilated pupils, decreased pulse

Inform AT and EMS of any emergency situation immediately.



START Triage Plan Flowchart

Colony High School
1170 Arctic Avenue
Palmer, AK 99645
746-8400

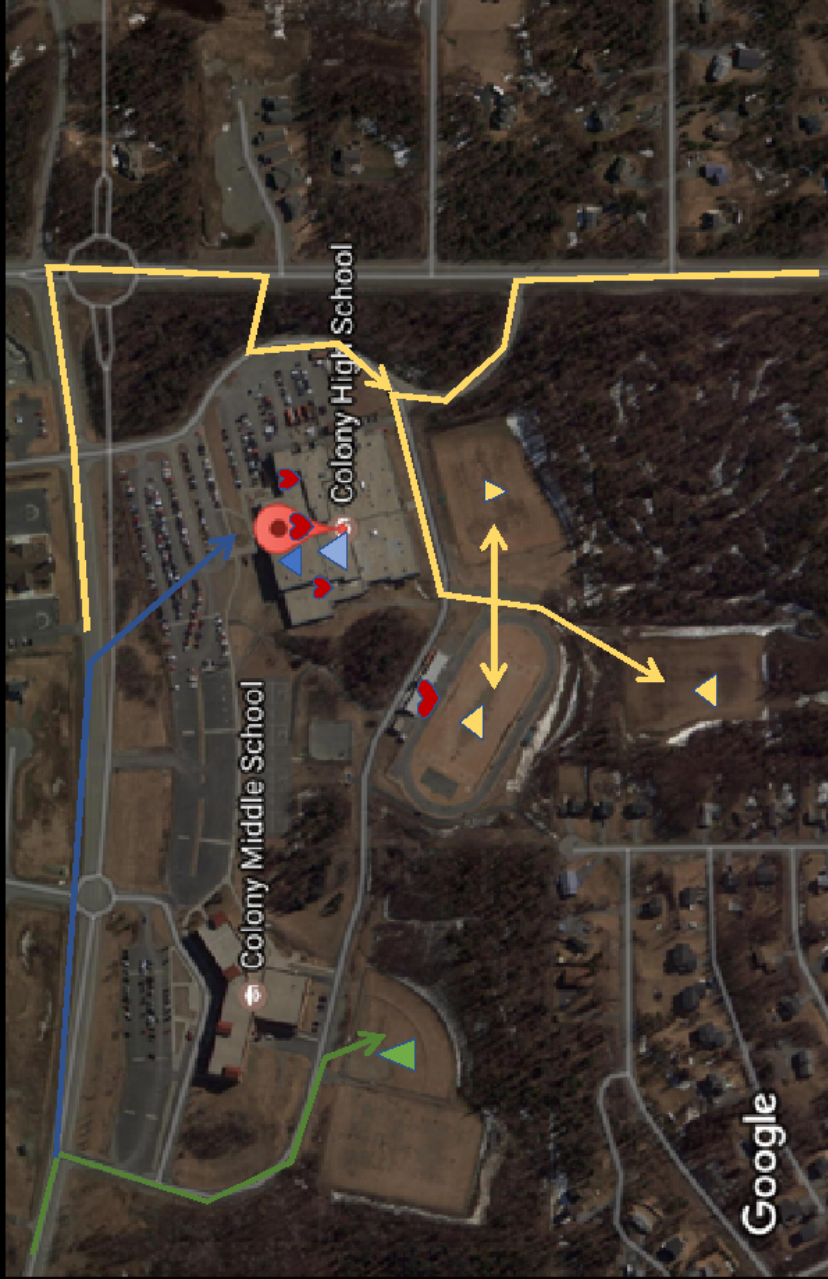
↑ Main Gym
Aux Gym

↑ Baseball

↑ Football Field
Soccer Field
Track



AED



Curtis Menard Sports Center
1001 S Mack Drive
Wasilla AK 99654
863-3658

Three entrances for emergency
depending on location

- *AED lower level- Center office
- *AED upper level - Track entrance

