



Athletic Department Emergency Operations Plan

RILEY BOATWRIGHT ACT

The following information is taken from [SB 1198, 2020 under 70 O.S. § 27-104](#)

SUBJECT: Creating the Riley Boatwright Act

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 27-104 of Title 70, unless there is created a duplication in numbering, reads as follows:

- A. This act shall be known and may be cited as the “Riley Boatwright Act”.
- B. **Prior to the beginning of the 2020-2021 school year, each school district board of education shall coordinate with the emergency medical services provider that serves the area in which the school district is located to develop a plan for the provision ENR. S. B. NO. 1198 Page 2 of emergency medical services at athletic events or activities held at school district facilities.**
- C. **The plan developed pursuant to subsection B of this section shall be reviewed and updated annually as appropriate and placed on file with the school district and the emergency medical services provider. SECTION 2. This act shall become effective July 1, 2020.**

Introduction

Emergency situations may arise at any time during athletic events. Immediate action is necessary to provide the best possible care for participants. Having an established plan reduces confusion, provides for a more expedient response, and ultimately promotes the best outcomes for students and their families.

Components of a Plan

1. Emergency - What constitutes an Emergency?
2. Personnel - Who will be involved and What is their role?
3. Communication - Calling 911: Who and When?
4. Venue Specific - Where to go and How to get in.

Emergency

An emergency is the need for emergency medical services to provide evaluation and/or transportation of an athlete. It is important to provide coordination between school staff to provide the most effective response. While it is impossible to anticipate every situation which might occur, staff should always err on the side of student safety. Situations where 911 should *always* be called are when an athlete:

- is not breathing
- has lost consciousness
- has a suspected neck or back injury
- has an open fracture (bone through the skin)
- has severe heat exhaustion or heat stroke
- has severe bleeding that cannot be stopped
- has any condition which staff feel is a concern and beyond their ability to treat

Personnel

There are two aspects to the personnel component. The Chain of Command and the Medical Responders. While a school administrator may be in command of the situation, coaches and student athletic trainers may be the staff rendering care to the athlete. Those in the chain of command should always give due regard to the information received from those Medical Responders rendering care.

The determination of an emergency and the initial activation of this plan should always occur from someone who is with the athlete. While duties may be designated which occur away from the immediate emergency once the plan has been activated, the initial call should come from someone who is *with* the injured athlete.

The Chain of Command for Athletic Medical Emergencies for HICD Schools is:

- Athletic Director
- Administrator
- Head Coach

- Assistant Coach
- Student Athletic Trainers
- Other Athletes

While chain of command may differ for other aspects of the school response such as public information, this is specific to decisions made for the medical response and the medical well-being of the athlete. To avoid confusion there must be a designated individual in charge to make decisions about the care the athlete receives.

Staff trained as First Responders until said Emergency Medical Service Providers arrive include the Athletic Directors and School Administration.

High School Athletic Director: Cory Pocock
 Middle School Athletic Director: Tammy McManis
 High School Principal: Joe Hughes
 Middle School Principal: Jami West
 High School Assistant Principal: Keith Campbell
 High School Assistant Principal: Renee Cox
 Superintendent: Steven Stefanick

Communication

Communication is essential for a prompt response during emergencies. Staff and EMS providers must work together to provide the best emergency response capability possible for athletes. Once the decision has been made to call for EMS a *specific individual* should be told to call 911. This is a cornerstone of ensuring an action takes place. The statement, “Someone call 911,” may leave room for the thought that someone else is already doing it. By the person making the decision to call 911 giving the instructions to a specific individual, this ensures the call takes place immediately.

Whenever possible the individual calling 911 should be both familiar with the venue specific emergency plan and with the patient. Having someone familiar with the venue specific plan allows for them to relay accurate access instructions to the dispatcher and having the caller with the injured athlete allows the most accurate information to be relayed to the dispatcher.

EMS dispatchers should all be trained in Emergency Medical Dispatch (EMD) protocols, in certain situations they may also be able to give the caller lifesaving instructions. Discuss these protocols with your local EMS service.

There should always be a staff member present at all events which has a copy of the emergency contact list for each student.

Venue Specific Plans

Harding Charter Preparatory Middle School
Athletic Medical Emergency Plan

3232 NW 65th Street
Oklahoma City, OK 73116

Emergency Personnel: Athletic Trainer, Coaches, On Duty Administrator, Student Athletic Trainers

Emergency Communication: Cell phones. All school personnel are equipped with the RAVE Panic Button to have immediate contact with local EMS.

Location of AEDs:

1. Cafeteria at school.

Independence Charter Middle School athletic department and administration will check monthly to ensure AED's are properly working with the replacing of batteries and pads as needed.

Location of Events: Gymnasium and outdoor sporting facilities

Emergency Instructions:

1. Establish scene safety and provide immediate care for injured athlete
2. 2Activate Emergency Medical Services (EMS)
 - a. Dial 911 or use RAVE Panic Button
 - b. Give a phone number and address of location: 3232 NW 65th Street, OKC, OK 73116
 - c. Give a brief description of the injury/condition
 - d. Provide specific access instructions
 - e. Follow any other instructions from the Emergency Medical Dispatcher
3. Direct specific individuals to meet and direct EMS, unlock doors, open gates, etc.
4. Continue providing care to athlete to highest level possible
5. Contact Parent
6. Contact Administration

Emergency Phone Numbers

<i>Police Department 911 or (405)-297-1150</i>	<i>EMS – Emergency 911</i>	<i>EMS – Non-Emergency (405) 486-2140</i>
<i>Fire Department 911 or (405)-478-1187</i>		

OKLAHOMA STATE DEPARTMENT OF HEALTH 310:641-5-20.

Scope of practice authorized by certification or licensure

- a. The Department shall establish a scope of practice for each certificate and license level.

- b. The medical control physician may limit an individual certificate or license holder's scope of practice.
- c. Certified and licensed emergency medical personnel may perform authorized skills and procedures when authorized by medical control. When emergency medical personnel are without medical control, the scope of practice for any level of emergency medical personnel is limited to first aid, CPR, and the use of the AED.
- d. Certified Emergency Medical Responders may perform to the following level or within this scope of practice:
 - 1) patient assessment, including the determination of vital signs, and triage,
 - 2) oxygen administration and airway management,
 - 3) basic wound management, including hemorrhage controls to include the use of tourniquets; treatment of shock,
 - 4) cardiopulmonary resuscitation (CPR) and the use of only adjunctive airway devices and the use of a semi-automated external defibrillator (SAED),
 - 5) splinting of suspected fractures;
 - 6) rescue and extrication procedures,
 - 7) assistance of patient prescribed medications including sublingual nitroglycerin, epinephrine auto-injector and hand-held aerosol inhalers,
 - 8) administration of agency supplied oral glucose, activated charcoal, aspirin, agency supplied epinephrine auto injector, albuterol or approved substitute per medical direction, and nasally administered or atomized naloxone,
 - 9) such other emergency medical care skills and measures included in the instructional guidelines adopted by the Department, and,
 - 10) upon the approval of the Department additional skills may be authorized upon the written request of a local medical director