

Selma High School

Athletics Department Policies, Procedures and Emergency Action Plans



Revised July 2022

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Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant with life threatening conditions. The development and implementation of an Emergency Action Plan (EAP) will help ensure that the best care is provided. As emergencies may occur at any time during any activity, Selma High School staff, sports medicine team, and coaches must be prepared.

Athletic organizations have a duty to develop an EAP that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants, as well as spectators. This preparation involves formulation of an EAP, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education. Through careful safe practices, training and other safety avenues, some potential emergencies may be averted.

School Address:

Selma High School

3125 Wright St., Selma, CA 93662

Emergency Contact Information:

Certified Athletic Trainer: Sarah Martinez (559) 288-8092

Athletic Director: Randy Esraelian (559) 351-0630

Principal: Nathan Lane (559) 898-6550 X 41199 / (559) 313-0510

Deputy Principal: Debbie Richardson (559) 360-2694

Deputy Principal: Jenna Johnson (559) 579-9121

Asst. Principal: Luis Collazo (559) 285-8385

School Nurse: (559)-896-6550 X 41197

Emergency 911

Athletic Training Room Hours:

Normal training room hours are from after school until the end of practice Monday through Friday. Times will vary due to games and traveling to away events. Daily times will be posted on the training room doors. Training room hours may vary day-to-day due to practices, game-day coverage, and travel. Contact Certified Athletic Trainer for more information.

Components of the Emergency Action Plan:

1. Emergency Personnel
2. Roles of the First Responder
3. Chain of Command
4. Emergency Communication and Equipment
5. Medical Transportation

Emergency Personnel

With athletic practice and competition, the first responder to an emergency situation is typically the certified athletic trainer. Sometimes a coach or other institutional personnel may be the first to arrive at the scene. By law and CIF Central Section rules, coaches are required to obtain a certification in cardiopulmonary resuscitation (CPR) and first-aid training. Automated External Defibrillator (AED) certification is not required for coaches according to CIF coaching requirements; however, it's recommended to obtain training in AED use to understand and how to utilize an AED in case of an emergency. Copies of training certificates and/or cards are maintained in the activities/athletic office.

Prevention of disease transmission practices and EAP review are required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. It's imperative that the athletics department and staff review the EAP to ensure all staff understand their roles in an emergency situation to help limit liability. For a copy of the EAP, please contact the Certified Athletic Trainer Sarah Martinez or Athletic Director Randy Esraelian.

Roles of the First Responders

The development of an EAP cannot be complete without the formation of an emergency team. The emergency team consists of a number of healthcare providers including licensed healthcare professionals, certified athletic trainers, emergency medical technicians (EMTs), coaches, administration staff, and possibly bystanders. Roles of these individuals within the emergency are critical and may vary depending on various factors.

In an emergency situation, stress, chaos and disorganization can occur. In this situation, every second that goes

by can mean life or death of a patient. To help mitigate the disorganization, there is a chain of command that is followed to help determine who is in command in the decision-making and who will be next in charge if the certified athletic trainer or a licensed healthcare professional is not readily available to make the decisions. Therefore, the individual who first arrives at the scene is in command.

The Chain of Command:

1. Certified Athletic Trainer (Sarah Martinez)/Licensed Healthcare professional
2. Athletic Director (Randy Esraelian)/Administrator (Dr. Pickle, Ms. Richardson, Ms. Jack)
3. Head coaches/assistant coaches
4. Bystanders

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A licensed healthcare professional such as a certified athletic trainer will always be the first person to take control of the situation due to their level of training and expertise on medical emergencies. If a licensed healthcare professional is not present at the scene, a high ranking administrator such as the Athletic Director or Principal will be the next in charge. In a situation when an administrator is in command, coaches with proper credentials are to provide basic first-aid/CPR care to the individual until EMTs or the certified athletic trainer arrives. Bystanders are the last people who will be in command of the situation.

The first two most important objectives are to establish the safety of the scene and immediate care of the athlete. In an emergency situation, acute care should be provided by the most qualified individual on the scene (Certified Athletic Trainers/Licensed healthcare professional; if not around at that time, coaches or administrators with appropriate medical credentials are to perform acute care). Individuals with lower or no medical credentials should yield to those with more appropriate training. EMS activation may be necessary in situations where emergency transportation is not already present. This should be done as soon as the situation is deemed an emergency or life threatening event. Activating the EMS system may be done by anyone on the team. The emergency team should be familiar with the location and address of the sporting event.

Equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. The final role of the emergency team is directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on the ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. **Ensure that proper documentation is written, including an Accident Report that will be sent to Athletic Director Randy Esraelian immediately after the incident.**

Activating the EMS System:

1. Make the call:
 - Dial 911 and ensure to notify the Certified Athletic Trainer Sarah Martinez and Athletic Director Randy Esraelian
2. Providing Information:
 - Name, address, telephone number of caller -First-aid treatment initiated

- Nature of emergency -Specific directions to locate the scene
- Number of athlete(s) -Other information required from dispatcher -Condition of athlete(s) -Don't hang up until told so by dispatcher

Emergency Communication

Communication is the key to quick emergency response. Certified athletic trainers and emergency medical personnel must work together to provide the best emergency response possible. Access to a working telephone or other telecommunication device (radio), whether fixed or mobile, should be assured. A backup communication plan should be in effect should there be a 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. Prearranged access to the phone should be established if it's not easily accessible.

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In an emergency situation, it is critical that emergency responders are able to communicate with each other by radio. School administrators must also be able to communicate among themselves. Staff who have school radios must refrain from any unnecessary use of the radio during an emergency.

It's important that school staff make sure that there is a radio available in the press box, so the public address announcer can relay instructions from school administration or police. School staff and police must be aware of who is the ranking school administrator on duty at the event. That administrator will have the authority to have spectators shelter in place or evacuate, based on information from emergency personnel. Also, school staff must be aware of who is the ranking police officer on duty. The ranking officer may change as the situation changes. Police should have the cell phone numbers of all school administrators and campus security officers on duty.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Personnel should know where the nearest accessible emergency equipment is located during a medical emergency. 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. Some emergency equipment (ex: AED) requires training and certification in order to use. Ensure qualified and credentialed emergency personnel only use this equipment.

Emergency equipment should be checked on a regular basis for maintenance to ensure its functionality and ready for use. Failure to do so can consequently be life-threatening that could lead to negligence and liability. Equipment should be stored in a clean and environmentally controlled area.

Medical Emergency Transportation

In a medical emergency in which EMTs are requested, the athlete should be transported by ambulance. Upon the arrival of EMTs, emergency cards are to be provided with necessary information. Coaches and the certified athletic trainer should have copies of emergency cards on-hand. The parent(s) or guardian(s) should be contacted and, if present at the event, will accompany the athlete to the hospital. If no parent or guardian is present, a coach should accompany the athlete to the hospital and parent(s) or guardian(s) should be notified.

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 with emphasis placed on rapid evaluation, treatment and transportation.

In order to provide the best possible care for Selma High School Athletics and the “guest” schools associated with SHS at that time, transportation to one of the local medical facilities is based upon the decision of the paramedic/EMT personnel in communication with the associated local medical sites.

Non-Medical Emergencies

For emergencies such as fires, bomb threats, severe weather and violent or criminal behavior, refer to the emergency action plan checklist for the particular sport and follow the instructions.

Environmental Conditions Policies and Procedures

Exertional Heat Illness Policy & Procedures

1. Preventing heat illness is a team responsibility. The athlete, coach, and athletic trainer must all do their part to keep each athlete safe.
 - a. Athletes – must complete the pre-participation physical examination prior to any practice, conditioning session, weightlifting, or competition; are encouraged to attend all workouts, wear the proper clothing and equipment, hydrate their body prior to physical activity, and be aware of how they are feeling while participating in hot weather.
 - b. Coaches – should design their pre-season workouts to acclimatize athletes properly so that their bodies can handle the demands of performing in hot weather; are encouraged to constantly monitor athletes during all practices, games, conditioning sessions, and weightlifting sessions.
 - c. Certified athletic trainer – will monitor the environmental conditions at specific venues prior to the start of practice/games (**see below for protocol**).
2. Activity in hot or humid environments can cause a number of heat related illnesses. Heat illness can occur in anyone at any time. The signs and symptoms listed below usually do not occur in a stepwise manner and can change rapidly depending on the person, situation, and activity. All signs and symptoms should be treated as serious and help sought in a timely manner. Categories of heat illness include:
 - a. **Heat Syncope** – generally referred to as fainting because of exposure to high environmental temperatures, vasodilatation, reduced cardiac output, and dehydration. This can occur due to long periods of standing, cessation of activity, or movement from a seated to standing position. A person who has suffered syncope will usually be dizzy, pale, and have cool, damp skin.
 - b. **Heat Cramps** – painful muscle cramping of the body usually localized to lower or upper legs, abdomen, or upper extremities. A person suffering from heat cramps will be sweating and thirsty.
 - c. **Heat Exhaustion** – A person suffering from heat exhaustion will have an elevated body temperature but cool damp skin and will continue to sweat. They will be weak, dizzy, and may feel as if they will faint. Other symptoms include nausea, headache, chills, hyperventilation, and thirst.

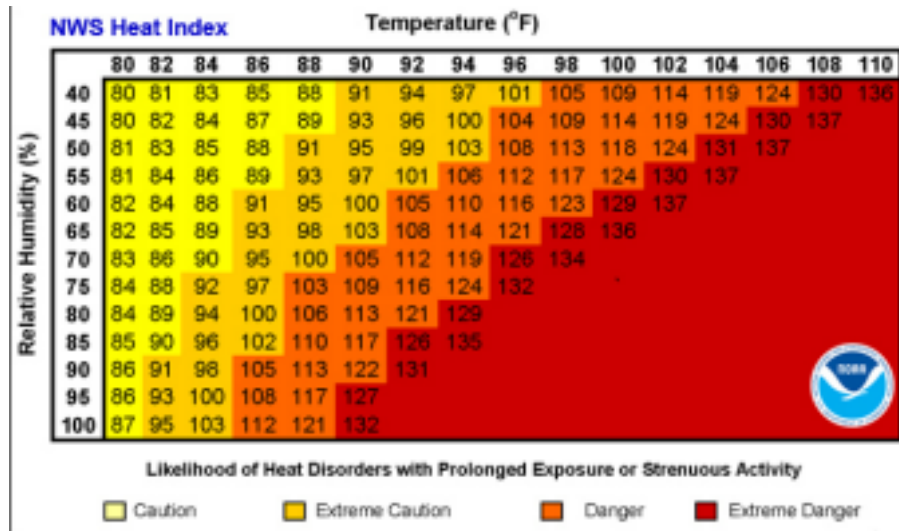
- d. **Heat Stroke** – **Emergency help is needed immediately!** A person suffering from heat stroke will be hot to the touch with dry or non-sweating skin. Due to central nervous system changes they may be disoriented, hysterical, delirious, or unconscious. Heart rate and respiration will be elevated with a decrease in blood pressure.
 - e. **Hyponatremia** – Signs and symptoms of hyponatremia include nausea and vomiting, swelling of hands and feet, headache, confusion, apathy and lethargy, and altered consciousness. In severe cases seizures, pulmonary edema, and coma could occur.
3. In the event an athlete suffers from heat syncope, heat cramps, heat exhaustion, heat stroke, or hyponatremia the following protocol will be followed:
- a. **Heat Syncope** - The athlete should stop all activity, be moved indoors, or to a shaded area, with the legs elevated above the level of the head. Vital signs will be monitored, and the athlete should begin to rehydrate.
 - b. **Heat Cramps** - The athlete should stop all activity, move to a cool location, replace lost fluids with fluids containing sodium, and begin mild stretching with massage of the muscle spasm.
 - c. **Heat Exhaustion** - Core body temperature will be measured using oral or axillary temperature. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. The athlete will be moved to the athletic training room where cold whirlpool immersion will begin. Fluid replacement will begin at this time. Transfer to a physician's care will be facilitated if recovery is not rapid and uneventful.

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- d. **Heat Stroke** – **If heat stroke is suspected at any time, activate EMS and EAP immediately.** The athlete will be covered in ice and cold water on site. Core body temperature will be measured using oral or axillary temperature. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. When the athlete begins to stabilize, they will be moved to the athletic training room where cold whirlpool immersion will begin. Fluid replacement will begin at this time. The athlete will be removed from further competition until clearance from a physician (MD or DO only) is obtained.
 - e. **Hyponatremia** - The athlete will be assessed for differentiation between hyponatremia and heat stroke. If hyponatremia is suspected, **immediate activation of EMS** will occur per the guidelines of the *Emergency Action Plan*. The athlete with suspected hyponatremia should not be administered fluids until a physician is consulted.
4. Daily monitoring of environmental conditions:
- a. The protocol calls for the determination of environmental conditions at the practice/contest site using the NWS Heat Index.
 - 1. Relative humidity and temperature should be monitored at site prior to start of practice/competition by ATC using Protmex Digital Thermometer
 - b. The NWS Heat Index will determine what, if any, modifications should be made for the day (**see below for NWS Heat Index**).
 - c. Athletic Director/Principal and Athletic Trainer will communicate before school ends and Athletic Director/ Principal will make the decision to modify/cancel outdoor events.
 - d. If at any time temperature rises above 105°, outdoor activities will be modified/reduced or canceled.
 - e. The following practice modifications will be made regarding heat index readings:
 - 1. 91° to 103°, normal precautions should be taken.
 - 2. 104° to 125°, change to a walk-through pace, reduced gear, and water breaks every 10-15 minutes.

3. Greater than 125°, No outdoor practice.

NWS Heat Index



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Cold Temperature Policy & Procedures

- a. Cold environments can cause injury as well. In contrast to heat illnesses, prolonged exposure to moderate or extreme cold temperatures combined with the wind chill factor, can cause severe and permanent tissue damage.
- b. Cold injuries can range from frostnip to three different varieties of frostbite. These are chilblains (swelling, redness, tingling, stinging sensation in fingers and toes), superficial frostbite (skin appears hard, pale, and waxy to the touch), and deep frostbite (this is an extreme medical emergency, permanent tissue damage is possible, victim may exhibit signs similar to chilblain and superficial frostbite).
- c. Athletic department personnel should do the following when there are cold conditions:
 - i. Cover the head, neck, and hands.
 - ii. Dress in dry layers that can be discarded as the athlete's body temperature increases.
 - iii. Encourage fluid consumption during activity. Dehydration can still occur in cold temperatures.
 - iv. Discourage warm liquid consumption during activity. Warm liquids can increase the perspiration level even in cold temperatures. This also increases the possibility of dehydration and frostbite.
 - v. Discourage activity during freezing rain or snowfall. Doing so could intensify cold related injuries.

Thunder & Lightning Policy & Procedures

- a. In accordance with the “National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation” (Journal of Athletic Training 2000; 35(4): 471–477), Selma High School will adhere to the following protocol:
 - i. **Flash- to-Bang Method:**
 - a. Begin counting on the lightning strike and stop counting when the associated thunder is heard.

- b. Divide the number (in seconds) by 5 to determine the distance (in miles) to the lightning flash. For example: If the time in seconds between the lightning being spotted and the thunder is heard is equal to 30, divide that by 5 to get 6 ($30/5 = 6$). Therefore the lightning is approximately 6 miles away.
- ii. By the time the flash-to-bang count approaches 30 seconds (or is less than 30 seconds), outdoor activities should be suspended and all individuals should immediately seek a safe structure or location indoors.
- iii. Once activities have been suspended, there will be at least a 30-minute wait after the last sound of thunder or lightning flash before resuming an activity or returning outdoors. Each time lightning is observed or thunder is heard, the 30-minute clock will be reset.

Air Quality Policy and Procedures

- a. Exercising in poor quality air can have adverse effects on the heart, blood vessels, and lungs. Air pollution has also been shown to not only worsen asthma symptoms, but cause new cases of asthma in athletes exercising in poor air quality.
- b. The Air Quality Index (AQI) for the Selma area will be determined using the AirNow program's website (www.airnow.gov) and the SJV Air Pollution Control program's website (www.valleyair.org/myraan/). On days predicted to have poor air quality, the athletic director and head coaches, along with the SHS Athletic Trainer, communicate throughout the day via email and/or phone regarding the Air Quality Index (AQI) and Real-time Outdoor Activity Risk (ROAR).

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- i. If the AQI forecast is predicted to be 150 or higher, revised practice plans are discussed by the athletic director and head coaches as to possible modifications, options and/or cancellations.
 - ii. If the AQI is at 145 or higher, outdoor sports go to walk-throughs during practice with water breaks every 10-15 minutes as needed.
 - iii. If AQI is not a concern but the ROAR is a 3 or higher due to other pollutants, modifications will be made in accordance with the ROAR Guidelines established by SJV Pollution Control Program (see below).
 - iv. Normally the decision to revise practice or cancel is made before the end of school, but the changes can happen during practice as the AQI changes after school hours.
 - v. Modifications that are made during the days with higher AQI include the following: moving practice the evening hours for outdoor sports; use of football Shells only (helmet/shoulder pads and shorts); the addition of extra water stations. Selma High School uses ezy-up shade tents for cooling/hydration centers at all practices.
 - vi. The Selma High School AQI range of 145 for modified practices to an AQI of 150 or higher for canceling practice is comparable to Fresno Unified's standard of 152 for canceling events and Clovis Unified standard of 201 for canceling events
- c. The decision to cancel an outdoor game/match was made by Selma High School's Athletic Director/Principal.
- d. The same AQI criteria is communicated and used for all Selma High School classes that participate in outdoor activities during the school day including Physical education classes and MCJROTC classes. e. Parents will be notified through various team apps and/or through the head coach/Athletic Department.

Real-time Outdoor Activity Risk (ROAR) Guidelines					
	Level 1	Level 2	Level 3	Level 4	Level 5
Recess (15Min)	Outdoor activity OK for all	Ensure that sensitive individuals are medically managing their condition.*	Sensitive individuals should exercise indoors or avoid vigorous outdoor activities.*	Exercise indoors or avoid vigorous outdoor activities. Sensitive individuals should remain indoors.*	No outdoor activity. All activities should be moved indoors.
P.E. (10Min)	Outdoor activity OK for all	Ensure that sensitive individuals are medically managing their condition.	Sensitive individuals should exercise indoors or avoid vigorous outdoor activities.	Exercise indoors or limit vigorous outdoor activities to a maximum of 15 minutes. Sensitive individuals should remain indoors.	No outdoor activity. All activities should be moved indoors.
Athletic Practice & Training (2-4Hrs)	Outdoor activity OK for all	Ensure that sensitive individuals are medically managing their condition.	Reduce vigorous exercise to 30 minutes per hour of practice time with increased rest breaks and substitutions. Ensure that sensitive individuals are medically managing their condition.	Exercise indoors or reduce vigorous exercise to 30 minutes of practice time with increased rest breaks and substitutions. Sensitive individuals should remain indoors.	No outdoor activity. All activities should be moved indoors.
Scheduled sporting events	Outdoor activity OK for all	Ensure that sensitive individuals are medically managing their condition.	Increase rest breaks and substitutions per CIF guidelines for extreme heat.** Ensure that sensitive individuals are medically managing their condition.	Increase rest breaks and substitutions per CIF guidelines for extreme heat.** Ensure that sensitive individuals are medically managing their condition.	Event must be rescheduled or relocated.
PM 2.5 Range	1-8 ^µ 12 ^µ g/m ³	13-8 ^µ 35 ^µ g/m ³	36-8 ^µ 55 ^µ g/m ³	56-8 ^µ 75 ^µ g/m ³	> 75 ^µ g/m ³
Ozone Range	1 - 59 ppb	60 - 75 ppb	76 - 95 ppb	96 - 115 ppb	> 115 ppb

(SJV Pollution Control Program- ROAR Guidelines)

Continue to next page for EAP's

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SHS Staley Stadium/ Weight Room Emergency Action

Plan **Emergency Team:** Head Athletic Trainer

Team Physician
School Administration
Coaching Staff
Facilities or Event Staff



Campus Emergency: *Dial 911 Immediately*

Venue Preparation

- ❖ AED 1 will be located on the home side by ATC equipment during games.
- ❖ AED 2 is in the Snack Bar in white cabinet labeled "AED".
- ❖ Emergency team will have cell phones for communication and radios on Channel 2.
- ❖ Establish the most qualified emergency team member as the **Emergency Team Leader (ETL)**.

In Emergency Situation

- ❖ Immediate care and initial assessment of the student athlete is directed by the **ETL**
- ❖ **ETL** will direct personnel to retrieve necessary emergency equipment.
- ❖ **If necessary, the ETL will instruct someone to activate Emergency Medical Services (EMS) by calling**

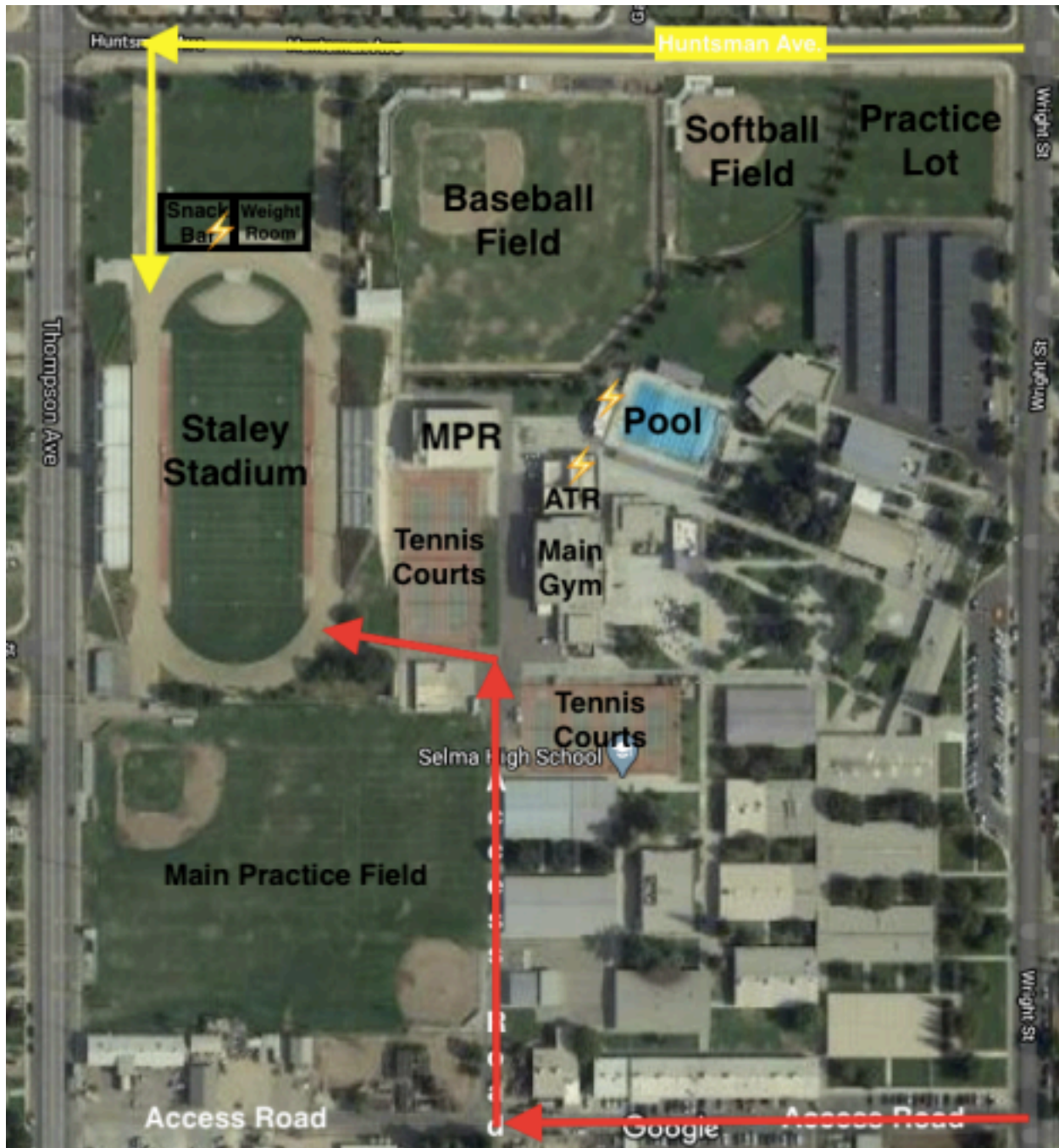
911 immediately.

1. **Primary access** to Staley Stadium is on Huntsman Ave. East of Thompson Ave. EMS will travel on Huntsman Ave. and someone will be at Access Road to wave them in. This will also be where EMS will station during home football games.
2. **Secondary access** is to enter campus through Access Road on Wright St., North of Floral Ave. The ambulance will go West on the access road and go North through the second access road until they reach the Stadium. 3. The ETL will direct personnel to open the appropriate gate and meet the ambulance to direct them to the entrance of the ATR.

- ❖ The ETL will send an appropriate person along with the student-athlete in the ambulance.
 - ❖ Sports Medicine Staff will handle communication and care from the time of transport to Hospital. ❖
- Post incident debriefing and critique will take place at an appropriate time to discuss improvements and insights to improve the current EAP.

EMERGENCY CALL PROCEDURES/SCRIPT

1. Call 911
2. Tell who you are. "I am _____ a/an administrator/coach/ student."
3. Tell where you are. "We are in need of an ambulance for an injured athlete in **Staley Stadium** at Selma High School. The ambulance should enter the stadium **through Huntsman Ave. East of Thompson Ave.** and proceed in through Access Road.
4. Explain what has happened (i.e. "The athlete has sustained a head/neck injury")
5. Explain the conditions of the victim(s). (i.e. "The athlete is not breathing and has no pulse.")
6. Explain what is being done for the victim. (i.e. "We have begun CPR/AED")
7. Give Phone Number "My phone number is _____."



Primary Secondary



AED



SHS Athletic Training Room/MPR/Main Gym/Tennis Court

Emergency Action Plan

Emergency Team: Head Athletic Trainer

Team Physician

School Administration

Coaching Staff

Facilities or Event Staff



Campus Emergency: *Dial 911 Immediately*

Venue Preparation

- ❖ AED 1 is in the ATR above sink in cabinet labeled “AED”.
- ❖ AED 2 is in the pool area in the coaches office in white AED Cabinet.
- ❖ During athletic events, AED 1 will be in the athletic trainer's golf cart.
- ❖ Emergency team will have cell phones for communication and radios on Channel 2.
- ❖ Establish the most qualified emergency team member as the **Emergency Team Leader (ETL)**.

In Emergency Situation

- ❖ Immediate care and initial assessment of the student athlete is directed by the ETL
 - ❖ ETL will direct personnel to retrieve necessary emergency equipment.
 - ❖ If necessary, the ETL will instruct someone to activate Emergency Medical Services (EMS) by calling 911 immediately.
1. **Primary access** to ATR/MPR/Main Gym/Tennis Courts is to enter campus through Access Road on Wright St., North of Floral Ave. The ambulance will go West on the access road and go North through the second access road until they reach the location.
 2. **Secondary access** is to enter the campus Student Parking Lot through Wright St. North of Floral Ave. The ambulance will park on the SouthWest corner of the Student Parking Lot and will be directed to the emergency location.
 3. The ETL will direct personnel to open the appropriate gate and meet the ambulance to direct them to the appropriate location.
- ❖ The ETL will send an appropriate person along with the student-athlete in the ambulance.
 - ❖ Sports Medicine Staff will handle communication and care from the time of transport to Hospital. ❖ Post incident debriefing and critique will take place at an appropriate time to discuss improvements and insights to improve the current EAP.

EMERGENCY CALL PROCEDURES/SCRIPT

1. Call 911
2. Tell who you are. “I am _____ a/an administrator/coach/ student.”
3. Tell where you are. “We are in need of an ambulance for an injured athlete at the **location** at Selma High School. The ambulance should enter campus **from Wright St. North of Floral Ave. and go West on the access road, then North through the next access road until they reach the emergency location. Someone will be at each gate to give access.**”
4. Explain what has happened (i.e. “The athlete has sustained a head/neck injury”)
5. Explain the conditions of the victim(s). (i.e. “The athlete is not breathing and has no pulse.”)
6. Explain what is being done for the victim. (i.e. “We have begun CPR/AED”)
7. Give Phone Number “My phone number is _____.”



SHS Main Practice Field/ JV Baseball and Softball Fields Emergency Action Plan

Emergency Team: Head Athletic Trainer

Team Physician

School Administration

Coaching Staff

Facilities or Event Staff



Campus Emergency: *Dial 911 Immediately*

Venue Preparation

- ❖ AED 1 is in the ATR above sink in cabinet labeled “AED”.
- ❖ AED 2 is in the pool area in the coaches office in white AED Cabinet.
- ❖ During athletic events, AED 1 will be in the athletic trainer's golf cart.
- ❖ Emergency team will have cell phones for communication and radios on Channel 2.
- ❖ Establish the most qualified emergency team member as the **Emergency Team Leader (ETL)**.

In Emergency Situation

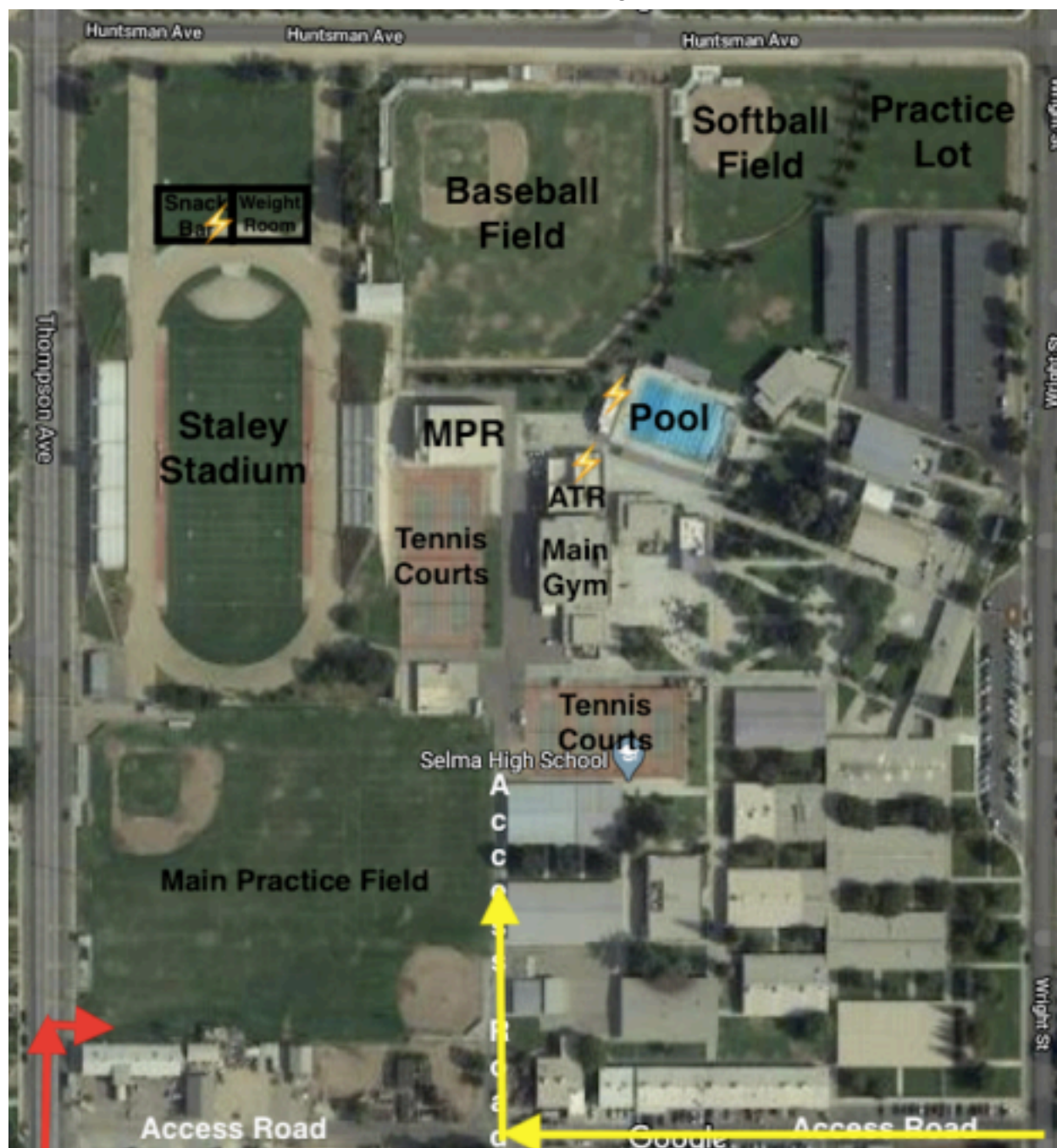
- ❖ Immediate care and initial assessment of the student athlete is directed by the ETL
 - ❖ ETL will direct personnel to retrieve necessary emergency equipment.
 - ❖ **If necessary, the ETL will instruct someone to activate Emergency Medical Services (EMS) by calling 911 immediately.**
1. **Primary access** to the main practice field is to enter campus through Access Road on Wright St., North of Floral Ave. The ambulance will go West on the access road and go North through the second access road until they reach the location.
 2. **Secondary access** is to enter campus from Thompson Ave., North of Floral Ave. through the first gate after to field after SUSD offices.
 3. **The ETL will direct personnel to open the appropriate gate and meet the ambulance to direct them to the appropriate location.**
- ❖ The ETL will send an appropriate person along with the student-athlete in the ambulance.
 - ❖ Sports Medicine Staff will handle communication and care from the time of transport to Hospital. ❖ Post incident debriefing and critique will take place at an appropriate time to discuss improvements and insights to improve the current EAP.

EMERGENCY CALL PROCEDURES/SCRIPT

1. Call 911

2. Tell who you are. "I am _____ a/an administrator/coach/ student."
3. Tell where you are. "We are in need of an ambulance for an injured athlete at the **location** at Selma High School. The ambulance should enter campus **from Wright St. North of Floral Ave. and go West on the access road, then North through the next access road until they reach the emergency location. Someone will be at each gate to give access.**" 4.
- Explain what has happened (i.e. "The athlete has sustained a head/neck injury")
5. Explain the conditions of the victim(s). (i.e. "The athlete is not breathing and has no pulse.")
6. Explain what is being done for the victim. (i.e. "We have begun CPR/AED")
7. Give Phone Number "My phone number is _____."

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Primary Secondary



AED



SHS Varsity Baseball and Softball Field Emergency Action

Plan **Emergency Team:** Head Athletic Trainer

Team Physician
School Administration
Coaching Staff
Facilities or Event Staff



Campus Emergency: *Dial 911 Immediately*

Venue Preparation

- ❖ AED 1 is in ATR above sink in cabinet labeled “AED”.
- ❖ AED 2 is in the pool area in the coaches office in white AED Cabinet.
- ❖ During athletic events, AED 1 will be in home side dugout.
- ❖ Emergency team will have cell phones for communication and radios on Channel 2.
- ❖ Establish most qualified emergency team member as the **Emergency Team Leader (ETL)**.

In Emergency Situation

- ❖ Immediate care and initial assessment of the student athlete is directed by the **ETL**
 - ❖ **ETL** will direct personnel to retrieve necessary emergency equipment.
 - ❖ **If necessary, the ETL will instruct someone to activate Emergency Medical Services (EMS) by calling 911 immediately.**
1. **Primary access** to Varsity fields is along Huntsman Ave., West of Wright St. EMS will travel on Huntsman Ave. and someone will be at the appropriate field gate to wave them in.
 2. **Secondary access** is to enter campus through Access Road on Wright St., North of Floral Ave. The ambulance will go West on the access road and go North through second access road until they reach the appropriate field. 3. The ETL will direct personnel to open the appropriate gate and meet EMS to direct them to the entrance of the ATR.
- ❖ The **ETL** will send an appropriate person along with the student-athlete in the ambulance.
 - ❖ Sports Medicine Staff will handle communication and care from the time of transport to Hospital. ❖ Post incident debriefing and critique will take place at an appropriate time to discuss improvements and insights to improve the current EAP.

EMERGENCY CALL PROCEDURES/SCRIPT

1. Call 911
2. Tell who you are. “I am _____ a/an administrator/coach/ student.”
3. Tell where you are. “We are in need of an ambulance for an injured athlete in **Staley Stadium** at Selma High School. The ambulance should enter fields **from Huntsman Ave. West of Wright St. and** proceed in through appropriate gate.
4. Explain what has happened (i.e. “The athlete has sustained a head/neck injury”)
5. Explain the conditions of the victim(s). (i.e. “The athlete is not breathing and has no pulse.”) 6. Explain what is being done for the victim. (i.e. “We have begun CPR/AED”)

7. Give Phone Number “My phone number is _____.”

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Primary Secondary



AED



SHS Pool Emergency Action Plan

Emergency Team: Head Athletic Trainer

Team Physician

School Administration

Coaching Staff

Facilities or Event Staff



Campus Emergency: *Dial 911 Immediately*

Venue Preparation

- ❖ AED 1 is in Athletic Training room above the sink in cabinet labeled “AED”.
- ❖ AED 2 is in Coaches Office in the pool area in white AED cabinet.
- ❖ During athletic events, AED 1 will be in the athletic trainer's golf cart.
- ❖ Emergency team will have cell phones for communication and radios on Channel 2.
- ❖ Establish most qualified emergency team member as the **Emergency Team Leader (ETL)**.

In Emergency Situation

- ❖ Immediate care and initial assessment of the student athlete is directed by the ETL
 - ❖ ETL will direct personnel to retrieve necessary emergency equipment.
 - ❖ If necessary, the ETL will instruct someone to activate Emergency Medical Services (EMS) by calling 911 immediately.
1. **Primary access** to Pool is to enter campus through Student Parking Lot on Wright St. South of Huntsman Ave. The ambulance will park on the South West corner of the Student Parking Lot and will be directed to emergency location.
 2. **Secondary access** is to enter campus through Access Road on Wright St., North of Floral Ave. The ambulance will go West on the access road and go North through second access road until they reach the pool.
 3. The ETL will direct personnel to open the appropriate gate and meet the ambulance to direct them to appropriate location.
- ❖ The ETL will send an appropriate person along with the student-athlete in the ambulance.
 - ❖ Sports Medicine Staff will handle communication and care from the time of transport to Hospital.
- Post incident debriefing and critique will take place at an appropriate time to discuss improvements and insights to improve the current EAP.

EMERGENCY CALL PROCEDURES/SCRIPT

1. Call 911
2. Tell who you are. “I am _____ a/an administrator/coach/ student.”
3. Tell where you are. “We are in need of an ambulance for an injured athlete at the **location** at Selma High School. The ambulance should enter campus **from Wright St. South of Huntsman Ave. into the student parking lot. Someone will be**

there to direct EMS to the emergency location.”

4. Explain what has happened (i.e. “The athlete has sustained a head/neck injury”)

5. Explain the conditions of the victim(s). (i.e. “The athlete is not breathing and has no pulse.”) 6. Explain what is being done for the victim. (i.e. “We have begun CPR/AED”)

7. Give Phone Number “My phone number is _____.”

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Primary Secondary



AED



Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well-prepared and trained athletic health care providers are. It's prudent to invest ownership in the emergency plan by involving administration and coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR/First-aid/AED training yearly. Through development and implementation of the EAP, the athletic department helps ensure that the student athlete will have the best care provided when an emergency situation does arise.

Approved By:

_____ Principal of Selma High
School Date

_____ Athletic Director of Selma
High School Date

