

Emergency Action Plan

St. Joseph High School

Athletics Program



In case of an emergency, personnel responsibilities, locations of emergency equipment, and other emergency information such as 911 call instructions, addresses/directions to the venue, and a chain of command with important phone numbers have been listed here.

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Personnel Involved in Development

The following individuals were involved with the creation of this Emergency Action Plan:

Dan McDonagh, MS, ATC/L (Athletic Trainer)

Kevin Butler, MA, RAA (Athletic Director)

Emergency Contacts

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Off Campus Contacts	Phone Numbers
Emergency	911
Trumbull Police Department	203-264-3665
Trumbull Fire & Ambulance	203-261-3494
Bridgeport Hospital	203-384-3000
St. Vincent's Hospital	203-576-6000
Hazardous Materials	1-800-467-4922
Poison Control Center	1-800-222-1222

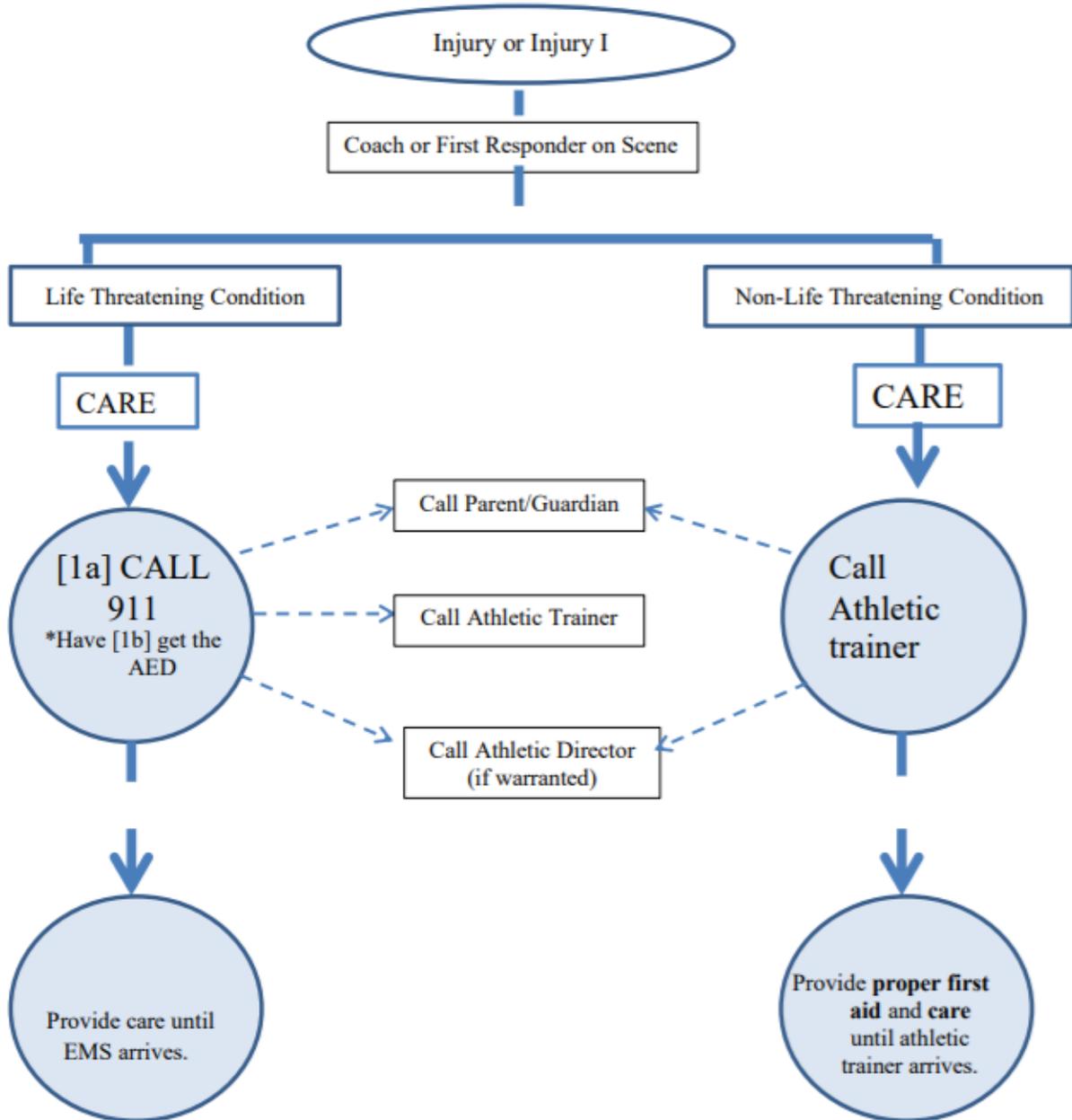
Emergency Situation Contact Tree

After the situation is controlled

Title	Name	203-378-9378 + Ext	Cell
Athletic Trainer	Dan McDonagh	348	
Athletic Director	Kevin Butler	328	
Associate Athletic Director	Brittany Robertson	305	

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Emergency Situation Contact Tree



Athletic Trainer may at their discretion contact sports medicine physician for guidance

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OVERVIEW

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 student athlete. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately and efficiently.

Components of an Emergency Action Plan

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of First Responder
5. Venue Directions with a Map
6. Emergency Action Plan Checklist for Non-Medical Emergencies

Emergency Personnel

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The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a certified athletic trainer. However, the first responder may also be a coach or another member of the school personnel.

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic director, associate AD, school nurse, certified athletic trainer, strength conditioning coach, and all coaches, etc.]. Copies of training certificates and/or cards should be maintained with the athletic director. **All coaches are required to have CPR, First Aid, AED, and concussion management training certifications.**

The emergency team may consist of physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and possibly even bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, personnel present, etc

Roles Within the Emergency Team

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

Activating Emergency Medical Services

Making the Call:

- **911**
- Telephone numbers for local police, fire, and ambulance are on page 2

Provide information:

- Name, address, telephone number of caller
- Nature of the emergency (medical or non-medical)*
- Number of athletes
- Condition of athlete(s)

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- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene (i.e. “rte 108 only entrance off Nichols Ave.”)
- Other information requested by the dispatcher
- DO NOT HANG UP FIRST

*if non-medical, refer to the specified checklist of the school’s non-athletics emergency action plan

St. Joseph High School AED Location



- The main AEDs for inside St. Joseph High School are located in main lobby outside nurses office and in gym outside the athletic trainers room, both are marked AED and in a white metal box , plus ATC carries mobile unit at all times.

Emergency Communication

Communication is key to a quick, efficient emergency response. There is a pre-established phone tree to ensure all relevant parties are notified. Access to a working telephone line or other device, either fixed or mobile, should be assured. There should also be back-up communication in effect in case there is a failure of the primary communication. At every athletic venue, home and away, it is important to know the location of a workable telephone. Please see page 3 for emergency contact numbers for St. Joseph High School.

Medical Emergency Transportation

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

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

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Post EAP Activation Procedures:

Documentation

Documentation must be done by ATC (or other provider) and coach immediately following activation of the EAP. Both an injury report and accident report form must be filled out.

Debriefing

A team consisting of the ATC, AD, coaches, nurse and one or two other school district employees not involved with the situation must discuss the event within 48 hours. This team must evaluate the effectiveness of the EAP and conduct a staff debriefing. A specific timeline for changes to EAP should be made for promptness.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparation of healthcare providers. It is prudent to invest in athletic department "ownership" in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should **be reviewed at least once a year** with all athletic personnel, coaches, and local emergency response teams. Through development and implementation of the emergency plan St. Joseph High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

*Athletic Trainer may at their discretion contact a sports medicine physician for guidance

Emergency Action Plan – St. Joseph High School

Emergency Equipment at Locations

Emergency Equipment:

- Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit on site for events covered by ATC
 - First Aid Kit located with each coach
1. AED
 - Located with ATC for all covered events
 - Additional AED's located in the Gymnasium and outside the nurse's office in the main lobby, both are marked AED and in a white metal box
 2. Nearest phone
 - Athletic Trainer's personal cell phone when covering events
 - Coaches' personal cell phones
 - St. Joseph High School – every room has a phone and it makes outgoing calls
 3. Rescue Inhaler
 - Student who has an inhaler is responsible for bringing the inhaler with them to all practices/games
 - Inhaler can be left in the First Aid Kit (labeled with name) during practices and games, or on person/athletic bag.
 - Athletic trainer may be given a backup inhaler by the parent or child to keep as a backup.
 4. Epi Pen
 - Students who have an epi pen are responsible for bringing their epi pen with them to all practices/games
 - Epi pen can be left in the First Aid Kit (labeled with name) during practices and games, or on person/athletic bag.
 - Athletic trainer may be given a backup Epi pen by the parent or child to keep as a backup.
 5. Bio-hazard Materials
 - Red bags – in each med kit and in ATR
 - Disposal Bin – in Athletic Training Room

Emergency Action Plan – St. Joseph High School

Gymnasium - EAP

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

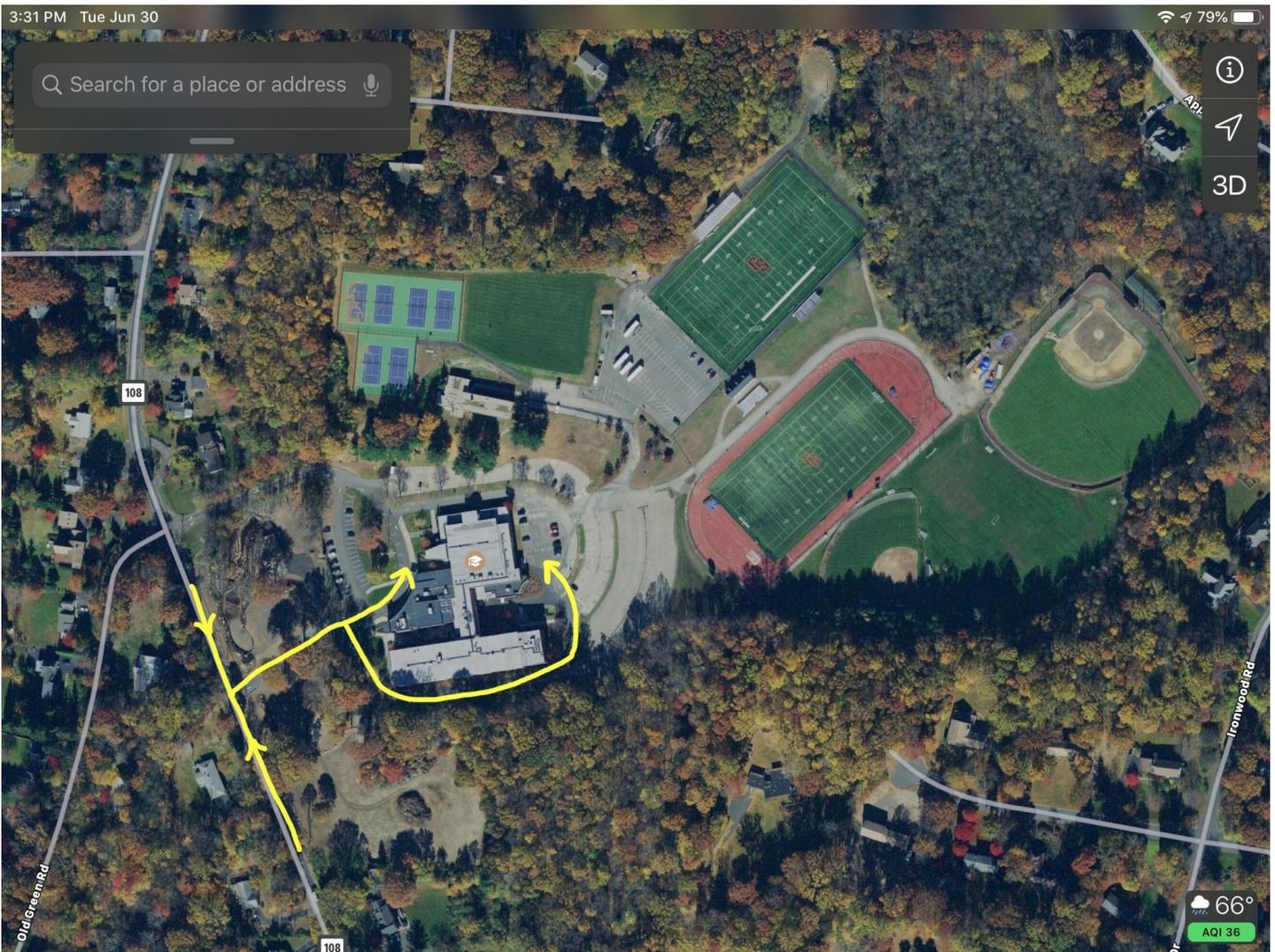
St. Joseph High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

- 1) Check the scene
 - Is it safe for you to help?
 - What happened?
 - How many victims are there?
 - Can bystanders help?
- 2) Instruct coach or bystander to call 911
 - Provide the following information
 - Who you are
 - General information about the injury or situation
 - Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*) **St. Joseph High School 2320 Huntington Turnpike Trumbull, CT**
 - Any additional information
 - ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
- 3) Perform emergency CPR/First Aid
 - Check airway/breathing/circulation, level of consciousness, and severe bleeding.
 - i. If the athletic trainer is present he/she will stay with the athlete and provide immediate care.
 - ii. If the athletic trainer is not present, at qualified coach (training/certifications) will stay with the athlete and provide immediate care.
 - **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd

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- 5) Contact the Athletic Trainer for St. Joseph High School if not present on scene
- 6) Meet ambulance and direct to appropriate site
 - Open Appropriate Gates/Doors
 - Designate an individual to "flag down" and direct to scene
 - Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
 - Retrieve Necessary Supplies / Equipment / Athletes Medical Information
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief



Emergency Action Plan – St. Joseph High School

Upper Turf - EAP

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

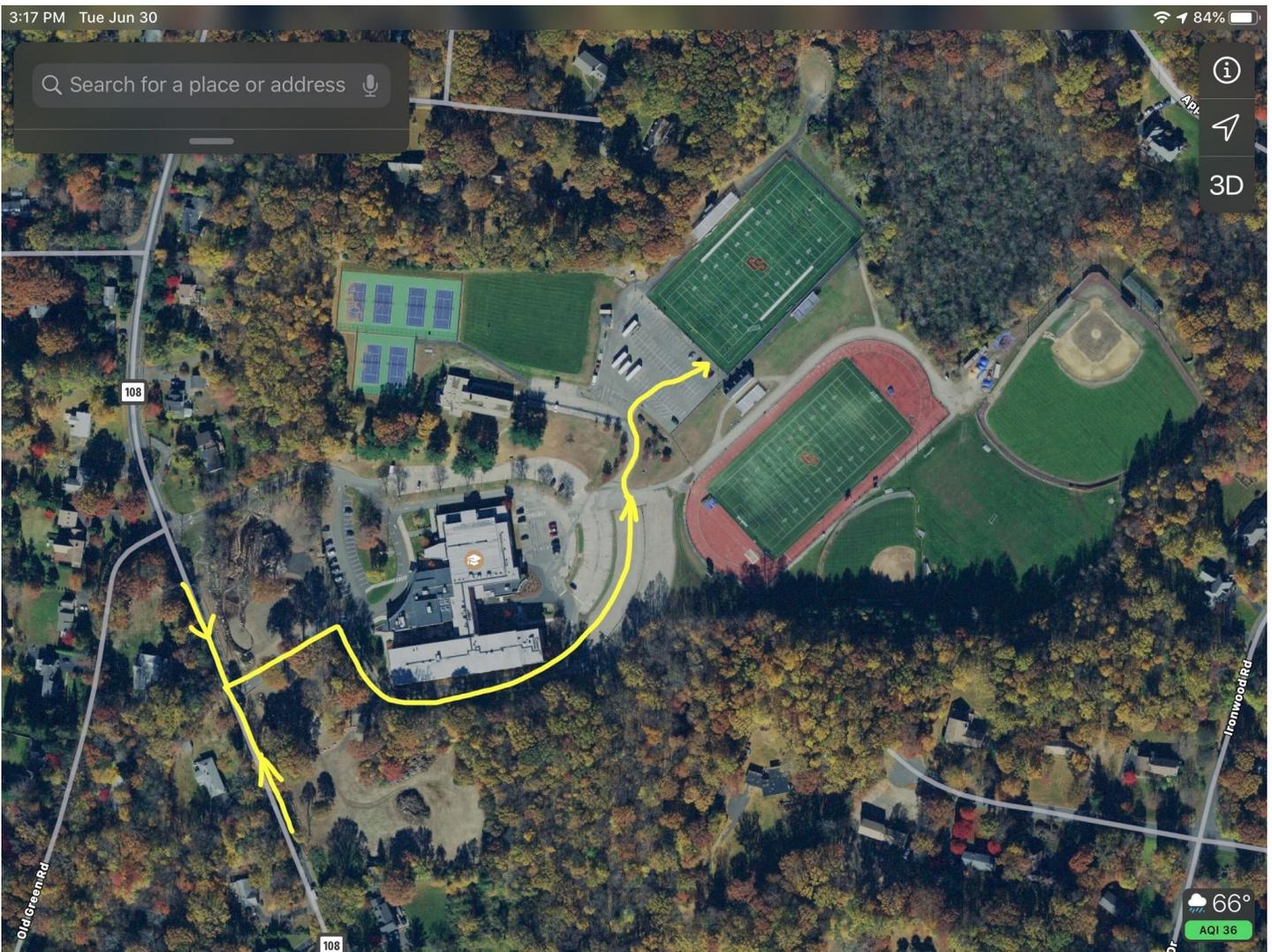
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Emergency Procedures:

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- 2) Instruct coach or bystander to call 911
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 - Any additional information
 - ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
- 3) Perform emergency CPR/First Aid
 - Check airway/breathing/circulation, level of consciousness, and severe bleeding.
 - i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
 - ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
 - **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd

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- 5) Contact the Athletic Trainer for St. Joseph High School if not present on scene
- 6) Meet ambulance and direct to appropriate site
 - Open Appropriate Gates/Doors
 - Designate an individual to "flag down" and direct to scene
 - Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
 - Retrieve Necessary Supplies / Equipment / Athletes Medical Information
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief



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Tennis Courts - EAP

Activate the EAP

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

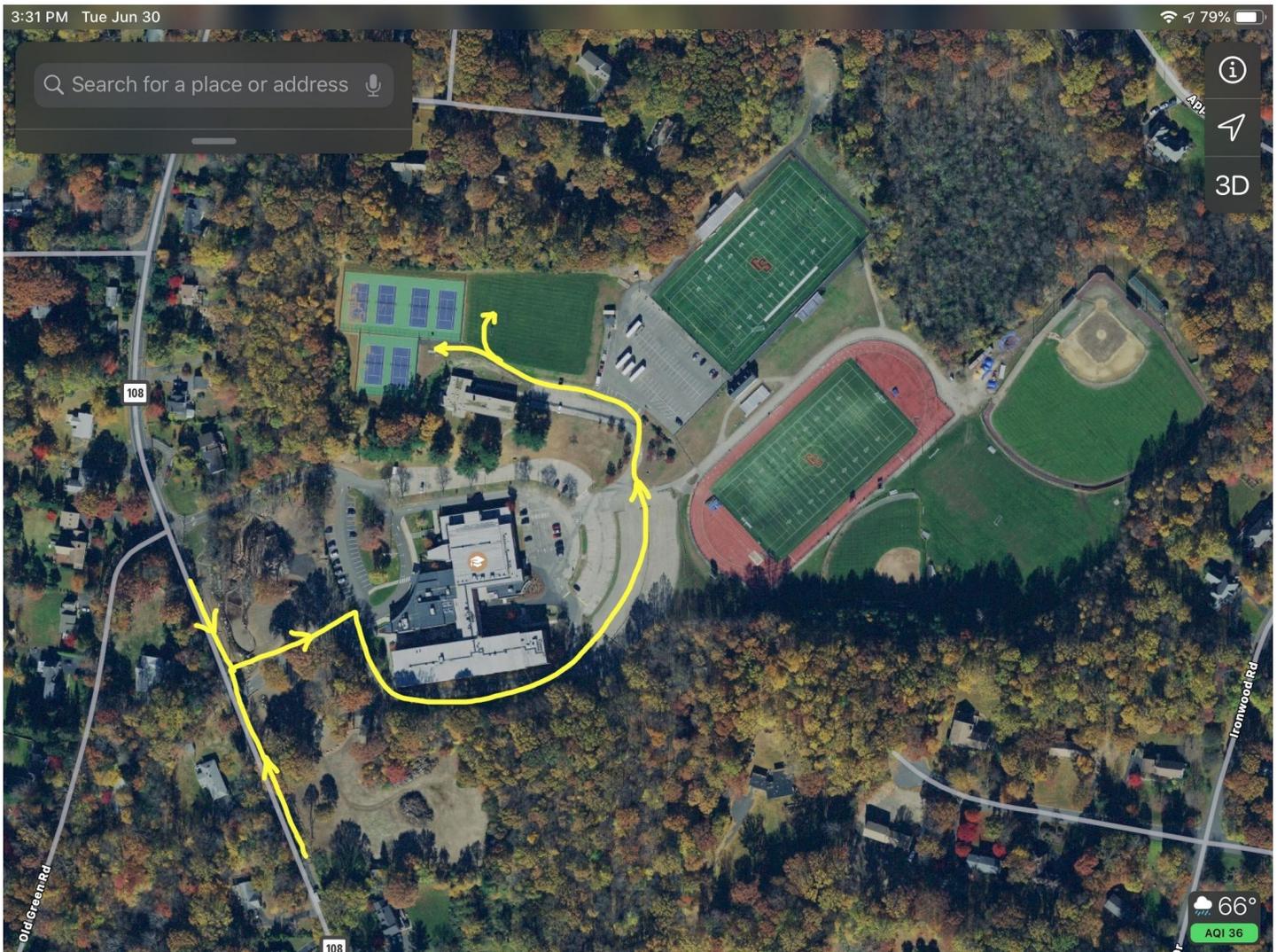
St. Joseph High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

- 1) Check the scene
 - Is it safe for you to help?
 - What happened?
 - How many victims are there?
 - Can bystanders help?
- 2) Instruct coach or bystander to call 911
 - Provide the following information
 - Who you are
 - General information about the injury or situation
 - Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **St. Joseph High School 2320 Huntington Turnpike Trumbull, CT**
 - Any additional information
 - ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
- 3) Perform emergency CPR/First Aid
 - Check airway/breathing/circulation, level of consciousness, and severe bleeding.
 - i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
 - ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.

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- **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd
 - 5) Contact the Athletic Trainer for St. Joseph High School if not present on scene
 - 6) Meet ambulance and direct to appropriate site
 - Open Appropriate Gates/Doors
 - Designate an individual to "flag down" and direct to scene
 - Control injury site, limit care providers etc.
 - 7) Assist ATC and/or EMS with care as directed
 - Retrieve Necessary Supplies / Equipment / Athletes Medical Information
 - 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
 - 9) Document event and debrief



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Lower Turf Field - EAP

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

St. Joseph High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

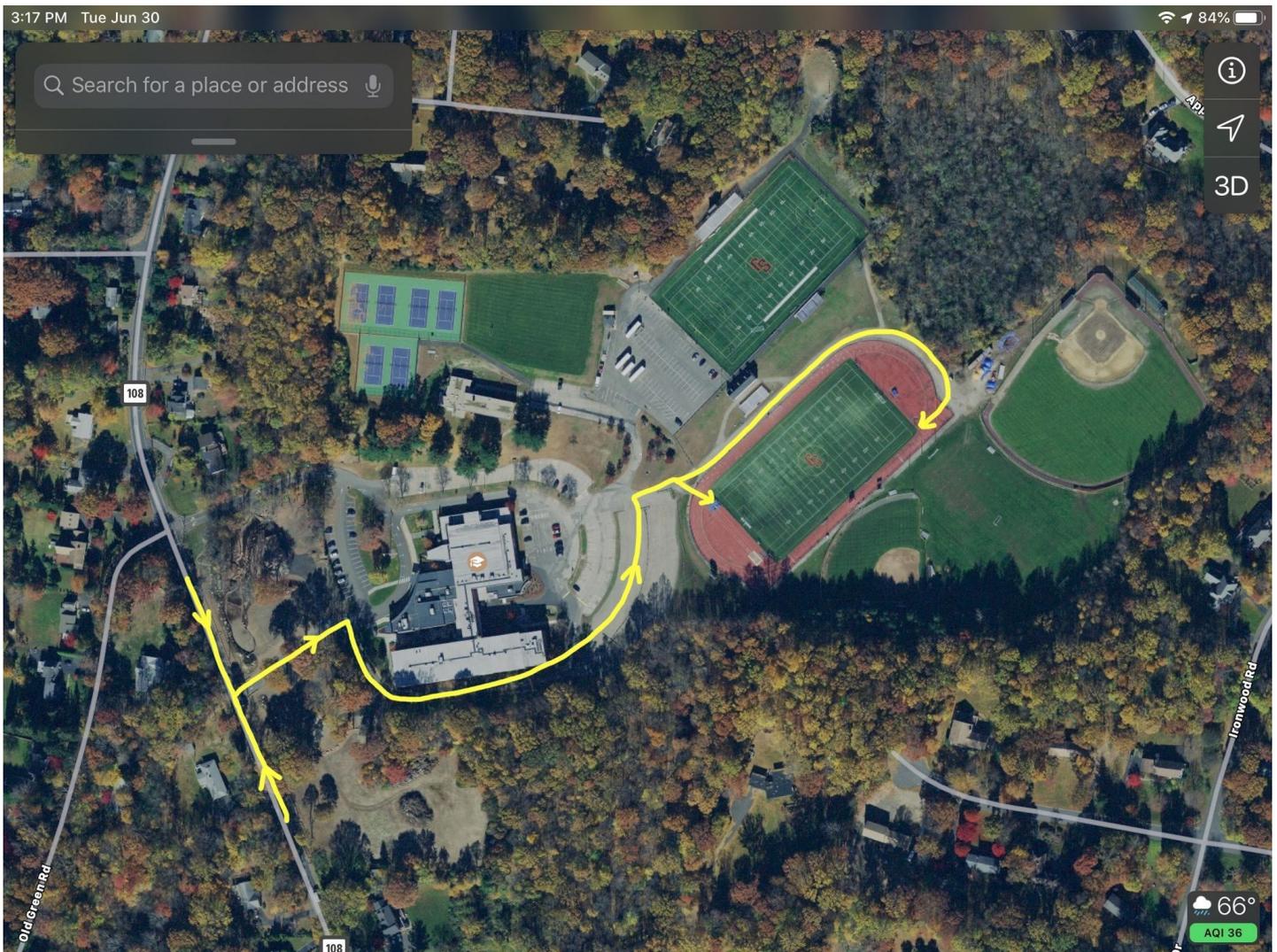
- 1) Check the scene
 - Is it safe for you to help?
 - What happened?
 - How many victims are there?
 - Can bystanders help?
- 2) Instruct coach or bystander to call 911
 - Provide the following information
 - Who you are
 - General information about the injury or situation
 - Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **St. Joseph High School 2320 Huntington Turnpike Trumbull, CT**
 - Any additional information
 - ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
- 3) Perform emergency CPR/First Aid
 - Check airway/breathing/circulation, level of consciousness, and severe bleeding.
 - i. If athletic trainer is present he/she will stay with athlete and provide immediate care.

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ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.

- **Instruct coach or bystander to GET AED!!**

- 4) Designate coach or bystander to control crowd
- 5) Contact the Athletic Trainer for St. Joseph High School if not present on scene
- 6) Meet ambulance and direct to appropriate site
 - Open Appropriate Gates/Doors
 - Designate an individual to "flag down" and direct to scene
 - Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
 - Retrieve Necessary Supplies / Equipment / Athletes Medical Information
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief



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Baseball / Softball Field - EAP

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

St. Joseph High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

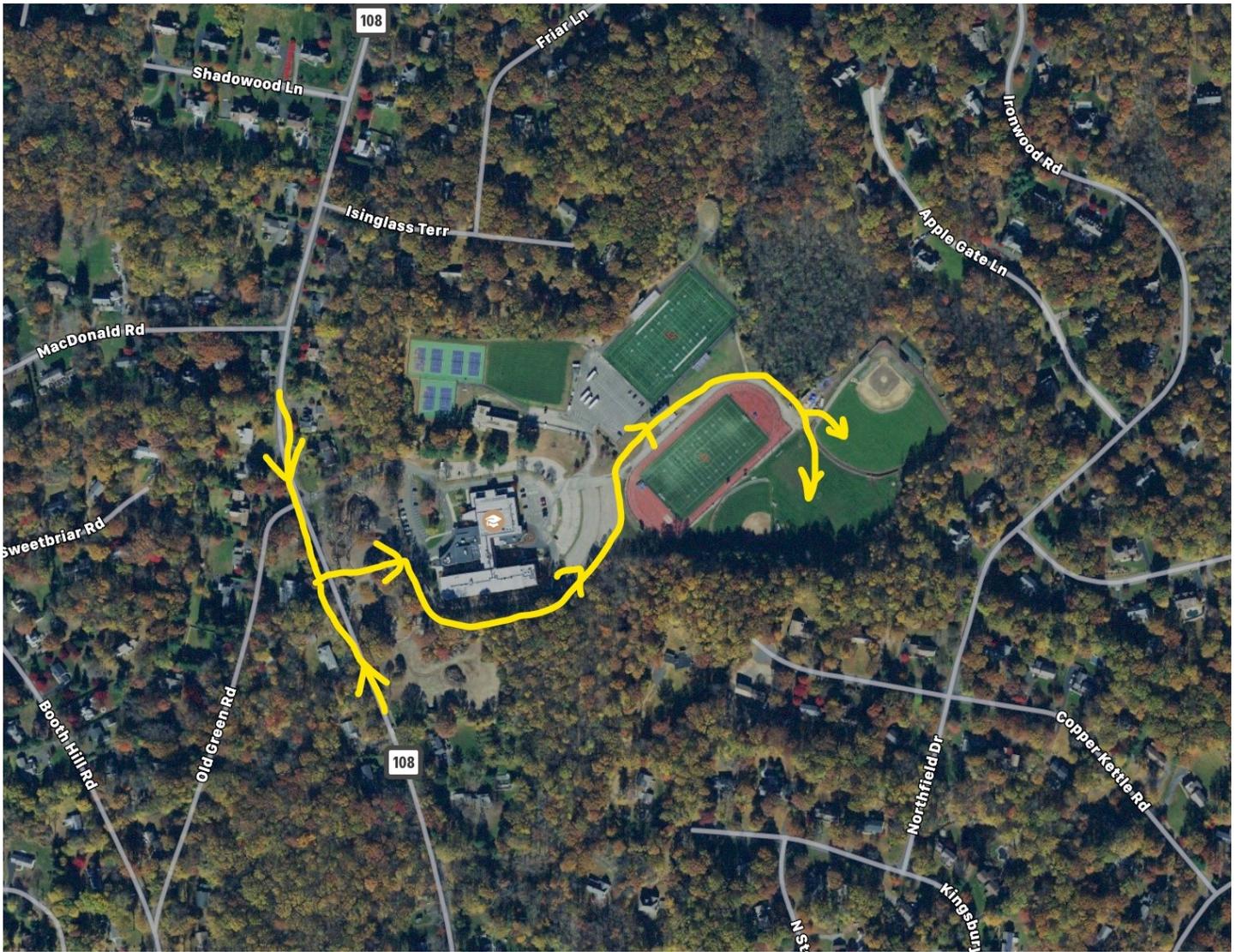
Emergency Procedures:

- 1) Check the scene
 - Is it safe for you to help?
 - What happened?
 - How many victims are there?
 - Can bystanders help?
- 2) Instruct coach or bystander to call 911
 - Provide the following information
 - Who you are
 - General information about the injury or situation
 - Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **St. Joseph High School 2320 Huntington Turnpike Trumbull, CT**
 - Any additional information
 - ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
- 3) Perform emergency CPR/First Aid
 - Check airway/breathing/circulation, level of consciousness, and severe bleeding.

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- i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
 - ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
 - **Instruct coach or bystander to GET AED!!**
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- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief

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Concussion and Head Injury

NOTE: Very often a student athlete may receive a serious head injury and it may have delayed symptoms. Also, the injured student athlete will most likely not be able to articulate the seriousness of their injury so it is imperative to understand and recognize the hazards associated with a concussion so the injured athlete can get immediate medical care.

A concussion is a type of traumatic brain injury or (TBI), “that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost” (Centers for Disease Control and Prevention, 2009).

Part I – SIGNS AND SYMPTOMS OF A CONCUSSION

- A concussion should be suspected if any one or more of the following signs or symptoms are present, OR if the evaluator is unsure.

Signs may include(what the athlete looks like):

Confusion/disorientation/irritability

Act silly/combatative/aggressive

 Trouble resting/getting comfortable

 Repeatedly ask same questions

Lack of concentration

Dazed appearance

Slow response/drowsiness

Restless/irritable

Incoherent/ slurred speech

Constant attempts to return to play

Slow/clumsy movements

Constant motion

Loss of consciousness

Disproportionate/inappropriate reactions

Amnesia/memory problems

Balance problems

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Symptoms may include (what the athlete reports):

Headache or dizziness

Oversensitivity to sound/light/touch

Nausea or vomiting

Ringing in ears

Blurred or double vision

Feeling foggy or groggy

If a concussion is suspected the athlete should be given immediate medical care from a licensed healthcare professional. (Note: Public Act No. 10-62 requires that a coach MUST immediately remove a student- athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred).

Part II – RETURN TO PARTICIPATION (RTP)

- Currently, it is impossible to accurately predict how long concussions will last. There must be full recovery before someone is allowed to return to participation. All athletes must have received written medical clearance from a licensed healthcare professional, trained in the evaluation and management of concussions.

Concussion management requirements:

1. No athlete SHALL return to participation (RTP) on the same day of concussion.
2. Any loss of consciousness, vomiting or seizures the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. This should be monitored for an appropriate amount of time following the injury to ensure that there is no escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated from a licensed healthcare professional, trained in the evaluation and management of concussions.

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5. The athlete MUST obtain written clearance from their Pediatrician or Medical provider, that is trained in the evaluation and management of concussions. The ATC will follow the prescribed RTP from the medical provider, if none is given SJHS will follow the standard 5-day RTP, outlined below. If at any time signs or symptoms should return during the RTP progression the athlete should cease activity.

6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions) , final written medical clearance is required by the athlete's licensed health care provider to fully return to unrestricted participation in practices and competitions.

5-Day Return to Play (RTP)

This RTP can only begin with written consent from health care provider

Days 1-4 all non-contact

Day 1: HR 30-40% max exertion, 10-15 min of cardio exercise, no impact activities, balance and vestibular treatment, limit head movement/position change, limit concentration activities.

Day 2: HR 40-60% max exertion, moderate aerobic 20-30 min cardio, allow some positional changes and head movement, low level concentration activities

Day 3: HR 60-80% max exertion, moderate to aggressive 30 min plus cardio, integrate strength, conditioning and balance proprioceptive exercises, sports specific, start to challenge concentration in sport

Day 4: HR 80-100% max exertion, aggressive training, non-contact sports specific training activities, can do partner training non-contact

Day 5: 100% max HR, full exertion, initiate contact activities to sports specific

Day 6: Full release to activity, no restrictions

Spine Injury Management

Any athlete suspected of having a spinal injury **should not be moved** and should be treated as if a spinal injury exists. Also, treat any unconscious person as if a spinal injury exists.

Signs and symptoms of spinal injuries include pain in the neck or back along the spine, numbness or tingling, weakness, inability to move the arms or legs, and loss of bladder/bowel control.

If a spinal injury is suspected, send someone to notify the head athletic trainer immediately. One person should maintain neck stabilization and not release until the athletic trainer or EMS arrives and takes over.

If the athlete's basic life support functions are also compromised activate EMS immediately. Otherwise, the athletic trainer will make an assessment on spinal injury and activate EMS if necessary

On-field Management / Immediate Care

Initial Assessment

Assess the situation and form a general impression of the athlete's overall condition, including airway, breathing, and circulation, based on level of knowledge. Activate EMS immediately if there are any concerns regarding basic life support.

Assessing the “ABCs”

Airway – Is the athlete’s airway open? For suspected spinal injury, use the jaw thrust technique to maintain an open airway.

Breathing – Is the athlete breathing on their own?

Circulation – Does the athlete have a pulse? Check at the carotid or radial artery.

If the athlete is talking, screaming, crying, etc., your ABCs are complete and normal. If they are compromised or not normal, call 911 immediately. If an athlete must be moved to maintain airway, breathing, or circulation, they should be placed on their back while maintaining spine immobilization.

Consciousness

Assess an athlete's level of consciousness. Manage an unconscious athlete as though a spinal injury exists until proven otherwise.

Neurological Screening

- Assess motor (movement) and sensory (feeling) function in both arms and both legs.
- Have the athlete “press the gas pedal” with both feet, wiggle toes on both feet, squeeze your hands with theirs, and wiggle fingers on both hands. Also touch their arms, legs, fingers, and toes to see if they can feel the sensation. Any pain or abnormal sensation indicates a positive neurological screening and possible spinal injury.

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Emergency Plan Activation

If a spinal injury is suspected, activate EMS by calling 911.

Immobilization and Transportation

One person should maintain neck stabilization and not release until the certified athletic trainer or EMS arrives and takes over. Cervical collars may also be used with direction of the certified athletic trainer or EMS.

If moving the injured athlete to a spine board is necessary, maintain stabilization of the head and neck. When rolling the individual, move the head and trunk as one unit. All athletes suspected of having a spinal injury should be transported via ambulance to the nearest hospital.

Spine boarding will only occur if the athlete cannot feel his/his hands or legs or cannot move their limbs. This will be a joint decision between the certified athletic trainer and EMS.

Equipment Removal Management of Athletes with Spine Injury

Sports helmets and other protective equipment should, in most cases, be left in place. If equipment needs to be removed it should be done by the certified athletic trainer or medical personnel. Helmets and shoulder pads can help in stabilization of the head, neck, and spine. Any facemasks should be removed, while maintaining stabilization, in order to have access to the airway, regardless of current respiratory status. Facemasks can be removed by the certified athletic trainer or anyone with knowledge of how to do so. Proper tools should be kept readily available in order to remove the facemask quickly and efficiently.

Exertional Heat Related Illness

Hot Weather Guidelines *From the NATA Fluid Replacement Statement*

Dehydration can compromise athletic performance and increase the risk of exertional heat injury. Athletes do not voluntarily drink sufficient water to prevent dehydration during physical activity. Drinking behavior can be modified by education, increasing fluid accessibility, and optimizing palatability. However, excessive overdrinking should be avoided because it can also compromise physical performance and health. We will provide practical guidelines regarding fluid replacement for athletes.

- *Acclimatization will take place over 10-14 days*
- *Unlimited amounts of water will be made readily available and for events lasting >90 continuous minutes a sports drink will be made available to help replace electrolytes.*
- *Wet bulb temperatures will be taken to determine training standards using a sling psychrometer or equivalent device (see below)*

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Wet Bulb Globe Temperature (Heat Index) Recommendations

The following precautions are recommended when using the WBGT Index: (ACSM's Position Statement: Exertional Heat Illness during Training and Competition, 2007)

- Below 82%** - Gradual increase in activity for unfit individuals
- 82% - 86%** - Limit intense exercise of unfit individuals
- 86% - 90%** - Limit intense exercise for all individuals
- 90% plus** - Cancel exercise for all individuals

Heat Index Calculations

(RELATIVE HUMIDITY)

	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
105	99	105	113	122	134					
104	98	103	111	120	130					
103	97	102	109	117	127					
102	96	100	107	115	124	135				
100	93	98	103	110	118	128				
98	91	95	100	106	113	122	132			
96	89	92	97	102	108	115	124	134		
94	87	90	94	98	103	110	117	126	136	
92	85	88	91	95	99	104	111	118	127	136
90	83	86	88	91	95	99	105	111	118	126
88	81	83	86	88	91	95	99	104	110	117
86	80	82	84	86	88	91	94	99	103	109
84	78	80	82	83	85	88	90	93	97	102
82	76	78	80	81	83	84	86	89	92	96
80	74	76	78	79	81	82	83	87	87	90

**Web site that will calculate the heat index for you:
<http://www.erh.noaa.gov/box/calculate2.html>**

Thirty (30) minutes prior to the start of activity, temperature and humidity readings should be taken at the practice/competition site.

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If a reading is determined whereby activity is to be decreased (above 95 degrees Heat Index), then re-readings would be required every 30 minutes to determine if further activity should be eliminated or preventative steps taken, if an increased level of activity can resume. Using the following scale, activity must be altered and/or eliminated based on this Heat Index as determined

HEAT POLICY

HEAT INDEX	88-95	96-99	100-104	Above 104
Provide ample amounts of water	*	*	*	
10 min Mandatory water breaks every 30 min	*	*	*	
Ice-Down towels for cooling	*	*	*	
Watch/Monitor athletes carefully for necessary action	*	*	*	
Alter uniform by removing items if possible			*	
Allow for changes to dry t-shirts and shorts			*	
Recommend moving practices before 10:00 am or after 5:00 pm			*	
Reduce time of outside activity as well as indoor activity if air condition is unavailable			*	
NO OUTDOOR ACTIVITIES				*

*Special considerations for contact sports and activities with additional equipment.

Heat Index greater than 95:

1. Helmets and other possible equipment removed while not involved in contact.
2. Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.

Heat Index greater than 100:

1. Helmets and other possible equipment removed if not involved in contact or necessary for safety.
2. If necessary for safety, suspend activity.
3. Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.

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	WBGT	Activity Guidelines	Heat Index
Green	< 82.0°F	Normal Activities - Provide at least 3 separate rest breaks each hour for a minimum duration of 3 minutes each during the workout.	< 80.0°F
Yellow	82.2°F- 86.9°F	Use discretion for intense or prolonged exercise; Provide at least 3 separate rest breaks each hour with a minimum duration of 4 min each.	80°F- 90°F
Orange	87.1°F - 90.0°F	Maximum practice time of 2 hours. FOR FOOTBALL: Players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. FOR ALL SPORTS: Provide at least 4 separate rest breaks each hour for a minimum of 4 minutes each. Have cold immersion tub on site for practice	91°F - 103°F
Red	90.1°F - 91.9°F	Maximum practice time of 1 hour. FOR FOOTBALL: No protective equipment may be worn during practice, and there may be NO conditioning activities. FOR ALL SPORTS: There must be 20 minutes of rest breaks distributed during the hour of outdoor practice. Have cold immersion tub on site for practice. High School Practice can be moved inside to the SAC or Gym	104°F - 124°F
Black	≥ 92.1°F	No Outdoor Workouts. Delay practice until a lower WBGT is reached or move High School practice inside to the SAC or Gym	≥ 125°F

Exertional Heat Related Illness

The coach must know both the temperature and humidity of the activity location. The greater the humidity the more difficult it is for the body to cool itself.

If any athlete is noted to have difficulties in the heat. Activity should be closely monitored or canceled because others are likely also to have difficulties.

Signs and Symptoms of Heat Illness:

- Headache
- Rapid pulse
- Skin is flushed/cool and pale
- Shallow breathing
- Red, dry skin
- Dizziness
- Nausea/Vomiting/Diarrhea
- Disoriented/confusion
- Muscle cramping
- Seizures
- Loss of Consciousness
- Unusual behavior
- Irritability

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Any athlete who collapses or demonstrates multiple signs and symptoms should have core body temperature checked by axillary (arm pit) These athletes should be cooled immediately and 911 be called and sent to hospital.

Exertional Heat Exhaustion: Defined as an elevated core body temperature less than 104°F. This condition is not as severe as heatstroke but if left untreated it can progress to heat stroke. Initiate cooling procedure immediately. No return to activity.

Treatment:

- Move the individual to a cool/shaded area and remove excess clothing
- Elevate legs to promote venous return
- Cool the individual with fans, rotating ice towels, or ice bags
- Provide oral fluids for rehydration

Exertional Heat Stroke: Defined as core body temperature > 105° F. Delay in recognition/treatment could be fatal. Initiate submission cooling, 911 to be called and sent to hospital.

Treatment:

- Remove all equipment and excess clothing.
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion, and stir water and add ice throughout the cooling process.
- If immersion is not possible (no tub or no water supply), take the athlete to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation.
- After cooling has been initiated, activate the emergency medical system by calling 911.
- Monitor vital signs such as temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
 - Cease cooling when rectal temperature reaches 101–102°F

Once EMS arrives, they will administer rectal thermometer for accurate core temperature

COLD EXPOSURE GUIDELINES

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Temperature is a measure of the heat of a substance. When the forecaster tells how warm or cold it is going to be outside, it is generally referring to the temperature of the air close to the surface of the Earth. Temperature alone will not tell how cold one will feel when outside, especially if the wind is blowing.

A lower wind chill can increase the rate at which certain cold-weather dangers, such as frostbite and hypothermia can develop. There are precautions that can take to avoid them when outside in extreme weather, such as wearing proper clothing and using appropriate equipment. Check regularly for wet or cold areas on your body while outside in extreme weather, or use the buddy system to look for signs of danger and rewarm body parts as needed.

These conditions can lead to hypothermia:

-Cold temperatures

-Improper dress/equipment

-Wetness

-Poor food intake

-Prolonged exposure

-Exposed skin

The severity of hypothermia can vary, depending on how low the core body temperature gets. The condition worsens as the core body temperature lowers.

Mild Hypothermia (core body temperature ranges from 99-95 degrees F):

-Involuntary shivering

-Inability to perform complex motor functions

Moderate Hypothermia (core body temperature ranges from 95-90 degrees F):

-Slurred speech

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-Violent shivering

-Dazed consciousness

-Irrational behavior

-Loss of fine motor coordination

Severe Hypothermia (core body temperature ranges from 90-75 degrees F):

-Pupils are dilated

-Skin is pale

-Pulse rate decreases

-Muscle rigidity develops

-Shivering occurs in waves, it is violent and then pauses; the pauses eventually grow longer and longer until shivering ceases

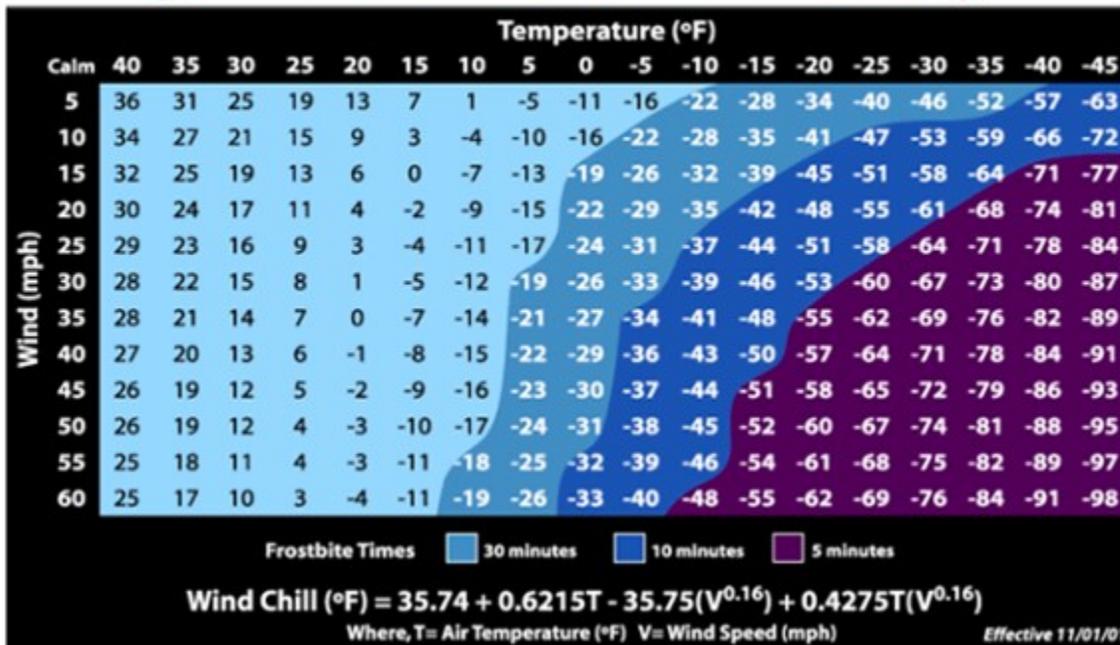
-Person loses consciousness, heartbeat and respiration are erratic

-Cardiac and respiratory failure, then death

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NWS Windchill Chart



Outside participation limited to 45 minutes:

When the temperature or wind chill (real feel temperature) is 15°F – 1°F.

Termination of outside participation:

When the temperature or wind chill (real feel temperature) is 0°F or below.

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Lightning Policy

From the NATA Position Statement on Lightning Safety in Athletics

Lightning may be the most frequently encountered severe-storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 AM and 7:00 PM, which coincides with the hours for most athletic or recreational activities. Additionally, lightning casualties from sports and recreational activities have risen alarmingly in recent decades.

Guidelines for Thunder and Lightning

1. Procedures for severe weather should be a part of the athletic department's Emergency Action Plan.
2. Prior to severe weather:
 - a. Establish a means of monitoring weather including reliable weather forecast resources* for your area.
 - b. Create a communication system for when dangerous weather approaches for all personnel and facilities. Establish a chain of command for making decisions for postponements and cancelations.
 - c. Train coaches, athletic trainers, game personnel and other staff on procedures and practices to follow during a storm.
 - d. Establish appropriate safe areas** for all facilities/venues.
3. During severe weather:
 - a. When thunder is heard or lightning is reported within six miles of the outdoor event, everyone should be moved to a designated safe area.**
 - b. If someone is struck by lightning, enact first aid and CPR including calling 911.
4. Following severe weather:
 - a. Activities should not be restarted until 30 minutes after the last rumble of thunder or lightning flash.

***WEATHER RESOURCES:**

Phone apps may lack accuracy and may have a delay of several minutes until accurate weather is displayed.
National Weather Service for Hartford: 860 247-1212
National Weather Service for Bridgeport: 732 235-1212

Covid -19 Policy

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Purpose:

Provide recommendations for infection Control and prevention for return to athletic competition and return to athletic training facilities amidst the COVID-19 pandemic.

Recommendations regarding infection control and prevention would follow guidelines set by the center for disease control. Return to sport guidelines regarding infection control would be directed by the state's department of health, state's interscholastic athletic committee, along with school policy. Infection control and prevention by an athletic trainer would be through standard universal precautions and standing orders.

Employee Education and Training-

Infection control throughout all athletic facilities (Athletic Training Room, Weight Room/Fitness Center, Locker Rooms, etc.) needs to be a shared responsibility amongst Sports Medicine Team, athletes, coaches, and school (Administration, staff and custodial crew). Assign specific duties to each individual in the center. Cleaning schedule to be developed for all high touch surfaces and frequency would be dependent on use and traffic in the area.

Training regarding the most updated guidelines from both the CDC and State Department of Public Health should be initiated upon return to sport/athletics.

Recommendation would be for the school to provide training based on school guidelines to their staff, along with custodial crew.

Athletic Trainer along with school administration (e.g. Nurse and Athletic Director) can review best practices with Coaches/Athletes as it relates to infection control and prevention.

Pre-Participation/ Return-To-Play Guidelines-

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Recommendation- Prior to start of the season; along with state policy regarding a sport physical on file, each athlete would be screened for COVID-19.

Recommendation- Screening would be done after any extended travel or extended break from sports.

Recommendation- Any athlete who has tested positive for coronavirus must remain home for 5 days for quarantine purposes. Once quarantine is over the athlete does not need a MD clearance for RTP, unless their symptoms were moderate to severe. SJ will follow the prescribed plan set forth by their physician, if this was needed. SJ will have the athlete practice for a minimum of 2 days . Day 1 at a subjective 60-75 % submax, day 2 at a subjective 75-100 % sub max to max, and be monitored by coach and ATC for any symptoms. If asymptomatic after the 2 days the athlete is cleared for full and unrestricted return to sports. If any athlete presents symptoms or shows difficulty practicing the athlete must return to the pediatrician for re-evaluation.

Athletic Training Room/Disinfecting – Roles & Responsibilities

- After each athlete: Clean tables, and clean any devices that were in contact with the athlete.*
- Daily cleaning at the end of each day: clean all tables and counters, all shared equipment that has been utilized or out in the open during the day. The use of QT cleaner spray, in accordance with the electrostatic spray gun.*
- Custodial Staff: Cleaning sinks, tables, counters, and floors, door handles, empty all waste baskets per school/organization procedures.*

Athletic Facilities and Equipment- Roles & Responsibilities

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- Custodial Staff: Cleaning of all indoor facilities accessible by athletes per school /organization procedures.

- Coaches/Athletes/Athletic Staff be instructed on proper cleaning of fitness/weight room cleaning procedures after each use of equipment.

-Limited Accessibility to Ice Machine to avoid transmission. (Posted)

-Ice should be used for water coolers and injuries only.

-Ice Bags should be disregarded immediately following one time use.

Cooler and Water Bottle Use – (Posted)

Individual Water Bottles should be cleaned daily by athlete

Community coolers, if necessary, will be washed out and cleaned daily with approved disinfectant.

If available, a no-touch water source should be utilized for re-filling individual water bottles.

- Athletes instructed to wash/disinfect all athletic clothing and gear daily per recommended product cleaning instructions.

- Access to First Aid Kit should be limited to designated coach and athletic trainer only to avoid transmission. Cleaned upon delivery and returned.

Recommended/Approved Cleaning and Disinfectant Supplies-

All cleaning and disinfectant supplies must be in accordance with EPA approved products along with organizational policies.

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Approval and Verification Page:

This document has been read and revised by the St. Joseph's athletic director and athletic trainer

Athletic Director: _____ Date: _____

Athletic Trainer: _____ Date: _____