

Mercy Academy

Athletic Training
Policies and Procedures Manual and
Emergency Action Plan (EAP)

Table of Contents

Mission Statement..... 1

Staff and Contact Information..... 2

Coach's Responsibilities..... 3

Pre-Participation Exam/Physical Policy..... 4

Practice and Game Coverage..... 5

Return To Play Decisions..... 6

Secondary Insurance..... 6

Extreme Weather Policies..... 7

- Cold Weather..... 7
- Heat Illness..... 9
- Lightening Policy..... 12

COVID-19 Rules and Regulations..... 14

Student-Athlete Medical Conditions..... 15

Medications..... 15

Concussion Policy..... 16

Emergency Action Plan (EAP)..... 18

- Mental Health Emergency Protocol..... 21
- Active Shooter Emergency Protocol..... 23
- AED's..... 24
- Campus Map..... 25
- Specific Venue Instructions..... 25
- Off Campus Venues..... 28
- St. Xavier EAP for Natatorium..... 29

References..... 31

The purpose of the Athletic Training Policies and Procedures Manual is to define the role of the athletic training services at Mercy Academy. It is written and distributed to inform the Administration, Athletic Training Staff, Team Physicians, Athletic Training Students, and Coaching Staff.

Mission Statement

The KORT Athletic Training Staff strives to provide top quality healthcare to our student-athletes by working in conjunction with physicians, KORT (Kentucky Orthopedic Rehab Team), coaches, athletic administration, and other licensed healthcare providers. The athletic training staff will take pride in providing the safest possible conditions to excel on and off the field through an emphasis on educating student-athletes and coaches, and offering comprehensive athletic training coverage to all varsity sports. Care provided will include prevention, evaluation, treatment, and rehabilitation of all injuries sustained during official practice or competition.

The purpose of the athletic training staff is to:

1. Allow easy access to sports medicine services for student-athletes.
2. Encourage a philosophy of sport that places a high value on health and wellness.
3. Enable injured student-athletes to return to their sport as soon as medically safe.
4. Substantially reduce the risk of athletic injury for those student-athletes in their service.

To achieve our mission, the following principles will be upheld:

1. To promote character development, leadership, sportsmanship, and support the mission as a KORT Athletic Trainer.
2. To ensure that each student-athlete's medical welfare remains the highest professional priority, regardless of his/or her status of competition or personal team standing.
3. To deliver the most effective medical care possible in the realm of our education and knowledge, and utilize our network of quality medical professionals in such cases that our credentials restrict us.
4. To be familiar with, and adhere to, the guidelines set forth by the National Athletic Trainer's Association (NATA), Kentucky High School Athletic Association (KHSAA) and the KORT Sports Medicine Department.
5. Continual education of the Athletic Training Staff to utilize the current knowledge, research, and resources in the management of athletic injuries.
6. Maintaining confidentiality and documentation of all student-athletes.
7. Contribute to an atmosphere of mutual cooperation, respect, and support with physicians, coaching staff, athletic and high school administration.

Staff

Athletic Director:
Lorraine Carner
(502) 523-2485
lcarner@mercyjaguars.com

Athletic Trainer:
Stephanie Uhrich, MAT, ATC
Mobile: 847-525-1039
suhrich@kort.com

All athletic trainers in Kentucky are nationally certified and licensed by the Kentucky Board of Medicine. Athletic trainers are required to complete continuing education to stay up to date on the latest research in the sports medicine field, and are held to the highest standards of professionalism as healthcare providers.

Team Orthopedic Physician:
Dr. Mark Smith, MD
Board Certified Orthopedic Surgeon
Ellis & Badenhausen Orthopaedics, PSC
Office: (502) 587-1236
https://www.eandbortho.com

Hospital Associations:
Norton Healthcare-Sports Health
Aaron Magnum, MAL, LAT, ATC, CES
Sports Health Coordinator
Aaron.Mangum2@nortonhealthcare.org

Coach's Responsibilities

Pre-Participation Forms/Physicals: Contact your athletes and make sure they are aware of the paperwork that needs to be completed prior to the first practice, tryout, or conditioning session. **ALL** required forms **MUST** be on file in the athletic office. It is the responsibility of the Athletic Director and coaches to ensure that every athlete participating has a valid physical on file.

Practice or Game Changes: Notify the athletic training staff of any changes in your practice or game schedule no less than 24 hours before the changed event, unless changes are due to inclement weather. The athletic trainer may have to cover multiple teams' practices/games, so the athletic trainer won't always be available on short notice. If you change practice without informing the athletic training staff, you may not get coverage.

Water & Ice:
Athletic trainers will assist with ensuring that water is available for all games. It may be required that teams fill up coolers and bring them to the competition area prior to an event.

Injuries:
If a student-athlete sustains an injury, he or she should report it to the athletic trainer as soon as possible. It is the coach's responsibility to ensure that all the athletes participating are medically eligible. (Medical eligibility is defined as the athletic trainer's medical clearance for an athlete to fully participate in said sport) A coach should not try to diagnose or treat an athlete's condition otherwise he or she will be held liable for acting outside of his or her abilities. Coaches should use their best judgment and follow protocols (if any) when it comes to the safety of the student-athletes in situations, such as extreme weather, practice surfaces, equipment, conditioning, etc. to prevent injuries/illnesses.

Traveling: When traveling to an away contest, athletes should get treatment or taping before leaving for an event, unless otherwise specified by the athletic trainer. The student-athlete and the coach are responsible for finding the host's athletic training staff for any pre- or post-game treatments and/or tapings if needed.

If any student-athlete sustains an injury during an away contest, notify the athletic trainer by either email or phone, so proper follow-up procedures can be followed. Call the athletic trainer if a serious or life threatening injury occurs that requires emergency medical services.

Pre-Participation Exam/Physicals

The physical packet is located on the Mercy Academy Website under the “Athletics” tab. Athletes are required to turn in the pages required by the KHSAA to the athletic office. Physicals that are not filled out entirely will not be accepted.

*Physicals are valid for 1 year and 30 days.

Pre-participation exam guidelines set by the KHSAA are to be followed for all athletes involved in any type of athletic activity.

KHSAA Bylaw 12 provides details for Physical Examination, Parent Consent and Insurance.
https://khsaa.org/common_documents/handbook/bylaws.pdf

Practice & Game Coverage

Practice and game coverage will be prioritized per season and level of risk associated with the sport per the NCAA/NATA Injury Rate and Catastrophic Index guidelines:

Low Risk: Sports that are considered lower risk and activities including strength/conditioning, individual skill sessions, and voluntary summer workouts must at least have an individual present who has current CPR, AED, First Aid, and prevention of disease transmission training. The following sports are considered low risk:

- Baseball
- Golf
- Tennis (M&W)
- Softball
- Cross Country (M&W)
- Outdoor Track (M&W)
- Archery

Moderate Risk: Sports considered moderate risk should have a certified athletic trainer present, or other person with the minimum qualifications of CPR, AED, First Aid, and disease transmission training present. If an athletic trainer cannot be present, one should be able to respond within 3-5 minutes. The following sports are considered moderate risk:

- Basketball (W)
- Soccer (M&W)
- Volleyball

High Risk: Sports of high risk should have an athletic trainer physically present for all practices. The following sports are of high risk:

- Football
- Basketball (M)

Games: An athletic trainer will be physically present or at least within 3-5 minutes away for all home competitions/scrimmages**.**
**A Certified Athletic Trainer will be on-site 1 hour prior to the start of competition.*

Practices: In-season practices will have priority over off-season practices for athletic training coverage. Off-season teams should schedule their practices during times when an athletic trainer will already be on campus in case of injury or the need of pre-participation treatments/tapings. Off-season practices will only be covered if an athletic trainer is available.

Workouts: Individual skill instruction, conditioning, weight room, and pool workouts do not need an athletic trainer present. However, it is strongly recommended that they be scheduled during times when an athletic trainer is on campus.

Return to Play Decisions

All athletes must be cleared by the athletic trainer before returning to play after an injury. If the student-athlete went to a hospital, an immediate care center or was seen by another healthcare provider, they must have a clearance note from a licensed health care provider to return to play. The athletic department has the right to deny or accept clearance from an outside physician, based on the documentation provided. The athletic training staff will notify coaches when there is a change in an athlete's participation status.

Second Opinions:

Student-athletes may seek or request second opinions at any time for any injury; however, final return to play decisions will be made by the athletic department and athletic trainer.

Secondary Insurance

Mercy Academy has a secondary insurance policy for all athletes. To request a claim for this policy please contact the athletic trainer, Stephanie Uhrich.

Extreme Weather Policies

Cold Weather

*During a practice or competition, if the athletic training staff feels it is no longer safe to be outside, they will notify the athletic director, coach or game management staff who will terminate the activity.

Cold exposure can impair performance and be life threatening. Cold injuries are due to a combination of low air or water temperatures and the influence of wind on the body's ability to maintain a normothermic core temperature, due to localized exposure to cold air or surfaces.

Hypothermia can occur at temperatures above freezing, A wet and windy 30-50-degree exposure may be as serious as a subzero exposure. As the Wind-Chill Equivalent Index indicates, wind speed interacts with the ambient temperature to significantly increase body cooling. When the body and clothing are wet, whether from sweat, rain or snow, the cooling is even more pronounced due to evaporation of the water held close to the skin by wet clothing.

The following can also contribute to cold injuries:

- Previous cold weather injury
- Ambient temperature
- Use of medications
- Clothing attire
- Fatigue
- Hydration
- Age
- Body composition
- Fitness level
- Caloric intake
- Nicotine, alcohol, and other drugs

Predisposing Medial Conditions: Asthma, Raynaud Syndrome, Anorexia Nervosa, Cold Uticaria, and Cardiovascular Disease are predisposing medical conditions that can lead to cold injuries. Coaches will be notified by the athletic training staff if any of their athletes have a predisposing medical condition so appropriate action can be taken.

Hypothermia

Hypothermia is a decrease in core body temperature below 95°F (35°C). Hypothermia is classified as mild, moderate, and severe depending on the measured core temperature. Each classification has distinct signs and symptoms. Individuals can respond differently and may not show all signs and symptoms.

Severity	Core Body Temperature	Signs and Symptoms	Treatment
Mild	95°F - 98.6°F	Vigorous shivering, increased blood pressure, fine motor impairment, lethargy, apathy, and mild amnesia.	Move the athlete to a warm environment. Remove wet or damp clothing. Insulate the athlete with warm dry clothing or blankets. When re-warming apply heat only to the trunk – axilla, chest, and groin. Provide warm non-alcoholic fluids and foods. Avoid applying friction massage.
Moderate	90°F - 94°F	Cessation of shivering, cold skin upon palpation, depressed vital signs, impaired mental function, slurred speech, unconsciousness, and gross motor impairment.	Primary assessment for CPR. Activate EMS. Remove wet or damp clothing. Insulate the athlete with warm, dry clothing or blanket. Move athlete to warm dry area if appropriate. When re-warming apply heat only to the trunk – axilla, chest, and groin.
Severe	Below 90°F		

Frostbite

Frostbite is the freezing of skin or body tissues, usually of the face, ears, fingers and toes, and can occur within minutes. Signs and symptoms include edema, redness or mottling gray skin, stiffness, and transient tingling and burning.

Treatment:

- Rewarm the area slowly at temperatures no greater than 98°-104°F, preferably in a warm water bath for 15-30 minutes. The water should be gently circulated. Thawing is complete when the tissue is again pliable and color and sensation have returned.
- If re-warming is not undertaken, protect the area from additional damage, further temperature decreases, and consult a physician or transport to a medical facility.
- Avoid friction massage to tissues and leave any blisters intact.
- Once re-warming has begun, it is imperative that affected tissue not be allowed to refreeze as this could result in tissue death.

If an athlete is referred to a physician for cold injury: Once cleared by physician to return to play, the athlete can begin limited exercise in a warm environment and gradually progress duration, intensity and cold exposure to demonstrate cold tolerance. This progression will be determined by the athletic trainer and may take up to 2 weeks for the athlete to return to full participation.

Heat Illness Exposure Management

Heat illness is a primary concern in hot and humid weather. Constant surveillance and education is necessary to prevent heat-related injuries from occurring. The following guidelines will be in place to prevent and treat heat related issues:

- Student-athletes who are predisposed to or have a history of heat illness should notify their athletic trainer and coaches to take proper precautions.
- Student-athletes will be educated annually about heat illnesses and how to prevent it.
- Coaches must provide adequate rest (in the shade if possible) and water breaks during hot weather.
- Athletes should be encouraged to pre-hydrate before practice.
- Athletes should be given the opportunity to hydrate during practice either by being allowed to drink when they want (water bottles kept on the field/court) or given regular water breaks at least every half an hour.
- Athletes will be encouraged to re-hydrate after practice.
- The athletic training staff and coaches will monitor the Temperature-Humidity Index, and will notify the appropriate staff members if exposure becomes dangerous and alternative activities should be planned. It is the coach's responsibility to ensure that the heat index is taken prior to their practices.
- The athletic trainer and coaches will comply with the KHSAA protocol for the prevention of heat related injury and illness. Explained below. (https://khsaa.org/common_documents/handbook/SMAC%20pages.pdf)
- If the athletic trainer feels it is necessary to recheck the temperature and humidity readings, he/she is authorized to do so to ensure the safety of the athletes
- Any athlete, who suffers heat illness, will not be permitted to return to activity that day, and will be referred for proper medical treatment.
- Once cleared by a physician to return to play, the athlete can begin limited exercise in a cool environment and gradually progress duration, intensity and heat exposure to demonstrate heat tolerance. This progression will be done by the athletic trainer and may take up to 2 weeks for the athlete to be returned to full participation.

<u>KHSAA Protocol for the Prevention of Heat Related Injury or Illness</u>

WBGT readings must be taken at the site of practice using a digital sling psychrometer. Media-related temperature readings (i.e. weather channel, weather bug, acuweather, etc.) are not permitted to be used when determining temperature and humidity. The temperature must be taken from the location where the practice/game is occurring. Indoor venues without air-conditioning should also be monitored for temperature increases and comply with the same rules as outside venues.

Results of testing should be recorded by the coach or the athletic trainer. WBGT readings should be recorded every 30 minutes if the readings are high enough to warrant practice restrictions.

*Gold standard for heat stress measurement is the Wet Bulb Glove Temperature (WBGT). WBGT readings are required by the KHSAA for weather/heat monitoring.

Once the WBGT is calculated, all outdoor activity must comply with the following guidelines set by the KHSAA:

KHSAA Activity Alteration Guidelines

Green	**WBGT Less than 82.0°F** ● Normal activities. ● Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout.
Yellow	**WBGT 82.1°F - 87.0°F** ● Use discretion for intense or prolonged exercise. ● Watch at-risk players carefully. ● Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each. ● Recheck and record WBGT every 30 minutes.
Orange	**WBGT 87.1°F - 90.0°F** ● Maximum practice time is 2 hours. ● Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each. ● Lacrosse and Field Hockey: All helmets and shoulder pads must be removed for practice and conditioning activities. ● Recheck and record WBGT every 30 minutes.
Red	**WBGT 90.1°F - 91.9°F** ● Maximum length of practice is 1 hour. ● There must be no conditioning and there must be 20 minutes of rest breaks distributed throughout. ● Lacrosse and Field Hockey: No protective equipment may be worn during practice and there must be no conditioning activities. the hour of practice. ● Recheck and record WBGT every 15 minutes.
Black	**WBGT >92.0°F** ● No Outdoor Workouts. ● Delay practice until a cooler WBGT level is reached.

Athletes that are displaying signs or symptoms of heat illness, or are suspected to have sustained heat illness or injury must be allowed to rest and cool down using any available source (drink water, ice towels, sit in the shade, ice bag, cold whirlpool, etc.)

Signs of Heat Illness:

- Cessation of sweating
- Weakness
- Dizziness
- Cramping
- Rapid and weak pulse
- Pale or flushed skin
- Excessive fatigue
- Nausea
- Unsteadiness
- Disturbance of vision
- Incoherency
- Syncope

Risk Factors:

- Inadequate acclimatization or fitness level
- Excess body fat
- History of heat illness
- Inadequate rehydration
- Those who push themselves to capacity
- Substances with a diuretic effect or stimulant medications (ie. Antihistamines, decongestants, certain asthma meds, Ritalin, diuretics, and alcohol)
- Nutritional supplements that contain ephedrine, ma huang, or caffeine
- Insufficient caloric intake
- Medical conditions such as fever, gastrointestinal illness, obesity, or sickle cell trait
- Dark clothing or heavy/constrictive equipment that limits heat dissipation

Treatment:

- Allow the athlete to rest in a cool shady area
- Give fluids and electrolytes
- Cool the body by applying ice to the neck, armpits, and groin or immerse in a cold bath
- Victims of Heat Stroke should be hospitalized immediately
- Call EMS

Athletics Lightning Policy

Chain of Command
The persons filling the roles below are responsible for making the decision to remove a group or individuals from the playing field or court, stopping the activity, and determining when/if it is safe to resume.

- Practices & Pre/post game: Athletic trainer → Coach → Athletes
- During competition: Officials/ATC → Game Mgmt. → Coach/Athletes

KHSAA Policy: SEVERE WEATHER / HEAT ILLNESS POLICY FOR ACTIONS BY OFFICIALS AT OUTDOOR SPORTS

The Referee (Lead Official / Crew Chief) shall stop play in a contest or scrimmage at the first sound of lightning or thunder at the site. The playing site shall be cleared immediately of all persons. The contest or scrimmage may be resumed following a three (3) minute warm-up period, no sooner than thirty (30) minutes after the last sight of lightning or the last sound of thunder.

If the severe weather is of great length or intensity, the Referee (Lead Official / Crew Chief) shall work cooperatively with home contest administration on decisions related to the resumption of play. Contest officials are encouraged to learn the weather forecast prior to contest time and to work cooperatively with home contest administration prior to making weather-related decisions. Safety of the public and participants is the most important factor in any decision of this type.

The Referee (Lead Official / Crew Chief) shall work cooperatively with home contest administration on decisions related to the KMA Heat Illness Plan. Final authority for this decision rests within home contest administration.

NFHS Policy*: criteria for suspension and resumption of play*

When thunder is heard, or a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning. Suspend play and take shelter immediately.

Thirty-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play.

Any subsequent thunder or lightning after the beginning of the 30 minute count, reset the clock and another 30 minute count should begin.

Shelter
A safe structure is defined as a building frequently used by people, a building with plumbing and/or electrical wiring that acts as a grounding structure. If access to a building is not available, seek shelter in a vehicle with a hard metal roof (not a convertible or golf cart) and keep the windows shut. Do not touch the framework of the vehicle. *

Technology:
When lightning-detection devices or mobile phone apps are
available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location but only if sight or sound has not been detected and such has been reported by game management to the Referee (Lead Official/Crew Chief).
i) Contest officials and event managers should never depend on the reliability of new technology and, thus, hearing thunder or seeing lightning shall always take precedence over information (or a lack of indicators) from a mobile app or lightning-detection device.

Mercy Academy Safe Zones:
-During practices: athletes are to retreat to the field house.
-During games/competitions: Athletes, officials and coaches are to retreat to the field house. Spectators will be instructed to return to their vehicles.

Last Resort
If no safe shelter is available, crouch on the ground with your arms wrapped around your knees and only the balls of your feet touching the ground. ****DO NOT LIE FLAT ON THE GROUND.***

Dangerous Locations
- Small covered shelters such as dugouts, rain shelters, golf shelters, and picnic shelters.
- Areas connected to or near light poles, towers, and fences.
- Any location that makes the person the highest point in the area.
- Avoid using landline telephones in a storm. People have been killed using a landline phone during a thunderstorm. Use a cell phone instead.

Resume Activity
Activity may resume after 30 minutes have passed from the last lightning or clap of thunder.

COVID-19 Rules, Regulations and Return to Play

COVID-19 rules and regulations may change as the CDC and Health Department learn more about the virus and its effects on the body. Mercy Academy will be following the guidelines set forth by the Health Department as well as the KHSAA.

The most recent rules and regulations can be found at this website:

Louisville Health Department: https://louisvilleky.gov/government/health-wellness

Student-Athlete Medical Conditions

Asthma
Student-athletes with asthma or exercise induced asthma (EIA) are encouraged to keep their rescue inhaler with them at all practices and competitions in case of emergency. It is strongly recommended that inhalers are not shared by athletes since they are prescription medications. The athletic trainer cannot hold onto an inhaler for an athlete.

Blood Sugar Disorders
The athletic training staff should be made aware of any athletes with blood sugar issues such as Diabetes, Hypoglycemia, and Hyperglycemia. These student-athletes will be instructed to self-monitor their blood sugar, and to always keep emergency supplies with them.

Allergies
Athletes with severe allergies are encouraged to carry their prescribed Epi-pen at all times in case of emergency.

Medications

The athletic trainer will **not** dispense or administer medications, either over the counter or prescription, to student-athletes. Coaches are also not permitted to give student-athletes medication. If a student-athlete would like medication, they must obtain it on their own from the store, from their parent or from a friend.

Concussion Policy

A concussion is a clinical syndrome characterized by immediate transient impairment of neural functions, such as alterations of consciousness, disturbance of vision, and equilibrium due to brain stem involvement (1996 Committee on Head Injury Nomenclature). This syndrome is usually caused by a violent shaking or jarring of the brain, usually as the result of an impact with an object. It is important to note that an athlete sustains a concussion does not have to have loss of consciousness (LOC). Athletes are at an increased risk for sustaining a recurrent concussion within the first 7–10 days after the initial concussion (Schneider et al, 2017).

Signs & Symptoms:

Headache	Vomiting	Ringing in the ears
Vision problems	Dizziness	Balance problems
Nausea	Depression	Inability to focus
Irritability	Sadness	Nervousness
Feeling “groggy”	Personality changes	Memory loss
Light sensitivity	Sound sensitivity	Fatigue
Reasoning difficulty	Sleep disturbances	

Post-Concussion Management

- If an athlete presents with any signs or symptoms of a concussion, they will be evaluated by a certified athletic trainer. Upon evaluation of the athlete, if they are suspected of having sustained a concussion, the student-athlete will be removed from activity and will not return for the remainder of the day.
- The student-athlete will be monitored frequently for any deterioration, and re-evaluated daily until cleared by the athletic training staff.
- The student-athlete will receive instructions for managing a concussion, along with their parent, coach, or friend that will continue to monitor the athlete at home.
- Any worsening of signs and/or symptoms will result in immediate referral to a hospital emergency room.
- Post-concussion ImPACT testing will be administered and evaluated as needed.
- The athletic training staff will keep documentation of the incident and management in the student-athlete’s medical file.

Return to Play

Every athlete who has sustained a concussion must been evaluated by a physician (MD or DO), preferably a concussion specialist. They must present a doctor’s note to the athletic trainer

stating that they have been evaluated by the physician and may begin the Return To Play Stepwise Progression once they are symptom free.

The student-athlete will return to participation after final clearance by the athletic training staff. The athletic training staff will consult the treating physician, and follow the "stepwise return to play process". Since every concussion is different, each concussion will be monitored and treated individually to ensure the safety and future health of the student-athlete. An athlete that sees a specialist or outside doctor must bring documentation and all notes regarding the visit to the athletic trainer.

Stepwise Return to Play Progression
The stepwise approach to return to play allows athletes to progress from light exercise to full-contact practice. Before consideration of return to play, the athlete must be symptom free with normal neurological and cognitive examinations for 24 hours unless otherwise cleared by their physician. Each step requires the athlete to be symptom free to progress in the program.
If an athlete develops concussion symptoms during the return to play progression time period, then the activity should be immediately halted and restarted 24 hours later. The RTP timing is case dependent and can be extended by the supervising physician or athletic trainer if the athlete does not seem to be performing at or above their baseline level.

During this time, there should be **no use of pharmacological agents** that could affect concussion symptoms.

Stepwise Return To Play Progression	
1. No activity	Complete rest after initial concussive symptoms; once asymptomatic for 24 hours, proceed to next step in progression.
2. Light aerobic exercise	Walking, swimming, or use of stationary bike, keeping intensity less than 70 percent of maximum predicted heart rate. The goal is to increase the heart rate to assess how the athlete reacts to a small amount of exertion.
3. Sport-specific training	This can include any simple movement activities without the risk of head impact like skating drills in ice hockey or running drills in soccer.
4. Non-contact practice	The athlete progresses to more complex training drills specific to their sport. Here we are assessing if the athlete can coordinate movements during exercise, which tests brain function coupled with sport activity.
5. Full-contact practice	Following medical clearance the athlete participates in normal training activities. The goal is to restore confidence and allow the coaching staff to assess functional skill.
6. Return to play	Normal game play is allowed, with close monitoring for any symptoms.

Mercy Academy

Athletic Training
Emergency Action Plan (EAP)

Mercy Academy has a written emergency action plan that should be activated and followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in an emergency situation. Any questions should be directed to the athletic trainer or athletic director.

An ***emergency*** is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an individual to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur. Situations when 911 should be called are:

-an athlete is not breathing
-an athlete has lost consciousness
-an athlete has no pulse
-it is suspected that an athlete may have a neck or back injury
-an athlete has a severe or open fracture (bone has punctured through the skin)
-severe heat exhaustion or suspected heat stroke
-severe bleeding that cannot be stopped
-severe dislocations (elbow, knee, hip, ankle, etc.)

Emergency Phone Numbers/Contact List

EMS, Police, Fire	911
Poison Control Center	(800) 222-1222
Athletic Trainer, *Stephanie Uhrich*	(847) 525-1039
Athletic Director, *Lorraine Carner*	(502) 523-2485
Assistant Athletic Director, *Robert Broughton*	(270) 300-5622
Nick Cann, Athletic Office Staff	(859) 489-4093

Chain of Command

Team Physician
Certified Athletic Trainer
School Security
Athletic Director
Administrator
Head Coach
Assistant Coach
Sports Medicine Student Assistant
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. Once it has been decided that EMS should be called, the following protocol should be followed: EMERGENCY ACTION PLAN

1. The highest person on the chain of command will be deemed the leader and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or office phone)
3. EMS should be told what the emergency is, the condition of the athlete and how get to the location of the emergency. Also, tell EMS that someone will meet them at the closest intersection to aid in directing the ambulance. DO NOT HANG UP UNTIL EMS HANGS UP FIRST.
4. The leader will send runners to all intersections between where the athlete is located.
5. The runners should stay in their positions and wave the ambulance through the proper turns to get to the athlete.
6. The leader will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found on physical forms which coaches and

designated individuals should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.

7. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise.

Things to Consider During Emergency Situations:

a. It is important to stay calm and in control of your emotions.
b. Reassure and calm the athlete.
c. Assess the situation, (check airway, breathing, circulation, bleeding)
d. Provide necessary life-saving measures
    i. CPR (30:2 compressions:breaths)
    ii. Place direct pressure over a bleeding wound
    iii. Treat for shock
e. Don't move severely injured athletes unless he/she is in danger.
f. Don't reduce fractures or dislocations unless properly trained.
g. Maintain and establish sufficient lines of vision between the medical staff and all available emergency personnel.
h. Once the medical staff begins to work on an injured player, allow them to perform services without interruption and interference.
i. Keep players and spectators away and prevent them from helping the injured athlete unless they have been given specific roles in the emergency.

*****In the event that an individual wearing a helmet is involved in an emergency situation, the facemask must be removed from the helmet without compromising the athlete's condition. Coaches, the athletic director, and/or other medical professionals can help with this task if directed by the athletic trainer or EMS.

*****Equipment such as shoulder pads or helmets should be removed properly prior to transport.

SCHOOL ADDRESS:
Mercy Academy
5801 Fegenbush Lane
Louisville, KY 40228

The closest intersection to the school is **Kyle Ridge Way** and **Fegenbush Lane.** Or at the intersection of **Woodhaven Place Dr.** and **Fegenbush Lane**.

Mental Health Emergency Protocol

The following situations are to be considered an emergency and this protocol should be followed in the event that one of the following situations occurs:

- Concern that a student-athlete may harm himself/herself
- Concern that a student-athlete may harm others
- Concern that a student-athlete is being harmed by another individual
- Verbal or physical threats made by a student-athlete
- A student-athlete exhibiting unusual ideation or thought disturbances

Emergency Contact Information:

Position	Name	Phone number	Email
School Principal	Dr. Cynthia Smith-Ough		csmith-ough@mercyjaguars.com
Athletic Director	Lorraine Carner	(502) 523-2485	lcarner@mercyjaguars.com
Athletic Trainer	Stephanie Uhrich	(847) 525-1039	suhrich@kort.com
School Counselor			
School Counselor			
Government Services/Hotlines			
KY Child/Adult Abuse Hotline		(877) 597-2331	
KY Cabinet for Health and Family Services- Child Protection Branch		https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx	
Child Welfare/Protective Services		(270) 766-5099	
Crisis Hotline		(502) 589-4313	

Protocol for Management of a Mental Health Emergency:

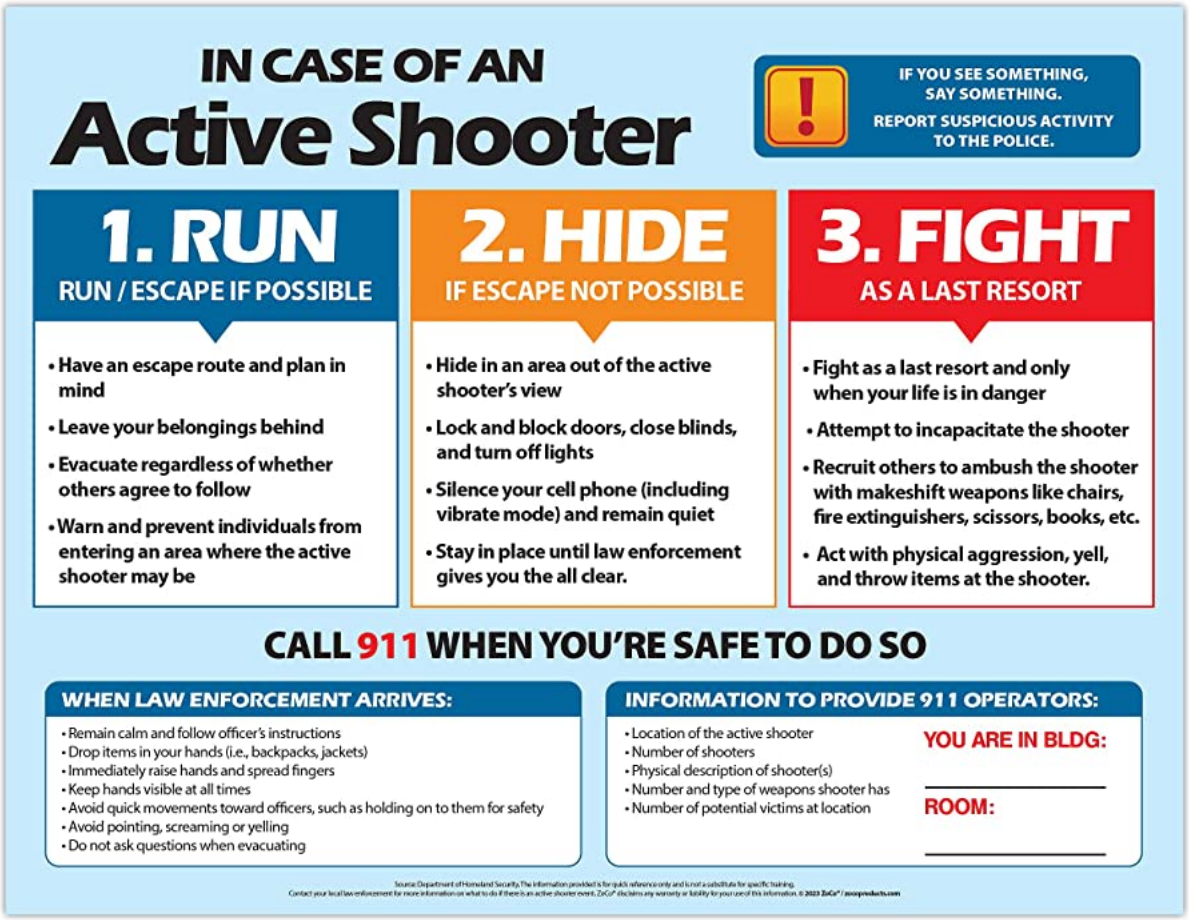
1. Determine if the emergency is classified as "potentially violent" or "non-violent"
    a. Potentially violent emergencies consist of situations that require immediate intervention to ensure the safety of everyone or anyone involved.
    b. Non-violent situations do not require immediate intervention but there is concern for the mental health or well being of the individual.
2. Intervene:
    a. Potentially Violent Emergencies:
        i. Remain calm. (body language and tone of voice)
        ii. Listen to the individual; allow them to disclose as much information without prompting them with questions.
        iii. Ask open-ended questions and avoid judgment.
        iv. Alert designated school officials available at that time of the situation and have them contact the student-athlete's emergency contact.
        v. Do not leave the individual alone.
        vi. Keep yourself and other people in the area safe.
            1. If the individual seems volatile or disruptive, get help from a co-worker or other adult.
            2. Do not put yourself in harm's way if he/she tries to leave.
        vii. If the situation elevates or becomes out of control, call 911.
        viii. Document the event, your role in the situation and those whom you notified.
    b. Non-Violent Emergencies:
        i. Offer a quiet and secure place to talk with the individual.
        ii. Listen to the individual; allow them to disclose as much information without prompting them with questions.
        iii. Ask open-ended questions.
        iv. Ask questions to encourage the conversation such as, but not limited to:
            1. "Can you tell me what is troubling you?"
            2. "Are you thinking of hurting yourself?"
            3. "Is someone hurting you?"
        v. Provide support, validate the individual's feelings, avoid judgment and provide positive reinforcement.
        vi. Alert designated school officials available at the time of the situation and have them contact the student-athlete's emergency contact.
        vii. Document the situation, your role and those whom you notified of the individual's situation/condition.

Active Shooter Emergency Action Plan

In the even that an active shooter has enter the building or campus the following steps should occur.

Call 911 and alert others on campus as soon as possible as long as you are safe.

1. If able to do so safely, run away from the gunman
2. If unable to run, try to find a hiding spot where the gunman cannot find you. A locked door with no windows is the preferred hiding space. Turn all lights off and stay quiet. Allow others in your vicinity to join you in the room if able to. Do not open the door until police instruct you to do so.
3. As a last resort, fight the gunman. Attempt to obtain his weapon and safely take him down.



Automated External Defibrillators (AED's)

In an emergency in which an individual does not have a pulse, it is critical that the AED is applied within 3 minutes.

All AED's are stored in white cases (shown below) and marked with an AED wall marker above.



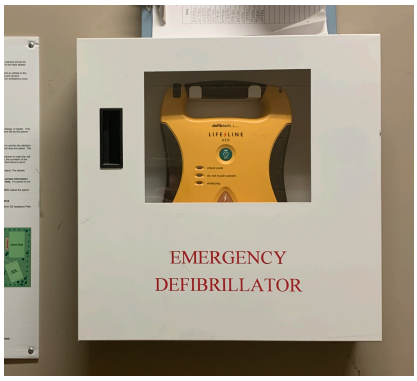


There are 3 AEDs located on Mercy Academy's campus. One AED is located in the school's main hallway between trophy cases and the other is in the building by the athletic fields.

A mobile AED is accessible and can be found on the sidelines of games or with the athletic trainer. On occasion, the mobile AED will go with teams off campus if they are traveling somewhere that an AED is unavailable.



<u>High School Main Hallway:</u>
Located in the school's main hallway between the tall trophy cases.

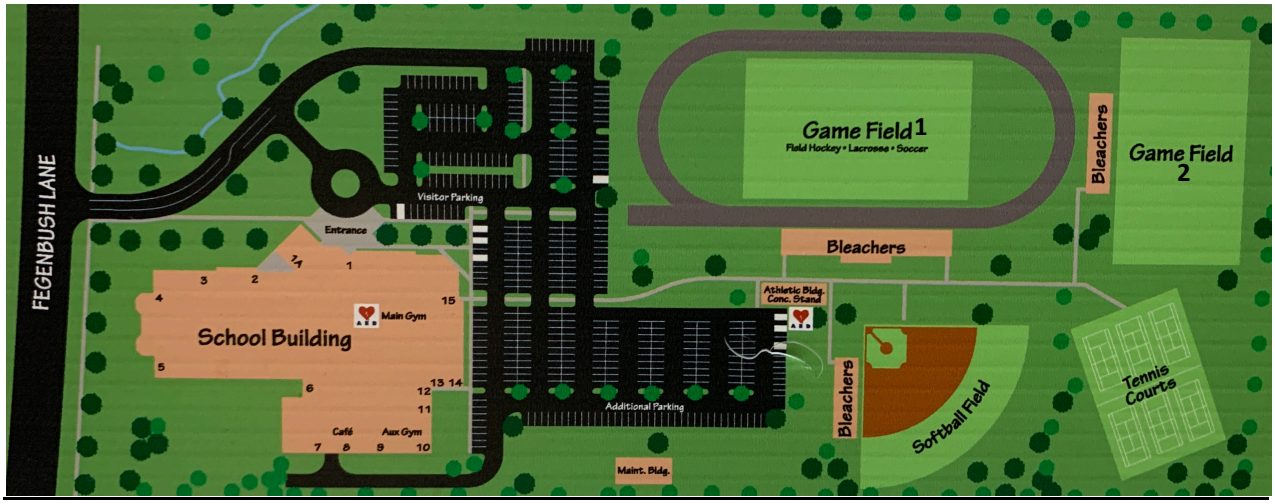


<u>Field House:</u>
Located in the hallway of the athletic building next to the ice machine.

Coaches should take note of the closest AED to their practice and game locations. A mobile AED will be with the athletic trainer on the sideline of games as well.

Other Medical Professionals

- Once EMS arrives, all parties will assist EMS as needed.
- If an emergency occurs and there are non-school affiliated healthcare providers available (i.e. parents who are doctors/nurses, etc.), then they may help; however, their role is to assist the person in charge. The final decisions are the role and responsibility of those listed in the chain of command.



Specific Venue Instructions:

Game Field 1/Track:

The leader will designate who will call 911 (coach usually), who is getting the AED, who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. One person will be sent to unlock the gate and one runner will be sent to the parking lot to direct the ambulance up the path near the clock tower.

Game Field 2:

The leader will designate who will call 911 (coach usually), who is getting the AED, who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. One person will be sent to unlock the gate and one runner will be sent to the parking lot to direct the ambulance up the path near the clock tower.

Tennis Courts:

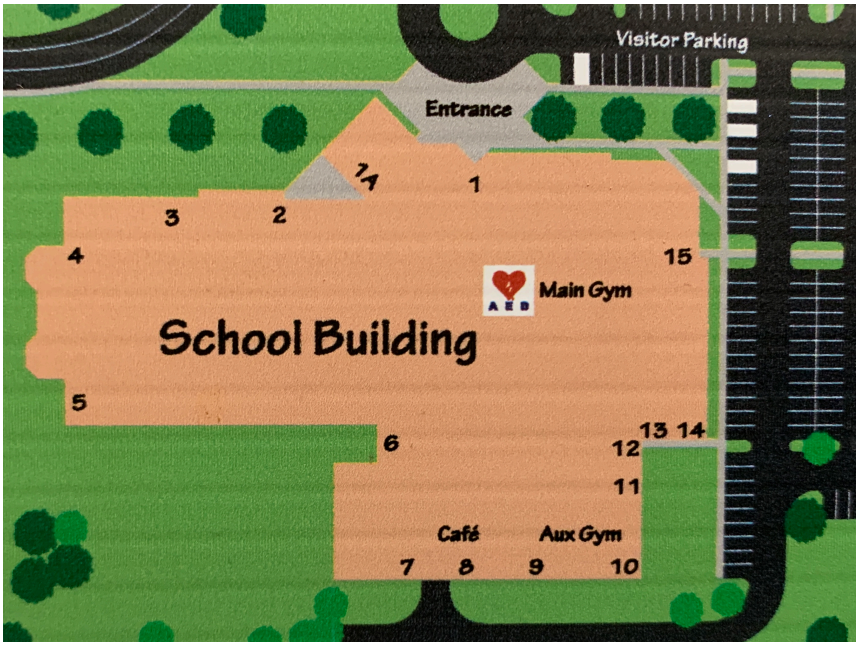
The leader will designate who will call 911 (coach usually), who is getting the AED, who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. One person will be sent to unlock the gate and one runner will be sent to the parking lot to direct the ambulance up the path near the clock tower.

Athletic Building:

The leader will designate who will call 911 (coach usually), who is getting the AED, who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. One person will be sent to unlock the gate and one runner will be sent to the parking lot to direct the ambulance to the athletic building.

Softball Field:

The leader will designate who will call 911 (coach usually), who is getting the AED, who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. One person will be sent to unlock the gate and one runner will be sent to the parking lot to direct the ambulance up the path near the clock tower.



Main Gym:

The leader will designate who will call 911 (coach usually), who is getting the AED (if not present in gym), who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. The ambulance should be directed toward the main entrance of the building and enter through entrance 1.

Auxiliary Gym (Small Gym):

Athletic Trainer will designate who will call 911 (coach usually), who is getting the AED, who oversees crowd management (if AD is not present), and where runners will go for the ambulance in the event of an emergency. The ambulance should be directed toward the rear of the building and one runner should meet them outside entrance 11 and direct them to the emergency.

Weight Room:

The leader will designate who will call 911 (coach usually), who is getting the AED, and where runners will go for the ambulance in the event of an emergency. The ambulance will be directed to the rear of the building and one runner will meet them outside at entrance 13.

Athletic Office/Athletic Training Room/Indoor Locker Rooms: Athletic Trainer will designate who will call 911 (coach usually), who is getting the AED, and where runners will go for the ambulance in the event of an emergency. The ambulance should be directed toward the rear of the building and one runner should meet them outside entrance 15 and direct them to the emergency.

Dance Room (second floor): Athletic Trainer will designate who will call 911 (coach usually), who is getting the AED, and where runners will go for the ambulance in the event of an emergency. The ambulance should be directed front door and runners should be stationed by the front door, stairs, and hallway leading into the dance room. Runners will direct EMS to the emergency.

Room 108/109 (Esports): Athletic Trainer will designate who will call 911 (coach usually), who is getting the AED, and where runners will go for the ambulance in the event of an emergency. The ambulance should be directed front door and runners should be stationed by the front door and hallway leading to room 108/109. Runners will direct EMS to the emergency.

Off Campus Venues

If a team holds practices or competitions off campus, there will not be an athletic trainer present for sports medicine coverage.

Cross Country:

In the event that an emergency occurs when the team is off campus, the athletic trainer should be notified and 911 should be called. The athletic trainer and coaches will bring emergency medical supplies out to the emergency as quickly as possible. The coaches should try to keep practice as close to campus as possible, especially on days where there is a high risk of heat illness.

Golf:

The golf team practices at Oxmoor Country Club. In the event that an emergency occurs when the team is off campus, the athletic trainer should be notified and 911 should be called. The athletic trainer and coaches will bring emergency medical supplies out to the emergency as quickly as possible.

Bowling:

The bowling team practices at Fern Bowl. In the event that an emergency occurs, the athletic trainer should be notified and 911 should be called.

Swimming:

The swim team practices at St. Xavier High School. In the event that an emergency occurs, the athletic trainer should be notified and 911 should be called. See St. Xavier EAP on pages 28 and 29.

Swimming: St. Xavier Natatorium

EMERGENCY ACTION PLAN

SAINT XAVIER HIGH SCHOOL

NATATORIUM/WRESTLING GYM/WEIGHT ROOM/ATHLETIC TRAINING ROOM

Emergency Response Personnel:

1. Certified Athletic Trainer on site for practice and events
2. Masters Level Athletic Training Student on site for practice and events
3. All Coaches are certified in basic first aid and CPR

Emergency Response Equipment:

1. Supplies (trauma kit, splint kit, spine board, crutches) located in athletic training room
2. AED located in training room on shelf of taping table closest to door; Located in cabinet next to strength and conditioning office; Located in cabinet next to Auditorium in Driscoll Building.

Basic Emergency Response Team:

The most qualified individual on the scene should provide/direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; Team Physician; Certified Athletic Trainer; Masters Level Athletic Training Student, Coach
Orthopedic: Team Physician; Certified Athletic Trainer; Masters Level Athletic Training Student, Coach
Medical: Team Physician; Certified Athletic Trainer; Masters Level Athletic Training Student, Coach

Emergency Response Communication:

Fixed telephone lines in athletic training room and athletic office: Dial 9-9-1-1
Cell phones: Dial 9-1-1

Athletic Training Room# 502-634-2175
Athletic Trainers: (Channel 5 on StX Radios)

- Danny McDonald Cell# 502-548-1517
- Andrew Scheumann Cell# 502-631-5860
- Evelyn Tandy Cell# 859-582-9966

Athletic Office# 502-635-5300
Athletic Director Denny Williams Cell# 502-457-1528
Asst Athletic Director Chris Tinius Cell# 270-799-6248
Main Office# 502-637-4712
Campus Security# Todd Mottley 502-637-4712 or after 6:00 pm 502-396-5571

Roles of First Responders:

1. Immediate first aid care of the injured or ill student athlete
2. Activation of emergency medical system Cell phone or Fixed phone line 9-1-1 or 9-9-1-1 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
3. Notify campus security Todd Mottley 502-637-4712 or after 6:00 p.m. 502-396-5571

Direction of EMS to scene:

1. Designated individual to meet EMS and escort EMS to the scene
2. Courts – through main gate
3. Emergency equipment retrieval

Roles of Event or Coaching Personnel:

1. Maintain spectator control
2. Escort family members to the medical facility or to private area
3. Remove media personnel from the immediate area

Roles of the Emergency Response Team:

1. Immediate first aid care of the student athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direct EMS to scene
5. Spectator, media, and family member control

Activating the EMS System: Call: 9-1-1 (call 9-9-1-1 from fixed school phone line)

Provide Information:

1. Name and telephone number of caller
2. Number of student athletes
3. Condition of student athlete(s)
4. First aid treatment initiated by first responder
5. Specific directions to facility and location within facility of injured person (From I-264 head north on Poplar Level Road. Take right at Parkway Dr. and Poplar Level Rd.; Drive through faculty parking lot and follow drive around the Natatorium and past gate #4 to concrete area located across from gate #3; Enter facility through doors M9 located on right.)
6. Other information as requested by dispatcher
7. Direct EMS to scene

Address and Directions for Emergency Services:

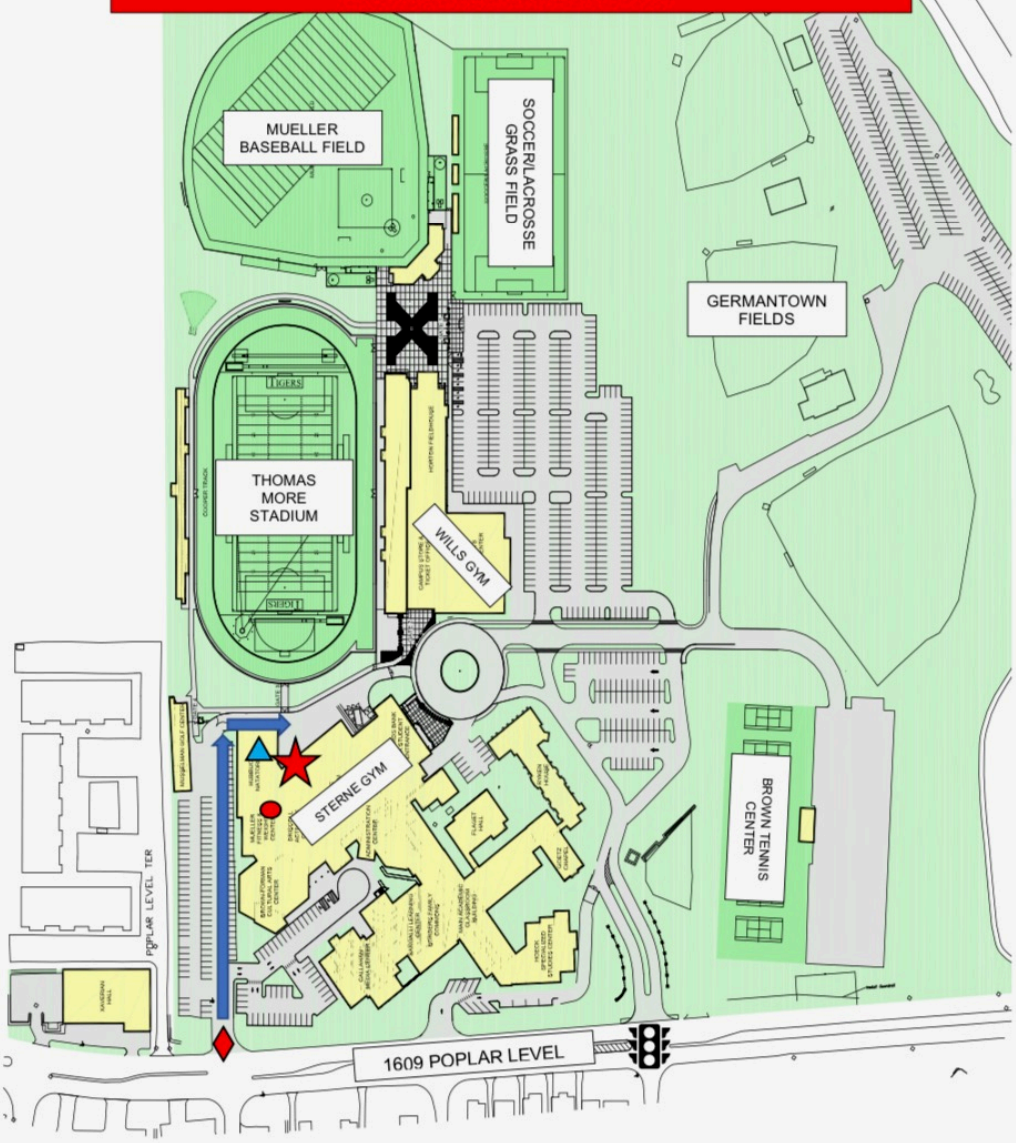
Saint Xavier High School – Natatorium/Wrestling Gym/Weight Room/Athletic Training Room
1609 Poplar Level Road; Louisville, Kentucky 40217

From I-264 head north on Poplar Level Road. Take right at Parkway Dr. and Poplar Level Rd.; Drive through faculty parking lot and follow drive around the Natatorium and past gate #4 to concrete area located across from gate #3; Enter facility through doors M9 located on right.

Rev 07/2022

SAINT XAVIER HIGH SCHOOL CAMPUS MAP

NATATORIUM, WRESTLING GYM, WEIGHT ROOM, ATHLETIC TRAINING ROOM EMERGENCY ACTION PLAN



WRESTLING ROOM (2ND FLOOR)
NATATORIUM (GROUND FLOOR)
WEIGHT ROOM (BASEMENT LEVEL)

ATHLETIC TRAINING ROOM

AMBULANCE ENTRANCE

EMS BUILDING ENTRANCE

Rev 07/2022

References

http://www.nata.org/news-publications/pressroom/statements/position

https://khsaa.org

https://www.nfhs.org/

Schneider, K. J., Leddy, J. J., Guskiewicz, K. M., Seifert, T., McCrea, M., Silverberg, N. D., Makdissi, M. (2017, March 24). Rest and treatment/rehabilitation following sport-related concussion: a systematic review. Retrieved June 09, 2017, from http://bjsm.bmj.com/content/early/2017/03/24/bjsports-2016-097475

Mercy Academy Swim EAP
St. Xavier Natatorium

This is the Emergency Action Plan (EAP) for Mercy Academy when they are utilizing the St. Xavier Natatorium for swimming related activities.

An ***emergency*** is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an individual to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.
Situations when 911 should be called are:
-an athlete is not breathing
-an athlete has lost consciousness
-an athlete has no pulse
-it is suspected that an athlete may have a neck or back injury
-an athlete has a severe or open fracture (bone has punctured through the skin)
-severe heat exhaustion or suspected heat stroke
-severe bleeding that cannot be stopped
-severe dislocations (elbow, knee, hip, ankle, etc.)

Emergency Phone Numbers/Contact List

EMS, Police, Fire: 911
Poison Control Center: (800) 222-1222
Stephanie Uhrich, Athletic Trainer: (847) 525-1039
Lorraine Carner, Athletic Director: (502) 523-2485

Chain of Command

Certified Athletic Trainer
Athletic Director/School Administrator
Head Coach
Assistant Coach
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. Once it has been decided that EMS should be called, the following protocol should be followed: EMERGENCY ACTION PLAN

1. The highest person on the chain of command will be deemed the leader and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or office phone)
3. EMS should be told what the emergency is, the condition of the athlete and how to get to the location of the emergency. Also, tell EMS that someone will meet them in the parking lot to aid in directing the ambulance. DO NOT HANG UP UNTIL EMS HANGS UP FIRST.

4. The leader will send runners to all intersections between where the athlete is located and the parking lot.
5. The runners should stay in their positions and wave the ambulance through the proper route to get to the athlete.
6. The leader will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found on physical forms which coaches and designated individuals should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.
7. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise.

Things to Consider During Emergency Situations:

- It is important to stay calm and in control of your emotions.
- Reassure and calm the athlete.
- Assess the situation, (check airway, breathing, circulation, bleeding)
    - Provide necessary life-saving measures
    - CPR (30:2 compressions:breaths)
    - Place direct pressure over a bleeding wound
    - Treat for shock
- Don't move severely injured athletes unless he/she is in danger.
- Don't reduce fractures or dislocations unless properly trained.
- Maintain and establish sufficient lines of vision between the medical staff and all available emergency personnel.
- Once the medical staff begins to work on an injured player, allow them to perform services without interruption and interference.
- Keep players and spectators away and prevent them from helping the injured athlete unless they have been given specific roles in the emergency.

ADDRESS:
1609 Poplar Level Rd.
Louisville, KY 40217

AED:

St. Xavier has an AED located in the athletic training room.

IF LOCKED: Follow hallway and take first right. Take next left and the AED will be in a wall cabinet outside the auditorium.

*St. Xavier High School is responsible for any maintenance and/or upkeep for this AED.

Ambulance Access:

- From I-265 head north on Poplar Level Rd.
- Turn right at Parkway Dr. and Poplar Level Rd.
- Drive through faculty parking lot and follow drive around the building to concrete area located across from gate #3.
- Enter facility through doors M9 located on the right.

Mercy Academy Golf EAP
Oxmoor Country Club & Golf Course

This is the Emergency Action Plan (EAP) for Mercy Academy when they are utilizing Oxmoor Country Club for golf-related activities.

An ***emergency*** is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an individual to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.
Situations when 911 should be called are:
-an athlete is not breathing
-an athlete has lost consciousness
-an athlete has no pulse
-it is suspected that an athlete may have a neck or back injury
-an athlete has a severe or open fracture (bone has punctured through the skin)
-severe heat exhaustion or suspected heat stroke
-severe bleeding that cannot be stopped
-severe dislocations (elbow, knee, hip, ankle, etc.)

Emergency Phone Numbers/Contact List

EMS, Police, Fire: 911
Poison Control Center: (800) 222-1222
Stephanie Uhrich, Athletic Trainer: (847) 525-1039
Lorraine Carner, Athletic Director: (502) 523-2485

Chain of Command

Certified Athletic Trainer
Athletic Director/School Administrator
Head Coach
Assistant Coach
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. Once it has been decided that EMS should be called, the following protocol should be followed: EMERGENCY ACTION PLAN

1. The highest person on the chain of command will be deemed the leader and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or office phone)
3. EMS should be told what the emergency is, the condition of the athlete and how to get to the location of the emergency. Also, tell EMS that someone will meet them in the parking lot to aid in directing the ambulance. DO NOT HANG UP UNTIL EMS HANGS UP FIRST.

4. The leader will send runners to all intersections between where the athlete is located and the parking lot.
5. The runners should stay in their positions and wave the ambulance through the proper route to get to the athlete.
6. The leader will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found on physical forms which coaches and designated individuals should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.
7. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise.

Things to Consider During Emergency Situations:

- It is important to stay calm and in control of your emotions.
- Reassure and calm the athlete.
- Assess the situation, (check airway, breathing, circulation, bleeding)
    - Provide necessary life-saving measures
    - CPR (30:2 compressions:breaths)
    - Place direct pressure over a bleeding wound
    - Treat for shock
- Don't move severely injured athletes unless he/she is in danger.
- Don't reduce fractures or dislocations unless properly trained.
- Maintain and establish sufficient lines of vision between the medical staff and all available emergency personnel.
- Once the medical staff begins to work on an injured player, allow them to perform services without interruption and interference.
- Keep players and spectators away and prevent them from helping the injured athlete unless they have been given specific roles in the emergency.

ADDRESS:
9000 Limehouse Ln, Louisville, KY 40220

AED:

Oxmoor Country Club has an AED located in a cabinet on the wall near to the girls locker room. It is located inside the building in a white cabinet marked "Emergency Defibrillator".



*Oxmoor Country Club is responsible for any maintenance and/or upkeep for this AED.

Heat Stress:

In the event that someone experiences heat illness (heat stress or heat stroke), they should be immediately carted inside and placed under cold running water in the locker room showers. The water should be as cold as possible, and 911 must be called.

The individual should be cooled first, then transported via ambulance.

The KHSAA guidelines for heat can be found in the link below:

https://khsaa.org/common_documents/handbook/SMAC%20pages.pdf

Ambulance Access:

In the event of an emergency the following procedure should be followed:

The leader will designate who will call 911 (coach usually), who is getting the AED, and where runners will go to direct the ambulance to the emergency. The runners will direct the EMT and other first responders to the emergency.





Mercy Academy Bowling EAP
Fern Bowl

This is the Emergency Action Plan (EAP) for Mercy Academy when they are utilizing Fern Bowl for bowling related activities.

An ***emergency*** is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an individual to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.
Situations when 911 should be called are:
-an athlete is not breathing
-an athlete has lost consciousness
-an athlete has no pulse
-it is suspected that an athlete may have a neck or back injury
-an athlete has a severe or open fracture (bone has punctured through the skin)
-severe heat exhaustion or suspected heat stroke
-severe bleeding that cannot be stopped
-severe dislocations (elbow, knee, hip, ankle, etc.)

Emergency Phone Numbers/Contact List

EMS, Police, Fire: 911
Poison Control Center: (800) 222-1222
Stephanie Uhrich, Athletic Trainer: (847) 525-1039
Lorraine Carner, Athletic Director: (502) 523-2485

Chain of Command

Certified Athletic Trainer
Athletic Director/School Administrator
Head Coach
Assistant Coach
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. Once it has been decided that EMS should be called, the following protocol should be followed: EMERGENCY ACTION PLAN

1. The highest person on the chain of command will be deemed the leader and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or office phone)
3. EMS should be told what the emergency is, the condition of the athlete and how to get to the location of the emergency. Also, tell EMS that someone will meet them in the parking lot to aid in directing the ambulance. DO NOT HANG UP UNTIL EMS HANGS UP FIRST.
4. The leader will send runners to the parking lot and front doors of the bowling alley.

5. The runners should stay in their positions and wave the ambulance through the proper route to get to the athlete.
6. The leader will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found on physical forms which coaches and designated individuals should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.
7. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise.

Things to Consider During Emergency Situations:

- It is important to stay calm and in control of your emotions.
- Reassure and calm the athlete.
- Assess the situation, (check airway, breathing, circulation, bleeding)
    - Provide necessary life-saving measures
    - CPR (30:2 compressions:breaths)
    - Place direct pressure over a bleeding wound
    - Treat for shock
- Don't move severely injured athletes unless he/she is in danger.
- Don't reduce fractures or dislocations unless properly trained.
- Maintain and establish sufficient lines of vision between the medical staff and all available emergency personnel.
- Once the medical staff begins to work on an injured player, allow them to perform services without interruption and interference.
- Keep players and spectators away and prevent them from helping the injured athlete unless they have been given specific roles in the emergency.

ADDRESS:
5518 Bardstown Rd.
Louisville, KY 40291

AED:

There is no AED available at Fern Bowl. In the event that an individual does not have a pulse, continue CPR until the ambulance arrives.

Ambulance Access:

In the event of an emergency the following procedure should be followed:
The leader will designate who will call 911 (coach usually) and where runners will go to direct the ambulance to the emergency. The runners will direct the EMTs and other first responders directly to the emergency.

Mercy Academy Volleyball EAP
Louisville Sports Academy (LSA)

This is the Emergency Action Plan (EAP) for Mercy Academy when they are utilizing Louisville Sports Academy for volleyball-related activities.

An ***emergency*** is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an individual to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.
Situations when 911 should be called are:
-an athlete is not breathing
-an athlete has lost consciousness
-an athlete has no pulse
-it is suspected that an athlete may have a neck or back injury
-an athlete has a severe or open fracture (bone has punctured through the skin)
-severe heat exhaustion or suspected heat stroke
-severe bleeding that cannot be stopped
-severe dislocations (elbow, knee, hip, ankle, etc.)

Emergency Phone Numbers/Contact List
EMS, Police, Fire: 911
Poison Control Center: (800) 222-1222
Stephanie Uhrich, Athletic Trainer: (847) 525-1039
Lorraine Carner, Athletic Director: (502) 523-2485

Chain of Command
Certified Athletic Trainer
Athletic Director/School Administrator
Head Coach
Assistant Coach
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. Once it has been decided that EMS should be called, the following protocol should be followed: EMERGENCY ACTION PLAN

1. The highest person on the chain of command will be deemed the leader and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency on campus.
2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or office phone)

3. EMS should be told what the emergency is, the condition of the athlete and how to get to the location of the emergency. Also, tell EMS that someone will meet them in the parking lot to aid in directing the ambulance. DO NOT HANG UP UNTIL EMS HANGS UP FIRST.
4. The leader will send runners to all intersections between where the athlete is located and the parking lot.
5. The runners should stay in their positions and wave the ambulance through the proper route to get to the athlete.
6. The leader will designate another person to attempt contact with the athlete's parents. Emergency contact information can be found on physical forms which coaches and designated individuals should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.
7. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise.

Things to Consider During Emergency Situations:

- It is important to stay calm and in control of your emotions.
- Reassure and calm the athlete.
- Assess the situation, (check airway, breathing, circulation, bleeding)
    - Provide necessary life-saving measures
    - CPR (30:2 compressions:breaths)
    - Place direct pressure over a bleeding wound
    - Treat for shock
- Don't move severely injured athletes unless he/she is in danger.
- Don't reduce fractures or dislocations unless properly trained.
- Maintain and establish sufficient lines of vision between the medical staff and all available emergency personnel.
- Once the medical staff begins to work on an injured player, allow them to perform services without interruption and interference.
- Keep players and spectators away and prevent them from helping the injured athlete unless they have been given specific roles in the emergency.

ADDRESS:

4109 Simcoe Lane Louisville, KY 40241

(Direct the ambulance around the building to the end of the parking lot.)

AED:

Union Volleyball has an AED located in the wooden shelves along the wall near the entrance. It is located inside a white cabinet marked “Emergency Defibrillator”.



*Union Volleyball is responsible for any maintenance and/or upkeep for this AED.

Ambulance Access:

In the event of an emergency the following procedure should be followed:

The leader will designate who will call 911 (coach usually), who is getting the AED, and where runners will go to direct the ambulance to the emergency. The runners will direct the EMT and other first responders to the emergency.

