

Bishop John J. Snyder

Athletic Emergency Action Plan

Introduction

Situations requiring immediate care and support for life-threatening emergencies may arise during any athletic activity or sports related event. It is important to have the proper plan and preparation in order to handle these emergencies properly. The Sports Medicine Team has a responsibility to be the first responder and provide urgent care in the case of an emergency situation using the guidelines established in the following Athletic Emergency Action Plan (EAP).

Bishop John J. Snyder administrators, athletic trainers, coaches and emergency personnel are to follow the components of this plan to ensure the health and safety of each individual or athlete involved.

Emergency Conditions

Emergency conditions warranting activation of the EAP:

1. Respiratory arrest or any irregularity in breathing
2. Severe chest or abdominal pain that may indicate heart attack, cardiac arrest, or internal hemorrhage
3. Any injury resulting in loss of consciousness
4. Excessive bleeding from a major artery or loss of significant amount of blood
5. Suspected spinal injury resulting in back pain, paralysis, or inability to move a body part
6. Open or multiple fractures, or fractures involving the femur, pelvis, and several ribs
7. Joint fracture or dislocation with no distal pulse
8. Severe signs of shock or possible internal hemorrhage

Injuries that require immediate referral to a physician:

1. Eye injuries
2. Dental injuries where a tooth has been knocked out or loose
3. Minor or simple fractures
4. Lacerations that may require sutures
5. Injuries with a noticeable functional deficit
6. Loss of normal sensation, diminished or absent reflexes that may indicate a nerve root injury
7. Noticeable muscular weakness in the extremities that may indicate peripheral nerve damage
8. Any injury that is doubtful as to the severity or nature

Emergency Personnel Roles and Actions

The following delineation of authority will determine who leads the procedures for a life-threatening or emergency situation.

1. **Team Physician** (if available) – evaluates the injured athlete, supervises the emergency care.
2. **Licensed Certified Athletic Trainer (ATC)** (if available) – activates the EAP, provides emergency care, stabilizes the head during spine boarding.
3. **EMS Personnel** (if available) – assists with spine boarding, helps transport athlete off field and to

local emergency medical facility.

4. ***Athletic Training Students (ATS)*** (if available) – retrieves emergency equipment (spine board, AED, first aid kit, etc), assists in emergency care, helps control bystanders.

5. ***Athletic Director/Administrator*** – oversees the emergency response, calls for EMS when necessary.

6. ***Head Coach/Asst. Coaches*** – may assist in emergency care if properly trained, helps control bystanders (if CPR certified). May need to call EMS and/or help grab emergency equipment if ATS is not available.

Activating EMS

1. Determine and notify the person responsible for managing emergency situation (from Roles and Actions listed above).
2. Activate the EAP and notify EMS by using the preferred method of calling 911.
3. The caller must tell the dispatcher an Emergency Care Unit needs to be sent to:

**Bishop Snyder High School
5001 Samaritan Way
Jacksonville, FL 32210**

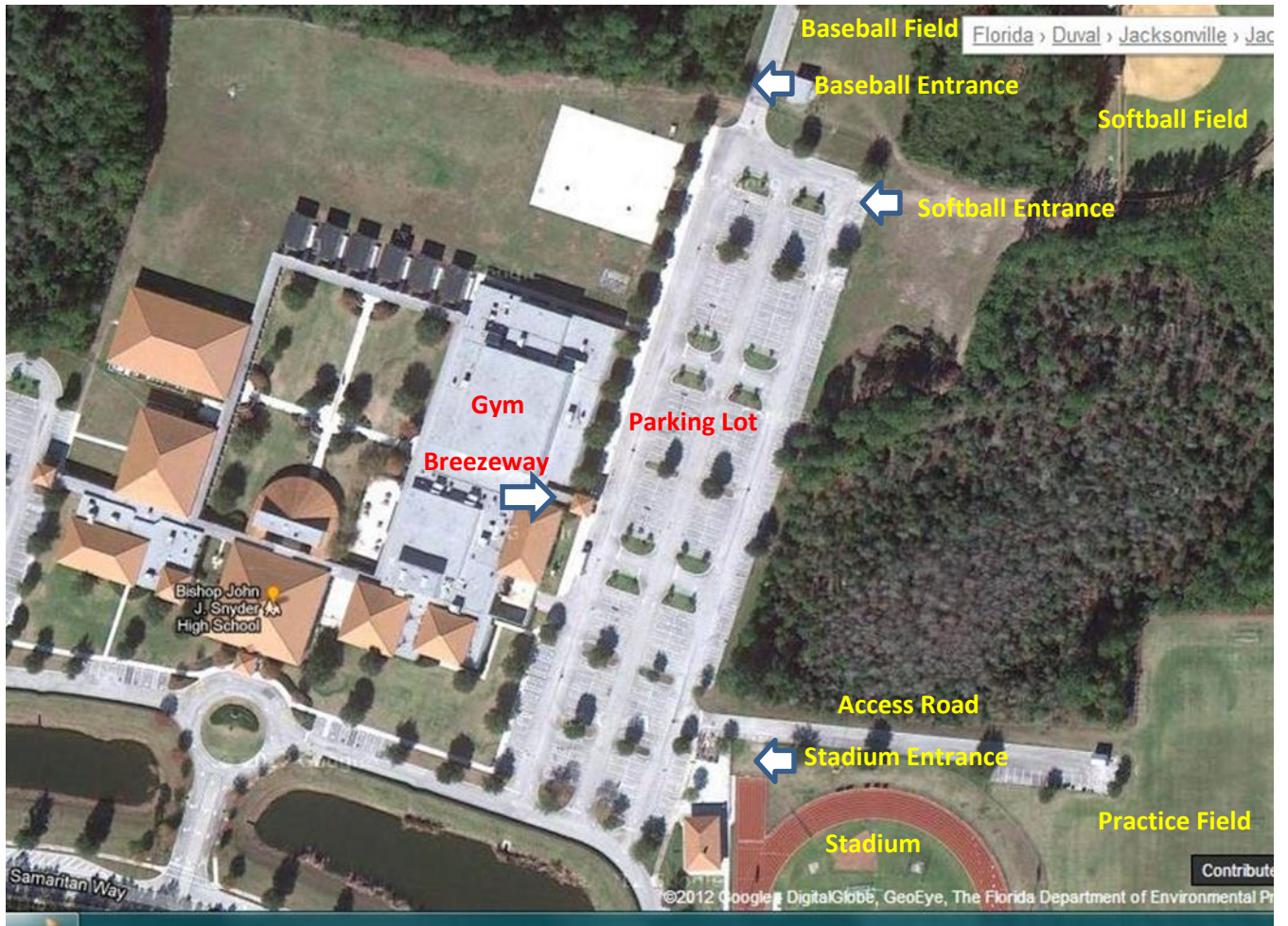
4. Other necessary information to tell the dispatcher:
 - a. Specify the exact location of the emergency
 - **Demetree Gym** – Turn right into first BJS entrance by stadium, locate main entrance on the side of building (Breezeway entrance). The gym is located on the right side of breezeway.
 - **Practice Field** – Turn right into first BJS entrance by stadium, take immediate right. The field located at the end of access road.
 - **Stadium/Track** – Turn right into first BJS entrance by stadium. The main track entrance is located immediately to the right.
 - **Baseball Field** – Turn right into first BJS entrance by stadium, continue to the end of side parking lot. Locate entry gate in the back of lot, follow road to baseball facility.
 - **Softball Field** – Turn right into first BJS entrance by stadium, continue to the end of side parking lot. Locate entry gate on the right side of lot, follow access road to softball facility.
 - b. The name and title of the person calling.
 - c. Details concerning the athlete's present condition and care being provided.
 - d. Other details as to how the situation occurred.

- a. **Do not hang up** until the dispatcher ends the call.
- b. Once EMS has been contacted, available staff will assist in directing EMS when they arrive on location (using specific EAP maps).
4. All available emergency personnel should assist with emergency care and/or crowd control.
5. The following people should be notified after managing an emergency situation or activating the EAP:
 - a. Victim's parent(s)/legal guardian(s)
 - b. Certified Athletic Trainer (if not present)
 - c. Athletic Director/Administrator (if not present)
6. Visiting Team Emergencies
 - a. The ATC of the visiting team is to provide immediate care of their athlete, if available. If additional help is needed, the BJS ATC is to be signaled.
 - b. If the emergency requires EMS care, follow the steps in the above Athletic EAP and notify the BJS ATC, Athletic Director, or Administrator or the EMS personnel on site.
 - c. Continue to provide care until EMS arrives, or the athlete is transported off the field and to a local emergency medical facility.

Equipment and Locations

1. AED (Automated External Defibrillator)
 - a. In ATC's kit/on the cart
 - b. Athletic Training room – stored in red AED backpack on white table.
 - c. BJS Front Office: Facing front desk, AED is mounted in AED wall box on left side wall – marked by overhead AED sign.
 - d. The following AEDs, after school hours, are in locked hallways and require faculty (Athletic Director, Asst. Athletic Director) to access.
 - i. *Media Center*: Mounted in AED wall box on the left side of media center hallway.
 - ii. *Cafeteria*: Past entryway, mounted in AED wall box on right side of wall.
 - iii. *700 Building*: Mounted in AED wall box on the right side of main hallway – to the left of the fire extinguishers.
2. First Aid Kit (Black MedPac): located with ATC on cart during practices and events or on large treatment table in athletic training facility.
 - Kit includes first aid supplies such as: tape, scissors, gloves, gauze, bandaids, splints, ace wraps, screwdriver, etc.
3. Crutch Kit – on sideline during football games, otherwise on top of crutch rack in athletic training facility.
 - Kit includes: crutches, splints, knee and shoulder immobilizers, ace wraps, etc.

Bishop Snyder EAP Campus Map



Transportation

1. Off the field (spinal injury)
 - a. ATC is to stabilize the head and lead in spine boarding
 - b. ONLY EMS personnel are to immobilize the athlete to the spine board by applying the straps and following the lead of the ATC at the head.
 - c. Once securely strapped, 4 emergency responders at minimum (ATC's, ATS's, and EMS) are to lift the spine board and transport off the field to the ambulance.
 - d. EMS will transport the athlete in the ambulance to the local emergency medical facility. A parent/legal guardian will accompany the athlete in the ambulance, if available. If not, a coach will assume the role during transportation.
2. Off the field (non-spinal injury)
 - a. If a fracture is suspected, splint the area above and below the injured site - completely immobilizing the joint using the appropriate splint size.
 - b. For all upper extremity injuries - once splinted, assist the ambulatory athlete off the field as tolerated.
 - c. For all lower extremity injuries - once splinted, use a two-person seat carry or cart to transport the athlete off the field.
3. All athletic injuries requiring EMS transportation will be taken to the nearest emergency room (HCA Florida Park West Emergency). An exception will be at the discretion of the ATC, Team Physician, or parent/legal guardian.

Communication

1. Emergency Signals
 - a. Cross "X" signaling using both – bring AED and crutch kit immediately, activate EAP, call for EMS.
 - b. Raised arms parallel "II" – bring crutch kit and cart onto field for splinting and immobilization.

Important Contacts

Licensed Certified Athletic Trainer

Natalie Jackson MS/ATC/LAT

C: (316) 323-0550

Bishop John J. Snyder Main Office

(904) 771-1029

Bishop Snyder Athletics Department

(904) 908-8954

Athletic Department Administrators

Zach Osbeck
Athletic Director
c: (904) 312-2263

Russel Powell
Asst. Athletic Director
c: (678) 525-2333

JOI Team Physician

Dr. Carlos Tandron
w: (904) 346.3465

HCA Florida Park West Emergency

(904) 202-2000
6477 103rd St
Jacksonville, FL 32210

Environmental Conditions

Lightning

1. It is the responsibility of the ATC to observe the daily weather patterns and monitor any significant changes in potentially hazardous weather.
2. The ATC should notify the coaches of outdoor sports at least one hour before practice or competition about the future weather conditions that may affect play.
3. It is the Athletic Administrator's discretion, with the guidance from the ATC, whether to postpone or cancel an event due to weather conditions, and all coaches must be compliant with the decision.
4. If potentially hazardous weather approaches during an athletic event, the ATC should implement the Flash-to-Bang Method of lightning detection and use of a lightning detector device.
 - a. Flash to Bang Method Instructions
 - Watch for any "flash" of lightning.
 - Begin to count immediately after (one one-thousand, two one-thousand, etc.).
 - Stop counting after hearing the "bang" of thunder.
 - Take the number of seconds counted and divide by 5. This gives an approximation of how far away the lightning strike was (5 seconds = 1 mile).
 - b. The lightning detector should be used to indicate the distance of lightning activity.
 - Activity should be suspended with lightning at 8 miles away/30 seconds or less from the flash of lightning to the bang of thunder.
 - c. Activity may resume with permission from the ATC who has been continuously monitoring the weather and reports no lightning or thunder after 30 minutes have passed.
5. If lightning is to occur during a competition, the ATC is to meet with game officials to properly inform them of the conditions. The announcer should be notified to assist with communicating to spectators, players, and coaches that hazardous weather is in the area and to seek shelter.
 - a. Safe shelter areas include:
 - Enclosed buildings (Gym, locker rooms, etc).

- Under covered walkways
 - Fully enclosed metal vehicles with a hard metal roof and windows up
- b. Unsafe areas include:
- Open fields
 - Golf carts
 - Under umbrellas
 - On/under metal bleachers
 - Pools of standing water
 - Near tall trees, flag poles, light poles
6. In the event a Bishop John J. Snyder and/or visiting team athlete, coach, administrator, official or spectator is struck by lightning, the following procedures should be implemented:
- a. The ATC is to assess the scene to ensure safety for themselves and other bystanders.
 - b. If necessary, the ATC may transport the victim to a safe environment before initiating first aid procedures.
 - c. The ATC will evaluate the victim, activate the EAP, notify EMS, and provide necessary first aid, CPR and/or rescue breathing.

Heat Related Illness

Heat illness can occur in multiple stages, becoming potentially life threatening. Without the proper prevention, care, and plan of action, heat related illness may become fatal. Important components to consider when assessing heat illness are outside temperatures, humidity, hydration of athletes, and the timeliness of treating the injury.

1. The following are common signs and symptoms associated with heat illness, in progression from mild to severe.
 - a. Heat cramps – muscle spasm/cramps, feeling hot, thirsty.
 - b. Heat syncope – profuse sweating, dizziness, headache, red skin may cause fainting.
 - c. Heat exhaustion – cessation of sweating, elevated core body temperature, cool or clammy skin, rapid pulse, weakness, nausea, vomiting
 - d. Heat stroke – hot, red skin, shallow breathing, decreased blood pressure, rapid pulse, possible loss of consciousness.

*****Heat stroke is a medical emergency*****
2. In the event an athlete is suffering from one or more of the above mentioned states, they should notify their coach or Sports Medicine Staff for assistance.
 - a. Move the athlete to a cool, shaded area.
 - b. Apply cool wet towels or ice packs and remove clothing.
 - c. Replenish fluids (water and gatorade) at room temperature.
 - d. Monitor symptoms and activate EAP if changes in consciousness or heat stroke is suspected.
 - a. Cold Water Immersion
 - a. In the event of a heat related illness, rapid cooling of the core body temperature is critical.

- b. Two coolers will be filled daily with ice by the ATC and will be kept on the back of the golf cart.
 - c. Immersion tubs can be found under the stands at the football field and in the shed at the practice field.
 - i. Water sources and shade can be found at the concession stand for the football field and under the tree at the practice field.
 - ii. Treatment:
 - 1. Assess cognitive function
 - 2. Lower core body temperature as rapidly as possible by removing the athlete's clothes and equipment and fully immersing s/he into a pool or tub of cold water.
 - 3. Contact physician for any further medical care on site
 - 4. If physician is not present, activate emergency medical system
3. Athletes are encouraged to hydrate themselves daily. They should drink plenty of fluids and water during practices to ensure proper fluid replacement during exercise.
4. If an athlete notices changes in their urine color (becoming deep yellow or darker) they should consult with the ATC and take necessary steps to rehydrate.

Concussions/Head Injuries

The Sports Medicine Staff at Bishop John J. Snyder is committed to quality care in the treatment of head injuries. However, we recognize it is possible that programs may have workouts or activities at times in which the Sports Medicine Staff is not present. For this reason, the following head injury procedure plans have been created to assist the faculty and staff in dealing with these situations. After reviewing the latest literature, this policy recommends guidelines to be followed for the safe care of head injuries.

1. Identifying a concussion/head injury - The individual responsible for assessing the situation may include (in order of medical qualification):
 - a. Team Physician
 - b. Certified Athletic Trainer
 - c. Emergency personnel
 - d. Head coach (if medical professional is unavailable)
2. If the head injury is determined life-threatening (athlete has any loss of consciousness or difficulty breathing), the EAP needs to be activated, and procedures listed below should be followed:
 - a. The ATC or first responder should remain with the athlete and administer appropriate first aid and emergency care.
 - b. EMS needs to be contacted for transportation to the nearest hospital (*HCA Florida Park West Emergency*)
 - c. by calling 911:

- d. "We have an emergency situation at _____, and we request assistance at _____, through _____ entrance."
 - e. Other information to include in the call is demographic information of the athlete, current condition (not breathing, severity of the head injury, etc) .
 - f. The individual making the call should wait for EMS at the designated entrance or have another member of the athletic staff assist in directing EMS.
3. If the ATC is not present, they should be notified **immediately** by phone.
 4. If the situation is determined non-life threatening, the following procedures need to be followed:
 - a. The ATC should be contacted immediately.
 - b. Once present, the ATC should evaluate the athlete in a timely manner using any of the following concussion assessments (BESS, SCAT 2, Graded Symptom Checklist).
 - c. All concussion documents are located in red folder labeled "Concussions" in the top of the first aid kit or on the desk of the athletic training facility.
 - The ATC should determine the appropriate plan of care based on the results of the concussion assessment.
 - The athlete's parents or guardians should be notified and given a written copy of the head injury policy.
 - The ATC is responsible for notifying the Athletic Administrator of the injury.

Return to Full Athletic Participation Guidelines

1. Athletes should not be allowed to return to play on the same day of the injury, regardless of severity.
2. When a concussion is diagnosed, the ATC should send the FHSAA AT18 form to the physician for clearance to begin the graded return to play protocol.
3. Once asymptomatic, the athlete will take the Vital Signs post-concussion test online or as directed by MD.
4. The Vital Signs test results will be reviewed by the ATC and the treating physician.
5. Once cleared by physician to begin RTP protocol, the athlete will begin the following testing process:

Rehabilitation stage	Functional exercise at each stage	Objective	Date completed	Initials
1. Symptom limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities	Noted above	Signed above
2. Light aerobic exercise	Walking, swimming, stationary bike, HR<70% maximum; no weight training	Increased heart rate		
3. Sport-specific exercise	Non-contact drills, running drills: no impact	Add movement		
4. Non-contact training	Complex (non-contact) drills/practice	Exercise, coordination and cognitive load		
5. Full contact practice	Full contact practice, normal activities	Restore confidence and simulate game situations		
6. Return to full activity	Return to competition	After completion of the steps above; Form AT18, Page 2 must be completed by physician		

6. Return to full contact athletic participation is only determined by the ATC and treating physician.

7. An athlete may be cleared for full participation in athletics following successful completion of the ImPACT post-concussion test and 4-day's of physical exertion while being symptom free.
8. All concussion documents including the FHSAA AT18 forms should be signed by the treating physician prior to any return to competition.

Heat Index Policy:

1. ATC will monitor heat conditions and notify coaches if activity needs to be modified.
2. If temperature is at or above 95 degrees F, outdoor temperatures should be monitored in 30 minute intervals
3. Temperatures must be recorded daily and filed for the current school year
4. Cat 3 in the chart below is used to determine the activity guidelines

Cat 3	Activity Guidelines
<82° WBGT	Normal activities are generally safe. Provide at least three rest breaks of 3 minutes each during workouts.
82.2-86.9° WBGT	Use caution with intense or prolonged exercise. Provide at least three rest breaks of 4 minutes each during workouts.
87.1-90 ° WBGT	Limit practice time to two hours. For football : players should wear helmets, shoulder pads, and shorts during practice. Provide at least four rest breaks of 4 minutes each during workouts.
90.1-91.9° WBGT	Maximum practice time is 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 min of rest breaks distributed throughout the hour of practice.
≥92.1° WBGT	No outdoor workouts. Delay practice until cooler WBGT is reached.