

St. Francis de Sales School **Sports Medicine**



Policy & Procedures Manual

St. Francis de Sales School Policies and Procedures Manual

Goal

To provide the highest level athletic health care and return student-athletes to pre-injury/illness activity level as quickly and safely as possible, while advocating for the overall health of the student-athlete.

Vision

The Sports Medicine Department at St. Francis de Sales School is dedicated to the comprehensive health care needs and highest quality injury assessment and management for our student-athletes.

Mission

St. Francis de Sales School Sports Medicine Department is committed to providing the highest quality sports medicine services to the student-athletes by providing injury prevention, emergency care, rehabilitation services, and student-athlete education. The staff will encourage a philosophy of education that places a high value on health and wellness. Student-athletes will be enabled to return to their sport once it is medically safe for the individual to do so. The sports medicine staff will work to reduce the risk of athletic injury for all student-athletes at St. Francis de Sales School.

Sports Medicine/Athletic Department Staff

Name	Title	Contact Information
Alyssa Lassey, AT, ATC	Athletic Trainer	Office: (419)214-5471 SFS Cell: (419)973-5246
Nate Bruss, MS, AT, ATC	Athletic Trainer	Office: (419)214-5471
Dr. John Anderson, DO	Team Physician	Office: (419)251-2061
Jamie Kachmarik	Athletic Director	Office: (419) 214-5468
Nathan Gullette	Assistant Athletic Director	Office: (419) 214-5467
Jen Brown, MSN, RN	School Nurse	Office: (419) 214-5457
Andy Klinger	Director of Facility Operations	Office: (419)214-5455

Treatment

The Athletic Treatment Room opens at 3:05 during normal school days for treatment. The ATR is not an excuse to be late for practice, student-athletes who miss treatments or rehab sessions will report to their coach. On weekends, holidays, etc. it is the coaches' responsibility to notify the athletic training staff of practice times or schedule changes with at least a 48-hour notice, if possible, in order to accommodate treatments and appropriate medical coverage of practices.

Practice for Injured Athletes

Athletes will be encouraged to attend their practice, if possible, treatment and/or rehab can be done during practice with appropriate communication and approval from the head coach prior to practice. Depending on practice times, student-athletes may not be able to rehab/treat injuries after practice due to event coverage or Athletic Treatment Room closure. It will be encouraged that student-athletes complete their rehabilitation/treatment prior to practice times when possible.

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Physician Referral

Student-athletes with orthopedic injuries needing physician evaluation will mostly be referred to the team physician, Dr. John Anderson. The athletic training staff has access to scheduling directly with all Nationwide Children's and Mercy Health physicians. If another physician is preferred by the family, the task of calling to schedule an appointment and communicate with the physician directly will be the responsibility of the student-athlete/parent or guardian.

Any athlete who sees a physician for any reason must have a note clearing them or with limitation/restriction/rehab protocol instructions from the physician turned in to the athletic training staff prior to any athletics participation including practices and lifting sessions with the strength and conditioning department.

Pre-Participation Physical Exams

All student-athletes are required to have a physical on file via Final Forms with the athletics department prior to participation of any kind with any team or with the strength and conditioning department.

Student-athletes do not have to complete a physical at the school summer physical event, it is an option for those families who wish to utilize the opportunity.

Communication of Injured Athletes

Student-athlete injuries will be communicated to coaches via Final Forms, phone call, or face-to-face conversation. Initial participation status due to acute conditions will be communicated via Final Forms. If there are questions or concerns the coach will follow-up with the athletic training staff. Parents will also receive a phone call from the athletic training staff to inform/update them on their student-athletes injury/progress.

Student-athlete confidentiality must always be maintained. Athletic training staff will communicate appropriate student-athlete information with coaches on a "need to know" basis.

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Concussions

Baseline testing will be required using HITCHECK Testing for all Football, Cheerleading, Soccer, Water Polo, Basketball, Hockey, Wrestling, Lacrosse & Baseball. Any student-athlete who sustains a suspected concussion is required to see a physician and, if diagnosed, must complete a 5-phase return to play protocol with the athletic training staff before competing in any athletic event. If the athletic training staff suspects a concussion, the athlete will be required to complete a 5 stage return to play before returning to unrestricted competition. Clearance from a physician does not necessarily mean a return to play program will not be required. The athletic training staff will inform Administration, School Nurse, and Athletic Director of any student with a suspected concussion, so the student's teachers are aware and can allow certain accommodations within the return to learn protocol for the student-athlete in the classroom. Concussion Protocol outlined in manual.

Taping/Bracing

All student-athletes who are taped on a regular basis are expected to participate in weekly rehabilitation for that body part. If an athlete does not rehab the AT staff may require that student-athlete to purchase braces as an alternative to tape. Taping for prevention will not be administered. The athletic training staff does not have time to tape every athlete for prevention, evaluate new injuries, administer treatments and rehabilitation, and get every athlete to practice on time. Athletes who feel they need support to prevent injuries are encouraged to purchase a brace.

Emergency Action Plan

Coaches are encouraged to schedule an annual pre-season meeting with the athletic training staff to review the full EAP, their site specific Medical EAP, and review any medical conditions of student-athletes on their team. Every coach receives a copy of their site specific EAP along with injury/illness specific information. Annual coaches meeting will cover general EAP review. *Coaches will also review the emergency crisis response protocol with athletics administration and athletic training staff prior to each season.* Full EAP included in manual.

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Heat Illness

Education, acclimatization, nutrition, weigh in/outs, and unlimited water breaks are encouraged. The athletic training staff is equipped for any heat related emergency and will treat such illnesses according to best practice. Cold tubs and tents will be set up during fall preseason workouts to treat heat related emergencies. Heat protocols are monitored daily using a WBGT to measure humidity and temperature. In the event of a heat related medical emergency, the athletic training staff will act accordingly following national Position Statements for best practice, monitoring core body temperature, activating the EAP, transporting once core temperature is back in a safe range. (82 WBGT reading & greater require practice accommodations, 90 & above = no activity)

Weather

The athletic training staff is responsible for monitoring weather conditions and informing the appropriate coaches/administrators/officials when practices or events need to be modified or postponed for any reason.

Non-Medical Emergencies

In the event of any non-medical emergency (fire, bomb threat, violent or criminal behavior, etc.) during school hours, refer to the school emergency action plan checklist and follow the instructions. *An after hours emergency response/evacuation plan will be reviewed amongst the athletics department and school administration staff, then shared with each coaching staff.*

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Conclusion

The importance of being properly prepared in the event an athletic emergency arises cannot be stressed enough. An athlete's survival may hinge on the preparedness of the members of the emergency response team. It is crucial to invest athletic department ownership as a whole in the emergency action plan by involving athletic administration, sports coaches, as well as the sports medicine personnel. The emergency action plan, policies and procedures should be reviewed once a year with all athletic personnel along with CPR and first aid refresher training. Through the development and implementation of the emergency plan, St. Francis de Sales School ensures that every student-athlete will have the best care provided in the event of an emergency situation.

Athletic Treatment Room Rules

- ***Golden Rule:*** If an athlete sees a physician/PA for any reason, they must have a note from the provider turned in to the sports medicine staff, before participating in any practice or competition following their appointment.
- Treatments/taping are first come first serve
The ATR is not a restaurant with a menu for athletes to choose from.
Plan of care is a collaborative process by the AT and the student-athlete.
- Every athlete ***must sign in each time prior to receiving*** any treatment.
- Please arrive at least 30 minutes prior to practice or an event if possible (this obviously does not apply for practices immediately after school).
- **No food or backpacks/gym bags** in the ATR.
- **No cleats or muddy shoes** in the ATR. No shoes on the treatment or taping tables.
- **No FaceTime, Snapchat, photos, videos, including TikToks,** while in the ATR. This is a medical facility, respect others privacy.
- If an athlete is on their phone while they are expected to be completing rehab, they will not receive any further treatment and will be asked to leave.
- Proper attire, language, and behavior is expected, at all times, while in the ATR.
- **Athletes must rinse off in the showers** before receiving treatment after practice.
- ***The Athletic Training staff has full authority to ask athletes to leave if they are not compliant with any of the rules listed above or if they are being disrespectful to another athlete or staff member.***

BLOOD BOURNE PATHOGEN PROTOCOL

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****The Blood Borne Pathogen Protocol** must be posted and readily accessible within the ATR

Universal Safety Precautions

Overview

- 1) Disease causing microorganisms may be present in blood and other bodily fluids
- 2) Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) are the most significant
- 3) Strictly follow Universal Precautions and Infection Control
- 4) Procedural practices should include:
 - Immunization of all sports health care personnel (staff and students)
 - Use of protective equipment and practices
 - Proper management of contaminated surfaces and equipment
 - Use and maintenance of a sharps container
 - Proper management and disposal of contaminated refuse

Protective Equipment

- 1) Latex gloves should be worn when contact may occur with blood, bodily fluids, mucus membranes, non-intact skin, and for handling items (gauze, towels, etc.) and surfaces that may be soiled with potentially infectious material
- 2) Eye wear/face guards should be worn when blood and/or other bodily fluids could be splashed, spurted, or sprayed
- 3) Masks and/or protective guards should completely cover the mucus membrane of the mouth, nose, and eyes
- 4) Gowns or aprons should be worn
 - For increased exposure to potentially infectious contaminants to clothing
 - When bodily fluids are spurting
- 5) Protective emergency resuscitation devices should be standard in every athletic health care kit and facility
 - Covered mouth pieces
 - Face masks
 - Resuscitation bags (BVM)
- 6) Following any exposure to potentially infectious material immediately wash and disinfect hands (disposable towellette) and other skin surfaces
- 7) Combined use of gloves and hand washing will maximize protection and prevent accidental exposure

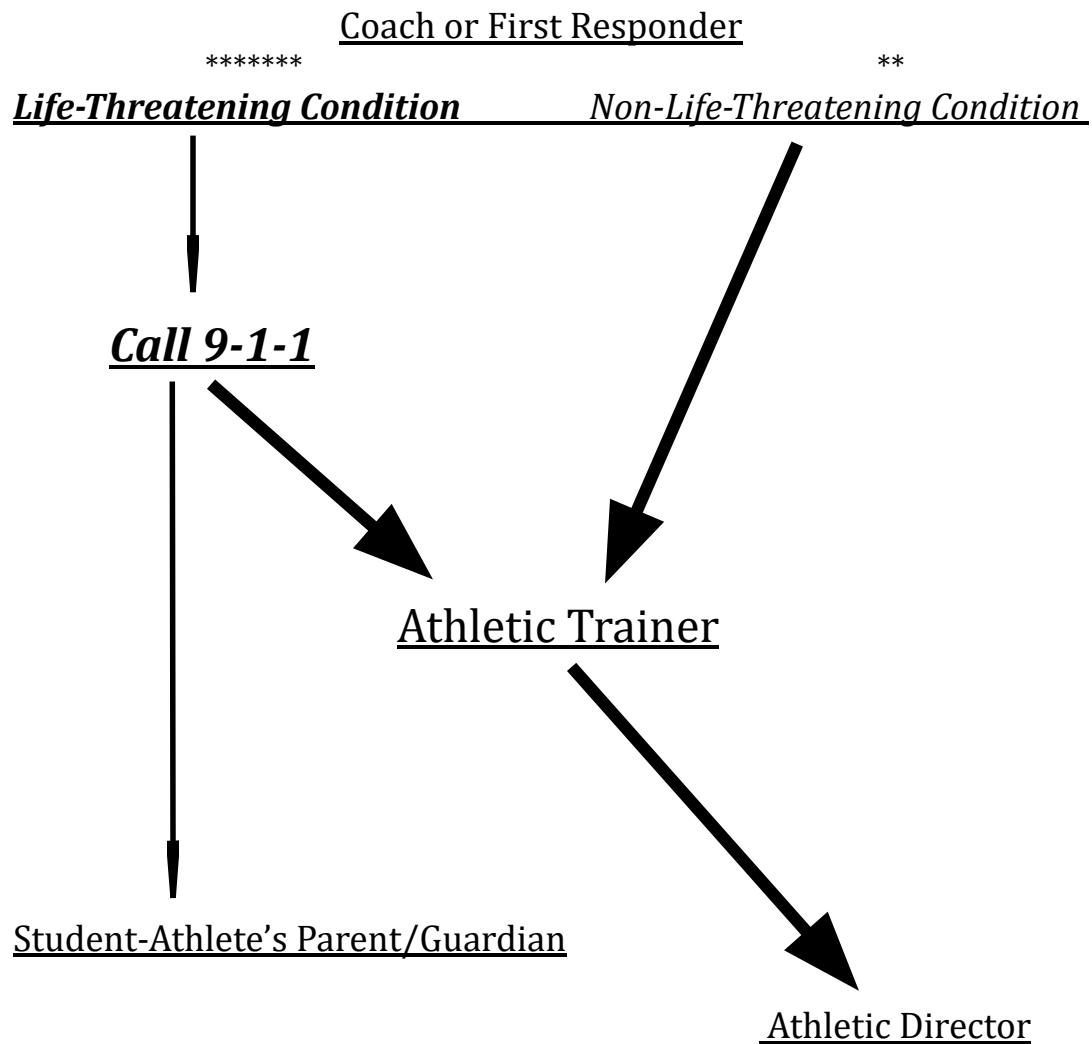
Disinfection

- 1) HBV may be transmitted through direct contact with HBV-contaminated surfaces
- 2) All horizontal surfaces (treatment tables, taping tables, workspace, and floors) should be cleaned:
 - Regularly
 - After patient use
 - Immediately after spills or soiling occurs
- 3) Cleaning solution should be 1:10 to 1:100 solution (bleach: water)
- 4) Caution should be used when using this solution near therapeutic modalities or skin because of caustic and corrosive properties of bleach
- 5) Physical removal of pathogens requires a scrubbing process

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- 6) Large spills of bodily fluids and blood-borne pathogens require flooding the contaminated area with disinfectant before removal of the spill
- 7) Following removal, the area should be disinfected again and thoroughly scrubbed
- 8) Linens and towels soiled with potential infectious materials should be separated from regular laundry and handled as little as possible
- 9) Soiled items should only be handled with gloves and placed in leak-proof bags that are visibly designated for biohazardous items
- 10) All times should be washed with:
 - Detergent and water for 25 minutes, at a minimum of 71deg C (160deg F)
 - Disinfectant solution should be added to water for heavy contamination
- 11) All disposable contaminated products (gauze, paper towels, cotton) should be handled with gloves and placed in a leak-proof biohazardous bag
- 12) Biohazardous waste container or bags should be available on the practice field, court, or training room
- 13) Use of sharps container should be standard in all health care facilities
 - Should be leak-proof, puncture-resistant, red in color, and visibly designated with a biohazardous sign
 - Should be available during all travel and if sharps are required on the practice field or court
 - Reusable sharps, such as pointed scissors/tweezers should be sterilized after each use
 - Scheduled maintenance and inspection of sharps containers are essential in reducing the risk of accidental percutaneous exposure
 - Periodic checks for container integrity and overflow are necessary
- 14) Disposal of contaminated items and sharps containers should be in compliance with the Occupational Safety and Health Administration (OSHA) standards and the requirements of the individual institution
 - AT staff will take biohazard materials down to the school nurse's office once a week to be properly disposed of.

Accident/Injury Phone Tree



Roles within the Medical Emergency Team

1. Establish safety and immediate care of the athlete
2. Activation of emergency medical services
3. Retrieval of emergency medical equipment
4. Direction of EMS to scene
5. Crowd Control during an event

Activating the EAP

Making the call:

9-1-1

- Administration/AT staff or Coaching Staff

Providing Information:

- Name, address, where at SFS are you, phone number of caller
 - ***SFS is 2323 W Bancroft St.***
 - ***LaValley Stadium access is 2049 Parkside Blvd***
 - Gate to Parkside access
 - GESU parking lot to main stadium gate
- Nature of emergency
- Condition of the athlete or coach
- First aid treatment initiated by Athletic Trainer/Physician on scene
- Other information as requested by the dispatcher

Role of additional individuals assisting:

- Crowd control
 - Administration or coaching staff
 - Spectators are not permitted to scene unless directed by admin or AT staff
- Additional equipment retrieval
- Directing EMS at entrance upon arrival
- Gathering medical info from Final Forms if SFS athlete

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Directions to Local Toledo Hospitals from St Francis de Sales School



Promedica Toledo Hospital (4-6 minutes)

2142 N. Cove Blvd, Toledo, Oh 43606

Phone: **419-291-4000**

Directions:

- Head East on Bancroft St for 0.2 miles
- Turn left onto Ottawa Parkway
- In 0.6 miles turn left onto Upton Ave
- In 0.2 miles turn left onto N Cove Blvd
- In 0.3 miles hospital will be on the right

Promedica Toledo Children's Hospital (4-6 minutes)

2142 N. Cove Blvd, Toledo, Oh 43606

Phone: **419-291-5437**

Directions:

- Head East on Bancroft St for 0.2 miles
- Turn left onto Ottawa Parkway
- In 0.6 miles turn left onto Upton Ave
- In 0.2 miles turn left onto N Cove Blvd
- In 0.3 miles hospital will be on the right

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Mercy St. Vincent Medical Center (10-11 minutes)

2213 Cherry Street, Toledo, Oh 43609

Phone: **419-251-3232**

Directions:

Head east on Bancroft St for 3.1 miles

Turn left onto Cherry St

In 0.4 miles hospital is on the left

Mercy St Anne Hospital (8-10 minutes)

3404 W. Sylvania Ave, Toledo, Oh 43623

Phone: **419-407-2663**

Directions:

Head west on Bancroft St for 1.2 miles

Turn right on Secor Rd

In 2.1 miles turn left into parking lot (Secor entrance)

Mercy St. Charles Hospital (15-17 minutes)

2600 Navarre Ave, Oregon, Oh 43616

Phone: **419-696-7200**

Directions:

Head east on Bancroft St for 1.5 miles

Turn left onto N Detroit Ave

In 0.2 miles merge right onto I-75 N toward Detroit

In 4.0 miles take exit 208 for I-280 S toward Cleveland

In 3.6 miles take Exit 7 for OH-2 E/Navarre Ave

Turn left off exit 7 on Navarre Ave

In 0.3 miles hospital will be on right

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Sports Medicine
Medical Emergency Action Plan Policies

In the event of any Medical Emergency, 9-1-1 should be the initial call, then contact Alyssa: (734)735-8619 or Sean: (989)844-4396 if not already present on scene.

The athletic training staff has standing orders from the medical director to act within their scope of practice when treating a variety of medical conditions.

An AED is located in the Athletic Treatment Room if not at an event. One is also located in the hallway, on the wall by the exit doors (C19) near the receiving lot. During an event, the AED will be present on the sideline.

Alyssa or Sean should be notified if any of the following occur with any athlete or coach:

Asthma/Difficulty Breathing:

Symptoms may include-

Rapid breathing, anxiety, inability to breath lying down, dizziness, wheezing or coughing, rapid/irregular heartbeat, sweating

First Aid-

- Check the athlete's airway, breathing, pulse.
- Loosen tight clothing or padding
- Help the athlete use any prescribed medication (inhaler)
- If the athlete stops breathing, begin CPR
- Continue monitoring athlete's breathing/performing CPR until medical personnel arrive

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Allergic Reactions: Can be caused from medication, insect sting, food allergy, mold, or latex

Symptoms may include-

Skin reactions like hives, itching and flushed or pale skin, warm to touch, wheezing or trouble breathing, swollen tongue or throat, nausea/vomiting, dizziness/fainting

First Aid- if you suspect a severe allergic reaction call 911 then

- Ask if athlete carries an Epinephrine autoinjector and if you can help them administer it
- Have the athlete lie still on their back
- Loosen any tight clothing
- If reaction is not severe

Head Injury: Can be caused from direct trauma to the head or face by another person, object or playing surface.

Symptoms may include-

Headache, dizziness, confusion, loss of consciousness, light/noise sensitivity, pressure in head or behind eyes, fatigue or drowsiness, nausea, vomiting, difficulty concentrating or remembering, and seizures.

First Aid-

- Rule out cervical spine injury (pain at midline or numbness/tingling down extremities)
 - If you suspect a spine injury and can confirm athlete is breathing and has a pulse, monitor vitals and keep athlete still until help arrives
- Remove athlete from activity
- Monitor symptoms
- If loss of consciousness occurs:
 - Check athletes breathing and pulse- one or both are not found, call 911 immediately, roll the athlete to their back if needed, remove helmet and pads if necessary and begin CPR.
 - If the athlete is seizing place them in the recovery position
 - Keep athlete still until help arrives
 - Athlete must be prone (on their back) to assess and monitor airway
 - May need to assist in rolling athlete while c-spine is held
 - Remove any equipment
 - If the athlete is prone, breathing, and has a strong pulse, administer a sternal rub to attempt to wake the athlete
 - DO NOT tap their face or head.

Return to Play-

- The athlete cannot return to play the same day if loss of consciousness occurred.
- The Team Physician or the Athletic Training staff are the only individuals who can clear the athlete the same day if they determine the athlete does not have a concussion/TBI.
- Once an athlete has a suspected concussion, they must see a physician, complete the 5-day return to play requirements with the Athletic Training staff to return to competitions.

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Seizure:

Symptoms may include-

Sudden fall, uncontrolled muscle spasms, brief blackout followed by a period of confusion, blank stare followed by confusion, drooling from the mouth, temporary stop in breathing, loss of bowel control

First Aid- If an athlete with an unknown seizure condition begins to seize call 911 then the AT if not already present

- Time the seizure
- Lay the person on the ground in a safe area
- Remove any furniture, objects, or equipment
- Place the athlete in the recovery position
- Recovery position: Side lying, bottom arm placed above head, position someone behind the athlete to help hold them on their side
- Loosen tight clothing if possibly
- DO NOT try to hold the athlete down, place anything in their mouth, or remove a helmet while the athlete is seizing.
- Once seizing has stopped, check breathing and pulse.

Heat Illness: Can be caused from water depletion, salt depletion, cardiovascular insufficiency, or heat syncope (in which case water and electrolyte levels are normal)- extreme reaction to the body not being able to regulate the core temperature and cool itself

Heat Exhaustion Signs/Symptoms-

Dizziness, lightheadedness, moderate increase in body temp (below 102), nausea, vomiting, fainting, tachycardia (increased HR)

Heat Syncope Signs/Symptoms-

Dizziness, nausea, vomiting, fainting, decreased BP, bradycardia (decreased HR)

First Aid-

- Remove athlete from the heat
- Lay them on their back and elevate their feet
- Provide electrolyte beverage
- Remove excessive clothing
- Use ice bags or ice towels to cool the athlete- **back of neck, underarms, groin

Return to Play-

- Mild heat exhaustion may be able to return in a day or two, athlete must be symptom free, gradually increase intensity and volume of activity

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****Exertional Heat Stroke Signs/Symptoms-

Fatigue, dizziness, inability to continue exercise/collapse, flushed skin, skin will still appear sweaty, tachycardia with decreased BP (high HR with low BP), hyperventilation, vomiting, diarrhea

First Aid-

COOL FIRST THEN TRANSPORT

****EHS is the only medical emergency where rushing the athlete to the hospital is almost always fatal***

- Remove excessive clothing
- Remove from the heat if possible- either inside (air conditioning is ideal) or under a tent out of the sun
- **Ice immersion** as soon as possible- immerse as much of the body as possible
 - *Core Body Temp must be taken and monitored while cooling to know when safe to transport- this will be done by the AT
- Vitals are monitored while athlete is immersed in ice immersion tub
- If athlete is conscious, electrolyte beverage may be given (in moderation)
- In the event that ice immersion is unavailable, ice towels/removing clothing and soaking with ice water/packing ice bags around the athlete's neck, armpits, groin is acceptable until immersion tub is filled
- Once EMS arrives, intravenous fluids can be administered while immersed in the water
- Core Body Temp must be between 102- & 101.5-degrees F before removing and transporting via ambulance to hospital

Return to Play-

- Athlete will not be permitted to return to any physical activity for at least 1 week
- They must be cleared by a physician to begin physical activity
- After 7 full days the athlete can gradually return to activity in a cool environment (2-3 days)
- Limited duration and intensity physical activity in the heat
- Return to sports participation with limitations as needed and monitored by AT
- Full participation

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MODEL POLICY FOR MANAGING HEAT & HUMIDITY

30 minutes prior to the start of an activity, and again 60 minutes after the start of that activity, take temperature and humidity readings at the site of the activity. Using a digital sling psychrometer is recommended. Record the readings in writing and maintain the information in files of school administration. Each school is to designate whose duties these are: generally, the athletic director, head coach or *certified athletic trainer*.

The following recommendations and guidelines are provided by the National Athletic Trainer's Association (NATA) and are to be followed in the event of extreme weather

1) Extreme heat

Note: When the temperature is below 80 degrees there is no combination of heat and humidity that will result in a need to curtail activity.

<u>Wet-Bulb Globe Temperature</u>	<u>Guidelines and Rest-Break Guidelines</u>
79.0°F	Normal activities: provide ≥3 separate rest breaks/hour of minimum duration 3 min in each during workout
80.0-85.9°F High Risk	Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks/hour of minimum duration 4 min each
85.7-87.6°F Very High Risk	Maximum practice time = 2 hours. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks/hour of minimum duration 4 min each
87.7-89.9°F Very High Risk	Maximum length of practice = 1 hour. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice
Over 90°F	NO outdoor workouts, cancel exercise, delay practices until cooler WBGT reading occurs

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Guidelines for temperature measurement and tracking

- AT staff will use the Krestrel 5400 Heat Stress Tracker to monitor & track WBGT
 - Tracker will be set up once ATC arrives to the school during first half of football season
- AT staff will save all data points from every outdoor practice/game day
- WBGT will be taken periodically and practice adjusted based on outcomes
 - 30 min prior & start of practice
 - If temps remain within the same range, guidelines are followed. Follow up temp is taken 30 min into practice.
 - If temp in different range, take again 15 min later
 - If temp decreases to a new zone during practice, wait 15 min and take temp again. If both temps are within the same zone, adjust practice to new zone guidelines.

Guidelines for hydration and rest breaks

- Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved.
- For football: helmets should be removed during rest time
- The site of the rest time should be a “cooling zone” and not in direct sunlight
- When the WBGT reading is greater than 86°F ice towels and spray bottles filled with ice water should be available in the “cooling zone”. Cold-immersion tubs must be available for practices for any players showing early signs of heat illness

2) Severe Cold

Temperature	Guidelines
30°F and below	Aware of the potential for cold injury and notify appropriate personnel of the potential for injury
25°F and below	Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming
15°F and below	Consider modifying activity to limit exposure or to allow more frequent chances to warm
0°F and below	Consider terminating or rescheduling activity

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Exertional Sickling: Can be common in individuals who have the sickle cell trait. The red blood cells stick together and cannot move through the body causing rapid muscle breakdown. Caused from low blood oxygen levels, metabolic acidosis (both can occur in as little as 1-5 min), and dehydration of red cells all of which can be the outcome of too much, too fast, too soon.

Signs/Symptoms may include-

Feeling of weakness, legs “like jello”/wobbly, cramping, non-trauma related collapse (unlike EHS the athlete may collapse after only briefly being on the field-lower core temp), hyperventilating with chest tightness, athlete will be able to communicate if they collapse but may appear to be experiencing intense pain

First Aid-

- Remove from activity
- Check/ monitor vitals
- Cool the athlete via ice towels or ice bags if needed
- If athlete does not begin to recover quickly (5-10min) call EMS
- Retrieve the AED in case of decline

Severe/Uncontrolled Bleeding:

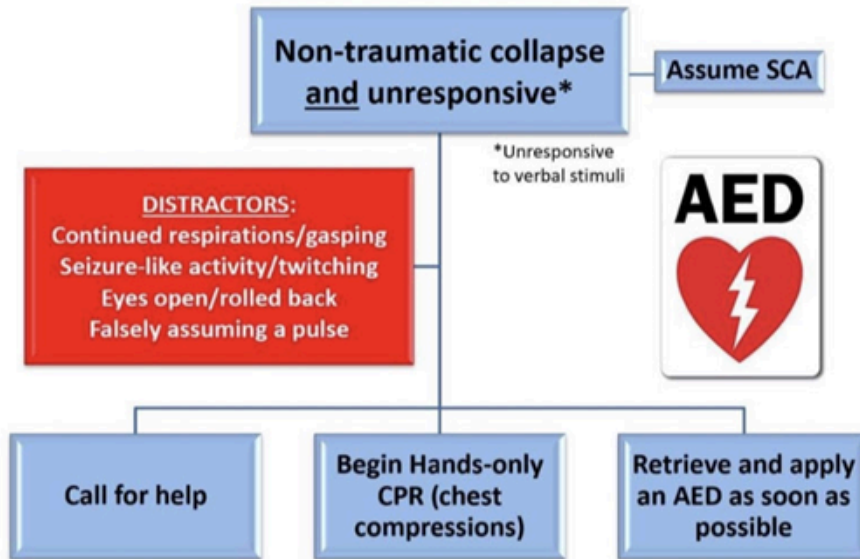
Any incision, laceration, avulsion, or puncture resulting in a wound deeper than ½ an inch with bleeding that will not stop with direct pressure that lasts for more than 20 minutes, or that is a result of a serious, high impact, collision or accident requires immediate emergency attention.

First Aid-

- Help the athlete lie down, elevate their feet, and keep them from looking at the wound
- Apply direct pressure over the wound using a sterile bandage or clean cloth-press firmly with your palm
- Immobilize the injured body part
- Do not apply direct pressure on an injured eye or embedded body part
- If direct pressure cannot be applied, apply pressure proximal to the wound on a major artery
- If a bandage is applied and completely saturated, continue to add bandages rather than removing and re-applying

✓ Emergency Action Plan for SCA

Universal Response to the Collapsed Athlete



Sudden Cardiac Event: Can be caused from a number of underlying heart diseases

Signs/Symptoms may include-

Chest tightness or discomfort, discomfort in arm or in jaw, shortness of breath, nausea/vomiting, dizziness, feeling disoriented, sudden collapse

First Aid-

- If you suspect some type of cardiac event or heart attack **activate the EAP and call 911 immediately**
- Have the individual sit down and try to remain calm
- If the individual collapses and is not breathing begin CPR
- If no heart activity can be detected, continue CPR while someone retrieves the AED
- Open AED and follow the prompts

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Cervical Spine Injury: C-spine injuries can be caused from direct trauma to the neck or head by another athlete, playing surface, or equipment.

Symptoms-

Midline pain along the vertebrae, numbness or tingling down the extremities, reporting paralysis in extremities, unconsciousness after a direct blow to the head or neck.

First Aid- *With a suspected cervical injury do not allow the athlete to move or get up*

- **ABCs: Airway, Breathing, Circulation-** check to make sure the athlete's airway is open, they are breathing, and that they have a pulse
 - If ABCs are normal and the athlete is conscious, ask them if they have any pain in their neck and/or are experiencing any numbness/tingling sensations down their extremities
 - **PMS: Pulse, Motor, Sensation-** check extremity motor function and sensation
- Hold their head in a neutral position, do not pull into traction or compress the head/neck down.
- If the athlete is not supine (on their back), a log roll must be performed while someone holds c-spine, so the athlete's airway and chest are accessible in case of a decline in status.
- If the athlete is not conscious, hold c-spine (head in neutral), make sure they are supine with their chest and airway accessible (remove equipment).

Stroke: Blood flow to the brain is interrupted or reduced depriving the brain of oxygen

Signs/Symptoms may include-

Trouble speaking or understanding, paralysis, weakness, or numbness of the face, arms, or legs, trouble seeing with one or both eyes, headache, balance problems/ trouble walking

First Aid-

Call 911 if you suspect a stroke

BE FAST:

- Balance- Sudden loss of balance?
- Eyes- Loss of vision in one or both eyes?
- Face- Can they smile without facial drooping of the mouth or eyes?
- Arms- Can they raise both arms & squeeze with both hands equally?
- Speech- Can they speak clearly, do they make sense, and can they understand what you are saying to them?
- Time- The sooner they can receive medical attention, the more likely they have to recover.

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Joint Dislocation: Can be caused from a direct blow to the joint with a ball, the playing surface, or another person.

***Hip, elbow, knee, and ankle dislocations are medical emergencies and need immediate medical attention

Symptoms may include-

Physical deformity of the joint, swelling, limited range of motion, muscle spasms around the joint, intense pain

First Aid-

- Attempt to cover the injury so the athlete and surrounding individuals cannot see the severity of the deformity
- Sit the athlete down if needed and try to keep them calm
- In the event of an open dislocation (bone breaking the skin), control the bleeding by applying pressure proximal to the injury site, do not apply pressure directly to the injury site- you can apply a clean bandage or cloth to the site without applying pressure
- If ankle or elbow is dislocated, check for radial/pedal pulse- if absent pulse, athlete needs medical attention ASAP
- If hip or ankle is dislocated, do not attempt to move the athlete until medical help arrives

Scope of Practice: *Standing orders include the reduction of joint dislocations in the event of neurovascular compromise, the sports medicine staff determines reducing aligns with best practice, and/or staff is comfortable performing the reduction.*

Fractures: Can occur from any direct contact from a piece of equipment, playing surface, or another person

*** Open fractures that present with *significant bleeding* require emergency medical attention- do not wait for athletic training staff if not present, call 911 and request an ambulance

Symptoms may include-

Severe pain both upon palpation and/or without, swelling, bruising, obvious gross deformity, inability to bear weight or apply pressure.

First Aid-

- Keep the injured body part as still as possible
- Do not attempt to have them walk if injury is to a lower limb or back
- Cover the injured body part if there is a gross deformity to avoid the athlete from going into shock
- Try to keep the athlete as calm as possible
- Wait for the Athletic Trainer or medical services (if necessary) to arrive

St. Francis de Sales School Policies and Procedures Manual

Diabetic Emergency: Can be caused from too much sugar in the blood, or too little sugar in the blood. Most young athletes are type 1 where the body does not produce insulin.

Symptoms may include-

Changes in level of consciousness, change in mood, rapid breathing and pulse, dizziness or headache, confusion, loss of consciousness

First Aid-

- Never stop an athlete from checking levels
- NEVER leave a low athlete ALONE

*****Low levels turn dangerous quicker than high levels- SUGAR FIRST** then questions/testing if necessary

- *If the athlete is conscious:*
 - Ask them if they have hypoglycemia (low) or hyperglycemia (high)
 - If they have a testing kit or medication, help them administer it
 - If you are unsure which form of diabetic emergency they have, give them a sweet drink or piece of candy and activate the EAP
- *If the athlete collapses:*
 - Activate the EAP, call 911 immediately
 - Check the athlete's ABC's- airway, breathing, and pulse
 - If the athlete is breathing, get them in the recovery position, administer emergency medication, never force food/drink to unconscious athlete
 - If they are not breathing, begin CPR

Shock:

Diminished blood available to the circulatory system caused by gross vasodilation of the blood vessels. The increased circulation of blood flow causes a lack of oxygen from the readily available red blood cells.

Symptoms-

Moist, cool and clammy skin; weak and rapid pulse, increased respiration and heart rate with a decrease in blood pressure; possible loss of consciousness

First Aid- ***Goal is to prevent shock by minimizing view of injury severity, controlling bleeding, returning respiratory rate back to normal rates, administering epinephrine (anaphylactic shock)***

- REMAIN CLAM
- Elevate feet ~ 8-12" (if injury allows)
- Prevent athlete(s) from seeing any deformities or blood loss
- Loosen clothing, apply cool compress to neck or forehead (cold towel or small ice pack)
- Administer emergency medication if in anaphylaxis
- Administer emergency oxygen if possible
- Maintain body temperature
- Reassure athlete they are okay

St. Francis de Sales School Policies and Procedures Manual

Lightning:

***If you hear thunder get off the field before the lightning strikes

- In the event of a lightning ***strike or thunder***, all sporting practices and events will be ***suspended for 30 minutes*** after the last lightning strike is seen or thunder is heard.
- If teams are practicing outside, they must be removed from the playing field and take shelter inside the nearest building or under the closest non-metal or steel shelter.
- During an event all spectators should be removed from the bleachers and sent to the nearest shelter.
- Open dugouts, storage shelters, pavilions, open concession stands, tents, and press boxes are not secure shelters.
- The ideal lightning safe facility is an enclosed building with plumbing and electric wiring.

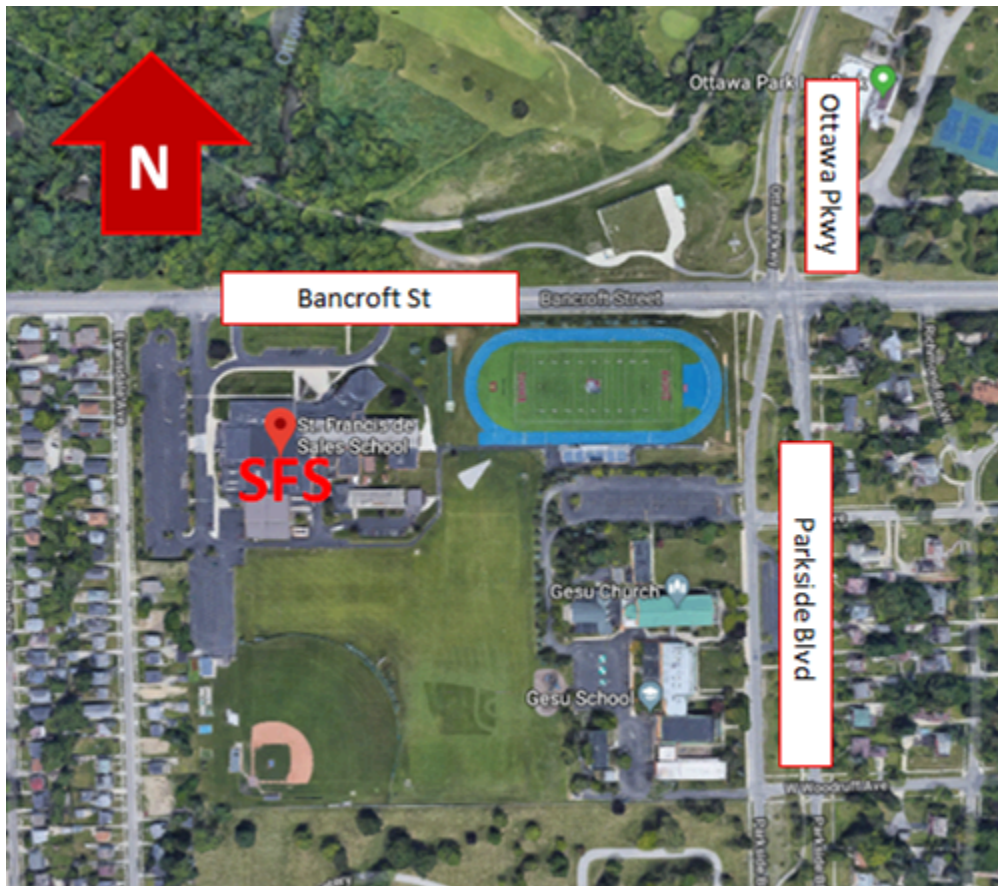
- ☐ If an athlete/coach/official/spectator is struck directly or indirectly by lightning-
 - Call 911 immediately
 - Make sure the scene is safe for you to approach to the individual
 - The individual *can be* touched after a lightning strike
 - Assess vitals- you may need to treat for cardiac arrest or severe burns
 - Remove the individual from the playing surface for further treatment

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

2323 W. Bancroft St., Toledo, OH 43607

Phone: 419-531-1618

Fax: 419-531-9740



St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group of *at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Cross Country at Ottawa Park

Ambulance should enter the facility off Ottawa Park Drive onto East Circle Lane. Follow drive to the parking lot.

Lightning/Tornado Shelter: No specific shelter area due to geography. Follow facility recommended protocol.

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio or while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft door C19**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Athletic Treatment Room

There is a phone located in the athletic training room office. ***Ambulance should enter the school off Bancroft, drive back to the receiving lot (C side), enter through door C 19 (leading to the training room/locker room hallway).*** Designate someone to stand at entrance doors to direct the ambulance into the school.

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio or while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Tennis Courts

Follow the facilities emergency action plan directions

Designate someone to stand at the entrance to direct medical personnel.

Lightning/Tornado Shelter: Follow facility recommended protocol.

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio or while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft door D23**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Auxiliary Gym

There is a phone located in the athletic training room. ***Ambulance should enter the school off Bancroft.*** Access will be West Lobby doors off the gym (D23). Designate someone to stand at the entrance to direct personnel into the gym.

St. Francis de Sales School

Athletic Training

Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft door D23**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Main Gym

There is a phone located in the athletic training room. ***Ambulance should enter the school off Bancroft.*** Access will be through the **West Lobby doors (D23)** off the gym. Designate someone to stand at the entrance to direct personnel into the gym.

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft door D22**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Pool

Ambulance should enter the school off Bancroft. Access will be through the south entrance, **Natatorium Lobby (D22)** doors by the pool. Designate someone to stand at the entrance to direct personnel into the gym.

St. Francis de Sales School

Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Baseball Field

Ambulance should enter off Bancroft, drive past West Lobby (D side) entrance, approach the field along the left field gate/Main Gate. Ambulance may drive directly onto the field. Designate someone to open and stand at the gate to direct the ambulance and personnel in. Clear spectators if necessary.

Lightning/Tornado Shelter: ****Gym/clubhouse/barn are NOT safe during a tornado*

School gymnasium, clubhouse locker room, hitting barn/School locker room

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft door D24**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Wrestling

Ambulance should enter the school off Bancroft, enter through the West Lobby (D24). Access to the wrestling room is located up the stairs inside the north doors (D24) on the second floor. Designate someone to stand and hold these doors open and direct the emergency personnel in.

St. Francis de Sale School

Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2049 Parkside Blvd**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group of *at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: LaValley Stadium

Ambulance can park off Parkside, enter through EAST gate (AT, coaches, or Admin). Ambulance can also pull into Gesu parking lot (2049 Parkside Blvd) and enter through the main gate to access the track. Designate someone to stand and direct emergency personnel into the stadium.

Lightning/Tornado Shelter: ****Gym is not safe during a tornado*
School gymnasium, Stadium locker rooms or garage/School locker room

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Practice Field

Ambulance should enter off Bancroft, drive back to C side of building, towards receiving lot, and approach the field along back gate behind the oblate's residence. Ambulance may drive directly onto the field. Designate someone to stand at the entrance to direct the ambulance and personnel in.

Lightning/Tornado Shelter: ****Gym is not safe during a tornado*
School gymnasium/School locker room

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **7060 W Sylvania Ave**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Hockey (Tam-O-Shanter)
7060 W Sylvania Ave

Ambulance should enter the facility off W. Sylvania Ave. Refer to facility EAP when directing an ambulance.

St. Francis de Sales School
Athletic Training
Medical Emergency Action Plan

If an athlete is injured and needs an ambulance and the athletic trainer(s) are not immediately present, have an assistant contact the AT staff via radio while the head coach calls for an ambulance.

Examples of injuries that require an ambulance: significant joint dislocations of the hip or ankle, possible head/spinal injuries, situations where the athlete has stopped breathing, seizures, situations where an athlete is having a severe allergic reaction, sudden collapse and unresponsiveness, etc. **IF IN DOUBT AND CANNOT REACH THE ATHLETIC TRAINER ON THE FIRST TRY, CALL FOR AN AMBULANCE.**

Calling 911 is the priority, do not call parents or administration first. Always make sure an ambulance is on the way before contacting parents/guardians. For the person calling 911:

- Identify yourself
- Give the ***address of the emergency*** and that you need an ambulance
 - **2323 W Bancroft door D24**
- Be prepared to give a brief description of the injury or situation
- Send an assistant or a group *of at least two other athletes* to stand near or at the entrance to direct the emergency personnel

Below are directions.

Facility: Weight Room
2323 W Bancroft

Ambulance should enter the school off Bancroft (D24). Access the West Lobby through the north doors (D24). Designate someone to stand by the doors to direct the medical team from the parking lot to the weight room.

St. Francis de Sale School
Athletic Training
Medical Emergency Action Plan

Facility: Glass Bowl (**Location:** **University of Toledo Venue 3**)

*Medical personnel on the sideline will activate EAP and indicate if EMS is necessary
Medical hudl prior to event including both teams sports med staff, EMS, and officials*

Medical staff present:

- Athletic Training Staff
 - **Nate Bruss**, Head Football AT
 - **Alyssa Lassey**, Assistance Football AT
 - Visiting team's AT staff
 - Outlined in *Medical Timeout* document
 - Athletic Training Students
- Providers
 - Dr. John Anderson, MD
 - Dr. Seth Phillips, MD
 - Dr. Ben Boothby, DO
 - Dr. Boone, MD
 - Visiting team physician
- Glass Bowl Medical/EMS Staff
 - Immediate emergency care
 - Contacting dispatch for further assistance if needed
 - Lucas County
 - Toledo Fire
 - Transport

Conditions that require an ambulance:

- **Cardiac arrest**
- **Respiratory distress**
- **Cervical injuries** that require immobilization
- Possible transport to ED due to inability to transport athlete

Ambulance will enter through the EAST gate (visitors sideline) at the North endzone. Designate someone to stand and direct emergency personnel into the stadium.

Lightning/Tornado Shelter: Gymnasium/Locker room

St. Francis de Sales School Policies and Procedures Manual

EVENT BINDER INFORMATION

GLASS BOWL:

- *Activation of the EAP is initiated by Athletic Training staff or Administration during a competition*
- *TPD officers or UTMC Medics on scene will radio in for Life Squad or Toledo Fire and Rescue if necessary; if not present AD/event coordinator will call 9-1-1*
 - Signaling:
 - **Fist = cart and split bag** from sideline
 - **X with forearms = activate EMS**
 - EMS to field
 - *Radios* will be used to communicate additional info
- Glass Bowl PA Announcement:
 - “Spectators, at this time we ask everyone to remain in their seats, please stay clear of gates accessing the field. Medical staff is on scene at this time”.
 - **DO NOT** for any reason make an announcement **asking for spectators with medical background to approach the scene**, unless directed by Andy Klinger, John Hall, Jamie Kachmarik, Alyssa Lassey, or Sean Tilley
 - Play music or make any affiliation/OHSAA/sponsorship/concession stand announcements at this time
- Event Staff:
 - Crowd Control
 - **DO NOT** allow spectators to approach the scene even if they insist they are medical professionals wanting to assist
 - Parents may access sideline if escorted by administration and they do not escalate the situation.
- Administration
 - Role once EAP is activated- make call for 9-1-1
 - If EMS is not needed
 - **Assist in crowd control** or ushering parents/guardians onto field/track if appropriate
 - Parents on scene may cause more issues during certain injuries, AT staff will advise
 - If *SFS athlete*: emergency medical info off Final Forms

St. Francis de Sales School Policies and Procedures Manual

LaValley Stadium:

Activation of the EAP is initiated by Athletic Training staff or Administration during a competition

****TPD officers on scene will radio in for Life Squad or Toledo Fire and Rescue if necessary; if not present AD/event coordinator will call 9-1-1***

- **Signaling:**
 - **Fist = cart and split bag** from sideline
 - **X with forearms = activate EMS**
 - Designated person will call 9-1-1
- **Radios** will be used to communicate additional info
- **La Valley PA Announcement:**
 - “Spectators, at this time we ask everyone to remain in their seats, please stay clear of any gates accessing the track. Medical staff is on scene at this time”.
 - **DO NOT** for any reason make an announcement **asking for spectators with medical background to approach the scene**, unless directed by Andy Klinger, John Hall, Jamie Kachmarik, Alyssa Lassey, or Sean Tilley
 - Play music or make any OHSA/sponsorship/concession stand announcements at this time
- **Event Staff:**
 - **Crowd Control**
 - **DO NOT** allow spectators to approach the scene even if they insist they are medical professionals wanting to assist
- **Administration**
 - Role once EAP is activated is to **make the call if EMS is needed**
 - 2049 Parkside BLVD
 - If EMS is not needed
 - **Assist in crowd control** or ushering parents/guardians onto field/track if appropriate
 - Parents on scene may cause more issues during certain injuries, AT staff will advise
 - If *SFS athlete*: **emergency medical info off Final Forms**

St. Francis de Sales School Policies and Procedures Manual

Don Kober Field:

Activation of the EAP is initiated by Athletic Training staff or Administration during a competition

****TPD officers on scene will radio in for Life Squad or Toledo Fire and Rescue if necessary; if not present AD/Coach will call 9-1-1***

- **Signaling:**
 - **Fist = cart and split bag** from sideline
 - **X with forearms = activate EMS**
 - Designated person will call 9-1-1
- **Radios** will be used to communicate additional info

- **Baseball PA Announcement:**
 - “Spectators, at this time we ask everyone to remain in their seats, please stay off the field. Medical staff is on scene at this time”.
 - **DO NOT** for any reason make an announcement **asking for spectators with medical background to approach the scene**, unless directed by Andy Klinger, John Hall, Jamie Kachmarik, Alyssa Lassey, or Sean Tilley
 - Play music or make any OHSA/sponsorship/affiliation/concession stand announcements at this time

- **Event Staff:**
 - **Crowd Control**
 - **DO NOT** allow spectators to approach the scene even if they insist they are medical professionals wanting to assist

- **Administration OR Coaching Staff**
 - Role once EAP is activated is to **make the call if EMS is needed**
 - 2323 W Bancroft
 - If EMS is not needed
 - **Assist in crowd control** or ushering parents/guardians onto field/track if appropriate
 - Parents on scene may cause more issues during certain injuries, AT staff will advise
 - If **SFS athlete**: **emergency medical info off Final Forms**

St. Francis de Sales School Policies and Procedures Manual

"The PIT":

Activation of the EAP is initiated by Athletic Training staff or Administration during a competition

****TPD officers on scene will radio in for Life Squad or Toledo Fire and Rescue if necessary; if not present AD/event coordinator will call 9-1-1***

- **Signaling:**
 - **Fist = cart and split bag** from sideline
 - **X with forearms = activate EMS**
 - Designated person will call 9-1-1
- **Radios** will be used to communicate additional info

- **Gymnasium PA Announcement:**
 - "Spectators, at this time we ask everyone to remain in their seats, please clear the north entrances of the gym. Medical staff is on scene at this time".
 - **DO NOT** for any reason make an announcement **asking for spectators with medical background to approach the scene**, unless directed by Andy Klinger, John Hall, Jamie Kachmarik, Alyssa Lassey, or Sean Tilley
 - Play music or make any OHSAA/sponsorship/affiliation/ concession stand announcements at this time

- **Event Staff:**
 - **Crowd Control**
 - **DO NOT** allow spectators to approach the scene even if they insist they are medical professionals wanting to assist

- **Administration**
 - Role once EAP is activated is to **make the call if EMS is needed**
 - 2323 W Bancroft
 - If EMS is not needed
 - **Assist in crowd control** or ushering parents/guardians onto field/track if appropriate
 - Parents on scene may cause more issues during certain injuries, AT staff will advise
 - If **SFS athlete: emergency medical info off Final Forms**

Emergency Action Plan Activation Flow Chart

AT hand signals:

FIST

3 Pumps

X

Splint Bag

CPR in Progress _____ ****9-1-1***
*******AED***

Teams to benches

Clear scene _____ ***No Spectators***

No Spectators on field/court

Direct EMS to scene