Ashe County High School Athletic Department

Emergency Action Plan

The purpose of this document is to provide instructions to members of the Ashe County High School's Athletic Department in the event of a medical emergency regarding student-athletes. **An emergency is any sudden life threatening injury or illness that requires immediate medical attention**. Emergency situations can occur at anytime during athletic participation. Expedient action must be taken in order to provide the best possible treatment. This emergency plan will help ensure the best care is provided.

All members of the athletic department who work directly with athletes are required to familiarize themselves with this plan. Throughout the year there might be many times in which an athletic trainer or medical professional is not immediately available. This places athletic personnel, most likely coaches, in the position of potentially providing emergency medical services in the form of cardiopulmonary resuscitation and basic first aid. ***All coaches are required to have and maintain CPR certification within 3 months of employment***.

Athletic personnel should review the policy at the beginning of each academic year. Coaches should discuss the policy in detail with the athletic trainer assigned to their sport. Those with the highest level of health training, such as a Team Physician, Certified Athletic Trainer, or Emergency Medical Staff are responsible for the emergency plan at a session or event. If a member of the sports medicine staff is not available at a practice, then the Coach is responsible for the emergency plan. Legal liability is very important to consider, and ALL athletic staff should understand this plan.

Hopefully, potential emergencies will be avoided by thorough physical screenings of an athlete prior to participation in any sport. Also, safe practices, including training techniques and medical coverage should be taken into consideration. However, accidents and injuries are inherent with sports participation. Therefore, proper preparation on the part of the athletic staff will enable each emergency situation to be managed appropriately. If you have any questions about the enclosed plan, please contact the Athletic Director, Marc Payne, to discuss any pertinent issues in advance.

There are three basic components of this plan: ***Emergency Personnel, Emergency Communication, Emergency Equipment, Specific Conditions, and Concussions.*** A summary emergency template is provided at the end for your convenience.

I. EMERGENCY PERSONNEL

The type and degree of sports medicine coverage for an athletic event (practice or contest) may vary based on factors such as the particular sport or activity, the setting, and the type of training or competition. With the majority of athletic contests and practices, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a **Certified Athletic Trainer (ATC)**. A **Team Physician** may also be present at some high-risk events and practices. **Emergency Medical Technicians (EMTs)** will be available at the following contests: football, (Varsity and Junior Varsity).
Roles of these individuals within the emergency team may vary depending on various factors such as number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. Roles within the emergency team include:

A. Immediate Care of the Athlete (by those with highest level of health training)
B. Emergency Equipment Retrieval
C. Activation of Emergency Medical Services
D. Directions to the Emergency Site (EMS)

A. Immediate Care of the Athlete

The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. This should be determined in advance of each training session.

B. Emergency Equipment Retrieval

The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, coaches and equipment personnel are good staff members for this role. Important emergency equipment is noted below.

C. Activation of Emergency Medical Services (EMS)

The third role, EMS activation, should be done as soon as the situation is deemed an "emergency" or "life-threatening event". Time is the most critical factor. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure, who communicates well, and who is familiar with the location of the sporting event. **STEPS FOR ACTIVATION ARE NOTED BELOW.**

D. Directions to the Emergency Site

After EMS has been activated, one member of the team should be responsible for meeting the emergency medical personnel as they arrive at the site of the contest, if they are not already there. Depending on ease of access, this person should have keys to any locked gates or doors that may hinder the arrival of medical personnel. A student athletic trainer, manager or coach may be appropriate for this role

II. EMERGENCY COMMUNICATION

A. Activation of Emergency Medical System (EMS)

In the event that an emergency occurs involving a student athlete, a member of the Emergency Team should promptly contact Emergency Medical Services (EMS). Phone numbers of emergency personnel should be posted by the phone or in the medical kit. If there isn't a phone on the field, it is the responsibility of the certified athletic trainer or the coach (if an athletic trainer is not present) to bring a cellular phone to the field. A back up communication plan should be in effect if there should be failure of the primary communication system. It is important to note in advance the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible. A cellular phone with back up battery is preferred.

B. Contacting the Emergency Medical Services (EMS)

1. If EMT's are at the event, then a signal (discussed in advance) should be given to summon them forward.

2. If EMS is not on site, **call 911**.

3. The following information should be provided to the dispatcher:

a) Your name
b) Exact location where the injury occurred and where you will meet them
c) The number you are calling from
d) Number of injured athletes
e) The condition of the athlete(s)
f) The care being provided
g) Make sure that you hang up only after the dispatcher has hung up

4. Notify someone from the sports medicine staff. Numbers are enclosed below.

5. As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment from the sidelines.

6. Have the coaches' serve as crowd control and keep other athletes away from victim.

7. Send someone to meet the ambulance at the designated spot.

8. A member of the sports medicine staff or coach will accompany the injured athlete to the hospital (dependant on the site of competition). The member of the sports medicine staff should bring medical and/or insurance information with them to the hospital if accessible.

A synopsis of this is provided for each major practice site and venue.
Please review it in advance.

III. EMERGENCY EQUIPMENT

The majority of emergency equipment will be under the control of a member of the sports medicine staff (ie: physician, ATC or EMT's). The highest trained provider at the event should be aware of what equipment is readily available at the venue or event. All necessary emergency equipment should be quickly accessible. Appropriate personnel should be familiar with the function and operation of available equipment. The equipment should be in good condition and checked regularly.

The highest trained member of the staff should determine **in advance** the type and manner in which any equipment is at or to be delivered to the site. Unless immediately adjacent to a training room, non-sports medicine staff members should rely on emergency medical services for all equipment.

- The following is a list of important available equipment and their location:

1. Anaphylaxis Kit / Epipen and inhalers: Available in the ATC kits, if student athlete has provided one in advance.

2. Backboard – Back boarding is the responsibility of the EMT, Physician, and/or ATC. Available in athletic training room by the ATC or EMS trucks only.

3. SPLINTS - Available in athletic training rooms or on site with ATC which will be handled by ATC or attending physician or other medical personnel.

4. Automatic External Defibrillators (AED) - Available in EMS trucks, administration office, commons, police vehicles, and athletic training room.

EMERGENCY PHONE NUMBERS

Emergency number - 911

Athletic Trainer -	**Adam Elliott –**	**336-846-2400**
Athletic Director -	**David Koontz –**	**336-977-1263**
Principal -	**Amanda Hipp –**	**336-977-4627**
Assistant Principal -	**Kathleen Gawsyszawski –**	**336-977-2494**
Assistant Principal -	**David Koontz –**	**336-846-2400**
Ashe County High School –		**336-846-2400**
Ashe Memorial Hospital –		**336-846-7101**
Watauga Medical Center –		**828-262-4100**

IN CASE OF EMERGENCY, DO THE FOLLOWING:

1. PROVIDE EMERGENCY CARE (First Aid/CPR)

2. Contact Emergency Medical Services

• Signal EMS (on site) or call 911 if on or off campus

3. Provide the following information to 911:
• Your name
• Exact location where injured

Husky Stadium – Drive behind the school to the field house.
Main and Auxiliary Gym – Use the school's main entry, or the covered walk in the back of the school.
Football Practice Field – Drive through the parking lot next to the baseball field to enter the gate.
Wrestling Room – Drive behind the school to the field house, use entrance #12.
Weight Room– Drive behind the school to the field house, use entrance #12.
Tennis Courts- Immediately on the right after entering the school's main gate.
Baseball and Softball – Drive past the bus garage to enter both fields.
Swimming and Golf – Will follow the EAP for the facility at which they are located.

• Where you will meet EMS
• Number you are calling from
• Number of injured individuals
• Condition of the injured individuals
• Care being provided
• Wait for emergency person to end call

IV. Send someone to meet EMS

V. If appropriate, retrieve medical equipment per MD, ATC or EMT

VI. Provide EMS with the permission to treat card

VII. Notify the sports medicine staff and parent(s)/guardian(s)

VIII. Control crowd to keep person safe

IX. Staff member if available, should accompany individual to emergency room

X. SPECIFIC CONDITIONS

- **Sudden Cardiac Arrest**

In the event of a suspected cardiac arrest emergency, EMS should be notified first. All coaches have been trained in CPR with an AED. AED locations are as follows:

Training Room

Gym Concession Stand

Mail Room in the office

After notifying EMS, begin CPR and send someone, if available to retrieve the AED. Once the AED is used, follow instruction provided by the AED until EMS arrives.

- **Heat Illness**

Recognition of Heat Illness:

Heat Exhaustion

- The clinical criteria for heat exhaustion generally include the following:
  - Athlete has obvious difficulty continuing with exercise
  - Body temperature is usually 101 to 104°F (38.3 to 40.0°C) at the time of collapse or need to drop out of activity.
    - No significant dysfunction of the central nervous system is present (e.g., seizure, altered consciousness, persistent delirium)
- If any central nervous system dysfunction develops, such as mild confusion, it resolves quickly with rest and cooling.
- Patients with heat exhaustion may also manifest:
  - Tachycardia (very fast heart rate) and hypotension (low blood pressure)
  - Extreme weakness
  - Dehydration and electrolyte losses
  - Ataxia (loss of muscle control) and coordination problems, syncope (passing out), light-headedness
  - Profuse sweating, pallor (paleness), “prickly heat” sensations
  - Headache
  - Abdominal cramps, nausea, vomiting, diarrhea
  - Persistent muscle cramps

Heat Stroke

The two main criteria for diagnosing exertional heat stroke:

- Rectal temperature above 104°F (40°C), measured immediately following collapse during strenuous activity.
- Central Nervous System dysfunction with possible symptoms and signs:
  - disorientation, headache, irrational behavior, irritability, emotional instability, confusion, altered consciousness, coma, or seizure.

- Most patients are tachycardic and hypotensive.
- Patients with heat stroke may also exhibit:
  - Hyperventilation
  - Dizziness
  - Nausea
  - Vomiting
  - Diarrhea
  - Weakness
  - Profuse sweating
  - Dehydration
  - Dry mouth
  - Thirst
  - Muscle cramps
  - Loss of muscle function
  - Ataxia

- Absence of sweating with heat stroke is not typical and usually indicates additional medical issues.

Management of Heat Illness:

- Primary goal of management of heat illness is to reduce core body temperature as quickly as possible. When exertional heat stroke is suspected, immediately initiate cooling, and then activate emergency medical system. Remember "Cool First, Transport Second".
- Remove all equipment and excess clothing
- If appropriate medical staff is present, assess athlete's rectal temperature
- Immerse the athlete in a tub of cold water (the colder the better). Water temperature should be between 35 to 60°F (2 to 15˚C); ice water is ideal but even tepid water is helpful. Maintain an appropriately cool water temperature. Stir the water vigorously during cooling.
- Monitor vital signs (rectal temperature, heart rate, respiratory rate, blood pressure) and mental status continually. Maintain patient safety.
- Cease cooling when rectal temperature reaches 101 to 102°F (38.3 to 38.9°C)

- If an immersion pool is unavailable or in cases of heat exhaustion, use these cooling methods:
- Place icepacks at head, neck, axillae and groin.
- Bathe face and trunk with iced or tepid water.
- Fan athlete to help the cooling process.
- Move athlete to a shaded or air conditioned area if available near the practice site.

➢ Sickle Cell

- Symptoms
    - Usually occur at the beginning of training or session.
    - Usually occurs after a series of repetitive, high intensity exercise such as sprints, stair running, intense strength training.
    - The harder and faster the athlete goes, the earlier and greater the sickling.
    - Can begin after only a few minutes of exercise.
    - Differs from Heat Exhaustion:
        - Occurs at the beginning of activity
        - Core temperature not elevated
        - Not associated with muscle cramps, but do have muscle pain
        - Athletes do not "lock-up", but slump to the ground
        - Respond quicker to proper treatment than heat cramps

- Precautions and Treatment
    - No athlete is disqualified
    - Build up slowly with paced progressions
    - Allow longer periods of rest and recovery between repetitions
    - Encourage pre-season conditioning
    - Athletes with SST should not do performance testing (timed runs/sprints)

- Precautions
    - Stop activity if any symptoms:
        - Muscle pain
        - Weakness
        - Muscle swelling
        - Inability to "catch Breath"
        - Severe fatigue
        - Collapse
    - Adjust workouts if extremely hot
    - Hydrate

    - Control asthma
    - Hold sick athlete out of workout
    - Modify activity at altitude
    - Educate athlete, coaches, and other personnel to report symptoms early

- Treatment
    - Recognize the problem
    - Protect athlete from environment, coaches, and other athletes
    - Check vital signs
    - Administer oxygen at high flow with a non-rebreather mask (if available)
    - If signs of collapse/obtunding or worsening condition, call EMS

➢ **Head and Neck Injuries**

In the event of suspected head or neck injury:

- **Do not try to move the athlete**
- Stabilize the head and neck
- Check for breathing/airway
- Call EMS and activate the EAP

➢ **Asthma and Anaphylaxis**

Screening is part of the Pre-participation Physical. Athletes with either condition should provide an emergency device prescribed by their doctor to the coach to hold if needed during practice/games. If needed, use device for the individual athlete, call EMS and activate EAP.

➢ **Lightning and Thunder Disturbances**

1. ACHS will follow the will follow the NFHS Guidelines on Lightning and Thunder Disturbances.

https://www.nchsaa.org/sites/default/files/attachments/NFHS%20Guidelines%20for%20Lightning%20-%20October%202014.pdf

XI. CONCUSSION MANAGEMENT

Follows the directions of the Gfeller-Waller Concussion Awareness Act

1. All student-athletes will perform a baseline test before participation is allowed. The school will provide an ImPACT baseline and well as post-concussion tests as need to be used as a tool of evaluation for the student-athlete's treatment plan.

2. NCHSAA Concussion Awareness

   http://nchsaa.org/parents-students/health-safety/concussion-awareness

3. Parent/Legal Custodian Concussion Statement Form – English

   https://www.nchsaa.org/sites/default/files/attachments/GW_SAPLG_ConcussionInform-2018-19.pdf

4. Parent/Legal Custodian Concussion Statement form – Spanish

   https://www.nchsaa.org/sites/default/files/attachments/SpanishGW_SAPLG_ConcussionInform-2018-19.pdf

5. School and Athletic Personnel Concussion Information Sheet

   https://www.nchsaa.org/sites/default/files/attachments/GWSchoolConcussionInfosheet_2018-19.pdf

6. School and Athletic Personnel Concussion Statement Form

   https://www.nchsaa.org/sites/default/files/attachments/GWSchoolConcussionStatementFormt_2018-19pdf.pdf