

Interboro High School

Athletic Training Emergency Action Plan

| | | |
|--|---------------------|--------|
| EMS: | 911 | |
| Athletic Trainer: Jenna Syken | 302-377-9239 | Cell |
| Athletic Training Room: | 610-237-6410 x 2158 | Office |
| Athletic Director: Lisa Ford | 610-999-4556 | Cell |
| Asst. Athletic Director: Joseph Barrett | 610-570-5983 | Cell |
| Team Physician: Dr. David Webner | 215-681-8892 | Cell |
| Sports Medicine Fellow: Dr. Michael Suffredini | 727-247-2128 | Cell |

ACTIVATION OF EMERGENCY MEDICAL SYSTEMS (EMS) IF ATHLETIC TRAINER IS NOT PRESENT

- CALL 911
- STATE YOUR NAME WHEN DISPATCH ANSWERS
- PROVIDE THE NUMBER YOU ARE CALLING FROM
- STATE SITUATION:
 - NUMBER OF INJURED ATHLETES
 - CONDITION OF INJURED ATHLETES
 - TREATMENT PROVIDED
- PROVIDE LOCATION OF EMERGENCY SITUATION: VENUE ADDRESS AND DIRECTIONS
 - Include street names, how to access sites, and individuals who will aid in directions to scene

Interboro High School
500 16th Ave, Prospect Park, PA 19076

- PROVIDE ANY OTHER INFORMATION REQUESTED BY DISPATCHER
- DESIGNATE INDIVIDUAL(S) TO "FLAG DOWN" EMS AND DIRECT TO LOCATION
- OPEN ALL NECESSARY GATES
- STABILIZE AND COMFORT ATHLETE(S) UNTIL EMS ARRIVES
- PARENT OF ATHLETE OR COACH MUST TRAVEL WITH ATHLETE(S) TO HOSPITAL
- NOTIFY ATHLETIC TRAINER
- NOTIFY ATHLETIC DIRECTOR

AD: _____
Date: _____

ATC: _____
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Venue Directions:

High School Fields: (boys' soccer, girls' soccer, field hockey, softball and girl's lacrosse)

Address: 500 16th Avenue
Prospect Park PA, 19706

Access: Ambulance access made via W. Amosland Rd. parking lot

Main Gymnasium (volleyball, basketball, wrestling)

Address: 500 16th Avenue
Prospect Park PA, 19706

Access: Emergency access can be made via the 16th avenue parking lot and through doors marked Gymnasium. Once inside, gym will be on the left

Wrestling Room: Above the gymnasium through the doorway next to the boy's locker room.

Address: 500 16th Avenue
Prospect Park PA, 19706

Access: Emergency access can be made via the 16th avenue parking lot and then through the doors marked gymnasium. Once in, gym will be on your left. Proceed across gym to the stairs to wrestling room (door marked wrestling room).

Weight Room/ Athletic Training Room

Address: 500 16th Avenue
Prospect Park PA, 19706

Access: Emergency access can be made via the 16th avenue parking lot and through the doors marked gymnasium. Once in, gym will be on your left. Enter gym and proceed to the far-right end of the gym to doors marked weight room. Athletic training room can be accessed via the weight room.

South Avenue Sports Complex: (Football, Boys' Lacrosse, Cross Country & Track, M.S. Field Hockey and night events)

Address: 305 W. South Avenue
Glenolden PA 19036

Access: Ambulance access for practice field can be made via W. South Ave and the stadium via Hillcrest Avenue then through the gate at the stadium

Manor Field: (middle school boys/girls' soccer, middle school softball)

Address: Center Avenue
Essington PA, 19029


Access: Ambulance access can be made via Center Avenue

Glenolden Park: (middle school sports)

Address: 283 W. Knowles Avenue
Glenolden PA, 19036

Access: Ambulance access can be made via W. Knowles avenue

Glendale Heights: (middle school sports)

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Address: 280 South MacDade Rd.
Glenolden PA, 19036

Access: Ambulance access can be made via the intersection of MacDade Blvd and Hibbs Rd.

Hillcrest: (middle school field hockey and varsity baseball)

Address: 417 Hillcrest Avenue
Glenolden PA 19036

Access: Ambulance access can be made via Hillcrest Avenue

Norwood Field: (JV baseball)

Address: 211 E. Amosland Road
Norwood PA, 19078

Access: Ambulance access via park entrance on E. Amosland Road

Locations of AED by Venue

Athletic Trainer will have an AED with him/her when out at practice or game, but the following may be needed if the Athletic Trainer is not present

- High School Fields- With ATC at all practices/games. Stays in Athletic Training office through gymnasium next to weight room.
- Manor Field- Tinicum Middle School
- Hillcrest- None currently on site; uses South Ave Sports Complex one for games
- South Avenue Sports Complex-Inside field house
- Norwood Field- Norwood Middle School
- Main Gymnasium- Athletic Trainers office through gymnasium and second is located next to the Psychology Office, across from the stairwell
- Wrestling Room- Athletic trainers office through gymnasium and second is located next to the Psychology Office, across from the stairwell
- Weight Room- Athletic trainers office next to weight room and second is located next to the Psychology Office, across from the stairwell
- Glendale Heights- In Glenolden School by the nurse's office
- Glenolden Park- In the Glenolden School by the nurse's office

To use the AED open and push power button, the AED will give you voice instructions as you go.

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The purpose of the Emergency Action Plan (EAP) is to provide the best quality of care in a timely manner, by guiding athletic personnel and emergency medical services to an emergency when they occur. It is essential to have a developed EAP that identifies each member of the emergency team, those who need to be contacted, the emergency equipment available, and directions to where EMS needs to go.

What is a medical emergency?

A medical emergency is a serious injury or illness that an individual's life may be in danger or risks permanent impairment. These injuries/illnesses include but are not limited to: Cervical Spine Injuries, Head Injuries, Loss of Limb, Serious Bleeding, Shock, Compound Fracture, Deformity or Dislocation, Heat Stress, and Cardiovascular Arrest, Severe Asthma Attack, Severe Allergic Reaction.

When to Call 911:

- If an athlete loses consciousness
- If an athlete with a head injury appears to be worsening
- If an athlete reports pain down his/her neck, arms and/or legs following trauma
- Intense pain that does not decrease
- Complaints of severe abdominal pain
- Heat related injury/sickness requiring EMS services

Emergency Personnel:

NATA Certified and Pennsylvania Licensed Athletic Trainer(s) (ATC) is on Interboro High School's campus for practice and competition. Team Physician is on site for Home Football games, home wrestling matches, or on call all other times. EMS is available by calling 911. The athletic Training staff is also certified to perform CPR/AED and First Aid if deemed necessary. The Athletic Trainer must be aware of any emergency that occurs within the athletic department and its members.

Athletic Trainer at the High School:

Jenna Syken (C) 302-377-9239

Team Physician:

Dr. David Webner (C) 215-681-8892

Dr. Michael Suffredini (C) 727-247-2128

Athletic Director:

Lisa Ford (C) 610- 999-4556

Asst. Athletic Director:

Joseph Barrett (C) 610-570-5983

Chain of Command for an Emergency Situation:

- 1) Team Physician (if present)
- 2) Emergency Medical Technician or Certified Athletic Trainer
- 3) Coaching Staff
- 4) AD, Facility Coordinator

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If there are many events going on, an ATC will not always be able to be the first one to respond to a scene, so the Chain of Command is to be followed until a higher person on the Chain is able to step in.

These emergency procedures are applicable at the following locations at Interboro High School: High School Fields, Manor Fields, Hillcrest, South Ave Sports Complex, Norwood Field, Main Gymnasium, Wrestling Room, Athletic Training Room, Glendale Heights, and Glenolden Park

Emergency Communication: via cell phone(s). Phone will be on site with ATC during games and practices. Local EMS is 911.

Emergency Equipment: Supplies (AED, Crutches, Splints, Medical Kits, and OSHA Materials) located on the field and in the gymnasium with the home team and ATC. Additional emergency equipment is accessible from the Athletic Training Room.

Transportation: An ambulance is a call away for all athletic events, except Home Football games for which they are present. Athletes may be taken to the hospital by ambulance for emergency and catastrophic injuries or illnesses. If the athlete is underage and parents/guardians are not there, they should be notified of the situation and what hospital he/she will be transferred. In the parent/guardian's place, a coach will accompany the athlete to the hospital. If the student's parents are present, they should accompany the athlete.

Nearby Hospitals:

Taylor Hospital

175 East Chester Pike, Ridley Park

610-595-6000

Crozer -Chester Medical Center

1 Medical Center Blvd. Upland, PA 19013

610-447-2000

Springfield Hospital

196 W. Sproul Rd. Springfield, PA 19064

610-328-8700

Crozer Sports Medicine Office

Pavilion 1, Suite 110; 196 W Sproul Rd. Springfield, PA 19064

610-328-8830

Emergency Signals:

Physician: arm extended overhead with clenched fist

Paramedics: wave onto field

Spine Board: arms held horizontally

Gator/Cart: wheel motion

Splints: hand to lower leg or thigh

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ROLE OF FIRST RESPONDERS WITH LIFE-THREATENING INJURIES

- Check whether athlete is responsive by gently calling his/her name
- **IF UNRESPONSIVE CALL EMS**
- Notify Athletic Trainer immediately via radio or cell phone
- If the athlete may have sustained a serious neck injury, maintain alignment of the athlete's head and body.
- Check CAB's (Circulation, Airway, Breathing), severe bleeding and levels of consciousness
- Begin necessary CPR/Rescue breathing or First Aid care or attach AED and following provided verbal instructions. If CPR/AED or rescue breathing were indicated, they should be continued until EMS arrives or until athlete responds. Breathing and circulation should be continuously assessed.
- Stabilize and comfort athlete until Athletic Trainer/EMS arrives.
- If spinal injury is suspected and individual is breathing and/or conscious, instruct athlete to remain motionless until more qualified personnel arrive.
- If an athlete is transported by EMS, a coach, parent/guardian or "team parent" will accompany the athlete to the hospital.
- All events must be documented concerning the emergency

GAMES, EVENTS AND PRACTICES "AWAY"

A. Medical Emergencies – Catastrophic (breathing, loss of consciousness, concussion with loss of consciousness, suspected neck or spinal injury, weak pulse, signs of shock, poor vital signs, eye or face injury, severe bleeding)

- Follow the First Aid/CPR/AED principles
- Contact the ATC if not already present
- If ATC not at event, continue down EAP and provide First Aid until EMS arrives.
- Ask for the host team's athletic training staff and carry out their EAP
- If the athlete is transferred, make sure it is arranged for a COACH or PARENT/GUARDIAN of athlete to accompany them. If coach/parent is unable to attend, "team parent" will travel with athlete.
- It is the responsibility of the hospital to notify the athlete's parents or guardian with the latest and most accurate information concerning the athletes' condition.
- Complete an injury/illness report
- If ATC was not present, contact ATC upon return to school to notify them of the incident and the extent of injury/illness

B. Emergency – Non-Life Threatening (fracture, dislocation)

- Follow the First Aid principles
- Contact the ATC if not present
- If ATC not at event, continue down EAP and provide First Aid. Ask visiting ATC for help if needed, along with emergency contact numbers and address.
- ATC evaluate injury
- Provide appropriate care

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- If needed, have transported by coach, parent/guardian of athlete or school representative to hospital.
- If parents not present, contact them to let them know of the situation.
- It is the responsibility of the hospital to notify the athlete's parents/guardians with the latest and most accurate information concerning the athletes' condition.
- Complete an injury/illness report
- If ATC was not present, contact ATC upon return to school to notify them of the incident and the extent of injury/illness

C. Non-Emergencies (Concussion with no loss of consciousness, injury, illness, abrasion, minor cuts, contusion)

- Follow the First Aid principles
- Contact the ATC if more than minor cut or abrasion. If ATC not present, coach will provide basic first aid.
- ATC evaluates injury
- Provide appropriate care
- Complete an injury/illness report

CATASTROPHIC INJURY – CRISIS MANAGEMENT PLAN

Contact athletic training and sports medicine personnel
Contact athletic director
Designate athletic administrator point person
Contact/update school staff if not yet familiar with situation
Contact family by appropriate individual (use assistance as needed)
Coordinate medial plan
No contact with media
Meeting with athletes to discuss situation
No outside discussion of meeting with media
Complete documentation of events includes everyone involved with signatures
Collect and secure all equipment and materials involved
Construct a detailed timeline of events related to the incident
Involve appropriate counseling and ministerial personnel
Always assign athletic staff member to be with family upon arrival; assist family as needed; protect from outside persons.
Critical incident stress debriefing/counseling as necessary for individuals involved in incident

ASTHMA ATTACK PROTOCOL

Emergency asthma medication prescribed to asthmatic athletes should always be available and is advised to be carried either with coach or in the medical kit and must always be kept with the team.

Athletes requiring emergency asthma medication must also have a note to accompany the medication with their name, what the medicine should be used for and how to administer it if they are not able to do so.

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Call EMS if athlete loses consciousness, if condition worsens, or if treatment with medication has no effect within 15 – 20 minutes of initial dosage.

SEVERE ALLERGIC REACTION AND DIABETIC PROTOCOL

Athlete(s) who are severely allergic to an agent that they have the potential of coming in contact with during a sporting event, or an athlete with diabetes, must provide the medication needed to their coach prior to every game and/or practice. **They must also have a note to accompany the medication with their name, what the medicine should be used for and how to administer it if they are not able to do so.**

PSYCHOSOCIAL CRISIS MANAGEMENT

If an athlete or student is suspected of hurting themselves or others or there is concern for their safety during after school hours:

- Athletic Trainer must be notified, and the individual brought to the AT's location. If the individual cannot be moved, Athletic administration will stay with the athlete until EMS/parent arrives.
- Notify Lisa Ford, Athletic Director: 610-999-4556 and/or Ryan Johnston, Principal: 610-299-1184
- Parents/Guardians will be contacted by administration
- Stay with student (do not leave student alone at any time) until parent or medical personnel picks them up

AFTER HOURS

In the event of an injury after Athletic Training Room hours, or when Athletic Trainer is not present, and it is not a life threatening, the following plan should be initiated:

- Call athletic trainer's cell phone to develop a *Plan of Action*. May include:
- Following up with ATC next day
- Scheduling an injury screen with Team Doctor during Training room Hours on Monday Evenings in ATC office
- Scheduling appointment with team physician(s) at Crozer Sports Medicine in Springfield Hospital

If a life-threatening injury occurs (head injury, loss of consciousness, vitals are abnormal and to error on side of caution) call 911 and go to nearest hospital and notify the athletic trainer and athletic director ASAP.

COACH'S PREPARATION FOR EMERGENCIES

HAVE A FIRST AID KIT AND UPDATED EMERGENCY CARDS FOR ALL ATHLETES READILY ACCESSIBLE AT ALL TIMES DURING PRACTICES/GAMES

- Know the location of the nearest phone, or have a cell phone available
- Have a plan to have gates opened for ambulance access
- Designate specific coaches to help athletic trainer, if needed with care and transport of athlete.

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- Prepare assistant coaches or "team parents" the job of making phone calls, opening gates, notifying parents and school officials and keeping bystanders away. Remember in the event of a catastrophic injury, you must always remain with the injured athlete.
- Be familiar with the medical histories of the athletes on your team. Athletes with asthma should have an extra inhaler in the medical kit. Athletes who are allergic to insects should have medication with them, as should diabetics.
- Instruct your athletes to stay away from injured athletes; they should not try to help them until they have been properly evaluated.
- Discuss this with your coaching staff and team.

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Inclement Weather Procedures

General Policy

In the case of inclement weather (i.e. thunderstorms/lightning, hail, tornado), it will be under the direct discretion of the on-site ATC and referees to determine if the practice/game fields should be evacuated.

Lightning

Lightning is a dangerous phenomenon. The athletic training staff has developed a lightning policy to minimize the risk of injury from lightning strike to athletes, coaches, support staff and fans. To monitor lightning, the athletic training staff will utilize the flash-to-bang method, as well as weather applications. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. For this reason, the following guidelines, adopted from the NATA, and must be observed if it appears that lightning is possible for the area.

If inclement weather is forecasted for the area or sighted in the area, a certified Athletic Trainer will get a weather update via cellphone through use of apps and Internet weather radars.

Use the countdown or "Flash-to-Bang" method. To use this method, count the seconds from the time lightning/flash is sighted to when the clap/bang of thunder is heard. Divide this number by 5 and equals how far away (in miles) the lightning is occurring. For example, 20 second count = 4 miles. As a minimum, the National Severe Storms Laboratory (NSSL), strongly recommends that all individuals have left the athletic sites and reach a safe location by the **flash-to-bang count of 30 seconds (6 miles)**. However, lightning can strike as far as **10 miles** and it does not have to rain for lightning to strike. Activities will be terminated at the **40 second mark or 8 miles**.

If lightning is in the immediate area, the ATC will notify the head coach as to the status of the inclement weather and the need to take shelter. Teams may return to the field once 30 minutes from the last sight of lightning has occurred. If lightening continues, the 30minute clock resets after each lightening strike.

If no safe structure is within a reasonable distance, then other **safe shelter areas** include enclosed buildings, fully enclosed metal vehicles with windows up (no convertibles or golf carts).

Unsafe shelter areas include water, open fields, dugouts, golf carts, metal objects (bleachers, fences, etc.), individual tall trees, and light poles. **AVOID BEING THE HIGHEST OBJECT IN AN OPEN FIELD**. Coaches, athletes, parents, etc. should not stand in groups or near a single tree. Sports with metal equipment: baseball/softball drop bats and remove cleats; tennis drop rackets.

If unable to reach safe shelter, assume a crouched position on the ground with only the balls of your feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground, because lightning current often enters the victim through the ground rather than by a direct overhead strike. **DO NOT LIE FLAT**. If safe shelter is only a short distance away, it is suggested to run for shelter, rather than stay in middle of field.

If a person feels that his/her hair is standing on end, they should immediately crouch as described above. If someone is struck by lightning, activate the EAP. A person struck by

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lightning does not carry an electrical charge; immediately initiate the EAP and begin the primary survey. If possible, move victim to a safer location.

Event Procedures

Prior to and during competition: A member of the athletic training staff will greet the officials, explain that we have means to monitor lightning and offer to notify the officials during the game if there is imminent danger from the lightning. The officials are primarily in charge for calling the game due to inclement weather. They will also announce the suspension of activity and notify the coaches and athletes to stop play (via whistle or horn).

Evacuation of the playing field: Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to an enclosed ground structure (gymnasium/locker rooms).

Evacuation of the stands: During competition once the officials signal to suspend activity, a member of the sports information staff will announce via the PA system regarding approaching inclement weather or impending inclement weather, need to take appropriate shelter and that all activity will cease until it has been determined it is safe and the risk of lightning is diminished.

Resumption of Activity: Activity may resume once the officials deem it is safe. Thirty (30) minutes **AFTER** the last lightning strike or activity using the Flash-to-Bang Method

Away Events: apply the home/facility EAP or modify the Interboro High School guidelines to apply accordingly.

Lightning Detections Procedures for Non-Supervised Activities

Example: Athletes using facilities in the off-season or outside of regular practice hours.

No method of lightning detection can detect every strike nor is prevention from lightning a guarantee. However, we encourage you to follow the Flash-to-Bang Method to monitor the approximation of lightning distance and/or utilize weather apps.

Tornados

For tornados, all athletes should evacuate to the lowest level of Interboro High School or to the interior hallways. Stay away from windows and hanging objects. Spectators should also be evacuated to the lowest level of the high school and/or inner hallways. If off campus, go to the nearest available shelter and follow the same protocols.

Heat Index/High Humidity

During summer, early fall, and late spring, high temperatures and high humidity are present. It is important that we make ourselves aware of the dangers of this situation to prevent heat exhaustion and heat illness. Daily measurements are taken before each practice and during periods of extreme heat and humidity. Weather applications on cell phones or a compute

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device using accurate geographic location will also be used to determine temperature and relative humidity.

If temperature range from **80-90 degrees**, fatigue is possible with prolonged exposure.

Between **90 and 105 degrees**, Heat cramps, Heat exhaustion and even Heat Stroke are possible.

When heat index climbs from **105 to 130 degrees**, Heat stroke, Heat cramps, and Heat exhaustion are likely. Heat stroke becomes an increasing possibility with prolonged exposure.

At **130 degrees or higher** heat stroke is highly likely with continued exposure to the sun.

If heat index reaches **105 to 130 degrees**, extreme caution must be taken, and practice(s) will be postponed to a cooler part of the day (6-10am or 4-7pm).

The Athletic Trainer(s) will coordinate with the Athletic Director and Coaches if there is high heat predicted to change practice times according to heat index readings.

Exercise Associated Heat Injuries and Protocol

The following are common signs and symptoms related to heat illness but are not intended to represent a complete list. In the event an athlete is suffering from one or more of the following, the athlete should stop practice/game, be seen by medical staff, and call EMS if necessary.

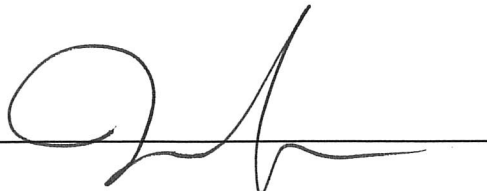
- Muscle spasms/cramps
- Heavy or profuse sweating
- Skin is flushed or cool and pale
- Headache
- Dizziness
- Rapid pulse, nausea, weakness
- Disoriented, confusion
- Elevated body core temperature
- Cessation of sweating
- Red, dry skin
- Shallow breathing and rapid pulse
- Loss of consciousness

FOUR TYPES OF HEAT ILLNESS

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- **Heat Cramps:** Acute, painful, involuntary muscle contractions presenting during or after exercise. Usually occurs due to dehydration, electrolyte imbalances, and/or neuromuscular fatigue.

Treatment- Stop exercise and provide sodium-containing beverages. Stretch the affected muscle and apply ice. Recovery often occurs within minutes to hours.

- **Heat Syncope:** Collapsing in the heat, resulting in loss of consciousness. Usually occurs when standing in a hot environment, causing postural pooling of blood in the legs. Typically occurs when a runner crosses the finish line or overheating during conditioning. Recovery occurs within a few hours.

Treatment- Move the athlete to a shaded area, monitor vital signs, elevate the legs, cool the skin, and rehydrate. Call EMS if athlete worsens during or after treatment.

- **Exertional Heat Exhaustion-** Inability to continue exercise due to cardiovascular insufficiency. Symptoms include, but are not limited to, fatigue, weakness, dizziness, headache, vomiting, nausea, lightheadedness, low blood pressure, and impaired muscle coordination. Core body temperature $<105^{\circ}\text{F}$

Treatment- Cease exercise, move to shaded area, lay athlete on their back, elevate legs, and remove unnecessary clothing (i.e. helmet, pads, shirt, socks and shoes). Monitor vital signs. Start to replenish fluids with water and/or sports drinks. Apply cold packs to under arms, groin area, and behind neck to lower core body temperature and/or place athlete in cold submersion for at least 20 minutes. Call EMS if athlete worsens during or after treatment. Recovery occurs within 24hrs.

- **Exertional Heat Stroke-** Signs and symptoms include, but are not limited to, disorientation, confusion, dizziness, loss of balance, staggering, irritability, irrational or unusual behavior, apathy, aggressiveness, hysteria, delirium, collapsing, loss of consciousness, dehydration, and hot/wet skin. Core body temperature $>105^{\circ}\text{F}$

Treatment- Call 911, **IMMEDIATE** treatment is vital! Rapid cooling is required **BEFORE** transport. Immerse in ice water and remove unnecessary clothing for at least 20 minutes. Monitor vital signs. Apply cold packs to under arms, in groin area, and behind neck if body temperature is not reducing quickly enough. Will need to be cleared by Physician before returning to activities.

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