

Northern Garrett High School Emergency Action Plan



Content

- I. Purpose**
- II. Components**
- III. Emergency Plan Personnel**
 - a. Emergency Personnel & other numbers of importance**
- IV. Roles within the Emergency Team**
- V. Activating EMS**
- VI. Providing Information**
- VII. Communication**
- VIII. Emergency Equipment**
- IX. Transportation**
- X. Venue Specific Plans**
- XI. Cardiac Emergency Response Protocol**
- XII. Inclement Weather Plans**
- XIII. Introduction to Heat Acclimatization & Hydration**
- XIV. Hydration Awareness**
- XV. Environmental & Non-Environmental Risk Factors**
- XVI. Heat Acclimatization Period**
- XVII. Heat Illness Emergency Action Plan**
- XVIII. Heat Index**
- XIX. Lightning Policy**
- XX. Concussion, Cervical Spine Injuries, & Cardiac Emergencies**
- XXI. Heat Related Illnesses**
- XXII. Other Medical Emergencies (Amputation, Anaphylactic Shock, Asthma Attack, & Hypoglycemia)**
- XXIII. Psychological Concerns in the Student-Athlete**

XXIV. Conclusion

I. Purpose

Emergency situations may arise at any time during athletic practices, competitions, or events. Expedient action must be taken to provide the best possible care to the student-athlete who may be experiencing life threatening conditions or medical emergencies. An Emergency Action Plan (EAP) aids in planning for the worst in advance of any occurrence to provide the best possible care available.

This plan has been developed to ensure that all members of the athletic department are aware and are knowledgeable of the correct procedures involved within the EAP. The development of this plan included the athletic director, the certified athletic trainer, the supervising physician, the school administrative team, and the local first responders and emergency personnel.

The goal of this plan is to provide optimal care for the student-athletes of Northern Garrett High School, as well as student-athletes of visiting teams. It is also designed to give coaches and other athletic personnel instructions that are precise and easy to follow. It will allow everyone to be on the same page and make all those involved aware of the various roles in the circumstance they are asked to assume a role within the plan.

The Emergency Action Plan is a guideline with the understanding that there are situations that may arise that cannot always be specifically planned for. Thus, the Emergency Action Plan should be used in all applicable situations.

II. Components of an Emergency Action Plan

- Emergency Personnel
- Emergency Communication
- Emergency Equipment

III. Emergency Plan Personnel

With athletic practices and competition, the first to respond to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A first responder or coach may also respond. The supervising physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of competition or event. The first responder in some cases may be coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, AED (Automatic External Defibrillator) usage, prevention of disease transmission, and EAP review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an EAP cannot be complete without the formation of an emergency team. This team may consist of several healthcare providers including physicians, emergency medical technicians (EMT), certified athletic trainers, student-athletes, coaches, managers, game administrators, and possibly bystanders. Roles of these individuals within the emergency team may vary depending on factors such as the needed number of members within the team for the emergency, the athletic venue itself, or the preference of the athletic trainer.

There are four basic roles within the emergency team:

- 1.) The first and most important role is the immediate care of the athlete. The most qualified individual on the team should assume primary patient care and should provide acute care in the event of an emergency situation. Individuals with less training or lower credentials should yield to those with more appropriate training.
- 2.) 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. Coaches, managers, and student-athletes are good choices for this role.
- 3.) The third role, EMS (Emergency Medical Services) activation, may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor under emergency conditions. 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 and who communicates well over the telephone. The person should also be familiar with the location and address of the sporting event.
- 4.) After EMS has been activated, the fourth role should be performed. This involves directing EMS, Fire-Rescue personnel, or other responding agencies to the scene of the emergency. One member of the team should be responsible for meeting responding personnel and units as they arrive on scene and directing them to the patient. This role could require more than one person to ensure that all gates or doors are unlocked for ease of access. Multiple individuals could be needed due to the fact

that multiple units could respond (Fire, EMS, Law Enforcement). A coach, manager, or student-athlete may be appropriate for this role.

Emergency Personnel and other numbers of importance:

Benjamin Kelly, Certified Athletic Trainer (C): (240)-362-3188
Philip Carr, Athletic Director (C): (301)-616-4538
Dave Yoder, Principal (C): (301)-501-0372
(O): (301)-746-8668 Ext. 2201
Brian Schilpp Assistant Principal (C): (443)-956-2681
(O): (301)-746-8668 Ext 2202

Crystal Piras, DO, Family Medicine; Mountain Laurel Medical Center
ONLY TO BE CONTACTED BY ATHLETIC TRAINER OR ADMINISTRATORS
(O): (844)-652-8735

Emergency Medical Services 911

Nearest Hospital Emergency Department:

Garrett Regional Medical Center
251 N 4th Street Oakland, MD 21550
301-334-4000

Nearest Trauma Centers:

UPMC Western Maryland **LEVEL III Trauma**
12500 Willowbrook Road
Cumberland, MD 21502
240-964-1300

WVU Hospitals Jon Michael Moore Trauma Center **LEVEL I Trauma**
Medical Center Drive
Morgantown, WV 26505-8229

Location of NGHS Athletic Training Facility:

Main Facility- Enter through the student parking lot key-card access doors. Follow hallway and the ATR is straight ahead.

Hours of Operation:

Monday through Friday- TBD
Saturday- As needed for competition
Sunday- ClosE

IV. Roles within the Emergency Team

- Immediate care of the athlete
- Emergency equipment retrieval
- Activation of EMS (Emergency Medical Services)
- Direction of EMS to the scene

V. Activating the EMS System

In Garrett County, the number to call in the event of an emergency is 911. This will put the caller in touch with the dispatcher, which will dispatch Fire, EMS, and Law Enforcement agencies throughout Garrett County.

- For non-emergency calls, the following numbers should be used:
 - Northern Garrett County Fire and Rescue: (240)-442-5178
 - Northern Garrett County Rescue Squad: (301)-895-5520
- In the event of an emergency where EMS must be called, the following individuals should be contacted:
 - Parents of student-athlete
 - Certified Athletic Trainer
 - Ben Kelly, LAT, ATC, ITAT
 - Cellphone: (240)-362-3188
 - **Called in every emergency**

VI. Activating the EMS System

It is imperative that all personnel associated with athletics have an understanding that if they can do nothing else, they can call 911 and get additional help on the way.

When making the call to EMS (911 in Garrett County), you should do the following:

- **Remain calm**
- **Provide the following information:**
 - **Name, address (where you are located), telephone number of the caller**
 - **Number of athletes/patients**
 - **Condition of athlete(s)/patient(s)**
 - **Any pertinent information regarding the athlete/patient (allergies, medical history if known, etc...)**
 - **First aid treatment initiated by first responder**
 - **Specific directions as needed to locate the emergency scene**
 - **Other information as requested by dispatcher**

Keep in mind when calling 911, you will be asked numerous questions. This may seem trivial at the time, but this allows the dispatcher to send appropriate units based on the answers that you provide.

All coaching staff should know the address to the school and should be familiar in how to call 911 and explain information to them in the event that it is necessary.

School Address: 86 Pride Parkway, Accident, MD 21520

VII. Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. The athletic trainer and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and build rapport between both groups of professionals.

The athletic trainer or athletic director will meet with EMS to determine the availability of standby units for specific events. Every attempt will be made to have a first responder unit available for home varsity football games.

The most common method of communication is a telephone. This is likely to be a cellular phone. A backup plan should include a landline telephone. The nearest landline to the athletic training facility is located in the athletic director's office.

VIII. Emergency Equipment

The following is where all necessary emergency equipment should be located: in the athletic training facility, with the athletic trainer, or at the venue. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly.

Emergency equipment should be checked on a regular basis and proper use should be rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency conditions arise.

- **AED Locations-Northern High School**
 - AED #1 is stored outside of the main gymnasium lobby and cafeteria lobby
 - AED #7 is stored outside of the athletic training facility
 - AED #7 is assigned to the Athletic Trainer
 - During the fall sports season, AED #7 will be kept with the Athletic Trainer or will be in its designated location
 - During the winter sports season, AED #7 will be in its designated location
 - During the spring sports season, AED #7 will be with the Athletic Trainer or will be in its designated location
 - AED #9 is stored in the vocational hallway
 - AED #22 is stored outside of the Allied Health room
 - AED #28 is stored in the Nurse's office
 - AED #26 is stored on the second floor up the middle staircase
- **AED Location- Northern Middle School**
 - AED #2 is stored in the Main "Prepared" hallway by bathrooms.
- **First Aid kits** will be available at all practices and games when the athletic trainer is not present.
 - Supplies to restock these kits are in the athletic training facility and must be requested by the coaches as needed

IX. Transportation

In an emergency, the student-athlete/patient should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the student-athlete.

In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. Law Enforcement personnel should be aware of how to handle the crowds that could be associated and should serve to aid the ambulance crew with staging areas, crowd control, and traffic control.

In the event that a student-athlete is injured, or the emergency injury is not easily accessible by the ambulance crew, the Polaris may be used to transport the athlete. All precautions must be taken in the event of a cervical or spinal injury for any mode of transport.

If an athlete is transported from school or from a school sponsored event (away game or match) and a parent/guardian is not on scene, a coach or member of the athletics staff will travel in the ambulance with the student-athlete to the hospital.

X. Venue Specific Plans

The following pages include information for each practice and game venue for Northern Garrett High School Athletics.

Athletic Training Room Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

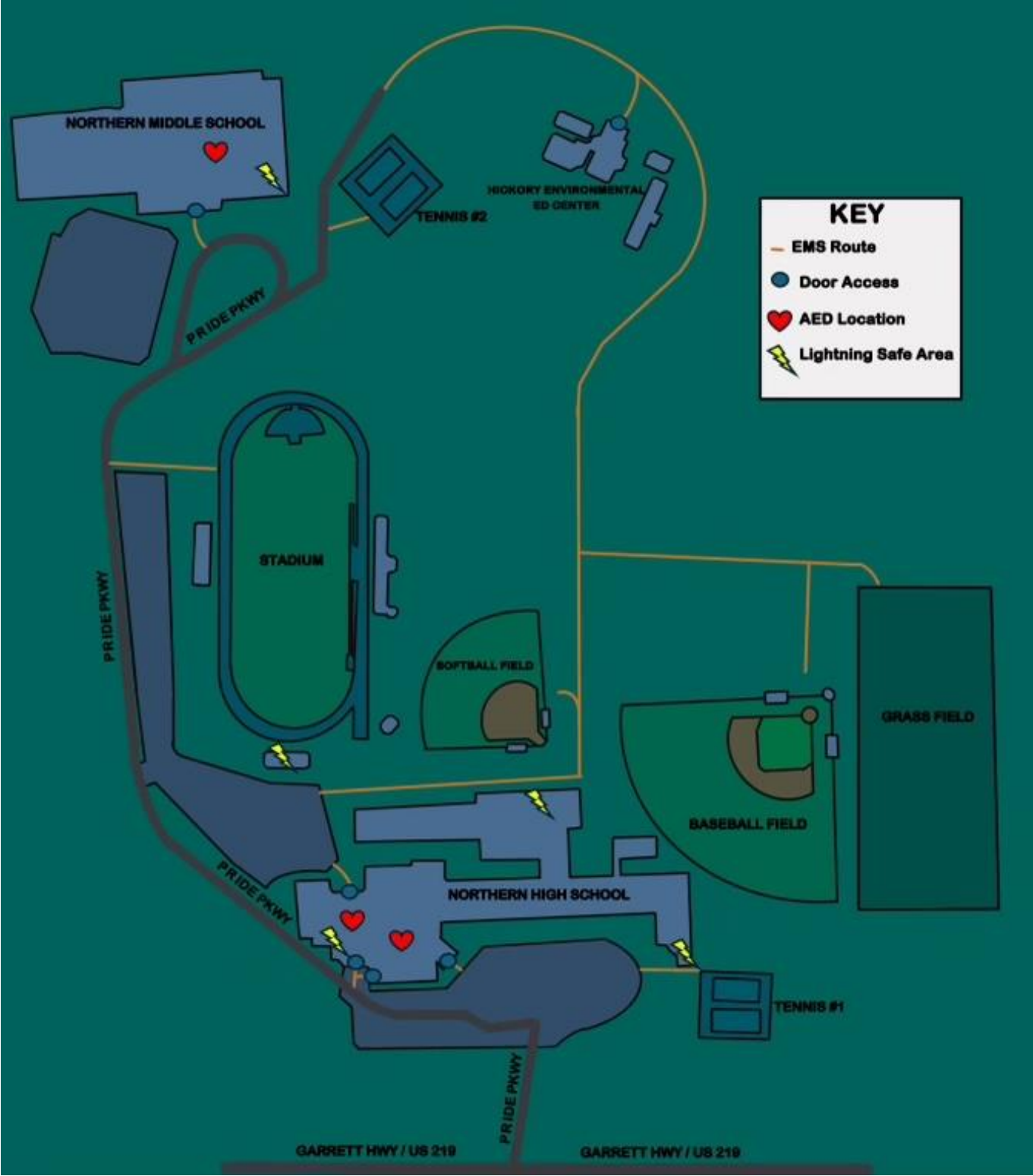
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer left to continue to student parking lot
 - Turn right into parking lot and on the right is a lined fire lane
 - Go through those double doors
 - Straight ahead is the Athletic Training Room # A10
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Mile High Stadium Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responders

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

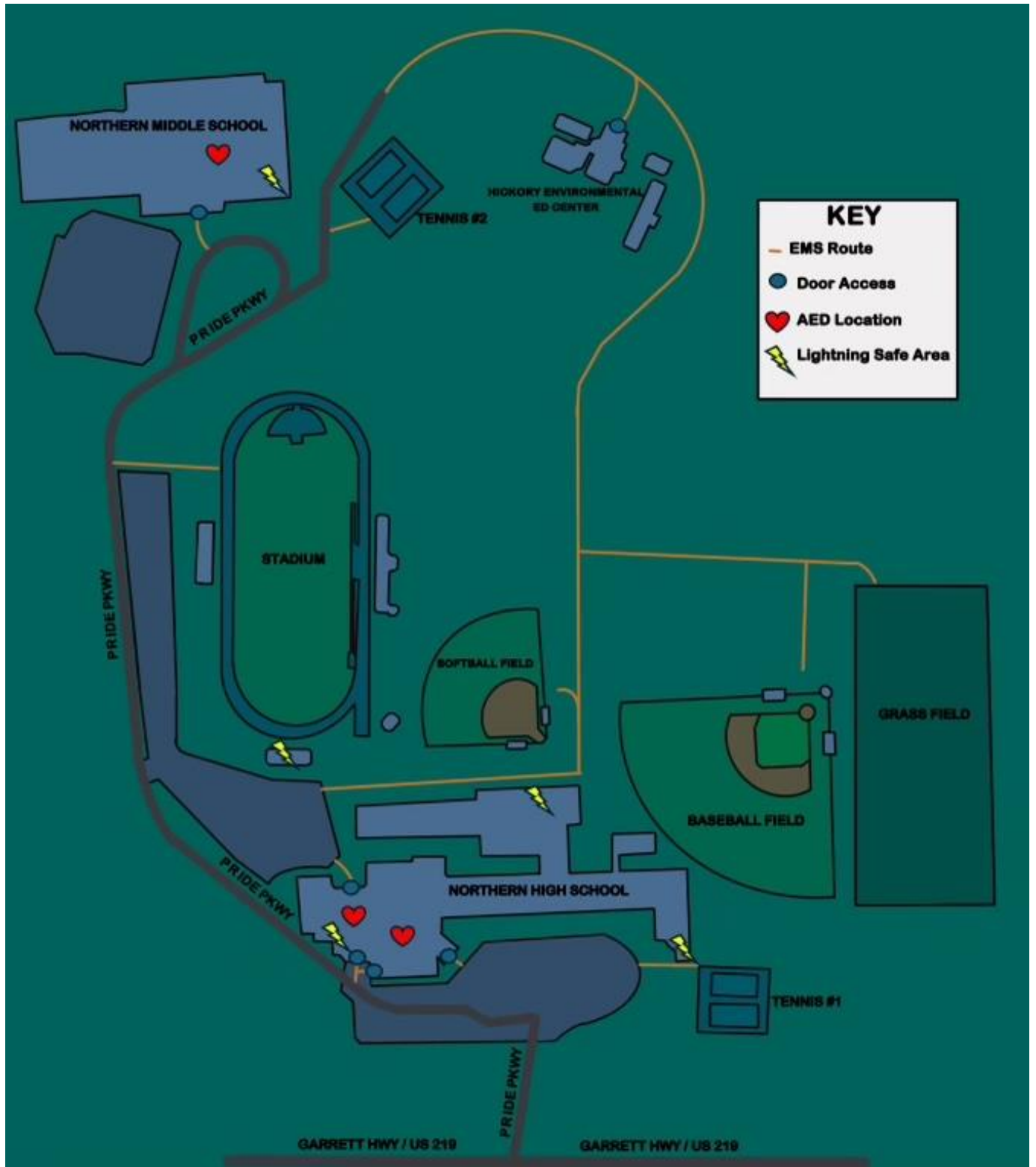
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Follow road to the left past the high school student parking lot
 - Continue and enter through the gate on the right closest to the visiting team bleachers and scoreboard end of the field on gravel road, before the entrance to NMS
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Main Gymnasium Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responders

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

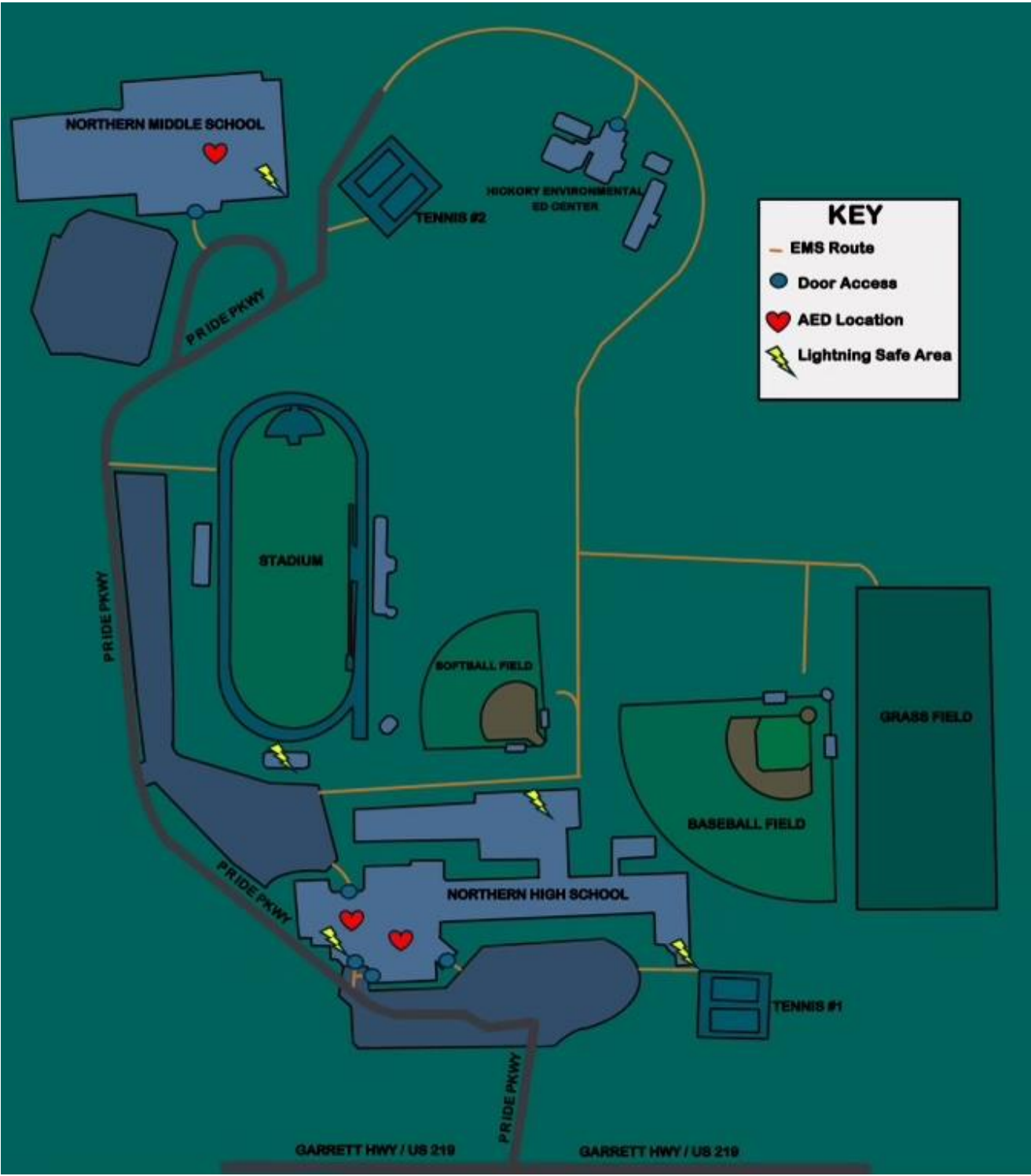
- AED (outside the main gym or outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Drive to Gymnasium entrance parking
 - Enter through any of the three sets of double doors
 - Continue straight to enter Main Gymnasium
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Auxiliary Gymnasium Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responders

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

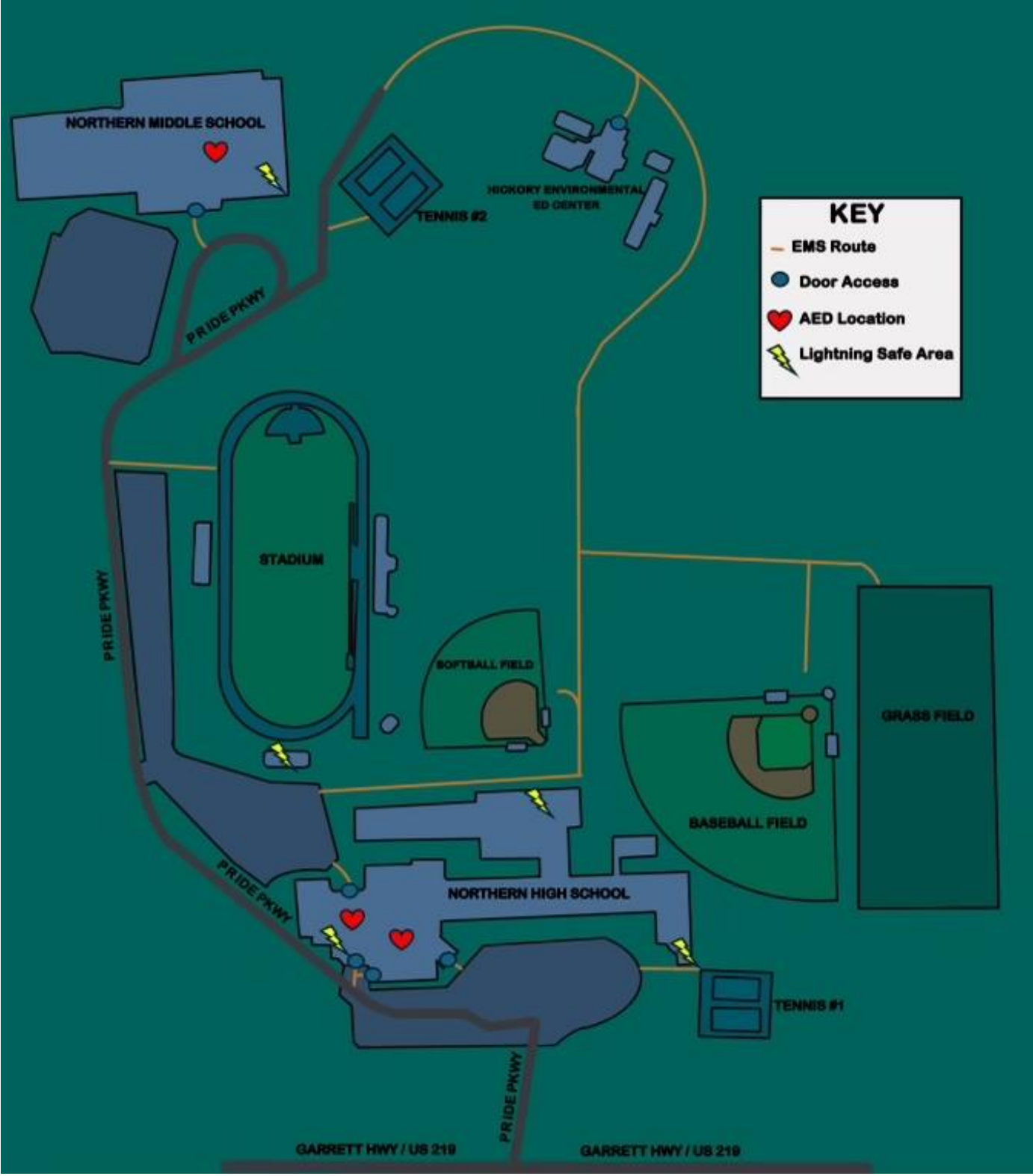
- AED (outside the main gym or outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

4. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

5. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer left and continue to the student parking lot
 - Enter student parking lot and on the right of the sidewalk enter through the double doors
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
6. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Northern Middle School Tennis Court/Practice Field Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

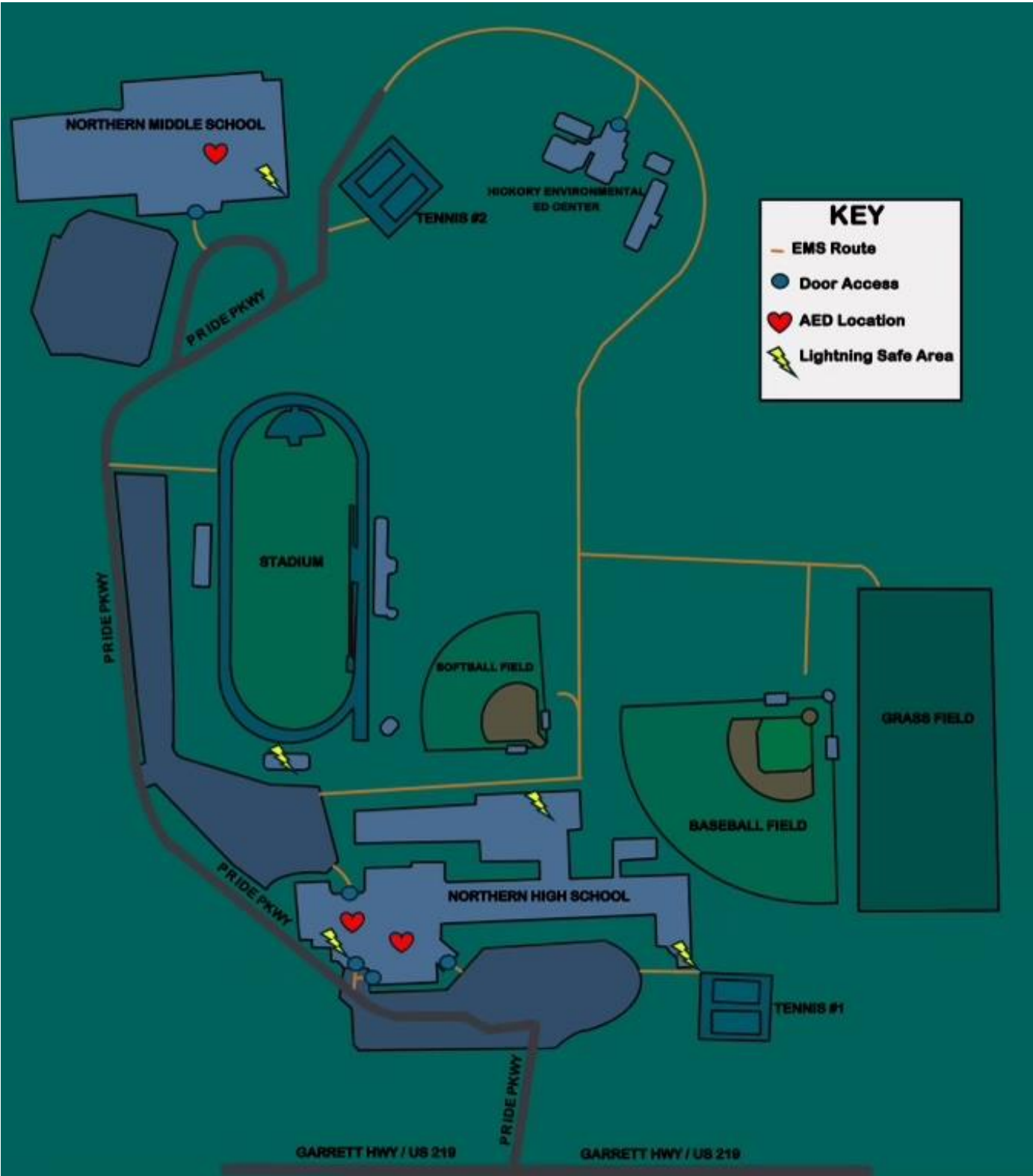
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to the Northern Middle School**
 - 371 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer to the left past the high school and turf athletic field
 - Continue and veer to the right once middle school is in view towards grass field/fence line
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Baseball Field Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

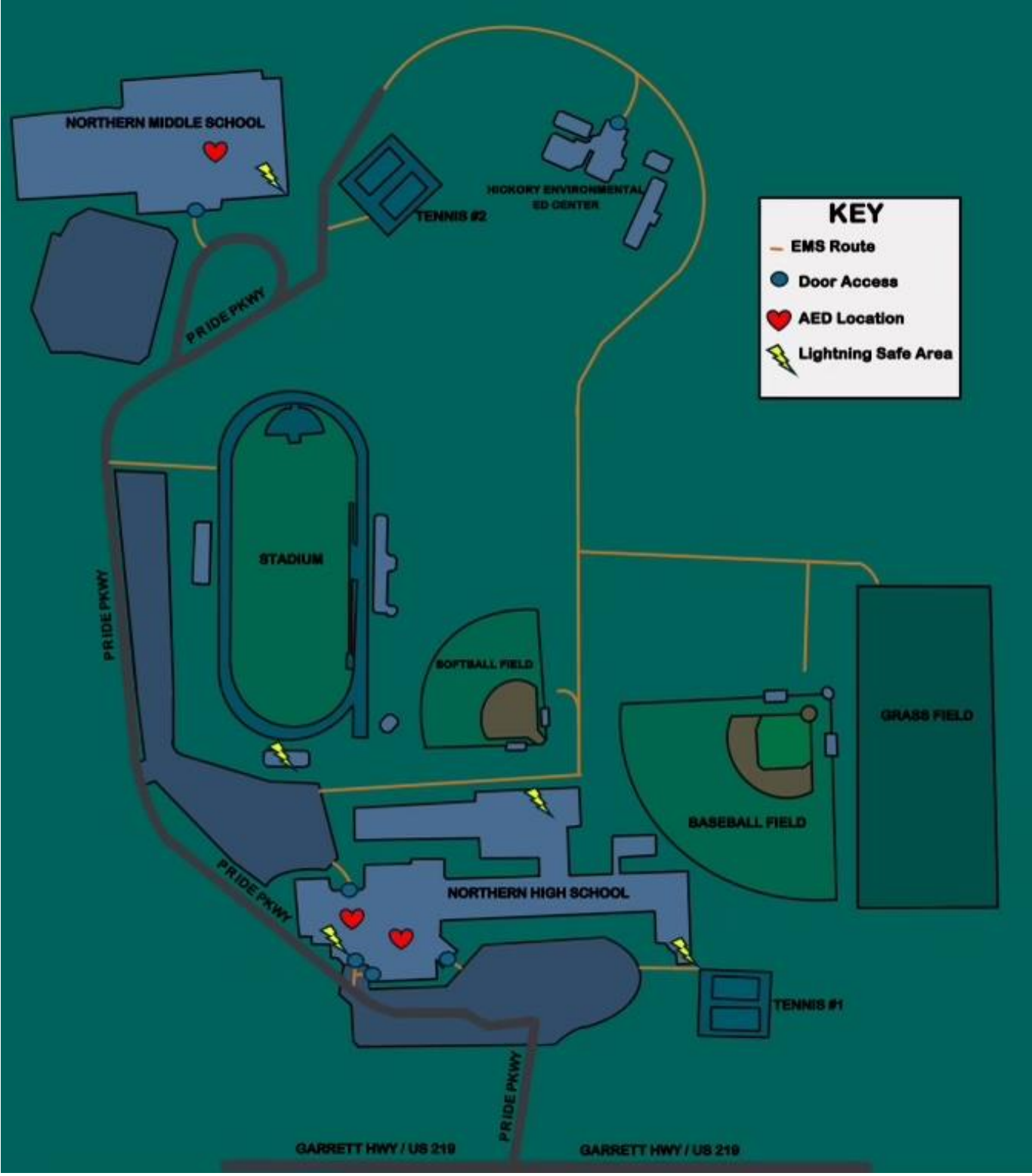
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer to the left and turn into the high school student parking lot on the right
 - Continue straight past turf field entrance, ROTC shed, and Auto/Carpentry signs
 - Turn left onto gravel road and enter through the outfield gate straight ahead
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



KEY	
	EMS Route
	Door Access
	AED Location
	Lightning Safe Area

Softball Field Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

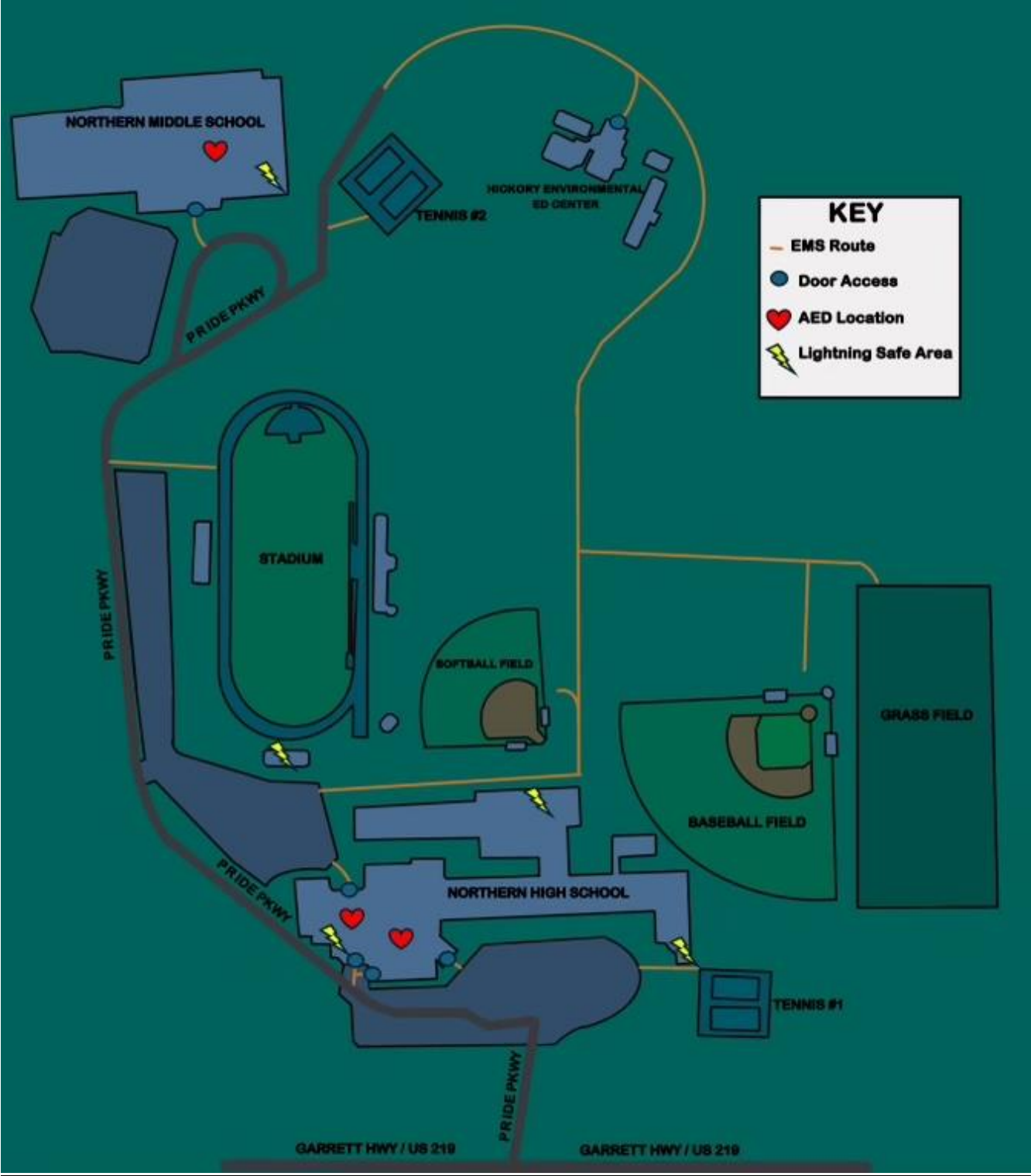
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone. *Make sure you note the time.*
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - **86 Pride Parkway Accident, MD 21520**
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer to the left and turn into the high school student parking lot on the right
 - Continue straight past turf field entrance, ROTC shed, and Auto shop signs
 - Enter through gates opposite facing the Carpentry sign and beside the spectator bleachers
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Soccer and Football Grass Fields Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

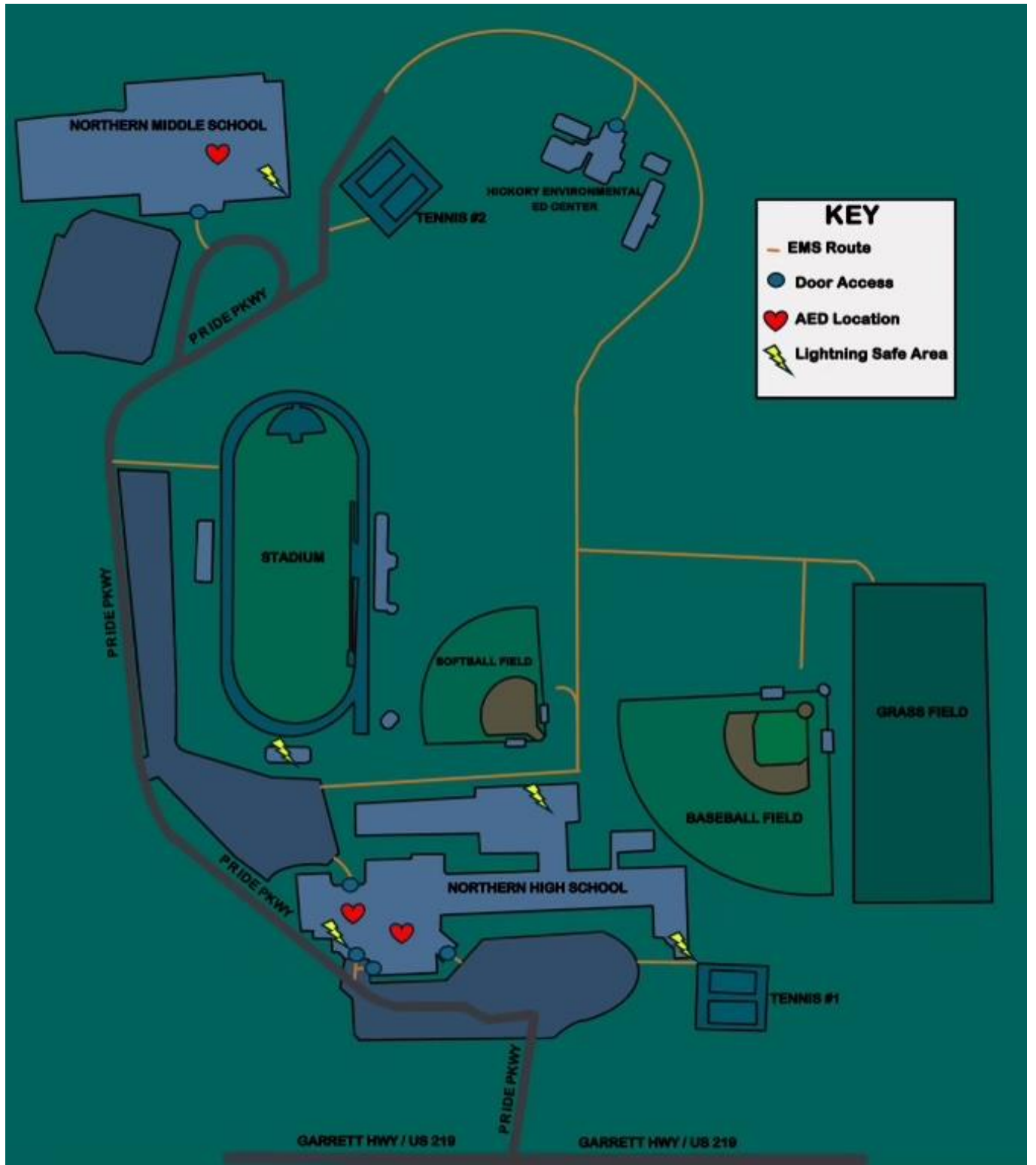
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer to the left and turn into the high school student parking lot on the right
 - Continue straight past turf field entrance, ROTC shed, and Auto/Carpentry signs
 - Turn left onto gravel road past softball and baseball fields
 - Turn right on gravel road and continue to either raised football field or to the end of the road where soccer shed is visible
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



KEY	
	EMS Route
	Door Access
	AED Location
	Lightning Safe Area

Timothy Umbel/ Hickory Trail Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

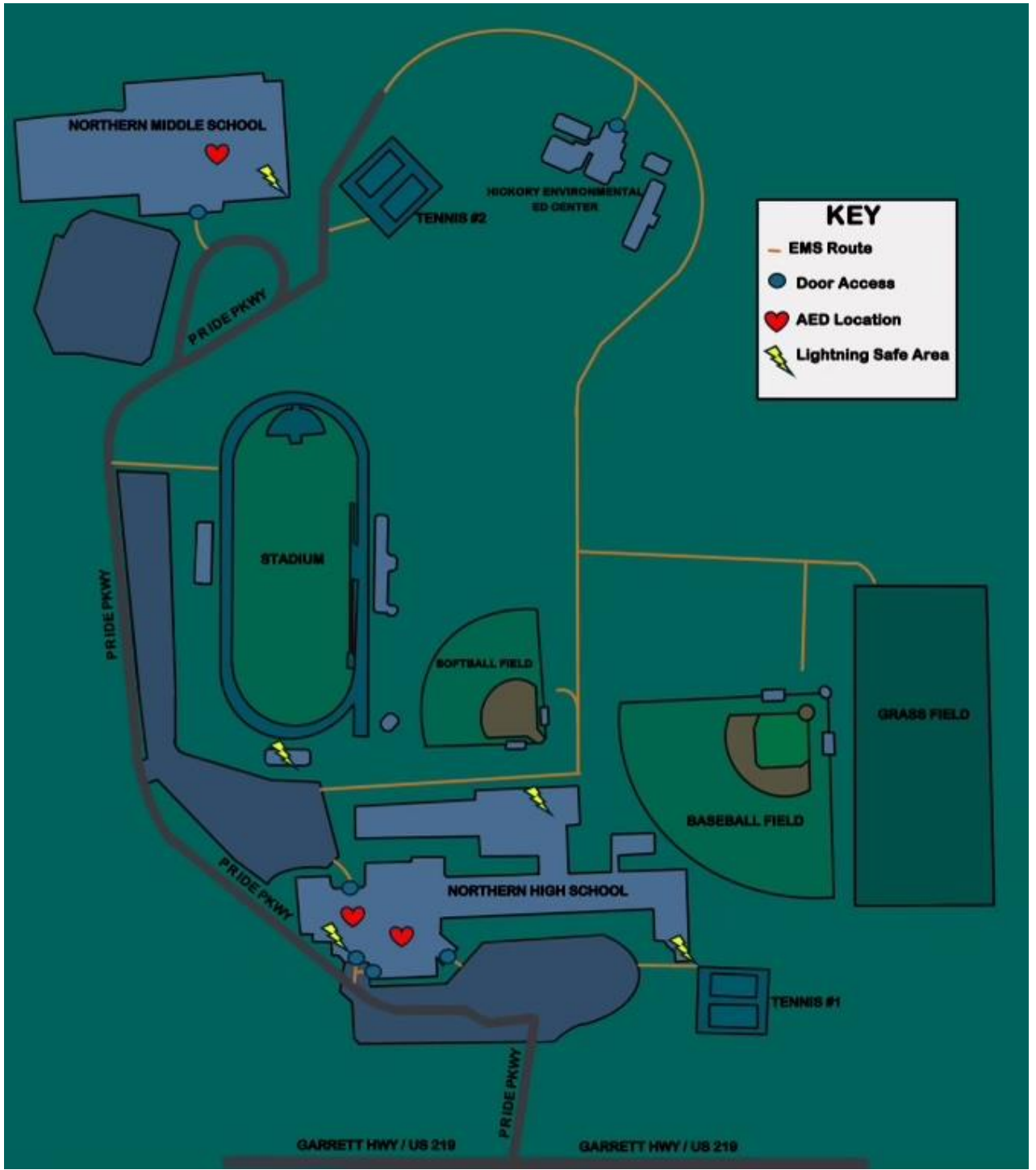
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone. *Make sure you note the time.*
 - **Identify who you are**
 - **Give the address to Hickory Environmental Education Center**
 - 604 Pride Parkway Accident, MD 21520
 - **Specify where the injured athlete/patient is located**
 - **Give specific directions**
 - **Example:**
 - Enter off of US-219 to Pride Parkway
 - Follow road to the left past high school and turf stadium
 - Veer right to continue past the middle school tennis courts, etc.
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Tennis Courts Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

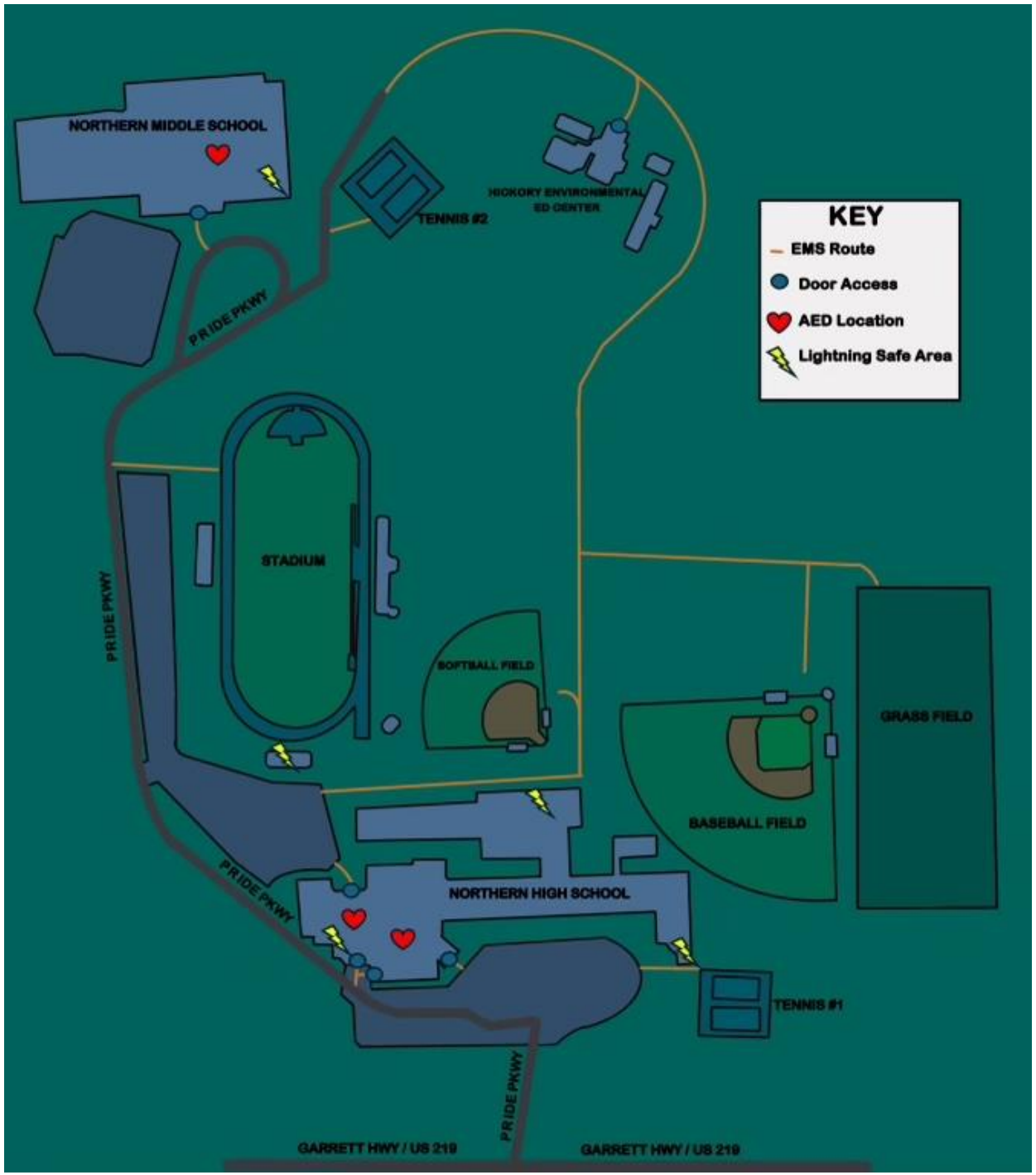
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Turn right to enter front parking lot near tennis courts
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Wrestling Room Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

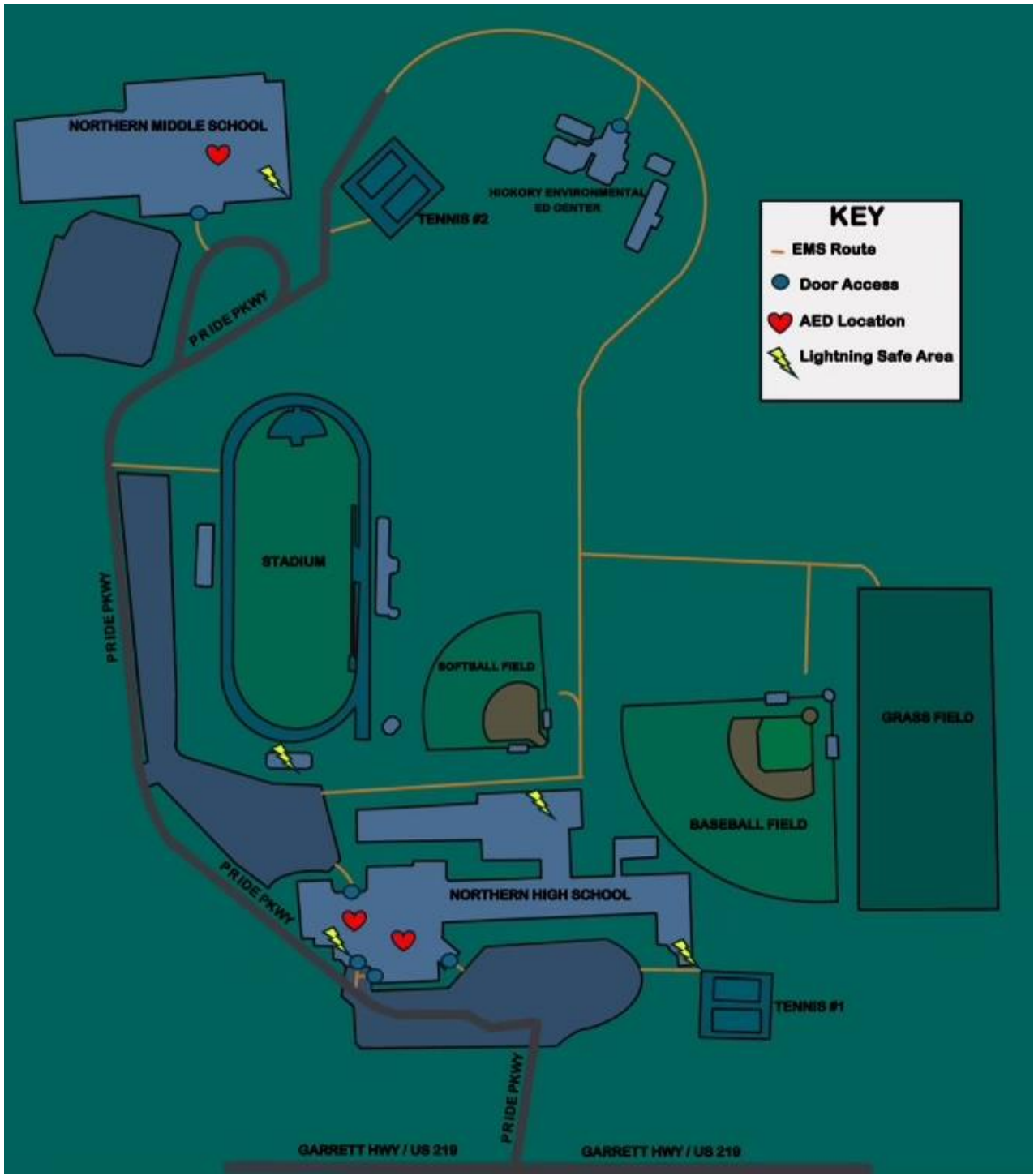
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone. *Make sure you note the time.*
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Turn left and continue past Main Gymnasium entrance
 - Immediately on the right there is a door facing the main road to enter the wrestling room, adjacent to alternate double doors entering main gymnasium
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Weight Room Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

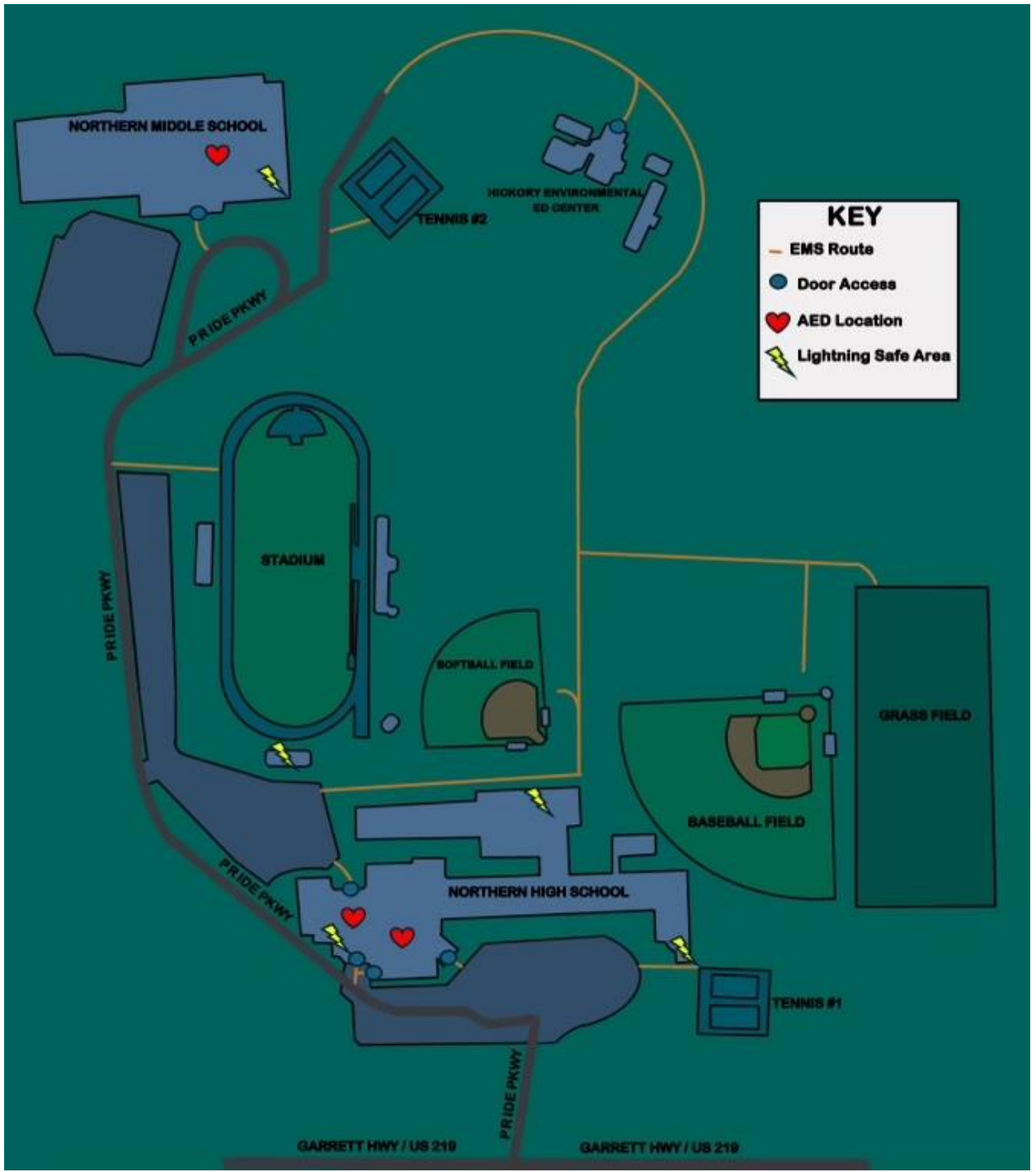
- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Veer left to continue to student parking lot
 - Turn right into parking lot and on the right is a lined fire lane
 - Go through those double doors
 - Turn right down hallway
 - Turn left past Auxiliary gym double door entrance
 - Weight Room is on the left past water fountain
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Northern Middle School Gym Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

AED (if not with the ATC,) by bathrooms at the corner of “Prepared hallway and Chill CT hallway.”

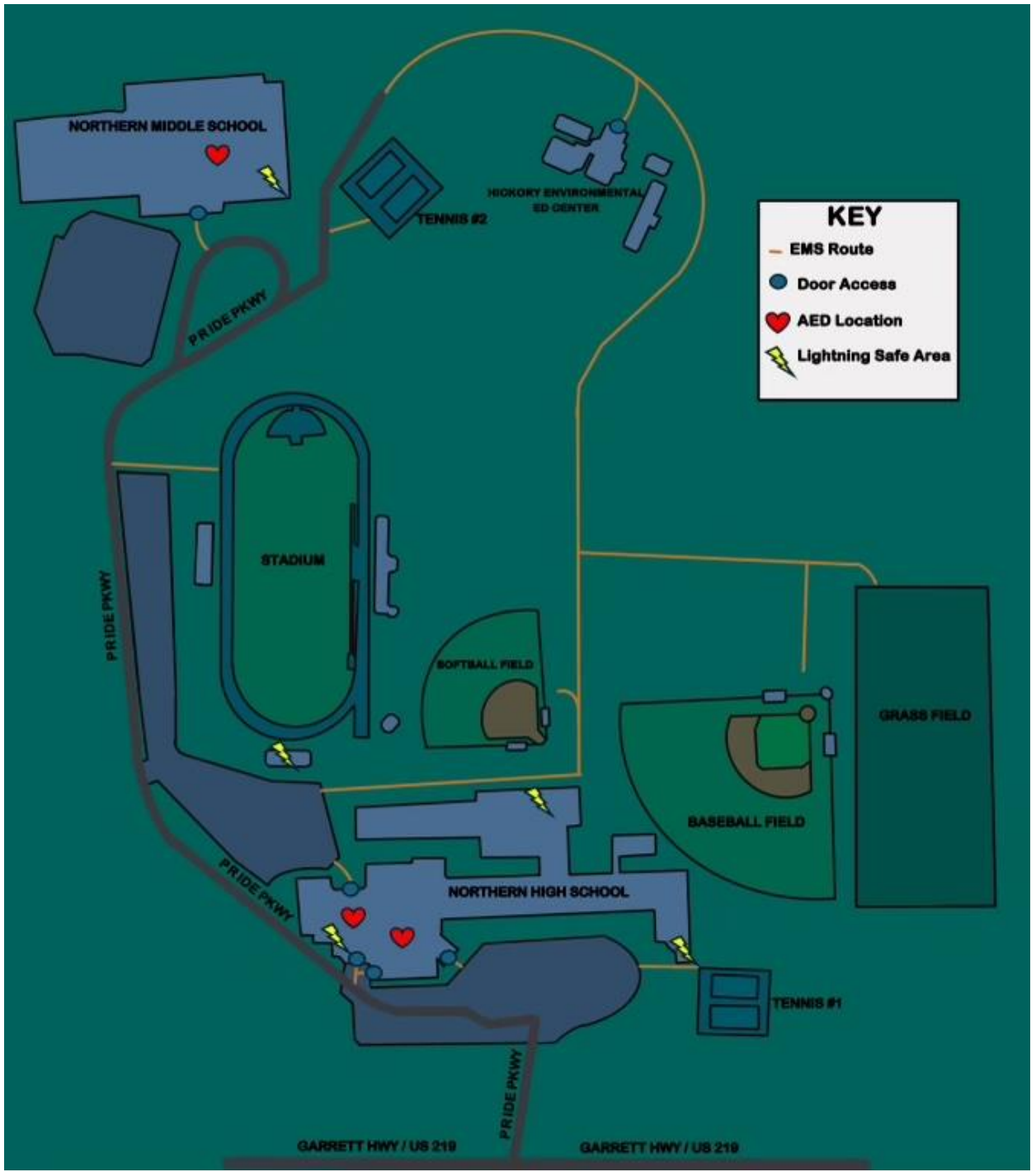
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

4. **Assess the injury.** If you are unable to determine if the injury is serious or not, don’t take chances, **DIAL 911.** (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

5. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Follow Pride Parkway to the middle school main entrance.
 - Inside the school follow main hallway to “Chilled CT” Hallway.
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
6. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



Cross Country Course Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

AED (if not with the ATC,) by Athletic Training Room

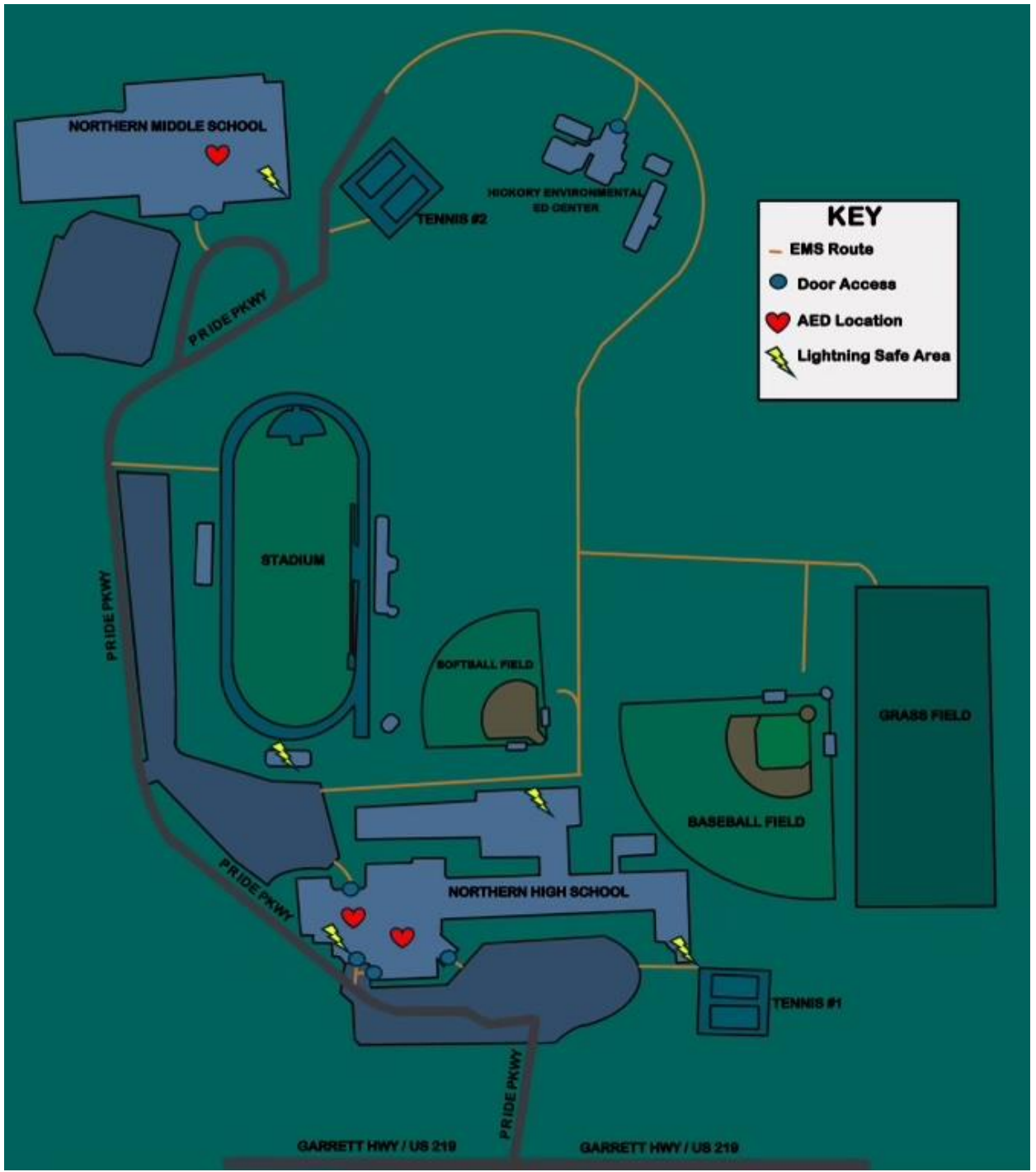
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

7. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

8. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address to Northern Garrett High School**
 - 86 Pride Parkway Accident, MD 21520
 - **Give specific directions**
 - Enter off of US-219 to Pride Parkway
 - Go left past main parking lot.
 - Start of course is to the left of the JROTC obstacle course
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach or student-athlete meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
9. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**



All Away Events Emergency Action Plan

Emergency Personnel:

- Athletic Trainer, Coaches, First Responder

Emergency Communication:

- Cell phones carried by Athletic Trainer and Coaches

Emergency Equipment:

- AED (if not with the ATC, it will be outside the athletic training facility)
- Medical Kit (with the ATC)
- Splint/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
- First Aid Kit (with team/coaches)

Roles of Athletic Trainer/First Responders:

1. **Assess the injury.** If you are unable to determine if the injury is serious or not, don't take chances, **DIAL 911**. (The coach will make the decision to call or not call in the absence of the athletic trainer)

DO NOT MOVE THE INJURED ATHLETE!

2. Send a person to **DIAL 911** or have someone **DIAL 911** from a cell phone or school phone.
Make sure you note the time.
 - **Identify who you are**
 - **Give the address**
 - Give location you are at. Ask a staff member or coach from the site the address or have them call for you
 - **Give specific directions**
 - **Identify the problem**
 - If able, give specific information about the condition of the athlete or type of injury. Be able to answer if the athlete/patient is conscious, breathing, etc...
 - **Have a coach meet the Fire and EMS units upon arrival and direct them to the patient**
 - **Make sure all gates and doors are unlocked and open**
 - **Guide the rescue team to the site of the injury and stay close to render aid if possible**
 - **Contact the parents/guardians**
 - Inform them of the injury
 - Inform them where the EMS unit will be transporting their child
 - Have a coach or administrator go with the athlete if a parent/guardian is not on scene
3. **Contact Ben Kelly, Athletic Trainer @ 240-362-3188**

Catastrophic Emergency Action Plan

Definition of a Catastrophic Emergency

1. Sudden Death of a student-athlete, coach, and/or staff member
2. Disability/Quality of Life Altering injury/illness included but not limited to:
 - a. Spinal cord injury resulting in partial or complete paralysis
 - b. Loss of paired organ
 - c. Severe head injury
 - d. Injuries/illnesses resulting in severely diminished mental capacity or other neurological injury that results in an inability to perform daily functions (e.g. coma)
3. Other incident as deemed appropriate

Follow these steps

1. Contact Certified Athletic Trainer: **Ben Kelly**
 2. Certified Athletic Trainer will contact Athletic Director: **Philip Carr**
 3. Athletic Director will contact appropriate **NGHS Administrators**
 4. Contact/update the respective sport Head Coach (if unaware of the emergency)
 5. Contact family of student-athlete
 6. Certified Athletic Trainer will document every detail as soon as possible
- XI.** Cardiac Emergency Response Protocol (CERP)

Cardiac Emergency Response Protocol (CERP)

NGHS Athletics



Table of Contents

Cardiac Emergency Response Plan

Purpose

Cardiac Emergency Response Team (CERT)

Development and Team Members

Automated External Defibrillators (AEDS) Placement, Installation, and Maintenance

Communication of CERP

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

Local Emergency Medical Services (EMS) Integration with School Plan

Conduct Practice Drills

Annual Review and Evaluation of the Plan

Activation of Cardiac Emergency Response Team During an Identified Cardiac Emergency

Protocol for Cardiac Emergency Response Team

Appendix

Cardiac Emergency Response Plan

Purpose

- 1) This document provides direction and detailed guidance for responding to a sudden cardiac arrest (SCA) through a Cardiac Emergency Response Plan (CERP). This plan outlines Cardiac Emergency Response Teams (CERTs), AED maintenance and locations, and related staff training/certification. This document does not replace any district policies or local, state, or national regulations.
- 2) In the United States, it is estimated that annually 356,000 adults experience out of hospital cardiac arrest as well as 23,000 pediatric cardiac arrests (Mozaffarian, D, 2015; Okubo, M et al, 2020). Although approximately 90% of those people will not survive the event, the likelihood of survival increases with prompt intervention. According to the American Heart Association (AHA), early intervention that includes CPR and restoration of normal heart rhythm with the use of an AED increases the chance of survival.

Developing a Cardiac Emergency Response Team (CERT)

- 1) Designate one person as the Cardiac Emergency Response Team Coordinator who oversees CPR-AED program activities, training, education, and evaluation.
- 2) All individuals on CERT should have current CPR/AED training from a nationally recognized organization.
- 3) Designate one person to call 9-1-1 and direct EMS to the location of the sudden cardiac arrest (SCA).
 - a. **Head Coach/ Assistant Coach/ Athletic Trainer**

Best Practice Considerations:

- a. Consider having the Cardiac Emergency Response Team comprise of at least 5 people or 10% of staff.
 - i. In recognition of periodic absences and overall staff turnover, a robust team of individuals trained to be part of the CERT is essential to ensure uninterrupted response activities.
 - ii. **Head Coach/ Assistant Coaches/ Athletic Trainer/ Game Site Administrator (if available)**
- b. CERT members should be able to step away from their tasks to assist when CERP is activated.
- c. A list of these individuals and their CPR certifications should be maintained on-site in a readily accessible area.
- d. Consider medical coverage continues to be provided at the athletic event if continued after the event.

Automated External Defibrillators (AEDs)- Placement, Installation, and Maintenance

- 1) Minimum recommended number of AEDs for (Northern Garrett High School) include inside the building and outside the building:
 - a. *Inside the building* – The number of AEDs shall be sufficient to enable a person to retrieve an AED and deliver it to any location within the building, ideally within 3 minutes of being notified of a possible cardiac emergency. AED should be clearly marked in a backpack or hard case.
 - i. **NGHS AED Locations**
 1. **Main Gym Lobby**
 - a. **At the top of the ramp in front of the cafeteria**
 2. **Athletic Training Room**
 - a. **This AED is assigned to the Athletic Trainer during the fall sports season, it will be kept with the Athletic Trainer or will be in its designated location during the winter sports season. During the spring sports season, this AED will be with the Athletic Trainer or will be in its designated location**
 3. **Nurse Office**
 - a. **Inside the nurse’s office**
 - i. **Only available during normal school Hours**
 4. **Main Hallway**
 - a. **Outside allied health room**
 5. **Vocational Hallway**
 - a. **Across from custodial office**
 6. **Upstairs Hallway**
 - a. **Top of the middle stair case**
 - b. **Top of the stair case by teachers’ lounge**
 - ii. **NMS**
 1. **Main Hallway (Corner of “Prepared Hallway” and Chilled CT”)**
 - b. *Outside the building (e.g., on venues or athletic fields)* – The number of AEDs, either stationary or in the possession of an on-site athletic trainer, coach, or other qualified person, shall be sufficient to enable the delivery of an AED to any location outside of the building including any venue or athletic field, ideally within 3 minutes of being notified of a possible cardiac emergency. AED should be clearly marked in a backpack or hard case.
 - i. **NGHS- If athletic trainer is on site during outside activities, AED is with person.**
- 2) The school nurse regularly checks and maintain each AED in accordance with the AED’s operating manual and maintain a log of the maintenance activity including periods of time when facility is not in use for long periods of time.
- 3) The school nurse is responsible for verifying equipment readiness and for maintaining maintenance activity.

- 4) Additional Resuscitation Equipment: A resuscitation kit shall be connected to the AED carry case. The kit shall contain latex-free gloves, razor, scissors, towel, antiseptic wipes, a CPR barrier mask, and consider an extra set of AED pads.
- 5) AEDs should not be locked in an office or stored in a location that is always not easily and quickly accessible, with the exception of the AED in the nursing station.
- 6) AEDs shall be accessible for responding to a cardiac emergency, including during day and night sports activities, and before and after sports activities, in accordance with this CERP.
- 7) Each AED should have one set of AED pads connected to the device and one spare set.
- 8) Signage: All AEDs should have clear AED signage to be easily identified. These should be visible from the normal path of travel. A projecting (three-dimensional) universal AED sign shall be installed above cabinet or bracket/wall rack clearly marking the location of AED(s).
- 9) Recommend removing warning "for professional use only" on AED cabinets as AEDs provide instructions for use.
- 10) Locations of the AEDs are to be listed in the "Protocol for Cardiac Emergency Response Team" and Building Location Information, AED locations, and Facility Maps (see appendix).

Best Practice Considerations:

- a. Back-up AEDs – One or more AEDs shall be held in reserve for use as a replacement for any AED which may be out-of-service for maintenance or other issues. The back-up AED(s) should also be available for use when traveling to offsite locations. If unable to have a backup AED, have a plan on what AED you will use if an AED is out of service.
- b. AEDs to be installed using a cabinet or bracket/wall rack approved for such purpose and be surface mount or wall recessed.
 - i. Regardless of which mount is chosen, AEDs shall be placed so that the AED's readiness indicator faces outward.
 - ii. During installation, it is important to make sure that screws, bolts and wall anchors will not penetrate electrical wires or pipes inside wall.
 - iii. Installation Height: Placed at an unobstructed height of forty-eight (48) inches from the floor (it may be lower) to provide optimum accessibility in compliance with American Disabilities Act (ADA). ADA Accessibility Guidelines (ADAAG) specify that objects such as automated external defibrillator wall cabinets shall not protrude more than 4 inches from the wall into walks, corridors, passageways, or aisles.
- c. Keep copies of event documentation with AED and first responder kits.
- d. CERT coordinator should register their AED with the manufacturer and supplier to receive notifications of potential recalls or alerts.
- e. If only adult pads are available: adult AEDs may be used on children. If the pads are too large for standard positioning without touching, Pads can be

placed with one pad on the center of the chest between the nipples and the other pad on the back of the child between their shoulder blades.

- f. If pediatric pads are available: the small pads or child key/switch will deliver a shock with a lower energy dose than the larger pads will. If a child is very small, you may need to put one pad on the child's chest and the other on the child's back.
- g. Consider having an AED readily available on the sidelines of sporting events and practices.
- h. Consider posting AHA Simplified Adult BLS diagram from the AHA near AED cabinet (see appendix).

Communication of CERP

- 1) The Cardiac Emergency Response Plan (CERP) should be posted broadly in places such as (but not limited to):
 - a. In locker rooms, cafeteria, restroom, health room, break room and in all offices.
 - b. Adjacent to each AED.
 - c. Adjacent to each public telephone.
 - d. In the gym, near the swimming pool, and in all other indoor locations where athletic activities take place.
 - e. At other strategic locations, including outdoor physical education and athletic venues and facilities.
 - f. Attached to all portable AEDs.
- 2) The Cardiac Emergency Response Plan should be distributed to:
 - a. The CERP should be made available annually and when updates are made.
 - b. All staff should be educated on the Cardiac Emergency Response Plan in their sports facility annually.
 - c. New staff members should receive CERP in their orientation materials.

Best Practice Considerations:

- a. A copy of the Cardiac Emergency Response Protocol should be provided to any organization using the sports facility. The organization using the facility should then adapt the CERP to the needs of their group/organization.
- b. Consider having a plan in place for after-hour and off-site events.
- c. Consider a modified Cardiac Emergency Response Protocol which takes into consideration the nature and extent of the use and shall meet the spirit and intent of this Protocol to ensure that preparations are made to enable a quick and effective response to a cardiac emergency on-site after standard business hours.
- d. A facility user or renter should have their own plan, especially those using the facility after normal operating hours.

Training in Cardiopulmonary Resuscitation (CPR) and AED Use

- 1) Staff training
 - a. A sufficient number of staff (in addition to the medical staff or safety coordinator) should be trained in cardiopulmonary resuscitation (CPR) and in the use of an AED. (It is recommended that at a minimum, at least 10% of staff, 50% of athletic trainers, and 50% of coaches should have current CPR/AED certification.)

Training shall be renewed at least every two years. Absolute minimum number is 3 to ensure CPR is initiated, AED is retrieved, and 911 is notified.

- b. The organization should designate the person responsible for coordinating staff training and the medical contact for AEDs, if available.
 - c. Training may be traditional classroom, on-line or blended instruction but should include cognitive learning, hands-on practice, and testing.
 - i. Consult local regulations to ensure your plan meets any additional local requirements.
 - d. All staff, regardless of if they are a CERT member, should receive annual education on SCA and understand how to recognize a cardiac arrest, how to initiate the response team, and where the AEDs in the building are located.
- 2) Cardiac Emergency Response Drills:
- a. Cardiac Emergency Response Drills are an essential component of this Plan. The site should perform at least 2 successful Cardiac emergency Response Drills each year with the participation of staff, safety officials and other targeted responders. A successful Cardiac Emergency Response Drill is defined as full and successful completion of the Drill in 5 minutes or less. One drill may include a tabletop exercise with all the staff and CERP members present.
 - b. Include as many other people (staff, coaches, students, parents, etc.) who can receive additional CPR/AED education and awareness of the plan.

Best Practice Considerations:

- a. Consider utilizing a checklist outlining response steps to ensure all actions are being completed. An observer can time the event and check off steps as they occur.
- b. Save time after the drill to debrief with staff about how the response can be Improved, if the CERP needs to be edited, and that the team feels confident in a real response

Local Emergency Medical Services (EMS) Integration with the Plan

- 1) Provide a copy of this Plan to local emergency response and dispatch agencies (e.g., the 9-1-1 response system), which may include local police and fire departments and local Emergency Medical Services (EMS).
- 2) The development and implementation of the Cardiac Emergency Response Plan shall be coordinated with the local EMS Agency, campus safety officials, on-site first responders, administrators, athletic trainers, medical providers, and other members of the organization and/or community medical team.
- 3) Work with local emergency response agencies to
 - a. coordinate this Plan with the local emergency response system and
 - b. to inform local emergency response system of the number and location of on-site AEDs.

Best Practice Considerations:

- a. When possible, invite local EMS and first responders to the Cardiac Emergency Response Drills. They can give meaningful feedback and provide information about realistic situations.
- b. Speak with your local EMS team to see if training supplies are available for education and to use for the CERP drill.

Conduct Practice Drills

- 1) Please refer to the CERP Drill and Evaluation template for schools or community organizations.

Annual Review and Evaluation of the Plan

- 1) Conduct an annual internal review of the Cardiac Emergency Response Plan (CERP) for the sports facility. The annual review should focus on ways to improve the response process, to include:
 - a. A post-event review following an event. This includes review of existing documentation for any identified cardiac emergency that occurred at the location or at any sanctioned function. There should be a designated person responsible for establishing the documentation process.
- 2) Post-event documentation and action shall include the following:
 - a. A contact list of individuals to be notified in case of a cardiac emergency.
 - b. Determine the procedures for the release of information regarding the cardiac emergency.
 - c. Date, time, and location of the cardiac emergency and the steps taken to respond to the cardiac emergency.
 - d. The identification of the person(s) who responded to the emergency.
 - e. The outcome of the cardiac emergency. This shall include but not be limited to a summary of the presumed medical condition of the person who experienced the cardiac emergency to the extent that the information is publicly available. Personal identifiers should not be collected unless the information is publicly available.
 - f. An evaluation of whether the CERP was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include recommendations for improvements to the Plan and in its implementation if the plan was not optimally suited for the specific incident. The post-event review may include discussions with medical personnel (ideally through the facility's medical counsel) to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.
 - g. An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including aftercare services and crisis counselors.
 - h. A review of the documentation for all Cardiac Emergency Response Drills performed during the year. Consider pre-established Drill report forms to be completed by all responders.
 - i. A determination, at least annually, as to whether additions, changes or modifications to the Plan are needed. Reasons for a change in the Plan may

result from a change in established guidelines, an internal review following an actual cardiac emergency, or from changes in facilities, equipment, processes, technology, administration, or personnel.

Best Practice Considerations:

- a. Consider events before/after normal operating hours.

Activation of Cardiac Emergency Response Team During an Identified Cardiac Emergency

- 1) Activate the Cardiac Emergency Response Team immediately when a cardiac emergency is suspected.
- 2) The Protocol for responding to a cardiac emergency should be posted and readily accessible to anyone.

Best Practice Considerations:

- a. All Cardiac Emergency Response Team members should be able to step away from their tasks without risking harm to others.
- b. All members should be alerted uniformly via overhead page, radio, text, or phone.

Protocol for Cardiac Emergency Response Team

Developed for Northern Garrett Athletics

Venue Specific EAPS are located at each venue where events are held

Venue directions and EMS access points are identified on EAP posting

Sudden cardiac arrest events can vary greatly. It is important to note each situation may not be the same due to various factors; event type, location of event, available team members to assist in care, and/or the location or presence of certified athletic trainer. All staff and Cardiac Emergency Response Team (CERT) members must be prepared to perform the duties outlined below. Immediate action is crucial in order to successfully respond to a cardiac emergency. Consideration should be given to obtaining on-site ambulance coverage for high-risk athletic events. One should also identify the closest appropriate medical facility that is equipped in advanced cardiac care.

Follow these steps in responding to a suspected cardiac emergency:

- 1) Recognize the following **signs of sudden cardiac arrest** and act quickly in the event of one or more of the following:
 - a. The person is not moving, unresponsive, or unconscious.
 - b. The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).
 - c. The person appears to be having a seizure or is experiencing convulsion-like activity. Cardiac arrest victims commonly appear to be having convulsions. If it's a true seizure, the AED will not deliver a shock.
 - d. If the person received a blunt blow to the chest, this can cause cardiac arrest, a condition called commotio cordis. The person may have the signs of cardiac arrest described above and is treated the same.

- 2) Facilitate immediate access to professional medical help:
 - a. **Call 9-1-1** as soon as you suspect a sudden cardiac arrest. Provide the facility address, cross streets, and patient's condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side and put on speaker, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit and escort to the victim.
 - b. Immediately contact the members of the Cardiac Emergency Response Team (CERT) using your facility's designated communication system (i.e. walkie talkies, overhead page).
 - c. Give the exact location of the emergency. (e.g., gym, football field, cafeteria, etc.). Be sure to let EMS know which door to enter. Assign someone to go to that door to wait for and flag down EMS responders and escort them to the exact location of the patient.
 - d. If you are a CERT member, proceed immediately to the scene of the cardiac emergency.
 - e. The closest team member should retrieve the automated external defibrillator (AED) in route to the scene and leave the AED cabinet door open as a signal that the AED was retrieved.

- 3) **Start CPR**
 - a. Begin continuous chest compressions and have someone retrieve the AED if not at the scene. Referred to simplified adult BLS graphic below.
 - i. Press hard and fast in the center of the chest, at 100-120 compressions per minute. (Faster than once per second, but slower than twice per second.) Use 2 hands: The heel of one hand and the other hand on top (or one hand for children under 8 years old), pushing to a depth of at least 2 inches (or 1/3rd the depth of the chest for children under 8 years old). Follow the 9-1-1 telecommunicator's instructions, if provided.
 - ii. If you are able and comfortable giving rescue breaths, please use a barrier and provide 2 rescue breaths after 30 compressions.

- 4) Use the nearest **AED**:
 - a. When the AED is brought to the patient's side, press the power-on button, and attach the pads to the patient as shown in the diagram on the pads. Then

follow the AED's audio and visual instructions. If the person needs to be shocked to restore a normal heart rhythm, the AED will deliver one or more shocks. Be familiar with your facility's AED and if you will need to press the shock button or if it will deliver automatically.

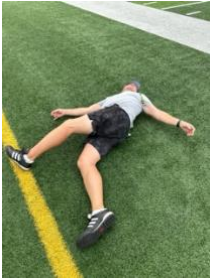
- i. Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
 - b. Minimize interruptions of compressions when placing AED pads to patient's bare chest.
 - c. Continue CPR until the patient is responsive or a professional responder arrives and takes over. Make sure to rotate persons doing compression to avoid fatigue.
- 5) Transition care to EMS.
 - a. Once EMS arrives, there should be a clear transition of care from the CERT to EMS.
 - b. Team focus should now be on assisting EMS safely out of the building/parking lot.
 - c. Provide EMS a copy of the patient's emergency information sheet.
- 6) Action to be taken by Administrative Staff:
 - a. Confirm the exact location and the condition of the patient.
 - b. Activate the Cardiac Emergency Response Team and give the exact location.
 - c. Confirm that the Cardiac Emergency Response Team has responded.
 - d. Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
 - e. Assign a staff member to direct EMS to the scene.
 - f. Perform "Crowd Control" – directing others away from the scene.
 - g. Notify other staff: medical staff, athletic trainer, athletic director, safety director, safety manager, and/or sports facilities manager, etc.
 - h. Consider medical coverage to continue to be provided at the athletic event if continued after the event.
 - i. Consider having people in the location stay in place (i.e. delaying area traffic or other changes) to facilitate CPR and EMS functions.
 - j. Designate people to cover the duties of the CPR responders.
 - k. Copy the patient's emergency information for EMS.
 - l. Notify the patient's emergency contact (parent/guardian, spouse, etc.).
 - m. Notify staff and sports attendees when to return to the normal schedule.
 - n. Contact organization administration, human resources and/or sports facility management.
- 7) Debrief
 - a. Discuss the outcome of the cardiac emergency. This shall include but not be limited to a summary of the presumed medical condition of the person who experienced the cardiac emergency to the extent that the information is publicly available. Personal identifiers should not be collected unless the information is publicly available.
 - b. An evaluation of whether the CERP was sufficient to enable an appropriate response to the specific cardiac emergency. The review shall include

recommendations for improvements to the plan and in its implementation if the plan was not optimally suited for the specific incident. The post-event review may include discussions with medical personnel to help in the debriefing process and to address any concerns regarding on-site medical management and coordination.

- c. An evaluation of the debriefing process for responders and post-event support. This shall include the identification of aftercare services including aftercare services and crisis counselors. **IMPORTANT:** This is a resource document intended for use in formulating a plan for adoption by a sports facility. Medical and legal counsel for the sports facility should review this plan before implementation. It is the responsibility of the sports facility to ensure that the Cardiac Emergency Response Plan as adopted is consistent with local, state, and federal law.

Cardiac Emergency During Event

Individuals Present (Athletic Trainer, Head Coach, Assistant Coach, Assistant Coach, Admin)



Athlete collapses on field during home event.
Referees suspend play for care.

Athletic trainer provides care to athlete. Athlete is unconscious (breathing and pulse not detected). CERP/ EAP activated.
Referees move athletes move away from emergency.

Admin is signaled, calls 911.
AC notifies parent if not at event.

AC rides with athlete to GRMC if parent not present.

Continue care until EMS arrives and can take over.
Admin will direct EMS to field. Gates and pathways are open and accessible.
ATC helps with transition.
EMS takes AED with them.

ATC begins CPR.
HC retrieves AED, assists with CPR and AED use on field.
Reliable teammate retrieves medical kit if needed

ATC completes proper documentation.
ATC reports emergency to AD and Principal.

Debriefing and review of the emergency and management with those members involved.

Cardiac Emergency During Event Where Athletic Trainer is NOT present

Individuals Present (Head Coach, Assistant Coach, Assistant Coach, Admin)



Athlete collapses on field during home event.
Referees suspend play for care.

Head Coach provides care to athlete. Athlete is unconscious (breathing and pulse not detected). CERP/ EAP activated.
Referees move athletes move away from emergency.

Admin is signaled, calls 911.
AC notifies parent if not at event.

AC rides with athlete to GRMC if parent not present.

Continue care until EMS arrives and can take over.
Admin will direct EMS to field. Gates and pathways are open and accessible.
HC helps with transition.
EMS takes AED with them.

HC begins CPR.
AC retrieves AED, assists with CPR and AED use on field.
Reliable teammate retrieves medical kit if needed

Head Coach contacts ATC. ATC completes proper documentation.
ATC reports emergency to AD and Principal.

Debriefing and review of the emergency and management with those members involved.

Cardiac Emergency During Practice

Individuals Present (HC, AC, AC, AC, Team)

ATC is on site, but at another practice location



Athlete collapses during practice.

HC assess athlete and finds there is no pulse or breathing.

HC is first responder until ATC arrives. Begins CPR.

AC/ athletes move away from emergency.

AC calls 911 and gives information to dispatcher.

AC/reliable athlete notifies ATC and ATC arrives to scene.

AC notifies parent of athlete.

HC/ AC rides with athlete to GRMC.

Continue care until EMS arrives and can take over.

Team member may help direct EMS to site through doors. Gates and doors need to be unlocked and open.

ATC helps with transition. EMS takes AED with them.

ATC brings AED and assists HC with CPR and AED use.

Alt. AED is in gym lobby

Reliable teammate retrieves medical kit

ATC completes proper documentation.

ATC reports emergency to AD and Principal.

Debriefing and review of the emergency and management with those members involved.

Cardiac Emergency During Practice

Individuals Present (ATC, HC, AC, AC, Team)



Athlete collapses during practice.

Athletic trainer provides care to athlete. Athlete is unconscious (breathing and pulse not detected). CERP/ EAP activated.
AC/ athletes move away from emergency.

Assistant coach calls 911 and gives information to dispatcher.
Head coach notifies parent of athlete.

ATC begins CPR.

Assistant coach retrieves AED, assists with CPR and AED use.

Reliable teammate retrieves medical kit

Continue care until EMS arrives and can take over.
Team member may help direct EMS to site through doors. Gates and doors need to be unlocked and open.
ATC helps with transition. EMS takes AED with them.

HC/ AC rides with athlete to GRMC.

ATC completes proper documentation.
ATC reports emergency to AD and Principal.

Debriefing and review of the emergency and management with those members involved.

XII. Inclement Weather Plan

The following information is applicable to situation of extreme heat or humidity, as well as lightning.

Warm Weather Policy:

At no time will water be withheld from an athlete during a practice session.

Please see the following pages for information regarding Heat Illness and precautions.

Coaches should be aware of the signs and symptoms of heat illness and should notify the Athletic Trainer if an athlete is experiencing any of these signs or symptoms.

➤ **Signs and Symptoms of Heat Illness:**

- Dry mouth
- Thirst
- Being irritable or cranky
- Headache
- Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive fatigue
- Not able to run as fast or play as well as usual

XIII. Introduction to Heat Acclimatization and Hydration

Each year high school athletes experience serious injury and even death as a result of heat-related illnesses. It has become a major concern in that the number of deaths over the last 15 years has remained constant. That statistic becomes more alarming given that heat-related illness and death are almost entirely preventable. The need to dramatically increase awareness of the issue, recognize the symptoms of heat illness, and treatment of suspected cases has become a primary consideration for early season practice routines. The Maryland General Assembly recognized the potential for ameliorating risk and has provided legislation to address the problem. This portion of the EAP was formatted from the MPSSAA Model Policy for Preseason-Practice Heat Acclimatization Guidelines for Student-Athletes. More resources may be found on the Health and Safety page of MPSSAA.org.

Important Definitions

Definitions for heat acclimatization, practice, and recovery period were derived directly from House Bill 1080 while the definition of a walkthrough comes from the National Athletic Trainers Association Preseason Heat-Acclimatization Guidelines for Secondary School Athletics.

Heat Acclimatization: Enhancing an individual’s exercise heat tolerance and ability to exercise safely and effectively in warm to hot conditions.

Practice: A period of time a student-athlete engages in physical activity during a coach supervised, school-approved sports- or conditioning-related activity, including warm-up, stretching, weight training, and cool-down periods.

Walk-Through: A teaching opportunity when an athlete is not wearing protective equipment, including helmets, shoulder pads, catcher’s gear, or shin guards, or using other sports-related equipment (e.g., footballs, lacrosse sticks, blocking sleds, pitching machines, soccer balls, marker cones).

Recovery Period: The time between the end of one practice or walk-through and the beginning of the next practice or walk-through.

Hydration: The process of drinking fluid to restore fluid levels in the body to avoid poor performance, muscle cramps, dizziness, fatigue, and other heat related illness.

XIV. Hydration Awareness

The purpose of proper hydration in regard to the overall safety and conditioning to a student-athlete is a key part of a successful high school athletic program and one of the most preventable ways to combat heat illnesses. The responsibility to prevent injury and to successfully hydrate student-athletes is shared among the student-athlete, coaching staff, and athletic trainers.

Many student-athletes are not educated on the need and do not voluntarily drink enough water to prevent significant dehydration during physical activity. National recommendations suggest student-athletes drink regularly throughout all physical activities. An athlete cannot always rely on his or her sense of thirst to sufficiently maintain proper hydration.

Suggested Guidelines:

- Readily available and unlimited amounts of water during practice and designated breaks.
- Drink before, during, and after practice and games. For example:
 - Drink 16 ounces of fluid 2 hours before physical activity.
 - Drink another 8 to 16 ounces 15 minutes before physical activity.
 - During physical activity, drink 4 to 8 ounces of fluid every 15 to 20 minutes (some athletes who sweat considerably can safely tolerate up to 48 ounces per hour).
- After physical activity, drink 16 to 20 ounces of fluid for every pound lost during physical activity to achieve normal hydration status before the next practice or competition.
- Student-athletes who do not properly rehydrate their bodies between practices run the risk of cumulative dehydration. Cumulative dehydration develops insidiously over several days and raises the risk for heat illness, especially in the first few days of acclimatization. (See NATA position statement on Fluid Replacement for Athletes).
- Student-athletes can monitor their hydration level by the color and volume of urine. Small amounts of dark urine indicate the need to drink more, while a “regular” amount of light colored urine is normal and indicates the student-athlete is well hydrated. A urine chart, such as the one used by the University of Maryland, should be posted so that student-athletes can access their individual hydration.
- Weight charts should be utilized to assess an athlete’s weight loss and hydration status. Weights should be taken prior to and after practice.
- Athletic trainers, if available, should assist in the monitoring of student-athletes during times where athletes are becoming acclimated to a new sports season and when temperatures are high.

XV. Environmental and Non-Environmental Risk Factors

Enacting guidelines to fit every situation is problematic when individual and local differences often render unique circumstances. Local school systems should be prepared to make interpretations and err on the side of caution when dealing with unique circumstances.

The guidelines recommended for local consideration are minimum requirements designed to acclimatize student-athletes so they can participate effectively in warm and hot conditions and reduce the risk of heat related illnesses. However, environmental and non-environmental risk factors can increase the risk of heat illness per individual participant and per individual school. Local school systems are recommended to be educated, aware, and enact policy when needed to address environmental and non-environmental risk factors.

Environmental Risk Factors

The more humid and hot conditions are on any given day of practice, the higher the risk for heat illness resulting in a need for appropriate modifications to the practice schedule. Air temperature, combined with humidity, wind speed and the amount of radiant heat are all contributing environmental factors that can increase the risk of heat illness.

Non-Environmental Risk Factors

The inter-association task force on exertional heat illnesses consensus statement details factors that may increase the risk associated with participation in the heat for individual students. During moderate exercise, 70 to 90 percent of the energy produced by the body is released as heat. There are a number of factors that can hamper heat dissipation and put an athlete at increased risk for heat illness. The NFHS Sports Medicine Advisory Committee (SMAC) lists the following non-environmental risk factors.

Risk Factors:

- **Clothing and Equipment:** Clothing and equipment inhibit heat loss from the body and increase the risk for heat illness. Dry clothing and equipment absorb sweat and prevent evaporative heat loss. Dark clothing or equipment produces radiant heat gain. Clothing and equipment decrease convective heat loss by interfering with air contact with the body. During periods of high WBGT or Heat Index, the risk of heat illnesses increases when clothing and equipment are worn. Thus, risk may be minimized through removing equipment and participating in drills wearing shirts and shorts only. Given that a great deal of heat is radiated from the head, helmets should be removed early on in hot and humid conditions.
- **Age:** Children acclimatize to heat more slowly and are less effective in regulating body heat than adults.
- **Dehydration:** It has been shown that moderate levels of dehydration (3-5% of body weight) can cause a significant decrease in performance and predispose an athlete to exertional heat illness. Lack of sufficient water to be released by the sweat glands makes it very difficult for the body to dissipate heat through evaporation. Thirst is a poor indication of hydration. (See more in the Hydration Section)
- **Pre-Activity Hydration Status:** Athletes who begin activity in an already dehydrated state are at increased risk for exertional heat illness. Pre-activity hydration status may be compromised by inadequate rehydration following previous session, alcohol consumption, rapid weight loss regimes (i.e., wrestling), and febrile or gastrointestinal illness (vomiting or diarrhea).
- **High Body Fat:** Athletes with a high percentage of body fat are at increased risk for heat illness, as fat acts to insulate the body and decreases the body's ability to dissipate heat.
- **Poor Acclimatization/Fitness Level:** Those not yet acclimatized to the heat or inadequately conditioned are at increased risk.

- **Febrile Illness:** A fever increases core temperature and decreases the ability of the body to compensate. It is dangerous to exercise with a fever, especially when Wet Bulb Globe Test (WBGT) is high. Athletes with a fever, respiratory illness, vomiting or diarrhea should not exercise, especially in a hot environment.
- **Medications:** Amphetamines (including ADHD medications), ephedrine, synephrine, ma huang and other stimulants increase heat production. Some medications have anticholinergic actions (amitriptyline, Atrovent) resulting in decreased sweat production. Diuretics can produce dehydration. Athletes taking medication for ADHD should be monitored closely for signs and symptoms of heat illness.
- **Sickle Cell Trait:** Athletes with sickle cell trait (SCT) are at an increased risk for a sickling crisis with exercise during hot weather. Special precautions should be taken in hot and humid conditions for athletes with SCT 10.
- **Prior Heat Illness History:** the risk factor for individuals with a prior history of heat related illnesses is higher. Decreased heat tolerance may affect 15 percent of athletes with a history of previous heat illness.

XVI. Heat Acclimatization Period

The implementation of any heat acclimatization guidelines should take into account an acclimatization period that defines the duration, intensity and number of required practices to acclimatize each individual student-athlete. The duration and intensity for practices are suggested to gradually increase the student-athlete's heat tolerance, enhance their ability to participate safely in warm and hot conditions and minimize their risk for heat related illnesses.

The body of evidence supporting heat acclimatization guidelines is extensive and led to the National Athletic Trainers Association (NATA) and an inter-association task force comprised of the American College of Sports Medicine, Gatorade Sports Science Institute, National Strength and Conditioning Association, United States Army Research Institute of Environmental Medicine, American Orthopedic Society for Sports Medicine, American Medical Society for Sports Medicine and American Academy of Pediatrics to develop *Preseason Heat Acclimatization Guidelines for Secondary School Athletics*.

It is in the best interest to reduce the risk of heat related illnesses by not compromising a student-athlete's acclimatization period while encouraging athletic administrators and coaches to find the most effective methods to increase and use instructional time. Furthermore, these guidelines are recommended for fall practices where the greatest risks for heat related illnesses occur. With this said, athletes practicing indoors, in non-air conditioned or poorly ventilated gyms, are also susceptible as are students practicing for spring sports. The guidelines are also recommended for winter and spring sports regarding the duration and intensity of practices and local school systems should evaluate whether equipment restrictions are necessary.

Suggested guidelines: These suggested guidelines for local consideration are intended to provide direction to school teams for the suggested acclimatization of student-athletes during preseason practice period required prior to the first play date.

General Guidelines

- On single-practice days, one walk-through is permitted
 - Double practice days (beginning no earlier than practice day 6) must be followed by a single-practice day or rest day. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.
 - All practices and walk-through sessions must be separated by three hours of continuous rest.
 - If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe, but total practice time should not exceed its limitations.
 - Equipment Restrictions:
 - **Football**
 - Practice days 1 and 2 – helmets only, and shorts/t-shirts
 - Practice days 3 through 5 – helmets and shoulder pads only. Contact with blocking sleds and tackling dummies may be initiated.
 - Beginning practice day 6 – full protective equipment and full contact may begin.
 - **Soccer**
 - Shin guards and goalie gloves can be worn beginning day 1
 - **Volleyball**
 - Knee pads may be worn beginning day 1
- The heat-acclimatization period is designed for students on an individual basis. Days in which athletes do not practice due to a scheduled rest day, injury, illness or other reasons do not count towards the heat-acclimatization period.
- Practice Days 1-5
 - School teams shall conduct all practices within the general guidelines above as well as the following guidelines for practice days 1-5.
 - School teams are limited to one practice per day, not to exceed three hours in length.
 - One walk-through session is permitted per day, no longer than 1 hour in duration.
 - Practice Days 6-14
 - School teams shall conduct all practices within the general guidelines above as well as the following guidelines for practice days 6-14.
 - Total practice and walk-through time per day should be limited to five hours with no single session longer than three hours in duration.

- School teams may participate in full contact practices with all protective equipment worn.

XVII. Heat Illness Emergency Action Plan

Practicing a comprehensive hydration and acclimatization plan constitutes the best possible emergency action plan. Nevertheless, it is critical that we have in place specific preparedness measures should they encounter a heat emergency. Knowing what to do and reviewing specific protocols could minimize potentially catastrophic injuries.

Simple 3 step plan to remember:

- Recognition of heat illness
- Immediate cooling
- Transport via ambulance to the hospital

Delegated Duties are most helpful in:

- Remembering what to do
- Covering important tasks
- Offering the best chance for success

Three Important Factors

- **PREPAREDNESS**
 - Coach training to recognize symptoms (NFHS Course at nfhslearn.com)
 - Rubbermaid stock tank
 - Water source and bottled water
 - Ice for water cooling or application to victim
 - Shaded area
 - Cell phone
- **EMERGENCY TREATMENT**
 - Recognition of symptoms
 - Rapid submersion in tub or application of ice under arms and to groin area
 - Transport via ambulance to hospital
 - Water consumption
- **DELEGATED DUTIES**
 - Coach calls 911 first and then parent
 - Athletic trainer or designated person prepare soaking tub or ice bags for topical application
 - Athletic trainer and/or coaches assist with moving and attending to injured player
 - Coach or designated person meet and escort emergency vehicle to victim
 - Coach supervises rest of the team

XVIII. Heat Index

Temp(F)	Humidity	NGHS Procedure
80-90	Under 50%	Observe athletes susceptible to heat illness, especially those obese, or with various pre-existing health conditions.
80-90	Over 50%	All athletes should be under careful and constant supervision. Breaks every 20 minutes. Fluid replacement is very important.
90 and above	Over 50%	A shortened program conducted in shorts and T-shirts. Additional fluid replacement breaks are necessary. May need to suspend practice.

Temperature (F) Humidity Procedure

80 – 90 < 70 - Watch obese athletes, provide unlimited water

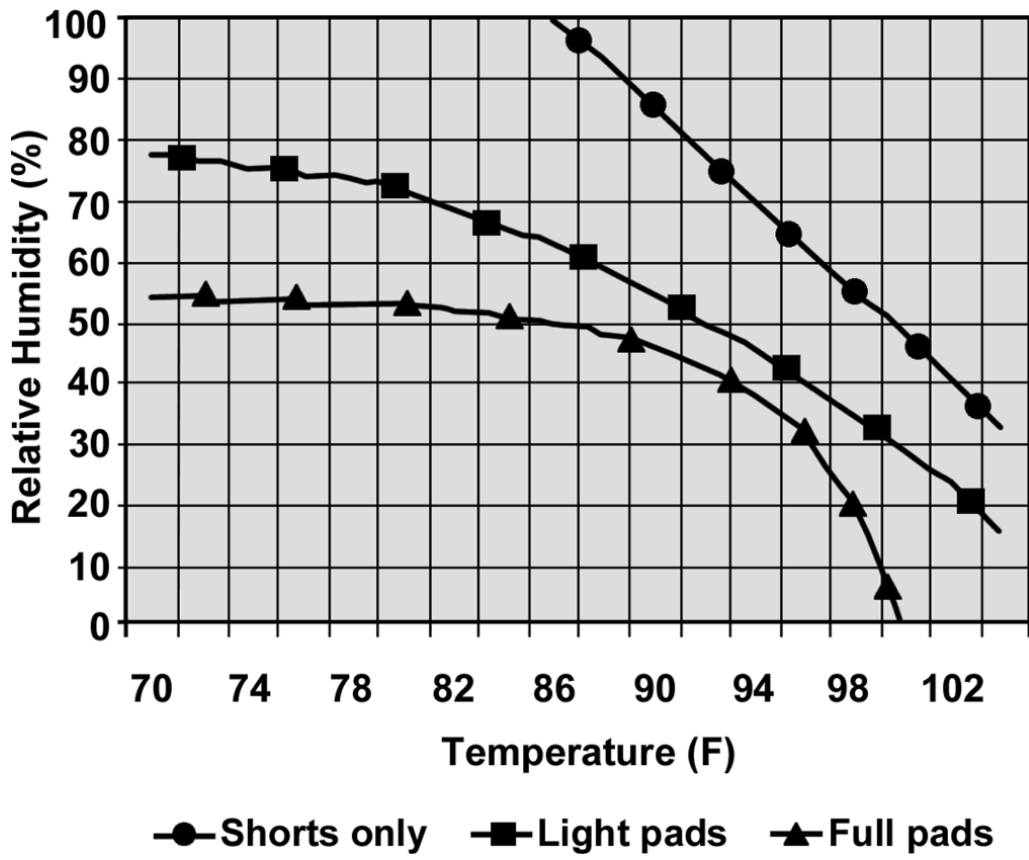
80 – 90 > 70 - Breaks recommended every half hour

90 – 100 < 70 - All athletes should be under careful supervision

90 – 100 > 70 - Abbreviated practice with light equipment or suspended practice

> 100 - No Practices will be held

Heat Index Chart															
Temperature (°F) vs. Relative Humidity															
	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%
115	111	115	120	127	135	143	151								
110	105	108	112	117	123	130	137	143	151						
105	100	102	105	109	113	118	123	129	135	142	149				
100	95	97	99	101	104	107	110	115	120	126	132	136	144		
95	90	91	93	94	96	98	101	104	107	110	114	119	124	130	136
90	85	86	87	88	90	91	93	95	96	98	100	102	106	109	113
85	80	81	82	83	84	85	86	87	88	89	90	91	93	95	97
80	75	76	77	77	78	79	79	80	81	81	82	83	85	86	86
75	70	71	72	72	73	73	74	74	75	75	76	76	77	77	78
Heat Index/Heat Disorders															
Heat Index	Possible heat disorders for people in higher risk groups														
130 or higher	Heatstroke/sunstroke highly likely with continued exposure.														
105-130	Sunstroke, heat cramps or heat exhaustion likely, and heat stroke possible with prolonged exposure and/or physical activity.														
90-105	Sunstroke, heat cramps and heat exhaustion possible with prolonged exposure and/or physical activity.														
80-90	Fatigue possible with prolonged exposure and/or physical activity.														
Source: National Weather Service															



XIX. Lightning Policy

Any time that lightning is in the area, all athletes, coaches, and athletics staff will clear practice fields or game fields and will seek appropriate shelter.

Lightning Policy

From the NATA Position Statement on Lightning Safety in Athletics

Lightning may be the most frequently encountered severe-storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 AM and 7:00 PM, which coincides with the hours for most athletic or recreational activities. Additionally, lightning casualties from sports and recreational activities have risen alarmingly in recent decades.

Recommendations

The National Athletic Trainers' Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher, and establishing a chain of command. Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or longer after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed. Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms. Also outlined in this document are the pre-hospital care guidelines for triaging and treating lightning-strike victims. It is important to evaluate victims quickly for apnea, asystole, hypothermia, shock, fractures, and burns. Cardiopulmonary resuscitation is effective in resuscitating pulseless victims of lightning strike. Maintenance of cardiopulmonary resuscitation and first-aid certification should be required of all persons involved in sports and recreational activities.

Guidelines for Northern Garrett High School Athletics

- The Game Official, Athletic Director, Athletic Trainer, Principal, or Assistant Principal will make the official call to remove individuals from the game field. The athletic trainer or coach will make the call to remove individuals from the practice field(s).
- Thirty minutes time will be given for the storm to pass. During this time, all athletes will remain in the designated safe location.
- The Athletic Trainer or coach will be the designated weather watcher, actively looking for signs of threatening weather.
- The criteria for postponement and resumption of activities will be the thirty second flash-to-bang ratio. After the first flash is seen, a count will commence. Counting is ceased when the associated bang is heard. This count is divided by five to determine the distance in miles from the venue. Any lightning within 8 miles is considered extremely dangerous. (Thus a 30 second count or less between flashes and bangs) When the count reaches thirty, individuals should be in a safe shelter. This is the thirty-thirty rule.
- Safe shelters for each venue are as follows:

- Football; Soccer; Track; Cross Country; Baseball; Softball; Tennis
 1. Gymnasium, Auxiliary Gym, Locker rooms, Cafeteria, or Dawg-house
 2. Activity Bus
 3. Car
- **Note: the secondary choice for some venues is a fully enclosed vehicle with a metal roof and the windows completely closed.**
- **Keep in mind: If you can see it, flee it. If you can hear it, clear it.**

If lightning occurs during an athletic contest, every effort will be made to provide fans a safe location to seek shelter. These locations could include:

- Locations inside the school
- Cars

Emergency Action Plan

In the event that an individual is struck by lightning, the following protocol has been developed to ensure efficiency and efficacy in providing immediate care.

- Any person struck by lightning does not carry an electrical charge
 - There is no danger presented to the healthcare provider
- Assess the scene to ensure safety for qualified health care personnel to enter
 - This may include transporting the victim to a safe environment before initiating first aid procedures.
 - A certified athletic trainer will evaluate the victim, activate EMS, and provide necessary first aid which may include CPR and Rescue Breathing.

XX. Concussions, Cervical Spine Injuries, & Cardiac Emergencies

In the event of any suspected concussion, head injury, cardiac emergency, heat related illness, or any other medical condition in which the coaching staff, administration, athletic training staff, or athletics staff, do not feel adequately trained or equipped to handle, the athlete should be referred for further medical treatment. This could include the activation of EMS or referral of the athlete to a doctor. Any time that an athlete is referred to a doctor or transported by EMS, or is seen by a physician for any condition, they must have a written note clearing them to return to participation.

Signs and symptoms of these conditions could include but are not limited to:

❖ Concussions

- Headache
- Dizziness
- Ringing in the ears
- Unconsciousness
- Nausea or vomiting
- Slurred speech
- Mood and cognitive disturbances
- Sensitivity to light
- Sensitivity to noise
- Sleep disturbance
- Balance problems
- Irritability
- Change in eating patterns
- Change in sleeping patterns

❖ Cervical Spine Injuries

- Neck pain
- Inability to move extremities (arms/legs)
- Numbness or tingling in the neck or extremities
- Unconsciousness

❖ Cardiac Emergencies

- Chest discomfort
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea or lightheadedness
- Sudden loss of responsiveness (no response to tapping on shoulders).
- No normal breathing (the victim does not take a normal breath when you tilt the head up and check for at least five seconds).

XXI. Heat Related Illnesses

- **Exercise-associated muscle (heat) cramps**
 - **Signs and Symptoms**
 - Dehydration, excessive thirst, sweating, transient muscle cramps, fatigue
- **Heat syncope**
 - **Signs and Symptoms**
 - Dehydration, fatigue, tunnel vision, pale or sweating skin, decreased pulse rate, dizziness, lightheadedness, fainting
- **Exercise (heat) exhaustion**
 - **Signs and Symptoms**
 - Normal or elevated body-core temperature, dehydration, dizziness, lightheadedness, syncope, headache, nausea, anorexia, diarrhea, decreased urine output, persistent muscle cramps, pallor, profuse sweating, chills, cool, clammy skin, intestinal cramps, urge to defecate, weakness, hyperventilation
 - **Management**
 - Remove the athlete immediately from the elements (heat and sun) to a cool, shaded area.
 - Monitor the athlete's vital signs (heart rate, blood pressure, breathing rate, core body temperature) while ensuring the athlete is conscious.
 - Any loss of unconsciousness warrants activation of EMS.
 - Immediately apply ice water or ice packs to athlete's groin, armpits for cooling.
 - Administer small quantities of fluid to the athlete to begin rehydration.
 - Monitor athlete's status and signs of shock.
- ❖ **Exertional heat stroke**
 - **Signs and Symptoms**
 - High body-core temperature (>40°C [104°F]), central nervous system changes, dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, hysteria, apathy, aggressiveness, delirium, disorientation, staggering, seizures, loss of consciousness, coma, dehydration, weakness, hot and wet or dry skin, tachycardia (100 to 120 beats per minute), hypotension, hyperventilation, vomiting, diarrhea
 - **Management**
 - Remove the athlete immediately from the elements (heat and sun) to a cool, shaded area.
 - Remove equipment if athlete is wearing protective gear.
 - Monitor the athlete's vital signs (heart rate, blood pressure, breathing rate, core body temperature) while ensuring the athlete is conscious.
 - Any loss of consciousness warrants activation of EMS.
 - Immediately apply ice water or ice packs to the athlete's entire body by submerging athlete in prepared ice water.
 - Monitor the athlete for signs of shock and until EMS arrives.

❖ **Exertional hyponatremia**

***Fluid/electrolyte disorder; low sodium concentration in the blood**

➤ **Signs and Symptoms**

- Body-core temperature, $>40^{\circ}\text{C}$ (104°F), nausea, vomiting, swelling in hands and feet, low blood-sodium level, progressive headache, confusion, significant mental compromise, lethargy, altered consciousness, apathy, pulmonary edema, cerebral edema, seizures, coma

➤ **Management**

- Remove athlete immediately from the elements (heat and sun) to a cool, shaded area
 - Remove excessive equipment if athlete is wearing protective equipment
- Monitor the athlete's vital signs (heart rate, blood pressure, breathing rate, body core temperature) while ensuring the athlete is conscious.
- Activate EMS.
- Lay the athlete in a comfortable position with the feet elevated and head supported.
- Monitor the athlete for signs of shock.

XXII. Other Medical Emergencies (Amputation, Anaphylactic Shock, Asthma Attack, Hypoglycemia)

❖ Amputation

Always wear protective equipment when treating blood wounds

Always begin with primary survey, signs of life are more important

When dealing with an amputation, activate the EAP

➤ Partial Amputation: Partial detachment of limb/body part

- Reassure the injured person, treat for shock as needed
- Apply direct pressure to wound, elevate the wound above the heart to control bleeding
- If bleeding becomes severe, apply a tourniquet as close to the wound, prepare for transport
- Attend other wounds once bleeding is controlled

➤ Complete Amputation: Full detachment of limb/body part

- Reassure the injured person, treat for shock as needed
- Apply direct pressure to wound, elevate the wound above the heart to control bleeding
- If bleeding becomes severe, apply a tourniquet as close to the wound, prepare for transport
- Clean the amputated limb/body part with cold water, dry off completely
- Once clean of debris, wrap limb/body part in a clean, damp cloth, sealed in a plastic bag
- Once sealed, place bag into cold water or keep it as cool as possible if cold water is not available
 - Do not put directly on ice
- Attend other wounds once bleeding is controlled
- Hand over amputation once more advanced medical help has arrived at the scene (athletic trainers, EMS personnel, or doctors)

❖ Anaphylactic Shock

***A severe, potentially life-threatening allergic reaction**

➤ Signs and Symptoms

- Fainting, lightheadedness, low blood pressure, dizziness, difficulty breathing, rapid breathing, shortness of breath, wheezing, hives swelling under the skin, blue skin from poor circulation, rashes, nausea, vomiting, increased heart rate, feeling of impending doom, itching, tongue swelling, difficulty swallowing, facial swelling, mental confusion, or impaired voice

➤ Management

- Activate EMS if an individual is suffering from anaphylactic shock
- Monitor individual's vitals (heart rate, blood pressure, and breathing rate) while ensuring the individual's airway and circulation are not compromised
- Assist the individual in administering epinephrine pen, if trained and available
- Do not administer any foods or fluids to the athlete for fear of choking

❖ Asthma Attack

***Airway inflammation, narrowing, and swelling, causing excessive mucus production, with difficulty breathing**

***Exposure to allergens: tree, grass or weed pollen, dust mites, cockroaches, animal dander, smoke or chemical fumes, and strong odors**

➤ **Signs and Symptoms**

- Cough (can occur at night, during exercises, can be chronic, dry, with phlegm, mild, or severe), difficulty breathing, wheezing, breathing through the mouth, fast breathing, frequent respiratory infections, rapid breathing, shortness of breath at night, acute episodes, chest tightness, anxiety, early awakening, increased heart rate, or throat irritation

➤ **Management**

- Remove the individual from activity immediately if he/she is experiencing an asthma attack
- Reassure and encourage the individual to relax and control breathing
 - If necessary, coach the individual with breathing exercises
 - Encourage individual to drink water as this helps to control breathing
- Have the individual administer their prescribed inhaler
 - If the prescribed inhaler is not available (do not use another individual's inhaler) and the attack is severe enough to warrant activation of EMS, activate EMS and contact individual's parents
- If the individual is struggling to control breathing, or the prescribed inhaler is not effective, activate EMS and contact the individual's parents

❖ Mild Hypoglycemia

***Athlete is conscious and able to follow directions and swallow**

➤ **Signs and Symptoms**

- Tachycardia, sweating, palpitations, hunger, nervousness, headache, trembling, dizziness, blood glucose levels <70 mg/dL, blurred vision, fatigue, difficulty thinking, loss of motor control, aggressive behavior

➤ **Management**

- Administer 10 g to 15 g of fast-acting carbohydrate (4 to 8 glucose tablets, 2 T honey)
- Measure blood glucose level
- Wait approximately 15 minutes and remeasure blood glucose
- If blood glucose remains low, administer another 10 g to 15 g of fast-acting carbohydrate
- Recheck blood glucose level in approx. 15 minutes
- If blood glucose level does not return the normal range after second dosage of carbohydrate, activate EMS
- Once blood glucose level is in the normal range, athlete may wish to consume a snack (sandwich, bagel)

❖ **Severe Hypoglycemia**

***Athlete is unconscious or unable to follow directions or swallow**

➤ **Signs and Symptoms**

- Tachycardia, sweating, palpitations, hunger, nervousness, headache, trembling, dizziness, blood glucose levels <70 mg/dL, blurred vision, fatigue, difficulty thinking, loss of motor control, aggressive behavior, seizures, convulsions

➤ **Management**

- Activate EMS
- Once the athlete is conscious and able to swallow, provide food

XXIII. Psychological Concerns in the Student-Athlete

Student-athletes may find themselves in the midst of a mental health crisis after school hours when school administrators, counselors, or nurses may not be available. Certified athletic trainers and coaches may be central in managing a situation where this is present. Awareness, recognition of red flags, intervention and reporting must be adequately conducted to ensure the safety of the student-athlete without further escalating the situation or increasing risk of harm. While athletic trainers are equipped with the knowledge and skills of how to manage a psychological situation, it is imperative that the healthcare provider stay within their scope of practice and refer when warranted.

❖ Potential Violence

- **Recognition-** Any “yes” answer should be considered an emergency and EMS should be activated:
 - Am I concerned the student-athlete may harm self?
 - Am I concerned the student-athlete may harm others?
 - Am I concerned the student-athlete is being harmed by someone else?
 - Did the student-athlete make verbal or physical threats?
 - Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance abuse?
 - Does the student-athlete have access to a weapon?
 - Is there potential for danger or harm in the future?
- **Management**
 - Remain calm- maintain calm body language and tone of voice.
 - Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard.
 - Provide positive support- remain judgement free.
 - Keep yourself safe- try to keep a safe distance between the student-athlete, others, and yourself.
 - Alert designated school administration and other personnel. Contact the student-athlete’s parent or guardian.
 - If student-athlete appears disruptive, get help from a co-worker or other individual. **DO NOT LEAVE DISTRESSED INDIVIDUAL ALONE!**
 - Follow NGHS protocols and policies regarding situation.
 - If EMS has been activated, provide EMS with the following:
 - Student-athlete’s name and contact information
 - Physical description of the student-athlete (height, weight, hair and eye color, clothing, etc.)
 - Description of situation and assistance needed
 - Location of student-athlete
 - If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves

❖ Non-Violent

➤ Recognition

- Various mental health disorders and illnesses present differently.

➤ Management

- Offer a quiet and secure place to talk.
- Show genuine concern. Allow student-athlete to express his/her thoughts.
- Provide positive support- remain judgement free.
- Provide support, positive tone, and positive body language. Stay within the scope of practice- Do not try to solve the problem.
- Help the student-athlete understand that he/she is not alone.
- Listen to the student-athlete. It is OK to have a moment of silence between the student athlete and yourself.
- Ask questions that encourage conversations. Ask open-ended questions and try to avoid yes or no questions after the initial questions.
 - Can you tell me what is troubling you?
 - Are you thinking of harming yourself or others?
 - Is someone harming you?
 - Have you thought about suicide?
 - If yes, determine if the student-athlete has formulated a plan.
 - Emphasize ensuring the student-athlete's safety while being aware of your own.
 - **DO NOT LEAVE THE STUDENT-ATHLETE ALONE!**
- Alert designated school administration and other personnel. Contact the student-athlete's parent or guardian.
- Offer positive reinforcement, such as: "It took courage for you to disclose this information to me. And by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care that you need."
- Document and communicate your concerns and refer to school counselor. School staff must be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Numbers of Importance

Maryland's Crisis Hotline	available 24/7; Call 211, press 1
Maryland Youth Crisis Hotline	1-800-422-0009
Garrett County Behavioral Health Authority	301-334-7440
Local Crisis Hotline	301-695-7356

XXIV. Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sports coaches, as well as sports medicine personnel. The emergency action plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the EAP, the athletics department helps ensure that the athlete will have the best care provided when an emergency does arise.

Plan approved by: _____, Principal
_____, Athletic Director
_____, Athletic Trainer

Date: _____

Copies of the plan will be sent to and reviewed with as needed:

- Northern Garrett County Schools Athletic Director, Philip Carr
- Garrett County Fire and Rescue
- Northern Garrett County Rescue Squad
- Each member of the Coaching staff

Site specific instructions will be posted at each venue