Southern Garrett High School

Emergency Action Plan



Revised: August 2022

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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 Southern 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.

1. **Components of an Emergency Action Plan**

* Emergency Personnel
* Emergency Communication
* Emergency Equipment

1. **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, mangers, 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:**

**Alicia Roth,** Certified Athletic Trainer (C): (301)-616-5033

(O): (301)-334-9447 Ext. 2434

**Matt Redinger,** Athletic Director (C): (240)-215-5954

(O): (301)-334-9447 Ext. 2420

**Ryan Wolf,** Principal (C): (240)-321-0593

(O): (301)-334-9447 Ext. 2401

**Steven Skipper,** Assistant Principal (C): (301)-616-5196

(O): (301)-334-9447 Ext. 2402

**Dr. Todd Feathers,** Supervising Physician; Garrett County Orthopedics

**Dr. Daniel Miller,** Family Medicine; Garrett Regional Medical Center

**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 SGHS Athletic Training Facility:**

**Main Facility-** Enter through left side doors of main gymnasium. Follow bleachers to the end of the gymnasium and turn left at end of bleachers.

**Hours of Operation:**

**Monday through Friday-** TBD

**Saturday-** As needed for practice and competition

**Sunday-** Closed

1. **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

1. **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:
  + Oakland Volunteer Fire Department: (301) 334-3535
  + Garrett County Fire and Rescue: (301) 334-1929
  + Southern Garrett County Rescue: (301) 334-3000
* In the event of an emergency where EMS must be called, the following individuals should be contacted:
  + Parents of student-athlete
  + Certified Athletic Trainer
    - Alicia Roth, MS, LAT, ATC
    - Cellphone: (301) 616-5033
      * **Called in every emergency**

1. **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: 345 Oakland Drive Oakland, MD 21550**

1. **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 primary communication during sporting events will be the use of a handheld radio. A backup plan should include a cellular phone and then a landline. The nearest landline to the athletic training facility is located in the athletic training office.

1. **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:**
  + AED #2 is stored outside the nurse’s office
  + AED #8 is stored outside of the athletic training facility
    - AED #8 is assigned to the Athletic Trainer
    - During the fall sports season, AED #8 will be kept with the Athletic Trainer or will be in its designated location
    - During the winter sports season, AED #8 will be in its designated location
    - During the spring sports season, AED #8 will be with the Athletic Trainer or will be in its designated location
  + AED #4 is stored outside the main gymnasium near the women’s restroom
* **First Aid kits** will be available at all practices and games when the athletic trainer is not present.
  + Supplies to replenish these kits are in the athletic training facility

1. **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.

1. **Venue Specific Plans**

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

**Grass Football 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/Crutch Bag (if not with the ATC, it will be in the athletic training facility)
* First Aid Kit (with team when ATC is not present)

**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!**

1. 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 Football Stadium**
     + 760 Dennett Road Oakland MD 21550
       - **Give specific directions**
         * Enter off of Dennett Road at the second entrance to the stadiums parking lot.
         * Continue and enter through the gate closest to the baseball field.
   * **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
2. **Contact Athletic Trainer**

**Gymnasiums**

**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 when ATC is not present)

**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!**

1. 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 Main Gymnasium**
     + 345 Oakland Drive Oakland, MD 21550
       - **Give specific directions**
         * Turn Left onto S 11th street
         * Take the first entrance on the right into the parking lot.
         * Drive down to the far end of parking lot
         * Enter through the two set of double doors
         * Continue straight to enter the main gymnasium
         * Auxiliary Gym is to the right
   * **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
2. **Contact Athletic Trainer**

**Upper Practice Field (Adjacent to 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 when ATC is not present)

**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!**

1. 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 Football Practice Field**
     + 345 Oakland Drive Oakland, MD 21550
       - **Give specific directions**
         * Enter onto S 11th Street
         * Pass the first entrance to the main school
         * Turn Right to enter a small parking lot near the tennis court
         * Drive down the gravel road to the football practice field
   * **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
2. **Contact Athletic Trainer**

**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 when ATC is not present)

**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!**

1. 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 Baseball Field**
     + 760 Dennett Road Oakland MD 21550
       - **Give specific directions**
         * Enter off of Dennett Road at the Second entrance to the stadiums parking lot
         * Enter through the gate that is between the stadium on left and block building on right.
   * **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
2. **Contact Athletic Trainer**

**Softball Field &**

**Girls’ Soccer 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 when ATC is not present)

**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!**

1. 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 Softball Field/Girls’ Soccer Practice Field**
     + 760 Dennett Road Oakland MD 21550
       - **Give specific directions**
         * Enter off of Dennett Road at the first entrance to the stadiums parking lot
         * Turn Right to enter through the track’s gate
         * Turn Right and drive on the track
         * The softball field and soccer practice field are on the right side of the track down an embankment
   * **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
2. **Contact Athletic Trainer**

**Turf Stadium & Track**

**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 when ATC is not present)

**Roles of Athletic Trainer/First Responders:**

1. **Assess the injury.** f 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!**

1. 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 Track**
     + 760 Dennett Road, Oakland MD 21550
       - **Give specific directions**
         * Enter off of Dennett Road at the first entrance to the stadiums parking lot
         * Turn Right to enter through the track’s gate
   * **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
2. **Contact Athletic Trainer**

**Cross Country 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 when ATC is not present)

**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!**

1. 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 Broadford Park**
     + - **Specify where the injured athlete/patient is located**
       - 123 Recreation Ln Mountain Lake Park, MD 21550
   * **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
2. **Contact Athletic Trainer**

**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 when ATC is not present)

**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!**

1. 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 Tennis Courts**
     + 345 Oakland Drive Oakland, MD 21550
       - **Give specific directions**
         * Enter onto S 11th Street
         * Pass the first entrance to the main school
         * Turn Right to enter a small parking lot near the tennis court
   * **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
2. **Contact Athletic Trainer**

**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 when ATC is not present)

**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!**

1. 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 Southern Garrett High School**
     + 345 Oakland Drive Oakland, MD 21550
       - **Give specific directions**
         * Turn Left onto S 11th street
         * Take the first entrance on the right into the parking lot.
         * Drive down to the far end of parking lot
         * Enter through the two set of double doors
         * Continue straight to enter the main gymnasium
         * Axillary Gym is on the right
   * **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
2. **Contact Athletic Trainer**

**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 when ATC is not present)

**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!**

1. 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 Southern Garrett High School**
     + 345 Oakland Drive Oakland, MD 21550
       - **Give specific directions**
         * Turn Left onto S 11th street
         * Take the first entrance on the right into the parking lot.
         * Drive down to the far end of parking lot
         * Enter through the two set of double doors
         * Continue straight to enter the main gymnasium
         * Go through the doors on right to the axillary gym
         * Weight Room is on the left
   * **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
2. **Contact Athletic Trainer**

**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 when ATC is not present)

**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!**

1. 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
2. **Contact Athletic Trainer**

**Oakland Golf 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, 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 when ATC is not present)

**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!**

1. 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 Oakland Golf Course**
     + 433 N Bradley Ln, Oakland, MD 21550
       - * Specify where the injured athlete/patient is at
   * **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 staff member 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
2. **Contact Athletic Trainer**

**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:
   1. Spinal cord injury resulting in partial or complete paralysis
   2. Loss of paired organ
   3. Severe head injury
   4. 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: **Alicia Roth**
2. Certified Athletic Trainer will contact Athletic Director: **Matt Redinger**
3. Athletic Director will contact appropriate **SGHS 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
7. **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

1. **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 (eg, 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.

1. **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 access 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.

1. **Environmental and Non-Environmental Risk Factors**

Enacting guidelinesto fit every situation is problematic when individual and local differences often render unique circumstances. Local school systems should be prepared to make interpretations and error 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.

1. **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.

1. **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

1. **Heat Index**

Heat index, also known as apparent temperature, is what the temperature feels like to the human body when relative humidity is combined with air temperature. There is a direct relationship between the air temperature and relative humidity and the heat index, meaning that as the air temperature and relative humidity increase (decrease), the heat index increases (decreases).

**Measuring Heat Index**

Daily monitoring of the heat index will occur through the use of the Kestrel 5400 Heat Stress Tracker. This instrument will be utilized during school sponsored activities to help indicate and notify the athletic trainer when the heat index changes zones. If the zone changes, the procedure for activity may require a change in intensity, shortened duration, increase in fluid replacement breaks, and/or suspension of activity. The guidelines from NATA will be used and can be found below.

|  |  |
| --- | --- |
| **WBGT (F)** | **Activity Guidelines and Rest Break Guidelines** |
| <82.0 | Normal activities: provide >3 separate rest breaks of minimum duration 3 min each during workout. |
| 82.0-86.9 | Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide >3 separate rest breaks of minimum duration 4 min each. |
| 87.0-89.9 | Maximum practice time = 2 hr. Football- players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. All sports- provide >4 separate rest breaks for minimum duration 4 min each. |
| 90.0-92.0 | Maximum length of practice = 1 hr. No protective equipment may be wornduring practice and there may be no conditioning activites. There must be 20 minutes of rest breaks provided during the hour of practice. |
| >92.1 | No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](http://www.srh.noaa.gov/shv/Heat_Awareness.htm) | | | | | | | | | | | | | | | |



1. **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 Southern 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 Athletic Trainer or Athletic Director shall monitor weather through the use of the WeatherBug app or Weather Channel app.
* 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 or field 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.

1. **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).

1. **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°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.

1. **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: Full detachment from limp/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 from limp/body part**
* Reassure/calm down 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
  + If the athlete is conscious and able to swallow, provide food

1. **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 INVIDUAL ALONE!***
    - Follow SGHS 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. Please reference the SGHS Athletic Training Policy and Procedure Manual for additional information
  + **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

1. **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:

* Southern Garrett County Schools Athletic Director, Matt Redinger
* Oakland Volunteer Fire Department
* Garrett County Fire and Rescue
* Southern Garrett County Rescue
* Each member of the Coaching staff

Site specific instructions will be posted at each venue