GENERAL GUIDELINES FOR DEVELOPING EMERGENCY ACTION PLANS

(adapted with permission, North Carolina High School Athletic Association)

1. **Establish Roles**
   - All involved should view module one of the KMA/KHSAA Sports Safety Course dealing with both development of an emergency plan, and the practicing of that plan.
   - Adapt to specific team/sport/venue, may be best to have more than one person assigned to each role in case of absence/turnover
     - ♦ Immediate care of the athlete
       - ⇒ Typically physician, ATC, first responder but also those trained in basic life support
     - ♦ Activation of Emergency Medical System
       - ⇒ Could be school administrator, anyone
     - ♦ Emergency equipment retrieval
       - ⇒ Could be student assistant, coach, anyone
     - ♦ Direction of EMS to scene
       - ⇒ Could be administrator, coach, student assistant, anyone

2. **Communication**
   - Primary method
     - ♦ May be fixed (landline) or mobile (cellular phone, radio)
     - ♦ List all key personnel and all phones associated with this person
   - Back-up method
     - ♦ Often a landline
   - Test prior to event
     - ♦ Cell phone/radio reception can vary, batteries charged, landline working
     - ♦ Make sure communication methods are accessible (identify and post location, are there locks or other barriers, change available for pay-phone)
   - Activation of EMS
     - ♦ Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
     - ♦ Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
     - ♦ Post both of the above near communication devices, other visible locations in venue, and circulate to appropriate personnel
   - Student emergency information
     - ♦ Critical medical information (conditions, medications, allergies)
     - ♦ Emergency contact information (parent / guardian)
     - ♦ Accessible (keep with athletic trainer for example)

3. **Emergency Equipment**
   - e.g. Automated External Defibrillators, bag-valve mask, spine board, splints ¥ Personnel trained in advance on proper use
   - Must be accessible (identify and post location, within acceptable distance for each venue, are there locks or other barriers)
   - Proper condition and maintenance
     - ♦ document inspection (log book)

4. Emergency Transportation

- Ambulance on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel)
    - ♦ Designated location
    - ♦ Clear route for exiting venue
- When ambulance not on site
    - ♦ Entrance to venue clearly marked and accessible
    - ♦ Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

5. Additional considerations

- Must be venue specific (football field, gymnasium, etc)
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS)
    - ♦ Development
    - ♦ Approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review plan at least annually
- Rehearse plan at least annually
- Document
    - ♦ Events of emergency situation
    - ♦ Evaluation of response
    - ♦ Rehearsal, training, equipment maintenance

ADDITIONAL CONSIDERATIONS FOR SPECIFIC CONDITIONS WHEN DEVELOPING AN EAP

1. Sudden Cardiac Arrest

- Goal of initiating Cardio-Pulmonary Resuscitation within 1 minute of collapse
    - ♦ Targeted first responders (e.g. ATC, first responders, coaches) should receive CPR training and maintain certification
- Goal of "shock" from a defibrillator within 3-5 minutes of collapse
- Consider obtaining Automated External Defibrillator(s)
    - ♦ Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average and can be longer in some places
    - ♦ Appropriate training, maintenance, and access
    - ♦ Notify EMS of AED type, number, and exact location
- Additional equipment to consider beyond AED
    - ♦ Barrier shield device/pocket masks for rescue breathing
    - ♦ Bag-valve mask
    - ♦ Oxygen source
    - ♦ Oral and nasopharyngeal airways

2. Heat Illness

- Follow NCHSAA heat and humidity guidelines
    - ♦ Inquire about sickle cell trait status on Pre-Participation form
        - ⇒ consider those with the trait to be "susceptible to heat illness"
        - ⇒ those with the trait should not be subject to timed workouts
        - ⇒ those with the trait should be removed from participation immediately if any sign of "exhaustion" or "struggling" is observed
    - ♦ If heat illness is suspected
        - ⇒ Activate EMS immediately

⇒ Begin cooling measures
- Shade, cool environment
- Ice water immersion, ice packs, soaked towels, fan and mist

♦ Any victim of heat illness should see a physician before return to play

3. Head and Neck injury

- Athletic trainer / First responder should be prepared to remove the face-mask from a football helmet in order to access a victim's airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS
  - ♦ Agree upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players) which meet current local and national recommendations/standards
  - ♦ Type of immobilization equipment available on-site and/or provided by EMS
- Athletes and coaches should be trained not to move victims

4. Asthma

- Students with asthma should have an "asthma action plan"
  - ♦ Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician / PA / NP
  - ♦ On file with sports medicine coordinator
  - ♦ Available at games / practice / conditioning
  - ♦ Can be same as that on file with school nurse
- Students with asthma should have:
  - ♦ Rescue inhaler and spacer if prescribed
    - ⇒ Readily accessible during games / practice /conditioning
    - ⇒ Athletic trainer / first responder should have an extra inhaler prescribed individually for each student as back-up
    - ⇒ Before each activity test to be certain it is functional, contains medication, is not expired
- Pulmonary function measuring device
  - ♦ Use in coordination with asthma action plan

5. Anaphylaxis

- Documentation of known anaphylactic allergy to bee stings, foods, medications, etc. should be on file with sports medicine coordinator
  - ♦ Describes symptoms that occur
  - ♦ What action to take if specific symptoms occur
- Students with known anaphylactic allergy should have
  - ♦ Rescue prescription medication (usually an epi-pen)
    - ⇒ Readily accessible during games / practice /conditioning
    - ⇒ Athletic trainer / first responder should have an extra supply of the rescue medication prescribed individually for each student as back -up
    - ⇒ Before each activity examine to be certain it is functional, contains medication, is not expired

6. Lightning

- Assign the role of monitoring for threatening weather conditions
  - ♦ Typically athletic trainer, administrator
  - ♦ Discuss in advance of games the role of this person (Baseball, softball, football) ¥ Methods to monitor for lightning risk
- Consult National Weather Service or local media for severe weather watches and warnings
- Flash-to-bang method

    - ♦ Count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows. If count is less than 30 seconds stop activity and seek safe shelter
- Communicate the need to stop activity and seek shelter
    - ♦ P.A. announcement
    - ♦ Signal sound from a horn, siren, whistle, bell
- Identify safe shelter for each venue and be sure it is accessible (within reasonable distance, unlocked, capacity)
    - ♦ Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)
    - ♦ Secondary option is a metal roof vehicle with all windows completely rolled up
    - ♦ Last option is thick grove of small trees surrounded by larger trees or a dry ditch assuming proper posture (crouch, grab knees, lower head, minimize contact with ground)
- Determine when to resume activity
    - ♦ Flash-to bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning