

# Wisdom Lane

## Middle School Athletics

### Emergency Action Plan (EAP)

“In an emergency situation, the team concept becomes even more critical, because time is crucial and seconds may mean the difference among life, death, and permanent disability” NATA Position Statement:  
Emergency Planning in Athletics

# Contents

|   |    |
|---|----|
| OVERVIEW.....   | 3  |
| EMERGENCY PERSONAL .....  | 5  |
| ROLE OF THE FIRST RESPONDER .....   | 7  |
| EMERGENCY ACTION STEPS (Check-Call-Care) .....                              | 10 |
| EMERGENCY COMMUNICATION.....  | 12 |
| EMERGENCY EQUIPMENT.....  | 13 |
| VENUE SPECIFIC DIRECTIONS .....   | 15 |
| LIFE THREATENING EMERGENCIES .....  | 17 |
| NON LIFE-THREATENING EMERGENCIES .....                                      | 19 |
| GUIDELINES FOR PLAYERS/SPECTATORS DURING A SERIOUS<br>ON-FIELD INJURY ..... | 20 |
| CATASTROPHIC EVENT- MULTIPLE VICTIMS.....                                   | 20 |
| CATASTROPHIC ATHLETIC INJURY – CRISIS MANAGEMENT<br>PLAN.....               | 22 |
| SUDDEN CARDIAC ARREST .....   | 23 |
| HEAD & NECK INJURY .....  | 24 |
| LIGHTNING POLICY .....  | 28 |
| EXERTIONAL HEAT ILLNESS.....  | 30 |
| RESPIRATORY DISTRESS.....   | 33 |
| DOCUMENTATION .....   | 35 |
| REFERENCES .....  | 36 |

## **OVERVIEW**

An emergency action plan (EAP) is a written document that states what is to be done in an emergency situation with the purpose of eliminating mistakes or oversights when time is a critical factor. All Wisdom Lane Middle School security, medical staff members, coaches and athletic personnel are required to familiarize themselves with this plan at the beginning of each academic year in order to understand the delineated roles and responsibilities as well as the outlined protocols in case of any emergency. Any questions should be directed to the Athletic Trainer (or school administrator, in the absence of a Certified Athletic Trainer).

A situation is considered an emergency if Emergency Medical Services (EMS) is needed to give further medical attention and/or transport a patient to the hospital. An emergency situation may arise at any time during an athletic event, and can involve an athlete, a coach, an official, a spectator, or even an administrator. As emergencies may occur at any time during any activity, the athletic department has a responsibility to be properly prepared. Expedient action must be taken in order to provide quality care during emergency and/or life threatening situations. It is important that in these situations coordination, established through detailed discussions, between the athletic trainers, emergency medical staff, coaches, and administrators be effective in order for emergency situations to be managed appropriately. Therefore, the development and implications of an emergency action plan will ensure that the best care is provided.

## **Situations when 911 should be called are:**

- An athlete is not breathing
- An athlete has lost consciousness
- It is suspected that an athlete may have a neck or back injury
- An athlete has an obvious or open fracture (bone has punctured through the skin)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped

## **4 Components of the Emergency Plan**

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Venue Specific Action Plan & Directions

**Wisdom Lane Middle School Emergency Action Plan also includes the following action plans:  
Sudden Cardiac Arrest, Head & Neck Injury,  
Lightening, Heat Illness, Asthma**

## **EMERGENCY PERSONNEL**

Type and degree of medical coverage for an athletic event may vary widely based on factors such as sport, activity, setting and type of training or competition. Most commonly, the first responder in an emergency situation is a member of the sports medicine staff, typically the certified athletic trainer (ATC). A team physician may be present at some high-risk events, but an EMT will always be present at all home football games. In some instances the first responder may be a coach or school personnel. Coaches are required to be trained and maintain certification in First Aid, CPR/AED, and Concussion recognition. Training must be completed prior to supervision of athletes. All new athletic personnel must complete the training unless they provide proof of current certifications.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team members may consist of a number of healthcare providers including physicians, emergency medical technicians, and certified athletic trainers. Administrators and coaches also have responsibilities in an emergency. Roles of these individuals within the emergency team may vary depending on various factors such as the number of team members present, the athletic venue itself, or the preference of the Certified Athletic Trainer.

## **Chain of Command:**

School Physician  
Certified Athletic Trainer  
Emergency Medical Technicians  
High School Registered Nurses  
Athletic Director  
Administrator  
Head Coach  
Assistant Coach

***The Highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the patient until EMS arrives.***

## **ROLES OF EMERGENCY PERSONNEL**

The following individuals may be directly involved with an emergency situation involving an athlete, coach, spectator, administrator, or official and therefore must be competent in the responsibilities of the first responder.

### **Levittown Athletic Trainer:**

1. Notify immediately in the event an athletic emergency arises on campus.

2. Responsibilities:

- Notify their presence to referees and visiting team's coach/athletic trainer prior to each contest.
- Evaluate scene and provide appropriate care.
- Activate EMS by calling the Levittown Fire Department at (516) 731-4110 or instructing EMT/Athletic Director/coach to call.
- Assign coach/bystander (if present) to notify Athletic Director and/or Supervisor that EMS has been activated.

### **Levittown Coaches:**

1. Responsibilities:

- Act as First Responder when Athletic Trainer is not present
- If Athletic Trainer/Athletic Director is not readily available, call the Levittown Fire Department.
- Assign a bystander (if present) to notify Athletic

Trainer/Athletic Director that EMS has been activated.

- Assist in an emergency situation by keeping the players and surrounding bystanders a significant distance from the scene of the injury.
- Assist Athletic Trainer and Athletic Director as instructed.

## **Levittown Administrators /Supervisors**

### 1. Responsibilities:

- Assist the Athletic Trainer and Coaching staff as instructed.
- Open appropriate entrances and meet emergency personnel arriving on campus.
- Direct emergency personnel to the emergency location.
- Keep players, parents, and spectators a significant distance away from the scene of an injury



# **ROLE OF THE FIRST RESPONDER**

## **1. Scene Safety & Immediate Care:**

Establishing safety of the scene and immediate care of the athlete is paramount. The most qualified individual on the scene should provide acute care in an emergency situation. In most instances, the Certified Athletic Trainer will assume this role, although if the school physician is present he/she may be called in.

## **2. Calling Local Fire Department:**

EMS activation may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the emergency team, however, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the phone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role.

## **3. Equipment Retrieval:**

Retrieval of additional medical equipment may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Coaches and Assistant Coaches are good choices for this role.

## **4. Directing EMS:**

One member of the emergency team should be responsible for meeting EMS as they arrive. Depending on ease of access, this person should have keys to locked gates/doors that may slow the arrival of medical personnel. School Security, Administrator, or Coach may be appropriate for this role.

## **EMERGENCY ACTION STEPS** **(Check-Call-Care)**

The following is an outline of the established protocol to follow in order to effectively & efficiently manage a medical emergency situation.

### ***A. Check: Check Airway, Breathing, and Circulation (ABC's), level of consciousness, and for severe bleeding.***

1. Athletic Trainer (if present) will make the initial evaluation.
2. If the first responder is not an Athletic Trainer, evaluate and determine the severity of the situation.

### ***B. Call: Activate Emergency Medical Services (EMS)***

1. Activate EMS by calling the Levittown Fire Department or 911 if number is unknown.
  - a. Assign another bystander (if present) to notify athletic trainer/athletic director that EMS has been activated.
  - b. Have bystander retrieve an AED.
2. Give **Local Fire Department** proper and thorough information.

*State your name*

*Age & gender of injured athlete*

*Condition of athlete (breathing, conscious, etc.)*

*Location of injured athlete*

*Number of athletes*

*Treatment given (CPR, rescue breathing, AED, etc.)*

*Any other information requested*

3. Game Administrator/Supervisor will direct EMS to location once on campus.

**C. Care: Initiate CPR/Rescue Breathing/AED (if necessary)**

1. The athlete should **NOT** be moved unless CPR cannot be administered due to obstructions/position, or the athlete's life is in danger due to environmental conditions.  
NO EXCEPTIONS!!

**D. Stay with the Athlete until EMS arrives:**

1. A parent or member of the coaching staff should ride with the athlete to the hospital. The athletes' parents should be contacted and apprised of the situation immediately.

## **EMERGENCY COMMUNICATION**

Communication is the key to quick emergency response. Athletic Trainers & EMS must work together to provide the best emergency response capability and should have contact information established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between professionals. If EMS is not available on site during a sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. It is important to know the location of workable telephones, be it Home or Away. Pre-arranged access to the phone should be established if it is not easily accessible.

A phone is available inside the Athletic Directors office. This can be used for sports played inside school (volleyball, basketball, wrestling). In the instance that a land line is not available, cell phones are usually readily available. The following is a list of important phone numbers needed in case of emergency:

|  |                       |
|--|-----------------------|
| <b>Stephanie David (Athletic Trainer)</b> .....            | <b>(401) 556-4792</b> |
| <b>Mr. Keith Snyder (District Athletic Director)</b> ..... | <b>516-434-7266</b>   |
| <b>Christopher Letts (Athletic Director)</b> .....         | <b>516-434-7325</b>   |
| <b>Dr. Ronald Marino (School Physician)</b> .....          | <b>516-663-2532</b>   |
| <b>Carol Fitzpatrick (MS Nurse)</b> .....                  | <b>516 434-7330</b>   |
| <b>Levittown Fire Department</b> .....                     | <b>516 731-4110</b>   |
| <b>Levittown Police Department</b> .....                   | <b>516-573-6800</b>   |

**Poison Control Center.....1-800-222-1222**  
**Ambulance, Fire, Police Emergency.....911**

## **EMERGENCY EQUIPMENT**

All necessary emergency equipment should be at the site and quickly accessible. The highest trained member of the staff should determine in advance the type and manner in which any equipment is at or to be delivered to the site. Non-sports medicine staff members (including coaches, administrators, etc.) should rely on emergency medical services for all equipment. Personnel should be familiar with the function, operation, and location 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 rehearsed by emergency personnel to ensure comfort and proficient use of the equipment. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. The schools Certified Athletic Trainer should be trained and responsible for the care of the medical equipment. 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 an emergency situation arises.

Supplies Available: (AED, Med Kit - Exam Gloves, Breathing Barriers, Bandages and Dressings) are located on field and in gymnasium with Athletic Trainer during practices/games. Additional emergency equipment (Crutches, SAM splints, Cervical collar, etc.) is accessible from the Athletic Training closet (ATR) or the Emergency Athletic Response Vehicle (Golf Cart).

## **Emergency Equipment Location**

***Automated External Defibrillator (AED)*** - There are three (3) AED's at Wisdom Lane Middle School. Fixed AED locations include: Gymnasium Hallway directly adjacent to room 313B, and outside the Auditorium, adjacent to the ladies' room. The Athletic Trainer has a portable AED which is always on the AT Golf Cart (Fall/Spring) or stored in the Athletics office to be given to coaches with events (Winter).

***CPR Masks*** - CPR masks are located in the Athletic Trainers Medical Kit, most team First Aid Kits, and in a pouch connected to the AEDs.

***Face Mask Removal Device*** - These devices are in the Athletic Trainers Medical Kit and fanny pack, and on the AT Golf Cart.

***Cervical Collar***- Cervical collars will be stored on the AT Golf Cart and inside the Athletic Training Room at all times.

***SAM Splints***- SAM splints are stored inside the Athletic Trainers Medical Kit and inside the Athletic Training Closet across the hall from the Boys Locker Room door.

***Crutches*** -Crutches will be stored on AT Golf Cart during Fall/Spring seasons and in the Athletic Training Closet during All sports seasons.

***Stethoscopes/Sphygmomanometers*** - These items will be stored in the Athletic Trainers Medical Kit.

***First Aid Kits***- There is a first aid kit for each active team. The kit

should be on site for each practice and game.

**\*\*\*Labeled Inhalers, Epipens, and Glucometers for students in need will be stored within the First Aid Kits\*\*\***

## **VENUE SPECIFIC DIRECTIONS**

***ATHLETIC TRAINING ROOM*** – Enter via the East entrance of the Middle School, then make left at the end of the hallway. The Athletic Training Room is inside Room 313, on the first floor.

***HS LARGE GYMNASIUM*** – Enter via the East entrance of the Middle School, the gymnasium is directly down the hallway.

***WRESTLING ROOM*** – Enter via the East entrance of the Middle School, then make right at the end of the hallway. Proceed to the elevator on your right. The Wrestling room will be on your left side.

***GRASS SOCCER/FOOTBALL/LACROSSE/BASEBALL FIELDS***  
Enter via Center Lane. Proceed thru the gates on the south side of the school for access to the fields.

***SOFTBALL FIELD*** – Enter via Center Lane. Proceed thru the parking lot on the north side of the school for access to the field.

## **VENUE SPECIFIC DIRECTIONS MAP**



### **LOCAL MEDICAL FACILITIES**

#### **Nassau University Medical Center Emergency Room**

In case of life threatening injury or illness, contact Athletic Trainer. If the Athletic Trainer is not readily available, dial 911.

Directions to ER: (3 minutes) 2201 Hempstead Turnpike,  
East Meadow, NY 11554

Turn onto Hempstead Turnpike. Hospital will be on the



right.

## **Wisdom Lane Middle School Athletic Training Facility**

All injuries and illnesses should be reported to the Athletic Trainer as soon as possible. The Athletic Training room is located in room 313 on the first floor.

Stephanie David

[Stephanie.david@nyulangone.org](mailto:Stephanie.david@nyulangone.org)

***A Doctors note/clearance note MUST be submitted to the High School Nurses Office. The Middle School Nurses Office is located down the hall from the Main Office. Failure to submit a Doctors note/clearance will result in your student athlete from participating in his/her sport.***

## **LIFE THREATENING EMERGENCIES**

Defined as an injury in which the individuals' life is placed in danger and/or there is risk of permanent disability. In this situation the individual will need immediate proper medical attention and transportation to the hospital. Every second is crucial.

### **Examples of life-threatening injuries:**

1. Sudden Cardiac Arrest
2. Suspected Neck & Spine Injury and/or Loss of Consciousness
3. Difficulty or Complete Stoppage of Breathing
4. Heat Illness
5. Uncontrollable Bleeding
6. Traumatic Brain Injury\*

**\*CONCUSSIONS\***

Athletes suspected of a concussion or head-related injuries are to be removed from participation immediately. Please notify the Athletic Trainer via cell phone or in-person immediately for evaluation.

**ACTIVATE EMS IF ANY OF THESE SYMPTOMS OCCUR:**

- Significant head or neck injury
- Loss of consciousness or declining level of consciousness
- Worsening symptoms
- Persistent nausea or vomiting
- Neurologic changes
- Seizure

Please refer to the Levittown District Concussion Management Policy for information on concussions. Athletes who lose consciousness on the field must **NOT** be moved; stabilize head/neck and Call Levittown Paramedic.

**LIFE THREATENING EMERGENCY ACTION STEPS**

During a life-threatening emergency, follow the Emergency Action Steps (check, call, care) and provide appropriate first aid care. Provide EMS with the following:

1. *Identify yourself and your role in the emergency*
2. *Specify your location and telephone number (if calling by phone)*
3. *Give age/condition of injured/ill athlete(s)*
4. *Give care being provided (CPR, AED, First Aid)*
5. *Give specific directions to the scene of the emergency*
6. *Do not hang up until directed to do so by the EMS dispatcher*
  - a. *Monitor vital signs*
  - b. *Calm and reassure the athlete*
  - c. *Notify Athletic Trainer as soon as possible*
  - d. *Notify parent(s) of student-athlete as soon as possible.*
  - e. *Provide follow-up care as necessary.*

## **NON LIFE-THREATENING EMERGENCIES**

A non-life-threatening emergency is a situation that does not have an immediate impact on breathing, circulation, or brain function, but may still require medical attention. These injuries can be divided into those needing EMS service, and those needing Athletic Training service.

### **Non-life threatening emergencies that requires EMS service include:**

Fractured limbs that are difficult to splint, dislocated joints where the person cannot be placed in a comfortable position, head injuries where the athlete's condition deteriorates upon re- evaluation, and severe bleeding that is not life threatening.

- 1. Stabilize the athlete**
- 2. Call the Athletic Trainer**
- 3. Monitor ABC's**
- 4. Decision to call for EMS will be made jointly by the coach and/or the Athletic Trainer**
- 5. When emergency medical personnel arrive, the coach releases care of the person to the paramedic or EMT**

### **Non-life threatening emergencies that require Athletic Trainer service include:**

Fractures, severe sprains of the major joints, concussions, large contusions, and large open wounds that may need stitches. This may include any injury that is difficult to move without increasing the pain to the athlete.

- 1. Provide appropriate first aid care**
- 2. Notify the Athletic Trainer**
- 3. If unable to contact the AT or unsure of the severity of the injury, send the athlete to the appropriate medical care facility if necessary**
- 4. Notify the parent of the student-athlete if necessary**
- 5. Direct student-athlete to report to the Athletic Training Room the next day**

## 6. Provide follow-up care as necessary

### **GUIDELINES FOR PLAYERS/SPECTATORS DURING A SERIOUS ON-FIELD INJURY**

1. Players and coaches should go to and remain in the bench area once medical assistance arrives.
2. Adequate lines of vision between the medical staff and all available emergency personnel should be established and maintained.
3. Players, parents and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
4. Players and non-medical personnel should not touch, move or roll an injured athlete.
5. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
6. Players and coaches should avoid dictating medical services to the Athletic Trainer or school physician or taking up their time to perform such services.

### **CATASTROPHIC EVENT- MULTIPLE VICTIMS**

If a catastrophic event that involves multiple victims occurs, such as a bleacher collapse, the scene must be quickly assessed and triaged. Follow the same chain of command for any serious injury. When speaking to 911 dispatchers, give location and number of victims (over-estimate). Victims that can walk should be led away from the scene, triage other victims. Those with life-threatening injuries will be given priority.

**Triage Plan:** A triage area will be established. The site should be a large enough area to accommodate the number of victims and must provide easy access for EMS vehicles and emergency apparatus. The triage site should be close enough in proximity to allow for quick but safe transport of victims while maintaining a safe distance from the accident scene. The concept of triage is simply a method of quickly identifying victims who have immediately life-threatening injuries and who have the best chance of surviving so that when additional rescuers arrive on scene, they are directed first to those patients. When the situation arises where there is a need to treat multiple

victims, the Athletic Trainer at the site will be in charge of determining the order of care for the victims. All victims will be identified using athletic tape as follows:

**IMMEDIATE** – 1 strip of tape across chest for the serious, life-threatening injuries that need immediate care. These patients are at risk for early death - usually due to shock or a severe head injury. They should be stabilized and transported as soon as possible.

**DELAYED** – 2 strips across chest for moderate injuries that aren't immediately life threatening. Patients who have been categorized as *DELAYED* are still injured and these injuries may be serious. They were placed in the *DELAYED* category because their respirations were under 30 per minute, capillary refill was under 2 seconds and they could follow simple commands, but they could deteriorate. They should be reassessed when possible and those with the most serious injuries or any who have deteriorated should be top priorities for transport. Also, there may be vast differences between the conditions of these patients. Consider, for example, the difference between a patient with a broken leg and one with multiple internal injuries that is compensating initially. The second patient will need much more frequent re-assessment.

**MINOR** – 3 strips across the chest for mild injuries that require the least amount of emergency care. Ask those who are not injured or who have only minor injuries to identify themselves. Tag those with minor injuries as *MINOR*. Patients with *MINOR* injuries are still patients. Some of them may be frightened and in pain. Reassure them as much as you can that they will get help and transport as soon as the more severely injured patients have been transported. Any of these patients also could deteriorate if they had more serious injuries than originally suspected. They should be reassessed when possible. As a first responder and first one on the scene, **not** starting CPR may be the hardest thing you must do at a multiple casualty scene, but if you perform CPR on one patient, many others may die. The Athletic Trainer will assign doctors, coaches or trained bystanders to assist in care until AT or EMS can attend to athlete.

## **CATASTROPHIC ATHLETIC INJURY – CRISIS MANAGEMENT PLAN**

1. Contact Athletic Trainer:
  - a. Stephanie David (Athletic Trainer) 401-556-4792
2. Contact MacArthur High School Administration:
  - a. Keith Snyder, District Athletic Director (516) 434-7266
  - b. Christopher Letts, Athletic Director (516) 434-7325
  - c. John Avena, Principal 516-434-7304
  - d. Dr. Tonie McDonald, Superintendent (516) 434-7020
3. Designate Athletics Point Person:
  - a. Chris Letts, Athletic Director (516) 434-7325
  - b. Stephanie David, Athletic Trainer 401-556-4792
4. Contact/update sport staff if not yet familiar with situation.
5. Contact family by appropriate individual (use assistance as needed).
6. Coordinated media plan:
  - a. NO CONTACT WITH MEDIA from Athletic Training staff, hospital staff, or coaching staff.
  - b. Establish hospital contact person.
7. Meeting with athletes to discuss situation.
  - a. NO OUTSIDE DISCUSSION OF MEETING WITH MEDIA.
8. Complete documentation of events with signatures.
9. Collect and secure all equipment and materials involved.
10. Construct a detailed timeline of the events.
11. Involve appropriate counseling personnel.
12. Assign Athletic Staff member to be with family at all times upon arrival, assist family as needed.

13. Critical incident stress debriefing/counseling as necessary for individuals involved in incident.

## **SUDDEN CARDIAC ARREST**

Sudden cardiac death (SCD) is the leading cause of death in exercising young athletes. Sudden cardiac arrest (SCA) should be suspected in any athlete who has collapsed and is unresponsive. A patient's airway, breathing, circulation, and heart rhythm (using the AED) should be assessed. An AED should be applied as soon as possible for rhythm analysis. Myoclonic jerking or seizure-like activity is often present after collapse from SCA and should not be mistaken for a seizure. Occasional or agonal gasping should not be mistaken for normal breathing.

### **1. Initiate Emergency Action Plan**

- a. Follow Emergency Action Steps: Check, Call, Care

### **2. Cardio-Pulmonary Resuscitation (CPR) should be initiated within 1 minute of collapse**

- a. Targeted first responders (AT, coaches, security, game administrator/supervisors) must receive CPR/AED training and maintain certification

### **3. Goal of “shock” from a defibrillator (AED) within 3 minutes of collapse**

- a. Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average
- b. Appropriate training, maintenance, and access to AED's

### **4. Additional equipment to consider beyond AED**

- a. Breathing barrier device/pocket masks for rescue breathing
- b. Bag-valve mask
- c. Oxygen source
- d. Oral and nasopharyngeal airways

## **HEAD & NECK INJURY**

Athletic participation carries with it the risk of catastrophic cervical spine injury. Because of the potential for permanent neurological injury or death associated with cervical spine injury, proper on-field management is of utmost importance.

Protective athletic equipment should be removed *prior* to transport to an emergency facility for an athlete-patient with suspected cervical spine instability. Equipment removal (helmet and shoulder pads) should be performed by at least three rescuers trained and experienced with equipment removal at the earliest possible time. If fewer than three people are present, the equipment should be removed at the earliest possible time after enough trained individuals arrive on the scene. A rigid cervical stabilization device should be applied to spine injured athlete-patients prior to transport.

### *Rationale for Equipment Removal*

- It is essential and now recommended that, when appropriate, in an emergency situation with equipment-intensive sports (e.g., helmets and shoulder pads in football, hockey and lacrosse), the protective equipment be removed prior to transport to the hospital. Rescuers should be able to recognize when is it NOT appropriate to remove equipment on field of play and have a plan to best manage the patient. The rationale for consideration of equipment removal on the field is rooted in, but not limited to, the following concepts:
  - *Advances in equipment technology*
  - *Equipment removal should be performed by those with the highest level of training.* In most cases, athletic trainers have been exposed to more equipment removal training than many other members of the medical team. As a result, individuals on the field may have a greater knowledge of equipment removal procedures than the hospital emergency department staff.
  - *Expedited access to the athlete-patient for enhanced provider care*
  - *Chest access is prioritized*



The following recommendations and guidelines are set forth in the National Athletic Trainers' Association's 2015 Consensus Statement on the Appropriate Care of the Spine Injured Athlete.

## **IMMEDIATE CARE OF ALL SUSPECTED SPINE INJURIES:**

- Athlete must be spine boarded if he/she has any one or more of the following symptoms;
  - Unconsciousness or altered level of consciousness
  - Bilateral neurologic findings/complaints (numbness, tingling, sensory deficits, inability to move extremities, etc.)
  - Significant midline pain with or without palpation
  - Obvious spinal column deformity
- Any athlete suspected of having a spinal injury should **not** be moved and should be managed as though a spinal injury exists.
- The athlete's airway, breathing and circulation, neurological status, and level of consciousness should be assessed.
- The athlete should not be moved unless absolutely essential to maintain airway, breathing, or circulation.
- If the athlete must be moved to maintain airway, breathing, or circulation, the athlete should be placed in a supine position while maintaining spinal immobilization.
  - When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit.
- The Emergency Medical System must be activated immediately.

## **FACEMASK REMOVAL:**

It is imperative that all coaches, athletic trainers, team physicians and EMS personnel practice the use of the different face mask removal tools and familiarize themselves with how the face mask is to be removed from every helmet currently on the market.

**The facemask should be removed prior to transportation, regardless of the athlete's respiratory status, if the protective equipment cannot be removed.**

Those involved in the pre-hospital care of injured football and lacrosse players should have the tools for facemask removal readily available (screwdriver, power screwdriver, Trainer's Angel, FM Extractor, etc. A backup removal tool should also be on hand if a screwdriver is the first tool of choice).

## **EQUIPMENT REMOVAL:**

- 1. The athletic helmet and chinstrap should be removed ESPECIALLY:**
  - a. If the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.
  - b. If the design of the helmet and chin strap is such that even after removal of the facemask the airway cannot be controlled or ventilation provided.
  - c. If the facemask cannot be removed after a reasonable period of time.
  - d. If the helmet prevents immobilization for transportation in an appropriate position.
  
- 2. Proper Helmet Removal:**
  - a. The chin strap should be cut.

- b. Cheek pads should be removed from helmets if they interfere with the ability to remove the helmet from the head. The method for removing cheek pads may differ based upon the type of helmet.
- c. If the helmet contains air bladders, the air should be drained with a deflation needle or blade to loosen the fit of the helmet and facilitate removal.
- d. Before helmet removal, cervical spine stabilization should be transferred from the rescuer at the head to another rescuer, who assumes cervical spine control from the front. The rescuer at the head then grasps the helmet at the sides and gently removes it from the athlete. Slightly spreading the helmet from the sides and rotating the helmet up while sliding it off the head may facilitate removal.
- e. Once the helmet is removed, a cervical collar is placed on the athlete before the shoulder pads are removed. Padding may also need to be placed underneath the head to avoid dropping the head and cervical spine into extension.

### **3. Proper Shoulder Pad Removal:**

- a. Any uniform top or jersey worn over the shoulder pads should be cut away before removing them. Using scissors, cut along the midline of the jersey, as well as out through each sleeve.
- b. Cut through the strings in front of the shoulder pads.
- c. Be aware of additional equipment that may be secured to the shoulder pads, such as rib pads or collars.
- d. Transfer of cervical spine control from the rescuer at the head to another rescuer, who assumes cervical spine control from the front. The rescuer at the head then carefully removes the shoulder pads by sliding them out from under the athlete.

## **LIGHTNING POLICY**

The Levittown High School Athletic Department has developed a lightning policy to minimize the risk of injury from lightning strike to Levittown High School athletes, coaches, support staff, and fans. Components of this policy include: monitoring local weather forecasts, designating a weather watcher, establishing a chain of command, and postponement of activities for 30 minutes from last lightning/thunder.

- If inclement weather is forecast for the area or sighted in the area, the designated weather watcher (Athletic Trainer) will monitor radar via the National Weather Service by smart phone or Internet.  
[www.accuweather.com](http://www.accuweather.com)
- If lightning is in the immediate area, the Athletic Trainer will notify the coaches as to the status of the inclement weather and need to take shelter. Teams may return to the field once 30 minutes from the last lightning/thunder has elapsed, and the all-clear signal has been given.
- **Safe shelter areas include:** fully enclosed buildings, fully enclosed metal vehicles with windows up (no convertibles or golf carts).
- **Unsafe shelter areas:** Water, open fields, dugouts, golf carts, metal objects (bleachers/fences), individual tall trees, and light poles.
- If unable to reach safe shelter, or a person feels that his/her hair standing on end, they should assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground. **DO NOT lie flat!**

### **In case of a lightning strike, follow these guidelines:**

1. Survey the scene for safety.
2. Activate local EMS.
3. Lightning victims do not carry an electrical charge and are safe to touch.
4. If necessary, move the victim with care to a safer location.
5. Evaluate airway, breathing & circulation, and begin CPR/AED if necessary.

6. Evaluate and treat for hypothermia, shock, fractures, and/or burns.

## **Event Procedures (Lightning)**

***Prior to Competition:*** The Athletic Trainer will greet officials, explain that we have means to monitor lightning, and offer to notify the officials during the game if there is imminent danger from lightning.

***Announcement of Suspension of Activity:*** Once it is determined that there is danger of lightning in the area, the Athletic Trainer will notify the athletic director, head coach and officials, and subsequently summon athletes (via horn, whistle, or PA) from the playing field or court.

***Evacuation of the playing field:*** Immediately following the announcement of suspension of activity, all athletes, coaches, officials, support staff, and fans are to evacuate to an enclosed grounded structure (Gymnasium/Cafeteria/Locker Rooms/Lobby).

***Evacuation of stands:*** During competition, once the official signals to suspend activity, a member of the Athletic Department support staff will announce via PA system:

***“May I have your attention. We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek appropriate shelter at the following areas: Wisdom MS main lobby, cafeteria, or gymnasium. Though protection from lightning is not guaranteed, you make seek shelter in automobiles. Thank you for your cooperation.”***

***Resumption of Activity:*** Activity may resume once the Athletic Trainer gives permission. Thirty (30) minutes after the last lightning/thunder.

## **EXERTIONAL HEAT ILLNESS**

While exertional heat illness (EHI) is not always a life-threatening condition, exertional heat stroke (EHS) can lead to fatality if not recognized and treated properly. As the word heat implies, these conditions most commonly occur during the hot summer months; however, **EHS can happen any time and in the absence of high environmental temperatures.** Through proper education and awareness, EHS can be recognized and treated correctly. While not all EHS cases are preventable, schools and institutions should have the equipment and supplies ready and available to properly assess and treat an EHS case. The two **main** criteria for diagnosing EHS are **rectal temperatures >104°F (40°C)** immediately post collapse and **central nervous system dysfunction** (e.g. irrational behavior, irritability, emotional instability, altered consciousness, collapse, coma, dizziness, etc.)

### **Follow these steps to initiate emergency treatment:**

- COOL FIRST, TRANSPORT SECOND!
- Remove all equipment and excess clothing
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a tub with ice and water approximately 35-58°F); stir water and add ice throughout cooling process. (See [KSI Cold Water Immersion handout for guidelines](#))
- If immersion is not possible (no tub or water supply), take the athlete into a cold shower or move to shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation.
- After cooling has been initiated, activate emergency medical system by calling the paramedics.
- Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
  - If rectal temperature is not available, **DO NOT USE AN ALTERNATIVE METHOD** (oral, tympanic, axillary, forehead sticker, etc.). These devices are not accurate to assess heat illness.
- Cease cooling when rectal temperature reaches 101-102°F.

*\*\*Exertional heat stroke has had a 100% survival rate when immediate cooling*

*(via cold water immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of collapse\*\**

## HEAT INDEX

During summer, early fall, and late spring high temperatures and high humidity are present. It is important that we make ourselves aware of the dangers of this situation to prevent heat exhaustion and illness. Daily measurements via [www.accuweather.com](http://www.accuweather.com) are taken before each practice/game during periods when the air temperature is 80 degrees or higher. If the Real Feel Temperature (heat index) is 90 degrees or above, the Athletic Trainer must re-check the temperature at halftime or midway through practice. If the heat index is 96 degrees or above, the contest will be suspended.

**Please refer to the following chart to take the appropriate actions:**



### HEAT INDEX PROCEDURES

#### Administration of Heat Index Procedures:

- Heat index will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 80 degrees (Fahrenheit) or higher.
- The athletic trainer, athletic director, or school designee will use the [accuweather.com](http://accuweather.com) website to determine the heat index for the area of the contest/practice. The [accuweather.com](http://accuweather.com) website can be reached through the NYSPHSAA website. Once a person is on the [accuweather.com](http://accuweather.com) website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature as well as the RealFeel temperature (heat index).
- If the RealFeel temperature (heat index) is 90 degrees or above, the athletic trainer, athletic director, or school designee must re-check the RealFeel (heat index) at halftime or midway point of the contest. If the RealFeel (heat index) temperature is 96 degrees (Fahrenheit) or more, the contest will be suspended.

**Please refer to the following chart to take the appropriate actions:**

|   |  |   |
|---|--|---|
|   | RealFeel (Heat Index) under 79 degrees                             | Full activity. No restrictions  |
| R<br>E<br>C<br>O<br>M<br>M<br>E<br>N<br>D<br>E<br>D | Heat Index Caution: RealFeel (Heat Index) 80 degrees to 85 degrees | Provide ample water and multiple water breaks.<br>Monitor athletes for heat illness.<br>Consider reducing the amount of time for the practice session.  |
|   | Heat Index Watch: RealFeel (Heat Index) 86 degrees to 90 degrees   | Provide ample water and multiple water breaks.<br>Monitor athletes for heat illness.<br>Consider postponing practice to a time when RealFeel temp is lower.<br>Consider reducing the amount of time for the practice session.<br>1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time).   |
|   | Heat Index Warning: RealFeel (Heat Index) 91 degrees to 95 degrees | Provide ample water and water breaks every 15 minutes.<br>Monitor athletes for heat illness.<br>Consider postponing practice to a time when RealFeel temp is much lower.<br>Consider reducing the amount of time for the practice session.<br>1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time).<br>Light weight and loose fitting clothes should be worn.<br>For Practices only Football Helmets should be worn. No other protective equipment should be worn. |
|   | Heat Index Alert:  | No outside activity, practice or contest, should be held. Inside activity should  |

## Wind Chill INDEX

During late fall, and early spring low temperatures and cool winds are present. It is important that we make ourselves aware of the dangers of this situation to prevent cold exposure and illness. Daily measurements via [www.accuweather.com](http://www.accuweather.com) are taken before each practice/game during periods when the air temperature is 39 degrees or lower. If the Real Feel Temperature (Wind Chill) is 10 degrees or lower, the Athletic Trainer must re-check the temperature at halftime or midway through practice. If the Wind Chill is -11 degrees or lower, the contest will be suspended.

**Please refer to the following chart to take the appropriate actions:**



### WIND CHILL PROCEDURES

Administration of Wind Chill Procedures:

- Wind Chill will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 39 degrees (Fahrenheit) or lower.
- The athletic trainer, athletic director, or school designee will use the [accuweather.com](http://accuweather.com) website to determine the heat index for the area of the contest/practice. The [accuweather.com](http://accuweather.com) website can be reached through the NYSPHSAA website. Once a person is on the [accuweather.com](http://accuweather.com) website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature as well as the RealFeel temperature (wind chill).
- If the RealFeel temperature (wind chill) is 10 degrees or below, the athletic trainer, athletic director, or school designee must re-check the RealFeel (wind chill) at halftime or midway point of the contest. If the RealFeel (wind chill) temperature is -11 degrees (Fahrenheit) or lower, the contest will be suspended.

**Please refer to the following chart to take the appropriate actions:**

|  |   |   |
|--|---|---|
|  | RealFeel (wind chill) above 40 degrees                                | Full activity. No restrictions  |
| <b>R<br/>E<br/>C<br/>O<br/>M<br/>M<br/>E<br/>N<br/>D<br/>E<br/>D</b> | Wind Chill Caution:<br>RealFeel (wind chill) 36 degrees to 20 degrees | Stay adequately hydrated.<br>Notify coaches of the threat of cold related illnesses.<br>Have students and coaches dress in layers of clothing.  |
|  | Wind Chill Watch:<br>RealFeel (wind chill) 19 degrees to 10 degrees   | Stay adequately hydrated.<br>Notify coaches of the threat of cold related illnesses.<br>Have students and coaches dress in layers of clothing.<br>Cover the head and neck to prevent heat loss.   |
|  | Wind Chill Warning:<br>RealFeel (wind chill) 9 degrees to -10 degrees | Stay adequately hydrated.<br>Notify coaches of the threat of cold related illnesses.<br>Have students and coaches dress in layers of clothing.<br>Cover the head and neck to prevent heat loss.<br>Consider postponing practice to a time when RealFeel temp is much higher.<br>Consider reducing the amount of time for an outdoor practice session. |
| <b>REQUIRED</b>  | Wind Chill Alert:<br>RealFeel (wind chill) -11 degrees or lower       | No outside activity, practice or contest, should be held.   |

**Special Note: Alpine Skiing will be exempt from this policy and will follow the regulations of**



## **RESPIRATORY DISTRESS**

Shortness of breath or difficulty breathing in an athlete may have different causes. The Athletic Trainer or Physician (if present) should evaluate the cause. If necessary and available, supplemental oxygen via nasal cannula or face mask should be started immediately. If pulse oximetry is available,  $SO_2$  should be measured. Auscultation of the lungs should be done. Based on the findings and on other signs and symptoms the following diagnoses should be anticipated and treatment should be started:

1. **Asthma or Exercise Induced Bronchospasm (EIB)**
  - a. If wheezing or diminished air entry, consider acute asthma exacerbation.
  - b. If patient is able, peak expiratory flow meter findings should be checked prior to and after albuterol inhalation.
  - c. If patient improves, remove from athletic event for that day and follow up with their physician for asthma/EIB management.
  - d. If patient does not improve significantly and/or  $SO_2$  remains low they should be transported to the Emergency Department.
  
2. **Anaphylactic Reaction**
  - a. Shortness of breath with signs of anaphylaxis;
  - b. Flushing, itching, hives, sneezing, lightheadedness;
  - c. Insect sting or history of previous anaphylaxis;
    - i. EpiPen 0.3mg IM/SQ and transport to Emergency Department
  
3. **Tension Pneumothorax**
  - a. Decreased breath sounds unilateral;
  - b. Hyper-resonance to percussion- unilateral;
    - i. If physician available, needle decompression on-site.
    - ii. Transport to Emergency Department
  
4. **Hyperventilation**
  - a. Rapid respiratory rate;
  - b. Lungs clear on auscultation;
  - c. Anxiety, lightheadedness, tingling in fingers and/or mouth;

- i. Encourage patient to breathe slowly
- ii. If no improvement, physician evaluation

If patient's symptoms do not improve significantly or the cause remains unclear, he/she should be transported to the ED. Other causes of difficulty in breathing include:

- Upper respiratory infections, Pneumonia
- Vocal cord dysfunction
- Pulmonary embolism
- Cardiac causes
- Hematologic causes, e.g. Anemia

## **DOCUMENTATION**

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit. This will ensure better reactions and effectiveness for potential emergencies. The AT will be mainly in charge of recording information. Doctors may assist if they provide care or treatment. **Documentation should include the following:**

- 1. Documentation of response and actions during emergency situation**
- 2. Follow-up documentation on evaluation of response to emergency situation**
- 3. Documentation of personnel training and rehearsals**

## REFERENCES

1. Anderson, J.C., et. al. National Athletic Trainers' Association Position Statement: Emergency Planning In Athletics. *Journal Of Athletic Training* 2002; 37(1): 99-104
2. Casa, Douglas, et. al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death In Sports. *Journal Of Athletic Training* 2012; 47(1): 96-118
3. Walsh, Katie, et. al. National Athletic Trainers' Association Position Statement: Lightning Safety For Athletics And Recreation. *Journal Of Athletic Training* 2013; 48(2): 258-270
4. Guskiewicz, Kevin, et. al. National Athletic Trainers' Association Position Statement: Management Of Sports Related Concussion. *Journal Of Athletic Training* 2004; 39(3): 280-297
5. Swartz, Eric, et. al. National Athletic Trainers' Association Position Statement: Acute Management Of The Cervical Spine Injured Athlete. *Journal Of Athletic Training* 2009; 44(3); 306-331
6. Casa, Douglas, et. al. National Athletic Trainers' Association Consensus Statement: Pre-Season Heat Acclimatization Guidelines For Secondary School Athletics. *Journal Of Athletic Training* 2009; 44(3); 332-333
7. <http://www.health.ny.gov/professionals/ems/trauma2.htm>

# **Levittown High School Approval of the Athletics Emergency Action Plan Policies and Procedures**

---

---

Levittown Chief Medical Officer

Date

---

Keith Snyder  
Levittown District Athletic Director

Date

---

John Avena  
Wisdom Lane MS Principal

Date

---

Stephanie David, MS, ATC  
Wisdom Lane MS Athletic Trainer

Date

---