General Douglas MacArthur High School Athletics Emergency Action Plan (EAP) 2021-2022

"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:

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 MacArthur High 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:

- 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

Components of the Emergency Plan:

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

The MacArthur High School Emergency Action Plan also includes the following plans:

- Sudden Cardiac Arrest
- Head & Neck Injury
- Lightning
- Heat Illness
- Asthma

Emergency Personnel:

Type and degree of medical coverage for an event may vary based on factors such as sport, activity, setting, type of training/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.

Coaches are required to be trained and maintain certification in First Aid, CPR/AED, and concussion recognition. Training must be completed prior to the 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. The 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.

Role 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 the **Athletic Trainer** immediately in the event that an athletic emergency arises on campus.
2. Responsibilities:
    a. Notify their presence to referees and visiting team's coach/athletic trainer prior to each contest.
    b. Evaluate scene and provide appropriate care.
    c. Activate **EMS** by calling the **Wantagh Fire Department Station 2** at **(516) 785-0217** or instruct EMT/Athletic Director/Coach to call.
    d. Assign an individual to notify Athletic Director and/or Supervisor that EMS has been activated.

Levittown Athletic Director:

1. Notify the Athletic Director in the event that an emergency situation arises on campus.
2. Responsibilities:
    a. Open appropriate entrances and meet emergency personnel arriving on campus.
    b. Direct emergency personnel to the emergency location.
    c. Assist athletic personnel as needed in an emergency.

Levittown Coaches:

Responsibilities:

1. Act as the First Responder when Athletic Trainer is not present
2. If the Athletic Trainer/Athletic Director is not readily available, call **911**.
3. Assign a bystander (if present) to notify the Athletic Trainer/Athletic Director that EMS has been activated.
4. Assist in an emergency situation by keeping the players and surrounding bystanders a significant distance from the scene of the injury.
5. Assist Athletic Trainer and Athletic Director as instructed.

Game Administrators/Supervisors

Responsibilities:

1. Keep players, parents, and spectators a significant distance away from the scene of an injury.
2. Assist the Athletic Trainer and Coaching staff as instructed.

Role of the First Responder:

Scene Safety & Immediate Care:

Establishing the safety of the scene and providing 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 Athletic Trainer will assume this role, although if the school physician is present he/she may be called in.

Calling Local Fire Department:

EMS activation may be necessary in situations where emergency transportation is not already present. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Activating the EMS system may be done by anyone on the emergency team; this person should be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role.

Equipment Retrieval:

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

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 any keys to locked gates/doors that may slow the arrival of EMS. School Security, administrators, or coaches are typical choices for this role.

<u>EMERGENCY ACTION STEPS:</u>

(Check-Call-Care)

1. **<u>Check</u>**: Check ***Airway, Breathing, and Circulation*** **(ABC's)**, level of consciousness, and for severe bleeding.
    a. The Athletic Trainer (if present) will make the initial evaluation.
    b. If the first responder is not an Athletic Trainer, evaluate and determine the severity of the situation.
2. **<u>Call</u>:** Activate **Emergency Medical Services (EMS)**.
    a. Activate EMS by dialing **911** or have a bystander call.
        i. Assign another bystander (if present) to notify athletic trainer/athletic director that EMS has been activated.
        ii. Have a bystander retrieve an AED.
    b. Give the Local Fire Department proper information.
        i. State your name
        ii. Age & gender of injured athlete/Number of athletes
        iii. Condition of athlete (breathing, consciousness, etc.)
        iv. Location of injured athlete
        v. Treatment given (CPR, rescue breathing, AED, etc.)
    c. Athletic Director/Game Administrator will direct EMS to location once on campus.
3. **<u>Care</u>**: Initiate CPR/Rescue Breathing/AED (if necessary)
    a. 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.
4. **Stay with the athlete until EMS arrives:**
    a. 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. Emergency personnel must work together to provide the best response and should have contact information established as a part of pre-planning. If EMS is not available on site during a sporting event, then rapid, direct communication with the emergency medical system at the time of injury or illness is necessary.

Communication systems should be checked prior to each practice or competition to ensure that they are in 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; pre-arranged access to phones should be established if they are not easily accessible.

A phone is available inside the Athletic Director's office; this can be used for indoor events. In the instance that a landline is unavailable, ensure that cell phones are readily available. The following is a list of important phone numbers needed in case of emergency:

David Dorismond (Athletic Trainer)……646-371-8037
Keith Snyder (Athletic Director)……631-278-7051
Barbara Angus (School Nurse)……516-434-7270
Mary-Ellen Hastings (School Nurse)……516-434-7270
Dr. David Fagan (District Medical Director)……516-978-6058
Keith Snyder (District Athletic Director)……631-278-7051
Athletics Office……516-434-7265
Wantagh Fire Department Station 2……516-785-0217
Levittown Police Department ……516-573-6800
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: Three (3) located in the building (see emergency equipment location) or one (1) with the Athletic Trainer

Medical Kit: located in the Athletic Training Room (ATR) or with Athletic Trainer; each athletic team is also provided a travel medical kit.

Crutches/SAM splints/Cervical collar: located in the ATR, storage closet or on the Emergency Athletic Response Vehicle (Golf Cart).

Emergency Equipment Location

Automated External Defibrillator (AED):
-Gymnasium Hallway directly across from Physical Education office 1st floor.
-Second floor next to room 204
-Third floor next to room 308
-Portable AED with the Athletic Trainer on the emergency response vehicle (Fall/Spring) or stored in the Athletic Training Room (Winter).

CPR Masks:
CPR masks are located in the Athletic Trainer's medical kit, team medical kits, or in the pouches connected to the AEDs.

Face Mask Removal Device:
These devices are with the Athletic Trainer (medical Kit/fanny pack) and on the emergency response vehicle.

Cervical Collar:
Located on the emergency response vehicle and inside the Athletic Training Room.

SAM Splints:
Located inside the Athletic Trainer's medical kit, inside the Athletic Training Room and in team medical kit.

Crutches:
Located on the emergency response vehicle and in the Athletic Training Room.

Stethoscopes/Sphygmomanometers:
Located in the Athletic Trainer's medical kit.

Travel Medical Kits:
Medical kits are provided to each active team at the beginning of their season. These kits must be on site for each practice and game. Returned to the athletic trainer once the team will no longer be competing.

***Labeled Inhalers, Epi-Pens, and Glucometers for students in need will be stored within the Team Travel Medical Kits.**

Venue Specific Directions:

Athletic Training Room:
Enter via the parking lot off Old Jerusalem Road. Proceed through the side doors on your right-hand side, which have "Home of the Generals" above them. Continue down the hallway towards the vending machines and make a right turn. The Athletic Training room is the first room on the right, before the Athletic Directors Office. Room 124 – Health Classroom.

High School Main Gymnasium:
Enter via the parking lot off Old Jerusalem Road. Proceed through the side doors on your right-hand side, which have "Home of the Generals" above them. Once inside the main gymnasium is on the left.

Wrestling Room:
Enter via the parking lot off Old Jerusalem Road. Proceed through the side doors on your right-hand side, which have "Home of the Generals" above them. Continue down the hallway towards the vending machines and make a left turn into the gym. Once inside the Wrestling room is directly across, to the back of the gym.

Turf Field/Track:
Enter via the parking lot off Old Jerusalem Road. Proceed to the back of the parking lot towards the football field on your right-hand side. Proceed through the gate.

Grass Fields (on Wantagh Ave):
Enter via small parking lot in back of school, adjacent to Wantagh Fire Department parking lot off Old Jerusalem Road. Continue to end of parking lot where softball field is. There is a walking trail that leads directly to the grass fields.

Softball Fields:
Enter via small parking lot in back of school, adjacent to Wantagh Fire Department parking lot off Old Jerusalem Road. Continue to end of parking lot where softball field is.

Tennis Courts:
Enter via small parking lot in back of school, adjacent to Wantagh Fire Department parking lot off Old Jerusalem Road. Continue to end of parking lot where softball field is. There is a walking trail that leads directly to the grass fields, go past the grass fields towards the tennis courts.

Baseball Field:
Enter via the parking lot off Old Jerusalem Road. Proceed to the back of the parking lot towards the baseball fields on your left-hand side. The high school field is the left most field. Proceed through the gate.

Venue Map:

Local Medical Facilities:

Nassau University Medical Center Emergency Room
2201 Hempstead Turnpike, East Meadow, NY 11554

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

1) Exiting school parking lot turn right onto Jerusalem Road
2) Continue onto North Jerusalem Road (0.7 Miles)
3) Turn right onto Loring Road (1.3Miles)
4) Turn left onto NY-24 W/Hempstead Turnpike (0.8 Miles)
5) Turn right at Franklin Ave, then turn left into Emergency Room entrance. Emergency Room will be on the right.

General Douglas MacArthur High School Athletic Training Room

All injuries and illness should be reported to the Athletic Trainer as soon as possible. The Athletic Training room is located in Room 124.

A doctor's note/clearance note MUST be submitted to the High School Nurse's Office. The High School Nurse's Office is located down the hall from the Main Office on the second floor. Failure to submit a Doctor's note/clearance note will result in your student athlete not being able to participating in his/her sport.

Life Threatening Emergency:

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 transport to the hospital.

Examples of life-threatening injuries:

- Sudden Cardiac Arrest
- Suspected Neck & Spine Injury and/or Loss of Consciousness
- Difficulty or Complete Stoppage of Breathing
- Heat Illness
- Uncontrollable Bleeding
- Traumatic Brain Injury/Concussion
    - Athletes suspected of a concussion or head-related injuries must be removed from participation. Notify available medical personnel immediately for evaluation.
        - Refer to the MacArthur Concussion Management Policy. Athletes who lose consciousness on the field must **NOT** be moved; stabilize head/neck and Call Wantagh Fire Department.

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
- Neurological changes
- Seizures

Life Threatening EAP Steps:

During a life-threatening emergency, refer to the protocols of the previously outlined Emergency Action Steps on *page 10* (**check, call, care**). Provide EMS with the following:

- Identify yourself and your role in the emergency
- Specify your location and telephone number (if calling by phone)
- Give age/condition of injured/ill athlete(s)
- Give care being provided (CPR, AED, and First Aid)
- Give specific directions to the scene of the emergency

Do not hang up until directed to do so by the EMS dispatcher:

- Monitor vital signs
- Calm and reassure the athlete
- Notify Athletic Trainer as soon as possible
- Notify the parent(s) of the student-athlete as soon as possible.
- Provide follow-up care as necessary.

Non-Life Threatening EAP Steps:

A non-life-threatening emergency are situations that do not have an immediate impact on breathing, circulation, or brain function, but may still require medical attention. These situations are divided into those requiring EMS service, and those requiring Athletic Training service.

Non-life-threatening emergencies that require 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,
- Bleeding that is not life threatening.

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

- Fractures, severe sprains of the major joints
- Joint dislocations
- Concussions with minor to mild symptoms
- Large contusions and large open wounds that may require stitches.

Non-life-threatening situations may include any injury that is difficult to move without increasing the pain to the athlete. Non-life-threatening emergencies have the potential to progress to life threatening situations and should be monitored appropriately.

Note:
Medical personnel available are responsible for the visiting team and the same protocols will be followed.

GUIDELINES FOR PLAYERS/SPECTATORS DURING SERIOUS ON-FIELD INJURY:

1. Players and coaches should go to and remain in the bench area immediately until medical assistance arrives and completes their care.
2. Adequate lines of vision must be maintained between the medical staff and all available emergency personnel on-site.
3. Players, parents and non-authorized personnel must be kept away from the seriously injured player(s).
4. Players and non-medical personnel should not touch, move or roll an injured athlete unless directed by medical personnel in charge.
5. Once the available medical personnel will begin to treat the injured individual(s), they should be allowed to perform services without interruption or interference.

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. When speaking to the 911 dispatchers, give the location/potential number of victims (**overestimate**). Individuals with life-threatening injuries will be given priority.

Triage Plan:

A triage area must be established. The site should be large enough 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 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 a 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 across the chest for the serious, life-threatening injuries that require immediate care.

These patients are at risk for early death, usually due to shock or 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 but their 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. These individuals should be reassessed when possible and those with the most serious injuries or are deteriorating should be a priority for transport.

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. Patients with MINOR injuries are still patients; some of them may be frightened and in pain. Reassure them that they will get help and transport as soon as the more severely injured patients have been transported. 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 lead medical personnel will assign others (doctors, coaches, trained bystanders) to assist in care until EMS can attend to the injured individual(s).

CATASTROPHIC ATHLETIC INJURY CRISIS MANAGEMENT PLAN:

1. Contact Athletic Trainer:
    a. David Dorismond ATC (646) 371-8037
2. Contact General Douglas MacArthur High School Administration:
    a. Keith Snyder, Athletic Director (631) 278-7051
    b. Joseph Sheehan, Principal (516) 434-7225
    c. Dr. Tonie McDonald, Superintendent (516) 434-7020
3. Designate Athletics Point Person:
    a. Keith Snyder, Athletic Director (631) 278-7051
    b. David Dorismond ATC (646) 371-8037
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.
7. Establish hospital contact person.
8. Meeting with athletes to discuss situation.
9. Complete documentation of events with signatures.
10. Collect and secure all equipment and materials involved.
11. Construct a detailed timeline of the events.
12. Involve appropriate counseling personnel.
13. Assign Athletic Staff member to be with family at all times upon arrival, assist family as needed.
14. 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 AEDs

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. Due to the potential for permanent neurological injury or death associated with cervical spine injury, proper on-field management is of utmost importance.

Sports medicine professionals support the practice of not removing football helmets when there is even the slightest chance of cervical spine injury for the following reasons:

1. The football helmet does not hinder proper head and neck immobilization techniques.
2. The football helmet does not hinder the ability of the examiner to visualize facial and cranial injuries.
3. The football helmet with the facemask removed allows for proper management and control of the airway during CPR.
4. The football helmet will tend to protect against hyper-flexion of the cervical spine in the presence of shoulder pads.
5. Shoulder pads and jersey can be cut with scissors in the front to allow for access to chest for AED pad placement.

***The following recommendations and guidelines set forth in the National Athletic Trainers' Association's 2009 Position Statement on the Acute Management of the Cervical Spine-Injured Athletes.**

IMMEDIATE CARE OF ALL SUSPECTED SPINE INJURIES:

• 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.

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

FOOTBALL HELMET REMOVAL:

1. The athletic helmet and chinstrap should only be removed:

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. If the helmet does need to be removed:

a. Spinal immobilization must be maintained while removing the helmet.

b. Helmet removal should be frequently practiced under proper supervision. Specific guidelines for helmet removal need to be developed.

c. In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

d. 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. If the shoulder pads do need to be removed:

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 and through the strings of the shoulder pads **(start from the chin and cut downwards towards the feet)**, as well as out through each sleeve.

b. Be aware of additional equipment that may be secured to the shoulder pads, such as rib pads or collars.

c. Transfer cervical spine control from the rescuer at the head to another rescuer, who assumes cervical spine control by standing above the athlete to gain control of the c-spine from the front of the athlete's body. The rescuer at the head then carefully removes the shoulder pads by sliding them out from under the athlete.

LIGHTNING POLICY

The MacArthur High School Athletic Department has developed a lightning policy to minimize the risk of injury from lightning strikes to MacArthur 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.weather.com
www.accuweather.com
Weather Bug Application

• If lightning is visible in the immediate area or within 8 miles via radar, the Athletic Trainer will notify the coaches as to the status of the inclement weather and the need to take shelter.
•Teams may return to the field once 30 minutes after the last visible lightning strike/audible 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
- Light poles

• If unable to reach safe shelter, or a person feels that his/her hair is 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 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: MacArthur High School main lobby, cafeteria, or gymnasium. Though protection from lightning is not guaranteed, you can seek shelter in automobiles as well. Thank you for your cooperation."

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

• 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 the cooling process. (See KSI Cold Water Immersion handout for step by step guidelines)
• If immersion is not possible (no tub or water supply), take the athlete into a cold shower or move to a 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 the emergency medical system by calling 911.
• 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 and should never be used to assess an athlete exercising in heat.
• Cease cooling when rectal temperature reaches 101-102°

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 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:

NYSPHSAA

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 website to determine the heat index for the area of the contest/practice. The accuweather.com website can be reached through the NYSPHSAA website. Once a person is on the 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
RECOMMENDED	Heat Index Caution: RealFeel (Heat Index) 80 degrees to 85 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. 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. Monitor athletes for heat illness. Consider postponing practice to a time when ReelFeel temp is lower. Consider reducing the amount of time for the practice session. 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. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is much lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time. Light weight and loose fitting clothes should be worn. For Practices only Football Helmets should be worn. No other protective equipment should be worn.
REQUIRED	Heat Index Alert: RealFeel (Heat	No outside activity, practice or contest, should be held. Inside activity should only be held if air conditioned.

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 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 website to determine the heat index for the area of the contest/practice. The accuweather.com website can be reached through the NYSPHSAA website. Once a person is on the 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
RECOMMENDED	Wind Chill Caution: RealFeel (wind chill) 36 degrees to 20 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing.
	Wind Chill Watch: RealFeel (wind chill) 29 degrees to 10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss.
	Wind Chill Warning: RealFeel (wind chill) 9 degrees to -10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss. Consider postponing practice to a time when ReelFeel temp is much higher. Consider reducing the amount of time for an outdoor practice session.
REQUIRED	Wind Chill Alert: 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 the host ski center where the practice or event is being held.

Approved May 1, 2010

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, supplemental oxygen via nasal cannula or face mask should be started immediately. If pulse oximetry is available, SO2 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 a patient is able, peak expiratory flow meter findings should be checked prior to and after albuterol inhalation.

c. If a patient improves, remove from athletic events for that day and follow up with their physician for asthma/EIB management.

d. If the patient does not improve significantly and/or SO2 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

- 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 a physician is 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 a 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

General Douglas MacArthur High School Approval of the Athletics Emergency Action Plan Policies and Procedures

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Dr. David Fagan, MD FAAP — Date
Chief Medical Director

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Joseph Sheehan — Date
MacArthur HS Principal

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Keith Snyder — Date
MacArthur HS Athletic Director

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David Dorismond ATC — Date
Mac Arthur HS Athletic Trainer