

FORAN HIGH SCHOOL

Athletic Emergency Action Plan

2024-2025 Sports Season

High School:	Foran High School	Town: Milford, CT
Athletic Trainers:	Hallie Zuckerman, ATC/LAT	Phone: 203-640-1795
Team Physician:	Dr. Andrew Carlson	Phone: 203-415-3033

PURPOSE

The purpose of this document is to ensure uniform and quality care for athletes under our care, while providing some direction and guidance on Assessment, Treatment and Return to Play Criteria for Athletic Injuries. The Standing Orders listed below comprise an overview of procedures to be followed when dealing with specific injuries. As each injury has unique circumstances, these represent only guidelines for the care that is to be given. The Standing Orders are reviewed yearly and incorporate information from current literature and proven medical procedures. Any questions regarding these Standing Orders or the care to be provided should be communicated directly between the Athletic Trainer providing the care and the Physician supervising the care.

PRE-REQUITES

1. NATABOC and Connecticut Licensed Certified Athletic Trainer
2. ARC Professional Rescuer or AHA Health Care Provider Certified

GENERAL PROCEDURES

<i>Mild Injury:</i>	Reassure athlete about mildness of injury, and inspire courage and confidence
<i>Moderate Injury:</i>	Emphasize proper treatment and care procedures, communicate with coaches and parents to ensure compliance with HEP and Treatment Procedures
<i>Severe Injury:</i>	Utilize EMS System, Reassure Athlete and Parents about Injury and Treatment options Give facts only, keep outlook positive and exude confidence

- Remain Calm, Reassure Athletes, Coaches and Parents
- Check for Life Threatening Injuries
 - Airway – Breathing – Circulation – Shock
- Activate EMS (911) System if Life Threatening Injuries are Present
- Follow Standing Orders and Basic First-Aid Principles
- Always be Positive, Attentive and Respectful of Privacy and Confidentiality

EMERGENCY PROCEDURES

<i>Consciousness:</i>	Determine LOC – If Unconscious Activate EMS (911)
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Airway:	Open Airway with Head Tilt-Chin Lift (Jaw Thrust if spinal injury is suspected), Maintain Airway,
Breathing:	If obstruction, follow Choking Procedures If no Breathing – Perform Rescue Breathing
Circulation:	If no Pulse, Utilize AED (if available), and/or Begin CPR Procedures

UNIVERSAL PRECAUTIONS

General Guidelines:

1. REHABILITATION ASSOCIATES
 - a. Employees participate in a blood borne pathogens standard training program upon employment.
 - b. Provides Hepatitis B Vaccine Series to all Athletic Trainers.
2. Occupational Safety manual of procedures and policies for compliance with OSHA Blood Borne Pathogens Standard 1910.
3. Medical and training records on each person are kept in a confidential manner in Administrator's Office.
4. All Certified Athletic Trainers take precautions to prevent injuries caused by needles; scalpel and other sharp instruments or devices during procedures; when cleaning used instruments; and when handling sharp instruments after procedures.

Personal Safety:

1. All Certified Athletic Trainers use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids, as outlined in the Universal Precautions Guidelines, including but not limited to athletes, coaches, clothing, laundry and equipment.
2. All necessary items are stocked in the Training Room and Med Kits, which should be inventoried regularly.
3. Gloves must be worn for touching blood, body fluids and mucous membranes when handling items or surfaces soiled with blood or body fluids.
4. Gloves must be changed after contact with each patient.
5. Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids, utilizing an approved cleaning solution in the field or conventional soap and water.
6. Hands are washed immediately after gloves are removed.

Laundry, Uniforms and Equipment:

1. Saturated uniforms, linens, towels
 - a. Removed from the Athlete
 - b. Placed in bag and sent home to be cleaned with soap and hot water prior to reuse.
2. Contaminated equipment (mouthpieces, mats, gloves, sticks, etc.)
 - a. Must be cleaned with an approved solution prior to reuse

COVID-19 Considerations

During COVID-19 pandemic, please refer to CDC and state/town guidelines as they are subject to change. Rehabilitation Associates also maintains policies and procedures that are updated as needed in accordance to CDC guidelines.

SPECIAL CONSIDERATIONS

COVID-19 RETURN TO PLAY

Any athlete that has tested positive for COVID-19 needs to have clearance from a physician prior to return to athletics. Any return to play protocols will follow current recommendations by state/town guidelines. Athletes returning to athletics need to be closely monitored for general deconditioning issues and symptoms related to myocarditis (chest pains, palpitations, syncope, shortness of breath not related to deconditioning, etc).

MEDICAL EMERGENCIES

Allergic Reaction:

Bee Stings and Insect Bites

Mild: Local Swelling, No Difficulty Breathing

1. Clean area
2. Remove stinger (when applicable)
3. Ice
4. Return to play (RTP) – full strength, full ROM and NO difficulty breathing

Severe/Food Allergies

Severe: Systemic Swelling, Hives, Pallor, Wheezing, Difficulty Breathing

Epinephrine Pen: For use in severe allergic reaction to insect stings/bites or foods.
Usually associated with difficulty breathing.

1. Identify allergic reaction and assess ABC's
2. If difficulty breathing – Activate EMS (911)
3. Maintain open airway
4. Check athlete's Epi-Pen for proper name and expiration date
5. Do not use on athletes less than 60 pounds. Junior Epi – Pen provided for athletes less than 60 pounds.
6. Administer in the anterior thigh, note time and symptoms, monitor vitals, wait for EMS
7. Follow basic First-Aid procedures
8. If Epi-pen was used, EMS MUST BE CALLED REGARDLESS IF PARENT/GUARDIAN IS PRESENT

Asthma Emergencies:

Symptoms: Difficulty breathing, Repetitive dry coughing is present

1. Calm them down, help them control their breathing.
2. Administer inhaler as prescribed (typically 2 puffs).
3. Keep extra labeled inhalers with coach but not in a place that can be assessed by players
4. Activate EMS if breathing can not be controlled.
5. No RTP – Must be seen by physician

Asthma Emergencies (con't):

Mild Symptoms: Wheezing occurs with respiration

1. Administer inhaler as prescribed (typically 2 puffs).

2. As prevention for future episodes, instruct athlete to take inhaler ½ hour before event.
3. If improvement athlete may return following 20 minutes of normal respiration
4. Activate EMS if breathing cannot be controlled
5. If athlete needs assistance administering the inhaler, time and frequency must be noted and nurse needs to be notified

Diabetic Emergencies:

KNOW YOUR ATHLETES' MEDICAL HISTORY

1. Know which athlete(s) have pumps
2. Blood sugar levels: 60-120mg
3. Carry, or enforce the athlete to carry an emergency kit (blood tester, snacks, glucose tablets and insulin injection) and place supplies in the medical kit
4. Know how to check blood sugar levels
 - a. Encourage Athletes to check levels regularly

Hypoglycemia: Decreased Blood Sugar

Symptoms: Sudden Onset, Dizziness, Blurred Vision, Disorientation

1. Assess complete history - food consumption, insulin injections and activity level
2. Check blood sugar levels, if low and student is conscious, give snack or sugar.
3. Check ABC's
4. If difficulty breathing or altered mental status – Activate EMS (911)
5. If conscious and alert – Give sugar by mouth (OJ, Soda, Fruit Juice, frosting, etc provided by parents) RTP only if symptoms are controlled with in 15 minutes- blood sugar above 60
6. If unconscious
 - a. Activate EMS
 - b. Give repeated glucose or small amounts of liquid frosting under the tongue as provided by parents.
 - c. NO RTP – Must be seen by physician

Hyperglycemia: Increased Blood Sugar

Symptoms:

1. Same as above, except give insulin pre determine dose for each athlete
2. RTP if blood sugar levels are less than 200

Hypotension – Shock:

Symptoms: General Weakness, Nausea, Paleness, Cool and Clammy Skin, Dilated Pupils, Possible LOC

1. Place athlete supine, if face is pale raise feet, if face is red raise head
2. Keep warm – Cover with blanket
3. Contact EMS – Difficulty breathing, altered mental status
4. Monitor vitals
5. No RTP – Must be seen by Physician

Heat Cramps
(Early Dehydration):

Symptoms: Sharp Pain, Knot in Muscle Belly, Stiffness

1. Remove from contest
2. Administer sports drink if available or water
3. Gently stretching of involved muscle, Rest PRN
4. RTP - if cramps subside and athlete has Full ROM and Strength
5. Continue to push fluids every 10-20 minutes

Heat Exhaustion:

Symptoms: Moist Skin, Sweating, Rapid Shallow Breathing, Headache, Cramping, Elevated Core Temperature

1. Remove athlete to cool area
2. Remove clothing and equipment
3. Lower body temperature by cool wet cloths, place cool water over the athlete's head, and/or applying ice packs
4. Provide fluids if athlete is conscious
5. Check Mental Status – If Altered Call 911
6. If Mental Status is Good, monitor vitals and contact a parent or guardian
7. No RTP that day. Temperature and Mental Status normal for 48 hours and must see physician

Heat Stroke:

Symptoms: Dry Skin, No sweating; rapid, irregular, weak pulse; Headache, Dizziness

1. Prepare to cool the athlete while activating EAP
2. Prepare the ice tub:
 - a. Tub will be kept in fieldhouse in Athletic Trainers office
 - b. Place tub outside underneath water spigot and begin filling with water
 - c. Add ice from ice machine to tub and fill about half way
3. Prepare the athlete
 - a. Check airway, breathing and pulse
 - b. Assess central nervous system (CNS) dysfunction (e.g. irrational behavior, irritability, emotional instability, altered consciousness, collapse, coma, dizziness, etc.)
 - c. Remove player equipment and excess clothing
 - d. Cool athlete with ice/wet towels until tub is ready
4. Begin ice water immersion
 - a. Place athlete in immersion tub
 - b. Use coaches and teammates to assist with transfer
 - c. Ideally, total body coverage with ice water
 - i. If not possible, as much of the torso as possible
 - ii. To keep athlete's head and neck above water, a coach will hold the athlete under the armpits
 - iii. Place ice/wet towel over head and neck
5. Vigorously circulate water continuously during cooling process
6. Continue medical assessment
 - a. Vital signs should be monitored at regular intervals
 - b. CNS dysfunction should be monitored at regular intervals
7. Cooling duration
 - a. If rectal temperature cannot be measured, cool for 10-15minutes
8. Patient transfer

- a. Remove athlete from immersion tub only after appropriate cooling has occurred and transport to medical facility

Hypothermia:

Symptoms: Shivering, numbness, drowsiness, low body temperature, confusion, poor coordination

1. Remove athlete to warm area
2. Remove wet clothing and equipment
3. Increase body temperature by wrapping in blankets and/or warm dry clothing, keeping head covered
4. Give warm fluids, if athlete is conscious
5. Check Mental Status – If Altered Call 911
6. If Mental Status is Good, monitor vitals. If no improvement after 30 minutes, Call 911
7. No RTP that day. Temperature and Mental Status normal for 48 hours and must have MD Note

ABDOMINAL TRAUMA

Mild: Mild Discomfort

1. Assess ABC's and Mental Status
2. Monitor Vital Signs
3. Loosen Clothing
4. Support, Elevate and Bend Knees
5. Re-evaluate every 5 minutes, if symptoms increase, activate EMS (911)
6. Athlete MUST have: No pain or tenderness, no symptoms and full function for RTP, or MD Note

Severe: Paleness, Clammy Skin, Nausea, Extreme Discomfort, Shock

1. Activate EMS (911)
2. Monitor Vital Signs
3. Inspect Abdomen for Rigidity, Pain with Palpation, Redness, Masses, Distension
4. Loosen Clothing
5. Support, Elevate and Bend Knees
6. No RTP – Must see Physician

CHEST TRAUMA

Mild: Mild Discomfort, Redness, wind knocked out

1. Calm athlete down to help make it easier to breath
2. Assess ABC's and Mental Status
3. Monitor Vital Signs
4. Inspect chest for pain with palpation, redness, deformity, bruising
5. Observe chest while athlete inhales/exhales
6. Re-evaluate in 5 mins, if symptoms increase, active EMS

7. Athlete Must have: No pain or tenderness, no symptoms and full function for RTP

Severe: Difficulty breathing, shortness of breath, severe chest pain, diminished chest movement on affected side, coughing up blood, signs of shock

1. Active EMS (911)
2. Calm athlete down to help make it easier to breath
3. Assess ABC's and Mental Status
4. Monitor Vital Signs
5. Contact a parent or Guardian
6. No RTP – Must see Physician

HEAD AND NECK INJURY

Cervical Injuries:

Symptoms: Pain but no Numbness, Tingling, Muscular Weakness

(Refer to Canadian C-Spine Rule as a supplement in appendix)

(Refer to NFHS 2019 Suggested Guidelines for Management of Concussion in Sports in appendix)

1. Determine/establish long term memory and short-term memory
2. Perform bilateral hand squeeze and bilateral foot dorsiflexion (strength and sensation)
3. Perform neurological sensory test screening bilaterally
4. Manual muscle test screening bilaterally
5. Reflex testing bilaterally (if possible)
6. If ALL neurological tests are negative, begin palpation of cervical spine and extremities
7. If palpation negative for deformity and tenderness on spinal column, begin self-initiated AROM assessment.

Symptoms: Neck Pain, Numbness/Tingling in Arms/Legs, Decreased Grip Strength

1. Stabilize head and neck. **Do not remove helmet or shoulder pads**
2. Activate EMS (911), **remove facemask only**, Check Vital Signs, and follow procedures
3. Determine level of consciousness
4. Monitor Vitals and Assess Mental, Motor and Neurological Function while waiting for EMS
5. Must have MD clearance for RTP

Burners/Singers:

Symptoms: Transient / Temporary Numbness and Tingling down arm into fingers

1. Monitor Motor and Sensory Function in Affected Extremity
2. Test Grip Strength
3. Symptoms should resolve within 15 minutes
4. Monitor Daily – See RTP Criteria listed below

Symptoms: Numbness and Weakness shoulder and fingers

1. Monitor Grip and Extremity Strength
2. Symptoms Last More than an Hour
3. Check Neck for Tenderness, if noted activate EMS (911)
4. Follow Up with Physician

RETURN TO PLAY FOLLOWING – CERVICAL INJURY

Criteria:

1. Minimal or no neck tenderness
2. Full active range of motion without pain
3. Normal, symmetrical neck strength
4. Normal, symmetrical limb strength
5. Normal, symmetrical reflex and sensations
6. No tingling, burning, or numbness in any limb
7. Must have MD clearance for RTP if patient was initially removed from play by MD

HEAD AND NECK INJURY**Head Trauma:**

1. Assess site of contact
2. Assess Mental Status per RA protocol (Mental Status Testing and Neurological Tests)
3. Re- evaluate at 5 minutes and 15 minutes
4. Return to play if no concussion symptoms present

CONCUSSION:**Concussion - Sideline Evaluation****Mental Status Testing**

Orientation
Concentration

Time, place, person, and situation (circumstances of injury)
Counting backwards with numbers or alphabet
Months of the year/Day of the week in reverse order

Memory

"At what venue are we at today?"
 "Which half is it now?"
 "Who scored last in this game?"
 "Did your team win the last game?"
 "What team did you play last week / game?"

Neurological Tests

Dermatomes UE and LE screening performed bilaterally
Myotomes UE and LE screening performed bilaterally
Grip Strength Performed bilaterally

Eye Movements Tracking pen; 'Moving Thumb'; 'Ping Pong'

Balance Tandem standing progression
 Tandem walking progression
 Tandem walking progression with head turns

Symptom Assessment

Observations

Self Reported SCAT5 symptom checklist

RED FLAGS:

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent care

- Headaches or other symptoms that worsen
- Severe neck pain
- Severe drowsiness
- Inability to recognize people or places
- Deteriorating consciousness
- Increasing confusion or irritability
- Repeated vomiting
- Slurred speech
- Loss of function of any body part
- Weakness / numbness in limbs
- Unusual behavior change
- Seizures/fits

Signs of Concussion	Post-concussion Symptoms
<ul style="list-style-type: none"> - Headache - Seizure or convulsion - Dizziness - Balance problems - Confusion - Nausea or vomiting - Feeling slowed down - Drowsiness - "Pressure in head" - More emotional - Blurred vision - Irritability - Sensitivity to light - Sadness - Amnesia - Fatigue or low energy - Feeling like "in a fog" - Nervous or anxious - Neck Pain - "Don't feel right" - Sensitivity to noise - Difficulty remembering - Difficulty concentrating 	<p>Early</p> <p>Headache Dizziness or vertigo Lack of awareness of surroundings Nausea or vomiting</p> <p>Late (hours, days, to weeks)</p> <p>Persistent low-grade headache Light-headedness Poor attention and concentration Memory dysfunction Easy fatigability Irritability and low frustration tolerance Intolerance of bright lights or difficulty Focusing vision Intolerance of loud noises, sometimes Ringing in the ears Anxiety and/or depressed mood Sleep disturbance</p>

**Minimal Requirements for
Return to Play following
Concussion**

1. MD clearance advise of date for RTP
2. If symptoms remain after clearance
 - a. Must return to MD
 - b. Contact MD with update of symptoms
3. Must remain symptom free for 24 hour
4. Must complete Progressive Physical Activity Program (see chart below)
5. If at any time during RTP progression athlete becomes symptomatic, activity is immediately terminated and athlete returns to prior level of activity the following day. If symptoms continue, contact MD.
6. Once athlete completes the progression of physical activity asymptotically, allow return to full activity.

PROGRESSIVE PHYSICAL ACTIVITY PROGRAM

- 1. MINIMAL EXERTION (30-40% of max HR):** Walking, walking on treadmill, light stationary bike: **5-10 minutes**
- 2. LIGHT-MODERATE EXERTION (40-60% of max HR):** light jogging, stationary bike, light weight lifting (lower weight, higher reps, no bench, no squat), individual shooting/dribbling/footwork: **15-20 minutes**
- 3. MODERATELY AGGRESSIVE EXERTION (60-80% of max HR, No Equipment):** moderate jogging/brief running, moderate-intensity stationary biking, moderate-intensity weight lifting (reduced time and/or reduced weight from athlete's typical routine): **30-45 mins**
- 4. SPORTS PERFORMANCE TRAINING (80% of max HR, non-contact, full equipment):** sprinting, running, high-intensity stationary bike, regular weightlifting routine, non-contact sport specific drills: **no less than 45mins**
- 5. FULL RTP WITH CLOSE MONITORING (100% exertion, full contact)**

WOUNDS AND BLEEDING

Nosebleeds:

Symptoms: Profuse bleeding from the nostrils

1. Utilize universal precautions
2. Place athlete in sitting position
3. Tip head slightly forward, pinch nostrils shut
4. Re-Assess bleeding every few minutes
5. Apply ice if necessary
6. Evaluate for nasal fracture
7. Apply gauze (Nostril Plug) to assist with stopping bleeding if applicable
8. Clean extraneous blood from athlete, and clean area with an approved cleaning solution
9. If bleeding persists or neurovascular symptoms are present, contact parents if non-emergency or activate EMS (911)

Abrasions:

Symptoms: Scraped skin from rough surface, usually tar or dirt

1. Check for foreign bodies
2. Cleanse with water or saline solution for debridement purposes
3. Apply antibiotic ointment and sterile dressing
4. Instruct in care and precautions of infection
5. RTP – If bleeding controlled and abrasion covered

ORTHOPEDIC INJURIES**Sprains/Strain/Contusions:**

Symptoms: Pain, Swelling, Stiffness, Discoloration and Dysfunction

1. Check for obvious bony and/or muscular deformity, if present treat as a fracture/dislocation
2. Check for distal pulse, if absent activate EMS (911)
3. Assess tenderness, swelling, joint ROM, strength and stability
4. Apply ice and immobilize PRN
5. Refer to Physician if:
 - a. Pain, swelling, and dysfunction does not resolve or improve
 - b. **Athlete has Missed 5 days of Participation without noted improvement**
6. Return to play criteria
 - a. Minimal pain
 - b. Full Rom and normal strength compared bilaterally
 - c. Full motor and sensory function
 - d. Perform sports specific test within acceptable limits at the discretion of the certified athletic trainer

Fracture/Dislocation:

Symptoms: Deformity, Immediate Swelling, Pain, Dysfunction, Numbness, and Tenderness

1. Check for obvious bony deformity
2. If deformity present and cannot stabilize area:
 - a. Activate EMS (911)
 - b. Protect the area as best as possible
 - c. Check for distal pulse, motor and sensory function
 - d. Care for bleeding, if applicable
 - e. Elevation and ice if possible
 - f. Monitor vitals for shock
3. If no deformity present – transport with parents or EMS if
 - a. Can't move limb
 - b. Can't bear weight
 - c. Absence of distal pulse, motor or sensory function
 - d. Unsure of diagnosis
4. Return to Play Criteria
 - a. Physicians' clearance (Primary Care, Orthopedic, Specialist [in area of injury] or Emergency Department)
 - b. Minimal pain
 - c. Full ROM and normal strength compared bilaterally
 - d. Full motor and sensory function
 - e. Perform sports specific test within acceptable limits

Reducing Dislocation:

1. Only reduce if you have already had experience
2. Do not reduce if you suspect a fracture

Policy Statement on Lightning

Chain of Command

The decision to terminate a school activity in the event of lightning, severe weather, and/or storms will be made by the licensed certified athletic trainer, athletic director, site director, coach and/or game official(s)/umpire(s).

Criteria for Evacuation of the Practice/Game Area

The Lightning Policy is as follows:

- a) A school staff member will monitor one or more of the following for lightning, severe weather, and/or storms:
 - Weather apps and/or notification system for storm distance (must be inside shelter when storm is 6 miles or less);
 - First sighting of lightning;
- b) At this point, all outdoor games and practice activities are to cease **IMMEDIATELY**, and all personnel are to evacuate to a safe structure or location.
- c) A safe structure or location is defined as **“any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”**. Examples of locations that routinely DO NOT meet the criteria include:
 - Baseball/Softball dugouts
 - Convertible/“soft top” vehicles
 - Golf carts
 - Outside storage sheds
 - Tents
- d) Locations of safe structures for Foran High School fields are as follows:

• Turf Field	Field House
• Richard A. Herman Memorial Tennis Courts	Field House
• Danielle Kemp Memorial Field	Field House
• Kelley Martin Tighe Memorial Field	Field House
• Ken Walker Baseball Field	School or Field House

Criteria for Evacuation of the Practice/Game Area cont.

- a) In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle.
- b) If no safe structure or location is within a reasonable distance, personnel should find a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the "lightning-safe" position – a crouched position on the ground with feet together, weight on the balls of the feet, head lowered, and ears covered. **DO NOT LIE FLAT!**
- c) If unable to reach shelter, persons should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual's trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field.
- d) In situations where thunder and/or lightning may or may not be present, yet someone feels his/her hair stand on end and skin tingle, **LIGHTNING IS IMMINENT!** Therefore, all persons should assume the "lightning-safe" position as described above.
- e) A cellular and/or portable remote phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.

Criteria for Safe Return to Practice/Game Area

Play may resume only after **30 minutes** following the last flash of lightning. If another streak of lightning is spotted the **30 minutes** start all over. **The athletic trainer is responsible for determining when practices may resume.** If the athletic trainer is not present the chain of command would be as follows; athletic director, site director, and coach. Please inform visiting coaches of our lightning policy and remind them to supervise their athletes.

Pre- Hospital Care of Victims of a Lightning Strike

- a) Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and render medical treatment.
- b) During an ongoing thunderstorm, lightning activity in the local area still poses a deadly hazard for personnel responding to the victim. Personnel should consider his/her own personal safety before venturing into a dangerous situation to render care.
- c) The first priority of personnel is to move the lightning strike victim to a safe location.
- d) Prompt aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED are initiated as soon as safely possible.
- e) The basic triage principle of "treat the living first" should be reversed in cases involving casualties from a lightning strike, i.e., initiate CPR/AED on unconscious victims prior to initiating first aid for less serious injuries.
- f) Lightning strike victims should be evaluated and treated for hypothermia, shock, fractures, and burns as well.

Classifications Types of practice:

Green: No practice or equipment restrictions however coaches must watch non- acclimated and over weight athletes.

Yellow: Try not to schedule practices and games between 10 am-4pm. Water/fluid breaks should be scheduled **every 20-30 minutes** ideally in a shaded area. Continue to monitor at risk athletes closely and try to limit football equipment to helmets, shoulder pads, and shorts. Further modifications may be made at the discretion of the licensed certified athletic trainer.

Pink: Try not to schedule practices and games between 10 am-4pm. Water/fluid breaks should be scheduled **every 15-20 minutes** ideally in a shaded area. Continue to closely monitor at risk athletes while limiting football equipment to helmets and shorts only. Warm up in air conditioned areas if possible and minimal conditioning. Further modifications may be made at the discretion of the licensed certified athletic trainer.

Red: All events should be cancelled however practices could be moved into air conditioned areas or held as a walk through status with NO CONDITIONING. Further modifications may be made at the discretion of the licensed certified athletic trainer.

Reading Collected:

Readings will be collected prior to practice times (via internet information) by the licensed certified athletic trainer who will notify coaches of any status changes.

General Emergency Action Plan

Important Phone Numbers

Emergencies - 911

Milford Police Direct (non-emergency) – 203-878-6551

Hallie Zuckerman, ATC/LAT – (cell) 203-640-1795

Anthony Vitelli, Athletic Director – (cell) 203-506-4034

Head Coaches

Baseball – Garrett Walker 203-606-3610

Boys Basketball – Ian Kirkpatrick 203-520-4521

Girls Basketball – Bob Asmussen 203-520-2243

Boys Cross Country – Jeff Raucci 203-809-8223

Girls Cross Country – Shannon Ramsey 203-435-6038

Football- Garrett Walker 203-606-3610

Golf- Brian Algieri 860-510-2643

Indoor Track- Pete Jambor 203-464-2346

Boys Lacrosse- Brian Adkins 203-285-4422

Girls Lacrosse- TBA

Boys Soccer –Rick DiStefano 203-623-0468

Girls Soccer- Casey Blake 203-980-5208

Softball – Gina Georgetti 203-383-0264

Boys Swimming – Brian Dooling 203-980-6506

Girls Swimming – Meghan Condon 203-581-2544

Boys Tennis – Alan Stern 860-716-8798

Girls Tennis – Scott Willey 203-641-4019

Boys Track – Pete Jambor 203-464-2346

Girls Track – Jeff Raucci 203-809-8223

Volleyball – Jessica Hoffer 203-848-4248

Wrestling – David Esposito 203-996-0732

Emergency Procedures (General)

1. Administer emergency CPR/AED and first aid
2. Instruct site director, coach, or manager to call 911
Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Know athlete's age, gender, allergies, and any other pertinent information
 - d) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - e) Any additional information requested
 - f) ***BE THE LAST TO HANG UP***
 - g) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Procedures (Site Specific)

Individual emergency plans are available for each practice/game venue. Copies of these plans are located in the athletic director's office. Prior to the start of the season, it is the responsibility of the athletic director and head coach to review and become familiar with their sport specific emergency action plan and to inform the necessary personnel of their roles.

Emergency Action Plan

The following is a guide for those involved in the care of Foran High School athletes, visiting team members and those who may be attending a sporting event and need medical services. Refer to site specific plan for each facility.

Emergency Team Roles:

- A. Acute care to be provided by the most qualified individual at the scene.
- B. Emergency equipment retrieval- anyone familiar with the types and location of equipment (site director, coach, manager)
- C. Activation of EMS – should be a person familiar with location and address of injury site. Should be a calm person with good communication skills.

Emergency Equipment

Located on athletic trainer's golf cart or in athletic training room:

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) CPR Mask
- 5) Instant ice

Other Equipment (available onsite or in ATC's office)

- 1) Crutches
- 2) Splints
- 3) Knee Immobilizer
- 4) Hand Sanitizer
- 5) Ice
- 6) AED

Automatic External Defibrillator (AED)

The AED is to be used only on patients in cardiopulmonary arrest. Before the device is utilized to analyze the patient's heart rhythm, the patient must be:

- Unconscious
- No Pulse, and
- Not Breathing
- Make sure 911 has been called

CPR must be started and remain in progress until the AED is available and ready to use. The AED is not intended for victims less than 9 years of age and weighing less than 55 pounds.

Using an AED

- Turn on the AED
- Wipe the victim's chest dry **DO NOT USE ALCOHOL**
- Attach the pads (Victims upper right chest and lower left chest)
- Plug the connector into the AED
- Make sure no one is touching the victim as the device analyzes the victims heart rhythm
- Follow the voice commands

Precautions when using AED

- Do not touch the victim while the machine is analyzing or shocking the victim
- Do not use alcohol to wipe the chest dry
- Do not defibrillate around flammable material
- Do not use in a moving vehicle
- Do not use on metal bleachers
- Do not use while the victim is in contact with water (laying in a puddle)
 - Exception is on the ice during ice hockey
- Do not use if victim is under 9 years old and weighs less than 55 pounds
- Do not use if victim is wearing a nitroglycerin patch or other patch on the chest. Put on a glove and remove all patches.
- **Do not use a mobile phone or radio within 6 feet of the AED.**

Locations of AED's available for Foran High School's Athletics

- Athletic Trainer's room or golf cart when ATC is not in office but on school grounds
- Outside of Pool Deck
- Outside of Nurse's Office

Emergency Action Plan Ken Walker Baseball Field
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Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is in the school building
(remember to dial 9 for outside line)
 Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 * Location of athlete and best way to reach them.*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan Danielle Kemp Memorial Field

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is in the school building
(remember to dial 9 for outside line)
Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
* Location of athlete and best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Richard A. Herman Memorial
Tennis Courts

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is in the school building
(remember to dial 9 for outside line)
 Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 * Location of athlete and best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan Track & Field Throwing Field

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room.

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is in the school building
(remember to dial 9 for outside line)
Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
* Location of athlete and the best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Brewster Field

Emergency Equipment

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - * Location of athlete and the best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to “flag down” and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Kelley Martin Tighe
Memorial Field

Emergency Equipment

Located on athletic trainer's golf cart or in athletic training room.

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is located at the field house (coaches office in the locker rooms, concession stand, or in the school building **(remember to dial 9 for outside line)**)
 - Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - * Location of athlete and the best way to reach them
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Football Field (Turf Field)

Emergency Equipment

Located on athletic trainer's golf cart or in athletic training room:

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is located at the field house (coaches' office in the locker rooms, concession stand) **Remember to dial 9 for an outside line.**
 Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 * Location of athlete, enter main gate on right side of field house*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

On-Field Emergency Protocol for Football Athletes
 (Derived from recommendations of the National Athletic Training Association)

Initial Assessment:

ABC's: airway, breathing, circulation

Activate EMS

Remove face mask:

"The face mask should be removed as quickly as possible any time a player is suspected of having a spinal injury, even if the player is still conscious" (NATA)

Procedure to remove mask:

1. Cut both lateral clips and one anterior clip with the appropriate device
2. Swing or retract mask away from the helmet
 - ** If there is any question as to movement that may occur at the neck, all clips should be cut for the removal of the facemask.

Removing the helmet:

Reasons for removal:

- o When the face mask cannot be removed to give clear access to airway
- o If the design of helmet, even with mask removed does not allow clear and safe access to the airway
- o If the helmet and chin strap do not securely hold the head
- o If the helmet prevents immobilization of the head in an appropriate position for transportation

Procedure for removal:

1. 1st person stabilizes the head, neck, and helmet while the 2nd person cuts away the chin strap
2. The 2nd person must then remove any accessible pads and deflate any air pads while the 3rd person stabilizes the chin and neck in a cephalad direction
3. The 1st person should then slide the helmet off by rotating its slightly anterior, then superior to clear the occiput

Removing the shoulder pad:

Reasons for removal:

- o At any time when the helmet must be removed
- o Multiple bodily injuries that require access the chest and shoulders
- o Poorly fitting shoulder pads that decrease the ability to maintain neutral spine position

Procedures for removal:

1. Cut jersey from neck to waist and down mid-line of arms
2. Cut all straps around the torso. **DO NOT ATTEMPT TO UNFASTEN BUCKLES OR SNAPS**
3. Cut straps around arms and laces or straps over sternum
4. Remove all accessories (i.e. neck roll, collars)

5. One responder must stabilize with forearms on chest while holding maxilla and occiput, while the 1st responder continues to stabilize at the head and shoulders
6. Other responders should be on either side of the athlete with their hands against the thoracic area of the back
7. Additional help on either side may be necessary depending on the size of the athlete
8. Athlete is then lifted off the surface
9. The person stabilizing at the head and shoulders should then remove the helmet and shoulder pad
10. The athlete is then lowered

<u>Emergency Action Plan</u> Track

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

First Aid Kit- each athletic team should have kit at all games and practices

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest land line is located at the field house (coaches' office in the locker rooms, concession stand.) **Remember to dial 9 for an outside line.**
 Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 * Location of athlete and best way to reach them *
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

On-Field Emergency Protocol for Football Athletes

(Derived from recommendations of the National Athletic Training Association)

Initial Assessment:

ABC's: airway, breathing, circulation

Activate EMS

Remove face mask:

"The face mask should be removed as quickly as possible any time a player is suspected of having a spinal injury, even if the player is still conscious" (NATA)

Procedure to remove mask:

1. Cut both lateral clips and one anterior clip with the appropriate device
2. Swing or retract mask away from the helmet
 - ** If there is any question as to movement that may occur at the neck, all clips should be cut for the removal of the facemask.

Removing the helmet:

Reasons for removal:

- o When the face mask cannot be removed to give clear access to airway
- o If the design of helmet, even with mask removed does not allow clear and safe access to the airway
- o If the helmet and chin strap do not securely hold the head
- o If the helmet prevents immobilization of the head in an appropriate position for transportation

Procedure for removal:

1. 1st person stabilizes the head, neck, and helmet while the 2nd person cuts away the chin strap
2. The 2nd person must then remove any accessible pads and deflate any air pads while the 3rd person stabilizes the chin and neck in a cephalad direction
3. The 1st person should then slide the helmet off by rotating its slightly anterior, then superior to clear the occiput

Removing the shoulder pad:

Reasons for removal:

- o At any time when the helmet must be removed
- o Multiple bodily injuries that require access the chest and shoulders
- o Poorly fitting shoulder pads that decrease the ability to maintain neutral spine position

Procedures for removal:

- 1.
2. Cut jersey from neck to waist and down mid-line of arms

3. Cut all straps around the torso. **DO NOT ATTEMPT TO UNFASTEN BUCKLES OR SNAPS**
4. Cut straps around arms and laces or straps over sternum
5. Remove all accessories (i.e. neck roll, collars)
6. One responder must stabilize with forearms on chest while holding maxilla and occiput, while the 1st responder continues to stabilize at the head and shoulders
7. Other responders should be on either side of the athlete with their hands against the thoracic area of the back
8. Additional help on either side may be necessary depending on the size of the athlete
9. Athlete is then lifted off the surface
10. The person stabilizing at the head and shoulders should then remove the helmet and shoulder pad
11. The athlete is then lowered

Emergency Action Plan
Weight Room

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

First Aid Kit- First Aid Supplies Located in Adjacent Athletic Training Room

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment- Located in Adjacent Athletic Training Room

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED located in athletic training room or storage closet on the right as you walk into the gym.

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest phone is located in the athletic training room **(remember to dial 9 for outside line)**
 - Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - * Location of athlete and the best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance at the main school entrance and direct them to the weight room
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to “flag down” and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Athletic Training Room (ATR)

Emergency Equipment

Located on athletic trainer's golf cart or in athletic training room:

Emergency bag

- 1) Cardboard splints (leg, arm, ace wrap)
- 2) Bag valve mask
- 3) Neck Brace

First Aid Kit- First Aid Supplies Located in Athletic Training Room

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment- Located in Athletic Training Room

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED located in athletic training room or storage closet on the right as you walk into the gym.

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911(**remember to dial 9 for outside line**)
 Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 * Location of athlete and the best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance at main school entrance and direct them to the site
1. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.

2. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Edna Frasier Gymnasium

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

Emergency bag

- 1) Cardboard splints (leg, arm, pump)
- 2) Bag valve mask
- 3) Neck Brace

First Aid Kit- First Aid Supplies Located in Athletic Training Room

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment- Located in Athletic Training Room

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED located in athletic training room or on the wall to the right as you walk into the gym.

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest phone is located in the boys locker room coaches office (**remember to dial 9 for an outside line**)
 - Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - d) Location of athlete and best way to reach them*
 - e) Any additional information requested
 - f) ***BE THE LAST TO HANG UP***
 - g) Meet police, paramedic, ambulance at main school entrance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Emergency Action Plan
Wrestling Room

Emergency Equipment

Located on athletic trainers golf cart or in athletic training room:

Emergency bag

- 1) Vacuum splints (leg, arm, pump)
- 2) Bag valve mask
- 3) Neck Brace

First Aid Kit- First Aid Supplies Located in Athletic Training Room

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Other Equipment- Located in Athletic Training Room

- 1) Crutches (regular)
- 2) Knee Immobilizer
- 3) Hand Sanitizer
- 4) Ice
- 5) AED located in athletic training room or storage closet on the right as you walk into the gym.

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911, closest phone is located in the Athletic Department Office (**remember to dial 9 for outside line**)
 - Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - * Location of athlete and best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance at main school entrance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors

- b) Designate an individual to “flag down” and direct to scene
 - c) Control injury site, limit number of care providers etc.
- 4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

<u>Emergency Action Plan</u> Foran Pool
--

Emergency Equipment

AED located on wall behind the diving boards.

First Aid Kit- Each Team should have one on site

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911 (phone in pool office direct line to 911 dispatcher)
 - Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
 - * Location of athlete and best way to reach them*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance at the school main entrance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Direct responders through the appropriate locker room to reach the pool site or pool office door
 - d) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

<u>Emergency Action Plan</u> Milford Ice Rink
--

Emergency Equipment

AED carried by ATC

First Aid Kit- Each Team should have one on site

- 1) Various size Band-Aids
- 2) Gauze
- 3) Latex free gloves
- 4) Ice bags to dispose biohazard material
- 5) CPR mask
- 6) Iodine pads
- 7) Hydrogen Peroxide

Emergency Procedures

1. Administer Emergency CPR/AED and First Aid
2. Instruct site director, coach, or manager to call 911.
Provide the following information:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions if needed)
* Location of athlete and best way to reach them.*
 - d) Any additional information requested
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet police, paramedic, ambulance and direct them to the site
3. Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene
 - c) Control injury site, limit number of care providers etc.
4. Assist ATC and /or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

APPENDIX

The Canadian C-Spine Rule

Please check off all choices within applicable boxes:

1. Any One High-Risk Factor Which Mandates Immobilization?

No	Yes	
<input type="radio"/>	<input type="radio"/>	Age \geq 65 years
		OR
<input type="radio"/>	<input type="radio"/>	Dangerous mechanism *
		OR
<input type="radio"/>	<input type="radio"/>	Numbness or tingling in extremities

☐ No

↓

☐ Yes

↘

2. Any One Low-Risk Factor Which Allows Safe Assessment of Range of Motion?

No	Yes	
<input type="radio"/>	<input type="radio"/>	Simple rearend MVC **
		OR
<input type="radio"/>	<input type="radio"/>	Ambulatory at any time at scene
		OR
<input type="radio"/>	<input type="radio"/>	No neck pain at scene when asked (answer "yes" if no pain)
		OR
<input type="radio"/>	<input type="radio"/>	No pain during midline c-spine palpation (answer "yes" if no pain)

☐ Yes

↓

☐ No

→

3. Patient Voluntarily Able to Actively Rotate Neck 45° Left and Right When Requested, Regardless of Pain?

No	Yes
<input type="radio"/>	<input type="radio"/>

☐ Able

↓

☐ Unable

↗

☐ No C-Spine Immobilization ***

*** Dangerous Mechanism**

- fall from elevation \geq 3 feet/5 stairs
- axial load to head, e.g. diving
- MVC high speed (\geq 100 km/hr), rollover, ejection
- motorized recreational vehicles e.g. ATV
- bicycle collision with object e.g. post, car

**** Simple Rearend MVC Excludes:**

- pushed into oncoming traffic
- hit by bus/large truck
- rollover
- hit by high speed vehicle (\geq 100 km/hr)

☐ C-Spine Immobilization

NFHS 2019 Suggested Guidelines for Management of Concussion in Sports:

<https://www.nfhs.org/media/1020401/suggested-guidelines-for-management-of-concussion-in-sports-april-2019-final.pdf>

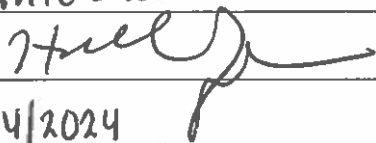
Signature:

Athletic Trainer

(PRINT):

Hallie Zuckerman

Signature:



Date:

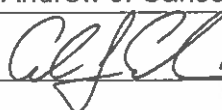
7/24/2024

Physician:

(PRINT):

Andrew J. Carlson, MD

Signature:

 MD

Date:

7/11/2024

Athletic Director

(PRINT):

Jeffrey Raucci

Signature:



Date:

7/11/2024

