SAND SPRINGS PUBLIC SCHOOLS EMERGENCY ACTION PLAN
RILEY'S RULE (HB 1801)

Revised - September 2023

Purpose

As Sand Springs employees, we must be prepared to cope with the indirect, as well as the direct physical effects of any disaster or emergency, which occurs within our district. We have a unique opportunity to respond to emergencies in a planned and scripted manner that minimizes serious injury or death. It is imperative for all to understand that we have a responsibility and authority to act on situations in the absence of a Healthcare Provider or Administrator. The emergency preparedness plans in this guide are site-specific to follow step-by-step procedures. You should be familiar with these procedures and keep this document in your office for accessibility in case of an emergency.

Assumptions

We are all vulnerable to emergencies and disasters. A disaster, which directly affects everyone at the site at which the play/performance can occur at any time with little or no advanced warning. Preparedness is the key to limiting the negative impact of natural or man-made disasters. Pre-planning and organization provide the most effective approach in reducing psychological difficulties following a crisis.

Goals

To outline a predetermined plan of action that can be used to respond to emergencies or disasters. To increase the security and safety for everyone.. To minimize damage or loss. To return to a normal functioning level as soon as possible by diminishing chaos and confusion.

Emergency Action Plans

One of the first lines of defense for catastrophic injuries is having a comprehensive, detailed plan for most catastrophic scenarios. This is commonly referred to as an Emergency Action Plan (EAP).

An EAP is necessary for Sand Springs Public Schools. The EAP provides information to ensure response to an emergency is rapid, appropriate, controlled and precise. All personnel involved with the organization share a professional and legal responsibility to ensure that guidelines are in place to manage any emergency that could arise.

While being comprehensive, an EAP also needs to be flexible enough to be applicable to any emergency situation. While health care providers are usually responsible for the writing of this document, all administrators, local EMS services need to be aware and knowledgeable with its contents. Sand Springs Public Schools has developed site specific EAPs. These can be found on file with SSPS FD and EMSA.

SSPS emergency plans are located in the google folder Safety Committees.. This document *SS Emergency Action Plan* can also be found in the Safety Committee Google Folder/District Safety Plan and the Leadership Hub, which all Leadership Employees have access too.

Medical Administrator(s)

A. **Head Athletic Trainer: Bernard Aguillard** **918-271-8805**
B. Head Event Coach at specified sports
C. Building Administrator (see list below)

Medical Equipment at each site: Basic First Aid Kits, Thermometers and AEDs at all school site locations (excluding administration bldgs, maintenance and transportation and the Virtual School)

Additional Information/Requirements for the Emergency Action Plan H.B. 1801: Riley's Rule

- An update copy will be posted in each facility
- A copy will be distributed to all school officials involved in athletic practices, events, or activities held at school district facilities, and
- Specified documentation of actions after an emergency will be completed to evaluate for debriefing purposes and to determine if there are necessary changes to the Emergency Action Plan
- Host Schools must send a digital transmission of the Plan to the visiting school administrator or coach or post the Plan on the school's website prior to the activity. Responsible Person: Rod Sitton
- Host schools must also conduct an annual review, update and rehearsal prior to the start of season practices, with school officials and local emergency medical services providers.

Basic Protocols for SSPS

EMS (Fire, Police and Ambulance):911

The emergency action plan (EAP) addresses immediate need for medical assistance in the occurrence of traumatic injury or illness. The EAP assigns specific duties for effective evaluation, transport and follow-up of the situation. The emergency plan affects all personnel as well. The emergency plan must address situations that may occur from the first practice through the last team meeting; it includes weekdays as well as weekends.

A google folder and safety committee has been created for each specific site and department with specifics about drills, procedures and evacuations.

Should an injury occur which requires medical assistance; critical items will need to be addressed by a designated first aid responder, administrator or certified CPR employee.

• Determine level of consciousness.

• Check the airway, breathing, and circulation (pulse)

• Access administrator by phone if not on site (see SSPS Staff Director with Administrators below)

• Access EMS via cell phone or school phone. 911

• Send for automated external defibrillator

Site Location Maps, Contact Information/ Maps where automated external defibrillators can be located

Training on AED usage is available for all sites each year. Please contact your site nurse for more information.

SSPS Administration Office
11 West Broadway, Sand Springs, OK 74063
918-246-1400
Defibrillator location: Hallway of the main Administration Offices (added FY22)

Angus Valley Elementary
412 W 55th St, Sand Springs, OK 74063
918-246-1521
Principal: Angela Hobson
Defibrillator locations (2) Old gym area (cafeteria with stage) south wall/ New Angus Gym (added FY22)

Early Childhood Education Center
1701 East Park Road, Sand Springs, OK 74063
918-246-1570
Principal: Morgan Douglas
Defibrillator location: Front entrance by the receptionist desk

Garfield STEAM Academy
701 North Roosevelt
918-246-1463
Principal: Russel Ragland
Defibrillator location: On the back wall of the receptionist area (front entrance)

Limestone Technology Academy
4201 Walnut Creek Drive, Sand Springs, OK 74063
918-246-1560
Principal: Terri Lee
Defibrillator location: Front entrance (lobby area)

Northwoods Fine Arts Academy
1691 East Old North Road, Sand Springs, OK 74063
918-246-1456
Principal: Laura Hamilton
Defibrillator location: Cafeteria on the south wall as you enter the gym (gym is attached to the cafeteria)

Pratt Elementary
301 West 35th Street, Sand Springs, OK 74063
918-246-1551
Principal: Karen Biggs
Defibrillator location: Enter the main entrance, go straight down the hall in front of you and it is the first room on your right (Staff Lounge)

Boyd 6th Grade Center
3401 South Magnolia Drive, Sand Springs, OK 74063
918-246-1549
Principal: Angelia Noel
Defibrillator location: Outside of the the 6th grade nurse's office area

Clyde Boyd Middle School
305 West 35th Street, Sand Springs, OK 74063
918-246-1535
Principal: Angelia Noel
Asst. Principals: Angelia Ragland, Dylan Cahwee, Dakota Nealy
Defibrillator locations: (2) defibrillators- One in the equipment room by the boys locker room between the two gyms and the other is in the 7/8 attendance office.

Freshman Academy
500 North Adams Road, Sand Springs, OK 74063
918-246-1440
Principal: JJ Smith
Asst. Principal: Desiree Hall
Defibrillator location: Enter the main entrance to the Freshman Academy and then go to the attendance.

Charles Page High School
500 North Adams Road, Sand Springs, OK 74063
918-246-1440
Principal: Stan Trout
Asst. Principals: Ryan Bivin, Tim Ray
Defibrillator location: Attendance office (defibrillator shared with Fresham Academy)

Page Academy
104 West 4th, Sand Springs, OK 74063
918-246-1564
Principal: Steve Perdue
Defibrillator location: Main Office off the front entrance , Room 215

Virtual Academy
114 West 4th Street, Sand Springs, OK 74063
918-246-1483
Director of Virtual: Jay Rotert
Defibrillator location: East Wing in the Downstairs Office on the West Wall

Tulsa Boys Home
2727 South 137th West Ave, Sand Springs, OK 74064
918-245-0241 Ext. 5018 Ashley Wise
Principal: Steve Perdue (918-246-1567)
Defibrillator location: Training Center, nurses office.

Transportation/Maintenance Department
408 West 55th Street, Sand Springs, OK 74063
Director of Maintenance: Mike Bynum 918-246-1527
Director of Transportation: Jennifer Cummings 918-246-1529
Defibrillator location: Transportation breakroom, on the wall by the sink

Director of Athletics
702 N. Adams Road, Sand Springs, OK 74063
918-246-1475
Director: Rod Sitton
Asst. Director: Bobby Klinck
Defibrillator locations for sporting events: see below

Head Athletic Trainer: Bernard Aguillard 918-271-8805

Ed Dubie Field House
500 North Adams Road
Sand Springs, Ok 74063

Sandite Baseball / Softball complex
601 North 55th Street
Sand Springs, OK 74063

Memorial Stadium
500 North Adams Road
Sand Springs, Ok 74063

Sandite Track Facility
1 block west of Adams Road on 10th Street
Sand Springs, Ok 74063

Athletic Department: 918-246-1475

EMS 911 (Fire, Police, and Ambulance)

ADDITIONAL LOCATIONS

SAND SPRINGS ATHLETICS - AED LOCATIONS

SITE	LOCATION
Memorial Stadium	Home Side Concession
Ed Dubie Fieldhouse	Athletic Training Room - North Hall of Ed Dubie
Baseball / Softball Complex	Concession Stand
Clyde Boyd	Store Room Where Chairs are Kept

Extreme emergencies will be sent to the hospital. The student's parent / guardian will accompany the injured person when needed to the hospital. In case of a catastrophic injury, no information shall be given to any party other than EMS. The office of administration will be responsible for disseminating any information about any catastrophic injury and or event to the media or any other outlets.(superintendent or designee)

Medical Emergency Action Plan

Administrator or employee: _____ Date: _____

1. First to arrive on scene provides initial care.
2. Send for an automated external defibrillator. (located at all sites)

Person in charge: _____

This person will be in charge of the emergency and will instruct others on the emergency team accordingly.

Leader's Assistant: (if applicable) _____

Will assist the leader in the primary evaluation of the injured person.

Person who made contact with emergency services:: _____

Position: _____ Person's Contact Number:_____

- Will use the nearest phone to activate EMS
  - Information to be communicated to EMS
    - The nature of injury Level of consciousness
    - Age / sex of injured
    - Location of injury
  - Caller will not hang up until the EMS Operator advises to do so.
  - Nearest phone (or who is carrying cell phone):_____

Person to meet EMS: Building Administrator or Event Coach (See Link of Administrators below)

- Ambulance entrance: See individual site maps below
- Will contact necessary staff to assure full access for ambulance
- Will meet ambulance at the designated entrance and lead to injured athlete

Person to accompany injured person to hospital: (if applicable) Event Coach or Bldg. Administrator (see Directory Link Below

- Will ride in the ambulance in the event the parent / guardian cannot be contacted
- Will have injured person"s physical and emergency information in hand.

It is the Administrator's responsibility to document the incident and all actions taken.
Site Administrator's will list extracurricular activities on the district website for emergency response partners access.

Extracurricular activities: https://www.sandites.org/events

District Directory FY23 (Extentions)

EMS (Fire, Police and Ambulance):911

Additional Plan related to SSPS Athletics

SAND SPRINGS ATHLETICS LIGHTNING PROTOCOL

The following is the lightning protocol that the Sand Springs Athletic Department has adopted as a procedure regarding when to cease and resume outdoor athletic competitions and practices. This protocol is based on the National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation and The National Federation of State High School Associations: Guidelines on Handling Practices and Contests During Lightning or Thunder Disturbances.

The Athletic Trainer (AT) on site for competition and or practice will assume the responsibility and make the final decision if the practice or competition will cease and when it will resume.

At the beginning of each season, the Head Coach will designate a chain of command as to who monitors threatening weather and who makes the decisions to remove a team or individual from an athletics site or event.

The AT or designee, will be aware of National Weather Service (NWS) issued thunderstorm watches and warnings as well as the signs of thunderstorms developing nearby. A watch means that conditions are favorable for severe weather to develop in an area; a warning means that severe weather has been reported in an area and for everyone to take the proper precautions.

- The AT or designee will know where the closest safe shelter is to the field or playing area and know how long it takes to get to that safe shelter.
  - A safe shelter is defined as (1): any building normally occupied or frequently used by people, i.e. A building with plumbing and or electrical wiring that acts to electrically ground the structure (not shower facilities) or (2): any vehicle with a hard metal roof (not convertible or golf cart) and rolled up windows.
  - When a person or people are in the safe shelter buildings, it is important that the showers and or plumbing are not used during the thunderstorm.
  - When a person or people are in the vehicle with a hard metal roof, it is important that the sides of the vehicle are not touched as they dissipate the lightning around the vehicle.

- In the event of severe weather when lightning conditions are probable, at least one of the following two indicators of lightning location will be used as the recognized method of determining dangerous lightning situations.
    - Flash to Bang method: The "flash to bang" method is when the observer counts the number of seconds from the time the lightning is sighted to when the clap of thunder is heard. This number is then divided by five (5) to obtain, in miles, approximately how far the lightning is occurring.
    - If the AT or designee obtains a "flash to bang" count of less than thirty (30) seconds, which would mean the lightning is approximately 10 miles away from the observer, then all practices and athletic competitions will cease.
    - Perry Weather: Perry Weather service is a desktop and app based program, which will assist the AT, or designee in determining lightning distance and when is it safe to return to the field of play. This should be used in conjunction with observation and audible thunder.

- By these methods, all parties involved will be notified when lightning is recognized within 15 miles.

By these methods, once lightning conditions are detected within 12 miles of the practice or event site, all activity will be suspended. All individuals should be moved to the designated safe areas.

- Return to practice or competition will not resume until 30 minutes following the last indication of lightning conditions within the 12-mile range.
- Any subsequent lightning or thunder after the beginning of the 30-minute counts should reset the clock and another count should begin.
- Other safety guidelines the AT, or designee will keep in mind and communicate to others include: It must be remembered that the existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and often does strike as far as 10 miles from the rain shaft. It does not have to be raining for lightning to strike.

SAND SPRINGS ATHLETICS HEAT ILLNESS PROTOCOL

The below protocols / policies are set forth by the OSSAA. Effective July 1, 2013.

XLVIII. EXTREME HEAT The OSSAA recognizes that heat related illness is the leading cause of preventable death in high school students participating in activities. The Board adopted the following policies:

Acclimatization Period: Whenever students are participating in an environment in which the temperature cannot be controlled, there should be an acclimatization period. The acclimatization period is defined as the first 14 days of participation beginning with the first date of practice in that sport or activity, or the first date a participant begins practice, whichever is later. Any speed, strength, or conditioning programs shall not be considered a part of the acclimatization period. All students participating in athletics or activities, including those who arrive at preseason practice after the first day of practice, are required to follow the guidelines of the first days of the acclimatization period.

All athletic coaches and marching band directors are required to view A Guide to Heat Acclimatization and Heat Illness Prevention at www.nfhslearn.com annually. A certificate of completion shall be kept on file for each coach or marching band director at the member school.

FOOTBALL (Mandates)

- Preseason practice shall be limited to 2 ½ hours per session with a minimum of one hour between practice sessions. No more than 5 hours of practice per 24-hour period will be allowed. There will be no physical activity during the one-hour rest period. Any time a coach is present during football practice, the time will count toward the maximum 5 hours, with the exception of strength training.

- If a practice session is interrupted by inclement weather or heat restrictions, and it is required the session be divided for the good of the student-athlete's welfare as long as the total practice time does not exceed 2 ½ hours.

- When multiple practices are conducted on the same day, it is required that either practice not exceed 2½ hours in length and students not participate in more than five total hours of practice activities, including walk- through sessions. Warmup, stretching, cool down and conditioning activities are included as part of the practice time. Practices should be separated by at least one hour, where there is no physical activity between the end of the first practice and the beginning of the second practice.

Immediately prior to any practice, coaches are required to use a smart-phone app or other mechanism or program to get a heat index, such as the OSHA app. There are also programs available on the Internet, such as AccuWeather, or Weather.com. These programs are free and can be used on any smart-phone, tablet, or computer. A chart outlining recommendations for making concessions for extreme heat is available on the OSSAA website; schools must develop their own form to record the heat index each practice session.

- All practices must be held under the supervision of a coach employed by the school.
- Practices must always be conducted with an open water policy.
- Cooling stations shall be made available for the athletes (buckets of cool water, wet towels, sponges, etc.).
- Each program shall have a heat related emergency plan on hand at all times.

Guidelines for outdoor activities:
Athletic Coaches or marching band directors should use a smart-phone app or other mechanism or program to get a heat index, such as the OSHA app. There are also programs available on the Internet, such as AccuWeather, or Union Athletic Training- Heat Illness Protocol Weather.com. These programs are free and can be used on any smart-phone, tablet, or computer. A chart outlining recommendations for making concessions for extreme heat is available on the OSSAA website. Schools must develop their own form to record the heat index each practice session.

- All practices should be held under the supervision of a coach, director, or sponsor employed by the school.
- Practices should always be conducted with an open water policy.

- Each program should have a heat related emergency plan on hand at all times.
- Preseason practice should be avoided if possible between the hours of 12 p.m. and 6 p.m.
- Parents and students should be educated on the importance of hydration during extreme heat conditions.
- Cooling stations should be made available when possible (buckets of cool water, wet towels, sponges, etc.).
- Equipment should be removed for conditioning.

SAND SPRINGS ATHLETIC DEPT – EXERTIONAL HEAT ILLNESS POLICIES

Heat Illness

Heat Exhaustion: Heat exhaustion is the most common heat-related condition observed in active populations ranging from athletes to recreational hikers. It is defined as the inability to continue exercise in the heat due to cardiovascular insufficiency (not enough blood pumped to the heart) and energy depletion that may or may not be associated with physical collapse. Cardiovascular insufficiency refers to when the heart has difficulty providing enough oxygenated blood to all the working organs and muscles and is exacerbated by dehydration via extreme sweating without replacing fluids during exercise.

It is important to note that heat illnesses are not on a continuum and that one condition does not lead to another condition, although having heat exhaustion one day can predispose an individual to heat illness the next day. A common misconception is that heat exhaustion can lead to heat stroke. This cannot happen because once the individual collapses from heat exhaustion they stop exercising in the heat, making exertional heat stroke impossible. The body stops producing metabolic heat due to muscle contraction because exercise has ended, inhibiting exertional heat stroke.

HOW DO YOU PREVENT HEAT EXHAUSTION?

- Individuals should adapt to exercise in the heat gradually — acclimatize — over 10-14 days by progressively increasing duration and intensity of work in hot conditions.
- Athletes Should recognize heat exhaustion and exertional heat stroke signs and symptoms to indicate the need to slow, modify, or stop activity before a medical emergency arises.
- Being adequately hydrated before and during exercise can help prevent heat illnesses including heat exhaustion. Maintaining blood volume is key in the prevention of heat exhaustion.
- Appropriate work to rest ratios based on environmental conditions is necessary in the prevention of heat illnesses. Increasing rest break durations as ambient temperature increases is warranted.

WHAT PUTS AN INDIVIDUAL AT RISK FOR HEAT EXHAUSTION?

- Exercising in hot and humid environment (air temp > 91.4°F)
- Inadequate fluid intake before or during exercise resulting in dehydration.
- Inappropriate work to rest ratios with too much work compared to rest breaks.
- Body mass index > 27 kg/m

LOOK FOR THESE SYMPTOMS IN ATHLETES WHEN HEAT EXHAUSTION ARE SUSPECTED:

Fatigue	Nausea	Fainting
Weakness	Vomiting	Dizziness / Light-headedness
Pale	Chills	Diarrhea

Heavy Sweating	Decreased Urine Output / Dehydration	Irritability
Headache	Sodium Loss	Decreased Blood Pressure
Decreased Muscle Coordination	Hyperventilation	Core body temperature between 36-40.5°C (96.8- 105°F)

HOW DO YOU TREAT AN INDIVIDUAL WITH HEAT EXHAUSTION?

Individuals experiencing heat exhaustion should respond quickly to treatment. If not, exertional heat stroke should be suspected.

To treat heat exhaustion:

- Move the individual to a cool/shaded area and remove excess clothing
- Elevate legs to promote venous return
- Cool the individual with fans, rotating ice towels, or ice bags
- Provide oral fluids for rehydration

WHEN CAN THE INDIVIDUAL RETURN TO ACTIVITY?

Returning to activity the same day of an episode is not prudent or advised. Individuals should wait at least 24-48 hrs. Before returning to activity and should gradually increase intensity and volume of exercise, and clothing and equipment. Medical clearance is recommended to rule out other conditions.

Heat Cramps: The mechanism of heat cramps is unknown but they can be caused by dehydration or lack of adequate electrolytes in the diet. Although muscle cramping is not a cause of sudden death, it can be confused with a more serious condition, exertional sickling (cramps with no palpable muscle contraction). Heat cramps are painful involuntary cramping often in the legs, arms, or abdomen with muscle contraction that can easily be felt. Heat cramps usually occur in the preseason-conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching the muscle, and rehydration of fluid and electrolytes.

HOW DO YOU PREVENT HEAT CRAMPS?

It may be impossible to completely prevent a cramp from occurring, however, certain factors can be modified in order to reduce the incidence of future heat cramps.

THE MOST EFFECTIVE WAYS TO PREVENT HEAT CRAMPING IN ATHLETES INCLUDE:

- Acclimatizing the athlete to warm/hot environments if their sports require exercise in hot environmental conditions can help prevent heat cramps.
- Similar to heat acclimation, acclimating to exercise by gradually progressing intensity and duration before requiring the athlete to perform all out in an event or extensive workout session help prevent heat cramps. This process may also help prevent athletic injuries!
- Educating athletes to replace fluids and salt lost in their sweat. This can be done by calculating whole body sweat loss during exercise using this sweat loss equation. Each athlete slightly differs in the amount of sweat and salt losses during exercise. Also, keep in mind that these factors change depending on the temperature and humidity of the ambient environments, so sweat testing should be specific to the conditions in which the athletes are exercising.

- Maintain a balanced electrolyte level by consuming electrolyte rich drinks before and during the athletic event or practice session if physical activity lasts longer than one hour in duration. Certain individuals naturally expel more sodium in their sweat compared to the average individual. These people may need supplemental/extra sodium in their diet.
- Removing excess clothing during physical activity may help reduce the chance of getting heat cramps by allowing for greater evaporation, keeping core body temperature lower during exercise. For example, if a field hockey goalie is performing conditioning drills during which protective equipment is unnecessary, the athlete should remove the equipment during this portion of the conditioning session.

WHAT PUTS AN INDIVIDUAL AT RISK FOR HEAT CRAMPS?

- Exercise in heat when the individual is not accustomed to exercising in the hot conditions.
- Profuse sweating or body water loss during exercise. These athletes lose a considerable amount of electrolytes through their sweat, which predisposes them to heat cramping.
- Exercising for an extended duration of time or participating in multiple practice sessions per day without replenishing the salts and water lost during sweating.
- Muscular fatigue.
- Wearing additional layers of clothing, protective gear, or equipment.

LOOK FOR THESE SYMPTOMS IN ATHLETES WHEN HEAT CRAMPS ARE SUSPECTED:

• Dehydration, thirst, sweating, transient (short term) muscle cramps, and fatigue
• Painful, involuntary muscle spasms (usually occurring in the legs) associated with exercise in the heat when athletes have been sweating profusely
• A precursor to the initial onset of cramps involves muscle twitches or fasciculations. If this occurs, remove the athlete from the heat and encourage rehydration with an electrolyte beverage

HOW DO YOU KNOW IF THESE ARE HEAT CRAMPS?
Heat cramping is often confused with exertional sickling but may be differentiated by the following ways.

Symptom/Factor	Heat Cramps	Exertional Sickling
Pain Factor	More excruciating pain; can be pinpointed to a location	Pain is strong, however, is more generalized over body
State of Muscles	Muscles “lock-up”; Visibly contracted and hard	Muscles are weak; athletes slump, push through instances of collapse
Physical Symptoms	Athletes may writhe or yell in pain	Sickling athletes lie fairly still without yelling
Presence of muscle twinges	Yes	None
Occurrence during workout	Occurs during or after intense Workouts (after 30 minutes)	Generally occurs with first half hour during intense workouts

Body Temperature	Athlete's core temperature is Elevated	Athlete's core temperature is not greatly elevated

HOW DO YOU TREAT THE INDIVIDUAL?

1. Remove the athlete from the exercise session, workout, or practice and have them rest in the shade or an air-conditioned room.
2. Stretch, massage and knead the muscle that are cramping in its full-length position (joints should be extended).
3. Provide the athlete with cold fluids, such as water or an electrolyte sports drink to replace sweat losses.
4. Provide food high in salt content to replenish the electrolytes lost from sweat. If this is not available consider providing a solution of 1/2 teaspoon salt dissolved in 16-20 ounces of water prior to or post cramping.
5. In cases of heat cramps that persist, use ice massage on the affected muscle.

WHEN CAN THE INDIVIDUAL RETURN TO ACTIVITY?

Once an athlete has rested and replenished the fluids and electrolytes lost from their sweat, they can usually return to play during that same exercise session or practice. Determining the athlete's sweat rate could be beneficial for their knowledge in understanding their body's requirement of fluid during exercise and how to appropriately replenish water stores after exercise.

Heat Stroke: While exertional heat illnesses (EHI) are 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 at 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.

HOW DO YOU PREVENT EXERTIONAL HEAT STROKE?

- Ensure hydration
  - o To ensure hydration, athletes can observe the color of your urine, which should be a straw yellow or the color of lemonade, or compare to a urine color chart. Your urine should be a color 3 or less.
  - o Encourage drinking throughout practice, in the shade if possible, and throughout the day, especially when having multiple practices.
  - o As they become used to exercising in the heat they will sweat more and therefore need to replace a greater amount of fluids during the course of the workout.
  - o Learn how to calculate your sweat rate here.pdf.
- Wear loose-fitting, absorbent or moisture wicking clothing
  - o During hot or humid conditions, minimize the amount of equipment and clothing worn.
- Minimize warm-up time, and practice in the shade when feasible.
- Sleep at least 6–8 hours and eat a well-balanced diet.
- Practice and perform conditioning drills at appropriate times during the day, try avoiding the hottest part of the day (10am–5pm).
- Work with coaches and administration to follow acclimation guidelines.
- Slowly progress the amount of time and intensity of conditioning and practices throughout the season.
- Make sure your emergency action plan (EAP) is consistent with the most recent guidelines for preseason heat acclimatization; adapt individuals to heat gradually over 10–14 day period.
- Educate other medical staff, athletes, coaches, emergency personnel, and parents about EHI and proper hydration.
- Ensure proper body cooling methods are available, including a cold-water immersion tub, ice towels, access to water, ice, etc. and that this equipment is prepared before practices begin.
- Establish hydration policies: encourage drinking both water and fluids containing sodium.
- Be aware of the intrinsic factors (mostly in your control/items you can adjust) and extrinsic factors (mostly outside your control) that cause EHS

WHAT PUTS AN INDIVIDUAL AT RISK FOR HEAT STROKE?

- Exercise extra caution if an athlete has any of these intrinsic factors or you are concerned regarding any of the extrinsic factors.
    - **Intrinsic Factors**
    - History of EHI
    - Inadequate heat acclimatization o Low fitness level
    - Overweight or obese o Inadequate hydration
    - Lack of sleep o Fever
    - Stomach illness o Highly motivated/ultra-competitive
    - Pre-pubescent

    - **Extrinsic Factors**
    - Intense or prolonged exercise with minimal breaks
    - High temperature/humidity/sun exposure as well as exposure to similar conditions the previous day
    - Inappropriate work/rest ratios based on intensity
    - Wet Bulb Globe Temperature (WBGT)
    - Clothing o Equipment
    - Fitness o Lack of education and awareness of heat illness among coaches, athletes, and medical staff or Absence of an emergency action plan, or failure of emergency action plan to includeEHS
    - No or limited access to fluids or breaks during practice o Delay in recognition of signs and symptoms associated with EHS

LOOK FOR THESE SYMPTOMS IN ATHLETES WHEN EXERTIONAL HEAT STROKE IS SUSPECTED:

The two main criteria for diagnosing EHS are rectal temperature >102-105°F (40.5°C) immediately post collapse and central nervous system dysfunction (e.g. irrational behavior, irritability, emotional instability, altered consciousness, collapse, coma, dizziness etc.).

- When observing athletes, look for other signs and symptoms that may indicate they are suffering from exertional heat stroke:
- Rectal temperature greater than 102-105°F (40°C).
- Irrational behavior, irritability, emotional instability
- Altered consciousness, coma
- Disorientation or dizziness
- Headache
- Confusion or just look “out of it”
- Nausea or vomiting
- Diarrhea
- Muscle cramps, loss of muscle function/balance, inability to walk
- Collapse, staggering or sluggish feeling
- Profuse sweating
- Decreasing performance or weakness
- Dehydration, dry mouth, thirst
- Rapid pulse, low blood pressure, quick breathing
- Other outside factors may include:
    - ❏ They are out of shape or obese
    - ❏ It is a hot and humid day
    - ❏ Practice is near the start of the season, and near the end of practice
    - ❏ It is the first day in full pads and equipment

Exertional Heat Stroke Treatment: 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 tank with ice and water approximately 35–58°F); stir water and add ice throughout the cooling process.
- ❖ If immersion is not possible (no tub or no water supply), take the athlete 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.
  o If rectal temperature is not available, DO NOT USE AN ALTERNATE METHOD (oral, tympanic, axillary, forehead sticker, etc.). These devices are not accurate and should never be used to assess an athlete exercising in the heat.
- ❖ Cease cooling when the rectal temperature reaches 101–102°F(38.3–38.9°C).
- ❖ 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.

RECOMMENDED EQUIPMENT LIST

- Wet Bulb Globe Temperature (WBGT) Device
- Rectal thermometer
- Lubricating gel
- Tub or kiddy pool
- Cooler with ice Water source
- 3-4 towels
- Tent for shade

SAND SPRINGS ATHLETIC TRAINING - EXERTIONAL HEAT STROKE PROTOCOL

- Initial response. Once exertional heat stroke is suspected, prepare to cool the patient and contact emergency medical services (EMS).
- Prepare for ice water immersion. On the field or in an athletic training facility, half-fill the tub or wading pool with water and ice (before an emergency, check the water source to see how quickly it fills the immersion tub). o
  - The stock tank can be filled with ice and cold water before an event (or have tub half-filled with water and three to four coolers of ice next to the tub; this prevents having to keep tub cold throughout the day. o
  - Ice should cover the surface of the water at all times. o
  - If the athlete collapses near an athletic training room, a whirlpool tub or cold shower may be used.

- Determine vital signs. Just before immersing the exertional heat-stroke patient, take vital signs. o
  - Assess core body temperature with a rectal thermometer if available (thermometer implies flexible thermometer that stays in during cooling and allows for continuous monitoring of temperature during immersion therapy). o
  - Check the airway, breathing, pulse, and blood pressure. o
  - Assess the level of central nervous system dysfunction.

- Begin ice water immersion. Place the athlete in the ice water immersion tub. Medical staff, volunteers, and teammates may be needed to assist with a smooth and safe entry and exit.
- Total body coverage. Cover as much of the body as possible with ice water while cooling. o
  - If full body coverage is not possible due to the container's size, cover the torso as much as possible. o
  - To keep the athlete's head and neck above water, an assistant may hold the victim under the axillae – armpits – with a towel or sheet wrapped across the chest and under the arms. o
  - Place an ice/wet towel over the head and neck while the body is being cooled in the tub. o
  - Use a water temperature under 15˚C (under 60˚F).

- Vigorously circulate water. During cooling, water should be continuously circulated or stirred to enhance the water-to-skin temperature gradient, which optimizes cooling. Have an assistant stir the water during cooling.
- Continue medical assessment. Vital signs should be monitored at regular intervals. o
    - It may be helpful for an assistant to stand nearby in case the athlete becomes combative. o
    - Other assistants may be needed to lift or roll the athlete if vomiting occurs.

- Fluid administration. If a qualified medical professional is available, an intravenous fluid line can be placed for hydration and support of cardiovascular function. o
    - Rest the arm to be used on the side of the water immersion tub.

- Cooling duration. Continue cooling until the patient's rectal temperature lowers to 39ºC(102ºF)

Sand Springs Athletic Training- Exertional Heat Stroke Protocol

    - If rectal temperature cannot be measured and cold water immersion is indicated, cool for 10-15 minutes and then transport to a medical facility. o
    - An approximate estimate of cooling via cold-water immersion is 1˚C for every 5 minutes and 1˚F every 3 minutes (if the water is aggressively stirred). This means, the cooling rate will be slower initially, and increase the longer the person is in the tub. For example, if someone were in the tub for 15 minutes they would cool approximately 3˚C or 5˚F during that time.

- Patient transfer. Remove the patient from the immersion tub only after rectal temperature reaches 39ºC (102ºF) and then transfer to the nearest medical facility via EMS as quickly as possible.
- Cooling is the primary goal before transport. If appropriate medical staff is available on-site (team physician or athletic trainer); an aggressive cooling modality is readily available (i.e., cold-water immersion, ice/wet towel rotation, high flow cold water dousing); and no other emergency medical services are needed besides the rapid lowering of temperature, then always follow the "**cool-first, transport second**" doctrine.
- Advanced medical support. During transportation, maintain the rectal thermometer (if available, which allows body temperature to be monitored continuously. o
    - Once the athlete arrives at the hospital, tests will address issues from hyperthermia o
    - Obtain acute blood enzyme readings to determine muscle, liver, and kidney function o
    - Check serum urea, electrolytes, glucose, hemoglobin, white blood cells, pH o
    - Check urine for protein, myoglobin, casts, osmolality, and volume o
    - Monitor for organ system complications for at least 24 hours and have the individual schedule a follow- up examination with a physician.

If cold-water immersion is not available or feasible given the constraints of the task being performed, then cool via the best available means. A good (although not optimal) highly portable alternative is a cooler filled with ice, water, and 12 towels. Place six ice/wet towels all over the body and leave on for 2-3 minutes, then place those back in the cooler and put the six others on the patient. Continue this rotation every 2-3 minutes. Another alternative when a tub is not available is cold water dousing from a locker room shower or from a hose.

Sand Springs Athletic Department

500 North Adams Road, Sand Springs, OK 74063

This sheltering plan will be utilized when it is necessary to relocate individuals to the safest area. Events that would necessitate the use of this plan would include tornados, inclement weather, hazardous chemical spills or gases released into the atmosphere and other related events. Individuals should be escorted to their designated location and remain there until the all clear sign has been given.

All information and evacuation procedures will be provided/conducted by the school administrator, game manager, athletic trainer or head coach.

- In the event of INCLEMENT WEATHER (severe thunderstorm or tornado watch) coaches, officials, and athletes will be notified that the surrounding area is under a watch.
- In the event of a Severe Thunderstorm/Tornado WARNING, coaches, officials, and athletes will be instructed that the surrounding area is under a Severe Thunderstorm/ Tornado Warning, and proper instructions will be given at that time.
- If and when shelter is needed, the following locations will be utilized inside the Baseball/Softball complex:

ONLY INTERIOR WALLS SHOULD BE USED, COACHES, OFFICIALS, AND ATHLETES SHOULD STAND FACING THE WALL.

ED DUBIE FIELDHOUSE

- Coaches, athletes and officials should move to north hallway
- Alternative areas: basketball, volleyball, tennis locker rooms, training room and hospitality room

All coaches, officials, athletes, and spectators shall remain sheltered until severe weather has ceased or moved from the area.School administrators, game managers, athletic trainer or head coach will determine when it is safe to leave sheltered area.

- Advisory: An advisory is issued when a hazardous weather or hydrologic event is occurring, imminent or likely.
- Watch: A watch is issued when the risk of hazardous weather or hydrologic event has increased significantly, but its occurrence, location or timing is still uncertain.
- Warning: A warning is issued when a hazardous weather or hydrologic event is occurring

Sand Springs Athletics - Medical Emergency Plan

SPORT: ED DUBIE FIELD HOUSE YEAR: 2023-2024
ADDRESS: 500 NORTH ADAMS ROAD

- ➢ FIRST, TO ARRIVE ON SCENE PROVIDES INITIAL CARE.
- ➢ SEND FOR AED. LOCATION: ON WALL INSIDE MAIN DOORS OF AT FACILITY
- ➢ SEND A COACH, MANAGER, OR UNINJURED STUDENT-ATHLETE TO NOTIFY THE ATHLETIC TRAINER (AT) IF NOT ON SITE.
- ➢ IF THE AT CANNOT BE LOCATED, THE HEAD COACH WILL BECOME THE LEADER.

LEADER:

• THIS PERSON WILL BE IN CHARGE OF THE EMERGENCY AND WILL INSTRUCT OTHERS ON THE EMERGENCY TEAM ACCORDINGLY.

LEADER'S ASSISTANT:

• WILL ASSIST THE LEADER IN THE PRIMARY EVALUATION OF THE INJURED ATHLETE.

PHONE CALLER (THERE SHOULD BE DESIGNATED ADULT TO CARRY A PHONE):

- • WILL USE THE NEAREST PHONE TO ACTIVATE EMS
- • INFORMATION TO BE COMMUNICATED TO EMS
  - • THE NATURE OF INJURY
  - • LEVEL OF CONSCIOUSNESS
  - • AGE / SEX OF INJURED

- • CALLER WILL NOT HANG UP UNTIL EMS OPERATOR ADVISES TO DO SO.

PERSON TO MEET EMS:

- ➢ AMBULANCE ENTRANCE:FRONT DOOR OF ED DUBIE FIELD HOUSE
- ➢ WILL CONTACT NECESSARY STAFF TO ASSURE FULL ACCESS FOR AMBULANCE
- ➢ WILL MEET AMBULANCE AT THE DESIGNATED ENTRANCE AND LEAD TO INJURED ATHLETE

PERSON TO ACCOMPANY ATHLETE TO HOSPITAL:

- ➢ WILL RIDE WITH THE ATHLETE IN THE AMBULANCE IN THE EVENT THE PARENT / GUARDIAN CANNOT BE CONTACTED
- ➢ WILL HAVE ATHLETES PHYSICAL AND EMERGENCY INFORMATION IN HAND.

IT IS THE AT'S RESPONSIBILITY TO INFORM AD OF THE INCIDENT
IT IS THE AT'S OR HEAD COACH'S RESPONSIBILITY TO INFORM ATHLETE'S PARENT / GUARDIAN
IT IS THE AT'S RESPONSIBILITY TO DOCUMENT INCIDENT AND ALL ACTIONS TAKEN

Sand Springs Athletics - Medical Emergency Plan

SPORT: BASEBALL / SOFTBALL COMPLEX YEAR: 2023-2024
ADDRESS: 601 WEST 55TH STREET, SAND SPRINGS, OK 74063

- ➢ FIRST, TO ARRIVE ON SCENE PROVIDES INITIAL CARE.
- ➢ SEND FOR AED. LOCATION: ON WALL INSIDE MAIN DOORS OF AT FACILITY
- ➢ SEND A COACH, MANAGER, OR UNINJURED STUDENT-ATHLETE TO NOTIFY THE ATHLETIC TRAINER (AT) IF NOT ON SITE.
- ➢ IF THE AT CANNOT BE LOCATED, THE HEAD COACH WILL BECOME THE LEADER.

LEADER:

• THIS PERSON WILL BE IN CHARGE OF THE EMERGENCY AND WILL INSTRUCT OTHERS ON THE EMERGENCY TEAM ACCORDINGLY.

LEADER'S ASSISTANT:

• WILL ASSIST THE LEADER IN THE PRIMARY EVALUATION OF THE INJURED ATHLETE.

PHONE CALLER (THERE SHOULD BE DESIGNATED ADULT TO CARRY A PHONE):

- • WILL USE THE NEAREST PHONE TO ACTIVATE EMS
- • INFORMATION TO BE COMMUNICATED TO EMS
  - • THE NATURE OF INJURY
  - • LEVEL OF CONSCIOUSNESS
  - • AGE / SEX OF INJURED

- • CALLER WILL NOT HANG UP UNTIL EMS OPERATOR ADVISES TO DO SO.

PERSON TO MEET EMS:

- ➢ AMBULANCE ENTRANCE:NORTH DRIVE THROUGH GATE BEHIND SOFTBALL SCOREBOARD
- ➢ WILL CONTACT NECESSARY STAFF TO ASSURE FULL ACCESS FOR AMBULANCE
- ➢ WILL MEET AMBULANCE AT THE DESIGNATED ENTRANCE AND LEAD TO INJURED ATHLETE

PERSON TO ACCOMPANY ATHLETE TO HOSPITAL:

- ➢ WILL RIDE WITH THE ATHLETE IN THE AMBULANCE IN THE EVENT THE PARENT / GUARDIAN CANNOT BE CONTACTED
- ➢ WILL HAVE ATHLETES PHYSICAL AND EMERGENCY INFORMATION IN HAND.

IT IS THE AT'S RESPONSIBILITY TO INFORM AD OF THE INCIDENT
IT IS THE AT'S OR HEAD COACH'S RESPONSIBILITY TO INFORM ATHLETE'S PARENT / GUARDIAN
IT

Sand Springs Athletics - Medical Emergency Plan

SPORT: MEMORIAL STADIUM YEAR: 2023-2024
ADDRESS: 500 NORTH ADAMS ROAD, SAND SPRINGS, OK 74063

- ➢ FIRST, TO ARRIVE ON SCENE PROVIDES INITIAL CARE.
- ➢ SEND FOR AED. LOCATION: ON WALL INSIDE MAIN DOORS OF AT FACILITY
- ➢ SEND A COACH, MANAGER, OR UNINJURED STUDENT-ATHLETE TO NOTIFY THE ATHLETIC TRAINER (AT) IF NOT ON SITE.
- ➢ IF THE AT CANNOT BE LOCATED, THE HEAD COACH WILL BECOME THE LEADER.

LEADER:

• THIS PERSON WILL BE IN CHARGE OF THE EMERGENCY AND WILL INSTRUCT OTHERS ON THE EMERGENCY TEAM ACCORDINGLY.

LEADER'S ASSISTANT:

• WILL ASSIST THE LEADER IN THE PRIMARY EVALUATION OF THE INJURED ATHLETE.

PHONE CALLER (THERE SHOULD BE DESIGNATED ADULT TO CARRY A PHONE):

- • WILL USE THE NEAREST PHONE TO ACTIVATE EMS
- • INFORMATION TO BE COMMUNICATED TO EMS
  - • THE NATURE OF INJURY
  - • LEVEL OF CONSCIOUSNESS
  - • AGE / SEX OF INJURED
- • CALLER WILL NOT HANG UP UNTIL EMS OPERATOR ADVISES TO DO SO.

PERSON TO MEET EMS:

- ➢ AMBULANCE ENTRANCE:SOUTHEAST GATE
- ➢ WILL CONTACT NECESSARY STAFF TO ASSURE FULL ACCESS FOR AMBULANCE
- ➢ WILL MEET AMBULANCE AT THE DESIGNATED ENTRANCE AND LEAD TO INJURED ATHLETE

PERSON TO ACCOMPANY ATHLETE TO HOSPITAL:

- ➢ WILL RIDE WITH THE ATHLETE IN THE AMBULANCE IN THE EVENT THE PARENT / GUARDIAN CANNOT BE CONTACTED
- ➢ WILL HAVE ATHLETES PHYSICAL AND EMERGENCY INFORMATION IN HAND.

IT IS THE AT'S RESPONSIBILITY TO INFORM AD OF THE INCIDENT
IT IS THE AT'S OR HEAD COACH'S RESPONSIBILITY TO INFORM ATHLETE'S PARENT / GUARDIAN

Head Athletic Trainer: Bernard Aguillard 918-271-8805

Ed Dubie Field House
500 North Adams Road
Sand Springs, Ok 74063

Sandite Baseball / Softball complex
601 North 55th Street
Sand Springs, OK 74063

Memorial Stadium
500 North Adams Road
Sand Springs, Ok 74063

Sandite Track Facility
1 block west of Adams Road on 10th Street
Sand Springs, Ok 74063

Athletic Department: 918-246-1475

EMS 911 (Fire, Police, and Ambulance):

SAND SPRINGS ATHLETICS - AED LOCATIONS (see above for school site AED Locations)

SITE	LOCATION
Memorial Stadium	Home Side Concession
Ed Dubie Fieldhouse	Athletic Training Room - North Hall of Ed Dubie
Baseball / Softball Complex	Concession Stand
Clyde Boyd	Store Room Where Chairs are Kept