



UPPER SCHOOL ATHLETIC DEPARTMENT



EMERGENCY ACTION PLAN

TRENTON CATHOLIC ACADEMY EMERGENCY ACTION PLAN

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to our athletes when emergency situations arise or life threatening conditions occur. The development and implementation of an emergency plan will help ensure that the best care will be provided.

This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency care. Through pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team and athletic department will enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

- Emergency Personnel
- Emergency Communication
- Emergency Equipment

Emergency Plan Personnel

With Trenton Catholic Academy practice, competition, games and events, the first responder to an emergency situation is typically a first responder or coach. The first responder in some instances may be an athletic trainer, first responder, coach, or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletic personnel associated with practices, competition, skill development, and strength and conditioning.

Roles of these individuals, within the athletic department, may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the athletic trainer, first responder or coach. There are four basic roles within the coaching staff. The first, and most important, is immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role, equipment retrieval, may be done by anyone on the coaching staff who is familiar with the types and location of the specific equipment needed. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency, or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by athletic director, athletic trainer, first responder, or coach. This person should also be familiar with the location and address of the sporting event. After EMS has been activated, the fourth role in the emergency team should be performed, directing EMS to the scene. One member of the coaching staff or school administration should be responsible for meeting rescue

squad personnel as they arrive at the site of the contest, and a second person should direct paramedics. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel.

Roles within the Emergency Team

- Immediate care of the athlete(s)
- Emergency equipment retrieval
- Activation of the Emergency Action Plan
- Direction of EMS to scene

Activating the EMS System

- Call: 9-911 (from school phone must hit 9)
- Call: 911 (from cell phone)
- Hamilton Police Department 9-(609)-581-4000
- Colonial Volunteer Fire Department 9-(609)-587-3895
- Capital Health Regional Medical Center 9-(609)-394-6000
- Robert Wood Johnson 9-(609)-584-6666
 - Capital Health - Hamilton 9-(609)-588-5050

Providing Information

- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by athletic trainer, first responder or coach
- Specific directions as needed to locate the emergency scene
- Other information as requested by dispatcher

Emergency Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers, first responders, and emergency medical personnel must work together to provide the best possible care to injured athletes. If emergency medical transportation is not available on site during a particular sporting event, then direct communication with the emergency medical system at the time of injury or illness is necessary. The most common method of communication is a cellular phone. At any athletic venue, whether home or away, it is important to know the location of a workable phone. During home events if there is multiple teams playing the athletic trainer will provide all head coaches with walkie-talkie/two-way radios to aid in communication of injuries of the student-athletes.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Transportation

In the event that an ambulance is on-site, there should be a designed location with rapid access to the site and a cleared route for entering/exiting the venue. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well-trained and prepared athletic healthcare providers are. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR, First Aid and AED refresher training every two years. Through development and implementation of the emergency plan, the athletic department helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Athletic Trainer/Coaches Emergency Procedure Plan

1. Athletic Trainer, First Responder or Head Coach evaluates the severity of the injury.
2. Delegate an assistant coach or parent to activate the Emergency Plan.
3. Emergency Plan:
 - Call 911 and give name of person.
 - Give address calling from and directions to injured athlete(s).
 - Give number you are calling from.
 - Let EMS operator know how athlete was injured.
 - Give condition of the injured athlete.
 - First aid treatment given to athlete.
 - Let EMS hang-up first.

- Notify parents as soon as possible. Always have Emergency Contact Information for student athletes with you.
 - Open appropriate gates.
 - Have Player Athletic Form (medical history) ready.
 - Direct EMS to scene. Designate coach to “flag down” EMS.
 - Assistant coach will limit scene to first aid providers and move bystanders away from area and supervise the remainder of the team.
4. The Athletic Trainer, First Responder or Head Coach should provide immediate care of the injured athlete with whatever first-aid that is required to help the injured athlete. (Most qualified at the scene shall assume this role)
 5. Emergency equipment retrieval – student manager or assistant coach.
 6. You should have every athlete’s emergency contact information form on-site.
 7. Assist EMS with being able to get directly into the area that the athlete was injured. Get the assistant coach who called EMS to meet the EMS unit at an area designated to get the unit back to the injured athlete.
 8. Appoint someone to go with the injured athlete and be sure they have the emergency information with them.
 9. Be sure to follow-up with the injured athlete at the hospital or at home and fill out incident report.
 10. Athletic Director will make administration aware of injured athlete’s condition.

Trenton Catholic Academy Automated External Defibrillator Procedure Plan

- A portable Cardiac Science or Philips HeartStart AED will be located in the Athletic Training Room or on the Athletic Trainer’s golf cart at every home event, game, and practice. The Philips HeartStart AED will travel with the Tennis team during their season.
- For sports utilizing the gymnasium: there is also an additional AED unlocked and mounted on the wall in the Upper School upstairs hallway directly through the gym and across from the Upper School Director’s office.
- All coaches, first responders and the school nurse will be required to become certified in CPR/AED and First Aid training every two years with a certified CPR/AED and First Aid instructor.

In order for the AED to be maintained in working order

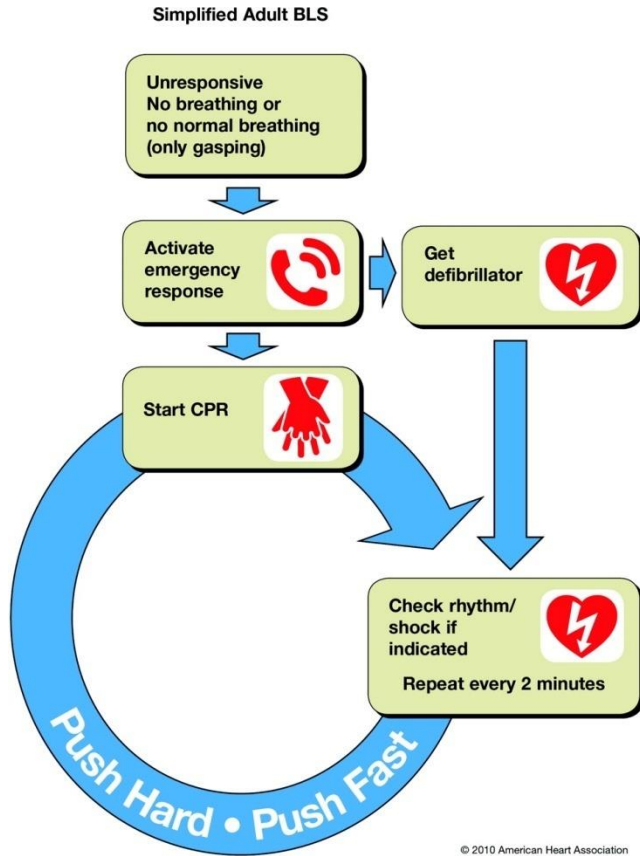
- The Athletic Trainer will test the portable units once a month. The school nurse should do a thorough readiness check once a month and document the additional AEDs throughout the school.
- The AED should be checked and cleaned on a monthly basis and after each use. Supplies and accessories should not be out-of-date and should be readily available.
- The non-rechargeable batteries have approximately a two-year shelf life.

AED use during school hours

- Assess the scene for safety; use universal precautions.
- Assess for patient responsiveness.
- If unresponsive, have someone notify the main office and give them your location and the nature of the emergency and have them call 911, notify administration, and contact certified personnel to bring the AED.
- Assess breathing. If not breathing, give two rescue breaths.
- Assess circulation (check pulse). If there is no pulse, begin CPR until AED or EMS arrives.
- When AED arrives, turn it on and follow the prompts.
- Make sure the chest is dry.
- Apply the defibrillator pads, following the diagrams.
- Ensure the pads are making contact with the chest. Shave the chest with a disposable razor if necessary. Jewelry may remain on as long as it doesn't interfere with pad placement. Bras may need to be cut off if straps or under wire interfere with pad placement.
- Once pads are in place, follow the prompts from the AED.
- Continue until EMS arrives and can take over. Tell them the victim's name, known medical conditions and allergies; time the victim was found; initial and current condition of the victim; when the defibrillator was attached to the victim and if any shocks (how many) were delivered.
- Document all of the above for our record on an incident report, and have them signed by the Athletic Director, Athletic Trainer, or Upper Schools Director and filed in the Athletic Trainer's office and Upper School Director's office.

During an Athletic Event

- Follow the above procedure except have a coach/ athletic trainer contact EMS if they are not already at the event and have a coach/ athletic trainer bring the AED to the victim's location.



CPR is as easy as
C-A-B

Compressions
Push hard and fast
on the center of
the victim's chest

Airway
Tilt the victim's head
back and lift the chin
to open the airway

Breathing
Give mouth-to-mouth
rescue breaths

American Heart
Association

Learn and Live

©2010 American Heart Association 10/10DS3949

CPR Cardio
Pulmonary
Resuscitation

D **DANGER**
Check for **DANGER**
Hazards / Risks / Safety?

R **RESPONSE**
Check if **RESPONSIVE**
If not Call 000 Ask for Ambulance

A **AIRWAY**
Open AIRWAY Look for signs of life
*SIGNS OF LIFE = Conscious or Responsive or
Breathing Normally or Moving*

B **BREATHS**
Give 2 initial **BREATHS**
if not breathing properly

C **COMPRESSIONS**
Give 30 chest **COMPRESSIONS**
(at least 2 compressions per second)
Followed by 2 breaths

Continue Cardio Pulmonary Resuscitation until
qualified personnel arrive or signs of life return

D Attach **DEFIBRILLATOR** (if available)
as soon as possible and follow its prompts

For information about first aid kits
and defibrillators call: **1800 248 859**

Ambulance
First Aid

Hot Weather Guidelines

Dehydration can compromise athletic performance and increase the risk of heat injury. Athletes do not voluntarily drink sufficient water to prevent dehydration during physical activity. Drinking behavior can be modified by education, increasing fluid accessibility, and optimizing palatability. However, excessive overdrinking should be avoided because it can also compromise physical performance and health. We will provide practical guidelines regarding fluid replacement for athletes.

- Acclimatization will take place over 14 days.
- Unlimited amounts of water will be made available at practice and games.
- It is recommended that 6-10 oz of water be consumed every 20 minutes.

<u>Temperature</u>	<u>Humidity</u>	<u>Procedure</u>
80-90	(under 70%)	Watch obese athletes, provide unlimited water
80-90	(over 50%)	Breaks recommended every 20 to 30 minutes
90-100	(over 50%)	All athletes should be under careful supervision
90-100	(over 30%)	Abbreviated practice with light equipment

Cold Water Immersion Tub Accessibility Policy:

All summer conditioning on school grounds, or when a coach, paid or otherwise, is present, and the 1st 21 days of fall practice, and any day the temperature is greater than 80°F WBGT; it is required that a 150-gallon industrial tub (e.g. Rubbermaid) with water temperature of less than 60°F be filled and accessible for cooling within 5-10 minutes of the practice/competition/event site. External clothing/equipment should be removed prior to cooling or removed immediately after entering tub. Water should be aggressively stirred during cooling process. If the temperature is below 80°F WBGT, mandatory alternative cooling measures of a cooler with ice and towels or a tarp (taco/burrito method) to be available at the practice/competition/event site. If medical staff is onsite, utilize the principle of Cool First, Transport Second. When cooling, use CWI or other approved cooling technique, until core temperature is at 103°F. If medical staff is not onsite, cool immediately until the athlete starts to shiver, or for a minimum of 20 minutes based upon the known cooling rate of 1 degree per 3 minutes. If no athletic trainer is present, EMS assumes control of the EHS patient upon arrival and continues cooling for the minimum of 20 minutes or until rectal temperature is obtained.

Cold Water Immersion

Any athlete that is showing signs or symptoms of a heat related illness should be cooled off immediately using one of several techniques. When the Wet Bulb Globe temperature is that of 80⁰ F or more the 150-gallon tub should be filled up and be below 60⁰ F. This tub can be found on the backside of the school by the dumpsters. Any external clothing should be removed from the athlete and complete body immersion should take place to ensure proper cooling of the athlete. Always get the athlete to cool off or in the process of cooling off first before contacting the EMS, due to a delayed response time. Body temperature should be that of 103⁰ F or less before transportation. The athlete should cool off for approximately 20 minutes before being transported for proper cooling. Ice can be found either in the cafeteria of the school or in the athletic training room for the tub. A hose will be right next to the tub so that it can be filled up at any time. And as always, if you expect an athlete to have a heat illness, make sure to contact the athletic trainer on site to address the situation.

Epinephrine Auto-injector Administration Procedure (EPIPEN):

An epinephrine auto-injector is a disposable drug delivery device that is easily transportable (about the size of a magic marker) and contains a pre-measured dose of epinephrine. The autoinjector is designed to treat a single anaphylactic episode; and the device must be properly discarded (in compliance with applicable state and federal laws) after its use. It is the responsibility of the parent(s) to provide prescribed epinephrine to the school nurse. As a rule, each student should have two epinephrine auto-injectors available in case subsequent doses of epinephrine are needed to counter a severe reaction.

a) Grasp the auto-injector in one hand and form a fist around the unit. With the other hand, pull off the safety cap. (To avoid injecting yourself after removing the cap(s), never place your own fingers or hand over either end of the device. If you accidentally - 5 - New Jersey Department of Education New Jersey Department of Health and Senior Services inject yourself, then use the back-up auto-injector to treat the student. You should go to the hospital emergency room as well.)

b) Hold the tip of the auto-injector near the student's outer thigh. (The auto-injector can be injected through the student's clothing, if necessary.)

c) Press firmly and hold the tip into the OUTER THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You may hear a click.

d) Hold the auto-injector firmly in place for 10-15 seconds. (After the injection, the student may feel his or her heart pounding. This is a normal reaction.)

e) Remove the auto-injector from the thigh and massage the injection area for several seconds.

f) Check the tip. If the needle is exposed, the dose has been delivered. If the needle is not exposed, repeat steps b through e.

g) Dispose of the auto-injector in a "sharps" container or give the expended autoinjector to the paramedics.

h) Call 911, if not previously called.

i) Call for the school nurse and athletic trainer, if not previously called.

6. If the anaphylactic reaction is due to an insect sting, remove the stinger (if there is one) as soon as possible after administering the auto-injector. Remove the stinger quickly by scraping with a fingernail, plastic card, or piece of cardboard. Apply an ice pack to the sting area. Do NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the student.

7. Observe the student. In some circumstances a second administration of epinephrine may be necessary. The school nurse, who is responsible for delegating the administration of epinephrine, must determine that the delegate is competent to administer a second dose of epinephrine in accordance with the written orders from the medical home, the policies and procedures of the district or nonpublic school and the circumstances involved in the emergency.

8. Monitor the student's airway and breathing. Begin CPR immediately if the student stops breathing.

9. Give a copy of the IEHP to the emergency responders. When emergency responders arrive, tell them the time epinephrine was administered and the dose administered. If the autoinjector has not been disposed of in a sharps container, give the expended auto-injector to the paramedics. - 6 - New Jersey Department of Education New Jersey Department of Health and Senior Services

Note: Any student who receives epinephrine should be transported to a hospital emergency room, even if symptoms appear to have subsided. If ordered by a health care provider, send a spare auto-injector along with the student to the hospital. A staff member should accompany the child to the hospital and follow procedures in accordance with the district policies regarding the care of students during emergencies.

10. The school nurse and athletic trainer should document the incident on the student's health record.

Lightning and Outdoor Athletic Fields Evacuation Guidelines

1. The game official, President, Upper School Director, Athletic Director, or site supervisor will make the official call to remove individuals from the game field. The athletic trainer, first responder or coach will make the call to remove individuals from the practice field.
2. Thirty minutes time will be given for the storm to pass.
3. The athletic trainer, first responder or an assistant coach will be designated weather watcher, actively looking for signs of threatening weather.
4. The athletic trainer, first responder or athletic director shall monitor weather through the use of local forecast.
5. When thunder is heard, or a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning. Suspend play and take shelter immediately. The thirty-minute rule is now in effect. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play. Any subsequent thunder or lightning after the beginning of the 30-minute count, reset the clock and another 30-minute count should begin.
6. Safe shelters are as follows:
 - Gymnasium, Locker rooms, Weight rooms, Bathrooms outside connected to garage, and Baseball Field House.

Fire Drill, Actual Fire in the Building, OR Building is Deemed Unsafe

In the event of a fire drill, actual fire in the building, or the building is deemed unsafe all athletic personnel, student athletes, staff, and fans/spectators who are in the building are to exit and evacuate the building from the nearest exit (study the attached school maps) and move to the safe space which is the Track and Field area. Coaches/Athletic Trainer will take attendance of student athletes and wait for further instructions. The evacuation of the building will be coordinated by coaches, and athletic department staff. Security personnel will also assist in the evacuation of the building if during a basketball game.

Coaches shall carry the roster of the team/team personnel and a current emergency contact list for the team and all team personnel.

Concussion Guidelines

What is a concussion? A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head
- Can change the way your brain normally works
- Can range from mild to severe
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've been "dinged" or had your "bell rung"

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
 - Balance problems or dizziness
 - Double or fuzzy vision
 - Sensitivity to light or noise
 - Headache
 - Feeling sluggish
 - Feeling foggy or groggy
 - Concentration or memory problems (forgetting game plays)
 - Confusion
1. If athletic trainer, first responder or coach determines that an athlete has received a concussion at practice or game, first call the parent to let them know the situation and second activate the Emergency Action Plan depending on the seriousness of the concussion.
 2. Since Legislation (P.L. 2010, Chapter 94) (N.J.S.A. 18A:40-41.3) enacted on December 7th, 2010, the student-athlete that is suspected to have a concussion must receive written clearance from a physician, trained in the evaluation and management of concussions that states the student-athlete is asymptomatic at rest and may begin the local districts' graduated return-to-play protocol.