

Perquimans County Middle School



Emergency Action Plan

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Perquimans County Middle School Emergency Action Plan

Introduction

Perquimans County Middle School has created this Emergency Action Plan that should be followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in the event of an emergency. All questions regarding this action plan should be directed to the PCHS Principal Laura Moreland.

Purpose

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes in the event of emergency and/or life threatening conditions. Proper implementation of this plan will help ensure that the best care will be provided. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Through careful pre-participation physical screenings, adequate medical coverage, and safe practice and training techniques, 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 will enable each emergency situation to be managed appropriately

Components of the Emergency Action Plan

There are three basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment

Emergency Plan Personnel

A first responder must be present at any practice or competition sanctioned by the North Carolina High School Athletic Association (NCHSAA). The first responder will typically be a certified athletic trainer or coach. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student assistants; coaches; managers; and possibly, bystanders. Roles of these individuals within the emergency team may

vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role 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 emergency team who is familiar with the types and location of the specific equipment needed. Student assistants, managers, and coaches are good choices for this role. 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 anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. 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 team should be responsible for meeting first responders such as firemen or 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. A student assistant, manager, or coach may be appropriate for this role.

Roles Within the Emergency Team

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

Activating the EMS System

Making the Call:

1. 911 (if available)
2. Telephone numbers for local police, fire department, and ambulance service

Providing Information:

- 1) Name, address, telephone number of caller
- 2) Number of athletes
- 3) Condition of athlete(s)
- 4) First aid treatment initiated by first responder
- 5) Specific directions as needed to locate the emergency scene
- 6) Other information as requested by dispatcher

Emergency Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. Prior to the beginning of each fall season Athletic Trainers and EMTs will meet as designated by the Perquimans County Athletic Director. 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. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Prearranged access to the phone should be established if it is not easily accessible.

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 use 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

Emphasis is placed at having an ambulance on call at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletics director coordinates on call ambulances for competition at home football games. Ambulances may be coordinated on call for other special events/sports, such as major tournaments or NCHSAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. 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. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletics department helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Reviewed by: _____

Certified Athletic Trainer

Approved by: _____

Principal

Date: _____

Football Stadium (Football)

Emergency Personnel

- 1) First responders, coaches, administrators.

Emergency Communication

1. Mobile phone carried by Certified Athletic Trainer 815-721-7902
2. Mobile phone carried by the Football Coach
3. Mobile phone carried by the Athletic Director
4. Mobile phone carried by the Principal

Emergency Equipment

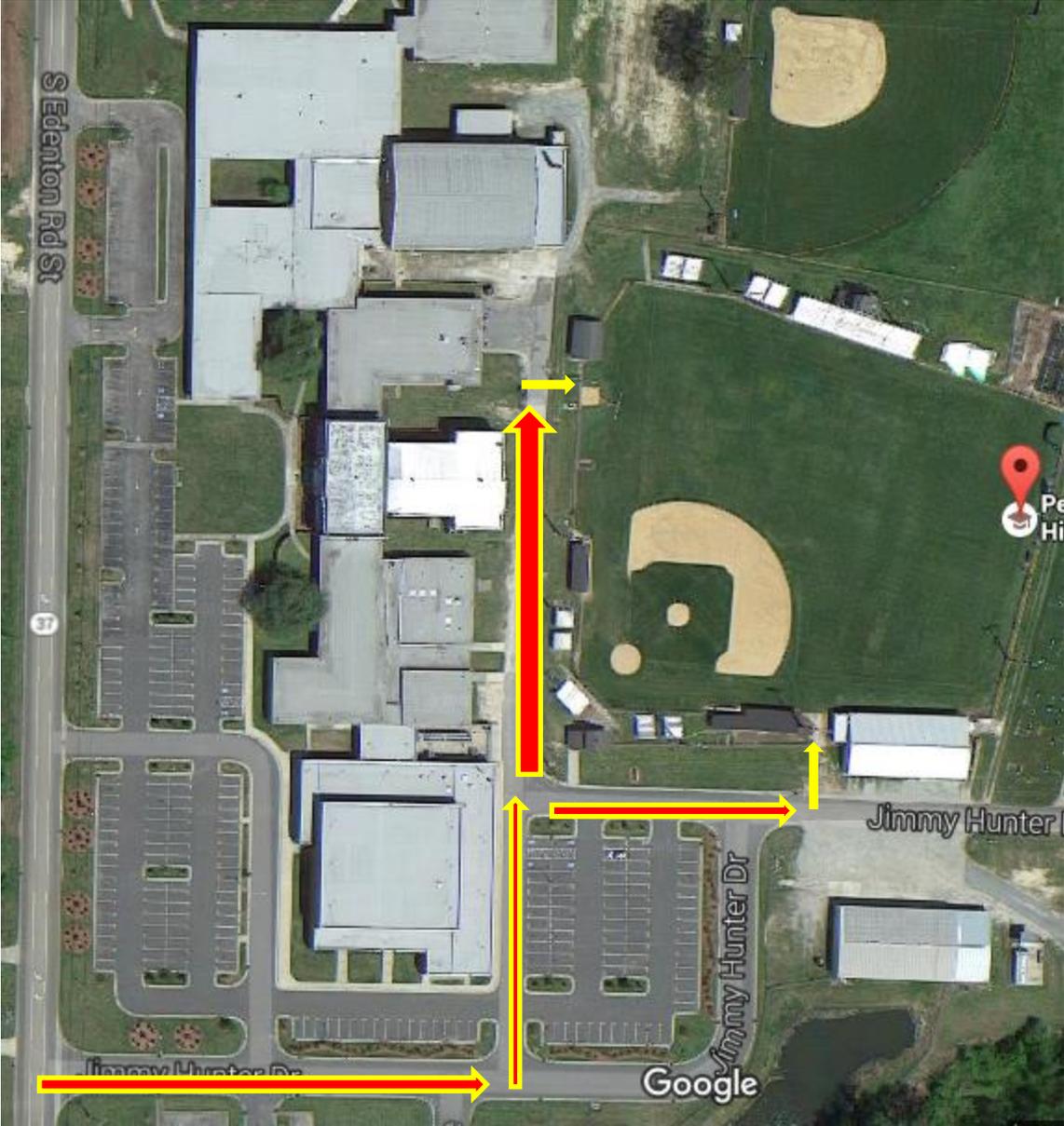
- 1) Basic first aid kit including tools for extraction of equipment, AED.

Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – coaches, available personnel.
- 3) Activation of EMS – student, coach, or administrator.
 - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
 - b) Notify parents as soon as possible (Consent papers have parent contact numbers)
- 4) Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: 305 South Edenton Road Street Herford NC, 27944 (Athletic Fields Behind School)

Emergency vehicle entrance is off of Jimmy Hunter Drive



Baseball, Softball, and Soccer Field

Emergency Personnel

- 1) First responders, coaches, administrators.

Emergency Communication

1. Mobile phone carried by Certified Athletic Trainer
2. Mobile phone carried by the Athletic Director
3. Mobile phone carried by the Baseball Coach
4. Mobile phone carried by the Softball Coach
5. Mobile phone carried by the Soccer Coach
6. Mobile phone carried by the Principal

Emergency Equipment

- 1) Basic first aid kit including tools for extraction of equipment, AED.

Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – coaches, available personnel.
- 3) Activation of EMS – student, coach, or administrator.
 - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
 - b) Notify parents as soon as possible (Consent papers have parent contact numbers)
- 4) Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: 312 Main St, Winfall NC 27985 (Fields Located Behind School)



Gymnasium (Volleyball, Basketball, and Cheerleading)

Emergency Personnel

- 1) First responders, Administrators, coaches

Emergency Communication

1. Mobile phone carried by Certified Athletic Trainer 815-721-7902
2. Mobile phone carried by the Athletic Director
3. Mobile phone carried by the Principal
4. Mobile phone carried by Men's Basketball Coach
5. Mobile phone carried by Women's Basketball Coach
6. Mobile phone carried by the Volleyball Coach
7. Mobile phone carried by the Cheerleading Coach

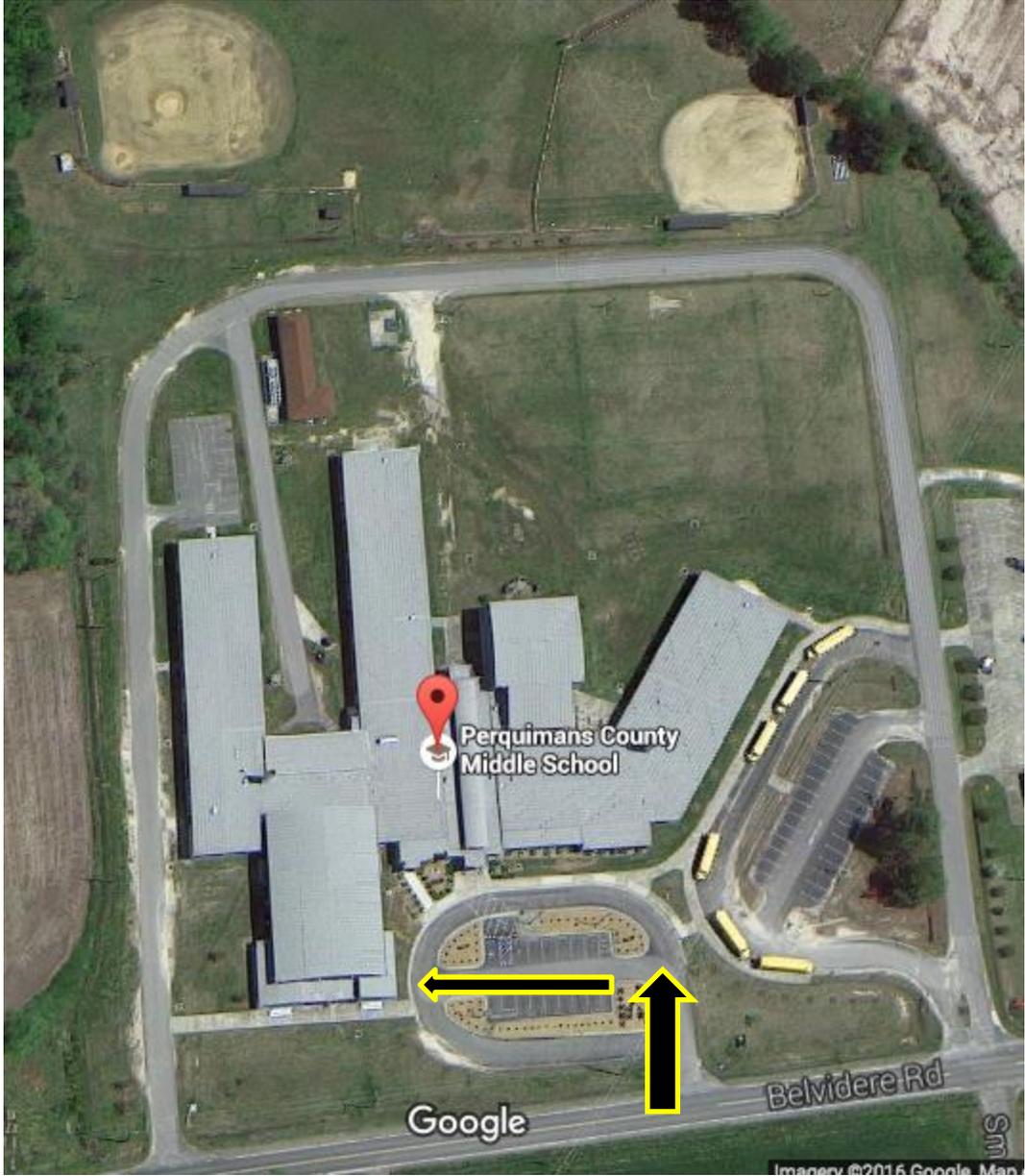
Emergency Equipment

- 1) Basic first aid kit. Other equipment maintained in school (splints, spine board, cervical collar, crutches, AED)

Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – available personnel
- 3) Activation of EMS – student, coach or Administrator
 - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
 - b) Notify parents as soon as possible Consent papers have parent contact numbers)
- 4) Direction of EMS to scene
 - a) Open appropriate doors
 - b) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
 - c) Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions: 312 Main St, Winfall NC 27985



Inclement Weather Policies

Hot Weather Guidelines

From the NATA Fluid Replacement Statement

Dehydration can compromise athletic performance and increase the risk of exertional 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.

1. Acclimatization will take place over 11 days
2. Unlimited amounts of water will be made readily available and for events lasting >90 continuous minutes a sports drink will be made available to help replace electrolytes.
3. It is recommended that 6-10 oz. of water be consumed every 20 minutes.
4. Wet bulb temperatures will be taken to determine training standards using a sling psychrometer or equivalent device (see table).

Temperature (F) Humidity Procedure

80 – 90 < 70 Watch Obese athletes, provide unlimited water

80 – 90 > 70 Breaks recommended every half hour

90 – 100 < 70 All athletes should be under careful supervision

90 – 100 > 70 Abbreviated practice with light equipment or suspended practice

> 100

A 3% dehydration rule will be in effect using a weight chart to monitor athletes during the acclimatization period.

Lightning Policy

From the NATA Position Statement on Lightning Safety in Athletics

Lightning may be the most frequently encountered severe-storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 AM and 7:00 PM, which coincides with the hours for most athletic or recreational activities. Additionally, lightning casualties from sports and recreational activities have risen alarmingly in recent decades.

Recommendations

The National Athletic Trainers' Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that include...

1. Identifying safe locations for shelter from the lightning hazard
2. Avoid trees and open fields
3. Monitoring local weather forecasts
4. Careful monitoring of the storm
5. A flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities.
6. Waiting 30 minutes or longer after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed.

Guidelines for Perquimans County Middle School

- 1) The game official, athletics director, principal or assistant principal will make the official call to remove individuals from the game field. The first responder or coach will make the call to remove individuals from the practice field(s).
- 2) Thirty minutes time will be given for the storm to pass.
- 3) The first responder or an assistant coach will be the designated weather watcher, actively looking for signs of threatening weather.
- 4) The first responder or athletic director shall monitor weather through the use of a Sky Scan, local forecast, or www.weather.com.
- 5) The criteria for postponement and resumption of activities will be the thirty second flash to bang method. After the first flash is seen, a count will commence. Counting is ceased when the associated bang is heard. This count is divided by five to determine the distance in miles from the venue. When the count reaches thirty, individuals should be in a safe shelter. This is the thirty-thirty rule.

Safe shelters for each venue are as follows:

- A. Football - PCHS Lobby, Cafeteria, Car, PCHS Gym
- B. Softball, Baseball, Soccer – PCMS Gym or Cafeteria, Car

Note: the secondary choice for some venues is a fully enclosed vehicle with a metal roof and the windows completely closed.

The following first aid will be observed for lightning strike victims:

- 1) Survey the scene for safety

- 2) Activate EMS
- 3) If necessary move lightning victims to a safe shelter
- 4) Evaluate airway, breathing, circulation, and begin CPR if necessary
- 5) Evaluate and treat for hypothermia, shock, fractures, and/or burns

Concussion

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

- a. Thinking/Remembering
- b. Emotional/Mood Sleep
- c. Difficulty thinking clearly
- d. Taking longer to figure things out
- e. Difficulty concentrating
- f. Difficulty remembering new information
- g. Headache
- h. Fuzzy or blurry vision
- i. Feeling sick to your stomach/queasy
- j. Vomiting/throwing up
- k. Dizziness
- l. Balance problems
- m. Sensitivity to noise or light
- n. Irritability-things bother you more easily
- o. Sadness
- p. Being more moody
- q. Feeling nervous or worried
- r. Crying more
- s. Sleeping more than usual
- t. Sleeping less than usual
- u. Trouble falling asleep
- v. Feeling tired

Table is adapted from the Centers for Disease Control and Prevention

(<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.