

# Burns High School Athletics Emergency Action Plan

This plan outlines basic steps that should be taken in the event of injury or illness to a participant, coach, official, or spectator present at a Burns High School athletic practice, competition, or the travel to and from such events. It is impractical to address all potential variables surrounding injury or illness. This plan is intended to give individuals a sense of how injuries and related events should be handled to ensure prompt delivery of care and to reduce the risk of further harm to the victim(s) or bystanders. The recommendations should be applied to each situation on a case-by-case basis. The success of any emergency action plan depends upon communication, sensible reactions, and preventative planning.

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## I. General Principles

The primary concern of administering emergency aid to an injured athlete is to maintain cardiovascular function and central nervous system function – the failure of either of those systems may lead to permanent injury or death. To provide the best possible care to our student athletes, coaches and athletic trainers must work together as a team. In most situations involving injury or illness to an athlete, coaches are typically the first responder and must be able to initiate the Emergency Action Plan (EAP) in the absence of a licensed athletic trainer. In the event that a possible life threatening injury or illness occurs without the presence of a medical professional, first responders must remain calm and act quickly in order to facilitate life-saving care.

Time is the most important factor when responding to a serious injury. Due to the immediate contact coaches have with their athletes initiating the EAP yourself can save an injured athlete valuable minutes. Having a licensed athletic trainer on staff is an asset to an athletic program; it does not eliminate the coach's responsibility to keep their athletes safe nor does it protect them from negligence. Emergency responsibilities for coaches as first responders would include: contacting emergency medical services (EMS-911), performing CPR, apply a defibrillator, or providing first aid.

- If there is a question as to the extent of an athlete's injury or illness, it is best to manage it as though it were severe
- Movement of any injured athlete occurs only when it has been deemed safe. This includes the injured athlete, bystanders, and caregivers.
- Injuries should be properly immobilized and/or supported prior to any movement, unless it has been determined that there is no risk of further harm as a result of movement making immobilization unnecessary.
- The health and safety of each student athletic trainer, student-athlete, coach, official, or spectator takes precedence over actual competition if continuation of play is a concern.
- The certified athletic trainer (ATC) and school nurse (during office hours) should be contacted to manage the situation when he or she is on campus.
- Determination of the need for emergency care is the responsibility of the ATC, school nurse or athletic department appointed sports first responder or student athletic trainer in the absence of the ATC.
- Determination of playing status is the sole responsibility of the ATC under the direction, or in consultation with the supervising physician. In the absence of the ATC, the athletic department sport first responder or student athletic trainer should request emergency care as needed.
- All non-emergency injuries should be referred to the ATC for evaluation and follow-up care (e.g. sprains, strains, contusions, abrasions, etc).
- Head or neck injuries, cardiac and breathing emergencies, suspected fractures, or severe sudden illness should receive immediate medical care- call 911.
- All athletic department appointed sports first responders must have current certifications in CPR, basic first-aid, and bloodborne pathogens as recommended by the NCHSAA.
- All athletic department student athletic trainers must be enrolled in the sports medicine curriculum and have current certifications in CPR, Basic First-Aid, and bloodborne pathogens.

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- Emergency supplies, cervical collar, crutches, immobilizers, and vacuum splints are located in the training room and on the athletic field during games and practices.
- Ice, water, and first aid equipment are available at every practice session (indoor and outdoor) and on the sideline during competitions.
- All OSHA recommended supplies for controlling the transmission of bloodborne pathogens would be available on the sideline during competitions.

## II. Duties of the Personnel

1. First coach or staff member on the scene will initiate EAP protocol and perform life-sustaining skills as needed and attempt to contact the athletic trainer.
2. Upon arrival, the athletic trainer will assume control over the incident scene and direct other coaches and/or staff members on proper procedures.
3. Whoever is chosen to be the designated caller will also direct (flag down) the ambulance to the location of the incident. If no designated caller is available, the first coach/staff member on the scene will direct EMS to the proper location once he or she has been relieved by the athletic trainer to do so.
4. Coaches and/or staff members will also assist the athletic trainer by maintaining crowd control if necessary.

Emergency Action Plan Protocol (EAP) \*in the absence of an athletic trainer\*

Step 1: \*Activate EMS (call 911) if:

1. Athlete is unconscious and not breathing
2. Bleeding uncontrollably from a wound (damaged artery, impaled objects, etc.)
3. Possible ingestion of a toxic substance.

\*If possible, designate another coach and staff member to this while you tend to the victim

Step 2: Communicate the information to EMS in this order (speak clearly and calmly)

1. Name of the school, address of the school, and location of incident
2. Your name and phone number  
(i.e. Burns High School, 307 East Stagecoach, baseball field)
3. Description of incident
4. Be the last to hang up

Step 3: Call athletic trainer

Step 4: If the victim is unconscious: Check ABC's (airway, breathing, circulation) and Stabilize the head if you suspect a neck injury. If no breathing or pulse is found, begin CPR or initiate use of AED until help arrives. If using defibrillator, follow voice prompts. If breathing, monitor for change until help arrives.

Step 5: Control severe bleeding by applying direct pressure over or above the wound. Keep athlete calm until EMS arrives.

\*NEVER leave an injured or unconscious victim unattended unless you are the only available person to activate the EAP. You must keep the victim calm and perform life-sustaining skills as needed! Every effort must be made for another person to call 911 and to notify the athletic trainer of the situation.

Remember to use common sense! There is no liability for attempting to provide some sort of medical assistance, but the consequences can be severe if you neglect to do nothing at all.

### III. **Signs and Symptoms of a Potentially Serious Injury or Illness**

1. Changes in skin color (red, pale, or blue) or temperature (hot, cool, or clammy).
2. Body temperature that is less than 95 degrees or greater than 104 degrees.
3. Changes in breathing (shallow, irregular, or gasping).
4. Complaints of head, neck, or abdominal pain after a collision or contact type injury.
5. Frothy blood dissipating from the mouth.
6. Loss of consciousness.
7. No signs of breathing or a pulse.
8. Numbness below the neck and difficulty or inability to move extremities.
9. Pupils are unequal in shape or fully dilated.
10. Uncontrollable bleeding from a laceration or puncture wound.

### IV. **Head and Neck Injuries**

Concussions occur regularly in a collision type sport such as football. Injuries to the head and neck can be catastrophic in nature. If an athlete suffers an injury to the head or neck and there are no medical personnel available, then it is the coach's responsibility to make sure that their athlete receives proper medical care. Always err on the side of caution in regards to a head or neck injury. Diagnosing a concussion can be very difficult and is often passed over as "just getting his bell rung". "Burners" or "Stingers" can also occur regularly in collision sports and should be treated as a potentially serious nerve injury. Remember, if an athlete is hit hard enough to elicit an ill effect. Then it may no longer be safe for that athlete to immediately continue the contest. No athlete will be allowed to return to play the same day after showing signs of a concussion. Athletes may return to play only after receiving an official release by their caring physician and following the gradual return to play guidelines. Do not allow the athlete to return to play if he or she is suffering from any of the following symptoms:

1. Loss of consciousness (even if for a few seconds)
2. Numbness, tingling, or burning sensation in the arms or legs.
3. Headache, dizziness, ears ringing, confusion, or amnesia (do not give medication to the athlete at anytime; use an ice pack to decrease symptoms instead).
4. Complaints of pain anywhere on the head or along the spine.

## **Spine, Closed Head Injury and Unconsciousness Athlete Management**

The ATC will provide care for the management of any spine, closed head trauma, or loss of consciousness. The ATC will maintain care for in-line stabilization until the athlete is secured and EMS arrives.

Management will proceed in the following order:

1. Assess consciousness
2. Assess and manage Airway, Breathing, and Circulation.
3. Call EMS Dial 911
4. Stabilize the cervical spine with in-line stabilization until the athlete has been placed in a cervical collar and spine boarded by EMS. \*
5. Assess and monitor signs and symptoms of the injury (e.g. respirations, pulse, color, pupils, temperature, BP, movement, sensation, level of consciousness, memory, etc.)
6. Provide first aid to severe extremity injuries (e.g. direct pressure for bleeding, stabilize fractures or dislocation, etc) if there are personnel available that can be instructed in the appropriate care.

### **\*DO NOT REMOVE A FOOTBALL HELMET AT ANYTIME UNLESS AIRWAY IS BEING COMPROMISED**

\*\* In the event of a spine, closed head injury or loss of consciousness and the ATC is absent, the athletic department sport first responder, student athletic trainer, or coach will provide cervical stabilization until EMS arrives. This individual should not leave the injured athlete for any reason. Cervical stabilization will be transferred to the EMS personnel as soon as EMS arrives and they will assume responsibility for the scene.

If the ATC is at the venue of the injury, he or she will obtain in-line spinal stabilization throughout initial medical care. The ATC will remain primary care provider of the injured athlete until EMS arrives. Spinal stabilization will not be transferred from the ATC to EMS until the athlete is adequately secured with a cervical collar, immobilization blocks, and a spine board.

## **V. Concussions**

If an athlete is experiencing signs and symptoms consistent with a concussion, the athlete is NOT allowed to return to play the same day. The athlete must have written clearance (and must use the Gfeller-Waller Concussion form) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion. Student athletes are encouraged to report their own symptoms, or to report if peers may have concussion symptoms to: Coaches, parents, volunteers, first responders, school nurse, and licensed athletic trainers (if available). Athletic Trainers (if available) are responsible for removing a student-athlete from play if they suspect a concussion. Following the injury, a qualified medical professional should evaluate the student-athlete with training in concussion management. It is

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strongly recommended that each institution seek qualified medical professionals in the surrounding community to serve as resources in the area of concussion management.

In order for a student- athlete to return to play without restriction, he/she must have written clearance from appropriate medical personnel.

## VI. Cardiac Emergencies

### Automated External Defibrillator Policy:

In the event the emergency action plan is activated for a cardiac emergency, six (6) AED units are located at Burns High School. The athletic training staff will have an AED available at contests occurring on the Burns High School campus. The AED units are located in the following locations:

- |                                 |                                    |
|---------------------------------|------------------------------------|
| 1-front office                  | 4- upstairs science workroom       |
| 2-old field house/training room | 5-Glenda Childers' classroom       |
| 3-boys field house              | 6-Coach Livingston's office in gym |

If a cardiac emergency occurs and the athletic training AED is unavailable, those assisting the victim should contact 911 to advise Emergency Medical Services of the medical emergency.

## VII. AED Use Protocol

The following AED protocol is for use by the AED Team of Burns High School. Burns High School's certified athletic trainer approves it for use by approved members only. The protocol will be reviewed on an annual basis and replaced by a revised protocol as necessary.

1. Conduct an initial assessment:
  - a. Assess for scene safety; use universal precautions.
  - b. Assess patient for lack of consciousness
  - c. Call 911
  - d. Ensure AED trained staff are notified and AED is brought to emergency site
2. Ensure that 911 have been notified and that the local EMS agency is en route.
3. Open the patient's airway. Look, listen and feel for absence of breathing. If not breathing give rescue breaths. Check for circulation. If no signs of circulation, begin compressions. Continue CPR per guidelines until the AED arrives or until patient begins breathing and a pulse is present.
4. When the AED is available, turn on the AED unit and follow the prompts. (If more than one rescuer is present, one can continue CPR while the other applies defibrillation pads.) Switch to pediatric pads if the patient is under age eight or under fifty-five (55) pounds. Otherwise use the attached adult pads. Make sure that the AED pads are placed in their

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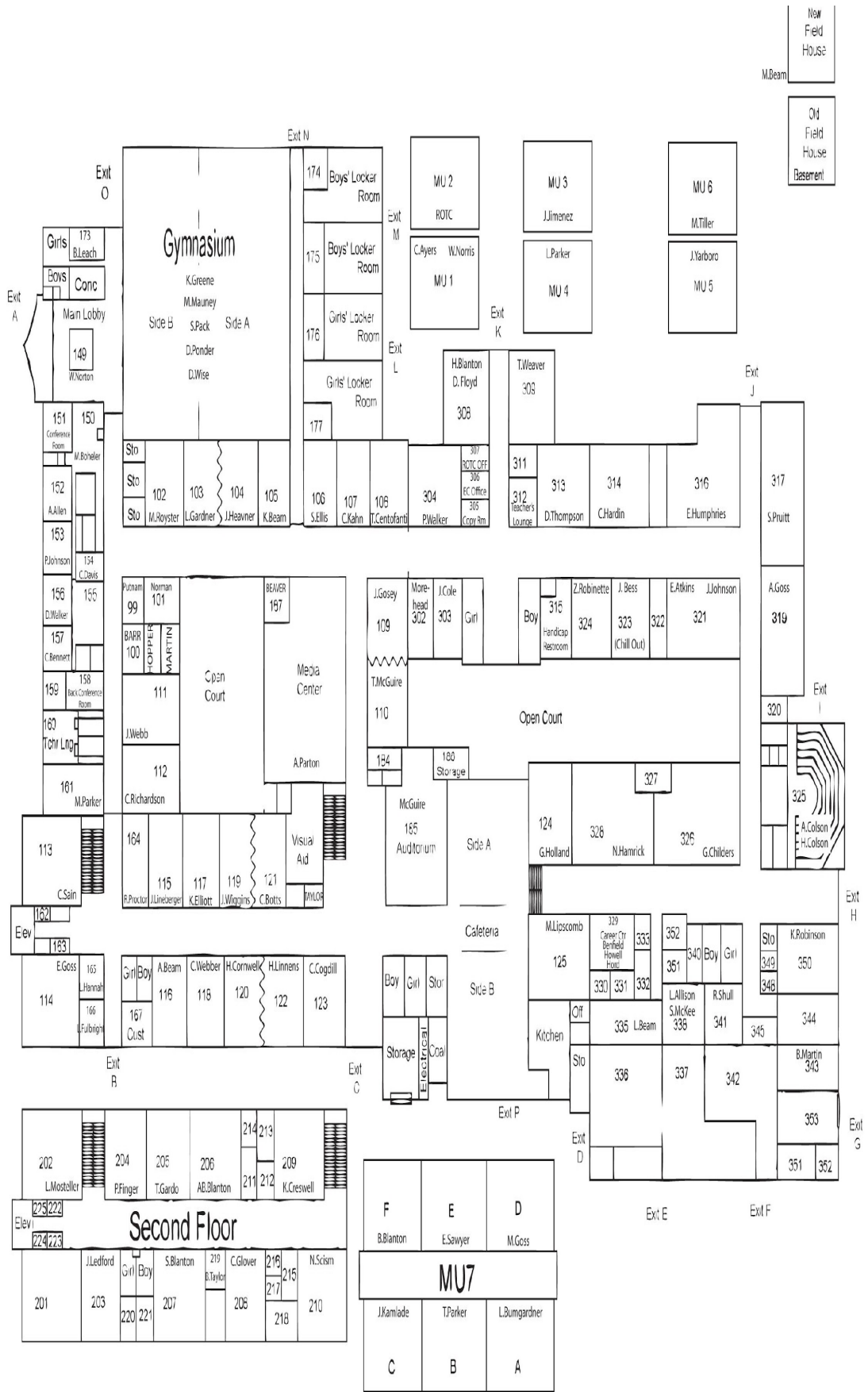
proper location and that they are making good contact with the patient's bare chest. If necessary, shave chest hair using the razor provided in the AED kit. Do not use the Defibtech or Heart Smart AED Plus if the patient is lying on standing water, a metal surface or is in a flammable informant. If the patient is wet, dry the patient off using the towel provided in the AED kit. Do not place the AED pads over the nipple, medication patches, or implantable devices. Remove all medication patches and wipe skin clean with a cloth.

5. Once applied, the AED will automatically analyze the patient for a treatable rhythm (ventricular fibrillation or pulseless ventricular tachycardia). Clear the patient area so that no one touches the patient during the rhythm analysis or shock. When the AED advises a shock clear the patient area loudly by saying, "I'm clear, you're clear, everyone clear!" and then press shock button. Administer additional shocks as prompted by the AED until the AED advises no shock, or a series of three (3) consecutive shocks has been delivered. (The AED will not allow more than three shocks to be given.)
6. If the AED gives a "No Treatment Advised" prompt or a series of three consecutive shocks has been completed, and the patient is not breathing and has no pulse, administer the ABC's of CPR until the patient regains a pulse, the AED advises to stop CPR for analysis, or EMS arrives and assumes care of the patient. If the patient is not breathing but does have a pulse, perform rescue breathing (Adult: 1 breath every 5 seconds) until the patient regains adequate respiration, the AED advises to not touch the patient for analysis, or EMS arrives and assumes patient care. Conduct continuous monitoring of the patient's condition and evaluation of rescue in accordance with AED Team training. Once the AED is turned on and the pads are applied to the patient's bare chest, the AED Team Member does not remove the pads or turn off the device unless directed by a higher medical authority.
7. Upon arrival of EMS, transfer patient care to the EMS team. If requested by EMS, assist in patient care. Give the EMS agency a complete oral report of the event and any significant findings.
8. Document the *sudden cardiac death* event as directed on the AED incident report form, and complete that documentation no more than 24 hours following the event. Give all documentation to the AED Coordinator (certified athletic trainer) within 24 hours post-event. Complete all areas on the AED Incident Report. The AED Incident Report is a part of the patient care record and is confidential to both the patient and Burns High School. This report is not to be altered once it is completed. Discussion of all aspects of the event is to be limited to team members, in formal debriefing or training sessions. To prevent violation of patient confidentiality and liability for Burns High School, AED Team members are to refrain from open discussion about any aspects of the medical event. EMS agency, Medical Director and attending physician will have access to all appropriate records/downloaded data and will maintain confidential information in accordance with federal HIPAA guidelines. Any dissemination of records will only be conducted after receiving appropriate patient release and consent.



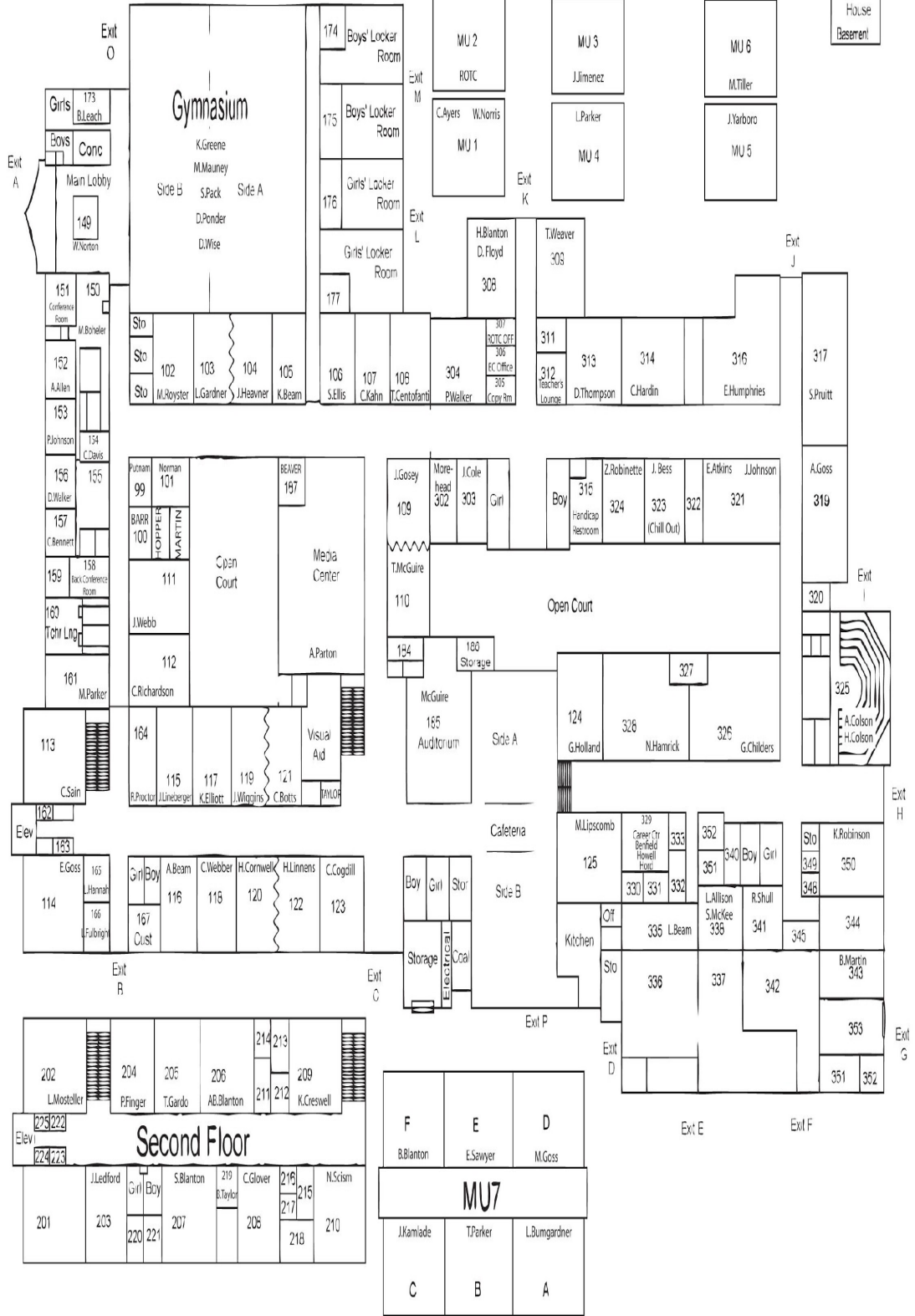
**AED Team:**

Sara Messer (Athletic Trainer)  
Brandy Leach (Athletic Trainer)  
Sherry Ellis (English Hall)  
Meg Vercio (Nurse)  
Chris White (Athletic Director)  
Ted Mcswain (Custodian)  
Trent Marty (Technology)  
Christine Kahn (English hall)  
Glenda Childers (Allied Health)  
Chris Cogdill (Asst AD, Football Coach)  
Myra Douglass (Allied Health)  
Alex Leonhardt (Football, Baseball Coach, Freshman Academy)



New Field House  
M.Beam

Old Field House  
Basement



New Field House  
M.Beam

Old Field House  
Basement

## **Inclement Weather – Lightning and Severe Storms**

### **Lightning Policy**

The ATC will be designated to monitor threatening weather and work in conjunction with officials to make the decision to remove a team or individuals from the athletic site or event. The decision to clear an area will apply to participants, coaches, officials, and spectators.

An announcement should be made over the PA system informing everyone of the decision to clear and where they should evacuate:

*“May I have your attention please, due to the lightening and risk of associated with the thunderstorm, the decision has been made to evacuate the athletic site. The gymnasium has been opened up to accommodate you. You do have the option of reporting to your car, being that it is a safe shelter haven. We will keep you informed about weather and game updates. Once again you will have to evacuate the stadium.”*

From the *practice soccer field, tennis court, practice football field, and baseball field* participants will be directed towards the football field house and spectators will be directed towards the field house or the vehicles.

From the *Ron Green Stadium*, participants will be directed to the field house and spectators will be directed to the gym.

Clearing an athletic site or event will be done using the flash-to-bang method as suggested by the NCHSAA or using the Skyscan or Thunderbolt Lightning detectors. The flash-to-bang method is calculated by counting the seconds from the time the lightning is sighted to when the clap of thunder is heard. That number is then divided by 5 to determine how far away (in miles) the lightning is occurring.

1. As a minimum, Burns High School sports medicine and athletic staff strongly recommends that by the time the monitor obtains a flash-to-bang count of 30 seconds, the Skyscan detector reads 3-8, or Thunderbolt reads “storm is local” all individuals should have left the athletics site and reached a safe structure or location. Dugouts are not considered safe structures. They will protect you from rain but not lightning. Athletic events should be suspended and potentially terminated.
2. The existence of a blue sky and the absence of rain, are not protection from lightning. Lightning can and does strike from as far as 10 miles away from the rain shaft. It does not have to be raining for there to be a lightning strike.
3. If no safe structure can be reached, consider a thick grove of small trees or a dry ditch. Assume a crouched position with only the balls of your feet touching the ground. Wrap your arms around your knees and lower your head. Minimize contact with the ground. Avoid metal objects, bleachers, single trees, standing water, and open spaces. Do not lie flat.

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4. When considering resumption of play for any athletic event, the NSSL recommends that everyone wait at least 30 minutes after the last sighting of a lightning flash before returning to the field.
5. Those that have been struck by lightning do not carry an electric charge, thus first aid (CPR) should begin immediately. If possible, the injured parties should be relocated for safety. Victims of lightning strikes will present signs of cardiac or respiratory arrest and prompt care is necessary to preserve life.

*Suspension of Play*

Play is suspended if the Flash-to Bang method reaches 30 seconds. This indicates the lightning is at the 6-mile range. As a minimum, the National Severe Storms Laboratory strongly recommends that by the time the observer obtains a Flash-to-Band count of 30 seconds, all individuals should have left the athletic site and reached a safe location.

*Resumption of Play*

Resumption of play can continue only when lightning or thunder has not been detected for at least 30 minutes. Each subsequent occurrence of lightning or thunder detected within the 30 minutes, the 30-minute clock restarts. Experts believe 30 minutes allow for thunderstorms to be approximately 10-12 miles from the area. This helps minimize the chances of a nearby lightning strike.

*First Aid*

In the unfortunate event that someone becomes struck by lightning, call 911 immediately. It is safe for an individual to perform CPR on a lightning victim because their bodies will no longer carry an electrical charge. Prompt, aggressive CPR increases the survival rate of victims of lightning strikes. If possible, move the victim to safer location before starting CPR.

## VIII. **Extreme Weather Precautions**

### **Heat, Humidity, and the Heat Index**

It is important for all BHS staff members who supervise physical activity to understand the risks to student athletes who exercise in hot and humid conditions. The risk of suffering heat related illness significantly increases as temperatures reach 90 degrees F with humidity as low as 20 percent.

Heat index is how the heat and humidity in the air combine to make us feel. Higher humidity plus higher temperatures often combine to make us feel a perceived temperature that is much higher than the actual air temperature. The combination of heat and humidity results in heat stress on student athletes by interfering with the body's ability to cool itself through sweating. Student athletes exposed to prolonged heat stress can develop heat cramps or heat exhaustion. If heat stress continues, the condition can progress dangerously to heat stroke or even death.

The athletic trainer may take a heat index reading in the afternoon before practices to get a reading. If a reading suggests a danger to athletes, the athletic trainer will notify the appropriate coaches and practices may be altered.

### Heat Illness Warning Signs

- Profuse sweating
- Headache
- Paleness
- Muscle cramps
- Weak/rapid pulse
- Fatigue
- Fainting
- Nausea or vomiting
- Dizziness
- Fast/shallow breathing

### Different Types of Heat Illnesses

1. **Heat syncope:** fainting or near fainting following dizziness, usually while running or after a sudden change in position. This is caused by a drop in blood pressure as the brain is deprived of oxygenated blood
2. **Heat cramps:** Tightening or spasms of active muscles, without the loss of consciousness. This is caused by an electrolyte imbalance.
3. **Heat exhaustion:** Inability to continue exercise. Headache, dizziness, fatigue, pale or clammy skin, nausea, and vomiting, which may be accompanied by irrational behavior or belligerence and muscle cramping. Loss of consciousness may occur. Core temperature mildly elevated.
4. **Heat stroke: MEDICAL EMERGENCY!!** Extremely high body core temperature 104-108 degrees F, no perspiration, disorientation, muscle twitching, red-hot-dry skin, rapid pulse, convulsions, may become unconscious, may lead to a coma and possible death.

### Dehydration and its effects on performance:

1. Dehydration occurs when fluid loss exceeds fluid intake. Urine color is similar to apple juice.
2. Dehydration can affect an athlete's performance in less than 1 hour of exercise. It can begin sooner if the athlete begins the session dehydrated.
3. Dehydration of just 1-2% of body weight can negatively influence performance.
4. Dehydration of 3% of body weight increases an athlete's risk of heat illness (heat cramps, heat exhaustion, or heat stroke).

### Fluid guidelines to prevent dehydration:

- Thirst is NOT a good indicator for when to drink fluids. If an athlete gets to the point that they are thirsty, they are already headed towards dehydration.
- Athletes should drink before they get thirsty
- 2 hours before activity, drink 20 oz of water or sports drink
- 15 minutes before activity, drink 10 oz of water or sports drink
- Every 10-20 minutes during activity, drink 10 oz of water or sports drink
- Within 2 hours after activity, athletes need to drink 20 oz of water or sports drink for every pound of body weight lost through sweat. Example; 3 lbs lost = drink 60 oz of fluids before the next practice.
- Urine color should be similar to lemonade.
- Coaches should encourage all athletes to weigh themselves before and after practices in order to properly gauge re-hydration needs.
- Inquire about sickle cell trait status on Pre-Participation form
  - a. Consider those with the trait to be "susceptible to heat illness"

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- b. Those with the trait should not be subject to timed workouts
- c. Those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed

### **Cold Weather Precautions**

Cold weather exposure can be uncomfortable and impair an athlete’s performance significantly. Frostbite is the freezing of superficial tissues, usually of the face, ears, finger, and toes. Hypothermia is a dangerous condition in which the body’s core temperature drops below 95 degree F. Limited exposure and proper clothing is the best defense against frostbite and/or hyperthermia. 40% of the body’s heat can be lost through the top of the head.

#### **Warning Signs for Hypothermia**

- Shivering
- Numbness
- Mental confusion
- Quick/shallow breathing
- Difficulty speaking
- Pale/blue skin
- Un-coordinated muscle activity

#### **Recommended clothing for cold weather:**

- First layer: polyester material (under armour) to help keep away moisture from the body
- Second layer: cotton material (sweatshirt and pants) to provide insulation for body heat
- Third layer: nylon material (windbreaker) to help reduce wind chill exposure to the body
- Head: wool cap (beanie) to trap body heat, should also cover the ears
- Hands: use full length gloves if possible
- Feet: wear at least 1 pair of socks, 2 pair is better to trap heat and control moisture, also reduces blisters caused by friction

### **Guidelines for Activities during Extreme Temperatures**

The athletic trainer may obtain sling psychrometer readings and weather reports before practices whenever weather conditions are questionable. If the psychrometer reading and/or the air temperature pose a threat to the athletes, the athletic trainer will notify the appropriate coaches and practices maybe altered for that day. Cold Weather is defined as a wind chill below 32 degrees F. No weather reports or practice modifications need to be made if the air temperature is between 45-90 degrees F.

#### *Hot Weather*

1. Coaches should allow 10-14 days for athletes to get acclimated to the hot weather.
2. After school practiced will be monitored carefully, recommend limiting sun exposure to 2-3 hours.
3. Outside practices will be discouraged if temperature is >100 degrees F or heat index >105 degrees F.
4. Mandatory water breaks will be given to all sports every 30 minutes with at least 10 minutes of total rest for each break. Football players should attempt to have helmets off during breaks.
5. Open water policy should be available to all student athletes without penalty.

#### *Cold Weather*

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1. All athletes, except football, should wear a minimum of a full-length warm-up or sweats (tops and bottoms) and athletic shoes with socks.
2. FOOTBALL athletes need to wear socks with their cleats and are encouraged to wear long sleeves.
3. Wind chill factor 25-32 degrees F without rain: recommend a maximum of 45 minutes total exposure
4. Wind chill factor 25-32 degrees F or below with rain: Consider indoor practice, per coach's discretion
5. Wind chill factor 24 degrees F or below with or without rain: Recommend indoor practices only

## IX. **Non-Emergency Injuries or Illnesses**

### **Non-transport Emergencies:**

In some instances, after an initial evaluation has been completed by the ATC, the sports first responder or student athletic trainer, injuries may be less severe and immediate medical care is not necessary. In these instances, the rules of first aid will be applied. The athlete will have the injury stabilized and a determination of play will be made. If there are any questions as to the extent of an injury, the athlete should be held out from activity until they can be evaluated by the ATC and/or licensed medical physician. If the ATC is not present when the injury occurs, he or she should be contacted as soon as possible. A release from the ATC to the coach is required for any athlete to resume activity.

## X. **Ambulance Transportation**

In the event of an injury or illness, the ATC or athletic department appointed sport first responder, student athletic trainer, or coach should manage the situation.

If an ambulance is required for transport the following steps should be taken:

1. The ATC or someone (under ATC direction) will call for the ambulance, **DIAL 911**. From a school line, you must first hit line out twice to reach an outside line.
2. The ATC will appoint someone (under ATC direction) to meet the ambulance in front of the sport venue and escort it to the necessary location.
3. Coaching staff, school resource officer, school employees, and student athletic trainers will be instructed to help clear the immediate area surrounding the injured athlete.
4. Coaching staff, school resource officer, school employees, or student athletic trainers will be dispatched to the location to direct the EMS personnel to ensure that all doorways and access points are clear (and unlocked). They should also assist with clearing the scene, controlling the crowd, and directing EMS personnel to the exact location of the injured athlete.
5. It is recommended that the coach, assistant coach, student athletic trainers take the team to the opposite side of the venue or to the team room until EMS has left the scene.

A determination must be made as to who will accompany the athlete to the hospital. If competition continues the coach, athletic trainer, or student athletic trainer should stay at the competition site unless the emergency is deemed life threatening since the injured is in care of professional medical staff. A Burns High School representative may accompany the injured athlete to the hospital. The team physician

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will be contacted once EMS arrives to begin arrangements for medical care. The athletic department representative (coach or ATC) will contact parents as soon as possible regarding the student-athlete's condition.

In the event that this injury or illness occurs during competition, all play will be suspended until the athlete can be safely moved and transported by EMS personnel. If it is possible to move the athlete off the field of play, competition may resume. The decision to move an athlete off the field of play so that competition may resume will be made by the ATC and supervising team physician.

**Removing an athlete from the Ron Green Stadium:**

EMS will be directed to the field by the field house entrance.

**Removing an athlete from the gym floor:**

EMS will be directed to the gym by entering in through the outside double doors on the visitor's parking lot side of the school. Make sure someone is available to hold the doors because they will lock when closed.

**Removing an athlete from the wrestling room:**

EMS will be directed to the field house. There are steps leading down to the wrestling room right before entering the field house gates.

**Removing an athlete from the training room:**

EMS will be directed to enter in through the first set of double doors on the visitor's parking lot side of the school. Training room will be on the right across from the gym.

**Removing an athlete from the soccer practice field, practice football field, softball field, tennis courts:**

EMS will be directed to take the 2<sup>nd</sup> turn pass the school. It is a gravel road that runs pass the tennis courts. The tennis courts will be first, then the softball field. Next to the softball field is the football practice field. The practice soccer field is to the far left of the practice football field.

**Removing an athlete from the baseball field:**

EMS will be directed to the field by traveling toward the field house. There will be a road on the right leading to the field.

***MAKE SURE THERE ARE NO CARS, GOLF CARTS, OR BUSES BLOCKING ANY PATH OR ENTRANCE THAT COULD BE UTILIZED BY EMS***

**XI. Non-Ambulance Transport**

In the event of an injury or illness the ATC, school nurse, or athletic department appointed first aid provider should manage the situation.



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*If an ambulance is not required for transport*, the ATC, school nurse, athletic department sport first responder or student athletic trainer should stabilize the injury and prepare the athlete for transport. It is recommended that 2 people accompany the injured athlete. The ATC will contact the team physician to make arrangements for him or her to evaluate the athlete either at his office or in the emergency room. If possible, a family member or school representative will accompany the injured athlete to this evaluation.

If the injury/illness occurs during the course of competition, the ATC will not leave the venue. Another representative of the athletic department will accompany the athlete. The ATC will contact the parents as soon as the athlete has been evaluated and the physician has given a recommendation for treatment.

## XII. Medication Policy

Do not under any circumstance give an injured athlete medication without the written or verbal consent from that athlete's parent or legal guardian. Medications such as ibuprofen can cause gastrointestinal bleeding with excessive use or with the consumption of alcohol. If an athlete needs medication on a regular basis, they must purchase their medication and give it to the athletic trainer or coach for controlled distribution. Athletes using inhalers should provide visible access to their inhalers and notify the coach and athletic trainer of their condition.

## XIII. Off-Campus Procedures

In the case of an emergency while traveling to or from an event, or during the event, the athlete should be assessed and managed in one of the following ways:

1. **The injury or illness is deemed a medical emergency requiring ambulance transport or immediate medical attention (fracture, dislocation, illness, etc).** In this case a member of the Burns High School party will accompany the athlete to the hospital. The athlete's personal, medical, and insurance information needs to accompany the athlete in the ambulance if possible. If the ATC is present, he or she, or a designated school representative will accompany the athlete to the hospital, leaving care for the remaining athletes under the supervision of the host ATC if one is available. If necessary the ATC will remain behind with the injured athlete, allowing the rest of the team to return to campus. Parents will be notified as soon as possible. If the ATC is not present, decisions rest upon the coach. An attempt to contact the ATC must be made to be advised as to the most appropriate care (call the office, home, and cell phone).

### **Examples of injuries that should be seen immediately (this is not an exclusive list)**

- Head or neck trauma
- Suspected spine injuries
- Lacerations and Uncontrolled bleeding
- Obvious fractures and dislocations
- Uncontrolled nausea and vomiting

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- Severe abdominal cramping associated with fever, nausea, headache, sweating, etc.
2. **The injury or illness is deemed a non-medical emergency but is restricting activity.** In which case the ATC or coach must strive to stabilize the injury and offer first aid. The athlete will be transported back to campus and further evaluated. If it is determined at that time that the injury requires medical evaluation, arrangements will be made with the team physician or another physician, as needed. If the ATC is not present, decisions rest upon the coach or sports first responder. An attempt to contact the ATC must be made to be advised as to the most appropriate care (call the office, home, and cell).

**Examples of injuries that could be seen on campus (this is not an exclusive list)**

- Joint sprains
- Muscle strains
- Contusions
- General illness/ chronic complaints

**XIV. Visiting Teams**

Emergency care for visiting teams is the responsibility of the ATC. All procedures will be the same with regard to ambulance transports, non-ambulance transports, trauma, and nontrauma cases. Any athlete or coach injured while participating in an event on campus will receive medical care from the ATC. In the event that a visiting athlete sustains a minor injury, the coach will be given the option to have that injury evaluated locally or to have the athlete stabilized and transported back to their campus for evaluation. This option will be made available if there is no risk of further harm to the student-athlete by delaying medical evaluation. A representative of the visiting team must accompany the injured athlete with any personal information (e.g. insurance, contact numbers, address and phone, etc.).

**XV. Officials**

Officials will be greeted prior to the start of any competition by the ATC. The emergency procedures of the athletic department will be discussed. Outdoor officials will have the inclement weather and lightning policy reviewed so that they are aware of the chain-of-command in monitoring an approaching storm front. Event specific procedures for providing emergency care will be discussed. The officials will be advised that competition will resume only if it is deemed safe to move an injured athlete from the field of play and that the ATC or supervising physician is the one to make that determination.

Injuries to officials will be handled in a similar manner as injuries to visiting players or coaches. If necessary, a representative of Burns High School's athletic department will accompany an injured official to a medical facility until friends or family members can be contacted.

## XVI. Spectators

The provision of first aid care for spectators is primarily the responsibility of Cleveland County Emergency Medical Services. However, immediate care will be rendered in life threatening situations by the ATC, sports first responder, or student athletic trainer. In the event of inclement weather, spectators will be advised to seek shelter along with the participants of the event. In the event of a structural emergency (e.g. fire), spectators and participants will be ushered out of the building via the nearest emergency exit by members of the athletic department, school staff or law enforcement. Law enforcement and fire services will perform a sweep of the building, if possible, to ensure all participants have been safely evacuated

## XVII. Emergency Facilities

The Cleveland County Emergency Medical Services in conjunction with Upper Cleveland Rescue Squad provide emergency services to Burns High School. The most convenient medical facility is

**Cleveland Regional Medical Center    201 E. Grover St    980-487-3000**

Trauma cases will be transported to Cleveland Regional Medical Center by Cleveland County Emergency Medical Services. Examples of trauma would be, but are not limited to, breathing emergencies, cardiac emergencies, head injuries, spinal cord injuries, massive bleeding, and limb threatening injuries. It is highly unlikely that a case would require air transport.

In all cases of medical transport, trauma and nontrauma cases, Burns High School's team physician(s) will be consulted. Decisions regarding facilities, orders, and testing will be first given to the team physician. The team physician should call ahead to the receiving emergency department to alert them of the status of the injured athlete and begin orders if necessary (particularly in cases when EMS transport is not used).

On most non-trauma cases, injured athletes will be transported to the office of the team physician, OrthoCarolina, 101 Delta Park Drive, Shelby, NC 28150 or to Cleveland Regional Medical Center, 201 E. Grover Street, Shelby, NC 28150. This is done to streamline emergency management of less severe musculoskeletal injuries. Services that would be rendered in office, rather than transporting to the emergency department might be, but are not limited to, diagnostic x-rays, minor dislocation reductions, suturing, casting, and immobilization.

## XVIII. Emergency Numbers

### Director of Sports Medicine

Sara M. Messer, LAT, ATC.....704-473-0581 (School Cell)

### Sports First Responder

Brandy M. Leach, LAT, ATC.....704-476-8335 ext.3687 (Office)

### Team Physicians

Dr. Bruce Cox, MD.....704-484-0606 (Office)  
OrthoCarolina

### Principal

Mickey Morehead..... 704-476-8335 ext. 3620 (Office)  
704-476-5752 (Cell)

### Athletic Director

Chris White..... 704-476-8335 ext. 3688 (Office)  
980-253-8420 (Cell)

### Assistant Athletic Director

Chris Cogdill.....704- 473-8787 (cell)  
704-476-8335 ext. 3742 (Office)

### School Nurse

Meg Shires, RN.....704-476-8335 ext. 3729 (Office)

### School Resource Officer

Travis Lee.....704-476-8335 ext. 3643 (Office)  
704-692-2954 (cell)

## XIX.

**Coaching Staff****Football**

David Devine (Head)  
Alex Leonhardt (JV)  
Chris Cogdill  
Chris Geter  
Sherwin Brown  
Thurman Geter  
Cedrick Geter  
Mike Goss  
Matthew Clark  
Spencer Shaw  
Chad Beam

**Volleyball**

Brandy Leach  
Casey Harmon  
Valerie Walker

**Men's Soccer**

Jamie Lee

**Tennis**

William Blackburn

**Cross Country**

Kenny Walker  
Melanie Walker

**Cheerleading**

Jennifer Wiggins  
Katherine Elliott

**Women's Tennis**

Meredith Royster

**Softball**

Tracy Gardo

**Wrestling**

Dan Grellman

**Baseball**

David Wise  
Alex Leonhardt

**Varsity Women's Basketball**

Thurman Geter

**Track**

Melanie Walker  
Kenny Walker

**Men's Basketball**

Kareem Livingston

**Women's Soccer**

Dwayne Earl