

## Emergency Action Plan

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 athlete in an emergency and/or life-threatening situation. All coaches should be prepared to follow this emergency plan to help ensure that the best care will be provided.

### 1. Preparation

- If possible, coaches should print out players' emergency contact information prior to players participating in any team event – conditioning, practice, or game. This information should be included in a notebook or folder that should be brought to all games / practices. Keep this information with equipment used for games / practices, so that assistant coaches and managers have this information when the head coach is absent. Injury Report Forms are available on the FHSAA website.
- A minimum of two adults (one over 21 and one over 18) are required at ALL practices, games, and team activities. If two coaches cannot be at an event, the team manager should arrange for a second adult to be present. For safety and liability issues, a coach should NEVER be the sole supervising adult at any team activity.
- Bring a fully-stocked first aid kit to all practices and games. If possible, bring a small cooler of ice – along with Ziploc bags – that you (and if necessary, the opposing team) can use as ice packs for injuries.
- When using a facility (school gym, field, etc.) for the first time, staff should, familiarize themselves with the venue and identify where emergency equipment (e.g., AED) is located.
- Discuss your Emergency Response plan with your team staff before the start of each season.
- For home games, FHSAA head coaches are the designated authority regarding player safety and treatment of injuries. Although most visiting teams bring their own first aid kits, don't assume this will be the case. Coaches should make first aid supplies and ice available to the visiting team—as needed—and provide support to visiting coaches / staff in caring for injured players. FHSAA head coaches should take the lead in initiating the Emergency Action Plan for ANY player, coach, or spectator in attendance at home games.
- FHSAA coaches are the final authority regarding the removal of players from practices and games. When in doubt, keep them out! Coaches may require players to obtain, and provide written evidence of, a physician's clearance for them to resume athletic activities.

2. Emergency Response. During practice and competition, the first responder to an emergency situation is generally a head or assistant coach. However, a team of individuals is needed to respond effectively to emergency situations. An emergency team will likely consist of coaches,

managers, training assistants, team captains, parents, as well as professional medical personnel such as physicians, certified athletic trainers, nurses, and emergency medical technicians. Roles of these individuals will vary.

There are five basic roles associated with an Emergency Response. Head coaches should assign available team members and ensure they understand their roles.

- Establish scene safety and immediate care of the athlete. The first and most important role is establishing safety of the scene and immediate care of the injured athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. In the event that a physician or certified athletic trainer is not on-site at the time of injury, head coaches should take the lead in assessing an athlete's injury and assign available personnel to the roles below.
- Activation of the Emergency Medical System (EMS). Calling 911 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 emergency response 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.
- Emergency equipment retrieval. Equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed.
- Direction of EMS to scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. This person should recruit others, as necessary, to guide EMS to the scene.
- Supervision of the scene and other players. As the emergency team is attending to the injured player and communicating with EMS, it is important to provide safety and security for the non-injured athletes on the team. Players should be moved to a secure location where they will not interfere with the emergency response and where they can be supervised. Opposing team members, spectators, and other personnel should be instructed to remain clear of EMS vehicles and personnel responding at the scene.

### 3. Injury Treatment Protocol

- Step 1: Evaluate the Injury. Do nothing that may cause additional injury. Move the injured person only if you must to prevent further injury or to initiate CPR, or after you have determined it is safe to do so.
  - Initial Assessment:
    - Is he breathing?
    - Is he conscious or unconscious?

- Is the athlete’s head, neck, trunk, or limb in an unusual position that may indicate fracture, dislocation, or other injury?
    - Look for profuse bleeding or swelling.
  - Ask the injured athlete the following questions:
    - Exactly where are you injured?
    - How did it happen?
    - Did you hear any sound such as a tear, rip, snap, or pop?
    - Where is your pain and exactly what type of pain are you experiencing (such as sharp, dull, aching, throbbing)?
    - Are you experiencing any tingling or numbness anywhere in your body?
  - While asking those questions, observe the following:
    - Is he able to communicate easily?
    - Is he anxious and difficult to calm down?
    - Look for deformities or abnormal body positions.
    - Is there swelling?
    - Is there bleeding?
- Step 2: Decide on Response Needed. There are three “Grades” for Injury Response listed below.
  - Grade 3: EMERGENCY → Call an Ambulance (refer to Step 3 below)
    - **Cardiac Arrest.** The athlete could go into cardiac arrest from a severe blow to the heart.
    - **Respiratory Distress.** The athlete is not breathing or is having difficulty breathing or is an asthmatic and cannot get relief through use of an inhaler.
    - **Suspected Neck or Spine Injury.** The athlete may have a loss of sensation or is unable to move body parts.
    - **Serious Head Injury or Concussion.** The athlete experiences ANY of the following symptoms: loss of consciousness (even for a short time), visual disturbance, bleeding, swelling, inability to walk correctly, disorientation, memory loss, nausea / vomiting, numbness / tingling, seizures, headache that worsens.
    - **Suspected Heatstroke.** The athlete may become disoriented or confused, there is an absence of sweating, and the skin is flushed and warm.
    - **Abnormal Position of Extremity or If You Suspect a Fracture That You are Unable to Immobilize to Transport to Hospital.** Examples include a dislocated ankle or displaced leg fracture.
    - **Ruptured Spleen Caused by Blunt Trauma / Impact to the Abdominal Area.** Severe abdominal pains which could become worse. Athlete may have pain in

the shoulder region, usually on the left side. Earlier signs: athlete is pale and has a rapid pulse. Internal bleeding can result in a drop in blood pressure causing blurred vision, confusion, light-headedness, fainting, and signs of shock, including restlessness, anxiety, nausea, and paleness.

- **Severe Bleeding.** Bleeding that cannot be controlled through direct pressure.
- Grade 2: Non-Emergency, serious injury → Send player to ER or Urgent Care facility
- Grade 1: Minor injury → treat and monitor
- **Step 3: Provide Emergency Care.** Members of the Emergency Response Team should administer appropriate first aid care to the injured athlete with the aim of stabilizing his condition until either more qualified medical personnel can provide treatment (in the case of Grade 3 and 2 injuries) or until athletes with minor injuries show significant improvement.
  - **Do:**
    - Take the situation into hand with confidence
    - Stay calm
    - Stay within your knowledge base
  - **Don't**
    - Panic at any time during care
    - Straddle or step over the athlete
    - Carry equipment over the athlete
  - If EMERGENCY (Grade 3) is determined, direct personnel to:
    - **Activate the EMS System:**
      - Call 911 and provide the following information to EMS Dispatch:
        - Name, address, telephone number of caller
        - Nature of emergency, whether medical or non-medical
        - Number of athletes
        - Condition of athlete(s)
        - First aid treatment initiated by first responder
        - Specific directions as needed to locate the emergency scene
        - Other information as requested by dispatcher
        - Do NOT end the call until told to do so by the dispatcher.
    - **Retrieve Emergency Equipment:**
      - As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment from the sidelines.
    - **Direct EMS to scene**

- The person calling EMS should direct someone to meet the ambulance at the designated spot.

- **Ensure supervision of the scene and other players**

- Designate a member of the Emergency Response Team take charge of the team, manage crowd control and keep other athletes away from victim.

NOTE: Once EMS is on-site, the head or assistant coach should contact the athlete's parents to inform them of the injury. If the parents are on-site, check with EMS as to whether they may accompany the athlete in the ambulance. If the parents are not on-site, let them know where their child is being taken by EMS staff.

- If Non-Emergency, Serious Injuries (Grade 2) is determined, send the injured athlete to the Emergency Room or Urgent Care (after stabilizing and providing first aid to the injury), in the following circumstances. Transportation should be provided by a responsible adult.
  - The injury results in immediate or obvious inflammation or swelling.
  - Suspected fracture or dislocation that is not major or likely to induce shock.
  - The injury involves a wound or external bleeding from a laceration or incision that requires stitches.
  - There is a suspicion of possible concussion or head / neck injury (even without symptoms detailed above under Head Injuries).

NOTE: If unsure of the extent of the injury, always protect your athlete and yourself. PLAY IT SAFE and have the athlete visit the ER or Urgent Care to be evaluated.

- If Minor Injuries (Grade 1) is determined, the athlete should be treated on-site and monitored for any worsening of symptoms. Care should be taken in allowing athletes to return to practices and / or games.
- Step 4: Report and Document ALL Injuries
  - Immediately after the game or practice, contact the Athletic Director to report all injuries requiring either a call to 911 or a visit to the ER or Urgent Care, even if the injury was to a player of a visiting team.
  - Submit an Injury Report Form to the Athletic Director on ALL injuries sustained by FHSAA athletes within 24 hours. Also, submit an Injury Report Form for Grades 2-3 injuries sustained by visiting team athletes within 24 hours of home games. These forms are available for download, completion and electronic submission via the FHSAA website.