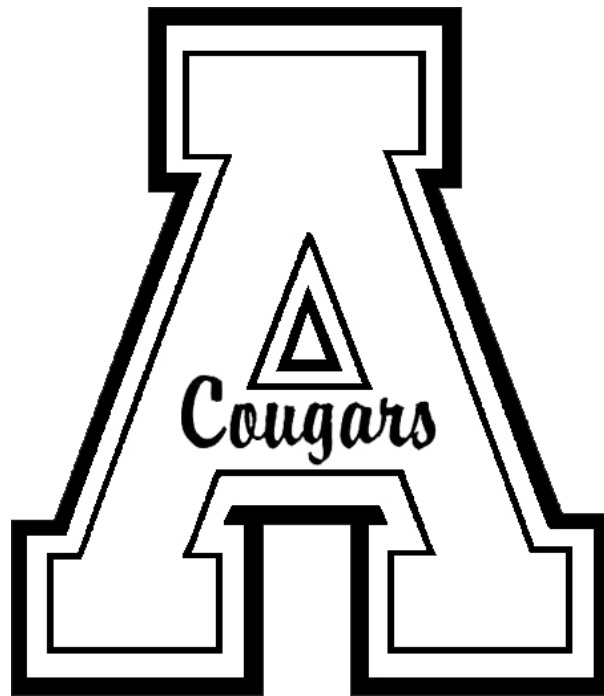


# **Emergency**



# ***Action Plan***



**APEX HIGH SCHOOL**  
***ATHLETIC DEPARTMENT***

## *Introduction*

---

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided. Athletic departments have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. 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. Hopefully, through careful 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 will enable each emergency situation to be managed appropriately. The following protocol is to be used for emergency situations that may occur during an athletic practice or event at Apex High School. Review the protocol for your particular sport. It is your responsibility as a coach to know the proper procedure to follow in order to ensure proper care for your athletes in the event of an emergency.

## *Components of the Emergency Plan*

---

**There are three basic components of this plan:**

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

## *Emergency Plan Personnel*

---

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer, student assistant, or coach. A team physician may not always be present at every organized practice or competition. 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. The first responder in some instances may be a coach, or other institutional personnel. 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

## Chain of Command

- Head Athletic Trainer or Asst. Athletic Trainer
  - Athletic Director
  - Head Coach
  - Assistant Coach
  - Sportsmedicine Student Assistant
1. The person on site that is highest in the chain of command should always stay with the injured athlete.
  2. If a cellular phone is not available, send the next person on the list to make the necessary phone calls.
  3. If EMS has been called, designate someone to go to the entrance of the school and direct the emergency vehicle to the proper location.
  4. Call the parent/guardian after EMS has arrived and the situation has been properly assessed and accurate information can be given.

### Activating the EMS System

Making the Call:

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

## 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. 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 Telephone Numbers

Phone Locations are as follows: Auxiliary Gym Office, Athletic Training Room, and Fieldhouse-dial 9 then the number			
Apex EMS	911		
Apex Fire Dept.	249-3466		
Apex Police	362-8661		
Cary Police	467-1911		
Wake Co. Sheriff	755-6910		
Highway Patrol	733-3861		
Western Wake Medical Center	233-2300		
WakeMed Apex Healthplex	350-4300		
Wake Medical Center	250-8000		
Rex Hospital	783-3100		
Miles Kliewer, LAT, ATC	(Home) 303-4808	(Cell) 291-4314	Nextel # 31605
Emily Scott, LAT, ATC	(Home) 656-6120	(Cell) 291-4312	Nextel #31603
Athletic Director – Del Phillips	(Office) 387-2243	(Cell) 770-7027	Nextel# 150*71*3293
School	(Main) 387-2208		
Principal – Mr. Wight	(Home) 380-9135	(Cell) 369-4935	Nextel# 150*71*40002
AP – Jeannette Hill	(Office) 387-3001		Nextel# 150*71*1004
AP – Rob Matheson	(Office) 387-2212		Nextel# 150*71*787
AP – Kevin Sergent	(Office) 387-4405	(Cell) 906-0681	Nextel# 150*71*1009
AP – Luther Thomas	(Office) 387-2213		Nextel# 150*71*526
Dr. Hart-Carolina Family Practice	(Office) 238-2000	(Cell) 455-1561	
Dr. Szura-Cary Ortho	(Office) 467-4992	(Cell) 810-4966	(Home) 325-1622

### The following information should be given when calling 911:

- Name, address, telephone number of caller
- Description of the problem
- Report what emergency care has been given
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene ("come to south entrance of school")
- Other information as requested by dispatcher
- Do not hang up until the dispatcher instructs you to do so

*When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.*

## *Calling Parents*

---

All coaches should carry their team's "Student-Athlete Traveling Information Form." You should have these forms to contact parents/guardians in case of an emergency. Keep them available at all times. The form should contain the following:

- Home number
- Work numbers
- Emergency contact other than parent/guardian

## *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 site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletics director coordinates on site ambulances for competition in home football. Ambulances **may** be coordinated on site 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.

## General Protocol Information:

This protocol will vary according to who is in attendance at the game/practice. In most instances, the athletic trainer/assistant athletic trainer and/or athletic director is on site. During practice, this is not always the case. It is the coach's responsibility to activate the Emergency Action Plan in the absence of these individuals. All coaches should carry their team's "Student-Athlete Traveling Information Form." If you are in doubt about activating EMS-make the call. An athletic trainer will cover all football and home athletic events and will be accompanied by a PA and/or MD for all home football games.

## Emergency Protocol Information-(Games/Practices):

All suspected concussions will be referred to Carolina Family Practice & Sportsmedicine. Life threatening heat related illnesses, cardiac conditions, and cervical spine injuries will be referred to the activation of EMS/local hospital. There will be an AED on site of all home athletic events. The head athletic trainer and assistant are trained (on an annual basis) to use an AED.

Apex High School has 3 AEDs.

**Location 1** – Teacher Mail room (in cabinet on wall)

**Location 2** – (During the Fall and Winter sports seasons) In the storage room in the boys PE locker room in the main gym. (During the Spring sport season) With the mens Lacrosse team

**Location 3** – (During the Fall sport season) With all football activities. (During the Winter and Spring sport seasons) In the orange kit in the athletic training room or with the Head/Assistant athletic trainer.

## Management of Suspected Head Injuries

Signs and symptoms of a possible concussion are listed below. If you observe an athlete experiencing even one of these symptoms, the athlete **MUST be removed immediately from all participation**. If the ATC/First Responder is available, contact him/her immediately so an evaluation can be performed. If the ATC/First Responder is not accessible, contact parent and recommend a prompt physician evaluation.

### **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 just 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

## Management of Suspected Heat Related Illness

Signs and symptoms of a possible heat illness are listed below. If you observe an athlete experiencing even one of these symptoms, the athlete **MUST immediately be removed from all participation**. If the ATC/First Responder is available, contact him/her immediately so an evaluation can be performed. If the ATC/First Responder is not accessible provide the following care. **Please note that if the athlete is unconscious or has an altered level of consciousness 911 should be called immediately.**

1. Place athlete in shade or in cooler area.
2. Provide cold fluid to drink, preferably water (unless unconscious).
3. Remove excess clothing and equipment.
4. Monitor signs and symptoms. If, in 10 minutes the athlete does not improve, or if condition worsens at any point, call 911.
5. Contact parents regardless of whether 911 has been called.
6. Contact ATC/First Responder to notify of incident.

### **Signs and Symptoms of Heat Illness:**

Early Stages (sometimes called heat exhaustion)

- Cool, moist, pale, ashen, or flushed skin
- Headache, nausea, dizziness

- Weakness, exhaustion

Late Stages (sometimes called heat stroke)

- Heavy sweating
- Red, hot, dry skin
- Changes in level of consciousness
- Vomiting

## *Management of Cardiac Emergencies*

---

The following are signs and symptoms of a cardiac emergency. If any of these signs are observed in an athlete that you suspect of having a cardiac issue, **call 911 immediately**. If the ATC/First Responder is available, contact him/her immediately so emergency care can be provided. If you are certified in CPR/FA, provide appropriate care until EMS, ATC/First Responder, or another professional rescuer arrives.

- |                                   |                    |
|-----------------------------------|--------------------|
| • Chest Discomfort                | • Nausea           |
| • Jaw, neck, shoulder or arm pain | • Lightheadedness  |
| • Shortness of Breath             | • Profuse Sweating |

## *USE OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED)*

---

***\*Refer to the Emergency Personnel and Emergency Protocol section of the EAP\****

Apex High School has 3 AEDs.

Location 1 – Teacher Mail room (in cabinet on wall)

Location 2 – (During the Fall and Winter sports seasons) In the storage room in the boys PE locker room in the main gym. (During the Spring sport season) With the mens Lacrosse team

Location 3 – (During the Fall sport season) With all football activities. (During the Winter and Spring sport seasons) In the orange kit in the athletic training room or with the Head/Assistant athletic trainer.

## *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 identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher, and establishing a chain of command. Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or longer after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed. Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms. Also outlined in this document are the pre-hospital care guidelines for triaging and treating lightning-strike victims. It is important to evaluate victims quickly for apnea, asystole, hypothermia, shock, fractures, and burns. Cardiopulmonary resuscitation is effective in resuscitating pulse less victims of lightning strike. Maintenance of cardiopulmonary resuscitation and first-aid certification should be required of all persons involved in sports and recreational activities.

## *\*Impending Lightning Protocol*

---

1. The Athletic Trainer, Athletic Director and Head Coach will be aware of the weather forecast.
2. Should conditions exist for a possible thunderstorm, the following "chain of command" will monitor the weather conditions during the event:
  - 1) Athletic Trainer
  - 2) Athletic Director
  - 3) School Administrator
  - 4) Head Coach
3. The designated monitor(s) will discuss with the game officials prior to the start of the game the impending lightning plan.

4. All play will be stopped and the field and stands immediately evacuated if:
  - a. Thunderstorm warning for the area has been announced by radio or TV
  - b. Lightning storm detector signals thunderstorm warnings
  - c. Conditions are right for the development of a thunderstorm
  - d. \*Lightning is within 6 miles of the playing field
5. A PA announcement will be made that all spectators are to immediately evacuate the area and go to a designated shelter. At Apex High School the designated "Safe Site" is the Auxiliary Gym.
6. Play will not resume for a minimum of 30 minutes. This may need to be longer depending on the weather conditions.
7. Following the initial 30 minutes, reassessments will be made at 15 minute intervals to determine if conditions are appropriate for resumption of play.

*\*Using the "flash-bang" method where the seconds between seeing lightning and hearing the clap of thunder is divided by 5 to determine how far away the lightning is occurring (in miles). A count of 30 seconds will tell you that lightning is occurring about 6 miles away.*

## Practice Protocol involving Lightning

Coaches are expected to follow the above protocol for practice. Refer to #4, 6, & 7.

## 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.

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

<b>Wet-Bulb Temperature</b>	<b>Procedure For Football Practice</b>	<b>Procedure for Other Athletic Practices</b>	<b>Hydration Schedule</b>
<b>Less than 68° Code White</b>	<i>No precautions necessary except close observation of those athletes most susceptible to heat illness (See Pre and Post Weigh-Ins below for definition of susceptible athlete)</i>	No precautions necessary except close observation of those athletes with a medical history of heat illness or have reported symptoms of heat illness to the athletic trainer during the season.	5 min. water break every 30 min.
<b>68.1°-74.9° Code Green</b>	Unlimited amounts of water be made available on the field. Ice water preferable. Athletes may obtain water at any time. Full gear may be worn. Coaches should monitor all athletes, especially those most susceptible to heat illness.	Unlimited amounts of water be made available on the field. Ice water preferable. Athletes may obtain water at any time. Coaches should monitor all athletes, especially those with a medical history of heat illness or have reported symptoms of heat illness to the athletic trainer during the season.	5 min. water break every 20 min.
<b>75°-78.9° Code Yellow</b>	Unlimited amounts of water be made available on the field. Ice water preferable. Athletes may obtain water at any time. Remove helmets unless active in drill. Coaches should monitor all athletes. Susceptible players practice in shirts and shorts only.	Same as Code Green except more frequent water breaks.	5 min. water break every 15 min.

<p><b>79° - up</b></p> <p><b>Code Red</b></p>	<p>Unlimited amounts of water be made available on the field. Ice water preferable. Athletes may obtain water at any time. Lighten the practice routine and practice in shirts and shorts only. No helmets or equipment may be worn. Coaches should monitor all athletes, and withhold susceptible players from practice.</p>	<p>Unlimited amounts of water be made available on the field. Ice water preferable. Athletes may obtain water at any time. Lighten the practice routine. Coaches should monitor all athletes. May need to withhold athletes with a medical history of heat illness or have reported symptoms of heat illness to the athletic trainer during the season.</p>	<p>5 min. water break every 15 min.</p>
-----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

**The following repeats information from these sources: *National Federation Sports Medicine Handbook, NATA Fluid Replacement Guidelines, NCHSAA Handbook, and the American Red Cross Sport Safety Training Handbook.***

### **Recommendations for Fluid Replacement**

1. Athletes should be educated in the process of hydrating themselves as a 24 hour a day process.
2. Before exercise:
  - drink 17-20 ounces of water 2-3 hours before exercise
  - drink an additional 7-10 ounces of water 10-20 minutes before exercise
3. During exercise:
  - Refer to WCPSS Hot Weather Guidelines for Athletic Practice
4. After exercise:
  - Drink enough fluids to replace any weight loss within two hours of completion of activity
  - Fluid replacement should be at a rate of 24 ounces for every pound of body weight lost after exercise
5. Urine color is an easy method to determine hydration status. Light yellow to clear urine indicates a well-hydrated athlete.

### **Signs and Symptoms of Heat Problems**

*Early Stages (sometimes called heat exhaustion)*

- Cool, moist, pale, ashen, or flushed skin
- Headache, nausea, dizziness
- Weakness, exhaustion
- Heavy sweating

*Late Stages (sometimes called heat stroke)*

- Red, hot, dry skin
- Changes in level of consciousness
- Vomiting

### **Care**

The athletic trainer should be contacted immediately when an athlete exhibits signs and symptoms of heat illness. The following care is recommended for an athlete exhibiting signs and symptoms of heat illness.

1. Cessation of activity
2. Move the athlete to a cool place
3. Loosen tight clothing
4. Remove perspiration-soaked clothing
5. Apply cool, wet cloths to the skin
6. Fan the athlete
7. If conscious, give cool water to drink

**If at any time the athlete exhibits the following signs and symptoms:**

- refuses water
  - vomits
  - skin is unusually red, hot, and dry for the weather conditions (dry clothes also)
  - starts to lose consciousness
1. Send someone to call EMS personnel (Emergency Action Plan)
  2. Place the athlete on his or her side

3. Continue to cool the athlete by using ice or cold packs on the wrists, ankles, groin, and neck and in the armpits
4. Continue to check breathing and pulse

## *Hot Weather Guidelines for Summer Practices*

---

### **Definition of Summer Practice:**

Summer Practice is from the time the school year ends until the first day of fall practice set by the NCHSAA. Most of our athletic programs offer opportunities for practice during this time period. Coaches are in charge of the practices, and athletic trainers are not usually available. Hot weather conditions are a concern.

### **For Summer Practice (June 11, 2008 until first day of fall practice set by NCHSAA)**

- Education – Cover Hot Weather Guidelines and Information (prevention, proper hydration, recognizing symptoms, treatment) with all athletes and parents.
- Acclimatization – Consider all participants and their level of conditioning when developing your practice plan.
- Coach/athlete communication is a necessity. Athletes need to let the coach know of any problems that they are experiencing.
- Be adaptable to weather: shorten practice, change practice times, modify practice
- Do not practice outside between the times of 10:00 and 5:00.
- Have water available at all practices.
- The coach has a duty to evaluate injury and provide emergency care (see # 3 below).
- Coaches must follow all “WCPSS Hot Weather Guidelines for Athletic Practice.” This includes Pre and Post Weigh-Ins (Football only).
- The coach or designee will **check hot weather conditions prior to practice** using the sling psychrometer.
- Form “Summer Athletic School Activity Requirements and Use of Activity Bus” filled out which includes: Summer athletic school activities are strictly voluntary in nature for coaches and athletes.
  1. The coach volunteers his/her services to the school in writing.
  2. The coach is approved by the principal in compliance with school system procedures.
  3. The coach has an emergency protocol in case of injuries.
  4. The athletes have parental permission.
  5. The athletes have updated physicals.
  6. The athletes have information on the WCPSS interscholastic athletic insurance.
  7. Athletes not eligible by NCHSAA standards have certification of accident insurance.

## *Hot Weather Guidelines for Cross Country Practices and Meets*

---

- **Education** – Cover Hot Weather Guidelines and Information (prevention, proper hydration, recognizing symptoms, treatment) with all runners and parents. We will put as much information as possible on the WCPSS website.
- **Acclimatization** – After official start of the fall sports season, all runners must have 6 practices prior to the first meet.
- **Coach/Runner communication** is a necessity. Runners need to let the coach and/or athletic trainer know of any problems that they are experiencing.
- **Be adaptable to weather:** shorten practice, change practice times, modify practice, change meet times, shorten meets
- **For fall season practice prior to the start of school**, do not practice between the times of 10:00 and 5:00 unless wet bulb temperature is white or green.
- **Recommend Buddy System:** Pair up individuals for practice and meets. “Buddy” duties would include checking attendance at practice or meets, checking attendance prior to and after the run, and checking for any problems.
- **Use your seniors** to help at practices and meets.
- **Cross Country Meets**
  - **For acclimatization purposes, prior to Labor Day, shorten week day meets to 3K unless wet-bulb temperature is below 75 degrees.**
  - **After Labor Day, week day meets are 5K unless wet-bulb temperature is 79 degrees or higher. If wet-bulb temperature is 79 degrees or higher, the week day meet will be reduced to 3K.**
  - **Saturday meets are usually scheduled earlier in the day, and include numerous schools participating from different parts of the state. Hot weather conditions should be monitored by the coach, and the coach should have an emergency action plan.**
- **Start weekday cross country meets** one hour later through mid-September 9/12/08: Example 5:00 walk the course, 6:00 girl’s meet, 6:30 boy’s meet
- **Put helpers/monitors/spotters on the course** directing traffic (especially the more confusing areas) and monitoring the runners – have ways that you can communicate.
- Have a **water/ice station on the course** to be used as needed.

- **Coaches are accountable for all runners beginning the run and ending the run.** This will occur prior to runners doing cool down run after the race.
- **Have assistant athletic trainer/first responder at meets you are hosting.** Alert EMS in your area of the cross country meet. Note: Athletic trainers/first responders are spread thin during the fall sports season and must attend football practices/games according to State Board of Education Guidelines, but have them available or on call for meets that you are hosting.
- **Water, ice, shade must be available at the end of the meet route.**
- **The cross country coach is the initial care giver** in most situations (practice or meets). They must have an emergency action plan in place.
- **Guidelines for Off-Campus Running** must be followed.

## *Venue Specific EAP (AHS Campus)-refer to map of facilities*

### **Outdoor Facilities-Baseball Field, Game Field, Football practice field, Softball Field, and Practice Field**

#### **Emergency Personnel**

- Athletic trainers, student assistants, assistant coaches, and physician(s) at home football games

#### **Emergency Communication**

- Fixed phone line in the field house 919-387-2242
- Fixed phone line in the auxiliary gym PE office 919-387-3002
- Fixed phone line in the athletic training room 919-387-3029
- Mobile phone carried by the athletic trainer 919-291-4314 and various student assistants
- Two way radio carried by student assistants and athletic trainer

#### **Emergency Equipment**

Trauma kit, splint kit, cervical collar, rescue shears, FM Extractor, AED-for locations refer to pages 5 & 6

#### **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 – student assistant
3. Activation of EMS – student or coach
  - 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 using the "Student-Athlete Traveling Information Form."
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

### **Indoor Facilities-Main Gym, Auxiliary Gym, and Weight Room**

#### **Emergency Personnel**

- Athletic trainers, student assistants, assistant coaches

#### **Emergency Communication**

- Fixed phone line in the field house 919-387-2242
- Fixed phone line in the auxiliary gym PE office 919-387-3002
- Fixed phone line in the athletic training room 919-387-3029
- Mobile phone carried by the athletic trainer 919-291-4314 and various student assistants
- Two way radio carried by student assistants and athletic trainer

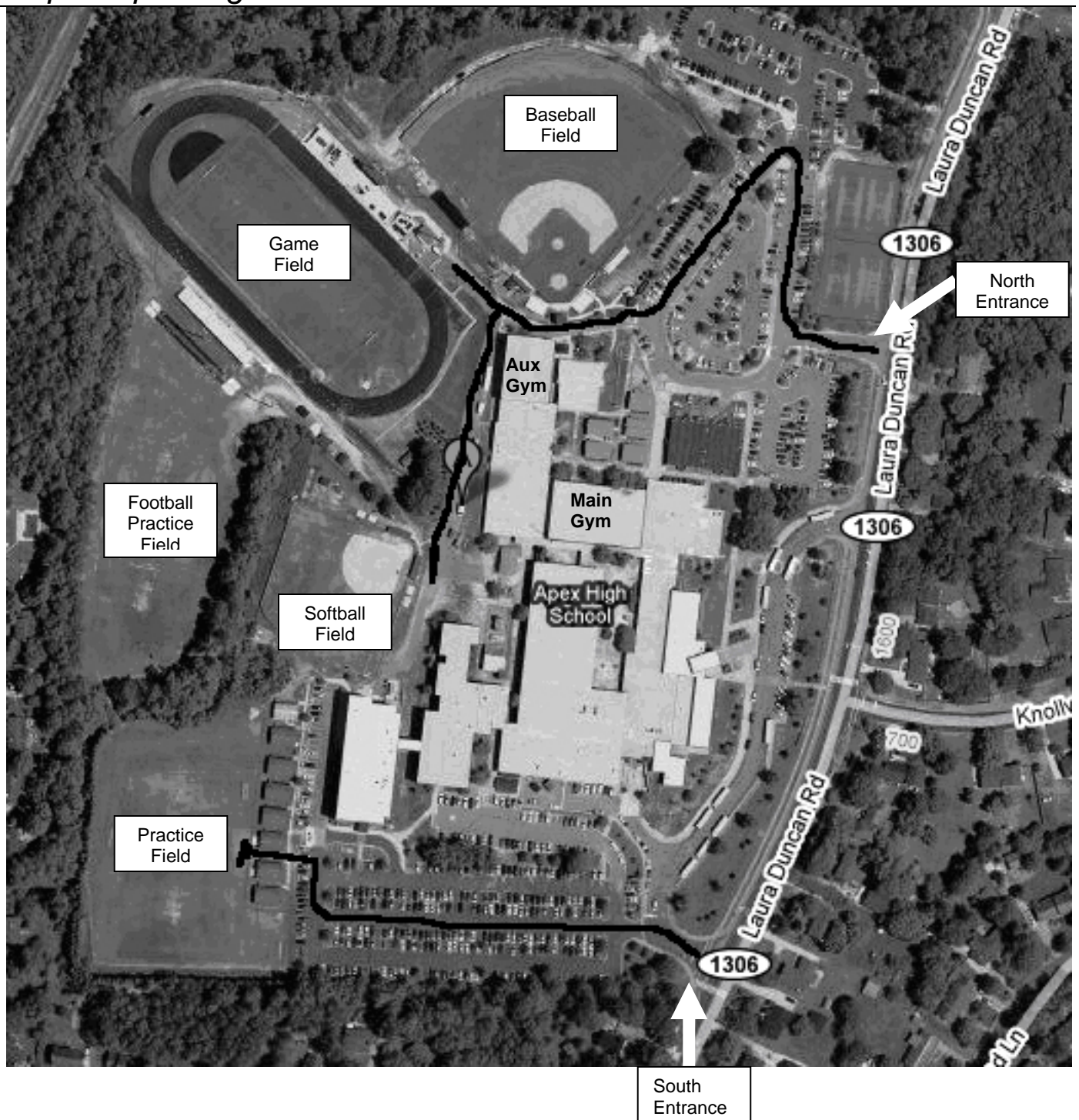
#### **Emergency Equipment**

Trauma kit, splint kit (in athletic training room), cervical collar (in athletic training room), rescue shears, AED-for locations refer to pages 5 & 6

#### **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 – student assistant
3. Activation of EMS – student or coach
  - 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 using the "Student-Athlete Traveling Information Form."
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

## Map of Apex High School Facilities



**Follow black lines to get to the appropriate field or building. There will be school personnel guiding EMS services at either the North or South entrance.**

### 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.

