

General Guidelines for Developing Emergency Action Plans

1. Establish Roles – adapt for each specific team, sport, or venue; may be best to have more than one person assigned to each role in case of absence/turnover

- a. Immediate care of the athlete
 - Typically a physician or first responder, but could also be anyone trained in basic life support
- b. Activation of Emergency Medical System
 - Could be school administrator, anyone
- c. Emergency equipment retrieval
 - Could be student assistant, coach, anyone
- d. Direction of EMS to scene
 - Could be administrator, coach, student assistant, anyone

2. Communication

- Primary method of communication
 - Typically a mobile device (cell phone or radio)
 - Keep a list of all key personnel and their phone numbers
 - Test cell/radio reception prior to event
 - Keep batteries charged
- Back-up method of communication
 - Often a landline
 - Test that landline is connected prior to event
 - Make sure communication methods are accessible (identify and post location, identify any locks or other barriers, keep change available for pay-phone)
- Activation of EMS
 - Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
 - Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
 - Post contact numbers and caller script near communication device or other visible locations in the venue and circulate to appropriate personnel
- Student emergency information
 - Obtain emergency contact information (parent/guardian) and critical medical information (conditions, medications, allergies) for all youth athletes
 - Keep accessible (with athletic trainer, for example)

3. Emergency Equipment

- Locate and test all emergency equipment, i.e. Automated External Defibrillators, bag-valve mask, spine board, splints, etc.
- Document inspection of equipment (i.e. proper condition and maintenance)
- Insure appropriate personnel are trained in advance on proper use
- Equipment must be accessible (identify and post location, keep within acceptable distance for each venue, identify locks or other barriers in advance)

4. Emergency Transportation

- Ambulance on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel)
 - Designated location
 - Clear route for exiting venue
- When ambulance not on site
 - Entrance to venue clearly marked and accessible
 - Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

5. Additional considerations

- Emergency plans must be venue specific (football field, gymnasium, etc.)
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS) on plan development
- Obtain approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review and rehearse plan at least annually
- Document:
 - Events of emergency situation
 - Evaluation of response
 - Rehearsal, training, equipment maintenance

Additional Considerations for Specific Conditions When Developing an EAP

1. Sudden Cardiac Arrest

- Goal of initiating Cardio-Pulmonary Resuscitation within 1 minute of collapse
 - Targeted first responders (e.g. ATC, first responders, coaches) should receive CPR training and maintain certification
- Goal of “shock” from a defibrillator within 3-5 minutes of collapse
 - Consider obtaining Automated External Defibrillator(s)
 - Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average and can be longer in some places
 - Appropriate training, maintenance, and access
 - Notify EMS of AED type, number, and exact location
- Additional equipment to consider beyond AED
 - Barrier shield device/pocket masks for rescue breathing
 - Bag-valve mask
 - Oxygen source
 - Oral and nasopharyngeal airways

2. Heat Illness

- Follow Arkansas Activity Association recommendations for hydration to minimize the risk for dehydration and heat illness
- Inquire about sickle cell trait status on pre-participation form
 - consider those with the trait to be “susceptible to heat illness”
 - those with the trait should not be subject to timed workouts
 - those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed
- If heat illness is suspected:
 - Activate EMS immediately
 - Begin cooling measures
 - Shade, cool environment
 - Ice water immersion, ice packs, soaked towels, fan and mist
- Any victim of heat illness should see a physician before return to play

3. Head and Neck injury

- Athletic trainer/first responder should be prepared to remove the face-mask from a football helmet in order to access a victim’s airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS
 - Agree upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players) which meet current local and national recommendations/standards
 - Type of immobilization equipment available on-site and/or provided by EMS
- Athletes and coaches should be trained not to move victims

4. Asthma

- Students with asthma should have an “asthma action plan”
 - Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician/PA/NP
 - On file with sports medicine coordinator
 - Available at games/practice/conditioning
 - Can be same as that on file with school nurse
- Students with asthma should have:
 - Rescue inhaler and spacer if prescribed
 - Readily accessible during games/practice/conditioning
 - Athletic trainer/first responder should have an extra inhaler prescribed individually for each student as back-up
 - Before each activity test to be certain it is functional, contains medication, and is not expired
 - Pulmonary function measuring device
 - Use in coordination with asthma action plan

5. Anaphylaxis

- Documentation of known anaphylactic allergy to bee stings, foods, medications, etc. should be on file with sports medicine coordinator
 - Describes symptoms that occur

- What action to take if specific symptoms occur
- Students with known anaphylactic allergy should have rescue prescription medication (usually an epi-pen)
 - Readily accessible during games practice/conditioning
 - Athletic trainer/first responder should have an extra supply of the rescue medication prescribed individually for each student as back-up
 - Before each activity examine to be certain it is functional, contains medication, and is not expired

6. Lightning

- Assign the role of monitoring for threatening weather conditions
 - Typically athletic trainer, administrator
 - Discuss the role of this person in advance of games (baseball, softball, football)
- Methods to monitor for lightning risk
- Consult National Weather Service or local media for severe weather watches and warnings
- Flash-to-bang method
 - Count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows. If count is less than 30 seconds, stop activity and seek safe shelter
- Communicate the need to stop activity and seek shelter
 - P.A. announcement
 - Signal sound from a horn, siren, whistle, bell
- Identify safe shelter for each venue and be sure it is accessible (within reasonable distance, unlocked, capacity)
 - Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)
 - Secondary option is a metal roof vehicle with all windows completely rolled up
 - Last option is thick grove of small trees surrounded by larger trees or a dry ditch assuming proper posture (crouch, grab knees, lower head, minimize contact with ground)
- Determine when to resume activity
 - Flash-to-bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning