



*Athletic Training*

**EMERGENCY ACTION PLAN  
FOR ATHLETICS**

# **ASHLEY HIGH SCHOOL**

## **EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW**

### **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 sport participant 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.

As emergencies may occur at anytime and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency 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 and planning. 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 should enable each emergency situation to be managed appropriately.

### **Components of the Emergency Plan**

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles Of Certified Athletic Trainers, Student Trainers, Coaches, And Administrators
5. Venue Directions With map

The Ashley High School Emergency Action Plan also includes the following:

- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques for Coaches

### **Emergency Plan Personnel**

With athletic 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. 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 strongly recommended 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 athletic trainers; coaches; parents; and, possibly, other 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 establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. The second 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. Typically, the school administrator is the best choice to fulfill this role. The third 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 athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. 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 athletic trainer, administrator, or coach may be appropriate for this role.

### Emergency Plan Personnel

A member of the sports medicine staff is usually the first responder to an injury during athletic events; ideally the certified athletic trainer. However, due to the multitude of practices/games, number of athletes, and travel; the athletic trainer will not always be able to respond to an emergency. It is in these incidences, other emergency team personnel must be first responders; specifically coaches. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, blood borne pathogen, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

#### Ashley Emergency Personnel

1. Certified Athletic Trainer (ATC) / Team Physician
2. Coaches
3. Athletic Director
4. School Resource Officer
5. Student Athletic Trainers

### Roles of the Emergency Personnel

The most important role of any emergency personnel is to recognize a possible medical emergency. There are several injuries or behaviors that dictate immediate EMS activation. This includes but is not limited to: loss or altered consciousness, breathing difficulties, head or neck injuries, seizures, chest pain, heat related illness, severe allergic reactions, profuse bleeding, severe fractures and dislocations, and shock. Any time an injury, behavior, condition and/or situation is questionable; activate EMS. **When in doubt...send out: Call 911.**

#### Recognizing an Emergency

1. Loss of Consciousness or Altered State of Consciousness
2. Head or Neck Injury (do not move)
3. Breathing Difficulty
4. Chest Pain

5. Heat Illness
6. Severe Allergic Reactions
7. Seizures
8. Profuse Bleeding
9. Severe Fractures & Dislocations
10. Shock

Roles of emergency personnel can vary due to the type, number, and severity of the injury. It is highly recommended that the most qualified member of the emergency team take the lead in delivering acute care; this is usually the athletic trainer or the team physician. There are four basic guidelines to follow when reacting to a medical emergency. First, make sure the scene is safe for any emergency personnel to enter. Second, activate the EMS by calling 911. Ashley High School does not have onsite EMS personnel present at games. Depending on the situation, the response time for EMS at Ashley is approximately 10 minutes. Any member of the emergency team can make the call. However, it is suggested that the team member that activates EMS should be someone who is familiar with the local area, can remain calm, and communicates well with other individuals. In most instances it is easiest to assign a team member other than the person who is giving acute care. For instance, if an athletic trainer is stabilizing an athlete, a coach or athletic director should call 911 so the athletic trainer can focus on providing appropriate care. In any situation that is considered an emergency it is essential for the 911 call to be made as quickly as possible. The third guideline is to retrieve any emergency equipment needed. Examples include, but are not limited to: an Automated External Defibrillator (AED), vacuum splint kit, and American Red Cross CPR Pocket Mask. The fourth role of the emergency team is directing EMS to the scene. One person of the team should direct and meet the EMS upon arrival. This person should be familiar with the facility and should have keys for all doors and gates. Athletic directors, resource officers, and coaches are ideal for this role. It is important to note that care should continue until the EMS arrives. This can include, but is not limited to: stabilizing the athlete, CPR, monitoring vital signs, and wound care. Please review the maps included in Appendix B and C to assist with the familiarization of the school's location of emergency equipment and EMS routes.

#### **Roles within the Emergency Team**

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

#### **Activating the EMS System**

##### **Making the Call:**

911 (all emergencies, Cell phone)

99-911 (any school phone)

##### **Providing Information:**

- 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 ATC/Physician
- specific directions as needed to locate the emergency scene (“from Carolina beach Road take a right on Halyburton Memorial parkway and continue to....”)
- other information as requested by dispatcher

## **Emergency Communication**

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. 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. Pre-arranged access to the phone should be established if it is not easily accessible.

## **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended.

It is also 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

## **Medical Emergency Transportation**

Emphasis should be placed at having an ambulance on site at high risk sporting events. 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. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical 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. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for Ashley High School athletes, *all emergency trauma transports are to be sent to New Hanover Regional Hospital.*

## **Non-Medical Emergencies**

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district’s emergency action plan guidebook (multi-colored flip chart) and follow the instructions provided.

## 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, Ashley High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

## Approval and Acceptance of the Ashley High School Emergency Plan for Athletics

Approved by \_\_\_\_\_  
Ashley High School Principal Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Ashley High School Athletic Director Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Ashley High School Head Athletic Trainer Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Ashley High School Assistant Athletic Trainer Date \_\_\_\_\_



# *Athletic Training*

**Part II:**  
**Team Physician and Licensed Athletic Trainer**

**Contacting the Athletic Trainer:**

Sadie Thomas, LAT, ATC	Athletic Training Room
336-465-1033 cell / text <a href="mailto:Sadie.Thomas@nhcs.net">Sadie.Thomas@nhcs.net</a>	TRAINING ROOM PHONE: 910-790-2360 x109

**Additional Ashley Sports Medicine Team Members**

**Dr. Douglas F. Messina, M.D.**

**Carolina Sports Medicine**

1717 Shipyard Blvd. Suite 3

Team Physician/Medical Director

910-799-0110





# *Athletic Training*

## **Part III:**

### **DEALING WITH SPORT EMERGENCIES AT ASHLEY HIGH SCHOOL**

## **Ashley Emergency Plan: Baseball/Softball**

### **Baseball/Softball Fields at Ashley**

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder.

**Emergency Communication:** The Certified Athletic Trainer will have a cellular phone (Sadie Thomas 336-465-1033). Additional fixed telephone lines accessible from Ashley High School: 910-790-2360 x109. Because some practices occur away from Ashley's practice facilities, we also recommend the head coach of each of the baseball/softball teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** supplies stored in Athletic Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

#### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

#### **Roles of Student Athletic Trainers/Coaches**

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

#### **Roles of Administrative Staff**

- Ensure emergency entrance to baseball/softball facility is clear and accessible;
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

### Venue Directions:

***Ashley Baseball/Softball and Practice Fields:*** From Carolina Beach road, turn right on Halyburton Memorial Parkway. Take the first right before you get to the soccer fields at Veteran's Park. Continue straight ahead until you see the baseball field on your right. The entrance into the gate is beside the ticket booth.

School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

### **Venue Map:** *Ashley Baseball/Softball and Practice Fields*



## **Ashley Emergency Plan: Basketball, Volleyball, Wrestling & Cheerleading**

### **Main Gymnasium at Ashley**

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder.

**Emergency Communication:** The Certified Athletic Trainers carry cellular telephones (Sadie Thomas 336-465-1033). Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball and wrestling teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Athletic Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

#### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

#### **Roles of Student Athletic Trainers**

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

#### **Roles of Administrators/Coaches**

- Ensure emergency entrance to basketball facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

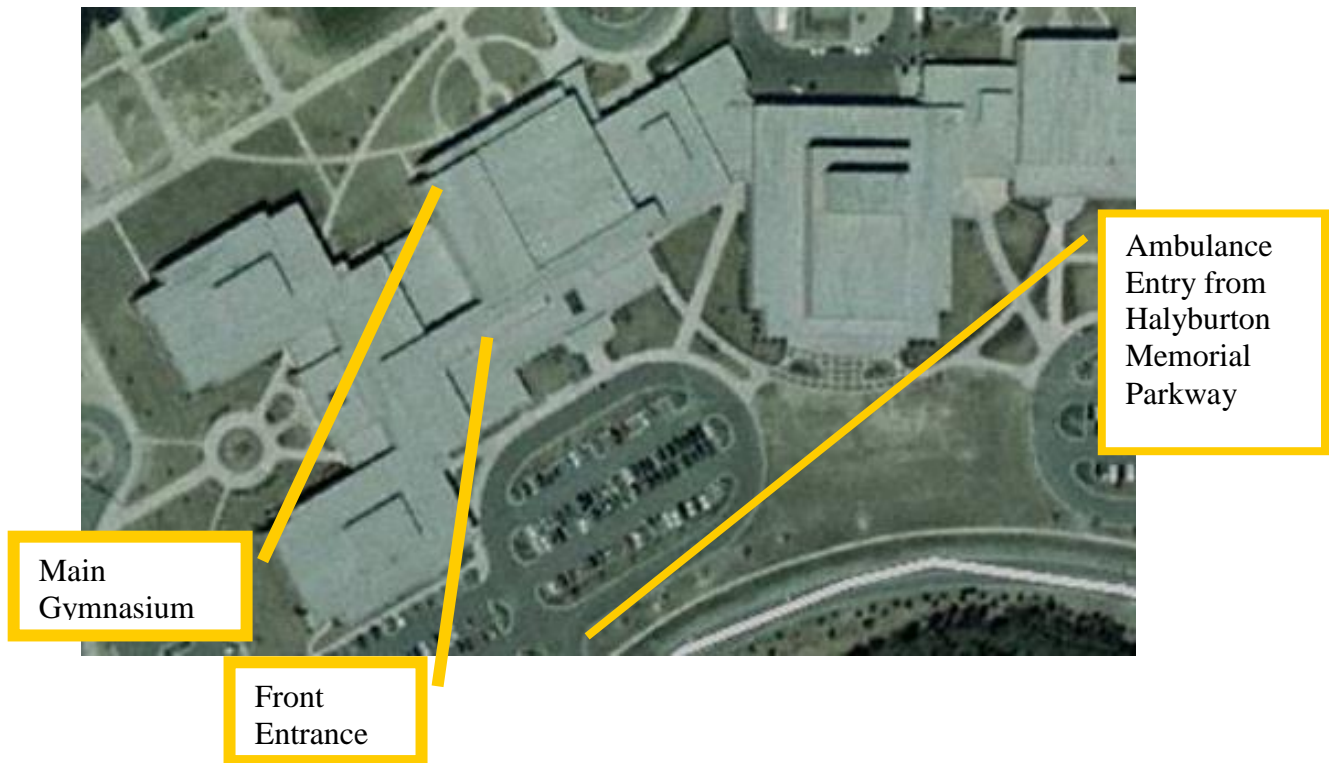
## Venue Directions:

### *Main Gymnasium at Ashley:*

From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight ahead past the soccer fields and the middle school to the circle in front of Ashley High School. Enter the front of the school and proceed directly into the gymnasium.

School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

### **Venue Map:** *Main Gymnasium at Ashley*



## **Ashley Emergency Plan: Basketball, Volleyball, Wrestling & Cheerleading** **Auxiliary Gymnasium at Ashley**

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder. The main priority for coverage during the winter season is wrestling.

**Emergency Communication:** The Certified Athletic Trainers carry cellular telephones (Sadie Thomas 336-465-1033). Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball, and wrestling teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Athletic Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **Roles of Student Athletic Trainers**

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

### **Roles of Administrators/Coaches**

- Ensure emergency entrance to facility ("Main Building) is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access auxiliary gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.



## Venue Directions:

### *Auxiliary Gymnasium at Ashley:*

From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight ahead past the soccer fields and the middle school to the circle in front of Ashley High School. Enter the front of the school and proceed through the front foyer, turn left and take the steps upstairs to the auxiliary gym on your right.

School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

### **Venue Map:** *Auxiliary Gymnasium at Ashley*



**Entry to the main Building**

Entry to the  
main building  
from  
Halyburton

**Ashley Emergency Plan: Football, Soccer, Track & Lacrosse**  
**Ashley Practice Field**

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder on school premises and/or in the Training Room during football practices and home/away football games.

**Emergency Communication:** The Certified Athletic Trainers carry cellular telephones (Sadie Thomas 336-465-1033). The Certified Athletic Trainers can also be reached on two-way radios connected to the training room.

**Emergency Equipment:** supplies stored in Athletic Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

**Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

**Roles of Student Athletic Trainers**

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.

**Roles of Student Athletic Trainers/Coaches**

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

**Roles of Administrative Staff**

- Ensure parking lot is clear and accessible to emergency personnel (watch parking lot).



**Venue Directions:**

**Ashley Football Practice Fields:** From Carolina Beach road, turn right on Halyburton Memorial Parkway. Take the first right before you get to the soccer fields at Veteran's Park. Continue straight ahead until you see the baseball field on your right. The entrance into the gate is beside the ticket booth. Ambulance may park there, next to the ticket booth or access the field by driving through the gate.

School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

**Venue Map: Ashley Football/Soccer & Lacrosse Practice Fields**

## **Ashley Emergency Plan: Football, Lacrosse, Soccer, Track & Cheerleading**

### **Ashley Stadium**

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder will be present at all games. Football does take priority, as the athletic trainer is required to travel with football. It is also recommended that an ambulance be present for all varsity football games.

**Emergency Communication:** The Certified Athletic Trainers carry cellular telephone (Sadie Thomas 336-465-1033). ATC's also carry two-way radios.

**Emergency Equipment:** supplies stored in Athletic Training Room include splint kit, crutches, wheelchairs, various wound care necessities and any other items requested by the team's physician.

#### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

#### **Roles of Student Athletic Trainers**

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

#### **Roles of Administrative Staff**

- Unlock gate at the track entrance to Ashley Stadium;
- Ensure parking area outside Ashley Stadium is clear and accessible to emergency personnel (ambulance and fire truck);
- Ensure access inside gate surrounding the track is clear and accessible to emergency personnel;
- Clear and control scene of bystanders;

## Venue Directions:

**Ashley Stadium:** From Carolina Beach road, turn right on Halyburton Memorial Parkway. Take the first right before you get to the soccer fields at Veteran's Park. Continue straight ahead until you see the baseball field on your right. Go to the circle and come down the sidewalk to the entry gate on your right. Ambulance may park there, and or access the field through the gate. Directions should be given to dispatcher to direct ambulance to appropriate sideline or location.

School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

## Venue Map: Ashley Stadium



Ambulance  
access from  
Circle behind  
AHS

**Ashley Emergency Plan: Tennis**  
**Ashley Tennis Courts**

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder on school premises and/or in the Athletic Training Room during matches.

**Emergency Communication:** The Certified Athletic Trainers carry cellular telephones (Sadie Thomas 336-465-1033). The Certified Athletic Trainers can also be reached on two-way radios connected to the training room.

**Emergency Equipment:** supplies stored in Athletic Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

**Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

**Roles of Student Athletic Trainers**

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.

**Roles of Student Athletic Trainers/Coaches**

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

**Roles of Administrative Staff**

- Ensure parking lot is clear and accessible to emergency personnel (watch parking lot).

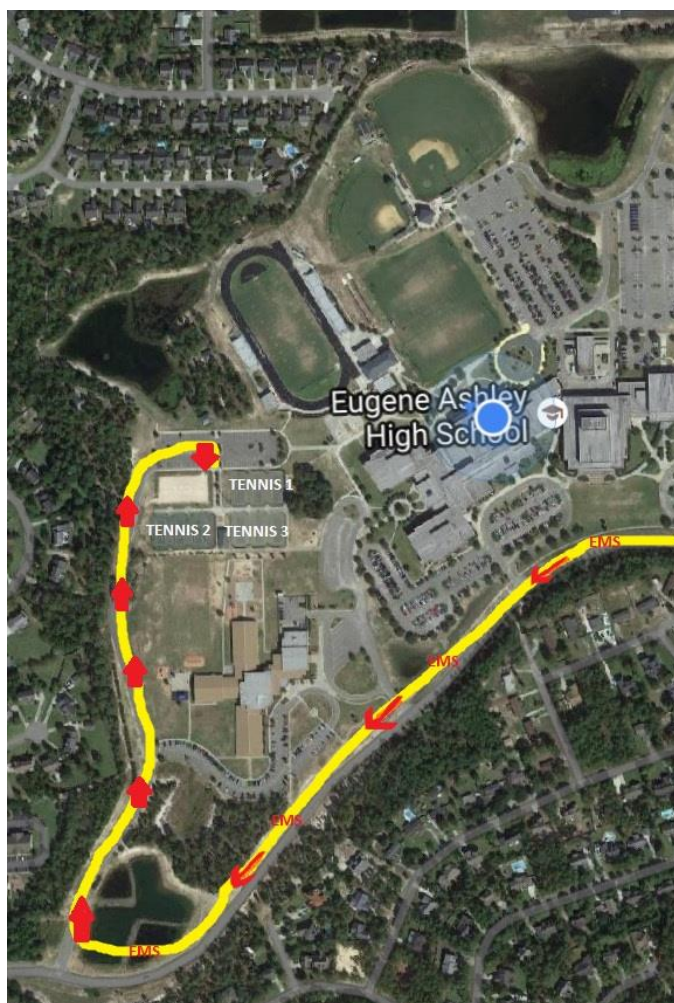


## Venue Directions:

***Tennis Courts at Ashley:*** From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight past soccer fields. Continue on Halyburton Memorial Parkway, passing the front of Murray Middle school and Anderson Elementary School. There will be a sign that reads “tennis court, football bus parking.” Take that right and Anderson Elementary will be on your right. If you get to River Road, you have gone too far!

School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

### ***Venue Map: Tennis Courts***



## **Ashley Emergency Plan: Wrestling**

### **Practice Area at Ashley**

*All mats are to be thoroughly cleaned, disinfected and dried after each practice and match. It is recommended that this cleaning, disinfecting, and drying process be done at least once during practice, as well.*

*All wrestlers should be required to shower at the conclusion of each practice or match to prevent communicable skin disorders.*

**Emergency Personnel:** A Certified Athletic Trainer and/or First Responder present at mat side for all wrestling matches.

**Emergency Communication:** The Certified Athletic Trainers carry cellular telephones (Sadie Thomas 336-465-1033). Additional fixed telephone lines are accessible from Ashley High School Training Room 910-790-2360 x109. Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball, and wrestling teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies and equipment brought to gym for matches include taping and bracing supplies, general trauma and wound care kits. Disinfectant spray, paper towels, nose plugs, and wound care supplies will be available for each mat during duals and tournaments. Additional supplies stored in Training Room include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

#### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

#### **Roles of Student Athletic Trainers**

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

## **Roles of Administrators/Coaches**

- Ensure emergency entrance to the front of AHS is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

## **Venue Directions:**

***Auxiliary Gymnasium at Ashley:*** From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight ahead past the soccer fields and the middle school to the circle in front of Ashley High School. Enter the front of the school and proceed through the front foyer, turn left and take the steps upstairs to the auxiliary gym on your right.

## **Venue Map: Wrestling Practice Area**



Entry to main Building

Entry into Main  
Building from  
Halyburton



**ASHLEY HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS**  
**Aerial View of Ashley High School**





## **Ashley High School Athletics Emergency Action Plan**

### **The following emergency plan is a general outline for Ashley High School athletics staff:**

- 1) Recognition of an Emergency: Activate Emergency Plan
  - i) Establish scene safety and immediate care of the athlete
  - ii) Follow American Red Cross CPR & First Aid guidelines: check, call, care.
  - iii) ABC's - check airway, breathing, and circulation
    - (1) When in Doubt...Send Out: Call 911
- 2) Activation of the Emergency Medical System: Call 911
  - i) Name\_\_\_\_\_
  - ii) Address if at Ashley/Home Events: Ashley High School, 555 Halyburton Memorial Parkway Wilmington, NC 28412
  - iii) Nature of emergency, whether medical or non-medical
  - iv) Answer all questions prompted by dispatcher
  - v) First aid treatment initiated
  - vi) Specific directions as needed to locate the emergency scene (see below)
  - vii) Stay online for other information as requested by dispatcher
  - viii) Other important Numbers:
    - (1) Certified Athletic Trainer: Sadie Thomas 336-465-1033-Cell
    - (2) Team Physician: Dr. Douglas F. Messina, MD/Carolina Sports Medicine & Orthopaedic Specialists: (o) 910-799-0110; Office Hours: 8:30 – 5:00; 24 hour phone service for non-life threatening orthopedic emergencies
    - (3) Athletic Director: Colby Beamer: (o) 910-790-2360 x129
    - (4) New Hanover Memorial Hospital: 910-343-7000
    - (5) Cape Fear Hospital: 910-452-8100
  - ix) Provide appropriate care until EMS arrives
- 3) Emergency equipment retrieval
  - i) Review School Facility / Venue Map for assistance (attached).
  - ii) AED's are located in the hallway adjacent to the office, and in the training room and one out at Veteran's Park practice fields with coach at that field-boys' soccer in Fall and boys' lacrosse in Spring.
  - iii) NOTE: The certified athletic trainer will have AED in their possession during practice and games.
  - iv) The next available and closest AED is located on the wall adjacent to the main office outside nurse's office
- 4) Direction of EMS to scene / athlete
  - i) Events held at the Ashley Stadium, football practice field, baseball field, and track:
    - (1) enter complex by the Veterans Park soccer fields and continue to facility.
  - ii) EMS can access the football practice field to the left of the parking lot which is adjacent to the baseball field and football stadium / track.
    - (1) -EMS can enter the Stadium through the open gate opposite the scoreboard.
  - iii) Events held at the boys' soccer and boys' lacrosse practice field.
    - (1) enter complex by the Veterans Park soccer fields and continue to facility.
    - (2) entrance is a dirt / sand road located between each field
  - iv) Events held in Ashley gymnasium:
    - (1) -enter from Halyburton Memorial Parkway. Continue on HMP to the front of the school and enter through the front entrance.
    - (2) -enter the lobby and continue to the gymnasium straight ahead.
  - v) Events held in the auxiliary gym / weight room:
    - (1) enter from Halyburton Memorial Parkway. Continue on HMP to the front of the school and enter through the front entrance.
    - (2) -enter the lobby and continue toward gymnasium, turn left in the foyer and go to the top of the stairs.
- 5) Emergencies that occur at away practices, games, or athletic events:
  - i) Activate Emergency Plan
  - ii) If possible, enlist a member of the host school's athletic staff to assist with local address, equipment retrieval, and EMS directions
- 6) If athletic staff is unavailable, find someone who is familiar with the area & facility.

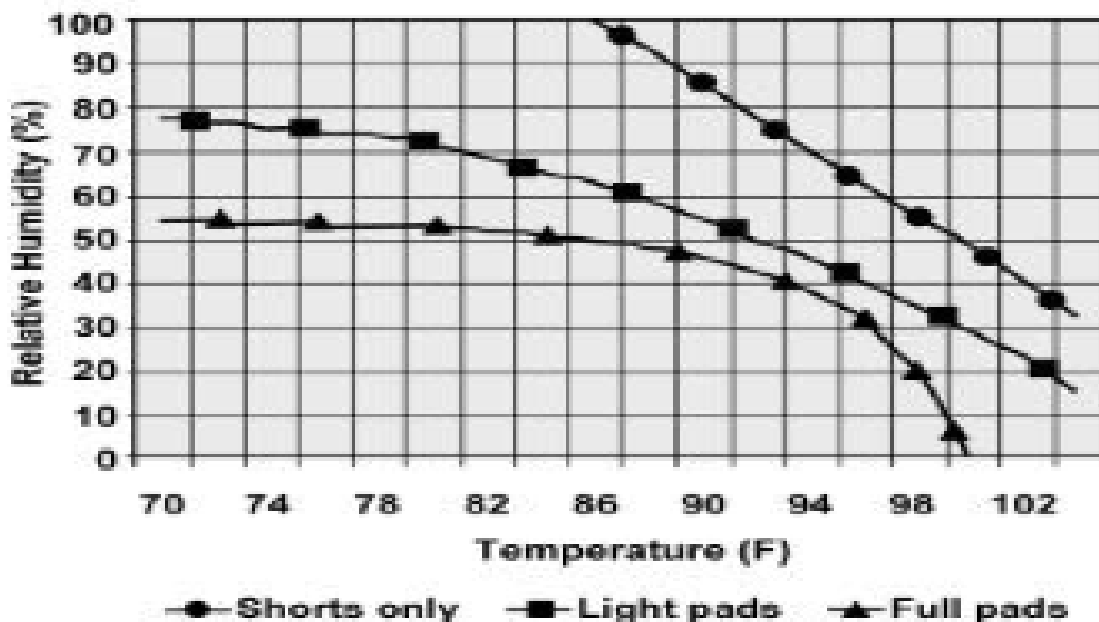
# ASHLEY HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

## Emergency Contacts

Emergency Medical Services		9-1-1
Ashley High School – Main Office		910-790-2360 x100
Ashley High School Training Room		910-790-2360 x109
Sadie Thomas, LAT, ATC- Cell		336-465-1033
Matt Triche, LAT, ATC- Cell (New Hanover)		910-352-5472
Dr. Douglas F. Messina - Office		910-790-0110
Colby Beamer (Athletic Director) - Office		910-790-2360 x129
<b>Poison Control</b>		<b>1-800-222-1222</b>
<b>New Hanover Memorial Hospital</b>		<b>910-343-7000</b>
2131 South 17th Street Wilmington, NC 28401-7407		
<b>Cape Fear Hospital</b>		<b>910-452-8100</b>
5301 Wrightsville Avenue Wilmington, NC 28403		
<b>Masonboro Urgent Care</b>		<b>910-794-4947</b>
6132 Carolina Beach Road, Suite 8 Wilmington, NC 28412		

# ASHLEY HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

## Heat Guidelines and Heat Illnesses Per NATA Guidelines



**Figure 1. Heat stress risk temperature and humidity graph.** Heat stroke risk rises with increasing heat and relative humidity. Fluid breaks should be scheduled for all practices and scheduled more frequently as the heat stress rises. They should not be limited!

**Add 5° to temperature between 10 a.m. and 4 p.m. from mid-May to mid-September on bright, sunny days.** Practices should be modified for the safety of the athletes to reflect the heat stress conditions. Regular practices with full practice gear can be conducted for conditions that plot to the left of the triangles.

**Cancel all practices when the temperature and relative humidity plot is to the right of the circles; practices may be moved into air-conditioned spaces or held as walk through sessions with no conditioning activities.**

Conditions that plot between squares and circles: use work/rest ratio with 15 to 20 minutes of activity followed by 5- to 10-minute rest and fluid breaks, practice should be in shorts only (with all protective equipment removed, if worn for activity).

Conditions that plot between triangles and squares: use work/rest ratio with 20 to 25 minutes of activity followed by 5- to 10-minute rest and fluid breaks; practice should be in shorts (with helmets and shoulder pads only, not full equipment, if worn for activity).

Conditions that plot beneath triangles (through remaining range of chart): use work/rest ratio with 25 to 30 minutes of activity followed by 5- to 10-minute rest and fluid breaks.

Adapted with permission from Kulka J, Kenney WL. Heat balance limits in football uniforms: how different uniform ensembles alter the equation. *Physician Sportsmed*. 2002;30(7):29-39.

**Lightning Policy:**  
**Per NATA Position Statement**

The ATC, if covering the event, will watch the radar for possible inclement weather and will make the call if the conditions become dangerous to continue. This will be done by making the game officials and coaching staff aware. During a practice, this will be done by making the coaches aware.

Once lightning has been spotted, all athletes, coaches, officials, and others will move to an enclosed, frequently inhabited building with plumbing and electricity. If this is not possible, the next best thing is a car with a metal roof. *Dug outs, sheds, convertibles, and golf carts are not safe.*

A lightning detector will be available when the athletic trainer is around. The athletic director also has a detector available. All athletes should be removed when the detector beeps between 3-8. The flash to bang technique should be employed if the detector is not available. Once a flash is seen, an individual should begin to count the seconds until the bang is heard. By the time the method approaches 30 seconds, the field should be completely cleared as this is approximately 6 miles away. ( $30/5 = 6$ ).

All will have to wait 30 minutes after the last flash of lightning in order to continue the event. The time will be kept by the ATC that is covering the event. If no ATC is covering the event, the AD will have to designate a time keeper and an individual to watch the radar for continuing poor weather.

## **Recognizing Heat Illnesses**

### **Heat Cramps:**

#### **Signs and Symptoms:**

- Painful, involuntary muscle spasms

#### **Treatment:**

- Athlete should be removed from heat and allowed to cool off.
- Certified athletic trainer should help massage and stretch the area.
- Athlete should be advised to rehydrate using an electrolyte containing fluid (such as Pedialyte, Gatorade, Powerade, or Gatorlyte).
- Ice should be applied to the area to help aid in pain control.
- In severe cases, IV fluids may be needed.

### **Heat Syncope:**

#### **Signs and Symptoms:**

- Sudden dizziness
- Feeling faint
- Skin appears pale and sweaty
- Normal body temperature
- Rapid, weak pulse

#### **Treatment:**

- If the athlete faints, legs should be elevated 12 inches off the ground.
- Athlete's vitals should be monitored.
- Athlete should be taken out of the heat.
- Athlete should be given fluids and not allowed to return to play.

### **Heat Exhaustion:**

#### **Signs and Symptoms:**

- Pale, moist skin
- Profuse sweating
- Feeling faint, dizzy, or nauseous
- Elevated core temperature (slightly above 100 degrees)

#### **Treatment:**

- Athlete should be removed from heat immediately
- Ice packs should be applied to back of neck, forehead, armpits, and groin area.
- Remove as much clothing as possible
- Athlete should be given fluids as long as they are alert
- IV fluid may be needed
- Athlete needs to be monitored and possibly referred

**Heat Stroke: THIS IS A MEDICAL EMERGENCY! ATHLETE NEEDS MEDICAL CARE IMMEDIATELY!**

**Signs and Symptoms:**

- Dry, red, hot skin
- No sweating
- Athlete is unresponsive or disoriented
- Hyperventilation
- Decreased blood pressure
- Core temperature **above 104 degrees**

**Treatment:**

- Immediately activate EMS and EAP
- Place athlete in a cool area and remove as much clothing as possible
- Immerse athlete in a cool water tub (between 1-15 degrees Celsius) until athlete's core temperature drops to ~101-102 to avoid over cooling.
- Ice packs should be applied to the back of neck, forehead, armpits, and groin area if immersing is not possible.
- Monitor athletes' vitals until EMS arrives

**Return to Play Guidelines after Exertional Heat Illness (EHI):**

- Physician clearance is necessary before returning to exercise for severe heat illness. The athlete should avoid all exercise until completely asymptomatic and all laboratory tests are normal.
- Severity of the incident should dictate the length of recovery time.
- The athlete should avoid exercise for the minimum of 1 week after release from medical care.
- The athlete should cautiously begin a gradual return to physical activity to regain peak fitness and acclimatization under the supervision of an ATC or other qualified health care professional. Type and length of exercise should be determined by the athlete's physician and might follow this pattern:
  1. Easy-to-moderate exercise in a climate controlled environment for several days, followed by strenuous exercise in a climate-controlled environment for several days.
  2. Easy-to-moderate exercise in heat for several days, followed by strenuous exercise in heat for several days.
  3. (If applicable) Easy-to-moderate exercise in heat with equipment for several days, followed by strenuous exercise in heat with equipment for several days.

## **Head/ C-Spine Injuries**

### **Policy:**

The following policy should be used when dealing with a student-athlete with a suspected head or c-spine injury:

### **Unconscious and Not Breathing:**

1. Check CAB's
2. Activate EMS.
  3. If athlete is prone, logroll them over to supine position as an "unit" (minimum 4 people needed) a. Head-this person is to become the "team leader". They are responsible for stabilizing the head and neck in it original position as found on the field NO MATTER HOW IT APPEARS. Do NOT apply traction. The team leaders is to stabilize head until the athlete is strapped down on spine board.
    - b. Trunk
    - c. Hips and thighs
    - d. Lower legs.
4. Establish airway. Remove facemask. The team leader should continue to stabilized head and neck.
5. Cut the shoulder pad strings spreading the pads apart. LEAVE PADS ON.
6. Perform CPR or rescue breathing, maintaining the airway and stabilizing the head and neck. The jaw thrust technique should be used.
7. Assist the EMTs upon arrival.

### **Unconscious but Breathing:**

1. Check ABCs
2. Activate EMS.
3. Team leader stabilizes head and neck until secured on spine board.
4. If the athlete is prone, log roll the athlete to a supine position making sure to stabilize the head and neck ONLY IF NEEDED.
5. Remove the facemask.
6. Maintain the airway until EMS arrives.
7. Assist EMTs with securing the injured athlete on the spine board.

### **Conscious Athlete:**

1. Check ABCs
2. Calm and reassure the athlete
3. Take a history of the incident
4. Evaluate for head/c-spine injury. If positive: stabilize head and neck, activate EMS. If negative: continue with follow-up evaluation on sideline.



### **Concussion:**

1. All certified athletic trainers should be well aware of signs and symptoms indicative of a concussion.
2. A thorough on the field evaluation will be performed to rule out any cervical spine injuries that would warrant immediate transportation.
3. A thorough evaluation must be performed on the sideline and as a follow up (SCAT3).
  4. Athletes showing any of the following warning signs should be referred to physician:
    - a. Drowsiness or extreme irritability.
    - b. Unequal pupil size
    - c. Pupils do not react to light
    - d. Repeated vomiting
    - e. Blurred, cloudy, or double vision
    - f. Extreme dizziness
    - g. Fluid or blood from mouth or ears
    - h. Headache that worsens
    - i. Weakness in arms, legs, or face muscles
    - j. Twitching or convulsions
    - k. Changes in breathing patterns
    - l. Difficulty speaking, slurred, or incoherent speech
    - m. Confusion, disorientation-abnormal behavior
    - n. Loss of consciousness.
4. Any athlete displaying any signs or symptoms of a concussion should not be allowed to return to play.
5. The following criteria must be met prior to the athlete returning to play from a concussion, adapted from the Gfeller-Waller Concussion Act along with implemented Return to Learn protocol.
  - Athlete will be immediately removed from competition if a concussion is suspected.
  - An on the field evaluation will be completed by a certified athletic trainer (SCAT 3).
  - Athlete will be evaluated on a daily basis following the concussion until all symptoms have resolved and athlete has returned to play.
    - Any athlete found to have a concussion will be removed for a minimum of 7 days following the event.
      - This is dependent on the length of symptoms.
  - Athlete must complete a return to play progression program before returning to play.
  - Athletes must be cleared by a physician familiar with concussion management, Gfeller-Waller form must also be signed. (Urgent care physician and emergency room physicians typically do not clear athletes after one visit).

## **Chronic Illnesses: Asthma and Sickle Cell Anemia.**

### **Asthma:**

#### **Procedures:**

1. All athletes will undergo a pre-participation examination prior to the season to determine the severity of their asthma by a family physician. An asthma plan should be established at this time.
2. All staff and student athletic trainers should be well aware of the warning signs of an athlete having asthma, including:
  - a. chest tightness
  - b. coughing (especially at night)
  - c. shortness of breath (dyspnea)
  - d. sleeping difficulties
  - e. wheezing (especially with exercise association)
  - f. difficulty catching one's breath
  - g. decrease ability in physical activity due to breathing difficulty
  - h. using accessory muscles to breathe
  - i. difficulty breathing in the morning
  - j. difficulty breathing when exposed to allergens
  - k. symptoms increased with physical activities (exercise induced)
  - l. family history of asthma
3. All athletes with a history of asthma should have a rescue inhaler with them at all times during athletic events. The athlete should also supply the athletic trainer with an extra inhaler in the event of an emergency.
4. Athletes should be re-evaluated by a physician periodically (6-12 months) or whenever symptoms worsen.
5. Staff and student athletic trainers should be aware of the pharmaceutical strategies of both fast acting and long acting medications used to treat asthma.
6. An athlete should be referred to either their physician or emergency room in the event of respiratory distress when associated with the following signs and symptoms:
  - a. significant increase in chest tightness, discomfort, or wheezing
  - b. respiratory rate greater than 25 breaths/minute
  - c. uncontrolled cough
  - d. inability to speak in full sentences
  - e. nasal flaring
  - f. prolonged expiration phase of breathing
  - g. paradoxical abdominal movement
7. Use of a peak-flow meter: All staff and student athletic trainers should follow these general guidelines when trying to obtain a peak flow measurement:
  - a. Peak flow meter should read zero or at its lowest reading before use
  - b. The peak flow meter should be used while standing up
  - c. Athlete should take a deep breath in as possible
  - d. Peak flow meter should be placed in mouth with the tongue placed under the mouthpiece
  - e. Athlete should close lips around mouthpiece
  - f. Have athlete blow out as fast as possible
  - g. Have athlete breathe normally for a few seconds and then repeat peak flow measures two more times. Write down the highest number obtained--do not average the numbers.

8. All athletes with a known case of asthma should have a baseline peak flow measure established. This should be done by obtaining peak flow measures, with the same peak flow meter, two to four times daily for two to three weeks. This can be done independently by the athlete. The athlete should record their highest measures, or their personal best peak expiratory flow rates (PEFR).

9. The athlete's PEFR can help determine a guideline in the event that the athlete's peak flow begins to decrease. The PEFR readings will be broken down into three zones, which are divided into colors, in order to make the best decision regarding the care for the athlete. The three zones are described below:

Green (80-100% of personal best): Lungs are functioning well. If readings are in this zone, and symptoms are not present, athletes are able to continue with their regular medicines and activities.

Yellow (50-80% of personal best): Airways are beginning to become narrowed. Medication changes or increases maybe necessary. Athletes should change or increase their medications in order to reverse the airway narrowing as discussed previously with their physician or the team physician.

Red (50% or below personal best): Airways are significantly decreased and compromised. Immediate care is necessary. "Rescue" inhaler should be provided as prescribed. PEFR should be checked every 10-15 minutes following administration of rescue inhaler. If PEFR begins to improve, athlete should be monitored and PEFR should be measured throughout the day. If PEFR does not improve, athlete may require outside care and should be referred to physician or emergency room.

## **Sickle Cell Anemia:**

### **Procedure:**

All athletes who suffer from sickle cell anemia must let the athletic training staff know ahead of time. The pre-participation examination forms will have questions regarding sickle cell anemia. Any athlete who answers “yes” to these questions **MUST** be sent to their family physician prior to them being allowed to start the athletic season. Athletes with known cases of sickle cell anemia should be monitored in cases of heat or when playing at an increased elevation. Certified athletic trainers should monitor for the following warning signs:

1. Unexplained muscle weakness
2. Acute chest pain
3. Acute abdominal pain
4. Severe, unexplained pain over entire body
5. Nausea, vomiting, diarrhea.

In the event that the student-athlete begins to show any of the following signs or symptoms they should immediately be sent to the emergency room. Emergency room physicians should be made aware that the athlete has sickle cell trait or sickle cell anemia and should expect explosive rhabdomyolysis and grave metabolic complications. An athlete may not return to their sport until they have been cleared by a physician.