

**Sulphur Springs Independent School District: Ladycat Park “Softball”  
Emergency Action Plan  
Revised 05/20/26**



**Ladycat Park “Softball”;** ADDRESS: 1200 Conally St  
Sulphur Springs, TX 75482 (Use Gladys Alexander Dr to access stadium)

In July or August of each school year the SSISD sports medicine staff will meet with all coaches employed in the district during the upcoming school year to educate, practice, and rehearse the content of this emergency action plan. All student athletic trainers who are enrolled in the student athletic training program will be trained and familiarized with the information presented in the plan during the annual student athletic training bootcamp before practice starts in July. Game officials and referees should review the plan at the beginning of each game event.

**Personnel**

Proper medical coverage will be in attendance at UIL sanctioned athletics events hosted at the Ladycat Park at all times. The medical coverage will include at minimum one certified athletic trainer and two student athletic trainers. Medical coverage will not be present at all practices but will be available. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, beeper or other immediate communication means and that the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

**Chain of Command**

The Head Athletic Trainer of the respective team in which the injury has occurred is the highest and primary form of contact in the event of injury. The chain of command will follow with coaches and student athletic trainers. All other parties at the event including fans, spectators, employees, and third parties will follow under the command of the campus administrator.

Important Emergency Contacts & Phone Numbers		
Razzariya Wilson	Athletic Trainer	
Bailee Chapman	Athletic Trainer	
Riley Eisenberg	Athletic Trainer	
Athletic Trainer's Office		Office: 903-885-2158 Ext. 2290 or 2291
Brandon Faircloth	Athletic Director	Office: 903-885-2185 Ext. 2270
Bailey Dorner	Athletic Coordinator	
Christus Hospital		Office: 903-885-7671
Campus Administrator: Darius Ingram Michael Rhoades Kathy Wright Demetra Robinson Jodi Andoe Steve Carter Awbree Summers		

### **Roles and Responsibilities**

- A. The certified athletic trainer is the primary point of care and should assume responsibility of providing care in any medical emergency that takes place during the game.
- B. The athletic training student will follow under the direction of their certified athletic trainer and aid them in providing care in the capacity allowed within their qualifications and certifications. Including retrieving medical supplies and the AED.
- C. The Coaches are responsible for maintaining composure within their team, all non-involved athletes of the emergency should abide by their guidance.
- D. SSISD Campus Administration is responsible for monitoring spectators, fans, and all other non-involved parties should abide by their guidance. They are responsible for guiding all non-team members in the event of emergency as well as aiding in the gathering of emergency equipment.
- E. The referee officials are responsible for monitoring the game and allowing adequate time for medical personnel to assess and resolve emergency situations.

### **Communication**

The primary means of communication will be through personal or school-issued cellphone devices. The athletic trainers, coaches, physicians, referees, campus administrators, and student athletic trainers should all have their cell phone carried on their persons at all times.

Athletic trainers will be responsible for communicating all injury information. Once the emergency has resolved the athletic trainer will communicate the details of the medical information to the patient's parents and/or guardians.

All occurrences of emergency should be recorded and documented on a standardized form. The documentation should list the details of the emergency in its entirety from the start of occurrence until they are transported to the emergency or the emergency has been resolved under medical care at the field. The documentation should only use standardized medical abbreviations and shorthand. Athletic trainers should retain all medical records and individualized information for their respective athletes.

All occurrences of emergency should be recorded and documented on the SSISD Emergency injury report form. Multiple copies have been included with this EAP. The documentation should list the details of the emergency in its entirety from the start of occurrence until they are transported to the emergency or the emergency has been resolved under medical care at the field. The documentation should only use standardized medical abbreviations and shorthand. Athletic trainers should retain all medical records and individualized information for their respective athletes.

### **Equipment**

At the time of the event each athletic trainer should have an athletic training kit on or nearby their person. The athletic training kits should obtain medical supplies and the emergency medication of any patients that have pre-existing conditions.

An AED and AED supplies; gloves, razor, scissors, CPR mask, anti-septic wipes, and gauze pads, are located on the top shelf of the home (3rd base) dugout during the duration of softball season January to May. There will be an emergency equipment kit in the kubota behind the home dugout for all competition events. Emergency equipment kit will include an

- AED
- Airway management supplies
- Head immobilization
- Splints for extremities
- Oxygen tank and appropriate administrations supplies
- Pulse oximeter
- Cervical collar
- First aid Kit
- Blood Pressure cuff and stethoscope
- Shears
- Spine board
- CPR pocket mask
- Bag-valve mask
- Football helmet removal tools

The emergency kit equipment should only be used by the EMT or Certified Athletic trainer with the exception of the AED, First aid Kit, and CPR pocket mask. All three pieces of equipment may be used by student trainers, coaches, or officials as long as they have completed the proper training and certification to use equipment.

### **Transportation**

EMS will access the park from the main parking lot. Coming from the East end of Houston Street they will take a left onto Gladys Alexander Dr. Coming from the west end of Houston street they will take a right onto Gladys Alexander Dr. Next, they will take a right into the parking lot. EMS will use the false gate by the right field foul pole of the outfield fence. EMS may drive onto the field.

EMS may also enter Hillcrest Dr from the north by turning left into Wildcat Park parking lot behind Barbara Bush Primary School. If entering from the south EMS will turn right into Wildcat Park parking lot in front of Barbara Bust Primary School. EMS will drive past the baseball field and turn left towards Ladycat Park. EMS may use the false gate by the right field foul pole of the outfield fence. EMS may drive onto the field.

In case a Level 1 trauma occurs the patient will be taken to Medical City Plano Hospital. For all other hospital needs they will be taken to the Level 4 trauma center at CHRISTUS Mother Frances Hospital.

CHRISTUS Mother Frances Hospital 115 Airport Rd, Sulphur Springs, TX 75482.

To access the Level 4 trauma center from the facility exit the parking lot and turn left onto Houston Street, take a slight right turn on Hillcrest Drive. Finally take another slight right turn onto Airport Road. EMS will approach the hospital from the left side and they should follow the hospital signs to access the emergency room.

Medical City Plano Hospital 3901 W 15th St, Plano, TX 75075

To access the Level 1 trauma center from the facility exit the parking lot and turn left onto Houston Street, take a left turn on Hillcrest Drive followed by another slight right turn on Main street. Then take a slight left turn onto I30 frontage road where they will then merge onto I30 west towards Plano.

## **Components**

### **Bloodborne Pathogen Addendum**

- Follow the bloodborne pathogen addendum as recommended by OSHA standards
- Before approaching any bleeding use protective measure (e.g gloves)
- Properly dispose of all contaminated objects and products
- Wash all exposed areas with soap and warm water

### **Emergency Management of:**

#### A. Heat Illness

##### a. Heat Exhaustion

- Move athlete to a cool and shaded area
- Remove excess clothing/equipment
- Use cooling techniques to cool athlete (e.g. cold towel, ice packs, and fan)
- Check Vitals (pulse, blood pressure, respiration rate, and temperature)
- Rehydrate athletes by replenishing electrolytes and fluids
- Lay athlete in a supine position with feet elevated

##### b. Heat cramps

- Move athlete to a cool and shaded area
- Apply stretching and massaging to body part that is cramping

- Provide additional sodium ( $Na^+$ ) or other electrolytes as needed
  - Monitor frequency and occurrence. If cramps do not subside or begin to occur in multiple areas immediately call EMS.
- c. Heat stroke
- Call EMS immediately
  - Take rectal temperature within four minutes of collapse (the higher the temperature the more urgency should be used in care)
  - Immediately place the athlete in a cold water and ice immersion
  - Recheck/monitor rectal temperature at 5-10 minute intervals
  - Remove excess clothing and equipment while athlete is in cold water immersion
    - Water needs to be circulated every few minutes to dissipate heat while patient is in the tub
  - Do not transport athlete to hospital until temperature is below  $103^\circ F$
- B. Cardiac Arrest
- Call EMS
  - Retrieve AED and follow verbal instructions
  - Begin CPR
- C. Respiratory Arrest
- a. Asthma Attack
- Move the athletes into a well-ventilated environment
  - Measure peak expiratory flow
  - If flow is below 15% of baseline, have the athlete use prescribed inhaler 2-3 times
  - Monitor airway and breathing for 15 minutes
  - Remeasure peak expiratory flow and administer additional inhaler medication if needed
  - If the patient's conditions do not improve, call EMS immediately
- b. Anaphylaxis
- Call EMS immediately
  - Assess airway, breathing, and circulation and continuously monitor them
  - Administer EPI-pen
  - Place patient in a comfortable position until EMS arrives, which can be sitting or laying down with feet elevated, if their blood pressure drops
  - Remove the allergen if possible
  - Notify someone to retrieve the AED in case athlete goes into shock or cardiac arrest occurs
  - Keep the athlete still and in a stable position
- D. Diabetes
- a. Mild Hypoglycemia
- Remove athlete from exercise
  - Give 15-20 grams of fast-acting carbohydrates
  - Repeat if no response after 15 minutes
  - If the patient does not respond at all to treatment, call EMS
- b. Severe Hypoglycemia
- Call EMS immediately

- Use injectable glucagon kit
- E. Sickle cell trait collapse
  - Immediately call EMS
  - Retrieve AED and be prepared to use it if required
  - Check Vitals (pulse, blood pressure, respiration rate, and temperature)
  - Provide supplemental oxygen
- F. Inclement weather
  - Immediately seek shelter in the home or visiting team locker room
  - a. Lighting
    - Move patient to safe location
    - Indirect strike
      - Assess for injuries
      - Evaluate patient for possible concussion like symptoms
    - Direct strike
      - Check Vitals (pulse, blood pressure, respiration rate, and temperature)
      - Do not follow the idea of triage and instead care for patients that appear to be dead
      - Retrieve AED and be prepared to use it if required
      - Begin CPR if needed
      - Time is of the essence in cases of a direct strike
  - b. Tornados
    - If tornado warning sign is initiated immediately seek shelter
    - The “home” team should take shelter in the home locker room. The “visiting” team should take shelter in the visiting team locker room. The officials and additional parties on the field should take shelter in whichever shelter room is closest to them.

### **Work Cited**

Casa, D. & Stearns R. (2015). Emergency Management for Sport and Physical Activity. Jones & Bartlett Learning, Burlington, Massachusetts.

National Athletic Trainers' Association. (2002). National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. *Journal of Athletic Training*, 37(1):99-104.

National Athletic Trainers' Association. (2015). National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*, 50(9):986-1000. 16

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Pathogens Standard. Retrieved from

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