Richey High School Activities Emergency Action Plan

EMERGENCY PHONE NUMBERS:

Off Campus Contacts	Phone Numbers
Emergency/Police/Fire	9-1-1
Sidney Hospital	406-488-2100
Glendive Hospital	406-345-3306
Poison Control	1-800-222-1222

Title	Name	Office Phone Number	Cell Phone Number
Superintendent	Megan Murrell	406-773-5523	406-485-5314
Athletic Director	Kara Triplett	406-480-1559	406-480-1559
Asst. Athletic Director	Tommy Baldwin	406-773-5523	406-480-1904

Emergency situations may arise at any time during athletic events/practices. When they occur, the following steps should be taken to provide adequate care. The most qualified individual on the scene should assess the situation and provide care. If it is determined that EMS is required, the following steps should be followed:

- Call 911 **immediately** from your cell phone or nearest landline.
- Give name, location, situation, number of injured, and treatment being provided.
- Send someone to meet and direct the ambulance to the location
- If appropriate, send someone to get AED
- Call Activities Director (Kara Triplett, 480-1559 or Tommy Baldwin 480-1904)

The **football field/track** is located on the corner of 4th St.East and Antelope Ave. Phil Robinson Memorial Field.

The **gym** is located in Richey High School, 205 Royal Ave Go to the Southeast side, there will be someone located outside to direct you to the proper entrance.

The Richey School's **old gym** may be used for various practices or activities. The **weight room** is located in the old gym west of the elementary school. Someone will be waiting at the north side doors.

The cheerleading squad practices at the Richey High School, cafeteria. Someone will be outside of the facility to direct the ambulance to the right area.

The **cross-country** teams run at different locations, so the coach will carry a cell phone and give the proper directions for reaching the injured person. If need be, the coach will assign someone to meet and direct the ambulance to a given spot.

Always be discreet when talking to teammates about an injured athlete. Remember that the privacy of the injured individual is protected by law. All statements to the media, regarding medical injuries or incidents, should be made through the Activities Directors Office. The Activities Director will dictate when and where any press conferences will be held.

The parents will be contacted by either the Athletic Director, superintendent, or one of the individual's coaches. That person will explain that the student-athlete has sustained an injury, that we have called 911, and that the athlete is being sent to the Emergency Room. Remember to ask the ambulance personnel which hospital they will be transporting the injured person to so that you can relay that information to the parent. Some parents will request that the ambulance take their child to a specific hospital.

AED Locations

Richey High School

Cafeteria -South wall outside of room

East Apartment Building laundry room

Inclement Weather Procedure

Safe locations:

In a building with four substantial walls, a solid roof, plumbing, and electric wiring- structures in which people live or work or a fully enclosed vehicle.

Unsafe locations:

Open fields, metal bleachers (or under them), fences, light poles, flag poles, pools or standing water, the highest point of a field or body of water, avoid using plumbing or landline phones during thunderstorm activity.

Prehospital care:

If a safe location is not available lightning-safe position must be assumed (crouched on the ground, weight on balls of feet, feet together, head forward, and ears covered). Do not lie flat on the ground.

Most deaths are due to cardiac arrest. In the event an athlete, coach, or member of the crowd is stuck be ready to call EMS and administrate CPR if the scene is safe.

Lightning Safety Policy

Chain of Command and Roles:

- Superintendent and/or Athletic Director – in charge of emergency- all instructions come from them. They will have final power to suspend the game if the flash-to-bang ratio is less than 30 seconds and the referee does not want to suspend the game
- The Head coach and coaching staff- Will be in charge of crowd control and will be helping lead their team, the opposing team to the designated safe location and making sure everyone is accounted for.
- Referees- In case of lightning emergency they will be the ones to suspend the game officially.

Designated Safe Locations by Site:

- Football Game Field/Track
    - Richey High School

Monitor:

- National Weather Service – The NWS will be used to detect and monitor local weather and potential for severe weather
- Lightning Detector – A lightning detector will be used to assist the Superintendent and Athletic Director on duty in detecting lightning
- Flash-to-Bang Ratio (FTBR)– The Flash to bang ration will be used to determine suspension of play. A flash-to-bang ratio of 10 or less will suspend play
    - Count the time between the flash of lightning seen and hearing thunder. Divide that number by 5
    - All individuals should be inside designated safe shelter by the time the FTBR reaches 6.

Suspension or Resuming Activity:

- Players, coaches, and fans will not be allowed to leave the designated safe area until play is determined safe to resume by the Superintendent or Athletic Director using the following criteria
    - 30 minutes have passed without a new lightning strike within 10 miles
    - If a strike is seen within 10 miles, 30-minute timer will reset
    - Referees will have input

Heat Illness Procedure

Dehydration:

- 1-2% lost body weight causing thirst, irritability, headache, weakness, cramps, nausea, and decreased performance.
- Dehydration of as little as 2% of body weight has a negative effect on performance and thermoregulation

Heat Cramps:

- Acute, painful involuntary muscle contraction caused by dehydration, electrolyte imbalance, or neuromuscular fatigue.

Heat Syncope:

- Also known as orthostatic vasodilatation; usually occurs in the first 5 days of acclimation caused by dehydration or lack of adequate blood supply causing fatigue, tunnel vision, pale or sweaty skin, decreased pulse, dizziness, lightheadedness, or fainting

Heat exhaustion:

- Core body temperature between 97-104F causing dizziness, syncope, headache, diarrhea, decreased urine output, persistent muscle cramps, profuse sweating, chills, cool/clammy skin, intestinal cramps, weakness, and hyperventilation

Exertional heat stroke:

- Classified as a core body temperature greater than 104F to 105F with associated CNS dysfunction. The CNS dysfunction may present as disorientation, confusion dizziness, vomiting, diarrhea, loss of balance, staggering, irritability, irrational or unusual behavior, collapse, loss of consciousness, and coma
- Most athletes will have hot, sweaty skin as opposed to the dry skin that is manifestation of classical exertional heat stroke

Treatment:

- Remove from activity
- Cold water immersion is the fastest cooling modality. Ice tub can be found in Athletic training room. If this is not available, cold water dousing or wet ice town rotation may be used to assist with cooling. Ice packs or bags placed on back of neck, under armpits and groin
- Removal of helmet, pads, gloves, shoes, and socks must be completed while cooling
- Athletes should be cooled first and then transported to a hospital unless cooling and proper medical care in unavailable onsite
- When in doubt activate EMS

Cold Weather Procedure

Injuries from cold exposure are due to a combination of low air or water temperatures and the influences of wind on the body's ability to maintain normal core temperature. Environmental factors affecting cold weather injury can include: previous cold weather injury, clothing attire, hydration, aerobic fitness level, acclimatization, and low caloric intake.

Frostbite:

- Localized response to cold, dry environment where moisture can exacerbate the condition. Frostbite can appear as frostnip, mild frostbite, and deep frostbite

Hypothermia:

- When core body temperature falls below 95F. Symptoms include shivering, slurred speech, weak pulse, lack of coordination, memory loss, dizziness, or loss of consciousness.

Prevention:

- Wear Proper clothing and dress in layers
- Stay hydrated, maintain energy levels, and well rested
- Warm up thoroughly and keep warm throughout practice or competition to prevent drop in muscle or body temperature
- As a general rule, the threshold for potentially dangerous wind chill conditions is about minus 20F
- Wind chill can accelerate heat loss from exposed skin

Practice and Competition Sessions:

- 30 degrees Fahrenheit and below: be aware for potential for cold injury
- 25 degrees Fahrenheit and below: provide additional protective clothing, cover as much exposed skin as possible
- 15 degrees Fahrenheit and below: consider modifying activity to limit exposure or to allow more frequent chances to re-warm in facility
- 0 degrees Fahrenheit and below: Consider terminating or rescheduling activity

Treatment

- Remove athlete out of the cold. If going indoors isn't possible, protect the person from the wind, especially around the neck and head, and insulate the individual from the cold ground
- Remove wet clothing. Replace wet things with warm, dry coats or blankets.
- If further warming is needed, do so gradually. Apply warm, dry compresses to the center of the body — neck, chest, and groin
- DO NOT use heating bath, massaging of limbs, or quick and rapid attempts to re-warm

Air Quality Procedure

Richey Athletics will adhere to the Montana High School Association guidelines on Air Quality Index Thresholds.

AQI will be measured using the Department of Health and Human Services (DPHHS) and the Montana Department of Environmental Quality (DEQ) Outdoor Activity & Air Quality Guidelines for Schools. Richey School has one on-site.

Air Quality Index Thresholds for Competition – Recommended Guidelines

Breathing for those afflicted with seasonal allergies, asthma or upper respiratory illness or other conditions can be difficult at times due to various environmental factors. High pollen counts, smoke, dust, etc. along with temperature extremes and humidity can play a significant role in athletic performance and recovery. Being aware of the conditions in which a student-athlete is participating is significant and should be monitored by all necessary personnel such as a team's physician, assigned athletic trainer, facilities personnel and/or coach.
Special attention will be given to those in acute distress from a respiratory problem by medical personnel as needed. However, all involved should be aware of or informed by a team's medical personnel that if needed, or in certain circumstances, specific individuals may be affected temporarily. Awareness by all involved is necessary to ensure successful outcomes.

- Specifically, at an AQI of **100** or higher, institutions should consider removing sensitive athletes from outdoor practice or competition venues and should closely monitor all athletes for respiratory difficulty. Reduce heavy or prolonged exertion in sensitive individuals.
- At AQIs of over **150**, outdoor activities should be shortened, and exertion should be minimized by decreasing the intensity of activity. Sensitive athletes should be moved indoors.
- At AQIs of **200** or above, serious consideration should be given to rescheduling the activity or moving it indoors. Prolonged exposure and heavy exertion should be avoided. Avoid all outdoor physical activity for sensitive individuals.
- If the AQI readings eclipse **250**, competition shall be halted immediately, regardless of the time in the game.
- Before competition is to resume, institutions shall work together to develop a mutually-agreed upon warm-up time.
- There is no predetermined length of time that a contest can be suspended. Those decisions will be made by the Conference office considering all factors including, but not limited to, student-athlete welfare.

Spinal Injury Procedure

All unconscious athletes in a situation that may have included a collision or a fall, and conscious athletes with any signs or symptoms that suggest cervical spine trauma must be treated as if they have a cervical spine injury. Any athlete suspected of having a head or spinal injury should not be moved unless absolutely essential to maintain airway, breathing, and circulation. If the athlete must be moved to maintain airway, breathing, and circulation, the athlete should be placed in a supine position while spinal immobilization is maintained. If there is any question as to medical status, it is best to err on the side of safety and to treat the injury as if it were a significant cervical spine injury. **DO NOT** move an athlete from the field if any of the above is suspected unless you are instructed to do so by 911, the ambulance crew called to the scene.

During initial assessment, the presence of any of the following, alone or in combination, requires the initiation of the spinal injury management protocol

- Abnormal level of consciousness or progressive loss of consciousness
- Obvious swelling or deformity of spine
- Spine pain or tenderness with or without palpation
- Neurologic signs or symptoms
- Any doubt concerning injury

General Guidelines:

- The cervical spine should be in a neutral position and manual cervical spine stabilization should be applied immediately.
- Traction **MUST NOT** Be applied to cervical spine
- If rescue breathing becomes necessary, the person with the most training and experience should establish an airway and begin rescue breathing using the safest technique
- Athletes should be immobilized with a long spine board or other full-body immobilization device using a little motion as possible

Equipment removal:

- Removal of helmet and shoulder pads in any equipment intensive sport should be deferred until the athlete has been transported to an emergency medical facility except in four circumstances
    1. `The helmet is not properly fitted to prevent movement of the head
    2. The equipment prevents neutral alignment of the cervical spine
    3. The equipment prevents airway or chest access
    4. EMS instructs you to do so

Concussion Procedure

Definition:

Concussion is a clinical syndrome characterized by immediate and transient impairment of neural functions such as alteration of consciousness, disturbance of vision, and equilibrium. Other signs and symptoms include the following:

Signs observed by coaching staff:

- Headache or pressure in the head
- Confusion about assignment or position
- Forgetfulness
- Clumsy movements
- Slow responses to questions
- Mood or behavior changes
- Can't recall events prior to or after hit or fall

Symptoms Reported by Athlete:

- Headache or pressure in head
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Emotions of not feeling right or feeling down

Danger signs to look for for immediate ER transfer:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that continues to increase in pain
- Slurred speech, weakness, numbness, decreased coordination
- Repeated vomiting or nausea
- Convulsions or seizures
- Loss of consciousness

Assessment Tests and Tools for Athletic Trainer:

For all baseline assessments and tools Athletic Trainer complete a baseline test immediately post-injury. The concussion assessment includes a combination of tests for cognition, balance, and self-reported symptoms known to be affected by concussions. The symptom checklist will be completed daily following the initial evaluation.

Procedure if Athletic Trainer is not on site:

- **If you suspect that an athlete has a concussion they must be removed from play or physical activity immediately**.
- Ensure the athlete is evaluated by an appropriate health care professional
- Inform the athlete's parents or guardians about the possible concussion and give information on concussion
- Keep the athlete out of play until they have **written** clearance that they may return to activity from Athletic Trainer

Treatment:

If the athlete's symptoms persist, worsen, or the level of consciousness deteriorates after a concussion, the patient will immediately be referred to a physician trained in concussion management or take to an emergency room. Oral or written home instructions will be given to both the athlete and parents for at-home care during the acute phase of the concussion.

Return to Activity:

Save the Brain concussion protocol for return to play will be followed and completed by each athlete. Athletes are not allowed to participate in practice or games until the return to play procedure is complete and signed off by the Athletic Director.

Example of Staff Roles:

1. Activate EAP: *Jim Miller Head Football Coach*
2. Call EMS/Ambulance:*Kara Triplett, Athletic Director*
3. Meet EMS at the access point and direct to the injured individual: Megan Murrell Superintendent
4. Immediate care of the injured athlete
    a. Who will retrieve emergency equipment: Shawn Lien assistant coach
    b. Who will evaluate, assess, and stabilize the athletes until EMS arrives: Yvette Lien, RN
5. Staff available for EMS transport: *Shawn Lien assistant coach*
6. Crowd Control: *Kara Triplett, Athletic Director*
7. Lightning Monitor: Kara Triplett, Athletic Director