# OXFORD HIGH SCHOOL ATHLETICS



# EMERGENCY ACTION PLAN 2021-2022

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#### Introduction

Oxford High School Athletics Emergency Action Plan provides coaches and athletic personnel with the information they need to react appropriately and efficiently when faced with a serious injury. Understanding that a serious injury can occur at any time, it is imperative that all individuals involved with our athletic programs are well versed in the protocol and procedures of dealing with an emergency. This plan explains the process along with giving specific instructions on how to deal with an emergency situation at all Oxford High School athletic venues.

The health and well-being of the student athletes depends on the expedient action of those in charge. All staff that work with students will be required to familiarize themselves with this plan, taking part in any training herein.

#### Components of the Emergency Plan

Every emergency action plan consists of the following three components:

- 1. Emergency Personnel
- 2. Emergency Communication
- 3. Emergency Equipment

#### Emergency Personnel

Typically, the first responder to an injury is a certified athletic trainer. In his/her absence, the coach in charge assumes first responder responsibilities. For that reason, all members of the coaching staff will be educated on the emergency action plan, be expected to review the EAP annually and understand what procedures should be followed. Athletic personnel may play a valuable role in providing accurate information and support. First responders will yield to the more qualified responders: police, EMT's, firefighters, but shall not leave the athlete or scene until instructed to do so.

# Athletic Personnel Responsibilities

- 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

#### **Emergency Communication**

In any emergency situation, communication will play a key role in obtaining appropriate care for the athlete in a prompt manner. With the prevalence of cell phones now, knowing the whereabouts of the nearest working landline may not seem important. Coaches will familiarize themselves with the location of a landline, in addition to having knowledge of the whereabouts of a charged, available cell phone at all venues (home and away).

Emergency contact information of all members of the team will be kept with the coach at all times. In the event of an emergency, the information should be reviewed, kept nearby and turned over to the emergency medical personnel upon arrival. This form will go to the hospital with the athlete.

#### Activating the EMS System

#### Making the call:

★ 911 - Give accurate details and location, place spotters to direct EMS, stay on line.

#### Providing information:

- → Name, address, telephone number of caller
- → Nature of emergency, whether medial or non-medical
- → Number of athletes
- → Condition of athlete(s)
- → First aid treatment initiated by ATC/Physician
- → Specific directions as needed to locate emergency
- → Other information as requested by the dispatcher

#### **Emergency Equipment**

Each season the athletic trainer will provide to each team a medical kit that includes the supplies needed for basic first aid. Coaches are expected to have this kit with them on site at every practice and game. Kits are to be easily accessible by any member of the coaching staff. It is the responsibility of the coaching staff to ensure the kit stays stocked. When supplies are low, the kit should be left with the athletic trainer to be filled. All efforts should be made to keep students from accessing the supplies in the medical kit so a better inventory can be kept.

In the event the athletic trainer is not present, emergency medical services should be contacted and coaches should rely on the equipment they have on hand.

Coaches have all received training in Basic First Ald and CPR/AED as a condition of employment. Members of the coaching staff should also be aware of the location of the AED's on site. AED's can be found on the 1st floor outside the nurses' office and outside the security office, and on the 3rd floor outside the main staircase. The athletic trainer also has a floating AED with him/her at all times.

#### Process

All coaches, including volunteer coaches, will review this EAP annually at the pre-season coaches meetings. Thereafter, coaches will review the emergency action plan with their staff and student-athletes.

Protocols established within this document will be reviewed annually by members of the Athletic Department, the certified athletic trainer, and the Director of Facilities. Additionally, any serious injury or critical incident will be discussed thoroughly and all action taken reviewed by the committee.

#### **Conclusion**

Understanding emergency situations may arise at any time during athletic practices and games, a little pre planning will go a long way in getting you through a stressful situation. The timely response of those in charge could affect the outcome of the emergency. Being effective in communicating and dealing with the situation is a necessary requirement of the position.

Using detailed preparation in order to understand and implement the Emergency Action Plan, we ensure the student-athletes, under our supervision, will be provided the best care when an emergency presents itself.

# Contacts and Important Numbers

### Contacts

Joseph Stochmal	Director of Athletics	203-888-2468 ext. 142 (office) 203-887-8223 (cell)
Chelsea Searles	Athletic Trainer	203-888-2468 ext. 2143 (office) 203-695-5115 (cell) 203-888-8013 (fax)
Main Office		203-888-2468
Dorothy Potter	Principal	203-888-2468 ext. 222 (office) 860-816-6911 (cell)
Robert Schumann	Assistant Principal	203-888-2468 ext. 239 (office) 203-464-0331 (cell)
Jodi Zaleha	Nurse	203-888-2468 ext. 149 (office) 203-606-4039 (cell) 203-888-8013 (fax)

# Important Numbers

Police & Fire	EMERGENCY	911
Police	ROUTINE CALLS	203-888-4353
Poison Control		1-800-222-1222
Oxford High School	MAIN OFFICE	203-888-2468
Griffin Hospital	130 Division Street Derby, CT 06418	203-735-7421
Yale New Haven Hospital	20 York Street New Haven, CT 06510	203-688-4242
Waterbury Hospital	64 Robbins Street Waterbury, CT 06708	203-573-6000
Bridgeport Hospital	267 Grant Street Bridgeport, CT 06610	203-384-3000
Premier Urgent Care	278 Oxford Road Oxford, CT 06478	475-675-5502
Valley Orthopedic Specialists	220 Main Street, Suite 1F Oxford, CT 06478	203-734-7900

#### Oxford Athletic Fields: Wolverine Turf Field - Football, Track Emergency action plan for serious injury

\*A **serious injury** is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

#### Actions

- 1. The ATC/Coach will activate the emergency system call 911 (see box below)
- 2. The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
- 3. The ATC/Coach will direct assigned coaches and student-athletes to go to **field access gate and field vehicle entrance** to direct EMS/Police to the location of injured athletes().
- 4. Gate to the fields must be unlocked for EMS to get to the specified field. ATC or EMS has keys to unlock the gate.
- 5. Contact Chelsea Searles (ATC) and Joe Stochmal (AD) if not on site.
- 6. Coach in charge will present Emergency Medical Form for injured athlete to EMS personnel
- 7. Coach in charge will initiate contact with the parent/guardian (if not present) and give them the name of the hospital athlete will be transported to.
- 8. After the incident has been resolved, an Accident Report must be completed by the coach in charge or coach who witnessed the injury/incident.

#### Activating the EMS System

#### Making the call

→ Designate the responsible adult or student-athlete to call 911

→ 911 - Give accurate details and location, place spotters to direct EMS, stay on line Providing information

- → Name and telephone number of caller
- → Location 61 Quaker Farms Road, Oxford, CT
- → Give specific directions Follow driveway and turn left at first gated entrance, follow road down to field entrance
- → Condition of the athlete(s)
- → First aid treatment initiated by ATC/Physician/Coach

#### **AED Locations for this Site**

The Athletic Trainer will carry an AED while on site. If the athletic trainer is not present, the closest AED locations are listed below for this site.

1. Inside building, 1st floor near security office

#### Lightening/Severe Weather

- 1. AD/ATC/Coach should check weather forecast two hours before the event for a weather "watch" or "warning"
- 2. Designate an individual to monitor weather activity during contest
- First sign of thunder or lightning, all participants and spectators should seek shelter.
   a. "When thunder roars, go indoors"
- 4. Wait 30 minutes following the last sound of thunder or flash of lightning prior to resuming activity or returning outdoors.

Area of refuge: 1st choice: Inside school. 2nd choice: If necessary, busses if they are onsite

#### Oxford Athletic Fields: West Field Emergency action plan for serious injury

\*A **serious injury** is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

#### Actions

- 1. The ATC/Coach will activate the emergency system call 911 (see box below)
- 2. The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
- 3. The ATC/Coach will direct assigned coaches and student-athletes to go to **the gate across from the loading docks** to direct EMS/Police to the location of injured athletes().
- 4. Gate to the fields must be unlocked for EMS to get to the specified field. ATC or EMS has keys to unlock the gate.
- 5. Contact Chelsea Searles (ATC) and Joe Stochmal (AD) if not on site.
- 6. Coach in charge will present Emergency Medical Form for injured athlete to EMS personnel
- 7. Coach in charge will initiate contact with the parent/guardian (if not present) and give them the name of the hospital athlete will be transported to.
- 8. After the incident has been resolved, an Accident Report must be completed by the coach in charge or coach who witnessed the injury/incident.

#### Activating the EMS System

#### Making the call

→ Designate the responsible adult or student-athlete to call 911

→ 911 - Give accurate details and location, place spotters to direct EMS, stay on line Providing information

- → Name and telephone number of caller
- → Location 61 Quaker Farms Road, Oxford, CT
- → Give specific directions Follow driveway around to the far side of the school. Gate and path to the fields is located on the left across from the loading docks
- → Condition of the athlete(s)
- → First aid treatment initiated by ATC/Physician/Coach

#### AED Locations for this Site

The Athletic Trainer will carry an AED while on site. If the athletic trainer is not present, the closest AED locations are listed below for this site.

1. Inside building, 1st floor near security office

#### Lightening/Severe Weather

- 1. AD/ATC/Coach should check weather forecast two hours before the event for a weather "watch" or "warning"
- 2. Designate an individual to monitor weather activity during contest
- 3. First sign of thunder or lightning, all participants and spectators should seek shelter. a. "When thunder roars, go indoors"
- 4. Wait 30 minutes following the last sound of thunder or flash of lightning prior to resuming activity or returning outdoors.

Area of refuge: 1st choice: Inside school. 2nd choice: If necessary, busses if they are onsite

#### Oxford Gymnasiums: Main Gym and Auxiliary Gym Emergency action plan for serious injury

\*A **serious injury** is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

#### Actions

- 1. The ATC/Coach will activate the emergency system call 911 (see box below)
- 2. The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
- 3. The ATC/Coach will direct assigned coaches and student-athletes to go to the **south entrance main doors** to direct EMS/Police to the location of injured athlete(s).
- 4. Contact Chelsea Searles (ATC) and Joe Stochmal (AD) if not on site.
- 5. Coach in charge will present Emergency Medical Form for injured athlete to EMS personnel
- 6. Coach in charge will initiate contact with the parent/guardian (if not present) and give them the name of the hospital athlete will be transported to.
- 7. After the incident has been resolved, an Accident Report must be completed by the coach in charge or coach who witnessed the injury/incident.

#### Activating the EMS System

#### Making the call

→ Designate the responsible adult or student-athlete to call 911

→ 911 - Give accurate details and location, place spotters to direct EMS, stay on line Providing information

- → Name and telephone number of caller
- → Location 61 Quaker Farms Road, Oxford, CT
- → Give specific directions Inside high school, walk through the south entrance and the gymnasium will be on the right
- → Condition of the athlete(s)
- → First aid treatment initiated by ATC/Physician/Coach

#### **AED Locations for this Site**

The Athletic Trainer will carry an AED while on site. If the athletic trainer is not present, the closest AED locations are listed below for this site.

- 1. Inside building, 1st floor near nurses' office
- 2. Inside building, 1st floor near security office

#### Lightening/Severe Weather

- 1. AD/ATC/Coach should check weather forecast two hours before the event for a weather "watch" or "warning"
- 2. Designate an individual to monitor weather activity during contest
- First sign of thunder or lightning, all participants and spectators should seek shelter.
   a. "When thunder roars, go indoors"
- 4. Wait 30 minutes following the last sound of thunder or flash of lightning prior to resuming activity or returning outdoors.

Area of refuge: Stay inside the school

#### Oxford High School **Pool** Emergency action plan for serious injury

\*A **serious injury** is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

#### Actions

- 1. The ATC/Coach will activate the emergency system call 911 (see box below)
- 2. The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
- 3. The ATC/Coach will direct assigned coaches and student-athletes to go to the **pool entrance doors** to direct EMS/Police to the location of injured athlete(s).
- 4. Contact Chelsea Searles (ATC) and Joe Stochmal (AD) if not on site.
- 5. Coach in charge will present Emergency Medical Form for injured athlete to EMS personnel
- 6. Coach in charge will initiate contact with the parent/guardian (if not present) and give them the name of the hospital athlete will be transported to.
- 7. After the incident has been resolved, an Accident Report must be completed by the coach in charge or coach who witnessed the injury/incident.

#### Activating the EMS System

#### Making the call

→ Designate the responsible adult or student-athlete to call 911

→ 911 - Give accurate details and location, place spotters to direct EMS, stay on line Providing information

- → Name and telephone number of caller
- → Location 61 Quaker Farms Road, Oxford, CT
- → Give specific directions Located inside high school, enter at lower entrance closest to the baseball fields, pool entrance will be on the right
- → Condition of the athlete(s)
- → First aid treatment initiated by ATC/Physician/Coach

#### **AED Locations for this Site**

The Athletic Trainer will carry an AED while on site. If the athletic trainer is not present, the closest AED locations are listed below for this site.

1. Inside building, 1st floor near nurses' office

#### Lightening/Severe Weather

- 1. AD/ATC/Coach should check weather forecast two hours before the event for a weather "watch" or "warning"
- 2. Designate an individual to monitor weather activity during contest
- First sign of thunder or lightning, all participants and spectators should seek shelter.
   a. "When thunder roars, go indoors"
- 4. Wait 30 minutes following the last sound of thunder or flash of lightning prior to resuming activity or returning outdoors.

Area of refuge: Stay inside school

#### Oxford Athletic Fields: **Baseball and Softball Fields** Emergency action plan for serious injury

\*A **serious injury** is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

#### Actions

- 1. The ATC/Coach will activate the emergency system call 911 (see box below)
- 2. The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
- 3. The ATC/Coach will direct assigned coaches and student-athletes to go to **field access gate and vehicle entrance gate** to direct EMS/Police to the location of injured athlete(s).
- 4. **Gate to the field entrance must be unlocked** for EMS to get to the specified field. ATC or EMS has keys to unlock the gate.
- 5. Contact Chelsea Searles (ATC) and Joe Stochmal (AD) if not on site.
- 6. Coach in charge will present Emergency Medical Form for injured athlete to EMS personnel
- 7. Coach in charge will initiate contact with the parent/guardian (if not present) and give them the name of the hospital athlete will be transported to.
- 8. After the incident has been resolved, an Accident Report must be completed by the coach in charge or coach who witnessed the injury/incident.

#### Activating the EMS System

#### Making the call

→ Designate the responsible adult or student-athlete to call 911

→ 911 - Give accurate details and location, place spotters to direct EMS, stay on line Providing information

- → Name and telephone number of caller
- → Location 61 Quaker Farms Road, Oxford, CT
- → Give specific directions Follow driveway to the top of the hill and take the first right. Fleld gate entrances are located between baseball and softball fields.
- → Condition of the athlete(s)
- → First aid treatment initiated by ATC/Physician/Coach

#### AED Locations for this Site

The Athletic Trainer will carry an AED while on site. If the athletic trainer is not present, the closest AED locations are listed below for this site.

1. Inside building, 1st floor near nurses' office

#### Lightening/Severe Weather

- 1. AD/ATC/Coach should check weather forecast two hours before the event for a weather "watch" or "warning"
- 2. Designate an individual to monitor weather activity during contest
- **3.** First sign of thunder or lightning, all participants and spectators should seek shelter. a. "When thunder roars, go indoors"
- 4. Wait 30 minutes following the last sound of thunder or flash of lightning prior to resuming activity or returning outdoors.

Area of refuge: 1st choice: Inside school. 2nd choice: If necessary, busses if they are onsite

#### Injury Action Plan: Concussion/Head Injury

#### CONCUSSION MANAGEMENT AND RETURN TO PLAY REQUIREMENTS "When in doubt - Sit it out"

\*Public Act No. 10-62 requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred.

#### If you suspect that a player has a concussion...

- 1. Immediately remove the athlete from play and seek evaluation form the covering certified athletic trainer (ATC)
- 2. If there is no ATC present, observe the athlete for signs and symptoms of a concussion
- 3. If any of the signs/symptoms listed above are reported/observed, the athlete is not to return to play. If unsure, keep the athlete out until he/she is evaluated by a medical professional. **If an athlete loses consciousness call 911 immediately!**

Signs (observed by coach)	Symptoms (reported by athlete)
<ul> <li>Athlete appears dazed and sometimes with vacant stare</li> <li>General confusion</li> <li>Athlete forgets plays</li> <li>Athlete seems disoriented</li> <li>Athlete seems overly emotional (crying, laughing)</li> <li>Athlete demonstrates balance issues and difficulty standing or walking</li> <li>Loss of consciousness - CALL 911</li> <li>Changes in normal behavior/personality</li> <li>Repetitive speech or delayed speech</li> <li>Vomiting by athlete</li> </ul>	<ul> <li>Headache</li> <li>Nausea</li> <li>Balance problems or dizziness</li> <li>Double/blurred vision</li> <li>Sensitivity to light/noise</li> <li>Feeling very fatigued</li> <li>Feeling "foggy"</li> <li>Concentration/memory problems</li> <li>Irritability</li> <li>Sadness</li> <li>Feeling more emotional</li> </ul>

\*based on the National Federation of High School Associations' Sports Medicine Handbook, Third Edition

- 4. Notify the athlete's parents/guardians of the possible concussion within 24 hours of the incident. Advise the athlete/parents to follow up with the athletic trainer the following day and to seek emergency medical attention should the condition worsen.
- 5. Notify the ATC about the injury and fill out an accident report documenting the injury. This will have to be given to the nurse the next day.
- 6. NO athlete is to return to play without being cleared by their doctor and/or the ATC. A specific return to play protocol is required prior to return to unrestricted play.

#### Injury Action Plan: Asthma

Coaches should be aware and have a list of all athletes who have a history of asthma and exercise induced asthma. All athletes with asthma who require the use of an inhaler should be instructed to carry their inhaler with them at ALL times. If the athlete has self-carry orders on file with the Oxford High School nurses' office, the athlete may keep their medication with them for athletic events. If the athlete is not able to self-carry medication, the athletic trainer will coordinate with coaches to determine appropriate handling of the medication during athletic events.

#### Signs and Symptoms of Acute flare-ups

- → Wheezing or spastic coughing
- → Complaints of chest tightness or discomfort
- → Rapid heart rate
- → Rapid/shallow breathing
- → Tripod positioning (leaning over with hands on knees)
- → Blue lips/fingernails (if SEVERE)

#### In the event of an acute flare-up:

- 1. Immediately remove the athlete from play and place the athlete in a seated position, leaning forward slightly.
- 2. Keep the athlete calm and instruct to take deep breaths
- 3. Obtain the athlete's inhaler medication and give it to the athlete to self-administer. DO NOT HAVE ATHLETE USE ANOTHER ATHLETE'S INHALER. If the athlete does not have an inhaler with them then go to step 5.
- 4. Only help the athlete should he/she have difficulty with self-administration

#### Proper Use of an Inhaler

- 1. Remove cap and hold inhaler upright
- 2. Shake the inhaler
- 3. Instruct athlete to tilt head back slightly and exhale through the mouth
- 4. Instruct athlete to put mouth around the opening of the inhaler insuring a seal
- 5. Instruct the athlete to push down once on the inhaler while inhaling deeply
- 6. Instruct the athlete to hold breath for about 10 seconds to get the medication down into the lungs
- 7. Dosage may be repeated only as directed by the athlete's physician

\*based on National Federation of High School Association's Sports Medicine Handbook, Third Edition

- 5. Encourage the athlete to breathe "in through the nose, out through the mouth"
  - a. Instruct athlete to breathe in through the nose for a count of two
    - b. Instruct athlete to then breathe out slowly through the mouth for a count of four concentrating on using the abdominal muscles to contract with exhaling
- 6. Emergency care is required if the following signs occur
  - a. Athlete has increased breathing difficulty (hunched over, gasping for air, cessation of breathing)
  - b. Lips or fingernails turn blue or gray
- 7. Notify the athlete's parents should the athlete's condition not improve with the inhaler administration or emergency care is needed. Encourage the athlete to follow up with the athletic trainer upon return to school following the incident.
- 8. Notify the ATC about the incident and fill out an accident report documenting the injury. This will have to be given to the nurses' office the next day
- 9. NO athlete is to return to play without being cleared by their doctor if emergency care was required and then the ATC

### Injury Action Plan: Anaphylactic Shock

Coaches should be aware and have a list of all athletes who have a history of allergies which require the use of an epi-pen. All athletes with a severe allergy who require the use of an epi-pen should be instructed to carry their epi-pen with them at ALL times. If the athlete has self-carry orders on file with the Oxford High School nurses' office, the athlete may keep their medication with them for athletic events. If the athlete is not able to self-carry medication, the athletic trainer will coordinate with the coaches to determine appropriate handling of the medication during athletic events.

#### Signs and Symptoms

- → Skin reactions including hives and itching, flushed or pale skin (almost always present with anaphylaxis)
- → Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing
- → A weak and rapid pulse
- → Nausea, vomiting and diarrhea
- → Dizziness or fainting

#### If you suspect an athlete is going into anaphylactic shock:

- 1. Obtain athlete's prescribed epi-pen and give to the athlete for self-administration. DO NOT ADMINISTER EPI-PEN FOR THE ATHLETE
- 2. Notify the covering ATC of athlete's status
- 3. **Call 911** Inform the dispatcher that you have an athlete going into anaphylactic shock
- 4. Notify the athlete's parents of the incident. Follow the Emergency Action Plan specific to the activity location
- 5. Notify the ATC about the incident and fill out an accident report documenting the injury. This will have to be given to the nurse the next day.
- 6. NO athlete is to return to play without being cleared by their doctor and the ATC

#### Injury Action Plan: Heat Illness

Prevention of heat illness begins with aerobic conditioning, which provides partial acclimatization to the heat. Student-athletes should be exposed to hot and/or humid environment conditions gradually over a week to achieve acclimatization. In extreme temperatures and conditions all attempts should be made to practice at cooler times of the day. Hydration should be maintained during training with multiple breaks an hour placed into the schedule.

#### Activity Modifications for Increasing WBGT

WBGT	Activity Guidelines	
< 76.1	<b>Normal Activities</b> - Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout	
76.3 - 81.0	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each	
81.1-84.0	<b>Maximum practice time is 2 hours.</b> FOOTBALL: Players are restricted to helmet, shoulder pads and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. ALL OTHER SPORTS: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each	
84.2 - 86.0	<b>Maximum practice time is 1 hour.</b> FOOTBALL: No protective equipment may be worn during practice and there may be no conditioning activities. ALL OTHER SPORTS: There must be 20 minutes of rest breaks distributed throughout the hour of practice.	
<u>≥</u> 86.2	<b>NO OUTDOOR WORKOUTS.</b> Delay practice until a cooler WBGT is reached.	

#### Signs, Symptoms and Treatment

	Signs & Symptoms	Treatment
Heat Exhaustion	<ul> <li>→ Profound weakness</li> <li>→ Exhaustion</li> <li>→ Dizziness/Fainting</li> <li>→ Muscle Cramping</li> </ul>	<ul> <li>→ Rest in a cool, shaded environment</li> <li>→ Fluids</li> <li>→ Student-athlete should not be allowed to practice or compete for the remainder of the day</li> </ul>
Heat Stroke	<ul> <li>→ Very high body temperature</li> <li>→ Hot and dry skin which indicates failure of the body to cool itself</li> <li>→ Possible seizure or coma</li> </ul>	<ul> <li>→ Call 911 - Follow emergency action plan for specific location</li> <li>→ Immediate cooling of body by removal of excess clothing</li> <li>→ Immersion in cold water</li> <li>→ Wetting the body and fanning vigorously</li> <li>→ Cool before transporting</li> </ul>

#### Following the incident:

- 1. Notify the athlete's parents of the incident
- 2. Notify the ATC about the incident and fill out an accident report documenting the injury. This will have to be given to the nurse the next day
- 3. NO athlete is to return to play without being cleared by their doctor and the ATC

# Appendix A: Map of Fields

# Symbol Key



