

# **Dale County High School Athletic Emergency Action Plan**

## **OVERVIEW**

### **Introduction**

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the student athlete. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency action 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. 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 and efficiently.

### Components of an Emergency Action Plan

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of First Responder
5. Venue Directions with a Map
6. Emergency Action Plan Checklist for Non-Medical Emergencies

### **Emergency Personnel**

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a certified athletic trainer. However, the first responder may also be a coach or another member of the school personnel.

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic director, school nurse, certified athletic trainer, all coaches, etc.]. Copies of training certificates and/or cards should be

maintained with the athletic director. **All coaches are required to have CPR, First Aid, AED, and concussion management training certifications.**

The emergency team may consist of physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and possibly even bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, personnel present, etc.

The four basic roles within the emergency team are:

**1. Establish scene safety and immediate care of the athlete:**

- a. This should be provided by the most qualified individual on the medical team (the first individual in the chain of command).

**2. Activation of Emergency Medical Services:**

- a. This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by anyone on the team.

**3. Equipment Retrieval:**

- a. May be done by anyone on the emergency team who is familiar with the types and locations of the specific equipment needed.

**4. Direction of EMS to the scene:**

- a. One of the members of the team should be in charge of meeting the emergency personnel as they arrive at the site. This person should have keys to locked gates/doors.

### Activating Emergency Medical Services

Call 9-1-1

Provide information

- Name, address, telephone number of caller
- Nature of the emergency (medical or non-medical)\*
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene (i.e. "use the south entrance to the school off Asylum St.")
- Other information requested by the dispatcher
- DO NOT HANG UP FIRST

\*if non-medical, refer to the specified checklist of the school's non-athletics emergency action plan

## **Emergency Communication**

Communication is key to a quick, efficient emergency response. There is a pre-established phone tree to ensure all relevant parties are notified. Access to a working telephone line or other device, either fixed or mobile, should be assured. There should also be back-up communication in effect in case there is a failure of the primary communication. At every athletic venue, home and away, it is important to know the location of a workable telephone. Please see page 5-7 for emergency communication guidelines for Dale County High School.

## **Medical Emergency Transportation**

Any emergency situation where there is loss of consciousness (LOC), or impairment of airway, breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a “load and go” situation and emphasis is placed on rapid evaluation, treatment, and proper transportation. Any emergency personnel who experiences doubt in their mind regarding the severity of the situation should consider a “load and go” situation and transport the individual.

## **Non-Medical Emergencies**

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

## **Post EAP Activation Procedures:**

### *Documentation*

Documentation must be done by ATC (or other provider) and coach immediately following activation of the EAP. Both an injury report and accident report form must be filled out.

### *Debriefing*

A team comprising of the ATC, AD, coaches, nurse and one or two other school district employees not involved with the situation must discuss the event within 48 hours. This team must evaluate the effectiveness of the EAP and conduct a staff debriefing. A specific timeline for changes to EAP should be made for promptness.

## **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on the training and preparation of healthcare providers. It is prudent to invest athletic department “ownership” in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should **be reviewed at least once a year** with all athletic personnel and local emergency response teams. Through development and implementation of the emergency plan Dale County High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

### Staff Education

1. Each season, every coach will receive a copy of the Emergency Action Plan (EAP)
  - a. Each coach will provide their signature to confirm they have read the documents and asked any potential questions
2. A copy of the relevant EAP will be in each medical kit which is to be kept with the coach at every practice/event
3. A copy of the EAP will be posted on the wall in the athletic training room.

### Chain of Command

The athletic training should always act as primary care-givers at the site of the injury or accident (when on-site) and would manage the situation according to the following rank:

In the event that a certified athletic trainer is not on-site at the time of injury the following chain of command would be used:

DALE COUNTY CHAIN OF COMMAND  
(Most medically qualified)

1. CERTIFIED ATHLETIC TRAINER-HANNAH WHIGHAM
2. ADMINISTOR-MATT HUMPHREY
3. ATHLETIC DIRECTOR-NICOLE DUTTON
4. HEAD COACH
5. ASSISTANT COACH
6. OTHER ATHLETES

*\*this chain of command would be completed per team in the event that the chain is different per team*

The highest person in the chain of command who is present at the scene will be the designated person in charge, or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives.

Once it has been decided that EMS should be called, the following protocol should be followed:

### EMS PROTOCOL

**When you call EMS, provide your name and title or position, current address, telephone number, number of individuals injured, condition of injured, first aid treatment already administered, specific directions, and other information as requested.**

### Emergency Telephone Numbers

This list is only to be used in case of an emergency.

Off Campus Contacts	Phone Number
Emergency	911
Police department	334-983-1944
Fire and Ambulance	334-726-7011
[Nearest] Hospital	Flowers Hospital
[Second Nearest] Hospital	Dale Medical
Hazardous Materials	800-467-4922
Poison Control Center	800-222-1222

### IMPORTANT PHONE NUMBERS:

**Athletic Trainer:** Hannah Whigham (334) 790-5067

**Main Office:** (334) 983-3541

**Athletic Director's:** Nicole Dutton Cell: (334) 797-0481

**Principal:** Matt Humphrey Cell: (334) 726-5524 Office: (334) 983-3541 ext. 20130

**Assistant Principal:** Ben McNeal Cell: (334) 701-2989 Office: (334) 983-3541 ext. 20140

## **Emergency Equipment Locations**

### ***Emergency Equipment:***

- Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit on site for events covered by ATC
  - First Aid Kit located with coach
1. AED
    - a. Located with ATC for all covered events
    - b. Located with coach of highest need, determined by athletic trainer, athletic director and coach prior to season
    - c. Additional AED located outside Dale County High School Gymnasium in lobby, main office of school, and football assistant coach's office, short hall exit door (ATC will have their own AED as well)
  2. Nearest phone
    - a. Athletic Trainer's personal cell phone when covering events
    - b. Coaches' personal cell phones
  3. Rescue Inhaler
    - a. Coaches are responsible for each student who has an inhaler and is responsible for bringing the inhaler with them to all practices/games
    - b. Inhaler must be left with coach (labeled with name) during practices and games (not left in personal bag)
    - c. Athletic trainer may be given a backup inhaler by the parent or child to keep as a backup in the med kit.
  4. Epi Pen
    - a. Coaches are responsible for each student who has an epi pen and is responsible for bringing their epi pen with them to all practices/games
    - b. Epi pen must be left with coach (labeled with name) during practices and games (not left in personal bag)
    - c. Athletic trainer may be given a backup Epi pen by the parent or child to keep as a backup in the med kit.
  5. Splints
    - a. With ATC during events or in ATR (Health Science Class Room)
  6. Spine boards/Cervical Collar
    - a. Will be provided by EMS upon arrival
    - b. Additional Spine Board is located in Wet Room of Football Field House should it be necessary
  7. Bio-hazard Materials
    - a. Red bags – in each med kit
    - b. Disposal Bin – in ATR (Health Science Class Room)

### General Plan of Action

1. Most medically qualified person will lead
2. Check the scene – is it safe to help?
3. Is the athlete breathing? Conscious? Pulse?
  - a. If NO instruct person to call 911 – LOOK PERSON DIRECTLY IN EYES and make sure they call!
  - b. Check card for 911 call instructions for your location
4. Perform emergency CPR/First Aid
  - a. If severe bleeding – instruct individual to assist with bleeding control
5. Instruct coach or bystander to get AED
  - a. **Location of AEDs:**
    - Main Office Lobby**
    - Gymnasium Lobby**
    - Football Assistant Coach's Office-Field House**
    - End of Short Hall (Closest Location for Practice Field/Softball Field)**
    - Additional with Athletic Trainer (or in Health Science Classroom)**
6. Instruct coach or bystander to control crowd
7. Contact the Athletic Trainer of Dale County High School if they are present at the school but not on scene
  - a. There are multiple phones located at Dale County High School.
  - b. They are located: Main office, Basketball office, Softball office, Guidance Counselors office, Athletic Directors office, Business Tech classroom, AG office, and At Risk Counselors office.
8. Contact parents
  - a. **Emergency contact information can be found in the Main Office Storage Closet and/or the Athletic Directors Office. Emergency contact information is also located on DCHS Powerschool system.**
  - b. If a parent is not present, the form should accompany the athlete to the hospital.
9. Contact Athletic Director
10. Contact Principal/Vice Principal
11. Instruct individual to meet ambulance to direct to appropriate site
  - a. **Venue is located at: 11740 South County Road 59 Midland City, AL 36350.**
  - b. The closest intersection to the venue is Hinton Waters Ave and County Road 59.
  - c. Pertinent landmarks include: Railroad tracks and Water Tower.
12. Assist with care as necessary
13. Assistant coach must accompany athlete to hospital – either in ambulance or follow by car
  - a. If transport is deemed necessary by EMS, the athlete will be taken to the closest emergency room, unless the parent requests otherwise.
14. Document the event

## Emergency Action Procedures

### Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

### Emergency Personnel:

Dale County Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

### Emergency Procedures:

- 1) Check the scene
  - a) Is it safe for you to help?
  - b) What happened?
  - c) How many victims are there?
  - d) Can bystanders help?
- 2) Instruct coach or bystander to call 911
  - Provide the following information
    - a) Who you are
    - b) General information about the injury or situation
    - c) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*). **11740 South County Road 59 Midland City, AL 36350**
    - d) Any additional information
    - e) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 3) Perform emergency CPR/First Aid
  - a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
    - i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
    - ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
  - b) **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd
- 5) Contact the Athletic Trainer for Dale County High School if not present on scene
- 6) Meet ambulance and direct to appropriate site
  - a) Open Appropriate Gates/Doors
  - b) Designate an individual to "flag down" and direct to scene
  - c) Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
  - a) Retrieve Necessary Supplies/Equipment
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief
- 10) Documentation of Seasonal Coaches Educational Meeting

### **Lock Down Procedures:**

- 1) Evacuate all athletes to safe location
  - a) Football/Soccer to Field House
    - i. This includes band members during home football games or band practices
  - b) Basketball/Volleyball to Home Locker Rooms
  - c) Baseball to Field House
  - d) Softball/Track (Practice) to Short Hall or Locker Room
- 2) After evacuation and all clear from police department, check the scene
  - a) Is it safe for you to help?
  - b) What happened?
  - c) How many victims are there?
  - d) Can bystanders help?
- 3) Instruct coach or bystander to call 911

# **Dale County High School**

## **Heat Illness Care Protocol**

### **GENERAL INFORMATION**

If the Athletic Trainer is not present, the head coach or coaches should initiate the patient's care.

### **SIGNS AND SYMPTOMS**

#### Exercise-Associated Muscle Cramps (EAMC)

- Visible muscle cramping
- Localized pain
- Dehydration
- Thirst
- Sweating
- Fatigue
- Short in duration (approximately 5 minutes)

#### Heat Syncope

- Brief episode of fainting
- Dizziness
- Tunnel Vision
- Pale or sweaty skin
- Decreased pulse while standing in the heat or after vigorous exercise
- Low rectal temperature

#### Exertional Heat Exhaustion

- Excessive fatigue
- Faints or collapses
- Core body temperature lower than 105°
- Pale
- Heavy sweating
- Chills
- Decreased urine output
- Minor cognitive changes (headache, dizziness, confusion)
- Vomiting/Nausea
- Diarrhea
- Irritability

- Lightheadedness
- Low blood pressure
- Impaired muscle coordination

#### Exertional Heat Stroke

- CNS Dysfunction
- Core body temperature greater than 105° (if it is slightly lower (104°) and the patient has CNS dysfunction, assume the patient is suffering from EHS)
- Disorientation
- Confusion
- Headache
- Diarrhea
- Dizziness
- Loss of balance, staggering
- Irritability
- Delirium
- Collapse/Loss of consciousness
- Coma
- Dehydration
- Hot and wet skin/Profuse sweating
- Low blood pressure
- Rapid pulse
- Hyperventilation
- Muscle cramps, loss of balance, loss of muscle function

### **TREATMENT**

#### Exercise-Associated Muscle Cramps (EAMC)

- Remove the patient from exercise and allow them to rest in the shade or air-conditioned room.
- Stretch and massage or knead the muscles that are cramping.
- The patient should ingest sodium-containing fluids, foods, or both to help return the body to normal fluid, electrolyte, and energy disruption. If no fluid or food are available, provide the athlete with ½ teaspoon salt dissolved in 16-20 ounces of water.
- Icing and massage may also help relieve some of the discomfort after EAMCs.
- Patients that have recurring EAMCs should undergo a thorough medical screening to rule out more serious neuromuscular conditions.

## Heat Syncope

- Move the patient to a shaded area to decrease body temperature.
- Have them sit or lie down.
- Monitor all vital signs.
- Elevate the legs above the level of the heart.
- Cool the skin.
- Rehydrate the athlete with water or a sports beverage.

## Exertional Heat Exhaustion

- Move the patient to a cool/shaded area.
- Remove excess clothing.
- Elevate legs above the heart.
- Cool the patient with fans, rotating ice towels, or ice bags.
- Provide oral fluids for rehydration.

## Exertional Heat Stroke

- Call 911
- Remove all equipment and excess clothing.
- Maintain all vital signs before immersing the patient.
  - Core body temperature with rectal thermometer, if available.
  - Check airway, breathing, pulse, and blood pressure.
- Cool the patient as quickly as possible, within 30 minutes, by whole body ice water immersion approximately 35° F-59° F; stir the water and add ice throughout the cooling process.
- Cooling rates may vary, but the core body temperature should decrease approximately 1° F every 3 minutes.
- If immersion is not possible, take the patient to a shaded cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing, and circulation.
- Monitor all vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, and CNS status every 5-10 minutes.
- Cease cooling only when rectal temperature reaches 102° F.
- **If rectal temperature cannot be measured and cold-water immersion is indicated, cool for 10–15 min and then transport to a medical facility.**

## HEAT EXHAUSTION

OR

## HEAT STROKE

Faint or dizzy



Throbbing headache

Excessive sweating



No sweating



Cool, pale, clammy skin

Body temperature above 103°  
Red, hot, dry skin



Nausea or vomiting



Nausea or vomiting

Rapid, weak pulse



Rapid, strong pulse



Muscle cramps



May lose consciousness



- Get to a cooler, air conditioned place
- Drink water if fully conscious
- Take a cool shower or use cold compresses

# CALL 9-1-1

- Take immediate action to cool the person until help arrives

[encorerehab.com](http://encorerehab.com)

## **RETURN TO PLAY PROTOCOL**

### Exercise-Associated Muscle Cramps

- Once a patient has rested and replenished the fluids and electrolytes lost from their sweat, they can usually return to play during that same exercise session or practice.

### Heat Syncope

- A patient may return to play once his/her symptoms have resolved and any other medical conditions have been ruled out.
- The athlete should rehydrate as necessary and seek medical clearance before returning to practice.

### Exertional Heat Exhaustion

- Returning to activity the same day of an episode is not prudent or advised.
- Individuals should wait at least 24-48 hrs before returning to activity and should gradually increase intensity and volume of exercise, and clothing and equipment.
- Medical clearance is recommended to rule out other conditions.

### Exertional Heat Stroke

- Physician clearance is required prior to return to physical activity. The patient must be asymptomatic and all lab tests must be normal.
- The length of recovery time varies based on the severity of the incident.
- The patient should avoid any exercise for at least 1 week after the incident, more if needed as determined by the physician.
- The patient should then begin a gradual RTP protocol in which they are under the direct supervision of an appropriate health-care professional such as an athletic trainer or physician.
- The type and length of the RTP program may vary among individuals, but a general program may include:
  - Easy-to-moderate exercise in a climate-controlled environment for several days, followed by strenuous exercise in a climate-controlled environment for several days.
  - Easy-to-moderate exercise in the heat for several days, followed by strenuous exercise in the heat for several days.
  - If applicable to the individual's sport: easy-to-moderate exercise in the heat with equipment for several days, followed by strenuous exercise in the heat with equipment for several days.

## **Dale County School Concussion Care Protocol**

### **General Information:**

A student's best chance of full recovery from a concussion involves two critical components: **cognitive and physical rest**. Continued research has shown cognitive rest to be essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in most cases, completely avoided for a period of time during recovery. Physical activity such as physical education, athletics, strength or cardiovascular conditioning, and fine art practices/performances must be completely avoided or regulated while recovering from a concussion.

**It is recommended that this protocol is shared with the student's primary care physician (licensed to practice medicine in all its branches, i.e. pediatrician) during the initial visit.**

### **Points of Emphasis:**

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- **For the concussion care protocol to be initiated the student must be initially evaluated by a primary care physician** (licensed to practice medicine in all of its branches) and documentation must be provided to the school nurse and athletic trainer. An emergency room/acute care note is only temporary until seen by the student's primary care physician within one week.
- **For the student athlete:** It is important upon return to school the student report to the athletic trainer **and** school nurse daily to monitor symptoms and determine progression to the next stage within the concussion care protocol.
- All school modifications will be made at the recommendation of a primary care physician (licensed to practice medicine in all of its branches). These recommendations will be presented to an administrator and school nurse for coordination with school faculty.

**The following recommendations and sequence of events are subject to change due to individual cases.**

### **Progression to Full Return to Academic and Athletic Activity**

#### **COMPLETE REST**

- Characteristics
  - Severe symptoms at rest
  - Symptoms may include but are not limited to:

- Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
  - Students may complain of intense and continuous/frequent headaches
  - Students may not be able to read for more than 10 minutes without an increase in symptoms
- Initial evaluation by a primary care physician (not ER)
- No PE/ athletic, Driver's Ed, Fine Arts participation (includes practices and attending events)
- Interventions:
  - No school attendance for at least one day (emphasize cognitive and physical rest)
  - Student and parent receive copy of Dale County Concussion Care Protocol
  - School nurse will notify student's teachers and appropriate staff

**\*Progress to next stage when:**

- Decreased sensitivity to light or noise
- Decreased intensity and frequency of headaches and dizziness
- Decreased feeling of foggy or confusion

**RETURN TO SCHOOL**

- Characteristics
  - Mild symptoms at rest, but increasing with physical and mental activity
- Modified class schedule
  - All modifications, if needed, will be at the discretion of the student's primary care physician (licensed to practice medicine in all branches) after the initial visit
  - This includes decisions on partial days of attendance, limited computer work in class, homework and taking tests, and classroom modifications
- No PE or athletic participation (may attend practice or PE class but no participation)
- No Driver's Ed until cleared by primary care physician
- No participation in Fine Arts practices or performances until cleared by primary care physician
- Report daily to the school nurse and Athletic Trainer to report symptoms
- Interventions:
  - All interventions after returning to school will be decided by the student's primary care physician

**\*Progress to next stage when:**

- School activity does not increase symptoms
- Overall symptoms continue to decrease

**FULL DAY OF SCHOOL ATTENDANCE**

- Characteristics
  - Symptom free at rest
  - Mild to moderate symptoms with cognitive and school day activities
- No PE/ athletics, Driver's Ed., Fine Arts participation (may attend practices, events, or classes, but no participation)
- Report daily to the school nurse and the Athletic Trainer
- Interventions:
  - Continue with interventions provided by primary care physician as needed

**\*Progress to next stage when:**

- Symptom free with cognitive and physical activity
  - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by primary care physician (primary physician or neurologist) for return to physical and full cognitive/ academic activities
- Some students are cleared by primary care physician for full cognitive activity before receiving clearance for full physical activity

**FULL ACADEMIC AND ATHLETIC PARTICIPATION**

- Characteristics:
  - Asymptomatic with academic/ cognitive and physical activities
- Report daily to the school nurse and the Athletic Trainer
- Student will begin the Return to Play Protocol with the Athletic Trainer
- Interventions:
  - Resumption of full academic responsibilities once symptoms have resolved completely as determined by primary care physician. School nurse will notify teachers.
  - Create plan for possible modification and gradual completion of required academic work to make up
  - Teachers have to discretion to identify essential academic work for their course

- Written clearance from primary care physician for full participation in PE/ athletics, Driver's Ed., and Fine Arts

### **RETURN TO PLAY PROTOCOL**

- Written clearance from the primary care physician is required to begin physical activity
- The Return to Play Protocol includes 5 phases of activity with increasing intensity
- Each phase will take place 24 hours following the previous step. **IF SYMPTOMS RETURN DURING ANY PHASE, A 24 HOUR PERIOD OF REST IS REQUIRED BEFORE REPEATING THAT PHASE.**
- The protocol will be performed under the supervision of the Athletic Trainer.
  - Phase 1: Light aerobic activity
  - Phase 2: Increases aerobic activity
  - Phase 3: Non-contact activity related to specific sport
  - Phase 4: Full contact activity
  - Phase 5: Return to competition

### **FOLLOW-UP**

- The Athletic Trainer and/or school nurse will conduct a follow-up assessment with the student one week after the student returns to full academic and athletic activity
- The student is encouraged to meet with the Athletic Trainer or school nurse to discuss any recurring symptoms

For any questions or concerns please contact the Athletic Trainer.

Hannah Whigham

334-790-5067

[hwhigham1990@gmail.com](mailto:hwhigham1990@gmail.com)

# Dale County High School

## Lightning/Severe Weather Protocol

### GENERAL INFORMATION

- The onsite certified athletic trainer (ATC) will have the authority to remove all participants from the athletic venues or activities when lightning may be a threat to the student-athletes.
- If there is a weather threat the onsite ATC will notify the head coach of the status of the weather and need to take shelter.
- If the ATC is not present, head coach or coaches will be in charge of implementing the lightning protocol.

### DETECTING LIGHTNING

If there is severe weather sighted or forecasted in the area, the certified athletic trainer or head coach, if the ATC is not present, will use (Weather Bug, Saf-T-Net, and WSFA) updates or the flash-to-bang method to monitor for lightning strikes.

- (Weather Bug, Saf-T-Net, and WSFA) will send updates to the athletic trainer via mobile phone when lightning is in the area. If the weather apps are not available to the athletic trainer, the flash-to-bang method will be used.
- To use the flash-to-bang method, begin counting when you see the lightning flash and stop counting when the associated thunder is heard. Divide this number by 5 to determine the distance (in miles) to the lightning flash.

### WHEN TO LEAVE THE FIELD

- First Warning: 15 Miles
- Second Warning: 10 Miles
- Begin Safety Procedures: 8 Miles; SEEK SHELTER NOW
- Danger Zone: 6 Miles

### SAFE SHELTERS

- A safe shelter would be any fully enclosed building with wiring and plumbing (field house or locker room).
- If a safe building is not available, a fully enclosed vehicle with a solid metal roof and sides or enclosed building.
- No water, open fields, dugouts, golf carts, or metal objects (bleachers, fences, etc.)
- During football games, athletes (and band members) will seek shelter in home football locker room
- All other sports will seek shelter in their designated home locker rooms unless better shelter is available (the gym)

### RESUMPTION OF PLAY

- Activity may resume once the onsite ATC gives permission.
- It will be considered safe to resume activity 30 minutes after the last lightning strike that is 15 miles away or once (Weather Bug, Saf-T-Net, and WSFA) shows no lightning in the area.

## SIGNS AND SYMPTOMS OF LIGHTNING STRIKE VICTIM

Minor	Moderate	Severe
Temporary to no LOC	Disorientation, combative, or comatose	Brain damage
Possible blindness, deafness, tympanic rupture	Possible temporary paralysis of extremities (may be pale, blue, pulseless)	Hypoxia secondary to cardiac arrest
Confusion/amnesia	Hypovolemic shock à look for blunt abdominal trauma	Blunt trauma fractures and intracranial injuries
Stable vitals (possible hypertension)	Temporary cardiopulmonary standstill	
Possible parasthesia, muscle pain, headache lasting days to months	1 <sup>st</sup> and 2 <sup>nd</sup> degree burns usually occur a few hours after injury	

### HOW TO TREAT A LIGHTNING STRIKE VICTIM

- Make sure the scene is safe to treat the lightning victims.
- Activate EMS (or have someone else activate EMS if you are the one providing care).
- Be prepared to treat people in cardiac arrest, have severe burns, shock, fractures another trauma.
- Treat the victim that appears dead first (if there are more than one victim). This victim is in the most severe condition and timely care needs to be taken to maximize chances of survival
- If needed and capable move the victim to a safe area for treatment
- Evaluate and treat for apnea (not breathing) and absence of heartbeat (cardiac arrest).
- Assess level of consciousness.
- Evaluate and treat for the possibility of spinal injuries.
- Evaluate and treat for hypothermia.
- Begin CPR.
- If an automated external defibrillator (AED) is available, it should be applied on anyone who appears to be unconscious, pulseless, or apneic. However, other firstaid efforts and resuscitation should not be delayed while an AED is being located.

### RETURN TO PLAY AFTER BEING STRUCK BY LIGHTNING

- Once the individual has been treated and followed up and cleared by appropriate medical personnel, the athlete may begin a gradual return to activity protocol.
- The timeline for return to play is dependent upon the severity of the lightning strike and the inflicting injuries.



Documentation of Emergency Equipment Maintenance

AED

Responsible Party for ensuring AED Maintenance:

*AEDs should be checked every month*

Date	AED #	Status	Notes

**Approval and Verification Page:**

This document has been read and revised by the Dale County High School athletic trainer, team physician and athletic director.

Team Physician: \_\_\_\_\_

Date: \_\_\_\_\_

Athletic Trainer: \_\_\_\_\_

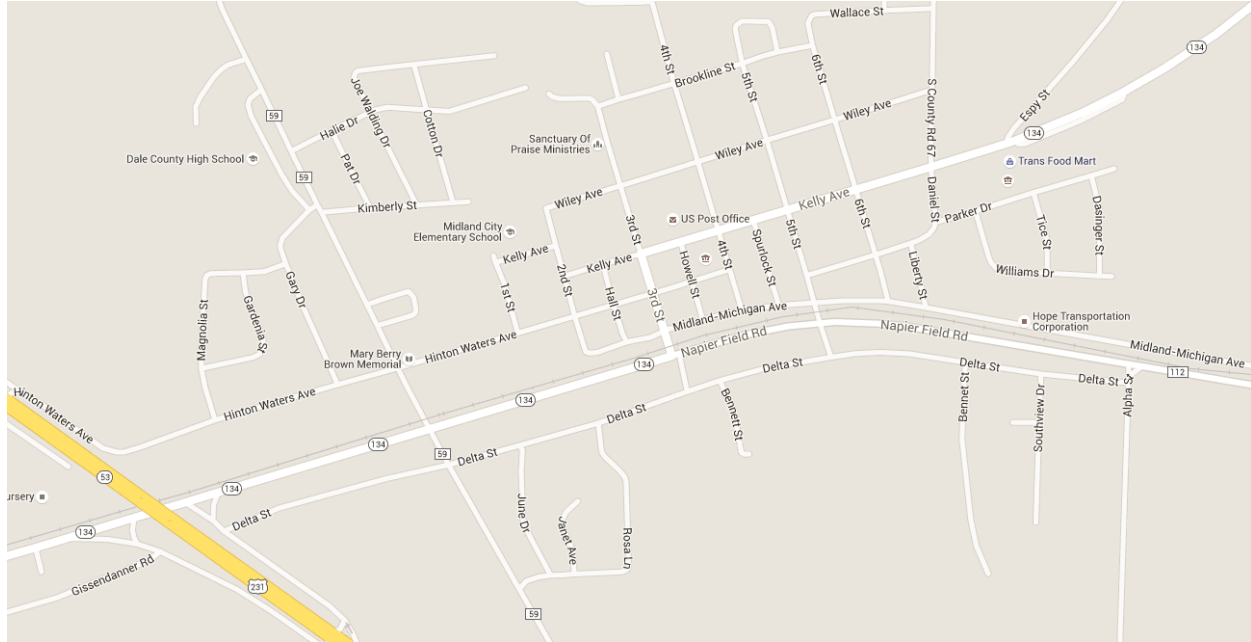
Date: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Date: \_\_\_\_\_

**VENUE ADDRESS:**

11740 SOUTH COUNTY ROAD 59 MIDLAND CITY, AL 36350.



**=AED LOCATIONS IN SCHOOL:**



## Ambulance Entrance Locations Specific to Venue:

### SOFTBALL FIELD



### FOOTBALL PRACTICE FIELD/BASEBALL FIELD



# Ambulance Entrance Locations Specific to Venue:

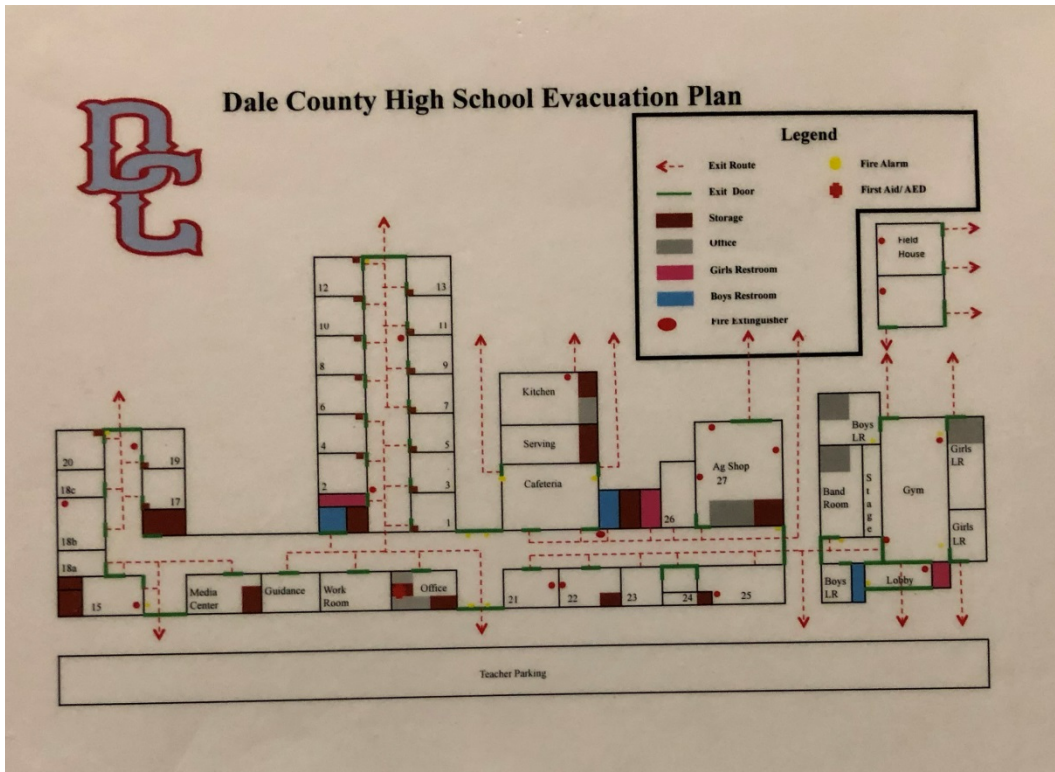
## FOOTBALL GAME FIELD/FIELD HOUSE



## GYMNASIUM



# Evacuation Plan



# Severe Weather Plan

