Emergency Action Plan for East Windsor Athletics

Purpose of Emergency Action Plan:

To provide East Windsor High School with an Emergency Action Plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. ATC, coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Need for an EAP:

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. An EAP that is well planned will provide first responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency action plan. It is well known that organizational medical personnel, including certified AT's, have a legal duty as reasonable and prudent professionals to ensure high-quality care to the participants.

According to the NATA Position Statement, "Each Institution or organization that sponsors athlete's athletic activities must have a written emergency plan." (NATA, 2002) Therefore it is imperative that EWHS maintain an up to date Emergency Action Plan to properly prepare the school in the event an emergency situation occurs.

PERSONNEL & EAP IMPLEMENTATION

Emergency Personnel:

During athletic practices and competitions at East Windsor High School, the first responder will typically be the certified athletic trainer. The type of coverage by the certified athletic trainer will vary depending upon the sport, the setting, and the type of training or competition. When the

certified athletic trainer is not around the first responder may be a coach, administrator, or EMT. It is extremely important to have coaches and administrators certified in cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED), first aid and the prevention of disease transmission. A review of the emergency action plan is recommended for all athletic personnel associated with practice, competitions, skills instruction and strength and conditioning. The athletic director maintains copies of training certificates and/or cards.

Within the emergency action plan, it is crucial to form an emergency team. The emergency team may consist of emergency medical technicians, certified athletic trainers, student athletic trainers, coaches, school administrators, parents, and possibly other bystanders. The roles of these individuals can vary depending on factors such as the number of members on the team, the athletic venue and upon the preference of the head athletic trainer.

Chain of Command:

The Certified Athletic Trainer (ATC) is in charge of the emergency situation until EMS arrives. The athletic director, coaches, site administrators, CPR/AED/First Aid certified students are also available to assist ATC, but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when the ATC is not at games or practices, the head coach is in charge until ATC or EMS arrives.

Emergency Contact Numbers/Emergency Personnel

- **9-1-1** for any life-threatening injury
- East Windsor Fire Department
    - **911 or (860) 623-5596**
- East Windsor Police Department
    - **911 or (860) 292-8240**
- Athletic Director
    - **(585) 738-9860**
- Athletic Trainer
    - No ATC hiring

The four basic roles within the emergency team are:

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

a. The ATC will assume this role most of the time at EWHS events or competitions.

b. ATC will perform a primary survey:

1. Determine the existence of a life-threatening situation, which can include problems with the airway, breathing, circulation, severe bleeding, and shock.

c. It is important for the athletic director, the site administrator or coach to establish safety by keeping others away from the area.

2. Activation of Emergency Medical Services:

a. This may be necessary for situations when emergency transportation is not already present at the sporting event.

b. Time is the most critical factor and this may be done by anyone on the team.
c. However, the person chosen should be someone who is calm under pressure, communicates well, and is familiar with the location and address of the sporting event.
d. Usually, the best choice for this role would be the athletic director.

3. Equipment Retrieval:

a. May be done by anyone on the emergency team who is familiar with the type and locations of the specific equipment needed.
b. Athletic training students, managers, and coaches may be good choices for this role.

4. Directing 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.
b. This person wants to make sure all gates and access areas to the field is clear and should have keys if any gates are locked.
c. Athletic Director, coaches or the site administrator can carry out this role.

When forming an emergency team it is important for everyone on the team to be able to adapt to each situation or sport. It can be helpful to assign more than one role to those on the team, especially for situations in which someone is missing or not at an event or competition.

An emergency is a need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, athletic director, and the site administrators be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

Situations, when 911 should be called, are:

- an athlete is not breathing

- an athlete has lost consciousness

- it is suspected that an athlete may have a neck or back injury

- an athlete has an open fracture (bone has punctured through the skin)

- severe heat exhaustion or suspected heat stroke

- severe bleeding that cannot be stopped

- anaphylactic reaction

Chain of Command

- Athletic Trainer
- Athletic Director
- School Resource Officer/Police on Duty at game
- Site Administrator
- Head Coach
- Assistant Coach

- Other Athletes

The highest person in the chain of command who is present at a 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:

1. The highest person on the chain of command will be deemed the leader and will stay with the athlete to monitor the athlete's condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The administration should be notified that there is an emergency situation on site.

2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. EMS should be told what the emergency is, the condition of the athlete and how to get to where the athlete is. Also, tell EMS that someone will meet them to aid in directing the ambulance.

3. If a parent is not present, they should be contacted and told what is going on, if that has not already occurred. Coaches should have Emergency Contact Information for each athlete at the field either in the medical kit or on a cell phone/tablet.

4. If transport is deemed necessary by EMS, the athlete will be taken to the nearest medical center, unless the parent requests otherwise. If a parent is not present, the athletic director will accompany the athlete to the hospital.

People involved in implementing the plan:

- Director of Athletics
- Athletic Trainer
- Site Administrator
- Coaching staff

Position: Athletic Director

Role: The role of the Athletic Director is to ensure that the Emergency Action Plan is followed accordingly, as well as monitoring and organizing all athletic events. In the event of an incident, it is the responsibility of the athletic director to coordinate with medical staff and paramedics, as well as the auxiliary staff regarding the nature and severity of the emergency. The athletic director is required to assist in the supervision of sporting events as they occur. They can if needed initiate the Emergency Action Plan as they are also certified to administer First Aid.

Position: Athletic Trainer

Role: The athletic trainer is to be informed of any and all medical emergencies, whenever they occur for any sanctioned East Windsor High School Athletic Event on the high school's premise or at any off-premise event. In the event of a medical emergency, the Auxiliary staff contacts the Athletic Trainer, who then contacts the Director of Athletics informing them of the situation. The Athletic Trainer's role is to assess all medical injuries, diagnose to the best of their ability the nature of the injury, and decide what course of action should be taken. In the event of non-life threatening injuries in which it is safe to transport the injured party from the event without the need of an EMS, the designated parent or guardian of the athlete will be contacted and they will be informed that they may pick up their athlete.

Roles of the Athletic Trainer (ATC):

- The ATC specializes in the evaluation, prevention, treatment, and rehabilitation of acute and chronic injuries and illnesses. (Includes consultation, taping and bracing, use of therapeutic modalities such as electric stimulation, cold therapy, and massage therapy).
- Immediate evaluation and care of seriously- injured or ill student-athletes:
  - Activation of EMS
  - 911 calls (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other information requested.
- Return to play decision-making on the injured student-athlete**.**
- Physician referral of the injured student-athlete.
- Contacting the parent (s) of the injured student-athlete

Position: Site Administrator

Role: The Site Administrator is responsible for event management of their assigned athletic events as well as the safety of both athletes and spectators. In the event of an emergency the Site Admiistrator can initiate the Emergency Action Plan and contact the ATC should they not be at the specific venue (In the athletic training room with another athlete, at a higher risk sport on campus, etc.)

Position: Coaching Staff

Role: The coaching staff is responsible for the safety of their athletes. In the event that they notice signs of duress among their athletes, they are to initiate the emergency action plan by notifying the athletic trainer.

Rendering Emergency Care

The safety of all student-athletes is of the utmost importance. That being said, in order to provide the proper care, it is required that specific members of the EAP are certified to administer aid in specific events.

Of the members listed in the organizational chart, it is required that:

- Athletic Director

        - CPR
        - First Aid
        - AED
- The Athletic Trainer:
    - Part- time
        - CPR
        - AED
        - First Aid
        - Checking an unconscious adult or athlete
        - Management of asthma
        - Recognition, prevention, and management of heat-related illnesses
        - Recognition and management of injuries to the head, neck, and spine
        - Psychological and mental health problems, skin conditions and infections
        - Blood-Borne pathogens
        - Recognition, prevention, and management of all injuries
- Coaches
    - CPR
    - First Aid
    - AED

- Site Administrator
    - No medical certifications needed for this position

POLICIES & PROCEDURES

The following policies and procedures that are listed within this plan are incorporated to the EAP in order to ensure that the school has a documented set of procedures to ensure the best interests of the school and the well-being of all student-athletes.

On-Site Practice Policy and Procedures

All home soccer and basketball require the presence of an athletic trainer. The athletic trainer will attend all other games when possible if schedule allows. Athletic Trainer may also float between games if there are multiple games/meets at one time. The athletic trainer is always reachable by cell phone if an emergency arises. The reason for having the athletic trainer on site is so that in the event of major medical emergencies such as spinal, head, or neck trauma, the athletic trainer can assess the situation and work with the athlete from the time of the injuries occurrence all the way to when the athlete is brought to the hospital.

Pre-Season Practice Policy and Procedures

From the start of the fall season, the athletic trainer will be on site for all practices that are approved and recognized by East Windsor High School, prior to the start of school.

Weight Room Policy and Procedures

NO ONE is permitted in the weight room without supervision!!!

To ensure the safety of all participants in weight room activities, at least one staff member (Not counting the Athletic Trainer) must be present in the weight room to supervise activities. At least one staff member should meet the minimum requirements of being CPR/AED certified. It is important that whenever weight room activities are being conducted, coaches notify the Athletic Trainer (if present) that weight lifting will occur. This ensures that at least one medically trained respondent (ATC) is made aware and able to respond to an emergency as effectively as possible. For the athlete to use the weight room, it will be required that the ATC is made aware that activities are taking place in the weight room. It is possible that there will be less than three adults on the emergency team in attendance to assume the roles of immediate care provider, retriever of the emergency equipment, or activator of the emergency medical system that comprise the emergency response team. If this occurs, all 3 emergency response team members still need to be identified by the coach prior to lifting sessions by selecting reliable assistant coaches or athletic director. In all cases, the athletic director will serve as the immediate care provider.

The athletic director or coach is to continue providing care until the athletic trainer or EMS arrives. This emergency team should develop procedures to deal with an emergency until such time an emergency response agency arrives. The same procedures and processes outlined in this plan need to be understood and followed in the event of an emergency. The most critical aspects are stabilization of the situation and prompt communication with the East Windsor EMS.

On-Site Games Policy and Procedures

At home site practices, it is possible that there will be less than three adults on the emergency team in attendance to assume the roles of immediate care provider, retriever of the emergency equipment, or activator of the emergency medical system that comprise the emergency response team. If this occurs, all 3 emergency response team members still need to be identified by the athletic director prior to practice sessions by selecting the coach, a reliable assistant coach or student-athletes (possibly, team captains and can only participate in the retrieval of equipment. (NOTE: Student-athletes and assistants/volunteers that have no certification in administering medical care cannot provide care to the other athletes). In all cases, the athletic director or coach will serve as the immediate care provider (UNLESS the athletic trainer is on site). The athletic director or coach is to continue providing care until the athletic trainer or EMS arrives. The assistant coach will serve in the capacity of the other role. This emergency team should develop procedures to deal with an emergency until such time an emergency response agency arrives.

The same procedures and processes outlined in this plan need to be understood and followed in the event of an emergency. The most critical aspects are stabilization of the situation and prompt communication with the East Windsor EMS.

Away Site Events

All teams will adhere to policies and procedures of the venue hosting the event.

Classifications of Sports:

Sports are classified according to the risk, or chances, of injuries occurring under similar circumstances and are broadly divided into contact or collision, limited contact, or non-contact. The following list will represent the sports that fall under these categories. Contact and Collision sports at East Windsor High School will have the greatest risk for life-threatening injuries. All sports that are listed are sports that occur at East Windsor High School.

Contact or Collision:

- Basketball
- Soccer

Limited Contact:

- Baseball
- Cheerleading
- Field Events
- High Jump
- Pole Vault
- Softball
- Volleyball

Non-Contact:

- Field Events
- Discus
- Javelin
- Shot put
- Running
- Track

Guidelines for the Unconscious Athlete:

1. ATC notes the body position and determines the level of consciousness and unresponsiveness
2. Airway, breathing and circulation should be established
3. Injury to the neck and spine should always be considered a possibility 4. If an athlete is wearing a helmet, DO NOT REMOVE until a spinal or neck injury is ruled out. Cut face mask to allow for CPR
5. If an athlete is supine and not breathing, establish an airway, and check breathing and circulation (ABCs) immediately

6. If an athlete is supine and breathing nothing should be done until the athlete regains consciousness
7. If an athlete is prone and not breathing, the athlete should be log-rolled carefully to the supine position and ABCs established immediately
8. If the athlete is prone and breathing nothing should be done until the athlete regains consciousness, but log-rolled supine in case CPR is needed at any moment. The unconscious athlete should be monitored and life support should be maintained until emergency personnel arrive.

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the East Winsor Public Schools emergency action plan directory and follow the instructions provided.

SPECIFIC VENUES

It is of the utmost importance that East Windsor High School ensures the safety of their student-athletes. In the event that emergencies occur, there must be proper counter efforts to minimize the risk of further injury, trauma, or risk of injury to all athletes, spectators, and staff members in attendance of events. That being the case, each sport has an individually planned out venue plan to respond to emergencies. To ensure the safety of athletes, the athletic trainer will be mobile and moving from game to game.

East Windsor High School Main Field

Emergency Personnel

- ATC for all soccer, track and field home games
- CPR Certified Coach
- Site Administrator

Emergency Communication

- All staff members working at the event will have a cellular device on hand.

Emergency Equipment

Supplies on the field:

- First-aid Kit/AED (The AED will be with the athletic trainer, the other in inside EWHS)
- Additional emergency equipment (Splint bag and crutches) with ATC.

ROLE OF FIRST RESPONDERS:

- Direct EMS to the scene.
  - Open appropriate entrances
  - Designate an individual to meet EMS and direct them to the scene.

- Scene control: limit the scene to First-Aid providers and move bystanders away from the area.

East Windsor High School Main Gymnasium & Training Room

Emergency Personnel

- ATC For all home games
- CPR AED First Aid Certified Coach
- Site Administrator

Emergency Communication

- A fixed telephone line is located in the ATC's Room
- All staff members working at the event will have a cellular device on hand.

Emergency Equipment

Supplies on the field:

- First-aid Kit/AED required for all home games
- Additional emergency equipment (Splint bag and crutches) with ATC.

ROLE OF FIRST RESPONDERS:

- Direct EMS to the scene.
- Open appropriate entrances
- Designate an individual to meet EMS and direct them to the scene.
- Scene control: limit the scene to First-Aid providers and move bystanders away from the area.

East Windsor High School Ancillary Gymnasium

Emergency Personnel

- ATC For all home games
- CPR AED First Aid Certified Coach

Emergency Communication

- A fixed telephone line is located in the ATC's Room (Only indoor sports)
- All staff members working at the event will have a cellular device on hand.

Emergency Equipment

Supplies on the field:

- First-aid Kit/AED required for all home events
- Additional emergency equipment (Splint bag and crutches) with ATC.

ROLE OF FIRST RESPONDERS:

- Direct EMS to the scene.
- Open appropriate entrances
- Designate an individual to meet EMS and direct them to the scene.
- Scene control: limit the scene to First-Aid providers and move bystanders away from the area.

East Windsor Public School Automatic External Defibrillation (AED) Protocol:

The defibrillator is the only effective treatment for cardiac patients who are in ventricular fibrillation. It will not work on a victim who is experiencing total cardiac failure.

Athletic Events: The athletic trainer will have the AED in her possession at all athletic events/ practices that she attends. When one AED is with the trainer the other AED will be moved to the alarmed box closest to the gym and fields. In an event there is no athletic trainer on site, one AED will remain in the alarmed box across near the auditorium and one AED will remain in the alarmed box closest to the gym and fields.

Outside of School Hours: Public Access Defibrillation Program is in place. This means the building has signage that there is an AED onsite and anyone who is AED trained may access and use the AED if needed.

Locations of Automatic External Defibrillators (AED):

It is the policy of the EWHS to keep and maintain

4 AEDs (Automated External Defibrillator). They shall be used to respond to suspected cardiac emergencies. These include subjects experiencing pain, discomfort, pressure or tightness in the chest, shortness of breath, profuse sweating, as well as subjects who are unconscious, unresponsive or not breathing. The AEDs are located in each school building in wall-mounted alarmed and unlocked cases. During the school day one AED will be in each health office. Outside of the school day the locations are listed as follows:

1. EWHS:

#1 Outside the auditorium

#2 Hallway outside of back entrance to gym across from the entrance to the back parking lot

After school hours one AED is with the trainer at all times

2. EWMS

 # 1 In hallway across from the cafeteria

 # 2 Gymnasium

3. Broad Brook Elementary School

 # 1 Outside of cafeteria

4. Central office

Maintenance & Testing: Maintenance and testing will be conducted according to the requirements of the AED manufacturer. Documentation of maintenance and testing will be maintained in the PAD Program Managers Office (Nurse Leaders) for a period of two years. Documentation will record the date of testing and the signature of the person performing the testing. When the "X" mark sign is seen in the window of the AED, service is required and the Nurse Leader must be notified immediately. Responsibility for

Maintenance check assignments in each location will be with the PAD Program Manager (Nurse Leader) in coordination with the School Nurse in each building. A person in each building will be responsible for:

The school nurses will be responsible for the daily visual checks and documentation during the contracted

The Nurse Leader and/or his/her designee will provide a visual check and documentation every two weeks during the summer vacation period.

Prompt notification of PAD Program Director for any equipment or supply needs.

Equipment for ATC first aid kit

- Various size band aids
- Gauze pads (various sizes)
- Rolled gauze
- Scissors
- Antibiotic ointment (bacitracin)
- Eye care solutions (rinse)
- Ace wraps
- Medical tape
- Pre-wrap
- Cohesive stretch tape
- Latex free medical gloves
- CPR mask/shield/rescue barrier
- Nose plugs
- Cold Instant disposable Ice bags
- Tongue depressors
- Sling (full or clothe)

- Hand cleaning solution
- Antibiotic Solution (Peroxid

EMERGENCY CARE FACILITY

In the event of an emergency warranting the need for paramedics, call (9-1-1) to contact a dispatcher. Upon contacting the local EMS, the person calling will notify the paramedics to take the injured to CCMC unless stated otherwise by parent

TRANSPORTATION POLICIES

At East Windsor High School, the first responder will be the certified athletic trainer who will evaluate and treat the injury accordingly. Since an ambulance will not be on-site at home events, entrance to the fields must be cleared and accessible. In the event of an emergency, the 9-1-1 system will be used for activating emergency transport.

In a medical emergency, the primary survey will assist the emergency care provider (ATC) in identifying an emergency that requires transportation to an emergency care facility as soon as possible. In medical emergencies, the athlete should be transported by ambulance, where the necessary staff and equipment is able to deliver efficient and appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. When dealing with the unconscious athlete, emergency care providers should treat the athletes as if they have a life-threatening injury. In the event an athlete is sent to the hospital via ambulance, a coach or school administrator must go with the athlete being transported if the athlete's parent or guardian is not in attendance.

COMMUNICATION POLICY

Most EWHS home events have local police coverage, which allows easy access to activation of the EMS. The athletic trainer will use a cell phone to notify the athletic director or the designated site supervisor who will then notify the police to activate ems. If the athletic director, site supervisor or police are not present, have the coach activate EMS via cell phone while the athletic trainer acts as a first responder by evaluating and treating the injury. During practice, if the athletic trainer is present they will assign the coach or assistant coach present to activate ems. If the athletic trainer is not present at

practice the coach should quickly evaluate the injury and then use “common sense” and contact EMS accordingly and then immediately notify the head athletic trainer.

In the event that the athletic trainer is not present, the coach should call 9-1-1 and provide the following information:

- State name and position
- Provide location the injury occurred
- Give schools phone number of number from which you are calling
- Describe the condition of injured person
- Describe treatment that is being provided
- Give the entrance for the EMS to meet you at
- Provide any other information asked for

BASIC INJURY MANAGEMENT

Recognizing a Concussion

Concussions do not always involve a loss of consciousness. ANY traumatic blow to the head or to another part of the body (which causes a whiplash effect to the head) should be considered as a mechanism of concussion injury. While headache is the most common symptom of a concussion, all people will experience a concussion differently. Therefore, all of the potential signs and symptoms of a concussion should be considered. A symptom checklist can assist the evaluator in making a more objective return to play decision.

If a player sustains any signs or symptoms of a concussion, he/she must be pulled from play. ONLY an athletic trainer or physician may clear the athlete to return to play.

Common Concussion Signs and Symptoms

- Headache
- Loss of consciousness *** immediate 9-1-1 referral
- Sensitivity to light/noise
- Balance Problems/Memory Problems
- Irritable/Change in personality and emotions
- Nausea/Vomiting
- Dazed or Confused
- Nervousness
- Numbness or tingling
- Double Vision, “Glassy Eyed”
- Drowsiness, Fatigue, Feeling “slowed down”
- Ringing in the ears

- Sleep disturbance (too much or too little)
- Feeling in a “fog”
- Seeing “stars”

Hydrating Athletes

Fluid Replacement

- Athletes should be especially cautious to stay well-hydrated. While water is essential, it is also imperative to replace lost electrolytes. Consuming sports drinks such as Powerade and Gatorade is one way of doing this. High energy drinks such as Red Bull and Rockstar are not recommended as a safe way to replenish electrolytes and hydrate the body.

The most important thing is that the athlete stays well-hydrated while not getting too much sugar intake. Here are some general guidelines to follow:

- The athlete should drink plenty of water before athletic participation. It is recommended that 17-20 fl. oz. of water or a sports drink be consumed 2 to 3 hours before activity.

- 7-10 fl. oz. should be consumed every ten to twenty minutes during activity. Those who sweat more should consume more.
- Cool beverages are best (50-59 degrees F)
- Sports drink containing high amounts of carbohydrates are the most beneficial for an athlete if consumed 2-3 hours prior to the activity.
- Sports drinks containing fructose should be avoided entirely. Fructose can lead to gastric distress.
- Recognize signs of dehydration: thirst, irritability, general discomfort, followed by headache, weakness, dizziness, cramps, chills, vomiting, nausea, heat sensations, and decreased performance.
- A moderate amount of sodium chloride in fluid replacement beverages can be beneficial in offsetting electrolyte imbalances that result from loss of sweat.

Encourage athletes to drink 16-32 ounces of fluid for every pound lost during activity.

Avoiding Heat Related Illnesses

People suffer heat-related illness when the body’s temperature control system is overloaded. The body normally cools itself by sweating. But under some

conditions, sweating just is not enough. In such cases, a person's body temperature rises rapidly. Very high body temperature may damage the brain or other vital organs. Factors that contribute to heat-related illness include high humidity, obesity, fever, dehydration, poor circulation, sunburn, and drug and alcohol use. To try to prevent heat-related illnesses:

- Drink plenty of fluids before, during and after exertion.
- Include electrolytes in the fluids (salt, sodium, potassium)
- Wear light clothing on hot days
- Wear sunscreen
- Schedule practice during cool periods (avoid 10 am to 2 pm) and acclimate athletes to heat gradually

Treatment Strategies for Exertional Heat Illnesses:

Dehydration

When athletes do not replenish lost fluids, they become dehydrated

Signs and Symptoms:

- Dry Mouth
- Thirst
- Being irritable or cranky
- Headache
- Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive Fatigue
- Not able to run as fast or play as well as usual

Treatment

- Return athlete to a cool environment and rehydrate
- Maintain normal hydration (as indicated by baseline body weight)
- Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.
- Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercises is optimal to replace losses and provide energy.
- Hydrate throughout sports practice to minimize dehydration and maximize performance. ● Seek medical attention if an athlete is

nauseated or vomiting.

Return to play Considerations

- If the degree of dehydration is minor and the athlete is symptom-free, continued participation is acceptable.

Heat Cramps

Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps can also occur in the absence of warm or hot conditions.

Signs and Symptoms

- The intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contractions that continue during and after exercise

Treatment

- Re-establish normal hydration status and replace some sodium losses with a sports drink or water
- Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity)
- Ice, Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

Return to play Considerations

- Athletes should be assessed to determine if they can perform at the level needed for successful participation.

Heat Exhaustion

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

Signs and Symptoms:

- Athlete finds it hard or impossible to keep playing
- Loss of coordination, dizziness or fainting
- Dehydration
- Profuse sweating or pale skin
- Headache, nausea, vomiting or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

Treatment:

- Remove the athlete from play and immediately move to the shaded

or air-conditioned area.
- Remove excess clothing and equipment
- Cool athlete until the rectal temperature is approximately 101*F (38.3*C) ● Have athlete lie comfortably with legs propped above heart level
- If an athlete is not nauseated, vomiting, or experiencing CNS dysfunction, rehydrate orally with chilled water or sports drink. If an athlete is unable to take oral fluids, EMS needs to be activated.
- Monitor heart rate, blood pressure, respiratory rate, core temperature, and CNS status
- Activate EMS and transport to hospital if the rapid improvement is not noted with prescribed treatment

Return to play Considerations:

- The Athlete should be symptom-free and fully hydrated; recommended physician clearance; rule out an underlying condition that predisposes him/her for continual problems, and avoid intense practice in heat until at least the next day.

Exertional Hyponatremia

When an athlete's blood sodium levels decrease, either due to overhydration or inadequate sodium intake, or both, medical complications can result in cerebral and/or pulmonary edema. This tends to occur during warm/hot weather activities. Hyponatremia may be completely avoided if fluid consumption during activity does not exceed fluid losses.

Signs and Symptoms:

- Excessive fluid consumption before, during and after exercising (weight gain during activity)
- Increasing headache
- Nausea, vomiting (often repetitive)
- Swelling of extremities (hands and feet)
- in some cases, severe muscle cramping is a sign

Treatment

- If blood sodium levels cannot be determined onsite, hold off on rehydrating athletes (may worsen the condition) and transport immediately to a hospital.
- The delivery of sodium, certain diuretics or IV solutions may be necessary. All will be monitored in the ER to ensure no

complications develop.

Return to play Considerations

- Physician clearance required.

Exertional Heat Stroke

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

Signs and Symptoms

- Increase in core body temperature, usually above 104*F/40*C (rectal temperature) when an athlete falls ill
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.
- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

Treatment

- Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc). Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment for EHS and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available.

Return-to-Play Considerations:

- The athlete's physician should devise a careful return-to-play strategy that can be implemented with the assistance of qualified health care professional.

Special Concerns:

Bee Stings

(noticeable bite/sting, blotchy skin, pain or itching, burning, weakness, chills, fever, nausea, etc)

Two greatest risks from most insect stings are an allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious). If an athlete is stung by a bee, wasp, hornet, or yellow jacket, follow these instructions closely:

- It doesn't matter how you remove the stinger. Remove it ASAP, the longer it is in, the more venom the body is exposed too. Under 15 seconds is ideal.
- Wash the area carefully with soap and water
- Apply a topical antihistamine to control itch and swelling
- An ice pack may be used to alleviate pain

If the athlete acknowledges an allergy to stings OR has trouble breathing, call 9-1-1

Allergic Reactions

- If an athlete has an allergic reaction, it is important that he/she get medical treatment immediately.
- If an athlete experiences breathing difficulty and/or if he/she has an Epi-Pen, get it for them and either have him/her give themselves an injection or inject it for them if you are trained to do so. If no, call 9-1-1 (if Epi-Pen is given, 9-1-1 needs to be called and the athlete needs to be transported to the hospital)
- If the athlete's reaction is minor (hives, itching, irritation, etc) contact the parent. Do not give an athlete any medicine.

Asthma

- Only athletes who have been diagnosed with asthma should use inhalers
- Athletes with asthma should only be allowed to use their own inhaler
- If trouble persists, **call 9-1-1**

Dental- Broken Tooth

If an athlete gets a tooth knocked out (or broken off)

- Keep the tooth; DO NOT TOUCH THE ROOT
- Put the tooth in a cup of milk (only enough to cover the tooth). If milk is unavailable, use water
- Have an athlete chew gum and put over the exposed tooth in mouth (to prevent nerve irritation)
- Send to the dentist - don't forget to send the tooth with them

Diabetics

Symptoms:

Hypoglycemia: shaky, fast heartbeat, sweating, dizzy, anxious, hungry,

blurred vision, weakness or fatigue, headache, irritability.

Hyperglycemia: extreme thirst, needing to urinate, dry skin, hungry, blurred vision, abdominal pain, nausea, and drowsiness

What to do: Ask the athlete if they are feeling like their blood sugar is low or high. Check their Dexcom. If no Dexcom, have the athlete do a finger stick blood sugar. Exercise generally will decrease an athlete's blood sugar.

- Blood sugar readings below 70 indicate **hypoglycemia**
  Treatment :**Hypoglycemia** requires the athlete to eat a snack, have a juice or eat 3 glucose tabs
  Athlete should rest until blood sugar >70 and free of symptoms.
  If athlete unconscious and blood sugar less than 50 administer rescue medication (glucagon or basquimi)
- Blood sugar readings above 250 may indicate **hyperglycemia**
  Treatment: **Hyperglycemia** may require the athlete to self administer insulin. Check with the athlete on what his/her plan indicates. Drinking water will decrease blood sugar.

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Muscle Cramping

- Poor hydration and low electrolyte count is the cause
- Administer Gatorade or other sports drink
- ICE THE AREA

Seizures

- Have the athlete lie down. Remove any objects in hand or nearby
- Loosen restrictive clothing
- Allow the seizure to finish
- After the convulsions have ended, protect the airway. If the athlete is blue, lift chin and tilt head back. **CALL 9-1-1**

INCLEMENT WEATHER POLICIES

Heat Guidelines

Air temperature and relative humidity play major roles in determining whether or not practice/games should be modified or rescheduled. The Athletic Director

or Certified Athletic Trainer will make the determination from the combination of temperature and humidity.

- Practice as normally conducted by a coach

- ❑ regular running schedule, etc
- ❑ Water breaks given as usual

- Practice with modifications

- ❑ later start time, reduced running schedule
- ❑ Water breaks given more frequently or as needed for individuals
- ❑ Increased supervision by athletic trainer, athletic director and coaches
- ❑ Practice duration 1 - 1 ½ hours maximum
- ❑ Game situational play will be limited to 10-minute intervals
- ❑ Games will be required to stop play every 15 minutes or shorter for mandatory water breaks. Officials will be notified.

- Practice with additional modifications

- ❑ Possible cancellation of practices if temperature/humidity is too high
- ❑ XC/Track needs to stay on site and run with a buddy
- ❑ Water breaks every 10-15 minutes or as needed by the individual
- ❑ Practices moved indoors or to an alternate time (earlier/later)

- ❑ Increased supervision by athletic trainer, athletic director, and coaches
- ❑ Practice duration 1 - 1 ½ hours maximum
- ❑ Game situational play will be limited to 10-minute intervals
- ❑ Games will be required to stop play every 15 minutes or shorter for mandatory water breaks. Officials will be notified.

- No Practices at all

Practice Suggestions:

- ❑ Have water available for athletes - encourage athletes to also bring their own
- ❑ Encourage athletes to hydrate PRIOR to practice
    - ❑ Athletes should consume 500 to 600 ml (17-20 fl oz) of water or a sports drink 2-3 hours before exercise and 200-300 ml (7-10 fl oz) of water or a sports drink 10-20 minutes before exercise
- ❑ Schedule water breaks
    - ❑ Water breaks should be scheduled and given throughout practice. Be aware of situations where athletes may need more water breaks based on intensity level and climate conditions.
- ❑ Encourage athletes to hydrate AFTER practice
    - ❑ Athletes should rehydrate with water or sports drinks after practice. Soda is not advised as a drink to help rehydrate the body.

Medical issue	Symptoms Treatment
Heat Exhaustion **Heat Stroke**	● Fatigue ● Malaise ● Fever (not exceeding 104*F) ● Dehydration ● Rapid Heartbeat ● Dizziness, fainting ● Nausea, vomiting ● Muscle Cramps ● Heavy Sweating or no sweating at all The individual suffering from heat exhaustion should stop all physical activity and move immediately to a cool place out of the sun, preferably a cool, air-conditioned location. She or he should lie down with feet elevated, remove or loosen clothing, and drink cold (but not iced), slightly salty water or commercial sports drink. Rest and replacement of fluids and salt is usually all the treatment that is needed, and hospitalization is rarely required. Following rehydration, the person usually recovers rapidly. Symptoms Treatment ● Headache ● Dizziness ● Disorientation, agitation or confusion ● Sluggishness or fatigue ● Hot, dry skin - flushed not sweaty It is important for the person to be treated immediately as heat stroke can cause permanent damage or death. There are some immediate first aid measures you can take while waiting for help to arrive.

	CALL 9-1-1 ● A high body temperature ● Loss of consciousness ● Rapid heartbeat ● Hallucinations ● Get the person indoors. ● Remove clothing and gently apply cool water to the skin followed by fanning to stimulate sweating. ● Apply ice packs to the groin and armpits. ● Have the person lie down in a cool area with their feet slightly elevated.

Cold Guidelines

The Athletic Trainer and/or the Athletic Director will monitor the cold by monitoring the wind chill. The Athletic Trainer and/or Athletic Director reserve the right to monitor and modify practice schedules due to the cold.

The following recommendations should be taken into consideration in monitoring and modifying practice schedules:

Wind Chill Temperature	**Practice Length (Outside Practice/Inside Warm-Up)**	**Recommendations**
> 30°F	No restrictions	Wear appropriate clothing for the weather.
30.0°F - 25.1°F	45 minutes / 10 minutes	Wear appropriate clothing. Be aware of the potential for cold injury.

25.0°F - 15.1°F	30 minutes / 10 minutes Cover as much of the exposed skin as practical. Wear additional clothing/layers.
15.0°F - 5.1°F	15 minutes / 10 minutes Consider modifying the activity to limit cold exposure.
≤5.0°F	**No Outside Practices are permitted.** **No Outside Practices are permitted.**

Please use Appendix 1 to assist in determining the wind

chill

Prevention Methods for Cold Stress

When exercising in the cold, athletes should wear several thin layers of clothing. Athletes should cover their head, neck, and hands when exercising in the cold. Athletes should try to warm the air they breathe with a scarf covering their nose. Athletes should try to stay as dry as possible when exercising in the cold. Polypropylene, wool, or other fabrics are good choices to help wick moisture away and keep the body cool. Try to stay away from cotton.

Athletes should warm-up thoroughly and keep warm until practice/competition. Athletes should hydrate to help regulate body heat. Hydrating in the cold is just as important as hydrating in the heat. Athletes should never train alone.

Cold Stress Protocol

The Athletic Trainer is onsite:

- Check for signs and symptoms of hypothermia. If the Central Nervous System (CNS) symptoms are present or the patient is unconscious, act as a first responder if certified in First Aid, CPR, and AED if needed.
    - Call **911**

    - Designate someone to call the Athletic Trainer after acting as a first responder.
- If no concerning hypothermia symptoms are present, call for the athletic trainer.

There is no Athletic Trainer onsite:

- Check for signs and symptoms of hypothermia. If Central Nervous System (CNS) symptoms are present or the patient is unconscious, act as a first responder if certified in First Aid, CPR, and AED if needed.
    - Call **911**
- If the athlete is conscious and not displaying concerning signs and symptoms of hypothermia, move the athlete to a warm area. If clothing is wet or damp remove the appropriate layers. Allow the athlete to use heat packs or immerse the area in 100-110°F water. If appropriate, have the athlete drink hot/warm liquids.

Cold Stress Defined

Frost Nip Affects the ears, nose, cheeks, chin, fingers, and toes. Occurs with high winds and/or cold. Skin appears firm at first with cold painless areas that peel off or blister 24-72 hours after exposure.
Frostbite Chilblains, prolonged exposure to the cold. Signs and symptoms include skin redness, swelling, tingling and pain in toes and fingers. <u>Superficial frostbite</u> - skin and subcutaneous tissue. Skin appears pale, hard, cold, and waxy. Rewarm by immersing the area in warm water 100-110°F. The common sensation is numbness prior and stinging after rewarming the area. <u>Deep frostbite</u> - Serious injury. Deep tissues affected. Immediate hospitalization. Signs and symptoms include discoloration of the skin, cold hard pale skin, pale or white tissue, numbness. Rapid rewarming techniques include hot drinks, heating pads, the temperature should be warmed to 100-110°F Trench Foot Wrinkling of the skin and of the feet. Prolonged exposure to cold, damp conditions.

Hypothermia Typically a decrease in body temperature below 95°F.
95°F - 98.6°F = mild hypothermia
90°F - 94°F = moderate hypothermia
Below 90°F = severe hypothermia
If moderate and/or severe hypothermia is suspected, call **911**.

Cold Related Injuries:

- Get the athlete out of the cold environment;
- Warm the affected area (gradually);
- If the injury is to an extremity, check pulses, splint, and recheck pulses;
- Do not rub or massage the area, and do not re-expose it to cold.

If the area is white and waxy, grayish colored, or blotched, suspect frostbite and send athlete to the hospital.

Lightning

IF YOU SEE LIGHTNING ANYWHERE IN THE SKY, TAKE ALL ATHLETES INSIDE!

In the event that lightning is detected and conditions are deemed unsafe, the Athletic Director or Athletic Trainer will notify the coaches, officials, and administrators. According to the NATA guidelines, all competition must stop once the flash-bang count is less than 30 seconds, and the competition may commence once 30 minutes has elapsed after the last lightning strike accompanied by thunder “flash-bang”.

Safe Locations

EWHS Complex: Inside of the school

When lightning is seen all coaches and athletes and spectators must leave the area. Coaches and athletes must leave equipment at the field.

Appendix A
EWHS Coaches' Emergency Contacts

East Windsor High School Athletic Department
Dean Edwards – Director of Athletics
Phone: (585) 738-9860
Emergency Contact Numbers:
Emergency Medical Service: DIAL 9-1-1
East Windsor Police Department: 911 or (860) 292-8240
East Windsor Fire Department: 911 or (860) 623-5596
East Windsor High School Main Office: (860) 623-3361
EWHS Athletic Training Room: 860-623-3361
Head Athletic Trainer:

Smyth Bus Company: (860) 623-0031 DO NOT CALL UNLESS BUS IS MORE THAN 15 MINUTES LATER THAN SCHEDULED.

Emergency Protocol-Basic First Aid
Steps to follow in case of an injury

Give immediate first aid to the injury (ice, etc.)
- Call for aid. If you need an ambulance do not hesitate
- Notify the parent ASAP

- Make sure the parent picks up the student athlete or meets you at the hospital - Make sure that YOU personally speak with the parent
- Call the Athletic Director on the cell or at home to report the injury
- Fill out an injury report form and return it to the Athletic Office

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Appendix A

East Windsor High School Athlete Injury Report Form

Student Name: _____

D.O.B. _____ Grade: _____

Address: _____

Sport: _____

Name of Parent: _____

Parent phone: _____

Accident/Injury Information

Date: _____ Time: _____

Location: _____

Name of person who first responded to the incident/injury: _____

Witnesses: (1) _____ (2) _____

(3) _____

Description of Incident/Injury:

_____

_____

_____

_____

_____

_____

Was the Athletic Trainer called to site: Yes _____ No_____ Time: _____

Initial Assessment: _____

_____

_____

_____

_____

Action Taken:

_____

_____

_____

_____

Parent/Guardian Notified: Yes _____ No _____

Time: _____ Who was notified: _____

By whom: _____

Was student transported by ambulance: Yes _____ No _____

Hospital: _____

Recommended that student seek medical attention: yes:_____ no:_____

Coach's Signature: _____Date:_____

Athletic Trainer's Signature: _____ Date: _____