

General Guidelines for Developing Emergency Action Plans

1. **Establish Roles** – adapt for each specific team, sport, or venue; may be best to have more than one person assigned to each role in case of absence/turnover
 - a. Immediate care of the athlete
 - Typically a physician or first responder, but could also be anyone trained in basic life support
 - b. Activation of Emergency Medical System
 - Could be school administrator, anyone
 - c. Emergency equipment retrieval
 - Could be student assistant, coach, anyone
 - d. Direction of EMS to scene
 - Could be administrator, coach, student assistant, anyone

2. **Communication**
 - Primary method of communication
 - Typically a mobile device (cell phone or radio)
 - Keep a list of all key personnel and their phone numbers
 - Test cell/radio reception prior to event
 - Keep batteries charged
 - Back-up method of communication
 - Often a landline
 - Test that landline is connected prior to event
 - Make sure communication methods are accessible (identify and post location, identify any locks or other barriers, keep change available for pay-phone)
 - Activation of EMS
 - Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
 - Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
 - Post contact numbers and caller script near communication device or other visible locations in the venue and circulate to appropriate personnel
 - Student emergency information
 - Obtain emergency contact information (parent/guardian) and critical medical information (conditions, medications, allergies) for all youth athletes
 - Keep accessible (with athletic trainer, for example)

3. **Emergency Equipment**
 - Locate and test all emergency equipment, i.e. Automated External Defibrillators, bag-valve mask, spine board, splints, etc.
 - Document inspection of equipment (i.e. proper condition and maintenance)
 - Insure appropriate personnel are trained in advance on proper use
 - Equipment must be accessible (identify and post location, keep within acceptable distance for each venue, identify locks or other barriers in advance)

4. Emergency Transportation

- Ambulance on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel)
 - Designated location
 - Clear route for exiting venue
- When ambulance not on site
 - Entrance to venue clearly marked and accessible
 - Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

5. Additional considerations

- Emergency plans must be venue specific (football field, gymnasium, etc.)
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS) on plan development
- Obtain approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review and rehearse plan at least annually
- Document:
 - Events of emergency situation
 - Evaluation of response
 - Rehearsal, training, equipment maintenance

Additional Considerations for Specific Conditions When Developing an EAP

1. Sudden Cardiac Arrest

- Goal of initiating Cardio-Pulmonary Resuscitation within 1 minute of collapse
 - Targeted first responders (e.g. ATC, first responders, coaches) should receive CPR training and maintain certification
- Goal of "shock" from a defibrillator within 3-5 minutes of collapse
 - Consider obtaining Automated External Defibrillator(s)
 - Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average and can be longer in some places
 - Appropriate training, maintenance, and access
 - Notify EMS of AED type, number, and exact location
- Additional equipment to consider beyond AED
 - Barrier shield device/pocket masks for rescue breathing
 - Bag-valve mask
 - Oxygen source
 - Oral and nasopharyngeal airways

2. Heat Illness

- Follow Arkansas Activity Association recommendations for hydration to minimize the risk for dehydration and heat illness
- Inquire about sickle cell trait status on pre-participation form
 - consider those with the trait to be “susceptible to heat illness”
 - those with the trait should not be subject to timed workouts
 - those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed
- If heat illness is suspected:
 - Activate EMS immediately
 - Begin cooling measures
 - Shade, cool environment
 - Ice water immersion, ice packs, soaked towels, fan and mist
- Any victim of heat illness should see a physician before return to play

3. Head and Neck Injury

- Athletic trainer/first responder should be prepared to remove the face-mask from a football helmet in order to access a victim’s airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS
 - Agree upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players) which meet current local and national recommendations/standards
 - Type of immobilization equipment available on-site and/or provided by EMS
- Athletes and coaches should be trained not to move victims

4. Asthma

- Students with asthma should have an “asthma action plan”
 - Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician/PA/NP
 - On file with sports medicine coordinator
 - Available at games/practice/conditioning
 - Can be same as that on file with school nurse
- Students with asthma should have:
 - Rescue inhaler and spacer if prescribed
 - Readily accessible during games/practice/conditioning
 - Athletic trainer/first responder should have an extra inhaler prescribed individually for each student as back-up
 - Before each activity test to be certain it is functional, contains medication, and is not expired
 - Pulmonary function measuring device
 - Use in coordination with asthma action plan

5. Anaphylaxis

- Documentation of known anaphylactic allergy to bee stings, foods, medications, etc. should be on file with sports medicine coordinator
 - Describes symptoms that occur

- What action to take if specific symptoms occur
- Students with known anaphylactic allergy should have rescue prescription medication (usually an epi-pen)
 - Readily accessible during games practice/conditioning
 - Athletic trainer/first responder should have an extra supply of the rescue medication prescribed individually for each student as back-up
 - Before each activity examine to be certain it is functional, contains medication, and is not expired

6. Lightning

- Assign the role of monitoring for threatening weather conditions
 - Typically athletic trainer, administrator
 - Discuss the role of this person in advance of games (baseball, softball, football)
- Methods to monitor for lightning risk
- Consult National Weather Service or local media for severe weather watches and warnings
- Flash-to-bang method
 - Count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows. If count is less than 30 seconds, stop activity and seek safe shelter
- Communicate the need to stop activity and seek shelter
 - P.A. announcement
 - Signal sound from a horn, siren, whistle, bell
- Identify safe shelter for each venue and be sure it is accessible (within reasonable distance, unlocked, capacity)
 - Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)
 - Secondary option is a metal roof vehicle with all windows completely rolled up
 - Last option is thick grove of small trees surrounded by larger trees or a dry ditch assuming proper posture (crouch, grab knees, lower head, minimize contact with ground)
- Determine when to resume activity
 - Flash-to-bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning

The board recognizes that students may need to take medication during school hours. School district personnel may administer prescription and/or over-the counter drugs or medication only upon the written request of the parents and the health care practitioner (physician, dentist or other authorized health care provider). Except as provided in this policy, students are prohibited from possessing or using prescription or over-the counter drugs or medicine on school property or at school functions (see policy 4300, code of Student Conduct). To minimize disruptions to the school day, medicines should be taken at home rather than at school whenever feasible. School personnel may choose not to agree to administer any medication that could be taken at home. The school district shall not be responsible for students who self-medicate.

It is within the scope of duty of teachers, including substitute teachers, teacher assistants, student teachers or any other public school employee, when given such authority by the board or its designee, to administer any medication prescribed by a doctor upon written request of the parents and physician or dentist.

A. STANDARDS FOR ADMINISTERING MEDICINES

1. School employees are authorized to administer drugs or medication when all of the following conditions have been met.
 - a. The student's parent or legal custodian has made a written request that school personnel administer the drug or medication to the student and has given explicit written instructions describing the manner in which the drug or medication is to be administered.
 - b. A physician has prescribed the drug or medication for use by the student (for over-the-counter medications as well as medications available only by a physician's prescription).
 - c. A physician has certified that administration of the drug or medication to the student during the school day is necessary (for over-the-counter medications as well as medications available only by a physician's prescription).
 - d. The employee administers the drug or medication pursuant to the written instructions provided by the student's health care practitioner, parent or legal custodian.
2. The superintendent shall develop procedures for the implementation of this policy. These rules and a copy of this policy must be made available to all students and parents each school year. The superintendent's procedures should be developed according to the guidelines listed below:
 - a. No student can possess, use or transmit any drug or counterfeit drug prohibited by policy 4300, Code of Student conduct, Rule 11.
 - b. The health and welfare of the student must be of paramount concern in all decisions regarding the administration of medicine.
 - c. Students with special needs are to be afforded all rights provided by federal and state law as enumerated in the *Policies Governing Services for Children with Disabilities*. Students with disabilities also are to be afforded all rights provided by anti-discrimination laws, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

- d. When children who are subject to unusual health hazards (such as allergy to bee stings or specific foods) attend school, it is the parent or guardian's responsibility to ensure that the school administration is aware of the situation and prepared to implement emergency care plan developed for the student and reviewed annually by the parent or guardian, health care practitioner and appropriate school personnel.
- e. It is the parent or guardian's responsibility to notify school personnel of changes in medication administration, such as dosage or time administered, and to see that all appropriate paperwork, including a new request form, is filed with the school principal or designee.
- f. The board generally encourages school personnel to administer medicine from a centralized location. However, in all instances, whether from a centralized location or multiple locations, any medicines kept at school for a student must be kept in a locked and secure place, unless otherwise specifically requested by physician, such as for medicines that require refrigeration or need to be easily accessible to the student (e.g. asthma inhalers).
- g. All school personnel who will be administering medicines must receive appropriate training and will administer medicine only in a manner consistent with this policy and any implementing procedures or regulations.
- h. School personnel are prohibited from purchasing, providing or otherwise procuring medicine for students except in extraordinary or emergency circumstances and only upon the written request of the parents.
- i. Only drugs clearly prescribed or intended for the student may be administered by school personnel. At the time a parent brings a medication to school for administration, if school personnel have concerns regarding the appropriateness of a drug or dosage for a student, a confirmation should be obtained from the student's doctor or health care practitioner prior to administering the medicine or allowing a student to self-administer a medicine.
- j. Although efforts should be made not to disrupt instructional time, a parent has the right to administer medicines to his or her child at any time while the is on school property. Parents administering medicine to a child must do so at a designated location determined by the principal or designee
- k. Written information maintained by school personnel regarding a student's medicinal and health needs is confidential. Parents and students must be accorded all rights provided by the Family Educational Rights and Privacy Act and state confidentiality laws. Any employee who violates the confidentiality of the records may be subject to disciplinary action.

B. OVER-THE-COUNTER MEDICATION

Consistent with the above requirements, over-the-counter medications will only be given during school hours by school personnel if they are provided in a properly labeled original (new) container. Parents who want school personnel to administer over-the-counter medication must provide the medication to school personnel pursuant to the requirements of this policy.

C. EMERGENCY MEDICATION

Students who are at risk for medical emergencies, such as those with asthma or severe allergies, should have an emergency health care plan developed for them to address emergency administration of medicine.

D. STUDENT SELF-ADMINISTERING ASTHMA/ANAPHYLACTIC MEDICATIONS

The board recognizes that students with asthma and/or subject to anaphylactic reactions may need to possess and self-administer asthma medication on school property. As used in this policy, "asthma medication" means a medicine prescribed for the treatment of asthma or anaphylactic reactions and includes a prescribed asthma inhaler or epinephrine auto-injector. The superintendent shall develop procedures for the possession and self-administration of asthma medication by students on school property, during the school day, at school-sponsored activities, and/or while in transit to or from school or school sponsored events.

1. Before a student will be allowed to self-administer medicine pursuant to this section, the student's parent or guardian must provide to the principal or designee all of the documents listed below:
 - a. written authorization from the student's parent or guardian for the student to possess and self-administer asthma medication;
 - b. a written statement from the student's health care practitioner verifying:
 - i. that the student has asthma and/or an allergy that could result in anaphylactic reaction;
 - ii. that he or she prescribed medication for use on school property during the school day, at school-sponsored activities, or while in transit to or from school or school-sponsored events; and
 - iii. that the student understands, has been instructed in self-administration of the asthma medication, and has demonstrated the skill level necessary to use the medication and any accompanying device;
 - c. a written treatment plan and written emergency protocol formulated by the prescribing health care practitioner for managing the student's asthma or anaphylaxis episodes and for medication use by the student;
 - d. a statement provided by the school district and signed by the student's parent or guardian acknowledging that the board of education and its agents are not liable for injury arising from the student's possession and self-administration of asthma medication; and
 - e. any other documents or items necessary to comply with state and federal laws.
2. Prior to being permitted to self-administer medicine at school, the student also must demonstrate to the school nurse, or the nurse's designee, the skill level necessary to use the asthma medication and any accompanying device, as well as appropriate understanding of when to seek additional help.

3. Finally, the student's parent or guardian must provide to the school backup asthma medication that school personnel are to keep in a location to which the student has immediate access in the event of an emergency.

All information provided to the school by the student's parent or guardian and health care practitioner must be kept on file at the school in an easily accessible location. The Request for Medication to be Given During school Hours documentation must be renewed annually.

A student who uses his or her prescribed asthma medication in a manner other than as prescribed may be subject to disciplinary action pursuant to the school disciplinary policy. No one may impose disciplinary action on the student that limits or restricts the student's immediate access to the asthma medication.

The board does not assume any responsibility for the administration of drugs or medication to a student by the student, the student's parent or legal custodian or any other person who is not authorized by this policy to administer medications to students.

Legal References: Americans with Disabilities Act, 42 U.S.C. 12134, 28 C.F.R. pt. 35; Family Educational Rights and Privacy Act, 20 U.S.C. 1232g; Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.* 34 C.F.R. pt. 300; Rehabilitation Act of 1973, 29 U.S.C. -705(20), 794, 34 C.F.R. pt. 104; G.S. 115C-36, -307(c), -375.2; *Policies Governing Services for Children with Disabilities*, State Board of Education Policy EXCP-000

Cross References: Parental Involvement (policy 1310/4002), Code of Student Conduct (policy 4300)

Issued: October 9, 2000

Revised: November 4, 2008; December 8, 2009; June 13, 2017

SPORTS MEDICINE INJURY REPORT FORM

NAME: _____ DATE: ___/___/___

DATE OF INJURY: ___/___/___ SPORT: _____ CLASS OF: _____

TYPE OF INJURY: _____ ACUTE: _____ CHRONIC: _____

SITE OF INJURY: Right: _____ Left: _____ Medial: _____ Lateral: _____
Anterior: _____ Posterior: _____ Superior: _____ Inferior: _____

AREA OF INJURY:

<input type="checkbox"/> Knee	<input type="checkbox"/> Low Back	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Groin	<input type="checkbox"/> Chest	<input type="checkbox"/> Elbow
<input type="checkbox"/> Ankle	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist
<input type="checkbox"/> Foot	<input type="checkbox"/> Quadriceps	<input type="checkbox"/> Head	<input type="checkbox"/> Hand
<input type="checkbox"/> Toes	<input type="checkbox"/> Hamstrings	<input type="checkbox"/> Face	<input type="checkbox"/> Fingers
Other / Specific _____			

HISTORY (How, When, Where, Mechanism): _____

PHYSICAL EXAM:

Bleeding: _____ Deformity: _____
Swelling / Effusion: _____ Pain: _____
Range of Motion: (ROM): _____
Strength: _____
Ligamentous / Speciality Stability: _____
Functional: _____
Other: _____

IMPRESSION: _____

DISPOSITON:

<input type="checkbox"/> ICE, PIE	<input type="checkbox"/> Contrast	<input type="checkbox"/> Non-weight bearing
<input type="checkbox"/> Ice Massage	<input type="checkbox"/> Moist Heat	<input type="checkbox"/> No activity
<input type="checkbox"/> Ice Slush	<input type="checkbox"/> ROM, Stretch	<input type="checkbox"/> Rehab
<input type="checkbox"/> Cryocuff	<input type="checkbox"/> EMS	<input type="checkbox"/> EMS Transport / ER
<input type="checkbox"/> Whirlpool	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Referred to Physician

Other _____

EXAMING TRAINER: _____

HEAT INDEX PREVENTION THE 3% LIMIT

<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less 3%</u>	<u>Weight</u>	<u>Less 3%</u>
100	97.00	151	146.47	202	195.94	253	245.41	304	294.88
101	97.97	152	147.44	203	196.91	254	246.38	305	295.85
102	98.94	153	148.41	204	197.88	255	247.35	306	296.82
103	99.91	154	149.38	205	198.85	256	248.32	307	297.79
104	100.88	155	150.35	206	199.82	257	249.29	308	298.76
105	101.85	156	151.32	207	200.79	258	250.26	309	299.73
106	102.82	157	152.29	208	201.76	259	251.23	310	300.70
107	103.79	158	153.26	209	202.73	260	252.20	311	301.67
108	104.76	159	154.23	210	203.70	261	253.17	312	302.64
109	105.73	160	155.20	211	204.67	262	254.14	313	303.61
110	106.70	161	156.17	212	205.64	263	255.11	314	304.58
111	107.67	162	157.14	213	206.61	264	256.08	315	305.55
112	108.64	163	158.11	214	207.58	265	257.05	316	306.52
113	109.61	164	159.08	215	208.55	266	258.02	317	307.49
114	110.58	165	160.05	216	209.52	267	258.99	318	308.46
115	111.55	166	161.02	217	210.49	268	259.96	319	309.43
116	112.52	167	161.99	218	211.46	269	260.93	320	310.40
117	113.49	168	162.96	219	212.43	270	261.90	321	311.37
118	114.46	169	163.93	220	213.40	271	262.87	322	312.34
119	115.43	170	164.90	221	214.37	272	263.84	323	313.31
120	116.40	171	165.87	222	215.34	273	264.81	324	314.28
121	117.37	172	166.84	223	216.31	274	265.78	325	315.25
122	118.34	173	167.81	224	217.28	275	266.75	326	316.22
123	119.31	174	168.78	225	218.25	276	267.72	327	317.19
124	120.28	175	169.75	226	219.22	277	268.69	328	318.16
125	121.25	176	170.72	227	220.19	278	269.66	329	319.13
126	122.22	177	171.69	228	221.16	279	270.63	330	320.10
127	123.19	178	172.66	229	222.13	280	271.60	331	321.07
128	124.16	179	173.63	230	223.10	281	272.57	332	322.04
129	125.13	180	174.60	231	224.07	282	273.54	333	323.01
130	126.10	181	175.57	232	225.04	283	274.51	334	323.98
131	127.07	182	176.54	233	226.01	284	275.48	335	324.95
132	128.04	183	177.51	234	226.98	285	276.45	336	325.92
133	129.01	184	178.48	235	227.95	286	277.42	337	326.89
134	129.98	185	179.45	236	228.92	287	278.39	338	327.86
135	130.95	186	180.42	237	229.89	288	279.36	339	328.83
136	131.92	187	181.39	238	230.86	289	280.33	340	329.80
137	132.89	188	182.36	239	231.83	290	281.30	341	330.77
138	133.86	189	183.33	240	232.80	291	282.27	342	331.74
139	134.83	190	184.30	241	233.77	292	283.24	343	332.71
140	135.80	191	185.27	242	234.74	293	284.21	344	333.68
141	136.77	192	186.24	243	235.71	294	285.18	345	334.65
142	137.74	193	187.21	244	236.68	295	286.15	346	335.62
143	138.71	194	188.18	245	237.65	296	287.12	347	336.59
144	139.68	195	189.15	246	238.62	297	288.09	348	337.56
145	140.65	196	190.12	247	239.59	298	289.06	349	338.53
146	141.62	197	191.09	248	240.56	299	290.03	350	339.50
147	142.59	198	192.06	249	241.53	300	291.00	351	340.47
148	143.56	199	193.03	250	242.50	301	291.97	352	341.44
149	144.53	200	194.00	251	243.47	302	292.94	353	342.41
150	145.50	201	194.97	252	244.44	303	293.91	354	343.38