



**PRESENTATION ATHLETICS  
EMERGENCY ACTION PLAN  
2020-2021**



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## Emergency Contact Numbers (for internal use only)

EMS Dispatch		911
San Jose Police Department		408-277-8911
 <b><u>LOCAL HOSPITALS</u></b>		
Kaiser- Santa Clara	General	408-851-1000
	ER	408-851-5300
Kaiser- Santa Teresa	General	408-972-3000
	ER	408-972-7777
Good Samaritan O'Connor	General	408-559-2011
	General	408-947-2500
Valley Medical	ER	408-947-2666
	General	408-885-5000
	ER	408-885-6900
<b><u>Certified ATHLETIC TRAINER</u></b>		
Jess Little Head Athletic Trainer	Office	408-264-1664 ext. 2962
 <b><u>TEAM PHYSICIAN</u></b>		
Dr. Bob Nishime	Office	408-293-5864
 <b><u>ADMINISTRATION</u></b>		
Kevin Saldivar Athletic Director	Office	408-686-2089
JoAnna Gistand Assistant Athletic Director	Office	408-686-2091
Holly Elkins President	Office	408-264-1664 ext. 2235
Katherine Georgiev Principal	Office	408-264-1664 ext. 2946



# **PRESENTATION ATHLETICS EMERGENCY ACTION PLAN**

Most athletic injuries do not result in an emergency situation. Through careful pre-participation physical screenings, adequate medical coverage, and safe practice and training techniques, most potential emergencies may be averted. However, when an emergency situation arises, time is the utmost critical factor. Preparation is key to ensuring that each emergency situation is managed appropriately. Should an emergency situation arise during an athletic event, the Presentation Athletic Department has established a written emergency action plan.

The Emergency Action Plan is a pre-established plan that provides guidance during an emergency situation. This plan identifies the personnel involved, who is responsible for executing what specific task, and the type of equipment available to carry out the task. Bottom-line, the Emergency Action Plan is designed to minimize time and confusion, while providing quality care, until advanced medical assistance arrives. The emergency plan is comprehensive and practical, and yet flexible enough to adapt to any emergency situation.

The Emergency Action Plan will be activated when an injury or illness is deemed as a medical emergency. A medical emergency is any condition whereby the athlete's life may be in danger or risk permanent impairment. These medical emergencies include, but are not limited to: spinal injuries (back and/or neck), serious head injuries or head injury with loss of consciousness, severe or profuse bleeding, shock, obvious fractures/deformity, heat illness, difficulty breathing or respiratory arrest, and cardiac arrest.

It is expected that all persons associated with Presentation Athletics be familiar with the Emergency Action Plan, and be able to implement it immediately. Please review and understand the following information provided in the following pages:

- Components of the Emergency Action Plan
- Procedures for home event
- Procedures for away event
- Procedures for visiting teams

## COMPONENTS OF THE EMERGENCY ACTION PLAN

### The Emergency Team

An emergency team may consist of the Certified Athletic Trainer (ATC), team physician, coaches, school administrators, EMS, and possibly bystanders. An athlete's survival may hinge on how well trained and prepared the emergency team providers are. As a result, at minimum, it is required that all personnel involved with Presentation Athletics be certified in Cardiopulmonary Resuscitation (CPR) and basic First-Aid, and have AED Training.

An emergency action plan is only effective as its emergency team. Each member of the emergency team will have designated role in the Emergency Action Plan depending on their level of medical knowledge and training. The most qualified person on scene (the ATC or Team Physician) will take command of the emergency situation.

The chart below illustrates the chain-of-command, and the role and responsibilities of the emergency team members:

<b>CHAIN-OF-COMMAND</b>	<b>ROLES/RESPONSIBILITIES OF THE EMERGENCY TEAM</b>
<b>Team Physician</b>	<ul style="list-style-type: none"><li>• Manages athletic emergencies and makes all decisions about the care and transport of the injured athlete.</li></ul>
<b>Certified Athletic Trainer</b>	<ul style="list-style-type: none"><li>• When team MD is absent; manages athletic emergencies and makes all decisions about the care and transport of the injured athlete.</li><li>• Records and documents incident.</li></ul>
<b>Coaching Staff</b>	<ul style="list-style-type: none"><li>• When team MD and ATC are absent; acts as a “first responder” manages athletic emergencies and may make all decisions about the care and transport of injured athlete.</li><li>• Assists Athletic Training Staff in emergency care; May be directed to call EMS (911) and/or fetch emergency equipment.</li><li>• Provides crowd control.</li><li>• Notifies parents/guardians of injured athlete.</li></ul>
<b>Athletic Department Staff</b>	<ul style="list-style-type: none"><li>• May assist Athletic Training Staff in emergency care; May be directed to call EMS (911) and/or fetch emergency equipment.</li><li>• Provides crowd control.</li><li>• Accompany injured athlete to hospital.</li><li>• Notify school administration.</li></ul>
<b>Emergency Medical Services</b>	<ul style="list-style-type: none"><li>• If called to the scene, may outrank everyone except team physician.</li></ul>

### Emergency Equipment

Availability to emergency equipment will vary by venue. It is likely that athletic events held off-campus will not have, or be limited to, emergency equipment. For those events held on the Presentation campus, equipment can quickly be accessible from the athletic training room. During all hosted (“Home”) events at Presentation, most emergency equipment will be located on-site and alongside the home teams’ bench. The nearest automatic external defibrillator (AED) is located in the foyer of the gymnasium. It is advisable for all personnel to become familiar with the use and function of each type of emergency equipment.



## Emergency Communication

Forms of communication will vary by site, however a telephone should be readily accessible at all times. Although cellular phones are the best source of mobile communication, a back-up plan to the nearest “land-line” telephone needs to be established. It is the responsibility of all personnel to know the location of the nearest “land-line” telephone to each venue (i.e. athletics office or pool office).

\*\*When dialing EMS from a Presentation campus phone, dial 9-1-1.

Quick, clear, concise, communication is the key to a quick delivery of emergency care. Below, please find a sample EMS phone call that identifies which pertinent information should be relayed to the dispatcher:

“ This is       (your name)       , I am the       (identify your position)       at Presentation High School. We need EMS to respond to a       (conscious/unconscious)       athlete who has sustained an injury to her       (body part)       after she       (how injury occurred)       . The athlete is currently receiving       (identify treatment)       treatment. The address is       (address, city, zip)       . The nearest cross streets are        and        . We are located        . I will have someone out there to meet you. My callback number is        .”

Presentation High School address: 2281 Plummer Avenue, San Jose CA 95125

## Emergency Transportation

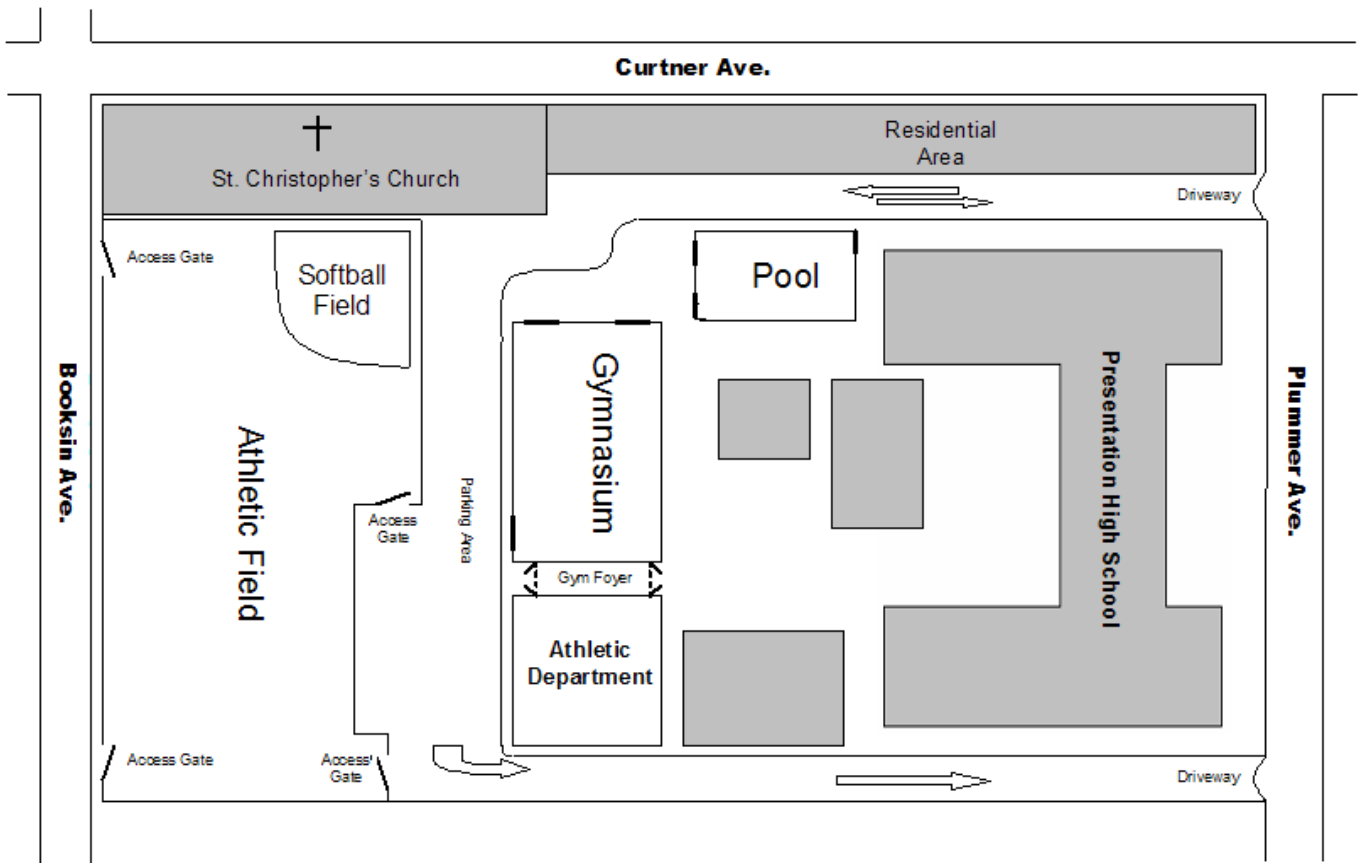
When necessary, the EMS system will be utilized for emergency transport. Transporting injured athletes using any other mode of transportation is **prohibited**. Under no circumstance should a coach or other school representative transport an injured athlete to the hospital via personal vehicle. The athlete must always be transported via ambulance, where the necessary staff and equipment is available to deliver the appropriate care. In the event an athlete is transported to the hospital, the athletic director or other designated school representative will accompany the athlete.

In regards to transportation, some people may choose to exercise their right to refuse emergency transportation. However, the following circumstances must exist before refusal is granted: 1) Refusal of transport may only be exercised by the parent/legal guardian of the involved athlete, and 2) The parent(s)/guardian(s) must be present at the scene.



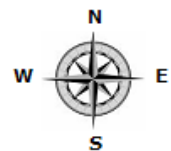
## Emergency Action Plan and Procedures for a “HOME” Practice and/or Game

A “home site” is defined as an athletic activity held within an athletic venue on Presentation’s campus. Presentation has four athletic venues on-site; the gymnasium, the pool, the athletic field and the softball field. Each athletic venue is unique by design and location. In some cases, the variations amongst Presentation’s athletic venues may affect which personnel, emergency equipment, and what forms of communication will be made available. Separate Emergency Action Plans have been created for each one of Presentations’ athletic venues. A descriptive explanation of the roles and responsibilities within the emergency plan can be found on the reverse side of this page. It is expected that all persons associated with Presentation Athletics become familiar with the Emergency Action Plan that pertains to the venue that their team will utilize.



### Presentation Athletic Facilities

2281 Plummer Ave.  
San Jose, Ca. 95125



Should an emergency situation arise at a “home” practice or game, the following is an elaborated description of the necessary actions to execute:

- **Establishing scene safety and immediate care of the injured athlete.** This role is assumed by the most qualified individual on the scene (ATC or Team Physician). If an athletic trainer is unavailable, a coach or other institutional personnel may assume this position. Those individuals with lower credentials should yield to those with more appropriate training. As soon as the situation is recognized as an emergency, this person will designate someone to activate EMS (call 911). This individual is responsible for evaluating the injury, administering basic life support, and stabilizing the athlete until EMS arrives.
- **EMS activation.** In most cases a coach will be directed to activate the EMS system. Upon activating the EMS system, remember to be calm and provide clear communication. After the call, it is also your responsibility to designate and send someone to summon and guide EMS to the site of the injured athlete.
- **Equipment retrieval.** Equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the equipment needed.
- **Crowd control.** Crowd control involves securing an unobstructed and safe passageway for EMS personnel. Coaches are to instruct their team captains to take charge of their teammates and keep them away from the scene. Coaches it is then your responsibility to keep the parents/bystanders away from the scene.
- **Directing EMS to the scene.** This task may be directed by anyone. This person is responsible for meeting emergency medical personnel as they arrive at the site of the contest. Depending on ease of access, this person should have keys to any locked gates or doors for the EMS personnel.
- **Notify parent(s)/guardian(s) of the injured athlete.** Parent contact info can be found on the athlete’s emergency card; these cards should be carried at all times by the coach. This is done as soon as possible. The coaching staff, and in some cases the athletic trainer, will notify the parents. DO NOT speculate about the athletes’ injury/illness, but advise parents that their child is receiving quality medical care and that they are needed at the hospital.
- **Accompany athlete to hospital.** The presentation athletic director will accompany the injured athlete to the hospital with the injured athlete’s emergency card. If the athletic director is unavailable, then a member of the Presentation Coaching Staff becomes the alternate. Once at the hospital, the accompany Presentation staff member should call the Presentation Head Athletic Trainer with any medical updates.
- **Notify School Administrators.** The athletic director will notify the schools administrators and inform them that the Emergency Action Plan has been initiated.
- The Presentation athletic trainer will remain on-site and go to the hospital at earliest convenience when games/contests have concluded.

# Presentation Emergency Plan: Field Hockey, Soccer, & Lacrosse

## Mani Hernandez Soccer Field

**Emergency Personnel:** Athletic trainer on school premises during all practices; athletic trainer on field for all games.

**Emergency Communication:** The athletic trainer carries a cellular telephone. A fixed telephone line is accessible from the Pool Office (408-264-1664 ext. 2490). In the event the athletic trainer is unavailable, it is recommended that each of the coaches carry a cellular phone in case an emergency arises.

**Emergency Equipment:** During practices: the nearest AED is located in the gym foyer and additional emergency equipment can be found in the Athletic Training Room. During games: an AED and emergency equipment will be brought to the field- supplies include taping and bracing supplies, splint kit, c-collars, crutches, wheelchair, and various wound care necessities.

### Emergency Roles of Athletic Trainer (AT)

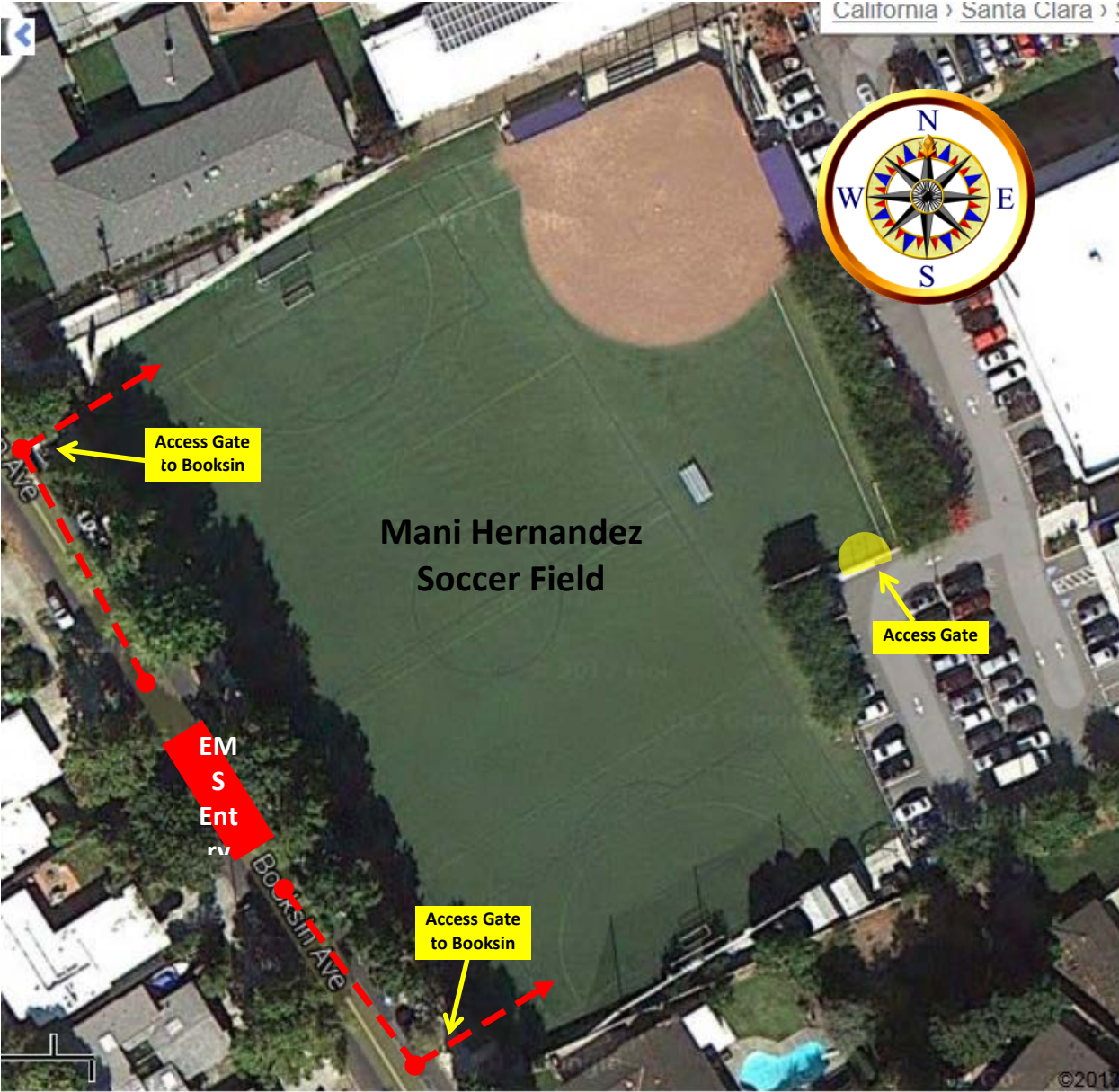
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Assess ABC's- if the athlete is unconscious- ASSUME HEAD, NECK, or SPINAL INJURY! Do not attempt to move athlete unless area is unsafe (lightning, fire, etc.), Send an assistant to call 911, Stay with injured athlete and establish ABC's; provide necessary care (CPR, rescue breathing, etc.)
  - Control bleeding
  - Monitor shock
  - Injury evaluation
- Contact the parent(s) of the injured student-athlete done as soon as possible. When notifying parent- inform parent of emergency and which hospital the athlete is being transported to; do not speculate about athlete's injury/illness, but advise parents they are needed at the hospital.

***\*In the event the athletic trainer is absent, these roles are assumed by the coaching staff\****

### Emergency Roles of Administrators/Coaches

- Activation of emergency medical system (EMS);
  - 911 call - provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Emergency equipment retrieval (at request of AT/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Accompany athlete to the hospital, if needed.
- Additional role of Administrator; contact and notify Principal of emergency situation.

Venue: Mani Hernandez Soccer Field



# Presentation Emergency Plan: Softball

## Shipley Field

**Emergency Personnel:** Athletic trainer on school premises during all practices; athletic trainer on field for all games.

**Emergency Communication:** The athletic trainer carries a cellular telephone. A fixed telephone line is accessible from the Pool Office (408-264-1664 ext. 2490). In the event the athletic trainer is unavailable, it is recommended that each of the coaches carry a cellular phone in case an emergency arises.

**Emergency Equipment:** During practices: the nearest AED is located in the gym foyer and additional emergency equipment can be found in the athletic training Room. During games: an AED and emergency equipment will be brought to the field- supplies include taping and bracing supplies, splint kit, c-collars, crutches, wheelchair, and various wound care necessities.

### Emergency Roles of Athletic Trainer (ATC)

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Assess ABC's- if the athlete is unconscious- ASSUME HEAD, NECK, or SPINAL INJURY! Do not attempt to move athlete unless area is unsafe (lightning, fire, etc.), Send an assistant to call 911, Stay with injured athlete and establish ABC's; provide necessary care (CPR, rescue breathing, etc.)
  - Control bleeding
  - Monitor shock
  - Injury evaluation
- Contact the parent(s) of the injured student-athlete done as soon as possible. When notifying parent- inform parent of emergency and which hospital the athlete is being transported to; do not speculate about athlete's injury/illness, but advise parents they are needed at the hospital.

***\*In the event the athletic trainer is absent, these roles are assumed by the coaching staff\****

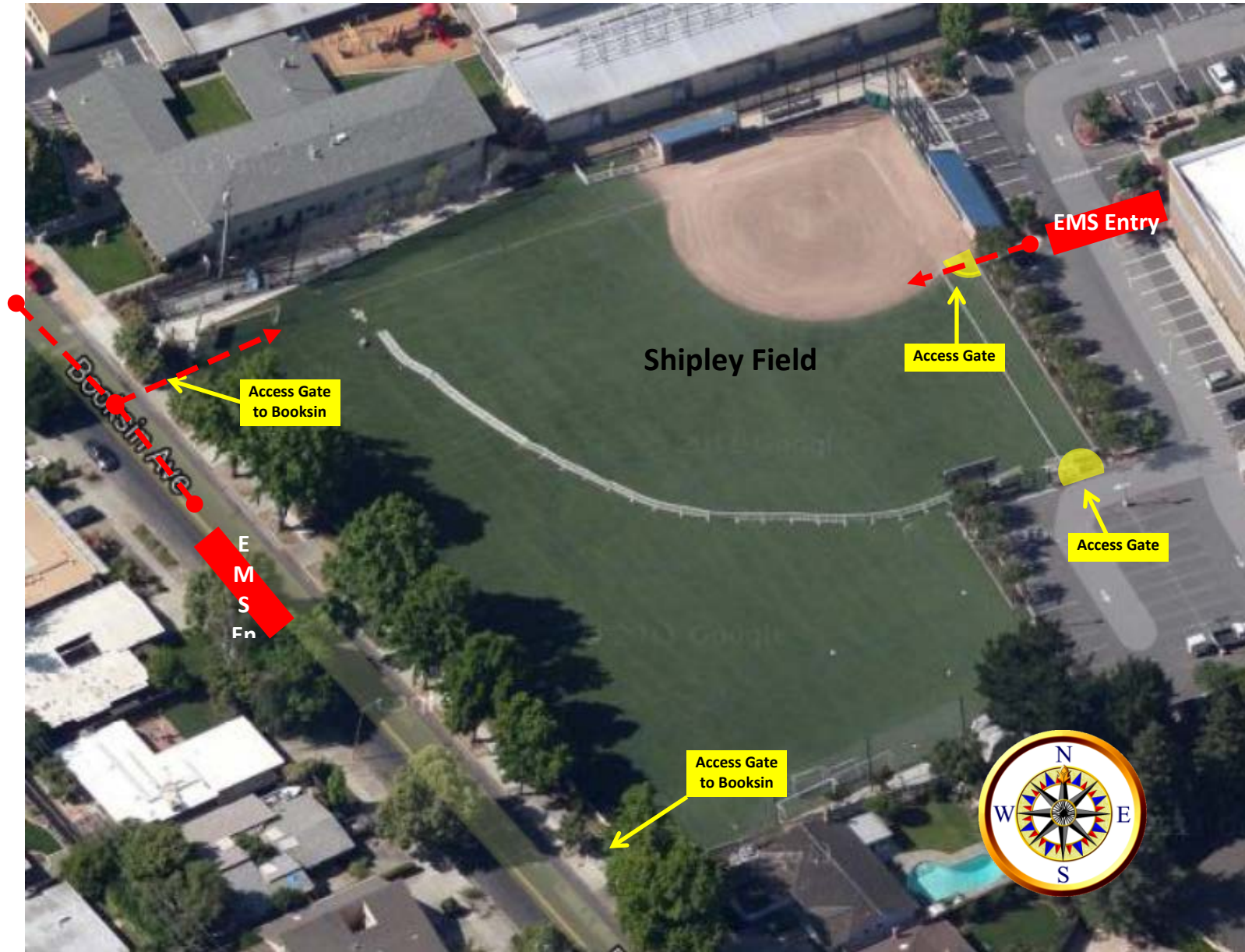
### Emergency Roles of Administrators/Coaches

- Activation of emergency medical system (EMS);
  - 911 call - provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Emergency equipment retrieval (at request of AT/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Accompany athlete to the hospital if needed.
- Additional role of Administrator; contact and notify Principal of emergency situation.





# Venue: Shipley Field



# Presentation Emergency Plan: Basketball & Volleyball

## Athletic Complex (Gymnasium at Presentation)

**Emergency Personnel:** Athletic trainer on school premises during all practices; athletic trainer inside gymnasium premises for all games.

**Emergency Communication:** The athletic trainer carries a cellular telephone.

Additional fixed telephone lines accessible from the concession stand (408-264-1664 ext. 2491) and the athletic directors' office (408-264-1664 ext.2498). In the event the athletic trainer is unavailable, it is recommended that each of the coaches carry a cellular phone in case an emergency arises.

**Emergency Equipment:** During practices: the nearest AED is located in the gym foyer and additional emergency equipment can be found in the Athletic Training Room. During games: an AED and emergency equipment will be brought to the gym- supplies include taping and bracing supplies, splint kit, c-collars, crutches, wheelchair, and various wound care necessities.

### Emergency Roles of Athletic Trainer (ATC)

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Assess ABC's- if the athlete is unconscious- ASSUME HEAD, NECK, or SPINAL INJURY! Do not attempt to move athlete unless area is unsafe (lightning, fire, etc.), Send an assistant to call 911, Stay with injured athlete and establish ABC's; provide necessary care (CPR, rescue breathing, etc.)
  - Control bleeding
  - Monitor shock
  - Injury evaluation
- Contact the parent(s) of the injured student-athlete done as soon as possible. When notifying parent- inform parent of emergency and which hospital the athlete is being transported to; do not speculate about athlete's injury/illness, but advise parents they are needed at the hospital.

***\*In the event the athletic trainer is absent, these roles are assumed by the coaching staff\****

### Emergency Roles of Administrators/Coaches

- Activation of emergency medical system (EMS);
  - 911 call - provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Emergency equipment retrieval (at request of AT/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Accompany athlete to the hospital if needed.
- Additional role of Administrator; contact and notify Principal of emergency situation.



# Venue: Athletic Complex (Gymnasium at Presentation)



# Presentation Emergency Plan: Water Polo & Swimming/Diving

## Presentation Pool

**Emergency Personnel:** Athletic trainer on school premises during all practices; athletic trainer on pool deck for all games and meets.

**Emergency Communication:** The athletic trainer carries a cellular telephone. A fixed telephone line is accessible from the Pool Office (408-264-1664 ext. 2490). In the event the athletic trainer is unavailable, it is recommended that each of the coaches carry a cellular phone in case an emergency arises.

**Emergency Equipment:** During practices: the nearest AED is located in the pool office and additional emergency equipment can be found in the athletic training room. During games and meets: an AED and emergency equipment will be brought to the pool deck- supplies include a medical kit and trauma bag.

### Emergency Roles of Athletic Trainer (ATC)

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Assess ABC's- if the athlete is unconscious- ASSUME HEAD, NECK, or SPINAL INJURY! Do not attempt to move athlete unless area is unsafe (lightning, fire, etc.), Send an assistant to call 911, Stay with injured athlete and establish ABC's; provide necessary care (CPR, rescue breathing, etc.)
  - Control bleeding
  - Monitor shock
  - Injury evaluation
- Contact the parent(s) of the injured student-athlete done as soon as possible. When notifying parent- inform parent of emergency and which hospital the athlete is being transported to; do not speculate about athlete's injury/illness, but advise parents they are needed at the hospital.

***\*In the event the athletic trainer is absent, these roles are assumed by the coaching staff\****

### Emergency Roles of Administrators/Coaches

- Activation of emergency medical system (EMS);
  - 911 call - provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Emergency equipment retrieval (at request of AT/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Accompany athlete to the hospital if needed.
- Additional role of Administrator; contact and notify Principal of emergency situation.

# Venue: Presentation Pool



## Emergency Action Plan and Procedures for an “AWAY” Practice and/or Game

An “away site’ (aka “off-campus site”) is defined as an as an athletic activity held within an athletic venue off or outside the Presentation campus. Emergency Action Plan for an away site athletic activity can be found on the reverse side of this page.

Below is a brief description of the procedures to follow, in the event a Presentation student-athlete is involved in an emergency at an away site:

- The athletic training staff of the hosting school oversees all emergency situations.
- The hosting site’s athletic training staff will evaluate the athlete, administer basic life support (BLS), and stabilize the athlete until EMS arrives. If there is no athletic training staff on site, the Presentation head coach will assume the Head-of-Command position and put into action the Presentation Emergency Action Plan.
  - In general, EMS should be activated (call 911) in the following situations:
    - The athlete is unconscious, or at some point losses or lost consciousness
    - The athlete sustains a traumatic head injury
    - The athlete sustains a traumatic neck or spinal injury
    - Severe heat related illness/injury
    - Severe/profuse bleeding
    - Severe bone injury/deformity
    - Severe respiratory/cardiac distress
- If the injured athlete needs to be transported to the hospital, then a member of the Presentation Coaching Staff will accompany the injured athlete to the hospital with the athlete’s emergency medical information card.
- Parent(s)/Guardian(s) of the injured athlete should be contacted as soon as possible, by the coaching staff. Inform the parents of the emergency and alert them to which hospital the athlete is being transported to. **DO NOT** speculate about the athletes’ injury/illness but advise parents that their child is receiving quality medical care and that they are needed at the hospital.
- Once at the hospital, the member of the Presentation Coaching Staff must call the Presentation Head Athletic Trainer and Athletic Directors and notify them of the emergency.



### Remember Coaches:

**If there is no emergency procedure or inadequate staff available, put our Emergency Action Plan and Procedures into action to the best of your ability.**

## VENUE: OFF CAMPUS

<b>COMMUNICATION SYSTEM:</b>	<p><i>Mobile Lines:</i> Cell Phone</p> <p><i>Fixed Land Lines:</i> Will vary by Venue (nearest land phone to your location)</p>
<b>EMERGENCY EQUIPMENT:</b>	<p><i>Game Day:</i> Coaches' first aid kit; no additional equipment available. Medical kit available if athletic trainer is present at site.</p> <p><i>Practice Day:</i> Coaches' first aid kit; no additional equipment available. Medical kit available if athletic trainer is present at site.</p>

### EMERGENCY ROLES AND RESPONSIBILITIES:

<p><b>Team MD</b></p> <p><b>Certified Athletic Trainer</b> (In absence of MD)</p> <p><b>Coaching Staff</b> (in absence of MD and ATC)</p>	<p><b><u>Assess the injury and provide immediate care:</u></b> Assess ABC's, control bleeding, monitor shock, injury evaluation, and assess vitals.</p> <ul style="list-style-type: none"> <li>➤ If athlete is <u>conscious</u>,             <ol style="list-style-type: none"> <li>1. Maintain airway, breathing, circulation</li> <li>2. Attempt to find out what happened and severity of injury</li> <li>3. Contact the AT if not present</li> </ol> </li> <li>➤ If athlete is <u>unconscious</u>,             <ol style="list-style-type: none"> <li>1. ASSUME HEAD, NECK, or SPINAL INJURY! Do not attempt to move athlete unless area is unsafe (lightning, fire, etc.)</li> <li>2. Send an assistant to call 911</li> <li>3. Stay with injured athlete and establish ABC's; provide necessary care (CPR, rescue breathing, etc.)</li> </ol> </li> </ul>
<p><b>Coaching Staff</b> (designated by Head of Chain-of-Command)</p>	<p><b>1. <u>EMS Activation/Call 911:</u></b> Relay the following to the dispatcher:</p> <ul style="list-style-type: none"> <li>• Identify Self to Dispatcher.</li> <li>• Identify Emergency.             <ul style="list-style-type: none"> <li>– What happened</li> <li>– Identify how many are injured</li> <li>– Identify current condition (i.e. unconscious)</li> </ul> </li> <li>• Identify Treatment Rendered (i.e. CPR).</li> <li>• Provide Location.             <ul style="list-style-type: none"> <li>– Address</li> <li>– Cross streets</li> <li>– Provide exact location (i.e. gym, field, pool)</li> </ul> </li> <li>• Provide Dispatcher with a Callback Number.</li> </ul> <p><b>*** REMAIN ON THE LINE UNTIL DISPATCHER TERMINATES THE CALL.</b></p> <p><b>2. <u>Assign an Individual to Meet and Direct to EMS to Scene</u></b></p>
<p><b>Designated Person</b></p>	<p><b><u>Emergency Equipment Retrieval:</u></b> The Head of Chain-of-Command will determine which Emergency Equipment is needed.</p>
<p><b>Designated Person</b> (as designated by 911 caller)</p>	<p><b><u>Meet and Direct EMS to Scene:</u></b> May need to unlock gates or doors</p>
<p><b>Coaching Staff &amp; School Staff</b></p>	<p><b><u>Provide Scene Safety/Crowd Control</u></b></p>
<p><b>Coaching Staff</b></p>	<p><b><u>Notify Parents:</u></b> This is done as soon as possible; inform parent of emergency and which hospital the athlete is being transported to; do not speculate about athlete's injury/illness, but advise parents they are needed at the hospital.</p>
<p><b>Athletic Director and/or Coaching Staff</b> (in absence of AD)</p>	<p><b><u>Accompany Athlete to Hospital:</u></b> Retrieve and take the athlete's emergency card to the hospital.</p>
<p><b>Athletic Director</b></p>	<p><b><u>Contact School Administration:</u></b> Inform them the emergency action plan has been initiated and EMS has been summoned; provide date, time location of emergency, the care provided, and the people contacted and involved.</p>



## Emergency Action Plan and Procedures for the Visiting Teams' Athletes

In the event that a member of the visiting team has sustained an injury, the Presentation Athletic Training Staff will assist the athlete with any injuries and will decide what course of action to take.

- All non life-threatening injuries will be treated using first-aid protocols and the athlete and visiting team's coaches will be instructed to have that athlete be seen by the athletic trainer at their institution.
- If the situation is deemed a medical emergency, then the Presentation Emergency Action Plan will be implemented and the following actions will be taken:
  - Local EMS system will be activated, and the athlete will be transported to the nearest hospital.
  - A representative from the visiting team will be advised to accompany the athlete to the hospital if the parents/legal guardians of the injured athlete are not available.
  - It is the responsibility of the visiting teams' coaching staff to contact the athlete's parents/guardians, as well as their school's administrators, to inform them of the activation of the Emergency Action Plan.
  - Where applicable, the Presentation Athletic Training Staff will contact the visiting team's Athletic Training Staff and inform them of the emergency.



# **The Catastrophic Incident Plan**

## **CATASTROPHIC INCIDENT PLAN**

### **GENERAL POLICY- DEFINING A CATASTROPHIC INCIDENT**

The Catastrophic Incident Plan is separate from the Athletic Emergency Action Plan in that it establishes guideline and procedures for coping with the aftermath of any situation that traumatically impacts the athletes and staff – from a debilitating injury to death related to sport participation.

The Presentation Athletics Catastrophic Incident Plan will be activated when the following Catastrophic Incidents (CI) occur:

1. Sudden Death of a student-athlete, coach, and/or staff member.
  - Death during athletic competition, practice, or conditioning
  - Death during travel to/from a Presentation athletic event
  - Non-athletic accidents (e.g. fall at home, automobile accidents)
  - Unknown medical anomalies (e.g. heart attack, stroke, illness)
  - Victim of a crime (e.g. homicide)
  - Suicide
2. Disability / Quality of life altering injury or illness including, but not limited to:
  - Spinal cord injury resulting in partial or complete paralysis;
  - Loss of a paired organ;
  - Severe head injury;
  - Injuries / illnesses resulting in severely diminished mental capacity or other neurological injury that results in an inability to perform daily functions (e.g. coma);
  - Irrecoverable loss of speech, hearing (both ears), sight (both eyes), movement on one or both arm(s) and/or leg(s).
3. Other incident as deemed appropriate.

### **CATASTROPHIC INCIDENT MANAGEMENT TEAM (CIMT)**

The following individuals are considered members of the Catastrophic Incident Management Team (CIMT) and should be notified as described in this policy in the event of a catastrophic incident:

- Athletic Director
- Assistant Athletic Director
- Head Athletic Trainer
- Team Physician
- Head Coach
- Principal
- Public Relations
- Counseling Director
- Campus Ministry

### **POST CI SUMMARY**

Following any catastrophic incident, each participating member of the CIMT will prepare a detailed written summary which identifies and explains the activities of those who participated in and responded to the incident. This summary will be used to critique the process, its efficiency and effectiveness, and will be used as the basis for review of procedures by the CIMT.

**THE FOLLOWING ACTION PLAN PROVIDES GUIDELINES IN THE EVENT A CI OCCURS AT A “HOME” PRACTICE / GAME.**

**HOME PRACTICE / GAME**

1. Initiate and follow the Athletics Emergency Action Plan (with regards to a home practice/game).
2. A member of the Presentation Coaching Staff, and/or an administrative member of the Presentation Athletic Department will accompany the injured student-athlete to the medical facility along with the student-athlete’s emergency medical information. The athletic trainer will not leave the contest unattended unless there is another athletic trainer on-site to continue coverage of the student-athletes.
  - *This individual will make every effort possible to notify the injured student-athlete’s family / next of kin of the emergency and will provide them medical updates as available.*
  - *This individual will remain with the injured student-athlete at all times, assist the family as needed, and protect them from outside persons.*
  - *Once at the medical facility, this individual will call back to the Presentation’s Athletic Trainer to report any medical updates.*
3. If the Athletic Director is not present, the Presentation athletic trainer will immediately contact the athletic director(s) to notify him/her of the emergency.
4. The athletic director will contact the Presentation administrative personnel to notify them of the emergency and will provide updates as warranted.
5. At the conclusion of the game / practice, the team physician (if available), the athletic trainer, the athletic director (if available), and a team coach, will update the team in the locker room as to the injured student-athlete’s condition.
  - *At this time all team and athletic department personnel will be encouraged to not speak with others regarding the injured student-athlete and/or the emergency.*
6. The team physician (if available), the athletic trainer, the athletic director(s), and other appropriate personnel will proceed to the medical facility as soon as possible.
7. The principal will be the official “spokesperson” regarding the injured student-athlete and the emergency. Once the student-athlete’s family / next of kin been notified, and given their consent, the principal and/or her designees, will make a statement concerning the injured student-athlete to be released to the school community, and possible the media.
  - *Any communication with the media is handled through the Principal and/or Public relations ONLY; no one is authorized to release information concerning the situation to any member of the press / media.*
8. When necessary, the Presentation administrative staff will contact the counseling and campus ministry staff to arrange counseling for the team, involved personnel, and school community.
9. The athletic trainer, athletic director, and coaching staff will be responsible for obtaining all pertinent facts regarding the incident. Together they must compile complete documentation of events from everyone involved in the incident along with everyone’s signatures, construct a detailed time line of events related to the incident, and collect and securing all equipment / materials involved in the incident.
10. No person(s), besides the Principal and/or her designees, is to release information or speak to others concerning the injured student-athlete and/or the emergency. However, information concerning the injured student-athlete and/or the emergency situation may be exchanged between the members of the CIMT.

**THE FOLLOWING ACTION PLAN PROVIDES GUIDELINES IN THE EVENT A CI OCCURS AT AN “AWAY” PRACTICE / GAME.**

**AWAY PRACTICE / GAME**

1. Initiate and follow the Athletics Emergency Action Plan (with regards to an away practice/game).
2. A member of the Presentation coaching staff, and/or an administrative member of the Presentation Athletic Department will accompany the injured student-athlete to the medical facility along with the student-athlete’s emergency medical information.
  - *This individual will make every effort possible to notify the injured student-athlete’s family / next of kin of the emergency and will provide them medical updates as available.*
  - *This individual will remain with the injured student-athlete at all times, assist the family as needed, and protect them from outside persons.*
3. The head coach will immediately notify the Presentation certified athletic trainer and the athletic director(s) of the emergency and will provide updates at regular interval.
4. The athletic director will contact the Presentation administrative personnel to notify them of the emergency and will provide updates as warranted.
5. At the conclusion of the game / practice, the team physician (if available), the athletic trainer, the athletic director (if available), and a team coach, will update the team in the locker room as to the injured student-athlete’s condition.
  - *At this time all team and athletic department personnel will be encouraged to not speak with others regarding the injured student-athlete and/or the emergency.*
6. The team physician (if available), the athletic trainer, the athletic director, and other appropriate personnel will proceed to the medical facility as soon as possible.
7. The principal will be the official “spokespersons” regarding the injured student-athlete and the emergency. Once the student-athlete’s family / next of kin been notified, and given their consent, the Principal and/or her designees, will make a statement concerning the injured student-athlete to be released to the school community, and possible the media.
  - *Any communication with the media is handled through the Principal and/or Public relations ONLY; no one is authorized to release information concerning the situation to any member of the press / media.*
8. When necessary, the Presentation administrative staff will contact the counseling and campus ministry Staff to arrange counseling for the team, involved personnel, and school community.
9. The athletic trainer, athletic director, and coaching staff will be responsible for obtaining all pertinent facts regarding the incident. Together they must compile complete documentation of events from everyone involved in the incident along with everyone’s signatures, construct a detailed time line of events related to the incident, and collect and securing all equipment / materials involved in the incident.
10. No person(s), besides the Principal and/or her designees, is to release information or speak to others concerning the injured student-athlete and/or the emergency. However, information concerning the injured student-athlete and/or the emergency situation may be exchanged between the members of the CIMT.

## **CRITICAL INCIDENT MANAGEMENT TEAM (CIMT) & AREAS OF RESPONSIBILITY**

### **ATHLETIC DIRECTOR:**

- Notifies or is notified by the athletic trainer of a CI
- Notifies the assistant athletic director, and principal of a CI, and continues to provide updates as warranted
- In the event the CI is “non-athletic,” notifies or is notified by the team’s head coach
- Assists with the notification of the injured student-athlete’s family / next of kin
- Assist the injured student-athlete’s family as needed, be with the family at all times upon arrival at hospital, and protect them from outside persons
- If appropriate, directs a statement to the team at the conclusion of the event regarding the status of the injured student-athlete
- Other duties as needed and/or assigned

### **ASSISTANT ATHLETIC DIRECTOR:**

- Assumes the duties of the athletic director as needed and/or directed
- Assists the athletic director with any/all duties as needed
- Assists in compiling documentation of CI event from everyone involved in the incident
- Assist in constructing a detailed time line of events related to the incident
- Assist in collecting and securing all equipment / materials involved in the incident
- Assists with the coordination of arranging for clergy, grief counselors, etc. for the use of all team and school personnel
- Other duties as needed and/or assigned

### **ATHLETIC TRAINER:**

- Notifies athletic director, assistant athletic director, and team physician of a CI, and continues to provide updates as warranted
- Notifies or is notified by the head coach of a CI, and continues to provide updates as warranted
- Coordinates notification of parents or next of kin and provides updates while they may be en route to site.  
\* If possible, parents/ next of kin are notified first by the head coach, then updates on student-athletes condition can be done by athletic trainer
- Provides any insurance information and/or pertinent health history information to medical facility
- Assists in notifying the Counseling Director of CI
- If appropriate, update team personnel as to the status of the injured student-athlete, in conjunction with the Team Physician, the head coach, and athletic director
- Coordinates CIMT meeting to: 1) construct a detailed time line of events related to the incident, and 2) compile documentation of events from everyone involved in the incident with signatures
- Assists with the collection and security of all equipment / materials involved in the incident
- Assist with arrangements for follow-up care and/or rehabilitation for the injured student-athlete
- Other duties as needed and/or assigned

### **TEAM PHYSICIAN:**

- Communicates with medical personnel at the facility regarding the CI
- Communicates with the athletic trainer and athletic director(s) regarding the CI
- If appropriate, updates team personnel as to the status of the injured student-athlete, in conjunction with the athletic trainer, the athletic director(s), and the head coach
- Other duties as needed

**COACHING AND SUPPORT STAFF:**

- Immediately notifies the athletic trainer and athletic director(s) of a CI; and continues to provide updates when available
- Follows the established CI plan as outlined in “Home/Away” procedures
- Notifies the student-athlete’s family / next of kin of a CI and provides updates as warranted
- Encourages student-athletes and other team personnel not discuss the CI until cleared to do so by the Presentation Athletic Department
- Supports remaining student-athletes and other team personnel
- If appropriate, in conjunction with the athletic trainer and/or the athletic director, updates team personnel as to the status of the injured student-athlete
- Assist in compiling complete documentation of events from everyone involved in the incident
- Assist in constructing a detailed time line of events related to the incident
- Assist in collecting and securing all equipment / materials involved in the incident
- Other duties as needed and/or assigned

**PRINCIPAL:**

- Communicates with the athletic director(s), athletic trainer, and coaching staff on the details regarding the CI
- Works with the school’s administration to notify the school teachers of the CI and its impact on the school’s community
- Notifies Public Relations of a CI
- Serve as the “Official Spokesperson” regarding all aspects of the CI
- In consultation with the student-athlete’s family / next of kin and public relations, drafts, approves, and makes a public statement regarding the CI

**PUBLIC RELATIONS:**

- In consultation with the student-athlete’s family / next of kin and principal, makes a public statement regarding the catastrophic incident
- Responsible for keeping the media at a safe distance?
- Other duties as needed and/or assigned

**COUNSELING:**

- Provide and/or arrange for follow-up counseling post-incident to all needed parties
- Assists with the coordination of arranging for clergy, grief counselors, etc. for the use of all team and school personnel
- Other duties as needed and/or assigned

**CAMPUS MINISTRY:**

- Assists with the coordination of arranging for clergy, grief counselors, etc. for the use of all team and school personnel
- Coordinates arrangements for any on-campus memorial service
- Other duties as needed and/or assigned



**CRITICAL INCIDENT MANAGEMENT TEAM (CIMT) & OTHER APPROPRIATE PERSONNEL CONTACT LIST  
(CONFIDENTIAL- FOR INTERNAL USE ONLY)**

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# **Environmental Considerations**



## HEAT-RELATED ILLNESSES

### GENERAL POLICY

Athletes who exercise under high and/or humid temperatures are at risk of developing heat-related illnesses. Prolonged exposure to high heat/humidity can adversely affect an athlete's performance, and in some instances, can pose a serious health threat. Therefore, under such climate conditions, special precautions must always be exercised.

Unlike most sport-related injuries, heat-related illnesses are 100% preventable. Therefore it is expected the coaching staff have a basic understanding of how heat affects the body and make sure caution is taken during hot/humid temperatures.

### HEAT ILLNESS/INJURY FACTS

- A fluid loss of 1% to 2% of body weight begins to impact athletic performance.
- A fluid loss of 3% to 5% of body weight will significantly increase an athlete's risk of heat-related illness.
- Athletes taking certain medications like diuretics, antihistamines, beta blockers and anti-cholinergics are at higher risk for developing heat-illnesses.
- Athletes who are overweight, poorly conditioned, recovering from an illness, or lacking in sleep are at increased risk for heat illnesses. These athletes should be monitored closely and/or have their participation level modified.
- A way to help prevent heat stress is to become acclimatized to the weather/climate. The acclimatization process takes 7-12 days. Adolescents take longer to acclimatize to the heat than adults. In times of high temperature, allow athletes adequate time to become acclimatized before intensive practice sessions begin. Start with light, short practice sessions in shorts, then gradually increase to full-gear sessions.
- The air temperature and humidity have a direct effect on the ability for a body to cool itself. The body cools itself through evaporation. Evaporation of sweat dissipates the heat from the core of the body, keeping the internal organs cool. If the temperature and/or humidity is too high, the sweat will not evaporate, the body will not be cooled, and thus the normal physiological function will be disrupted.
- Exercising in a dehydrated state reduces the ability to sweat, therefore compromising the ability to cool. Thus, continuous fluid replacement during hot/humid weather is essential to maintaining normal physiological function.
- Field watering before practice sessions can help reduce the ambient heat on the athletic field, thus reducing the heat stress reflected on the athletes. *\* Remember artificial turf field will radiate heat; adding as much as 20 degrees to the environments temperature and thereby increasing the heat stress on athletes.*

### HEAT INDEX

Although athlete responds differently to high and/or humid temperatures, as a general rule of thumb, the following problems are likely to develop when temperatures:

1. Range from 80 degrees to 90 degrees, fatigue is possible with prolonged exposure.
2. Fall between 90 and 105 degrees, heatstroke, heat cramps, and heat exhaustion are possible.
3. When heat climbs to 105 to 130 degrees heat cramps, and heat exhaustion are likely and heat stroke is possible with prolonged exposure. Extreme caution must be taken and practice(s) may be postponed to a cooler part of day (6-10 am, or 4-7 PM).
4. At 130 degrees or higher, heatstroke is highly likely with continued exposure to sun.

## RECOGNIZING AND TREATMENT OF HEAT ILLNESSES

Heat illnesses can range from simply fatigue to life threatening conditions. That being said, it is important to be able to recognize the early signs and symptoms related to heat illnesses.

Listed below are three of the most common forms of heat-illnesses. This list is not intended to represent a complete list of heat-illnesses, but rather offer guidance on how to recognize and provide basic care for such named conditions. In any event, if an athlete is showing signs of ANY form of heat illness they should be referred to a medical professional for a full evaluation.

<b>Heat Cramp –</b>	
	<i>Muscular spasms/cramps brought on by exercise and the resulting loss of water and electrolytes.</i>
<b>Symptoms:</b>	<ul style="list-style-type: none"> <li>• <i>Muscular spasms/cramps; commonly occurs in calf and stomach</i></li> </ul>
<b>Treatment:</b>	<ul style="list-style-type: none"> <li>• <i>Move the person to a cooler place to rest in a comfortable position.</i></li> <li>• <i>mild stretching the affected muscle with ice massage replenish fluids.</i></li> <li>• <i>Give person small amounts (4 oz.- 5 oz.) of water every 15 minutes.</i></li> <li>• <i>DO NOT GIVE ALCOHOL OR CAFFEINE; THIS CAN WORSEN THE CONDITION.</i></li> </ul>
<b>Heat Exhaustion –</b>	
	<i>An excessive depleting of electrolytes and water. Results from inadequate replacement of fluids lost through sweating.</i>
<b>Symptoms:</b>	<ul style="list-style-type: none"> <li>• <i>Cool, moist, pale(clammy) or flushed skin</i></li> <li>• <i>Profuse sweating, headache, nausea or vomiting</i></li> <li>• <i>Dizziness and faint</i></li> <li>• <i>exhaustion and extreme weakness</i></li> <li>• <i>Body temperature near normal or mildly-elevated temperature (~102F).</i></li> <li>• <i>Rapid weak pulse</i></li> </ul>
<b>Treatment:</b>	<ul style="list-style-type: none"> <li>• <i>Move the person out of the heat and into a cooler place.</i></li> <li>• <i>Remove or loosen tight clothing and apply cool wet cloths/towels.</i></li> <li>• <i>If the person is conscious, give cool water to drink. Make sure the person drinks slowly. Give a half glass of cool water every 15 minutes.</i></li> <li>• <i>Observe the victim carefully for changes in condition.</i></li> <li>• <i>Instruct person to stay out of the heat for the rest of the day.</i></li> <li>• <i>DO NOT GIVE CAFFEINE; THIS CAN WORSEN THE CONDITION.</i></li> </ul>
<b>Heat Stroke –</b>	
	<i>Overheating due to a breakdown in the body's thermo-regulatory system; this is a serious, life-threatening emergency!</i>
<b>Symptoms:</b>	<ul style="list-style-type: none"> <li>• <i>Hot, dry, red skin</i></li> <li>• <i>Lack of sweating (although heat stroke may occur before sweating totally ceases)</i></li> <li>• <i>Change in consciousness, irritability, confusion/disorientation</i></li> <li>• <i>Rapid, strong pulse and rapid, shallow breathing</i></li> <li>• <i>Body temperature can be very high – sometimes as high as 105 degrees F.</i></li> <li>• <i>Skin may feel wet or dry.</i></li> </ul>
<b>Treatment:</b>	<ul style="list-style-type: none"> <li>• <i>Call 911.</i></li> <li>• <i>Remove clothing</i></li> <li>• <i>Quickly cool the body: Immerse victim in a cool bath or wrap wet sheets around the body</i></li> <li>• <i>If victim refuses water, is vomiting, or shows a decreased level of consciousness, do not give anything to eat or drink.</i></li> </ul>

## GUIDELINES FOR PREVENTION OF HEAT RELATED ILLNESSES

The following recommendations have been established to provide administrators, coaches, and athletic training staff, with a sound plan to aid in the prevention of heat-related illnesses:





- Know the physical condition of your athletes before starting a training program. Carefully monitor overweight and light-complexion athletes, as they are at a more susceptible risk for heat illness/injury.
- Individuals poorly acclimatized or poorly conditioned are at increased risk for heat related illness/injury and should be monitored closely or placed on a modified participation schedule.
- During high temperature days, encourage athletes to wear light colored clothing that is loose fitting at the neck, waist and sleeves.
- Practice during the cooler part of the day - if possible, early morning or late afternoon.
- During high temperature and/or humidity, limit practice sessions to two hours or less.
- Indoor temperatures can sometimes exceed the outdoor temperature; keep windows and doors open to ventilate.
- Offer regularly scheduled rest periods to prevent heat fatigue.
- NEVER deny any athlete water or rest at any time.
- Water should be available to athletes at all times and never be withheld. Dehydration is the main problem associated with exercising in hot weather.
- Educate athletes on the effects of dehydration on physical performance.
- Encourage athletes to begin every athletic activity well hydrated.
- Coaches should stress the importance of hydration during practices/competitions. During times of high/humid temperatures, athletes should drink 8 – 12 oz of fluid every 20 to 30 minutes.
- Educate athletes on proper fluid replacement. The human being will drink enough to satisfy thirst, but not enough to replace all fluid loss. Replace fluids at a rate of 24 fluid ounces for every pound of body weight lost after exercise.
- Inform athletes on how to monitor hydration status. Urine color is an easy method to determine hydration status. Light yellow to clear urine indicates a well-hydrated athlete.
- Athletes having a pre-existing illness (i.e. fever or gastro-intestinal illness), a pre-existing dehydrated state, or pre-existing heat illness are at a much higher risk for heat-related illness/injury. These conditions should be brought to the attention of the ATC and/or coaching staff prior to participation in the heat and the athlete should be monitored closely or placed on a modified participation schedule.
- Energy, ergogenic, and dietary supplements such as Creatine may cause an increase in dehydration and heat related illness and/or injury.
- Do not allow athletes to wear rubberized clothing during practices. Exercising in rubber clothing can interfere with the body's capability to cool down and can cause a body's temperature to reach 106 – 112 degrees in 20 minutes, causing permanent damage to internal organs.
- Be able to recognize the signs of heat exhaustion and heat stroke.

## HUMITURE / TEMPERATURE CHART

Ambient air temperature and humidity have a direct effect on the ability for a body to cool itself through the evaporation of sweat. When the air temperature is above 90, and/or the relative humidity is high, the body is at a higher risk to not effectively stay cool, which may be compounded by the level of dehydration of the body's fluids. The following chart is a simple method to determine the amount of increased risk with variations of heat and humidity. Use the top chart to simply cross-referencing the relative humidity (top row) with the temperature (first column) to determine the humiture number. Take that humiture number and compare it to the values in the bottom chart for suggestions on athletic participation.

**Humiture / Temperature Chart**

		Humidity												
		10%	20%	30%	40%	50%	60%	70%	80%	90%	100%			
Temperature	105°	100	105	113	123	135	149							
	104°	98	104	110	120	132	143							
	102°	97	101	108	117	125	139							
	100°	95	99	105	110	120	132	144						
	98°	93	97	101	106	110	125	132						
	96°	91	95	98	104	108	120	128						
	94°	89	93	95	100	105	111	122	128					
	92°	87	90	92	96	100	106	115	122					
	90°	85	88	90	92	93	100	106	115	122	128	130		
	88°	82	86	87	89	93	95	100	106	115	122	125		
	86°	80	84	85	87	90	92	96	100	109	111	111		
	84°	78	81	83	85	86	89	91	95	99	105	105		
	82°	77	79	80	81	84	86	89	91	95	96	96		
	80°	75	77	78	79	81	83	85	86	89	91	91		
	78°	72	75	77	78	79	80	81	83	85	86	86		
76°	70	72	75	76	77	77	77	78	79	80	80			

	<u>HUMITURE</u>	<u>PARTICIPATION RECOMMENDATION</u>
	105° and up:	Recommend no outside activities.
	95° to 104°:	Recommend no equipment (helmets, pads, etc) be used during activity.
	90° to 94°:	Recommend equipment be removed as often as possible (during rest breaks, on sideline, etc). Careful monitoring of all athletes for signs of heat problems.
	Below 89°:	Recommend adequate water supply at all practices and competitions with breaks every 20 to 30 minutes for rehydration.



## **INCLEMENT WEATHER PROCEDURES**

### **GENERAL POLICY**

It is the responsibility of entire Presentation athletic staff (administration, athletic trainers, and coaches) to ensure the safety and the welfare of our student-athletes during inclement weather. Therefore, the Presentation athletic staff is required to be familiar and abide by the inclement weather guidelines for all practices and games.

In the case of inclement weather it will be under the direct discretion of the on-site certified athletic trainer to determine when practices/games should be suspended and evacuated. Exceptions will be made for the off-campus sports/teams whereby the head coach makes the determination to suspend athletic activity in the absence of an athletic training staff member.

### **LIGHTNING**

Lightning is a dangerous phenomenon. Although lightning storms are rare to this area, athletic teams that practice and compete outdoors are always at risk during inclement weather. For this reason, the Presentation athletic training staff has developed precautionary safety measures to minimize the risk of injury from lightning strike to athletes, coaches, support staff, and fans.

The following guidelines MUST be followed if lightning appears to be imminent during practice or competition:

1. Weather Monitoring (prior to activity) - If inclement weather is forecasted for the area or sighted in the area, the certified athletic trainer will begin to monitor the weather prior to practice/competition using one of the National Weather Service websites: <http://www.weather.com/>; <http://www.accuweather.com/>; <http://www.lightningsafety.com/>. Coaches will then be notified of the possibility of inclement weather.
2. Weather monitoring (during activity)- if lightning is detected during practice/competition then it should be monitored by using the "Flash-Bang" method. To use the Flash Bang method, count the seconds from the time lightning/flash is sighted to when the clap/bang of thunder is heard. Divide this number by 5 to obtain how far away (in miles) the lightning is occurring. For example, 20 second count = 4 miles. As a minimum, all athletic activities should be suspended and all individuals reach a safe location by the flash-to-bang count of 40 seconds (or 8 miles).
3. If it is determined that there is danger of a lightning strike within the immediate area (within 3-8 mile range), the certified athletic trainer will notify the coaches and/or game officials that the athletic activity must be suspended. Immediately following the announcement of suspension all athletes, coaches, officials and bystanders are to evacuate and seek out safe shelter. A safe shelter is defined as any enclosed grounded building/structure (i.e. Gymnasium). In the absence of a grounded building/structure, any fully enclosed metal vehicle with a hard metal roof and windows rolled-up can provide safety (no convertibles or golf carts).
4. If no safe structure is within a reasonable distance; AVOID the following:
  - Standing near metal objects (bleachers, fences, etc)
  - Standing near tall trees or light poles
  - Standing in groups, keep at least 15ft of space between you and others
  - Avoid being the highest object in an open field; If a safe shelter is only a short distance away, it's been suggested to run for shelter, rather than stay in middle of field.
  - Sports with metal equipment. Golfers drop your clubs and remove golf shoes. Softball drop bats and remove helmets (with metal facemask) and metal cleats. Tennis players drop your rackets.
5. If unable to reach safe shelter, assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the


ground, because lightning current often enters the victim through the ground rather than by a direct overhead strike. Do not lie flat!

6. If a person feels that his/her hair standing on end, they should immediately crouch as described above in item #5. If someone is struck by lightning, activate the Emergency Action Plan. A person struck by lightning does not carry an electrical charge so you may touch the victim; immediately initiate the Emergency Action Plan and begin the primary survey. If possible move victim to a safe location.
7. Avoid using the telephone except in emergency situations. People have been struck by lightning while using a land-line phone. A cellular phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure, and if all other precautions are followed.

## AIR QUALITY

**INDOOR SPORTS:** Please monitor the AQI and keep all doors and windows closed in the gym/weight room. If an athlete doesn't feel well (dizziness, short of breath, headache, nausea, etc.) please hold them out of practice. Also, please offer extra water breaks for your team. Staying hydrated is essential to keeping healthy while the air quality is poor.

- AQI between 100 and 130: all sensitive athletes are removed from outdoor activity (i.e. asthma, sickle cell, and/or any respiratory related issue)
- AQI between 131 and 150: all athletes will be monitored closely. At this level the Athletic Department will determine if practices and/or competitions will be cancelled or moved indoors.
- AQI above 151: **NO OUTDOOR ACTIVITY. NO EXCEPTIONS.** This includes practices and competitions. Practices must be moved indoors (weight room, gym if available, classroom, or cancelled)

 <b>Air Quality Index for Ozone</b> <small>(Based on 8-hr average concentrations)</small>			
Index Values (Conc. Range)	Air Quality Descriptors	Who needs to be concerned	What should I do?
0 – 50 (0-54 ppb)	Good	It's a great day to be active outside.	
51 – 100 (55-70 ppb)	Moderate	Some people who may be unusually sensitive to ozone.	Unusually sensitive people: <i>Consider reducing prolonged or heavy outdoor exertion. Watch for symptoms such as coughing or shortness of breath. These are signs to take it easier.</i>  Everyone else: It's a good day to be active outside.
101 – 150 (71-85 ppb)	Unhealthy for Sensitive Groups	Sensitive groups include people with lung disease such as asthma, older adults, children and teenagers, and people who are active outdoors.	Sensitive groups: <i>Reduce</i> prolonged or heavy outdoor exertion. Take more breaks, do less intense activities. Watch for symptoms such as coughing or shortness of breath. Schedule outdoor activities in the morning when ozone is lower.  People with asthma should follow their asthma action plans and keep quick relief medicine handy.
151 – 200 (86-105 ppb)	Unhealthy	Everyone	Sensitive groups: <i>Avoid</i> prolonged or heavy outdoor exertion. Schedule outdoor activities in the morning when ozone is lower. Consider moving activities indoors. People with asthma, keep quick-relief medicine handy.  Everyone else: <i>Reduce</i> prolonged or heavy outdoor exertion. Take more breaks, do less intense activities. Schedule outdoor activities in the morning when ozone is lower.
201 – 300 (106-200 ppb)	Very Unhealthy	Everyone	Sensitive groups: <i>Avoid all</i> physical activity outdoors. Move activities indoors or reschedule to a time when air quality is better. People with asthma, keep quick-relief medicine handy.  Everyone else: <i>Avoid</i> prolonged or heavy outdoor exertion. Schedule outdoor activities in the morning when ozone is lower. Consider moving activities indoors.
301 – 500 (≥ 201 ppb)	Hazardous	Everyone	Everyone: <i>Avoid all</i> physical activity outdoors.

Updated on May 10, 2016

Please utilize the following link to review the Realtime Monitoring of the Air Quality Index: [https://www.airnow.gov/index.cfm?action=airnow.local\\_city&zipcode=95050&submit=Go](https://www.airnow.gov/index.cfm?action=airnow.local_city&zipcode=95050&submit=Go)

#### HOME PRACTICE / GAME PROCEDURES

Prior to Practice/Competition: On inclement days, each coach should obtain a weather report from the athletic trainer prior to practices or games. Coaches need to be aware of potential thunderstorms that may form during scheduled athletic events and practices. During competition, the athletic trainer will greet the officials, explain that we have means to monitor lightning, and offer to notify the officials during the game if there is imminent danger from the lightning.

Announcement of Suspension of Activity: Once it is determined that there is danger of a lightning strike, the Athletic Training staff will notify the head coach and officials, and subsequently summon athletes from the playing field or court.

Evacuation of the playing field: Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to an enclosed grounded structure (i.e. Gym Foyer).

Evacuation of the stands: Once the official signals to suspend activity, a member of the athletic administration (i.e. athletic director) will announce something like: "May I have your attention. We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek appropriate shelter inside the Gym foyer. Thank you for your cooperation."

Resumption of Activity: Activity may resume once a member of the athletic training staff deems it is safe to continue and gives permission. Thirty (30) minutes AFTER the last lightning strike or activity using the Flash-Bang-Method and no activity in the 3-8 mile range. A team may return to play when the storm has moved beyond the 8 miles range (Flash-Bang Method) or 30 minutes from the last sight of a lightning strike.

#### AWAY PRACTICE / EVENT PROCEDURES

The hosting school should have their own guidelines regarding safety during inclement weather. If there are no guidelines in place, then implement our home practice / game procedure to the best of your capability.