Athletic Department
Emergency Action Plan & Sports Medicine Policies & Procedures
July 2017 – June 2018

Last Updated: 8/1/17
By: Jonathan Reidy, LAT, ATC

3605 Old Greensboro Rd, Winston-Salem, NC 27101

(336) 703-6754 – phone
(336) 748-3565 - fax
**Note: While reading this document you may click any blue text for further information.**

**Contents**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Important Phone Numbers</td>
<td>3</td>
</tr>
<tr>
<td>EMS and Emergency Transportation</td>
<td>4</td>
</tr>
<tr>
<td>Chain of Command in Medical Emergencies</td>
<td>4</td>
</tr>
<tr>
<td>Person by Person Roles in Emergency Situations</td>
<td>5</td>
</tr>
<tr>
<td>- Highest Person in Chain of Command</td>
<td></td>
</tr>
<tr>
<td>- Activating EMS/ Calling EMS</td>
<td></td>
</tr>
<tr>
<td>- Retrieving Emergency Equipment</td>
<td></td>
</tr>
<tr>
<td>- Ensure EMS access to scene</td>
<td></td>
</tr>
<tr>
<td>- Crowd Control</td>
<td></td>
</tr>
<tr>
<td>- Contacting Parents</td>
<td></td>
</tr>
<tr>
<td>Atkins (On-Campus) Athletic Facilities (Map)</td>
<td>7</td>
</tr>
<tr>
<td>Off-Campus Athletics</td>
<td>8</td>
</tr>
<tr>
<td>Management of Suspected Head / Brain Injuries</td>
<td>9</td>
</tr>
<tr>
<td>Management of Head, Neck, or Back Injuries</td>
<td>10</td>
</tr>
<tr>
<td>Management of Suspected Heat-Related Illnesses</td>
<td>11</td>
</tr>
<tr>
<td>Management of Sickle Cell Trait</td>
<td>12</td>
</tr>
<tr>
<td>Management of Cardiac Emergencies &amp; AED Maintenance</td>
<td>13</td>
</tr>
<tr>
<td>Management of Asthma Conditions</td>
<td>14</td>
</tr>
<tr>
<td>Management of Diabetes Type 1 Conditions</td>
<td>15</td>
</tr>
<tr>
<td>Management of Anaphylaxis (Allergic Reaction)</td>
<td>16</td>
</tr>
<tr>
<td>Management of Epilepsy/ Seizures</td>
<td>17</td>
</tr>
<tr>
<td>Management of Fractures/ Dislocations</td>
<td>18</td>
</tr>
<tr>
<td>Principles of Splinting</td>
<td>19</td>
</tr>
<tr>
<td>Shock</td>
<td>19</td>
</tr>
<tr>
<td>Lightning/ Inclement Weather Protocol</td>
<td>21</td>
</tr>
<tr>
<td>Safe Shelter</td>
<td>22</td>
</tr>
<tr>
<td>Care for a Lightning Victim</td>
<td>23</td>
</tr>
<tr>
<td>Appendix</td>
<td>24</td>
</tr>
<tr>
<td>A. Concussion/ Neck Injury Flow Chart</td>
<td>25</td>
</tr>
<tr>
<td>B. Heat Illness Flow Chart</td>
<td>26</td>
</tr>
<tr>
<td>C. Sudden Cardiac Arrest Flow Chart</td>
<td>27</td>
</tr>
<tr>
<td>D. Team Specific Policies</td>
<td>28</td>
</tr>
<tr>
<td>Confirmation of Receipt (Coaches, First Responders, Administrators, Etc...)</td>
<td>29</td>
</tr>
<tr>
<td>Administrative Approval of EAP</td>
<td>30</td>
</tr>
</tbody>
</table>
Introduction

With all the potential for medical emergencies that exists during athletic practices/ competitions, immediate recognition and action are extremely important for successful outcomes. Therefore, athletic departments have a responsibility to develop and maintain an emergency plan that will be implemented whenever/ wherever an emergency situation may arise.

Atkins High School (AHS) requires annual review of a written Emergency Action Plan (EAP) by ALL Athletic Staff, first responders, and contracted medical providers. Please be familiar with the following information, as it will assist you in providing an optimum level of care to our participants (student-athletes, coaches, spectators, etc.) when an emergency and/or life-threatening condition may arise.

Copies of Venue Specific EAPs will be placed in convenient, accessible locations across the entire campus. The EAP should also be rehearsed annually with all potential emergency response personnel.

Important Names and Phone Numbers

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Phone Number/ Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services (EMS)</td>
<td>Ambulance*, Police, Fire</td>
<td>911</td>
</tr>
<tr>
<td>Atkins High School</td>
<td>Front Desk</td>
<td>(336) 703-6754</td>
</tr>
<tr>
<td>Principal</td>
<td>Joe Childers</td>
<td></td>
</tr>
<tr>
<td>Assistant Principal</td>
<td>Thomas Brookshire</td>
<td></td>
</tr>
<tr>
<td>Assistant Principal</td>
<td>Araunah James</td>
<td></td>
</tr>
<tr>
<td>Athletic Director</td>
<td>Kevin McIntosh</td>
<td></td>
</tr>
<tr>
<td>Assistant Athletic Director</td>
<td>Matt Pratt</td>
<td></td>
</tr>
<tr>
<td>Licensed/ Certified Athletic Trainer</td>
<td>Jonathan Reidy, LAT, ATC</td>
<td>336-408-2776</td>
</tr>
<tr>
<td>Licensed/ Certified Athletic Trainer</td>
<td>Eddie Stevens, LAT, ATC</td>
<td>336-817-3017</td>
</tr>
<tr>
<td>School Resource Officer</td>
<td>Ms. Flo Gregory Phillips</td>
<td></td>
</tr>
<tr>
<td>Team Physician(s)</td>
<td>John Hubbard, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heath Thornton, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Craig Yarborough, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>See Atkins’ Athletic Training Staff</td>
<td></td>
</tr>
<tr>
<td>Brenner’s Children Hospital</td>
<td>Emergency Room</td>
<td>(336) 716-9253</td>
</tr>
<tr>
<td>Wake Forest Baptist Medical Center (Winston-Salem)</td>
<td>Emergency Room</td>
<td>(336) 716-2011</td>
</tr>
<tr>
<td>Forsyth Medical Center</td>
<td>Emergency Room</td>
<td>(336) 718-5000</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Hopeline of NC (Raleigh)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Winston-Salem</td>
<td></td>
</tr>
<tr>
<td></td>
<td>877-235-4525</td>
<td></td>
</tr>
<tr>
<td></td>
<td>919-231-4525</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Help Line 336-722-5153</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Kids Line 336-723-KIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Teen Line 336-723-8336</td>
<td></td>
</tr>
<tr>
<td>Poison Control</td>
<td></td>
<td>800-222-1222</td>
</tr>
</tbody>
</table>

*If EMS is on stand-by at the site of injury/ illness (i.e. varsity home football) a raised fist shall indicate their assistance is needed in dealing with the injured/ ill athlete.
EMS and Emergency Transportation

When an athlete has been severely injured or becomes severely ill (requires activation of the EMS) it is recommended by this administration that the athlete be transported by ambulance to a local hospital. Information regarding hospital of choice can be found on the athlete’s emergency information sheet.

If/ when an athlete’s parents/ guardians are present, they may choose alternate transportation. In severe emergencies, the student may be taken to the closest hospital for stabilization or a hospital recommended by EMS despite the patient’s preferred hospital.

If a student-athlete from Atkins High School is transported via EMS and no parent is at the scene a school representative WILL accompany the child to the Emergency Room by EMS or personal vehicle.

Upon leaving the scene EMS/ accompanying school personnel shall have a copy (or the original) of the student-athlete’s emergency information sheet to provide to the Emergency Room Staff upon arrival at the hospital.

Chain of Command for Medical Emergencies

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.

- Team Physician (onsite)
- Head Athletic Trainer (ATC)/ Lifeguard (swimming facility)
- Assistant Athletic Trainer/ First Responder-A certified first responder is a person who has completed hours of training in providing care for medical emergencies. They have more skill than someone who is trained in first aid but are not an emergency medical technician.
- Athletic Director
- Assistant Athletic Director
- CPR/ AED/ First Aid Certified coaching staff member
- Head Coach
- Assistant Coach

**Individuals on this list may jump in rank if they are CPR/ First Aid Certified and those listed above them are not.**
**Person by Person Roles in Emergency Situations**

The highest person in the chain of command will be responsible for:

1. Assessing athlete following Basic Life Support (circulation, airway, and breathing) and First Aid skills. Obtain medical history and emergency treatment consent form kept in each coach’s first aid kit or bag. If a student has collapsed and is not responsive, assume Sudden Cardiac Arrest and follow information on page 13 and/or 25.
2. Identify **person to activate Emergency Medical System** (call 911 or notify EMS if present).
3. Identify **person to retrieve emergency equipment** such as AED or other first aid supplies if needed.
4. Lead/coordinate CPR efforts if appropriate until EMS personnel are present and assume care.
5. Identify **person to direct EMS to scene**.
6. Identify **person to do crowd control**. Only persons involved in the care of the athlete should be present.
   a. Ideally this will be either the Athletic Director, Assistant Athletic Director, and/or School Resource officer.
7. Identify **person to contact parents**. This person should retrieve student’s emergency information that all coaches are required to have on site. They should also share this information with the person designated to call EMS.

**Person Activating Emergency Medical System (EMS):**

1. Call 911 immediately.
2. Be prepared to give as much information as possible:
   a. Your name, job title, address, telephone number of calling phone
   b. Why you are calling
   c. Condition of athlete/victim
      i. Include any conditions listed on the athlete’s physical (i.e. asthma, diabetes, sickle-cell, allergies, etc)
   d. Any treatment initiated on site
   e. Specific Location on campus
   f. Directions for emergency vehicles in needed

From US 311
Turn east on Waterworks Rd.
Go to the end and turn left on Old Greensboro Rd.
The school is ½ mile on the right.

→ **SEE NEXT PAGE FOR MORE DIRECTIONS**

From NC 158
One mile north of Business 40 on NC 158, turn southeast onto Old Greensboro Rd.
The school is ½ mile on the right.

From Downtown Winston-Salem
Head east on Fifth Street. Bear to the right on Old Greensboro Rd.
The school is ½ mile of the right.

3. After making/ending the call, report back to the highest in command that EMS is on the way.
4. Do not hang up until told to do so by the dispatcher

Person Retrieving Emergency Equipment:
1. Retrieve AED first and return to scene. Notify highest in command that AED is present.
2. Retrieve team’s First Aid Kit second.
   a. Or send someone else to retrieve this while you are getting the AED

Person directing EMS to scene: (likely to be Assistant Coach, Administrator, or Athletic Director)
1. Go to entrance of area: Be sure gates are open. “Flag down” emergency vehicles on main road.
   a. Ask for help from others if needed

Person doing crowd control: (likely to be SRO, Assistant Coach, Administrator, or Athletic Director)
1. Limit scene to necessary people.
2. If CPR is in progress help identify those who may be able to help with chest compressions as first responder becomes fatigued.
   a. If parents/ family are present, have someone stand with them for support. Do not try to remove them but prevent them from hindering care.

Person that will contact the parent(s)/ guardian(s):
1. Obtain information for contacting parents (parent’s phone numbers and names) from Emergency Contact/ Treatment form.
2. Remain calm when calling parents.
3. Information to share with parents:
   a. You name/ job title
   b. What happened
   c. Current condition (i.e. awake and talking)
   d. Treatment being given on site
   e. Which hospital the student will be transported to
      i. Be prepared to give parents directions to hospital if needed.
ATKINS ON-CAMPUS ATHLETIC VENUES

(NOTE: THE ELEMENTARY SCHOOL IS “OFF CAMPUS” IT IS PROVIDED ON THIS MAP ONLY AS A REFERENCE)

ALL ARE ON THE 1ST FLOOR

AED Locations: 1. FRONT OFFICE (with epi-pens)  2. ATHLETIC TRAINING ROOM
Off Campus Practices and Games

1. When arriving at (or when planning to use) an off-campus facility check with a site administrator to learn about their EAP.
   - Do they have an EAP?
   - Do they have an AED?
   - Do they have First Aid/ CPR Certified Staff?
   - Do they have a location for ice immersion/showering an overheated individual in the event of heat illness?
   - What is the address of your location – this is very important in calling for emergency services (911).

2. Check for the location of land-line telephone(s).
   a. Cell phones may be used for emergency contact if needed but often cell phone batteries or signal may not be good enough to make an emergency call.

3. Know the location of a safe shelter in case you need to evacuate due to inclement weather.
   a. When choosing a safe shelter for lightning/inclement weather, consider the information presented on page 20.

4. Check that all emergency vehicle access is clear so that in the event you call 911 they can reach you/your team in a quick and timely manner.
Management of Suspected Head/Brain Injuries (Concussion)

“When in Doubt, Sit them Out”!

Signs and symptoms of a possible concussion are listed below. If you observe an athlete experiencing even one of these symptoms, the athlete MUST be removed immediately from all participation. If the ATC/First Responder is available, contact him/her immediately for an evaluation. If the ATC/First Responder is not accessible, contact parent and recommend a prompt physician evaluation.

**IMPORTANT: Any athlete with a suspected concussion will not be allowed to return to play (games or practices) without physician’s clearance and successful completion of return to play protocol outlined by the NCHSAA and the G’Feller Weller Act. Prior to each student-athlete’s participation in NC high school sports G’Feller-Waller Awareness sheets must be completed and following a concussion there is a specific form (G’Feller-Waller RTP) that must be used to document physician clearance and return to play process.

What is a concussion?

A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can range from mild to severe
- Can occur during practices or games in any sport or activities of daily life
- Can happen even if you do not lose consciousness
- Can be serious even with small blows, or blows to the body that seemingly wouldn’t affect the brain
- A second blow without adequate healing time can lead to continued bleeding or swelling in the brain; also called second impact syndrome which can be catastrophic.

Concussion Signs/ Symptoms:
- Nausea and/or vomiting
- Poor balance
- Dizziness
- Double vision or fuzzy vision
- Sensitivity to light and/or noise
- Headache
- Feeling sluggish, foggy or groggy
- Problems concentration/remembering
- Confusion
- Ringing in the ears
- Loss of consciousness
Management of Head/Brain, Neck, or Back Injuries
(Appendix A = Flow Chart)

Head, neck, and/or back injuries can be the most fatal and critical injuries that athletes sustain. If you suspect that a person has a head, neck or back injury, tell him or her to respond verbally to any questions you ask and to avoid nodding or shaking their head. The goal in caring for a person with a head, neck, or back injury is to minimize movement.

Signs and symptoms of a possible head, neck, and/or back injury are listed below. If you observe an athlete experiencing even one of these symptoms, the athlete MUST immediately be removed from all participation. If the ATC/First Responder is available, contact him/her immediately for an evaluation. If the ATC/First Responder is not accessible, provide the following care.

**IMPORTANT: If the athlete is unconscious or has an altered level of consciousness call 9-1-1 immediately. If the athlete denies neck/ back pain, remember they are altered!**

Signs of Head, Neck, and Back Injuries:
- Change in consciousness
- Severe pain or pressure in the head, neck or back
- Tingling or loss of sensation in the hands, fingers, feet, or toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea and/or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes or behind the ears

Caring for Head, Neck, and Back Injuries:
1. Contact the ATC/First Responder and/or EMS immediately!
2. Minimize movement of the head, neck, and/or back.
3. Do not remove headgear or shoulder pads with football.
   - 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
4. Check for consciousness and breathing
5. Maintain an open airway
6. Control any external bleeding
7. Keep the victim calm. Comfort and reassure them. Encourage them to stay still until help arrives.

If an athlete goes into life-threatening shock – treat life-threatening situations before worrying about musculoskeletal concerns. However, remember that the neck houses the portion of the spine that controls life sustaining functions of the heart and lungs.
Management of Suspected Heat-Related Illnesses
(Appendix B = Flow Chart)

Signs and symptoms of a possible heat illness are listed below. If you observe an athlete experiencing even one of these symptoms, the athlete MUST immediately be removed from all participation. If the ATC/First Responder is available, contact him/her immediately for an evaluation. If the ATC/First Responder is not accessible, provide the following care.

**IMPORTANT: If the athlete is unconscious or has an altered level of consciousness call 9-1-1 immediately.**

Signs and Symptoms of Heat Illnesses:

<table>
<thead>
<tr>
<th>Heat Cramps</th>
<th>Heat Exhaustion</th>
<th>Heat Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cramping</td>
<td>- Fatigue</td>
<td>- Nausea/Vomiting</td>
</tr>
<tr>
<td>- Hard/tense muscles</td>
<td>- Nausea</td>
<td>- Headache</td>
</tr>
<tr>
<td></td>
<td>- Headaches</td>
<td>- Dizziness/Vertigo</td>
</tr>
<tr>
<td></td>
<td>- Excessive thirst</td>
<td>- Fatigue</td>
</tr>
<tr>
<td></td>
<td>- Muscles aches and cramps</td>
<td>- Hot, flush, dry skin</td>
</tr>
<tr>
<td></td>
<td>- Weakness</td>
<td>- Rapid heart rate</td>
</tr>
<tr>
<td></td>
<td>- Confusion/ Anxiety</td>
<td>- Decreased sweating</td>
</tr>
<tr>
<td></td>
<td>- Drenching Sweat (often accompanied by cold,</td>
<td>- Shortness of breath</td>
</tr>
<tr>
<td></td>
<td>clamy skin</td>
<td>- Decreased urination</td>
</tr>
<tr>
<td></td>
<td>- Slow/ weak heartbeat</td>
<td>- Blood in urine/stool</td>
</tr>
<tr>
<td></td>
<td>- Dizziness</td>
<td>- Seizures/Convulsions</td>
</tr>
<tr>
<td></td>
<td>- Fainting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Agitation</td>
<td></td>
</tr>
</tbody>
</table>

***Please be aware that some athletes may be more prone to heat illness due to certain conditions such as sickle cell anemia/trait (see next page), and obesity. This is information that should be identified on an athlete’s medical history form before the season starts. Recognition of these conditions can help provide faster treatment and therefore reduce the risk of a more serious condition.***

Care for Heat Illness:

Contact ATC/First Responder to notify of the incident and:
1. Place athlete in shade or in cooler area.
2. Remove excess clothing and equipment
3. If you are able to do so, **submerge the athlete in ice water, but make sure you can manage to keep their head above water/ get them out if they become unconscious.**
   - Current AHS submersion options: Child’s swimming pool stored in the shed by the stadium.
   - If submersion is not an option, use cold towels, ice bags, and/or fans to help lower the athlete’s body temperature.
   - Use ice bags on “hot spots”; Arm pits, neck, back of the knees.
4. Provide cool fluid to drink, preferably water (unless unconscious)
5. Monitor signs and symptoms. If athlete does not improve, or if condition worsens at any point, call 911.
6. Contact parents regardless of whether or not 911 is called.
Management of Suspected Heat-Related Illnesses (continued)  
(Appendix B = Flow Chart)

7. Any athlete removed for heat related illness may not return to team activities on the same calendar day. Said athlete will be required to be evaluated by a physician before returning to activities at the head athletic trainer’s discretion.
**Sickle Cell Trait**

Sickle cell trait (SCT) is not a barrier to exercise or participation in sport. In fact, very few individuals with SCT ever experience complications from SCT during their lifetime, but if/when an athlete has complications it is very important they receive prompt medical care because it is possible for them to experience significant physical distress, collapse, or even die during an “attack”.

SCT is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red blood cells from round to quarter-moon, or “sickle.” This change, exertional sickling, can pose a grave risk for some athletes. SCT is different than sickle cell anemia/disease. Persons with SCT alone do not have anemia and SCT cannot turn into Sickle Cell Disease (SCD).

Possible signs/symptoms of a “sickling crisis”/attack:
- Muscle “cramping” pain/weakness without tightening (“tense”) muscles
- Hyperventilation (“rapid breathing”) / difficulty in catching one’s breath***
- Other muscle pain
- Abnormal weakness
- Undue fatigue

In the event of a sickling, athletic department staff, coaches and medical staff should treat it as a medical emergency by doing the following:
- Check vital signs
- Administer high-flow oxygen, if available
- Cool the athlete, if necessary
- If the athlete appears to have slowed mental responses, or as vital signs decline, call 911 and have an AED on hand.

All exercising individuals, including those with known SCT, should be consult their primary care physician on:
- Hydration
- Heat acclimatization
- Careful progression of exercise intensity/duration
- Immediately stop exercise and seek medical care when experiencing unusual physical distress

*** Note SCT patients with asthma MUST HAVE AN INHALER ON HAND during physical activity.
Management of Cardiac Emergencies & AED Maintenance
(Appendix C = Flow Chart)

The following are signs and symptoms of a cardiac emergency. If any of these signs are observed in an individual that you suspect of having a cardiac issue, call 9-1-1 immediately and initiate CPR/ AED procedure if indicated and you are certified to do so.

Have a bystander (if available) retrieve the AED immediately upon recognition of applicable situation while 9-1-1 is being called.

- The AEDs at Atkins High School are stored:
  - Outside the front office in a white cabinet to the left of first door to the office.
  - In the Athletic Training Room on top of the black fridge.
- Please be aware that there will be times when the AED in the Athletic Training Room will be moved to the site of an athletic event with a certified athletic trainer.

Note: Many athletes who may have a predisposition for cardiac emergencies can be identified by a thorough review of their medical history and pre-participation exam. This review should be completed prior to each child’s participation in Atkins High School Sports by their physician and documented on their athletic participation form.

Signs and Symptoms of a Cardiac Emergency
- Chest Discomfort
- Jaw, neck, shoulder or arm pain
- Shortness of Breath
- Nausea
- Lightheadedness
- Profuse Sweating
- Cardiac Palpitations
- Abnormal Heart Rate
Management of Asthma Emergencies

Students with asthma should have an “asthma action plan” that includes:

- Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by their physician, physician's assistant, or nurse practitioner.
- **If medications/ rescue inhalers are needed, athlete needs to have it readily available at all practices and games and an extra inhaler should be placed in the team medical kit for emergencies.**
- If rescue inhalers are prescribed by their physician, athletes should check prior to each activity to be certain it is functional, contains medication, and it is not expired.
- **Do not have the athletes share other individual’s medication/inhaler for the treatment of their condition.**

Sometimes asthma symptoms are mild and go away on their own or after minimal treatment with asthma medicine. Other times, symptoms continue to get worse.

When symptoms get more intense and/or more symptoms occur, you're having an asthma attack. Asthma attacks also are called flare-ups or exacerbations.

**What are the symptoms of an asthma attack?**

- History of asthma (should be listed/ identified during preseason physical/ medical history review)
- Shortness of breath or difficulty breathing
- Wheezing
- Lightheadedness
- Chest tightness or discomfort

**Care for asthma attack:**

1. Remove athlete immediately from all participation (practice or game)
2. Have the athlete or assist them in retrieving their rescue inhaler, if prescribed
3. Have the athlete administer the medication themselves, if at all possible
4. Remove tight/ restrictive clothing/ equipment that may inhibit breathing.
5. Keep athlete comfortable, calm and reassured
6. Contact the ATC/First Responder.
   - Even if the attack is in remission notify the Athletic Trainer so they are aware the situation occurred.
7. Parents need to be contacted whether there is an improvement with the athlete’s condition or not

The athlete should not be allowed to return to practice unless cleared by a certified athletic trainer.
Management of Diabetic Emergencies

Student athletes with diabetes should have a “diabetes care plan” that includes:

- Blood glucose monitoring guidelines (recommended frequency of checks and knowing levels safe for exercise)
- Insulin therapy guidelines. Should include the type of insulin used, dosages and adjustment strategies for planned activities, as well as insulin correction dose(s) for high blood glucose levels.
- List of other medications.
  - Sometimes an athlete may have atypical signs/symptoms that are specific for them, and this should be listed in the athlete’s care plan.
- Emergency contact information. Include parents’ and/or other family member’s telephone numbers, physician’s telephone number, and consent for medical treatment (for minors).
- Athletes with diabetes should have a medic alert tag with them at all times or at least an easy way to identify their bag that may house diabetic care supplies.

In the event an athlete becomes hyperglycemic/hypoglycemic:
- If the person is conscious, alert and can assess the situation, assist him or her with getting sugar or necessary prescription medication.
- NOTE: Hypoglycemia is considered more life threatening than hyperglycemia.

Call 911, in the event that a diabetic:
- If parents cannot be reached, and the diabetic hyperglycemic or hypoglycemic and does not have appropriate supplies.
- Becomes unconscious
- Has a seizure
- Is not responding to treatments
Management of Anaphylaxis

Anaphylaxis is a severe, whole-body allergic reaction to something a person is allergic to. Common causes of anaphylaxis are: drug allergies, food allergies, insect bites/stings. An “Anaphylactic Care Plan” should be established, once someone with the condition is identified.

Signs and Symptoms may develop rapidly, with little to no warning so it is important to know what to look for. **Signs and Symptoms of Anaphalaxis may include:**

- Abdominal pain or cramping
- Abnormal (high-pitched) breathing sounds
- Anxiety/Confusion
- Cough
- Diarrhea
- Difficulty breathing/swallowing
- Fainting, light-headedness, dizziness
- Hives, itchiness
- Nausea, vomiting
- Slurred speech
- Wheezing
- Rapid pulse
- Discolored skin (redness or bluish tint)
- Swelling

Athletes with severe complication (allergic reactions) to allergens that they may encounter on a daily basis are often prescribed an **Epi-Pen**. This rescue device should be with the athlete (or in a secure, readily accessible location, such as the team medical box) at all times. Every effort should be taken to keep the athlete from coming into contact with known allergens (peanuts, bees, etc), but in the event that anaphylaxis does occur, the following steps should be followed:

1. Administer Epi-Pen
2. Call 911.
3. Notify Certified Athletic Trainer/First Responder on site.
4. Calm and reassure the person.
5. Avoid oral medication if the person is having difficulty breathing.
6. Contact Parents
7. Notify off-site Athletic Trainer of incident for record keeping.

***People who know that they have had serious allergic reactions should wear a medical ID tag and have a identifying tag on their bag where they keep their emergency supplies.***
Management of Epilepsy/Seizures

Known epileptics should have an “Epileptic First Aid Plan” on file with the school in regards to their normal episodes, and how each should be handled. It is important to remember that not all seizures will result in unconsciousness or a violent shaking of the body.

- **CALL 911 when someone without a known seizure disorder has a seizure.**
  - When someone **without** epilepsy begins to seize it is an Emergency until proven otherwise by a healthcare provider.
- **When a known epileptic begins seizing:**
  1. Stay calm, most seizures only last a few minutes.
     - Discuss in advance what a “normal” seizure is like for any known epileptic.
  2. Have a bystander retrieve AED just in case.
  3. Prevent injury by moving nearby objects out of the way.
  4. **Time the seizure and if it lasts more than 5 minutes CALL 911**
  5. Make the person as comfortable as possible.
     - Help them sit down in a safe place.
     - If they are at risk of falling, call for help and lay them down on the floor.
     - Protect the person’s head to prevent it from hitting the floor.
     - If the athlete begins vomiting, try to roll them on their side so they will not choke on vomit.
  6. Keep onlookers away.
  7. **DO NOT** hold the person down
  8. **DO NOT** put anything in the person’s mouth.
  9. **DO NOT** give the person water, pills, or food.
  10. Call 911 and contact on site Certified Athletic Trainer/First Responder
      - Some seizures are not medical emergencies, but better safe than sorry!
  11. Contact Parents
  12. Notify Certified Athletic Trainer/First Responder of the incident for record keeping.

***If an individual is **seizing and they are not a known epileptic CALL 9-1-1 immediately** and follow all other safety guidelines to help manage the situation until professional help arrives.
Management of Fractures and Dislocations

**“Fracture”, “Break”, and “crack” all mean the same thing.**

**It is INCORRECT to assume if a person can move/ put weight on a bone that it is not fractured.**

**Closed Fracture**  A closed fracture is a broken bone that does not penetrate the skin. This is an important distinction because when a broken bone penetrates the skin there is a need for immediate treatment, and an operation is often required to clean the area of the fracture. Furthermore, because of the risk of infection, there are more often problems associated with healing when a fracture is open to the skin.

**Open Fracture**  An open fracture is a broken bone that penetrates the skin. This is an important distinction because when a broken bone penetrates the skin there is a need for immediate treatment, and an operation is often required to clean the area of the fracture. Furthermore, because of the risk of infection, there are more often problems associated with healing when a fracture is open to the skin.

Open fractures require urgent surgery to clean the area of the injury. Because of the break in the skin, debris and infection can travel to the fracture location, and lead to a high rate of infection in the bone. Once an infection is established, it can be a difficult problem to solve.

**Dislocation**  Occurs when there is an abnormal separation in a joint, where two or more bones meet. A joint dislocation can cause damage to the surrounding ligaments, tendons, muscles, and nerves. Dislocations can occur in any joint major (shoulder, knees, etc.) or minor (toes, fingers, etc.). Dislocations can be open or closed similar to fractures.

*A dislocated joint usually can only be successfully 'reduced' into its normal position by a trained medical professional. Trying to reduce a joint without any training could substantially worsen the injury.*

**Subluxation**  Occurs when a joint partially to all the way comes out of place, and then goes back in on it’s own. Following a subluxation medical evaluation is necessary to evaluate for any damage to surrounding structures even when the athlete may feel like it is unnecessary. Subluxations are only emergencies in the event of severe pain (after joint returns to normal), or neurovascular compromise.

**If open fracture/ dislocation:**
1. Do not move the victim unless they are in immediate danger.
   a. Have a bystander call EMS.
2. Using gloves and sterile (whenever possible) gauze to stop the bleeding.
3. DO NOT WASH the wound. You may break up clotting blood and blood loss is more dangerous to the patient than a little dirt at this point!
4. Check distal pulse and sensation.
5. Splint as you found it, or wait for EMS to arrive.
   a. You may be able to splint just by having the athlete lay the injury on the ground or other flat surface.
7. Do not provide food or drink to this victim. Doing so may provide significant problems during surgery/ with pre-reduction sedation.

**If closed fracture/ dislocation/ subluxation:**
1. Check distal pulse, color, warmth, sensation. → If compromised seek immediate medical care.
2. Splint
3. Apply ice
4. Call EMS if unable to transport by private vehicle without compromising fracture site, or causing the victim to go into shock (pg 18).
5. If deformed but able to transport by personal vehicle go straight to medical facility.

**Basic Principles of Splinting**

1. Manage any wounds that require interventions at the site that is going to be splinted (because you may not have access once the splint is applied). Splint firmly, but ensure that distal circulation is maintained.
2. Avoid covering fingers and toes as these are the easiest indicators of circulation.
3. At the completion of the application of any splint always check for distal pulse, color, warmth, movement and sensation.

**Traumatic Shock**

A condition of depressed body functions as a reaction to injury with loss of body fluids or lack of oxygen.

<table>
<thead>
<tr>
<th>Low blood pressure</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of oxygen to body tissues</td>
<td>Confusion</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Cool skin</td>
<td>Restlessness</td>
</tr>
<tr>
<td>Clammy skin</td>
<td>Altered mental state</td>
</tr>
<tr>
<td>Pale skin</td>
<td>Rapid heart rate</td>
</tr>
<tr>
<td>Rapid pulse</td>
<td>Hypothermia</td>
</tr>
</tbody>
</table>

http://www.rightdiagnosis.com/sym/unconsciousness.htm

- **Call 911**
- **Lay the Person Down, if Possible**
  1) Elevate the person's feet about 12 inches unless head, neck, or back is injured or you suspect broken hip or leg bones.
  2) Do not raise the person's head.
  3) Turn the person on side if he or she is vomiting or bleeding from the mouth.

- **Begin CPR, if Necessary**
  1. If the person is not breathing or breathing seems dangerously weak:
  2. **For a child**, start CPR for children.
  3. Continue reading below...
  4. **For an adult**, start CPR for adults.
  5. Check breathing every 5 minutes until help arrives.

- **Treat Obvious Injuries**

- **Keep Person Warm and Comfortable**
  1. Loosen restrictive clothing.
  2. Cover with coat or blanket.
  3. Keep the person still. Do not move the person unless there is danger.
4. Reassure the person.
5. Do not give anything to eat or drink.

- **Follow Up**
  1. At the hospital, the person will be given oxygen and intravenous liquids.
  2. Other treatment will depend on the cause of shock.
Lightning/ Inclement Weather Protocol

“When thunder roars, go indoors”

“One dangerous aspect of weather that sometimes is not taken as seriously as others is lightning. Summer is the peak season for one of the nation's deadliest weather phenomena, but don't be fooled, lightning strikes happen at all times of the year. In the United States, on average over 60 people are killed each year by lightning. The reported number of injuries is likely far lower than the actual total because many people do not seek help or doctors do not record it as a lightning injury. People struck by lightning suffer from a variety of long-term, debilitating symptoms, including memory loss, attention deficits, sleep disorders, and numbness.” (NOAA)

1. The Athletic Trainer, First Responder, Athletic Director, and Head Coach will be aware of the weather forecast.
2. In the event of lightning the following “Chain of Command” will monitor the weather conditions during the event. The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader.
   - Athletic Trainer (in cooperation with officials when they are present)
   - First Responder
   - Athletic Director
   - School Administrator
   - Head Coach
3. The designated monitor(s) will discuss with the game officials prior to the start of the contest the impending lightning plan.
4. All play will be suspended and the players, coaches, and spectators will be evacuated immediately if:
   a) Tornado Warning
   b) Lightning storm detector signals thunderstorm warnings.
   c) Weather Bug smart phone App – “spark”
   d) **Flash-to-Bang Method**: A minimal determinant of when to suspend activities.
      - Flash-to-bang method - count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows.
      - Divide this number by 5 to determine how far away (in miles) the storm is.
      - A count of 30 seconds indicates that the lightning storm is about 6 miles.
          - By the time the lightning storm is 6 miles away, the event should be stopped and the venue should be cleared for safety.
5. Communicate the need to stop activity and seek shelter through PA announcement or other signal (horn, siren, whistle, bell). A PA announcement will be made that all spectators are to evacuate the area immediately and go to the designated SAFE SHELTER OR THEIR PERSONAL VEHICLES.
   - While spectators may not respond to a PA announcement as instructed it should be protocol to inform them of the options and advise them that if they do not seek shelter it is under their own assumption of risk.

6. Play/practice will not resume for a minimum of 30 minutes from last flash of lightning or thunder heard. The time may need to be extended depending on the weather conditions.

7. Following the initial 30 minute suspension, the conditions will be reassessed every 15 minutes to determine if conditions are appropriate to resume play.

**Safe Shelters For Inclement Weather**

**Outdoors:** Most lightning deaths and injuries occur in the summer. Though no place is absolutely safe from lightning, some places are much safer than others. If caught outside, the **SAFEST** location during lightning activity is a large enclosed building, not a picnic shelter or shed. The **second safest** location is an enclosed metal vehicle, car, truck, van, etc., but NOT a convertible, bike or other topless or soft top vehicle. **DO NOT** seek shelter under partially enclosed buildings, and stay away from tall, isolated objects. Where organized outdoor sports activities take place, coaches and other adults should stop activities at the first roar of thunder to ensure everyone has time to get to shelter.

**Indoors:** Inside buildings, stay off cored phones, computers and other electrical equipment that put you in direct contact with electricity. Stay away from pools, indoor or outdoor, tubs, showers and other plumbing. Stay away from windows and doors, and stay off porches.
Care for a Lightning Victim

Individuals struck by lightning may suffer blunt trauma, neurologic disruption, cardiopulmonary arrest, and/or burns.

To care for a lightning victim:

- Have bystander (if available) contact EMS/ get AED.
- Check scene safety (i.e. be aware of continuing lightning danger) perform primary and secondary surveys as instructed during First Aid Training to identify obvious/ suspected injuries which can be treated according to previous pages in this EAP.
- Assess breathing and heartbeat. Perform rescue breathing, CPR, use AED if necessary.
- If clothing is burning/ smoldering, put out the fire. You may smother the flame or use water.
- Remove smoldering/ hot jewelry or metal (or cool with water).
- Immobilize any suspected fractures (do not forget they could have sustained a neck injury).
APPENDIX

A. Concussion/ Neck Injury Flow Chart 26
B. Heat Illness Flow Chart 27
C. Sudden Cardiac Arrest Flow Chart 28
D. Team Specific Policies 29
Appendix A

Gfeller-Waller Law (NC) – have all players / parents & coaches / volunteers sign state mandated education sheets

Revised
7/31/14

CONCUSSION

Player is conscious or only briefly unconscious

Player is unconscious for more than 1 minute

No Athletic Trainer Available

If the player gets up on their own, then evaluate them on the sideline

If player cannot get up, has neck pain, or has any of the symptoms below

Call 911 & parent(s)/guardian(s)

CALL 911

- Concussion more than a few licks
- Loss of consciousness > 1 minute
- Decrease in level of consciousness
- Difficulty awakening
- Increased confusion or agitation
- Increased difficulty with balancing
- Any weakness, numbness, or tingling
- Decreased or irregular pulse
- Decreased or irregular breathing
- Unequal, large, or unchanging pupils

COGNITIVE

- Loss of consciousness
- Seizing stars
- Vacant stare/glazed eyes
- Feeling “dazed down”
- Feeling “in a fog”
- Disorientation
- Memory problems
- Easily distracted
- Sleep disorder
- Excess sleep

SENSORY

- Fatigue
- Headache
- Nausea/Vomiting
- Dizziness
- Poor balance/coordination
- Ringing in the ears
- Sensitivity to noise
- Sensitivity to light
- Blurred vision

EMOTIONAL

- Irritability
- Nervousness
- Hsiness
- Quickly shifting emotions
- More intense emotions
- Personality change

Notify parent(s)/guardian(s) of incident and help arrange transportation for Injured if necessary

Notify Athletic Trainer and Submit Injury Report / SCAT form

Every concussion must have physician clearance for return to interscholastic sports. Clearance is to be recorded on the Gfeller-Waller Concussion Clearance form.

Return to Play Progression

Please require athlete to watch the ESPN piece called E:60 Second Impact (YouTube) as a part of Step 1

Return to Play
Appendix C

SUDDEN CARDIAC ARREST

Athlete with witnessed collapse

Check Responsiveness
   Tap shoulder and ask, “Are you all right?”

UNRESPONSIVE
   Not breathing or has gasping breaths
   If unresponsive, maintain high suspicion of SCA

Activate EMS (phone 911)
   Obtain AED
   First Responder Begin CPR

CHECK PULSE
   No more than 10 seconds

Pulse present
   Continue with Rescue Breathing

NO PULSE PRESENT
   Begin Chest Compressions
   Give cycles of 30 compressions to 2 breaths
   Push hard push fast (at least 100/min)
   Depress sternum 2 inches
   Allow for complete chest recoil
   Continue until AED arrives
   Minimize interruptions in chest compressions

AED ARRIVES
   Apply and check rhythm

Give 1 shock and resume CPR immediately
   beginning with chest compressions
   Recheck rhythm every 5 cycles of CPR
   Minimize interruptions in chest compressions
   Continue until EMS or advance life support providers take over or victim starts to move.

No Shock Advised
   Resume CPR immediately
   Recheck rhythm every 5 cycles of CPR
   Minimize interruptions in chest compressions
   Continue until EMS or advance life support providers take over or victim starts to move.

Apply AED and turn on for rhythm analysis as soon as possible in any collapsed and unresponsive athlete.
Appendix D

Team Specific Policies

All Teams 1.0

1.1 Clearance Notes – All student-athletes who receive medical care outside of Atkins High School Athletic Training facilities will be required to present a note from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Certain cases where a particular pathology requires a different medical professional’s care will be addressed on a case by case basis. The Head Athletic Trainer has the authority to overrule a medical clearance in cases of suspected “doctor shopping” or any case where in the athletic trainer’s discretion, the patient is not ready for return to play. An athletic trainer may not clear an athlete when a doctor has not cleared the athlete.

Date of Effect: January 17th 2017

Football 2.0

2.1 Visors – All visors will require a prescription from a doctor (MD, DO, or OD) and are subject to the Head Athletic Trainer’s approval. Any players wearing a visor must have visor assembly approved by an Atkins Athletic Trainer.

Date of Effect: August 1st 2017

Soccer 3.0

3.1 Shin Guards – All soccer players must wear shin guards proportionate to their leg size. Check equipment with an Atkin’s athletic trainer in cases of uncertainty.

Date of Effect: August 1st 2017

Wrestling 4.0

4.1 Hygiene – In order to control communicable diseases certain steps must be taken. Wrestling athletes are at a greater risk of contracting and/or spreading communicable diseases, particularly those related to skin. All wrestlers at Atkins High School are required to shower before leaving the facility to minimize the risk or spread of communicable diseases.

Date of Effect: August 1st 2017

Please contact the Head Athletic Trainer, Jonathan Reidy with questions or concerns about any team specific policies at jpreidy@wsfcs.k12.nc.us or 336-408-2776
## Emergency Action Plan Review

<table>
<thead>
<tr>
<th>Components</th>
<th>Incomplete</th>
<th>Meets Guidelines</th>
<th>Reviewer comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles of personnel are identified by title (MD/AT/Coach)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by task (care of athlete, activate EMS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary and secondary methods identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency #’s identified (911, ambulance, fire, police)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Script prepared (with venue directions) and posted by phones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Emergency Info (who has it Coach/AT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is available (i.e. AED)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where is it (with AT, office)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated location when on site, clear route for exit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clearly identified entrance/access (when not on-site)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewed by: ___________________________  Date: ___________________________

In addition to the comments above, this EAP should be reviewed and approved by school administration, distributed to all medical personnel, first responders, coaches and administrators. The emergency plans should be reviewed and rehearsed annually in coordination with your medical providers and locals emergency medical service. If changes are made to physical facilities (new gates, fencing, etc) the EAP should be updated and rehearsed to take into account these changes. Documentation should be kept with regards to personnel training (CPR/FA/AED, rehearsal date, AED inspection/Maintenance).

As provided in N.C. Gen. Stat. §115C-12(23)(c), a licensed athletic trainer shall review the proposed Emergency Action Plan (“EAP”) in accordance with current guidelines including but without limitation, the National Athletic Trainers Association Position Statement: Emergency Planning in Athletics (JAT 2002:37(1):99-104). Any materials, suggestions or comments provided as a part of the review are for informational purposes only and do not constitute either legal or medical advice. The review does not constitute approval of the EAP or its compliance with North Carolina law. Many variables and changes in circumstances and conditions may affect the relevance of the comments provided during the review process to the final EAP that is adopted and implemented. The athletic trainer reviewing the EAP and the North Carolina Athletic Trainers’ Association coordinating the review expressly disclaims all responsibility or liability related to or associated with the final approved EAP, including without limitation, the implementation of the EAP or the actions of individuals performing under the EAP.
CONFIRMATION OF RECEIPT/ REVIEW OF EAP FOR 2017-2018

I, _________________________________, have read the Atkins High School (AHS) Athletic Emergency Action Plan (EAP) as drafted on 8/1/17.

- I understand that (medical and environmental) emergency preparation is a professional responsibility within my job description at AHS and a topic that is not to be taken lightly.
- I understand that I should travel with a copy of each athlete’s emergency contact/ baseline medical information and present any EMS personnel with this (player specific) information in the event of an emergency.
- I understand that I should always travel with basic first aid supplies when my team travels to other venues for practice/ competition.
  - This should include any emergency medical equipment that may be specific to my team’s participants (inhalers, diabetic supplies, epi-pen, etc).
- I understand that every (home) venue where AHS teams practice/ play should have a copy of the EAP in an easily accessible location for quick reference. This may mean that the teams’ coach must carry a copy of the EAP with other emergency (medical) documents.
- I have added the emergency contact numbers listed on page 3 to my cell phone’s contacts/ list of numbers that I keep with me at all times. (If you are missing a number, please ask for it!)
- I know that I must be aware of 1) where the closest AED/ EPI-PEN/ COOL WATER IMMERSION TUB is stored when my team is participating in practice/ competition and 2) the steps that I must take to access this equipment in an emergency.
- I have had an opportunity to ask for further information in regards to any questions I have about the EAP drafted on 8/1/17 and my role therein.

CPR/ AED and First Aid Certifications
- All Atkins coaches must have or be actively pursuing First Aid/ CPR Certification.
  - My CPR/ AED Certification expires ________________________________
  - My First Aid Certification expires ________________________________
  - OR
  - I am pursuing certification & plan to take a class on (insert date) ________________

G’Fellar-Waller Coach/ Volunteer Concussion Education Form
- In addition to signing this confirmation of receipt for the EAP, you must sign a G’Fellar-Waller Form).

PRINT NAME _______________________    SIGN ______________________________    DATE_____________
This Emergency Action Plan drafted on 8/1/17 has been approved by the following school administrators/personnel in partial fulfillment of the requirements of North Carolina's G’Feller-Waller Concussion Awareness Act and other safety standards.

Jonathan Reidy, LAT, ATC

Eddie Stevens, Licensed/Certified Athletic Trainer

Kevin McIntosh, Athletic Director

Joe Childers, Principal

“The G’Feller-Waller Concussion Awareness Act was drafted and implemented to protect the safety of student-athletes in North Carolina and was signed into law on June 16, 2011 by Governor Beverly Purdue. There are three major areas of focus in the law and these include: education, emergency action and postconcussion protocol implementation, and clearance/return to play or practice following concussion.”