

CHS EMERGENCY ACTION PLAN

EMERGENCY ACTION PLAN

Facility Name: *Chesapeake High School*

Facility Address: *4798 Mountain Road Pasadena, MD 21122*

EAP REVIEW

CHS ATC

Name: _____

Signature: _____

Date: _____

CHS Athletic Director

Name: _____

Signature: _____

Date: _____

CHS EMERGENCY ACTION PLAN

EMERGENCY PHONE NUMBERS

EMERGENCY: 911

CHS Principal: John Yore (410) – 255 - 9600

CHS Athletic Director: Chip Snyder (443) – 618 - 6879

CHS Assistant AD: Kim Collins (443) – 928 - 9006

CHS Athletic Trainer: Gary Simpson (240) – 682 - 9837

Baltimore Washington Medical Center
301 Hospital Drive
Glen Burnie, MD 21061

MedStar Harbor Hospital
3001 S. Hanover St
Baltimore, MD 21225

CHS EMERGENCY ACTION PLAN

An emergency action plan (EAP) is a written document consistent with best practices to optimize participant safety. The purpose of the EAP is to facilitate and organize CHS personnel to respond appropriately to emergencies occurring during CHS athletic events.

In case of an emergency situation the personnel responsibilities are as follows:

CHS Athletic Trainer

- In case of:

- ***Unconscious athlete***

- Check ABCs
- Obtain AED (if necessary)
- Activate EMS
- Follow appropriate Cardiac protocols
- DOCUMENT

- ***Exertional Heat Illness***

- Remove athlete from play
- Relocate to a shaded area
- Remove equipment
- Properly hydrate
- Watch vitals for worsening symptoms
- Follow appropriate EHI protocols
 - If athlete displays neuro symptoms: activate EMS
 - Administer rectal temp
 - If $\geq 102^{\circ}$ then immediate cold water immersion
 - Immersion tub/ice cooler are directly behind school where you walk out back from the cafeteria towards practice/softball fields.
 - Place athlete (with thermometer inserted) into tub, then dump ice cooler on top
 - Water access is located just inside previously mentioned door in janitors closet. Hose is attached to spigot and has enough length to reach outside. Fill up to chest level
 - EMS transport can begin once temperature drops below 102 F
- DOCUMENT

- ***Concussion***

- Check for LOC (if positive activate EMS)
- Clear C-Spine (if positive activate EMS)
- Remove athlete from play

- Follow appropriate concussion protocols
- Provide take home instructions to parents
- Refer if needed
- Once signs and symptoms end begin progressive return to play
- DOCUMENT
- ***Cervical Spine Injury***
 - Maintain C-spine
 - Activate EMS
 - Coordinate equipment management with EMS
 - Monitor vital signs
 - Follow appropriate cervical spine protocols
 - Update coach
 - DOCUMENT
- ***Fractured bone***
 - Splint and stabilize fracture site
 - Refer to Emergency Department
 - Check vitals of limb where fracture is present
 - Note any difference and report to appropriate healthcare providers
 - DOCUMENT
- ***Choking***
 - Use Heimlich Maneuver
 - DOCUMENT
- ***Severe Bleeding***
 - Activate EMS
 - Maintain direct pressure
 - Elevate (if possible) above the heart
 - Continue with application of gauze (Do NOT remove previously used gauze)
 - p *Monitor and Report Vitals to coach speaking with emergency operator until EMTs arrive on scene and then communicate final levels to EMTs*
 - DOCUMENT
- ***Cardiac Arrest***

Key Drivers – early recognition, early CPR, early defibrillation
All staff trained in CPR/AED via coaching requirements
All staff educated/reviewed EAP with home ATC

 - Check pulse, if none, begin CPR / Activate EMS / Acquire AED
 - CPR – Athletic trainer
 - EMS – Head Coach

- AED – Designated assistant coach – Location – Use provided maps
- Rapid transport – use venue map to determine appropriate avenue for EMS to enter
- Preferred transport facility listed at beginning of EAP – Baltimore Washington MC / MedStar Harbor
- *Monitor and Report Vitals to coach speaking with emergency operator until EMTs arrive on scene and then communicate final levels to EMTs*
- **Severe Orthopedic Injury**
 - ATC will direct care
 - Head Coach – Call EMS
 - Assistant Coach – Meet EMS at designated ingress site to direct to patient
 - No reductions of severe ortho injury on site outside of physician/EMS
 - All staff educated/reviewed EAP with home ATC
 - SAM Splints available in ATR as well as sideline kit on gator
 - Ingress/Egress routes – use appropriate map provided based on venue
 - Transition care to EMS as they arrive and appropriate information is delivered to them
 - Unlock gates as needed – Admin on duty (AD, Asst AD, Admin)
 - Transport facility – BWMC / MedStar Harbor

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If ATC not present

- ***Unconscious athlete***
 - Activate EMS
 - Check pulse, if absent perform chest compressions
 - Contact Parents
 - Follow proper AA County injury reporting protocol
- ***Exertional Heat Illness***
 - Remove athlete from play
 - Relocate to a shaded area
 - Remove equipment
 - Properly hydrate, Cools with ice if available
 - Watch vitals for worsening symptoms
 - Contact Parents
 - Activate EMS if symptoms worsen (ie increased temperature, disorientation etc)
 - Follow proper AA County injury reporting protocol
- ***Suspected Concussion***
 - If loss of consciousness is SUSPECTED activate EMS
 - If C-Spine is suspected activate EMS
 - remove athlete from play
 - Contact Parents
 - Refer to physician immediately
 - Contact ATC
 - Once physician or ATC clears athlete begin progressive return to play per instructions
 - Follow proper AA County injury reporting protocol
- ***Cervical Spine Injury***
 - DO NOT MOVE ATHLETE
 - Activate EMS
 - DO NOT REMOVE EQUIPMENT
 - Comfort athlete
 - Contact Parents
 - Follow proper AA County injury reporting protocol

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- ***Fractured bone***
 - Activate EMS
 - Splint and stabilize fracture site (if certified to do so)
 - Follow proper AA County injury reporting protocol
- ***Choking***
 - Use Heimlich Maneuver
 - Activate EMS
 - Follow proper AA County injury reporting protocol
- ***Severe Bleeding***
 - Activate EMS
 - Maintain direct pressure
 - Elevate (if possible) above the heart
 - Continue with application of gauze (Do NOT remove previously used gauze)
 - Follow proper AA County injury reporting protocol

Assistant Coach of Injured Athlete

- Call Parent if he or she is not present
- Obtain emergency care card from coach's binder
- Go to hospital with athlete if parent is not present

Head Coach of Opposing Team

- Control his or her team
- Control sidelines

Officials

- Crowd Control
- Do not allow the parents or the crowds to interrupt or impede emergency personnel or situation

**** Each member of the emergency action plan should have a fully charged cell phone and a copy of the emergency action plan appropriate for the field.***

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EMERGENCY VEHICLES DIRECTIONS



1) From Mountain Rd turn left onto campus and proceed to appropriate field

Exception: If reporting to Cecil Rhodes Stadium, pull in to first entrance directly behind video board

X on map indicates location of stationary AED. CHS AT will also have one.

O on map indicates location of immersion tub and filled ice cooler

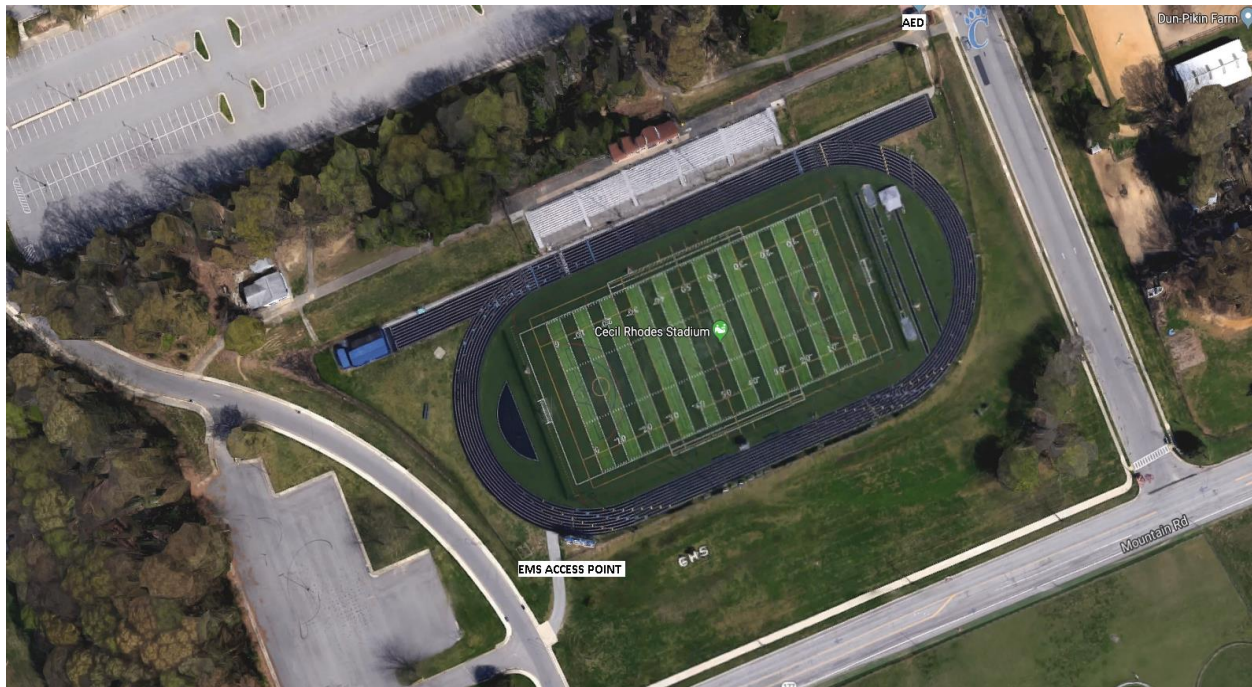
CHS EMERGENCY ACTION PLAN

EMERGENCY EQUIPMENT

- Map on page 8 indicates the physical locations of an AED with an “x”
 - Baseball dugout closet on third base side
 - Inside school. Back side of gym (side closest to softball field). On wall across from dance room - next to girl’s locker room
 - Stadium press box
 - CHS AT travels with AED on Gator
- Map on page 8 indicates physical location of immersion tub
 - Outside school behind gym
 - Located against back wall adjacent to doors that lead from cafeteria to softball field
 - Ice room is in athletics hall way that connects “front” and “back” of gym. Opened with “ATHL” key
 - Full ice cooler will be set up next to immersion tub during athletic events
 - Water access available in closet just inside door from immersion tub in hallway that leads from cafeteria to outside. Hose is to stay connected to faucet and is long enough to reach outside
- Trainer’s Angel is in back pocket of AT medical kit

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STADIUM



- EMS access point is directly behind scoreboard and labeled on map
- Gate is opened with long copper colored key with square grip and no lettering
- AED is in press box and/or with AT

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GYMANSIUM



- EMS access points are available on east side of gym (1 front/1 back) as well the main entrance and are labeled on map
- AED is located on back side of gym next to girls locker room

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BACK CAMPUS



- Softball/practice fields share same EMS access road directly behind school
- Baseball/Bermuda/Airport Fields share EMS access point which is a gate located by the left field foul pole (opened with long copper colored key with square grip and no lettering)

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ROLE DELINEATION

- ATC – Head of process
 - If not present – follow protocol on following pages as well as pages 6 and 7
- AD/Assistant AD – Call 911 and meet EMS at access point
- Appointed Coach – Get AED

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TYPES OF EMERGENCY

- Medical Emergency
- Weather Emergency

MEDICAL EMERGENCY

- 1) Call 911
- 2) Provide the following information:
 - a) Nature of medical emergency
 - Unconscious athlete
 - Heat illness
 - Concussion
 - Cervical spine injury
 - Fractured bone
 - Choking
 - Uncontrollable bleeding
 - Report vitals
 - Any other significant medical information from emergency care card and attending medical professional
 - a) Location of the emergency: Use map provided to identify location
4798 Mountain Road
Pasadena, MD 21122
 - b) You will be asked:
 - What is the victim's age?
 - What is the victim's gender?
 - Is the victim conscious?
 - Is the victim breathing?
 - Is a head or neck injury suspected?

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- Is there severe bleeding?
- Do you suspect a fracture?
- Where are you located?

c) Say to EMS

- “Hello, we have had a lacrosse related incident. The victim is located at **Chesapeake High School**, <Give address if asked: **4798 Mountain Road, Pasadena, MD 21122 (include appropriate field)**> . The victim is _____ (gender) and approximately _____ (age) years old. We are providing <care>. Their vitals are _____. The victim is <conscious or unconscious, breathing or not breathing>. The suspected injury is <head or neck injury, fracture, severe bleeding>. My name <give your name> and my phone number is <give your number>. I will meet the emergency personnel at <determine location in advance and ensure no obstructions for EMS access (use provided map to identify) > and will further direct them to the incident. I will be wearing <description of clothing>.

**** STAY ON THE PHONE & GIVE UPDATES****

**** DIRECT EMS TO ACCESS POINT TO VENUE****

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WEATHER EMERGENCY

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
 - Small interior rooms on the lowest floor and without windows, -
 - Hallways on the lowest floor away from doors and windows, and
 - Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Lightning:

When the Athletic Trainer is present:

- Turn on lightning detector or utilize reliable weather service app or service
- Before and between games:
 - Report any lightning strikes to the CHS ATC/AD
- During games:
 - Report lightning strikes to game officials
 - Help direct teams to cars and/or shelter
 - Begin timer for 30 minutes
 - Watch for more strikes
- Per strike; start timer over
- Keep fields clear of any athletes until cleared

When the ATC is NOT present:

- Coach and/or AD must have a weather app on phone to monitor lightning strikes
- Once lightning is seen the fields must be emptied of any and all CHS athletes
- Move teams to cars for shelter
- Begin timer for 30 minutes
- Per strike; start timer over
- Keep fields clear of any athletes until cleared

**CHS Athletic Department and/or game officials have the power to cancel or postpone games
Athletes may not return to play until CHS ATC, CHS AD, and/or game officials deem fields
safe for play**