EMERGENCY ACTION PLAN

Chesapeake Science Point
Public Charter School
7321 Parkway Drive S
443-470-6890

Principal: Dwight Jefferson
Assistant Principal: Darryl Gonzalez
Athletic Director: Matthew Smith
Medical Provider: MedStar Sports Medicine

General Information

Athletic Director: Matthew Smith
School Principal: Dwight Jefferson
School Address: 7321 Parkway Drive S, Hanover, MD 21087

Hospitals/Emergency Care Facilities:

Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr., Glen Burnie MD, 21060

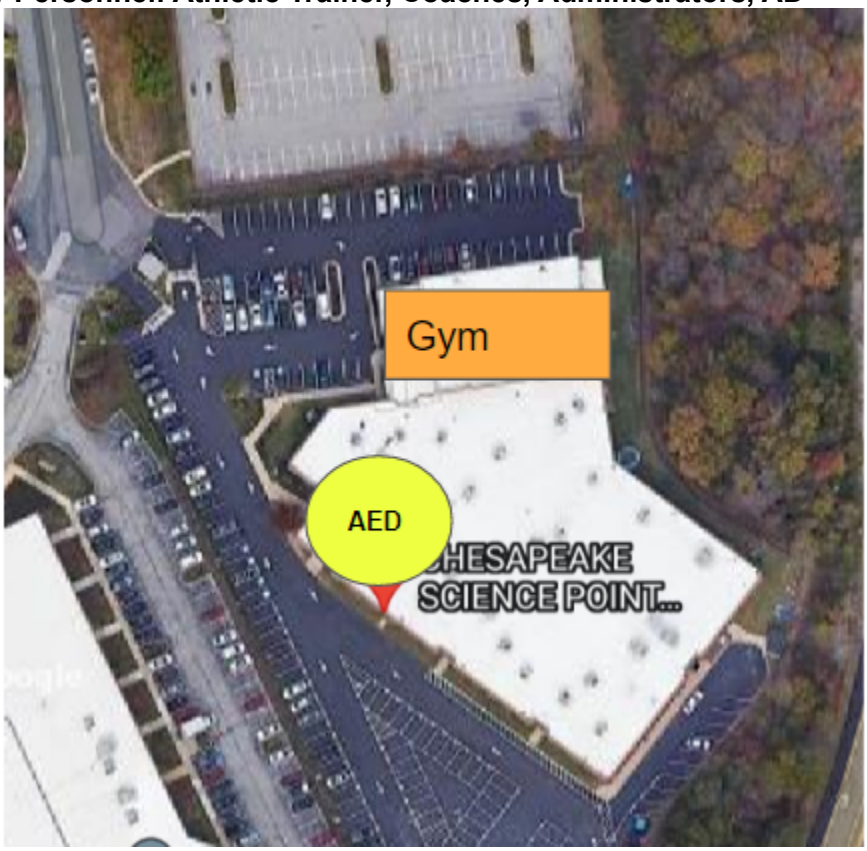
Howard County General Hospital
5775 Cedar Ln, Columbia, MD 21044

AED Locations: School lobby

First Aid: Gymnasium wall near Office door

Emergency Communications: personal cell phones, radios,

Emergency Personnel: Athletic Trainer, Coaches, Administrators, AD



Chesapeake Science Point Procedures

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

Need for EAP: The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.

This Emergency Action Plan should be put into effect if a serious injury were to occur during an athletic practice or event.

A SERIOUS INJURY IS ANY CONDITION WHEREBY THE ATHLETE'S LIFE MAY BE IN DANGER OR RISKS PERMANENT IMPAIRMENT. THESE INJURIES INCLUDE BUT ARE NOT LIMITED TO: CERVICAL SPINE INJURIES, HEAD INJURIES, LOSS OF LIMB, SERIOUS BLEEDING, SHOCK, ALLERGIC REACTIONS, OPEN OR DISPLACED FRACTURES, HEAT STRESS AND CARDIOVASCULAR ARREST.

AED Locations

Front Desk
1. If the Athletic Trainer (AT) is on site, they will have the AED with them at all times
2. If the AT is not onsite the AED is located in the front lobby inside of the AED box

Medical Emergency Chain of Command

The athletic trainer will always act as the primary caregiver at the site of injury or accident (when on site).

In the event that a certified athletic trainer is not on-site at the time of injury, the issue should be addressed by the head coach/coach in charge at that point in time. Contact should then be initiated with the athletic trainer and athletic director.

If a severe medical emergency occurs while a certified athletic trainer is not present, immediately call 911 to activate the emergency medical system and then call the athletic trainer to notify them of the situation. The welfare of the injured athlete is always first and foremost, therefore immediate care in some form is vital and by no means should care wait to be initiated until a certified athletic trainer arrives on the scene. Proceed as judgment dictates until help arrives.

See site specific Emergency Action Plans for practice and game procedures.

Non-Medical Emergencies

For non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) please refer to the school emergency action plan. If a non-medical emergency occurs and there are athletic practices or contests being held, please follow instructions as given by the athletic director or the highest person in the chain of command.

AACPS Thunder and Lightning Guidelines

1. The National Weather Service has stated that lightning can strike up to a distance of 10 miles with storms traveling at a speed exceeding 50 miles per hour. However, thunder can only be heard within a distance of eight miles. Therefore, if you hear thunder and/ or see lightning, you are in immediate danger and should seek protective shelter in an indoor facility at once. An indoor facility is recommended as the safest protective shelter. However, if an indoor facility is not available, an automobile is a fairly safe alternative. If neither of these is available, the following guidelines are recommended:
    a. a. Avoid standing under large trees and telephone poles. If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill. As a last alternative, find a ravine or valley. In all instances outdoors, assume the crouched position. Avoid standing water and metal objects at all times (i.e. steering wheel, metal bleachers, cleats, umbrellas, etc.)
2. The most dangerous storms give little or no warning; thunder and lightning are not heard or seen. Up to 40% of all lightning is not accompanied by thunder and 20-40% of thunder cannot be heard due to atmospheric disturbances, thus the term “silent killer.”
3. The National Weather Service also recommends that 30 minutes should pass after the last sound of thunder is heard and/or a lightning strike is seen prior to resuming play. This is sufficient time to allow the storm to pass and move out of lightning strike range.
4. The intent of these guidelines is to ensure safety in situations where thunder/lightning occur during any athletic activity. School personnel are to follow these expectations:
    a. a. If thunder and/or lightning can be heard and/or seen, immediately stop the activity and seek a safe shelter. A safe shelter location is any substantial frequently inhabited building. The building should have four solid walls (not a dugout), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.
    b. b. The secondary choice for a safer location from the lighting hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during an ongoing thunderstorm.
    c. c. In situations where thunder and/or lightning may or may not be present yet you feel your hair stand on end and skin tingle, immediately assume the following crouched position: drop to your knee, place your hands/arms on your legs, and lower your head. Do not lie flat.
    d. d. In the event that either situation should occur, allow thirty minutes to pass after the last sound of thunder and/or lightning strike before resuming play.

Thunder and Lightning Policies and Procedures

Locations WITHOUT Lightning/Thunder Detector

1. If the event that thunder and/or lightning is seen/heard, all student athletes are to be directed to the closest INDOOR facility as fast as possible, this is not negotiable. Players are to remain INDOORS until directed otherwise by athletic trainer, administrator or coach.
    a. a. Girls and Boys Block Houses, Cafeteria, Gym (Baseball Dugout is not deemed sufficient area
2. Spectators should be directed to their cars
3. A 30 minute clock is started at the first sound/sight of thunder/lightning, the 30 min clock will be reset at each sound/sight.
4. Play will resume approximately 30 minutes after the last sound/sight of thunder/lightning.
5. If a storm occurs in the process of picking up from games/practices, student athletes are to be kept inside until parent/guardian arrives.

Locations WITH Lightning/Thunder Detector

1. In the event that thunder and/or lightning is detected, a siren will sound on campus signaling all fields to be cleared immediately, this siren is located on the top of the concession stand on the main concourse of the stadium
2. All student athletes are to be directed to the closest INDOOR facility as fast as possible, this is not negotiable. Players are to remain INDOORS until directed otherwise by athletic trainer, administrator or coach.
    a. a. Girls and Boys Block Houses, Cafeteria, Gym (Baseball Dugout is not deemed sufficient area
3. Spectators should be directed to their cars
4. Once lightning/thunder has reached outside the set radius, a three siren signal will sound to give the all clear and fields will be able to be reoccupied
5. If a storm occurs in the process of picking up from games/practices, student athletes are to be kept inside until parent/guardian arrives.

Lightning Strike Procedures

In the event of a lightning strike the following steps should be taken to ensure your safety and to treat the appropriate people:

1. Make sure the scene is safe to treat the lightning victims. You should not place yourself in harm if danger is imminent
2. Activate EMS (or have someone else activate EMS if you are the one providing care)
3. Be prepared to treat people in cardiac arrest, severe burns, shock, fractures, and other trauma
    a. a. Use an AED as well as other basic first aid materials

4. Treat the victim that appears most severely injured first (if there is more than one victim). This victim is in the worst condition and timely care needs to be taken to maximize chances of survival
    a. a. The basic principle of triage, “treat the living first” should be reversed in patients struck by lightning
5. If needed and capable move the victim to a safe area for treatment

AACPS Game and Practice Restrictions Due To Other Weather Events

Central Office staff may issue practice/contest restrictions in cases of extreme weather as identified and forecasted by the National Weather Service or other weather agencies. This includes restrictions for wind chill, high winds, storms, earthquakes, and other weather events. Every attempt will be made to communicate county-wide restrictions in as timely a manner as possible. However, school staff may, at any time, act unilaterally and restrict athletic activities on their campus if they believe the health and safety of their student-athletes is at risk.

Tornado Warning

1. All student athletes and staff must seek shelter in the science hallway of school, accessible through the cafeteria doors off the concourse of the stadium

AACPS Heat Guidelines

As needed, AACPS central office staff may issue county-wide heat restrictions in accordance with the heat index chart below. Any such county-wide restriction will be sent to athletic administrators for consistent implementation at all school sites. It is noted that measurements taken at different facilities/fields at the same school site may result in different heat indexes (example: turf fields tend to have a higher heat index than grass fields). It is expected that athletic directors, in consultation with athletic trainers and coaches, will monitor the heat index at their school site. Any school may implement additional, more stringent guidelines above and beyond what the county issues if the circumstances at their facility warrant such additional precautions. Athletic Trainer and Coaches are to follow specific guidelines indicated by each code.

Heat Acclimatization/Heat Illness Policies and Procedures

1. 1. On single-practice days, one walk-through is permitted
2. 2. Double practice days (beginning no earlier than practice day 6) must be followed by a single-practice day or rest day. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.
3. 3. All practices and walk-through sessions must be separated by at least three hours of continuous rest.

4. If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe, but total practice time should not exceed its limitations.
5. The heat-acclimatization period is designed for students on an individual basis. Days in which athletes do not practice due to a scheduled rest day, injury, illness or other reasons do not count towards the heat-acclimatization period.
6. Heat Acclimatization Days 1 through 5
    a. Day 1 and 2 – On these days, conditioning and proper hydration should be the focus. There should be no contact of any kind in any sport. Coaches should provide unlimited water access and planned water breaks at least every 20 – 30 minutes. Teams are limited to one practice per day not to exceed three hours in length.
        i. Equipment Restrictions
            1. Soccer – Shin guards and goalie gloves can be worn beginning day 1
            2. Volleyball- Knee pads may be worn beginning day 1.
    b. Day 3, 4 and 5 – On these days, conditioning and proper hydration should still be the focus. During these days limited contact is allowed.
    c. Heat Acclimatization Days 6 through 14
        i. Full protective equipment and gear are permitted
        ii. Body to body contact and Double-Practice Days are permitted
        iii. On a double-practice day, no practice should exceed 3 hours in duration and no student athlete should participate in more than 5 total hours of active practice. Warm-up, stretching, cool-down, walk-through, conditioning and weight room activities are included as part of the active practice time. Indoor, non-active coaching opportunities are not considered part of the 5 hour active practice restriction
        iv. The two practices must be separated by at least 3 continuous hours of recovery period 9

<u>Heat Related Illnesses</u>

Exercise-Associated Muscle Cramps Information and Procedures

1. Signs and Symptoms
    a. Involuntary painful (sometimes painless) muscle spasms
    b. Heavy sweating
    c. Dehydration
2. Treatment
    a. Drink chilled water
    b. Massage/stretch
    c. Modify activity

Heat Exhaustion Information and Procedures

1. Signs and Symptoms

a. Feeling faint/dizziness
b. Nausea/vomiting
c. Heavy sweating/cool, clammy skin
d. Weak, rapid pulse
e. Headache
f. Weakness/fatigue/malaise
g. Elevated core temperature above 100

2. Treatment
a. Move to climate controlled or shaded area
b. Remove extra clothing and equipment
c. Cool with cold water, fan, cold towels, etc.
d. Lie down with legs above heart level
e. Drink chilled water/non-caffeinated sports drink
f. Serial monitoring throughout recovery
g. Call 911 and begin heat stroke management if condition deteriorates or signs of CNS dysfunction/mental status changes arise

Exertional Heat Stroke Information and Procedures

1. The evidence strongly indicates that in patients with suspected exertional heat stroke, prompt determination of rectal temperature, followed by aggressive, whole body cold water immersion maximizes the chances for survival.
2. Exertional Heat Stroke (EHS) is core temp >105 degrees.
3. For any EHS patient, the goal is to lower core body temperature to less than 102F within 30 minutes of collapse. Body cooling serves 2 purposes: returning blood flow from the skin to the heart and lowering core body temperature by reducing the hypermetabolic state of the organs. The length of time the core body (and particularly the brain) is 10 UPDATED 8/31/22 MFR above the critical temperature threshold (40.58C, 105F) dictates morbidity and the risk of death from EHS.
4. The most recognizable symptom of EHS is CNS dysfunction (severe disorientation), other signs and symptoms include collapse, unresponsiveness, respiratory issues, full body cramping, slurred speech and deteriorating vital signs.
5. Ice tub temperature should be 39-59 degrees for effective treatment. Tub should be filled with water daily with coolers of ice in reserve.
6. If exertional heat stroke is suspected, athlete should be transferred to ice tub area outside of the boys OUTSIDE lock room immediately and the appropriate procedures listed below should be followed

AACPS Head Injury Policies and Procedures

A concussion is a type of traumatic brain injury causing an immediate and, usually short-lived change in mental status or an alternation of normal consciousness resulting from a bump, blow, jolt, shaking or spinning of the head or body.

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

In the event that an athlete sustains a head injury the following management steps will be followed.

1. Athletes will be immediately removed from activity for the remainder of the day.
2. If there is a loss of consciousness for any amount of time, the athlete should be transported to the nearest emergency medical facility.
3. If the athlete's condition deteriorates or fails to improve the athlete will be transported to the nearest emergency medical facility.
4. The Athletic Director and Nurse are to be notified of concussion
5. If an athletic trainer is not on site, the athlete should be taken to the nearest medical facility for evaluation and the AT and Athletic Director should be notified.
6. Regardless of the severity of the injury of an athlete that displays the signs and symptoms of a concussion the athlete must see a concussion health care provider and must have written clearance to start return to play protocol.
7. The Athletic Trainer has the final say in return to play determination.
8. Return Pay Criteria
    a. Must be symptom free for 24 hours without pain medication in order to move past Day 1 on the following return to play program.
    b. The athlete must remain symptom free in order to move on to the next stage, and may only move one stage per 24 hours.

` i. Day 1: Low levels of physical activity include walking, light jogging, light stationary biking, and light weightlifting.
ii. Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, and moderate intensity weightlifting.
iii. Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, and non- contact sport specific drills.
iv. Day 4: Sports Specific practice
v. Day 5: Full contact in a controlled drill or practice.
vi. Day 6: Return to competition
c. If the athlete displays symptoms at any time during the six day gradual return to play they will return to the previous step or more.

PLEASE NOTE: The Athletic Training Staff and Team Physicians will make the final determination regarding the return to play. AACPS Head Injury Procedures Flow Chart 13

Cervical Spine Injury Policies and Procedures Cervical Spine Injury Guidelines

1. Identify the rescuer team and roles of each rescuer at the beginning of the season and review before every game.

2. Equipment removal supplies and locations:
   a. Electric Screwdriver – (1) Large Field Medical Kit, (1) ATC Waist Field Medical pack
   b. Manual Screwdriver – (1) Large Field Medical Kit
   c. Pruning Shears for Helmet Removal – (1) ATC Waist Field Medical Kit
   d. Pencil for Riddell Helmet Clip Removal – (1) ATC Waist Field Medical Kit

Severe Orthopedic Injury Policies and Procedures

Any orthopedic injury which may cause compromise to neurovascular structures, potential loss of limb, or severe bleeding must be treated as an emergency. This may include but is not limited to fractures, dislocations, avulsions, amputations, or tears. Immediate care of these injuries may prevent long term damage or deficits.

1. Recognition
   a. Any gross deformity of a bone, joint, or soft tissue structure
   b. Loss of sensation, particularly in the extremities
   c. Severe bleeding
   d. Open fractures and/or dislocations where bone is visualized
2. Treatment
   a. Provide first aid as needed, control bleeding with direct pressure or Tourniquet may be considered in the case of severe bleeding at an extremity
   b. Treat patient for signs of shock
   c. Activate EMS
   d. In the case of a closed fracture/dislocation, a trained medical provider may attempt to carefully position the injured body part in proper anatomical position or If resistance is met, or there is any increased loss of sensation, body part should stay in position in which it was found
   e. Splint the injured body part to prevent excessive motion
   f. Once splinted, re-check neurovascular status (pulse, sensation, etc.) every 3-5 minutes

Cardiac Arrest Policies and Procedures

Sudden cardiac death (SCD) is the number one cause of exercise related death in young athletes and is due to a cardiovascular disorder. For adults older than 35, coronary artery disease is the major cause of exercise related SCD. For youth congenital cardiac conditions are the majority of causes for exercise related SCD. In the US, SCD is seen in all sports but mostly in basketball and football due to higher participation levels. Males and athletes of the African-American ethnicity are more likely to suffer from SCD.

16 Recognition in MEN

1. Chest pain, angina and/or ear or neck pain
2. Severe headache
3. Excessive breathlessness

4. Vague malaise
5. Dizziness/palpitations
6. Increasing fatigue
7. Indigestion / heartburn / GI symptoms

Recognition in WOMEN:

1. Center chest pain, comes and goes
2. Lightheadedness, shortness of breath with/without chest discomfort
3. Uncomfortable pressure/squeezing/fullness
4. Nausea / vomiting
5. Cold sweat
6. Pain/Discomfort one or both arms/back/neck/jaw/stomach

Treatment

1. Activate emergency medical services (EMS)
2. Remove tight restrictive clothing
3. Administer CPR as needed
4. Attach AED as soon as one is available
5. Supplemental oxygen as needed

Commotio Cordis

1. Commotio cordis is caused by a blow to the chest directly over the left ventricle of the heart that occurs at a certain point of a person's heartbeat. The blunt force causes a lethal abnormal heart rhythm called ventricular fibrillation.
2. If blunt trauma to the chest of an athlete causes the athlete to stumble, fall, and become unconscious, Commotio Cordis may be inferred
   a. Activate EMS and obtain AED immediately
   b. Activate the EAP immediately
   c. Call for someone to locate the AED, and begin CPR

Nearest Hospital Locations

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

Anne Arundel Medical Center
Pediatric Emergency Department
2001 Medical Parkway Annapolis, MD 21401

MedStar Harbor Hospital
3001 South Hanover Street Baltimore, MD 21225

Trauma Centers

University of Maryland R. Adams Cowley Shock Trauma Center
Primary Adult Resource Center
22 South Greene Street Baltimore, MD 21201

The Johns Hopkins Children's Center – Pediatric Trauma Center
1800 Orleans Street Baltimore, MD 21287

Children's National Medical Center – Pediatric Trauma Center
111 Michigan Avenue NW Washington, D.C., 20010

Practice Coverage Procedures

1. AT or Coach should activate EMS by calling 9-1-1.
2. Relay pertinent information to EMS (short description of in the injury, severity, age of athlete, location of incident, etc)
3. Direct coaches/administration to main gates in stadium to wait for EMS to arrive
4. Provide necessary first aid procedures
5. Direct EMS to place of need
6. When athlete is being transported he/she must be accompanied by parent or designated coach
7. Relay information to Athletic Director (Name and DOB of athlete, hospital and who is accompanying them to hospital)
8. Document event and debrief

Game Coverage Procedures

1. Contact AD, Assistant AD or Administrator via 2 way radio (Channel 1) or cell phone
2. Relay pertinent information (short description of in the injury, severity, age of athlete, location of incident, etc)
3. AD, Assistant AD or Administrator will activate EMS and relay pertinent information to dispatch
4. Provide necessary first aid procedures
5. Game personnel with open main Stadium gate and direct ambulance onto stadium concourse and on to field if necessary
6. When athlete is being transported he/she must be accompanied by parent or designated coach
7. Document event and debrief See following page for ambulance access points and map.

Emergency Action Plan Review and Acknowledgement

Seasonal Review - Coaches

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for the student athletes at **Chesapeake Science Point** must sign this form certifying that the coach or volunteer has completed the training on the emergency action plan. The training must be completed annually. I hereby verify by signing below that I have completed the training on the emergency action plan.

Coaches Name:_____ Position:_____
Signature: _____ Date: _____

Coaches Name:_____ Position:_____
Signature: _____ Date: _____

Coaches Name:_____ Position:_____
Signature: _____ Date: _____

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Coaches Name:_____ Position:_____
Signature: _____ Date: _____

Coaches Name:_____ Position:_____
Signature: _____ Date: _____

THIS FORM IS TO BE KEPT ON FILE IN THE ATHLETIC TRAINING ROOM AND PRESENTED FOR REVIEW UPON REQUEST..