

Glen Burnie High School Athletics

Emergency Action Plan (EAP)

GBHS EAP General Information

Head Athletic Trainer: Megan Bapisteller, LATC

Lead/Team Physicians: Dr. Jeffrey Mayer
Dr. Milford Marchant

Athletic Director: Kyle Hines

Assistant Athletic Directors: Brian Kellner
Kregghan Rebstock-Lane

School Address: 7550 Baltimore Annapolis Blvd, Glen Burnie MD, 21060

Local Hospitals/Emergency Care Facilities:

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

MedStar Harbor Hospital
(855) 633-0363
3001 S Hanover St., Baltimore MD, 21225

University of Maryland Medical Center – Shock Trauma Center
(410) 328-9284
22 S Greene St., Baltimore MD, 21201

AED Locations: 1 AED with the AT (in gator during outdoor sports/in field house ATR if AT is not present), 1 AED in the Athletic Training room in the main stadium, 1 AED on wall in lobby of main gym, 1 AED on wall outside of gym in “B” building

Emergency Equipment: AEDs, Sports Medicine Kit, cold tub (located on track outside of field house) & tent

Emergency Communications: personal cell phones, radios will also be used during football games

Emergency Personnel: Athletic Trainer, Coaches, Administrators (AD, assistant Ads), team physician (only during football games)

Severe Weather Protocol

In the event of severe weather (ie. Lightning, tornado, etc.), the athletic trainer (AT) and athletic director (AD) will monitor the situation (using weather apps and Spark lightning app), along with fixed weather station located atop the field house. Alarm will sound when it is necessary to clear fields. If outdoor fields and facilities need to be cleared, the following must happen:

1. All athletes and coaching staff will be cleared from the field and will either proceed to the main gym, "B" gym, or into the field house based on which indoor facility is closest to them
2. Visiting teams and coaching staff will be cleared from the field and will either proceed to main gym, "B" gym, field house, or to team bus as last option
3. All spectators will be cleared from the field/outdoor facility and instructed to wait in their personal vehicles.

If severe weather occurs during a game, the admin. present will help facilitate the removal of spectators and the away team to the proper locations.

The map below highlights the indoor facilities that will be used in the event of severe weather evacuations.



Heat Illnesses: Heat Cramps Management Protocol

Prevention: It is not possible to completely prevent heat cramps, but there are certain factors that can be modified to reduce the incidence of future heat cramps. The following are ways to reduce the incidence of heat cramps:

- Acclimatize the athletes to warm/hot environments if their sport requires participation in warm/hot environments (AACo has a heat acclimatization protocol that is followed by all sports)
- Having athletes complete exercise periodization, having athletes training loads gradually progress in intensity and duration before performing at high intensity for prolonged sessions
- Educating athletes on the proper replacement of fluids and electrolytes that are lost through sweating
- Maintaining balanced electrolyte levels by drinking electrolyte drinks before and during sport participation will reduce the likelihood of electrolyte imbalance and dehydration
- Removing excess clothing during activity to allow for more efficient evaporation of sweat, which would result in lower internal body temperature during activities

Recognition: Look for the following signs/symptoms in athletes who are suspected of having heat cramps:

- Dehydration, thirst, sweating, short-term muscle cramps, fatigue
- Painful, involuntary muscle spasms (usually in the legs) associated with exercising in heat when athlete has been sweating
- A precursor to heat cramps is muscle twitching, if these occur remove athlete from heat and rehydrate with electrolyte drink

Triage: If an athlete is experiencing heat cramps, the following are steps to take:

- Remove the athlete from the practice or game and place them in shade or in air-conditioned room (AT room in field house)
- Stretch, massage, knead the muscle(s) that are cramping
- Provide athlete with water and/or electrolyte drink to replace the fluids/electrolyte lost through sweating
- Encourage athlete to eat foods with a high salt content to replace electrolytes lost through sweating

Treatment: If the athlete continues to have heat cramps that will not resolve with the triage steps above, they should be referred for further treatment at the closest emergency room with IV fluid replacement

Heat Illnesses: Heat Exhaustion Management Protocol

Prevention: The following steps are way to prevent heat exhaustion in athletes during training sessions, practices and games:

- Acclimatize athletes to exercise in warm/hot environments over 10-14 days (AACo has a heat acclimatization protocol that is followed by all sports)
- Athletes and coaches should recognize signs/symptoms of heat exhaustion to indicate the need to slow, modify or stop activity before a medical emergency arises
- Be adequately hydrated before and during activities
- Appropriate work to rest ratio based on environmental conditions (increase rest/water breaks as temperature rises)

Recognition: Look for the following signs/symptoms in athletes who are suspected of having heat exhaustion:

- Fatigue, weakness, pale, chills, heavy sweating, fainting
- Nausea, vomiting, diarrhea, decreased urine output (dehydration)
- Dizziness/lightheadedness, headache, irritability, hyperventilation, decreased muscle coordination
- Decreased blood pressure, body temp between 98.6- 105, sodium loss

Triage: Athletes who are suffering from heat exhaustion should respond quickly to the following treatment methods (if not exertional heat stroke should be suspected):

- Remove the athlete from the activity and move them to the shade or air-conditioned room (AT room in field house) and remove excess clothing
- Elevate legs to promote venous return
- Cool individual with fans, rotating ice towels or ice bags
- Provide water/electrolyte drinks for rehydration

Treatment: If athlete is not responding or improving with the above treatment, should begin treatment for heat stroke (treatments listed in next section) and activate EMS for athlete to be transported to emergency room for IV fluids and further treatment.

An athlete who is suffering from heat exhaustion should not be returned to activity on the same day. They should wait 24-48 hours to return to sport activities.

Heat Illnesses: Heat Stroke Management Protocol

Prevention: The following are steps/ways to prevent heat stroke in athletes:

- Ensure proper hydration: urine should be light yellow (color of lemonade), drinking fluids (water and electrolyte drinks) throughout practice and find shade when possible
- Wear loose-fitting clothing that is absorbent or moisture-wicking (minimize equipment and amount of clothing on hot, humid days)
- Sleep at least 6-8 hours and eat a well-balanced diet
- Practice and perform condition at appropriate times of the day (avoid hottest part of day 10am-5pm)
- Follow acclimatization guidelines (AACo acclimatization guidelines)
- Ensure proper medical coverage is provided and appropriate cooling equipment is available (cold-water immersion tub)

Recognition: Look for the following signs/symptoms in athletes suspected of having exertional heat stroke:

- Rectal Temperature greater than 105°F
- Irrational behavior, irritability, emotional instability
- Altered consciousness, coma
- Disorientation or dizziness
- Headache
- Nausea or vomiting, diarrhea
- Muscle cramps, loss of muscle function/balance, inability to walk
- Collapse, staggering, or sluggish feeling
- Profuse sweating
- Decreasing performance or weakness
- Dehydration, dry mouth, thirst
- Rapid pulse, low blood pressure, quick breathing

Triage: The following steps should be initiated immediately if exertional heat stroke is suspected:

- Activate EMS
- Remove all equipment and excess clothing
- Cool athlete as quickly as possible within 30 minutes via whole body ice water immersion (cold tub), add ice throughout cooling process and keep water circulating
- Maintain airway, breathing, circulation
- Monitor vitals: rectal temperature, heart rate, respiratory rate, blood pressure, central nervous system function
- Cease cooling when temp reaches 101-102°F

Treatment: Athlete will need further treatment in the emergency facility and is not able to return to play until doctor's clearance and return to play protocol is completed

Heat Illnesses: Heat Syncope Management Protocol

Prevention: The following are ways to prevent heat syncope:

- Following heat acclimatization guidelines 10-14 days (AACo heat acclimatization guidelines)
- Maintaining proper hydrations prior to and during activities
- Avoiding exercise during hottest part of the day (10am-5pm)
- Wearing lightweight clothing and avoiding excess clothing in hot environments

Recognition: Look for the following signs/symptoms in athletes suspected of heat syncope:

- Dizziness/lightheadedness
- Weakness
- Tunnel vision
- Pale or sweaty skin
- Decreased or weak pulse
- Loss of consciousness

Triage: Typically athletes with heat syncope will recover relatively quickly (10-15 mins) with minimal treatment:

- Move athlete to shade or cool area (AT room in field house) to decrease body temperature
- Have athlete sit or lay down as soon as they feel symptoms
- Monitor vital signs to ensure they do not have another medical issue
- Elevate legs to promote blood return to heart
- Rehydrate with water or electrolyte drinks

Treatment: If the athlete does not quickly recover with the above treatment, they should be referred to the closest emergency facility for further treatment and rehydration with IV fluids.

Athletes with heat syncope may return to activity once symptoms have resolved and other medical conditions have been ruled out.

Anaphylaxis Management Protocol

Prevention: The following are steps to follow to prevent anaphylaxis and possible triggers of anaphylaxis:

- Be aware of which athletes have allergies and need or use Epi-pens
- Inform coaching staff of athlete's allergies (will also be listed on athlete's emergency cards which coaching staff carries)
- Have athletes avoid triggers
- Epi-pens should be carried at all times by athletes who have life threatening allergies
- Be aware of athletes who have had anaphylactic reactions in the past
- Possible triggers: foods (ie. nuts, shellfish, milk, eggs, etc.), venoms (ie. bee stings), medications, rubber latex, physical factors (ie. Exercise, cold, heat, sunlight, emotional stress)

Recognition: Look for the following signs/symptoms in athletes with suspected anaphylaxis:

- Sudden and rapid onset of signs/symptoms
- Known allergies
- Breathing complications: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, trouble swallowing, itchy mouth/throat, nasal stuffiness/congestion
- Circulation compromise: pale/blue color, low pulse, dizziness, lightheadedness/passing out, low blood pressure, shock, loss of consciousness, chest pain, fast beating heart
- Skin reaction (present in 80-90% of cases): hives, pain/cramps
- Other symptoms: vomiting, diarrhea, anxiety, feeling of impending doom, itchy/red/watery eyes, headache

Triage: If the athlete is experiencing anaphylaxis the following steps should be taken:

- Check for ABC's (airway, breathing, circulation)
- Activate EMS
- Remove triggers if possible
- Administer Epi-pen (depending on severity a second dose may be necessary and can be repeated every 5-15 mins as necessary)
- Place athlete in comfortable position (on their back, or reclined position if breathing is labored, legs elevated)
- Monitor vitals until EMS arrives
- Send Epi-pen with EMS

Treatment: An athlete with anaphylaxis will need further treatment at emergency facility. They will also need a physician clearance before they return to activity.

Asthma Management Protocol

Prevention: The following are steps to prevent asthma and possible factors that could lead to an asthma attack:

- Early recognition of condition (by physician)
- Control of the disease (inhalers, other medications, other treatments)
- Rest breaks as needed
- Avoid aggravating activities
- Possible risk factors: allergens (indoor & outdoor), respiratory illness, time of day (early morning or nighttime), poor asthma control, NSAID medications or aspirin, cold weather, environmental factors (smoke, dust mites, allergens, pollution)

Recognition: Look for the following signs/symptoms in athletes suspected of asthma attack:

- Episodic breathlessness
- Wheezing, chest tightness
- Coughing
- Difficulty speaking in complete sentences
- Shortness of breath
- Drowsiness, confusion
- Use of accessory muscles for breathing

Triage: Athletes with diagnosed asthma should have daily treatment regimen. The following are steps to take to treat an athlete with an asthma attack:

- Remove athlete from activity
- Administer inhaler (ideally with spacer)
- 2-4 puffs for mild attacks, 6-10 puffs for moderate attack
- Monitor pulse ox

Treatment: If athlete's symptoms do not improve with the above treatment, activate EMS for further care at the emergency facility.

Cervical Spine Injury Management Protocol

Prevention: The following are steps and ways to help prevent cervical spine injuries:

- Instruct proper tackling technique: NO AXIAL LOAD (spearing, head down tackling)
- Enforce rules for safety
- Use protective equipment that is properly fitted and that meets safety standards

Recognition: Look for the following signs/symptoms in athlete with suspected cervical spine injury:

- Witnessing mechanism of injury
- Witnessing athlete who remains down or motionless after play
- Abnormal neurological findings
- Loss of motion in extremities
- Cervical spine pain with or without palpation
- Cervical spine deformity

Triage: The following are steps to be taken if cervical spine injury is suspected:

- Apply manual cervical spine stabilization throughout process of care (in neutral position)
- Activate EMS
- Remove protective equipment if applicable (ie. Helmet, shoulder pads)
- Move athlete onto long spine board (using log roll, or 6 person lift)
- Place c-collar on athlete and secure them to the spine board (straps and head blocks)
- Monitor level of consciousness and vitals throughout the whole process

Treatment: A cervical spine injured athlete will require high level of care and will not return to play until physician clearance, rehab is completed and any other return to play protocols are completed

Orthopedic Trauma Management Protocol

Prevention: The following are steps or ways to help prevent traumatic orthopedic injuries:

- Wear all sport specific protective equipment
- Wear all protective equipment properly
- Enforce rules for safety

Recognition: Look for following signs/symptoms in athlete with a suspected traumatic orthopedic injury:

- Witnessing the mechanism of injury
- Witnessing athlete who remains down or is unable to move all or parts of their body
- Obvious deformities
- Loss of motion in the effected body part
- Possible neurological or circulatory disruptions
- Any open wounds, bleeding may or may not be present
- Swelling may or may not be present

Triage: The following are steps to be taken if orthopedic trauma is suspected:

- Splint/immobilize the effected body part
- Control any bleeding that is present
- Properly cover open wounds when present
- Activate EMS
- Monitor vitals and condition of patient throughout the whole process

Treatment: An athlete with a traumatic orthopedic injury will require higher level of care and will not return to play without physician clearance and any return to play protocols are completed. Traumatic orthopedic injuries could possibly require surgery.

Exertional Sickling Management Protocol

Prevention: The following are ways to prevent exertional sickling and predisposing factors:

- Mandate preparticipation exams to assure athletes are healthy for activity
- Screening by physician for sickle cell trait/counsel athletes with the trait
- Acclimatize athletes by slowly increasing intensity when conditioning and lifting
- Modify exercises for sickle cell trait athletes by avoiding timed runs and implementing breaks between runs
- Have water available during activity
- Limit activity if any type of illness is present
- Educate athletes, parents, coaches of signs/symptoms/treatment of exertional sickling
- Predisposing factors: sickle cell trait, heat, dehydration, high altitude, asthma, illness, unacclimatized, high intensity exercise with short rest intervals

Recognition: Look for the following signs/symptoms in athletes suspected of having exertional sickling:

- Cramping/muscle weakness that exceeds muscle pain
- Athlete slumps to the ground rather than a sudden collapse
- Able to speak
- Muscles look and feel normal
- Rapid breathing, but pulmonary exam reveals normal air movement
- Rectal temp lower than 103°F

Triage: The following are steps to follow if an athlete is suspected of exertional sickling:

- Remove athlete from activity
- Check vital signs (heart rate, blood pressure, respiratory status/rate)
- Activate EMS and be prepared for CPR if necessary
- Cool athlete is necessary

Treatment: An athlete with exertional sickling will need further and advanced care at an emergency facility and will need extended care to care for or rule out body damage. Athlete will not return to participation until physician clearance and gradual return to play protocol is completed.

Hypoglycemia Management Protocol

Prevention: The following are ways to prevent hypoglycemia in diabetic athletes:

- Take medications in appropriate doses and at recommended times
- Eat regular meals and snacks
- Establish and follow diabetes care plan
- Check blood glucose before activity
- Plan meals/snacks to be eaten before and after activity
- Consult physician on altering insulin doses before activity
- Adjust medications before activity
- Check blood glucose before and during activity

Recognition: Look for the following signs/symptoms in athlete with suspected hypoglycemia (normal blood glucose is 72-100mg/dL):

- Blood glucose <70mg/dL
- Hunger
- Shakiness
- Nervousness
- Pallor, cool clammy skin
- Dizziness/lightheaded
- Sleepiness, confusion
- Difficulty speaking
- Anxiety
- Weakness

Triage: The following steps should be followed with an athlete suspected of having hypoglycemia:

- If conscious: 1 serving of sugary snack or beverage (glucose tablets, glucose gel, honey or sugar, fruit juice or soda, hard candy), if improvement recheck blood glucose every 15 minutes, administer additional carbohydrate if blood glucose remains <70mg/dL, once blood glucose is within normal range have athlete consume a carbohydrate and protein snack
- If unconscious: activate EMS, administer glucagon, monitor vitals

Treatment: If conscious athlete does not improve with above treatment, activate EMS for them to receive further treatment in emergency facility. Athletes with mild hypoglycemia may return to activity when their glucose returns to normal range.

Hyperglycemia Management Protocol

Prevention: The following are ways to prevent hypoglycemia in diabetic athletes:

- Take medications in appropriate doses and at recommended times
- Eat regular meals and snacks
- Establish and follow diabetes care plan
- Check blood glucose before activity
- Plan meals/snacks to be eaten before and after activity
- Consult physician on altering insulin doses before activity
- Adjust medications before activity
- Check blood glucose before and during activity

Recognition: Look for the following signs/symptoms in athlete suspected of hyperglycemia (normal blood glucose is 72-100mg/dL):

- Blood glucose >180°F
- Gradual onset
- Flushed, warm skin
- Frequent urination
- Irregular breathing
- Fruity/acidic breath
- Nausea
- Drowsiness, disorientation

Triage: The following steps should be followed with an athlete suspected of having hyperglycemia:

- If conscious: assess urine for ketones, administer water or other non-carbohydrate beverage, if ketones are present keep drinking and recheck in 15 minutes, if no ketones exercise if blood glucose is <250mg/dL
- If unconscious: activate EMS, monitor vitals

Treatment: Activate EMS for unconscious athlete for further care at emergency facility.

Cardiac Condition: Commotio Cordis Management Protocol

Prevention : The following are ways to prevent commotio cordis in athletes:

- Have an athletic trainer present at practices and games
- Educate coaches, athletes, parents how to perform CPR and use an AED
- Educate coaches, athletes, parents on signs of commotio cordis
- Have AED accessible near fields at all times
- Ensure coaches know where AEDs are located
- Ensure equipment is properly fitted

Recognition : Look for following signs/symptoms in athlete suspected of suffering commotio cordis:

- Look for athlete who was hit in the chest by an object such as a baseball, baseball bat, lacrosse ball, hockey puck, etc.
- There should be no apparent trauma
- Athlete will typically stumble forward for a few seconds before collapsing which is followed by unconsciousness, no breathing and no pulse
- An AED will indicate athlete is in ventricular fibrillation

Triage : The following steps should be followed if an athlete is suspected of having commotio cordis:

- Begin CPR and apply/use an AED as soon as possible
- Immediately activate EMS and EAP
- Continue CPR and AED use until EMS arrives and takes over

Treatment : The athlete will require further treatment and testing at the emergency facility. The athlete may return to activities with physician clearance after cardiac testing. Make adjustments to provide protection to the athlete by adding better protective equipment and switching to “safety balls” when possible.

Cardiac Condition: Sudden Cardiac Death Management Protocol

Prevention: The following are ways to try to prevent sudden cardiac death:

- Practice EAP
- Educate coaches, athletes, parents on signs/symptoms of coronary artery disease
- Equipping facilities with AED and training staff in CPR and AED use
- Gradual increase in activity, rather than sudden or strenuous onset
- Avoid exercise in extreme weather: hot, cold, high altitude
- Educate coaches, athletes, parents on healthy nutritional habits
- Include cardiac related examination in preparticipation exam

Recognition: Look for the following signs/symptoms in athlete suspected of sudden cardiac death:

- Men: chest pain/angina/ear or neck pain, severe headache, excessive breathlessness, vague malaise, dizziness/palpitations, increasing fatigue, indigestion/heartburn/gastrointestinal symptoms
- Women: center chest pain (comes and goes), lightheadedness, shortness of breath with/without chest discomfort, uncomfortable pressure/squeezing/fullness, nausea/vomiting, cold sweat, pain/discomfort in one or both arms/back/neck/jaw/stomach

Triage: The following steps should be followed if an athlete is suspected of sudden cardiac death:

- Activate EMS
- Remove tight restrictive clothing
- Attach AED
- Perform CPR if unconscious/no breathing/no pulse

Treatment: EMS should be activated so that the individual can be transported to emergency facility for further testing and care. Clearance from a cardiologist is required for any return to play.

Internal Trauma: Spleen Injury

Prevention: The following are ways to prevent a spleen injury:

- Wearing proper protective equipment when playing contact/collision sports
- Not participating in sports if the athlete has Mono

Recognition: Look for the following signs/symptoms in athlete with possible spleen injury (monitor immediately after injury and continue to monitor for hours after the injury):

- Right quadrant/left abdominal pain
- Left shoulder pain
- Severe or mild pain
- Rebound tenderness
- Muscle guarding
- Nausea
- Profuse sweating or hot and cold sensations
- Abdominal distension or bruising
- Lightheadedness or fainting
- Fatigue
- Low blood pressure
- Blurred vision

Triage: The steps below should be followed for an athlete suspected of having a spleen injury:

- Check and monitor vital signs (blood pressure, pulse, respiration rates)
- Activate EMS

Treatment: The athlete will require transport to an emergency facility and will require testing and further treatment. Once the athlete is released from the hospital they must complete a 2-3 week gradual return to play protocol before returning to full participation.

Internal Trauma: Kidney Injury

Prevention: The following are ways to prevent kidney injury:

- Proper and well-fitting equipment in contact/collision sports
- Ensuring proper fluid intake
- Not ingesting or being exposed to toxic substances

Recognition: Look for the following signs/symptoms in athletes suspected of having a kidney injury:

- Blood in urine (most common presenting sign)
- Right or left abdominal pain, mild or severe depending on rupture
- Muscle guarding
- Low back pain
- Abdominal bruising, swelling, pain
- Signs of internal bleeding: decreased alertness, dizziness, fatigue, blurred vision, low BP, nausea, vomiting
- Decreased urine output or inability to urinate
- Fever
- In severe cases, shock may result (increased heart rate, pale cool skin)

Triage: The steps below should be followed for athlete suspected of having kidney injury:

- Assess and monitor vital signs (blood pressure, pulse, respiration rate)
- Activate EMS

Treatment: The athlete will require further testing and treatment from an emergency facility. Return to play varies case-by-case. If one kidney is removed, the athlete may not be cleared to return to contact sports. Athlete needs physician clearance to return to any athletic activities.

Internal Trauma: Pneumothorax

Prevention: The only prevention for pneumothorax is to reduce the risk by not smoking

Recognition: Look for the following signs/symptoms in athlete suspected of having a pneumothorax:

- Shortness of breath
- Sharp pain in chest while breathing
- Rapid breathing
- Rapid heart rate
- Anxiety
- Tension pneumothorax: high blood pressure, tracheal deviation, distended neck veins

Triage: The steps below should be followed for an athlete with suspected pneumothorax:

- Activate EMS
- Assess and monitor vitals (blood pressure, pulse, respiratory rate)
- Ensure adequate airway is present

Treatment: The athlete experiencing a pneumothorax will need to be transported to an emergency facility for further treatment and testing. A physician clearance is required for athlete to return to activity and they must complete a gradual return to activity.

****EAP is reviewed, rehearsed, updated annually with staff & EMS****

8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Heat Illness)

LOCATION: Glen Burnie High School – Turf Field & Track

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured individual, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury
- 3. Assistant Coaches/AD/School Admin** – meet EMS in parking lot/at the gate and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state that the emergency is located in the **stadium on the turf/track, which is located off of Amberly Road**. The cold tub is located on the track at the opposite end from the gate. They will be directed to the double gate at the far end of the stadium to enter onto the track.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS in the parking lot and direct them to the double gate to the track. Gates must be unlocked before EMS arrives. (all coaches, AD, school admin have gate keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If symptoms present, Megan will take a rectal temperature of the ill athlete while designated coach covers athlete and keeps them in proper position. If rectal temp. is greater than or equal to 102°, athlete will be placed in the cold tub. Megan will continue to monitor temp and vitals, while coaches keep athlete upright in tub. Athlete will be removed from the cold tub once temp decreases to 102°. At this point EMS can transport athlete. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her in the gator and the head coach will have a first-aid kit.
- **Where is the AED?**
Megan (or other AT) will have an AED in the gator with her. There is a second AED located in the Athletic Training room in the stadium field house.
- **Who calls EMS?**

Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:

- Reason for emergency call
 - Location where injury occurred (specific field)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, breathing, pulse, ect.)
 - Care that has been/is currently being given
 - All other information requested by dispatch
 - ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
 - **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include ***Baltimore Washington Medical Center***, and ***MedStar Harbor Hospital***. Location will depend on where EMS decides to take the injured athlete based on their status and injury/illness. (most often will be transported to BWMC, unless otherwise specified)
 - **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
 - **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
 - **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
 - **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
 - **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

**** Cold tub and tent located on track around turf field, by field house and water source****

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

Athletic Director

Kyle Hines (443) 924-4794

Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

- Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr, Glen Burnie MD 21061
- Medstar Harbor Hospital
(855) 633-0363
3001 S Hanover St, Baltimore MD 21225
- Shock Trauma Center (head, neck, spine, catastrophic injuries)
(410) 328-9284
22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Orthopedic Trauma)

LOCATION: Glen Burnie High School – Turf Field & Track

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

- 4. Athletic Trainer** – Primary care for the injured individual, call 911, notify parents
- 5. Head Coach** – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury
- 6. Assistant Coaches/AD/School Admin** – meet EMS in parking lot/at the gate and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state where the emergency is located. They will be directed to the double gate or doors nearest the location of the injured athlete.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS in the parking lot and direct them to the location of injured athlete. Gates must be unlocked before EMS arrives. (all coaches, AD, school admin have gate keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured athlete/individual. Orthopedic traumas such as dislocations or fractures will be splinted/stabilized in place. Any bleeding will be controlled and when appropriate, dressings will be applied. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her in the gator and the head coach will have a first-aid kit.
- **Where is the AED?**
Megan (or other AT) will have an AED in the gator with her. There is a second AED located in the Athletic Training room in the stadium field house.
- **Who calls EMS?**
Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:
 - Reason for emergency call
 - Location where injury occurred (specific field)
 - Patient's age, gender

- Patient's status (unconscious, conscious, breathing, pulse, ect.)
- Care that has been/is currently being given
- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include **Baltimore Washington Medical Center**, and **MedStar Harbor Hospital**. Location will depend on where EMS decides to take the injured athlete based on their status and injury. (most often will be transported to BWMC, unless otherwise specified). Orthopedic traumas may also be transported to **Shock Trauma** if appropriate.
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

**** Splints located in medical kit and crutch bag ****

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

Athletic Director

Kyle Hines (443) 924-4794

Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

- Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr, Glen Burnie MD 21061
- Medstar Harbor Hospital
(855) 633-0363
3001 S Hanover St, Baltimore MD 21225
- Shock Trauma Center (head, neck, spine, catastrophic injuries)
(410) 328-9284
22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Outdoor – Main Turf & Track)

LOCATION: Glen Burnie High School – Turf Field & Track

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

- 7. Athletic Trainer** – Primary care for the injured individual, call 911, notify parents
- 8. Head Coach** – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury
- 9. Assistant Coaches/AD/School Admin** – meet EMS in parking lot and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state that the emergency is located in the **stadium on the turf/track, which is located off of Amberly Road**. They will be directed to the double gate at the far end of the stadium to enter onto the track.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS in the parking lot and direct them to the double gate to the track. Gates must be unlocked before EMS arrives. (all coaches, AD, school admin have gate keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her in the gator and the head coach will have a first-aid kit.
- **Where is the AED?**
Megan (or other AT) will have an AED in the gator with her. There is a second AED located in the Athletic Training room in the stadium field house.
- **Who calls EMS?**
Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:
 - Reason for emergency call
 - Location where injury occurred (specific field)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, breathing, pulse, ect.)
 - Care that has been/is currently being given

- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include *Baltimore Washington Medical Center*, and *MedStar Harbor Hospital*. Location will depend on where EMS decides to take the injured athlete based on their status and injury (most often will be transported to BWMC, unless otherwise specified)
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

Athletic Director

Kyle Hines (443) 924-4794

Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

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22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Outdoor – Turf 2)

LOCATION: Glen Burnie High School – Bermuda Fields

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

10. Athletic Trainer – Primary care for the injured individual, call 911, notify parents

11. Head Coach – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury

12. Assistant Coaches/AD/School Admin – meet EMS in parking lot and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state that the emergency is located on the **turf field located off of Baltimore Annapolis Blvd.** They will be directed into the double gate that is located just past the baseball outfield (on Baltimore Annapolis Blvd.), to enter the paved path and continue around to the double wide opening to the turf field.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS at the double gate just past the baseball field on B&A blvd. and direct them down the paved path to the double wide opening to the turf field. Gates must be unlocked before EMS arrives. (all coaches, AD, school admin have gate keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her in the gator and the head coach will have a first-aid kit.
- **Where is the AED?**
Megan (or other AT) will have an AED in the gator with her. There is a second AED located in the Athletic Training room in the stadium field house.
- **Who calls EMS?**
Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:
 - Reason for emergency call
 - Location where injury occurred (specific field)

- Patient's age, gender
- Patient's status (unconscious, conscious, breathing, pulse, ect.)
- Care that has been/is currently being given
- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include *Baltimore Washington Medical Center*, and *MedStar Harbor Hospital*. Location will depend on where EMS decides to take the injured athlete based on their status and injury. (most often will be transported to BWMC, unless otherwise specified)
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

Athletic Director

Kyle Hines (443) 924-4794

Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregghan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

- Baltimore Washington Medical Center
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3001 S Hanover St, Baltimore MD 21225
- Shock Trauma Center (head, neck, spine, catastrophic injuries)
(410) 328-9284
22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Outdoor – Baseball Field)

LOCATION: Glen Burnie High School – Baseball field

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

13. Athletic Trainer – Primary care for the injured individual, call 911, notify parents

14. Head Coach – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury

15. Assistant Coaches/AD/School Admin – meet EMS in parking lot and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state that the emergency is located on the **Baseball field located along Baltimore Annapolis Blvd.** They will be directed to the double gate just past the baseball field (on Baltimore Annapolis Blvd.), to enter the paved path and then directed to the double gates into the baseball field.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS at the gate on Baltimore Annapolis Blvd. to the paved path and direct them to the double gate to the baseball field. Gates must be unlocked before EMS arrives. (all coaches, AD, school admin have gate keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her in the gator and the head coach will have a first-aid kit.
- **Where is the AED?**
Megan (or other AT) will have an AED in the gator with her. There is a second AED located in the Athletic Training room in the stadium field house.
- **Who calls EMS?**
Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:
 - Reason for emergency call
 - Location where injury occurred (specific field)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, breathing, pulse, ect.)

- Care that has been/is currently being given
- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include ***Baltimore Washington Medical Center***, and ***MedStar Harbor Hospital***. Location will depend on where the EMS decides to take the injured athlete based on their status and injury. (most often will be transported to BWMC, unless otherwise specified)
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

Athletic Director

Kyle Hines (443) 924-4794

Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

- Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr, Glen Burnie MD 21061
- Medstar Harbor Hospital
(855) 633-0363
3001 S Hanover St, Baltimore MD 21225
- Shock Trauma Center (head, neck, spine, catastrophic injuries)
(410) 328-9284
22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Outdoor – Softball Field)

LOCATION: Glen Burnie High School – Softball Field

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

16. Athletic Trainer – Primary care for the injured individual, call 911, notify parents

17. Head Coach – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury

18. Assistant Coaches/AD/School Admin – meet EMS in parking lot and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state that the emergency is located on the **Softball field, located off of Amberly Road at the far end of the stadium**. They will be directed to the double gate in left field.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS in the parking lot and direct them to the double gate in left field. Gates must be unlocked before EMS arrives. (all coaches, AD, school admin have gate keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her in the gator and the head coach will have a first-aid kit.
- **Where is the AED?**
Megan (or other AT) will have an AED in the gator with her. There is a second AED located in the Athletic Training room in the stadium field house.
- **Who calls EMS?**
Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:
 - Reason for emergency call
 - Location where injury occurred (specific field)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, breathing, pulse, ect.)
 - Care that has been/is currently being given

- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include *Baltimore Washington Medical Center*, and *MedStar Harbor Hospital*. Location will depend on where EMS decides to take the injured athlete based on their status and injury (most often will be transported to BWMC, unless otherwise specified)
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

Athletic Director

Kyle Hines (443) 924-4794

Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

- Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr, Glen Burnie MD 21061
- Medstar Harbor Hospital
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3001 S Hanover St, Baltimore MD 21225
- Shock Trauma Center (head, neck, spine, catastrophic injuries)
(410) 328-9284
22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Indoor – Main Gym Building)

LOCATION: Glen Burnie High School – Main Gym

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

19. Athletic Trainer – Primary care for the injured individual, call 911, notify parents

20. Head Coach – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury

21. Assistant Coaches/AD/School Admin – meet EMS in parking lot and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**

EMS should be told the address of the school and state that the emergency is located in the **Main gym, located right off of Baltimore Annapolis Blvd.** They will be directed to the front entrance to the gym building and directed into the gym from the main lobby (if emergency is located in wrestling room or weight room, direct EMS to those locations from the main lobby).

- **Who will meet EMS in the parking lot?**

An assistant coach/AD/school Admin will meet EMS in the parking lot and direct them to the main entrance to the gym and into the gym from the lobby. Doors must be unlocked before EMS arrives. (all coaches, AD, school admin have keys)

- **Who will give primary care to the athlete and what is their role?**

Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.

- **Where is the First-Aid or Medical Kit?**

Megan (or other AT) will have a medical kit with her and the head coach will have a first-aid kit. All other medical supplies located downstairs in the ATR.

- **Where is the AED?**

Megan (or other AT) will have an AED with her. There is a second AED located on the wall in the lobby of the gym.

- **Who calls EMS?**

Megan will make the decision to call EMS. If she is not present or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:

- Reason for emergency call
- Location where injury occurred (specific field)
- Patient's age, gender

- Patient's status (unconscious, conscious, breathing, pulse, ect.)
- Care that has been/is currently being given
- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include **Baltimore Washington Medical Center**, and **MedStar Harbor Hospital**. Location will depend on where EMS decides to take the injured athlete based on their status and injury. (most often will be transported to BWMC, unless otherwise specified)
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

Megan Bapisteller (443) 871-2919

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****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23

GLEN BURNIE HIGH SCHOOL EMERGENCY ACTION PLAN

(Indoor – “B” Building Gym)

LOCATION: Glen Burnie High School – “B” Building

ADDRESS: 7550 Baltimore Annapolis Blvd, Glen Burnie MD 21060

PHONE: (410) 761-8950

Participants in Emergency Action Plan:

22. Athletic Trainer – Primary care for the injured individual, call 911, notify parents

23. Head Coach – Assist in providing care, call 911 if AT is not able to call, retrieve AT kit and/or AED, complete accident report following the injury

24. Assistant Coaches/AD/School Admin – meet EMS in parking lot and direct EMS to where the injury/medical emergency occurred, crowd control, team management, go with the injured athlete in the ambulance if parents are not present

In the event of an emergency situation:

- **Where should EMS come to meet the injured athlete?**
EMS should be told the address of the school and state that the emergency is located in the **“B” Building gym, located behind the main gym building**. They will be directed to the main doors to the building under the overhang and into the gym.
- **Who will meet EMS in the parking lot?**
An assistant coach/AD/school Admin will meet EMS in the parking lot and direct them to the main doors of the building under the overhang and into the gym. Doors must be unlocked before EMS arrives. (all coaches, AD, school admin have keys)
- **Who will give primary care to the athlete and what is their role?**
Megan Bapisteller (or another Certified Athletic Trainer) will provide the primary care, which will include immediate care of the injured or ill athlete/individual. If no athletic trainer is present, a coach trained in First Aid and CPR will provide the primary care.
- **Where is the First-Aid or Medical Kit?**
Megan (or other AT) will have a medical kit with her and the team will have a first-aid kit.
- **Where is the AED?**
Megan will have an AED with her. There is a second AED located just outside of the AD’s office, which is located right next to the gym.
- **Who calls EMS?**
Megan will make the decision to call EMS. If she is not present, or unable to call EMS, the head coach will either call or delegate the task to another person to call EMS. The following information must be relayed to dispatch:
 - Reason for emergency call
 - Location where injury occurred (specific field)
 - Patient’s age, gender
 - Patient’s status (unconscious, conscious, breathing, pulse, ect.)
 - Care that has been/is currently being given

- All other information requested by dispatch
- ****REMAIN ON PHONE UNTIL DISPATCH ENDS THE CALL****
- **Who will notify the parents/guardians that the athlete is being transported to an emergency care facility?**
Megan will speak with the parents/guardians if they are present. If the parents/guardians are not present and Megan is caring for the athlete, the head coach will call or will delegate an assistant coach to call and notify the parents.
- **To which emergency care facility will athlete be transported?**
 - Hospitals in the area include ***Baltimore Washington Medical Center***, and ***MedStar Harbor Hospital***. Location will depend on where EMS decides to take the injured athlete based on their status and injury (most often will be transported to BWMC, unless otherwise specified)
- **Who will notify the ATC?**
If Megan is not present, the Head coach or AD will either notify her or delegate the task to an assistant coach to notify her of the incident.
- **Who will manage the rest of the team while care is given to the injured athlete?**
The assistant coaches will manage the rest of the teams and assist with crowd control if necessary while the injured athlete is cared for.
- **Who will travel with the injured athlete to the emergency care facility?**
If parents are not present or unable to meet the athlete at the school or the hospital, an assistant coach will travel with the athlete to the emergency care facility.
- **Who will document the injury?**
The coach will fill out the accident report to submit to administration. Megan will document the injury for medical records.
- **Who will speak to the parent/guardian in the instance of a catastrophic injury?**
Megan will notify the parents/guardians in the event of a catastrophic injury.

IMPORTANT PHONE AND CONTACT NUMBERS

EMS: 911

Certified Athletic Trainer

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Assistant Athletic Director

Brian Kellner (410) 218-3777

Kregan Rebstock-Lane (410) 690-1092

Emergency Care Facilities

- Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr, Glen Burnie MD 21061
- Medstar Harbor Hospital
(855) 633-0363
3001 S Hanover St, Baltimore MD 21225
- Shock Trauma Center (head, neck, spine, catastrophic injuries)
(410) 328-9284
22 S Greene St., Baltimore MD 21201



****EAP is reviewed, rehearsed, updated annually with staff & EMS****

Revised 8/2/23