Meade Senior High Athletics

Emergency Action Plan

1100 Clark Road

Fort Meade, MD 20755

Updated August 2023

IMPORTANT INFORMATION AS OF AUGUST 2023 UNTIL FURTHER NOTICE

Due to ongoing construction both inside and outside of the building, components of this emergency action plan may need to be modified in order to allow EMS access during an emergency. This includes, but is not limited to, potential roadblocks preventing ambulance access to both outdoor and indoor facilities. Please be aware that the individual responsible for calling 911 should inform the dispatch of any pertinent directional information that will allow EMS to locate the injured or ill athlete. A designated individual will be responsible for directing the ambulance on site.

Please also be aware that due to construction, ambulance response times at some locations may be increased as responders may leave base in order to access Meade HS from Annapolis Rd (175). Refer to site specific plans pp. 4-7

CONTACT INFORMATION

ATHLETIC TRAINER:	Allison Gardiner	(215) 450-8978
ATHLETIC DIRECTOR:	Jamie Cook	(410) 703-8543
ASST ATHLETIC DIRECTOR:	Marcus Lecounte	(301) 318-2415

PHYSICIAN: Dr. Milford Marchant, MD; MedStar Health Orthopedics and Sports Medicine

PHYSICIAN: Dr. Jeffrey Mayer, MD; MedStar Health Orthopedics and Sports Medicine

AED LOCATIONS

AED #1: GYMNASIUM. AED box is mounted on the wall in the back corner on the far right of the gym, adjacent to the home side benches.

AED #2: STADIUM. AED is mounted on the wall in the mechanical room between the two bathrooms in the concessions building. During all practices and events, mechanical room door must be unlocked in order to allow AED access.

AED #3: FLOAT/TURF 2. During indoor events, AED is located in the athletic training room adjacent to the athletic director's office. During outdoor events, AED is housed on the mobile athletic training gator. During all practices and events occurring on turf 2, this AED will be left at the medical station located on turf 2.

INTRODUCTION

Emergency situations may arise at any time during athletic events. Action must be taken in order to provide the best possible care to the athlete with an emergent injury or condition. The development, implementation, and rehearsal of an emergency action plan will help ensure that the best care will be provides.

An emergency is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur. Situations when 911 should be called are:

- An athlete is not breathing
- An athlete has lost consciousness
- It is suspected that an athlete may have a neck or back injury
- An athlete has an open fracture (bone has punctured through the skin)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped

Components of the Emergency Action Plan:

These are the basic components of every emergency action plan:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Athletic Trainers, Coaches, and Administrators
5. Venue Directions (Map)

Chain of Command

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. This individual will be responsible for calling deciding to call 911, instructing other how they may assist and will stay with the athlete until EMS arrives

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to the scene

Chain of Command

Certified Athletic Trainer

Athletic Director

School Resource Officer

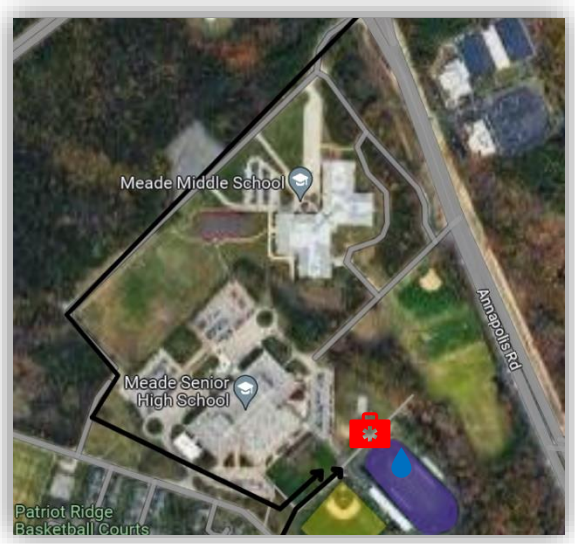
Administrator

Head Coach

Assistant Coach

Venue Directions: Stadium and Baseball Field

Address: 1100 Clark Road, Fort Meade, MD 20755



From 175/Annapolis Road: Turn onto 26th street. Meade Middle School will be on your left; stay straight until you pass the turf, then make a left turn to stay on road. Turn right into staff parking area. Continue left through the parking lot. Drive down the access road with the high school on the left side. Follow this road until it veers left toward the baseball field and stadium. The baseball field will be to the right. For stadium and field/track access, turn right into the stadium past the baseball field, and veer left to drive directly onto the track.

From Clark Road/Fort Meade: Continue straight onto MacArthur Road from the gated entrance on Clark Rd. The baseball field will be to the right. For stadium access, continue straight until you reach the construction parking area. Make a hard right to drive onto the ramp and through the gate into the stadium. Upon entering the stadium, veer left to drive directly onto the track.

Procedures:

1. Immediate care of the injured or ill student-athlete.
    - Use emergency equipment as needed (AED, equipment removal tools, cold tub)
2. Activate emergency medical system (EMS)
    - Do not hesitate to activate EMS in the case of emergency. Athletic trainer and athletic director should be notified immediately if EMS has been called.
    - The following information must be provided to dispatch:
        - Name and role of individual activating EMS, telephone number
        - Address and specific directions to location (see above)
        - Condition of injured athlete(s), age of injured athlete(s) (if known)
        - First aid treatment being rendered, other information as requested
3. Direct EMS to scene
    - **Ensure all gates are unlocked and open**
    - Designate individual to "flag down" EMS and direct to scene
    - Scene control: limit scene to first aid providers, move bystanders away from area.
4. Notify the athlete's parents
    - The athletic trainer will speak with the parents if present. If athlete's parents are not present, athletic trainer, coach or administrator will call the parents.
    - If athlete's parents are not present, a coach will travel with the athlete to the ER.
5. Documentation of injury
    - The athletic trainer will document the injury for medical records, and provide documentation to athletic director, who will notify the administrative team.

Venue Directions: Softball and Bermuda Fields

Address: 1100 Clark Road, Fort Meade, MD 20755

From 175/Annapolis Road: Turn onto MacArthur Rd. Proceed through "construction only" signage. Proceed past the softball field on the left. Stop when you reach the yellow gate on the left near the end of the outfield. Turn left and drive onto the grass and through the gate. Proceed to the appropriate field.

From Clark Road/Fort Meade: Enter MacArthur Road from the gated entrance on Clark Rd. Make an immediate left and drive down the access road with the school to your right. Proceed through the staff parking lot and exit to the right. Follow the road out toward Meade Middle School. Upon passing the middle school, make a right onto F street. The softball field will be straight ahead at the end of F street. Make a right turn through the "construction only" signage. Stop when you reach the yellow gate on the left near the end of the softball outfield. Turn left and drive onto the grass and through the gate. Proceed to the appropriate field.

Procedures:

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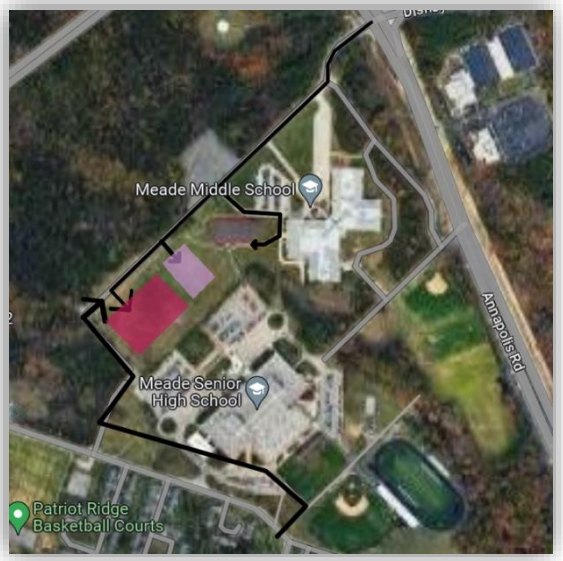
5. Documentation of injury
    - The athletic trainer will document the injury for medical records, and provide documentation to athletic director, who will notify the administrative team.

Venue Directions: Turf, Grass Field, and Tennis Courts

Address: 1100 Clark Road, Fort Meade, MD 20755



From 175/Annapolis Road: Turn onto 26th Street. Continue straight with the middle school to the left. After passing the middle school, the tennis courts, grass practice fields, and second turf will be to the left respectively.

From Clark Road/Fort Meade: Enter MacArthur Road from the gated entrance on Clark Rd. Make an immediate left and drive down the access road with the school to your right. Proceed through the staff parking lot and exit to the right. Follow the road toward Meade Middle School. The second turf, grass practice fields, and tennis courts will be to the right respectively.

Procedures:

1. Immediate care of the injured or ill student-athlete.
    - Use emergency equipment as needed (AED, equipment removal tools, cold tub)
2. Activate emergency medical system (EMS)
    - Do not hesitate to activate EMS in the case of emergency. Athletic trainer and athletic director should be notified immediately if EMS has been called.
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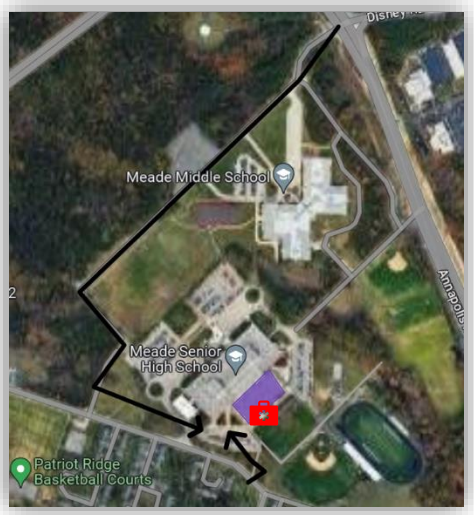
    - The athletic trainer will speak with the parents if present. If athlete's parents are not present, athletic trainer, coach or administrator will call the parents.
    - If athlete's parents are not present, a coach will travel with the athlete to the ER.
5. Documentation of injury
    - The athletic trainer will document the injury for medical records, and provide documentation to athletic director, who will notify the administrative team.

Venue Directions: Gymnasium and Weight Room

Address: 1100 Clark Road, Fort Meade, MD 20755



From 175/Annapolis Road: Turn onto 26th street. Meade Middle School will be on your left; stay straight until you pass the turf, then make a left turn to stay on road. Turn right into staff parking area. Continue left through the parking lot. Drive down the access road with the high school on the left side just until you pass through the yellow gate. To enter the building, proceed through the doors behind the fenced play area. Follow signs toward the gymnasium. An individual will be waiting at the external doors to direct EMS to the gymnasium.

From Clark Road/Fort Meade: Enter MacArthur Road from the gated entrance on Clark Rd. Make an immediate left and drive down the access road with the school to your right until you reach the yellow gate. To enter the building, proceed through the doors behind the fenced play area. Follow signs toward the gymnasium. An individual will be waiting at the external doors to direct EMS to the gymnasium/weight room.

Procedures:

1. Immediate care of the injured or ill student-athlete.
    - Use emergency equipment as needed (AED, equipment removal tools, cold tub)
2. Activate emergency medical system (EMS)
    - Do not hesitate to activate EMS in the case of emergency. Athletic trainer and athletic director should be notified immediately if EMS has been called.
    - The following information must be provided to dispatch:
        - Name and role of individual activating EMS, telephone number
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        - Condition of injured athlete(s), age of injured athlete(s) (if known)
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3. Direct EMS to scene
    - **Ensure all gates are unlocked and open**
    - Designate individual to "flag down" EMS and direct to scene
    - Scene control: limit scene to first aid providers, move bystanders away from area.
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    - The athletic trainer will speak with the parents if present. If athlete's parents are not present, athletic trainer, coach or administrator will call the parents.
    - If athlete's parents are not present, a coach will travel with the athlete to the ER.
5. Documentation of injury
    - The athletic trainer will document the injury for medical records, and provide documentation to athletic director, who will notify the administrative team.

Emergency Procedures: Cardiac Arrest

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.

Recognition

MEN

- Chest pain, angina and/or ear or neck pain
- Severe headache
- Excessive breathlessness
- Vague malaise
- Dizziness/palpitations
- Increasing fatigue
- Indigestion / heartburn / GI 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 one or both arms / back / neck / jaw / stomach

Treatment

- Activate emergency medical services (EMS)
- Remove tight restrictive clothing
- Administer CPR as needed
- Attach AED as soon as one is available
- Supplemental oxygen as needed

Commotio Cordis

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.

If blunt trauma to the chest of an athlete causes the athlete to stumble, fall, and become unconscious, Commotio Cordis may be inferred. Activate EMS and obtain AED immediately. Activate the EAP immediately, call for someone to locate the AED, and begin CPR

Emergency Procedures: Heat Acclimatization and Heat Illness

AACPS Heat Acclimatization Guidelines

General Guidelines

- On single-practice days, one walk-through is permitted.
- 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.
- All practices and walk-through sessions must be separated by at least three hours of continuous rest.
- 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.
- 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.

Heat Acclimatization Days 1 through 5

- 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.
    - Equipment Restrictions
        - Football- helmets, mouth pieces, shorts, t-shirts and appropriate footwear
        - Field Hockey- Goalies in helmet and goalie kickers, athletes may wear shin guards, goggles and mouth pieces.
        - Soccer – Shin guards and goalie gloves can be worn beginning day 1.
        - Volleyball- Knee pads may be worn beginning day 1.
- Day 3, 4 and 5 – On these days, conditioning and proper hydration should still be the focus. During these days limited contact is allowed.
    - Equipment Restrictions
        - Football - helmets and shoulder pads only. Contact with blocking sleds and tackling dummies may be initiated.
        - Field Hockey – Goalies in helmet, chest protection and goalie kickers.

Heat Acclimatization Days 6 through 14

- Full protective equipment and gear are permitted.
- Body to body contact and Double-Practice Days are permitted
- 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.
- The two practices must be separated by at least 3 continuous hours of recovery period.

Exercise-Associated Muscle Cramps

Signs and Symptoms

- Involuntary painful (sometimes painless) muscle spasms
- Heavy sweating
- Dehydration

Treatment

- Drink chilled water
- Massage/stretch
- Modify activity

Heat Exhaustion

Signs and Symptoms

- Feeling faint/dizziness
- Nausea/vomiting
- Heavy sweating/cool, clammy skin
- Weak, rapid pulse
- Headache
- Weakness/fatigue/malaise
- Elevated core temperature above 100

Treatment

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

Exertional Heat Stroke

Signs and Symptoms

- All signs and symptoms associated with heat exhaustion
- Confusion/disorientation
- Irritability
- Seizure
- Coma
- Hyperventilation
- Anhydrosis
- Hot, dry skin
- Elevated core temperature greater than 105

Treatment

- Call 911
- Remove athlete from field and removed excess clothing/equipment
- PRIMARY option: Take athlete to weight room for cold water immersion (CWI).
    - After entering weight room, roll athlete onto their side and discretely insert rectal thermometer.
    - Lift athlete and place into tub, ensuring thermometer is securely in position.
    - Place a towel across the front of the chest and under the armpits of the patient. The towel should be held securely by a rescuer situated behind the patient in the tub.
    - Begin timer for athlete in tub.
    - Place cold town on head.
    - Stir water to help cooling of patient.
    - Monitor core temperature and keep patient in cold tub until temperature drops to 102 degrees Fahrenheit.
    - Vital signs should be monitored as able during the CWI
    - If problems occur with rectal thermometer: Average temperature drop in CWI is 1 degree Fahrenheit every 3 minutes. Therefore, athlete should remain in tub for 12-15 minutes for a core temperature drop of 4-5 degrees Fahrenheit.
    - Remove from cold tub and assist EMS with packaging for trip to ED.
- SECONDARY option: Take athlete to shaded/cool area for Tarp Assisted Cooling with Oscillation (TACO)
    - After moving to cool/shaded area, roll athlete onto their side and discretely insert rectal thermometer.
    - Use the TACO technique by placing the athlete in the middle of a tarp.
    - Have fellow rescuers (at least 4) lift the side of the tarp.
    - Dump ice and water into tarp until thorax and abdomen are covered with water.
    - Begin timer for athlete in tarp.
    - Place cold towel on head.
    - Rescuers holding tarp should lower and raise edges to oscillate water.
    - Monitor core temperature and keep patient in tarp until temperature drops to 102 degrees Fahrenheit.
    - Vital signs should be monitored as able during the CWI
    - If problems occur with rectal thermometer: Average temperature drop in CWI is 1 degree Fahrenheit every 3 minutes. Therefore, athlete should remain in tub for 12-15 minutes for a core temperature drop of 4-5 degrees Fahrenheit.
    - Remove from tarp and assist EMS with packaging for trip to ED.

Emergency Procedures: Concussions/Head Injuries

A concussion is a traumatic injury to the brain as a result of a violent blow, shaking, or spinning. A concussion can cause immediate and temporary impairment of brain function such as of thinking, vision, equilibrium and consciousness. If a concussion is suspected to any degree the athlete is to be removed from physical activity until examined by the AT or physician. They may not return to play unless cleared by AT or a physician. Refer to AACPS concussion policy for further information.

Signs and Symptoms *(may not present immediately, may appear over time)*

- Headache
- Poor concentration
- Nausea
- Memory problems (immediate or delayed)
- Vomiting
- Sleep disturbances
- Dizziness
- Confusion
- Poor balance
- Fatigue
- Sensitivity to light
- Sadness/Depression
- Sensitivity to noise
- Irritability
- Drowsiness
- Neck Pain
- Feeling “in a fog”
- Slow/slurred speech
- Loss of consciousness

Treatment

- If an athlete shows concussion-like signs and/or reports symptoms after contact or jolting of the head, they must be removed from activity immediately. The athlete must be referred to the athletic trainer for full evaluation. If there is no AT present, the head coach should contact the AT via phone. *When in doubt call 911*. The athlete should be monitored for symptoms every 5-10 minutes for the first 30 minutes.

If the athlete remains unconscious for a prolonged period or is suspected to have cervical spine injury the athlete should be immobilized and the EAP should be put into motion

Emergency Procedures: Cervical Spine Injury

Cervical spine injuries are the result of deformation to the cervical spinal column that can cause damage to the spinal cord. Injury to the C5 vertebrae and higher can be fatal because it may inhibit ventilation controlled by the central nervous system. In the 24-72 hours after a spinal cord injury has been sustained, many complications can arise. Immediate recognition and treatment is critical to overall survival of the athlete.

Symptoms

- Witnessed mechanism of injury (such as axial load to head in flexed position)
- Witnessed 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

Clinical Indicators Warranting Immediate Advanced Medical Care

1. Unconsciousness (or altered consciousness)
2. Bilateral neurologic complaints/findings
3. Significant cervical spine pain (with or without palpation)
4. Obvious spinal column deformity

Treatment

- Activate EMS
- Apply manual cervical spine stabilization throughout the entire process of care.
- Realign cervical spine to neutral if possible, and apply cervical collar (if available)
    - This is not recommended if: causes increased pain, neurologic symptoms, muscle spasm, or airway compromise (jaw thrust maneuver may be necessary)
- Under the instruction of athletic trainer, remove protective equipment that impedes access to the airway
    - All protective equipment (helmets and shoulder pads) should be removed by trained, healthcare professionals (such as athletic trainers) with experience in removing protective equipment prior to transport to the emergency department.
    - Sports with helmet only equipment should have helmet removed to establish neutral alignment.
- Move athlete onto spine board (through log roll if patient is prone or lift and slide maneuver) and secure athlete's head with blocks to spine board
- Monitor vitals/level of consciousness throughout entire process

Emergency Procedures: Severe Orthopedic Injury

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.

Recognition

- Any gross deformity of a bone, joint, or soft tissue structure
- Loss of sensation, particularly in the extremities
- Severe bleeding
- Open fractures and/or dislocations where bone is visualized

Treatment

- Provide first aid as needed, control bleeding with direct pressure
    - Tourniquet may be considered in the case of severe bleeding at an extremity
- Treat patient for signs of shock
- Activate EMS
- 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
    - If resistance is met, or there is any increased loss of sensation, body part should stay in position in which it was found
- Splint the injured body part to prevent excessive motion
- Once splinted, re-check neurovascular status (pulse, sensation, etc.) every 3-5 minutes

Emergency Procedures: Weather Conditions

Lightning

1. 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.
2. 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.
3. 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.
4. 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.
    a. In situations where multiple sounds of thunder and/or lightning strikes occur, play must resume within 1 hour after the initial suspension of the event (otherwise the event will be concluded/postponed in accordance with sports-specific rulebooks).
    b. If play resumes and is suspended for a second time school personnel may opt to not wait the thirty minutes and conclude/postpone the event.
    c. Events will not start or restart after 8 pm.

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, have severe burns, shock, fractures, and other trauma.
    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. 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