



Emergency Action Plan For South River High School Athletics Program

201 Central Ave
Edgewater, Maryland 21037

In case of an emergency, personnel responsibilities, locations of emergency equipment, and other emergency information such as 911 call instructions, addresses/directions to the venue, and a chain of command with important phone numbers have been listed here.

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Important Phone Numbers

Certified Athletic Trainer- Jordyn Brown: 240-565-8507
Athletic Director- Dave Klingel: 443-995-7877
Assistant Athletic Director- Terry Tucker: 443-822-9569
Anne Arundel Medical Center- 443-481-1000
HeadFirst Concussion Care Hotline- 855-748-4868
EMS, POLICE, FIRE- 911
Team Physician – Dr. Stephen Brown: 410-349-9930 ext 223

Overview

Introduction

Emergency situations may arise at any time during athletic events. Quick and efficient action must be taken in order to provide the best possible care to the athlete of the emergency and/or life-threatening conditions. An **emergency** is the need for Emergency Medical Services (EMS) to give further medical attention to and/or transport an athlete to the hospital. The development and implementation of the emergency action plan (EAP) will help ensure that the best care will be provided.

The EAP has been categorized as a written document that defines the standard of care required during an emergency. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. The following procedures are to be implemented in the event of an emergency while on the campus of South River High School. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the athletic trainer. In the absence of a licensed athletic trainer, questions are to be directed to the school administration.

This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

Conditions of athletes that require activation of 911:

- an athlete is not breathing/ has no pulse
- 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

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Emergency Plan Personnel

NATA Certified and Maryland Licensed Athletic Trainer is on site for practices and competitions. EMS is available by calling 911. The athletic training staff is certified by the American Red Cross in CPR/AED. The Athletic Trainer must be aware of any emergency that has occurred within the athletic department and its members. If the Certified Athletic Trainer is not present the coaching staff and/or athletic administration will become responsible for activating this EAP.

Chain of Command for Emergency Situations

- Team Physician/Orthopedic (Football games, Lacrosse games; if present)
- Certified Athletic Trainer
- Coaches
- Athletic Director/Assistant Athletic Director
- Administrators
- Security

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. The Certified Athletic Trainer is present at most of practices, however, not all. In these situations, the Head Coach will act as the First Responder and fulfill the role of immediate care. The first responder is responsible for deciding if to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives. In the event of an emergency, the Certified Athletic Trainer or First Responder will dictate all other duties to those assisting. Each coach is instructed to notify the Certified Athletic Trainer of any situation after its occurrence.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. (911)

All members of the emergency response team must have access to a cellular phone or landline telephone during athletic activities. Cellular phone is the preferred method of communication if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

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Medical Emergency Transportation

If an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

Athletes can be taken to hospital by ambulance for emergency and catastrophic injuries or illnesses. If the athlete is underage and parents are not there, parents are to be notified of the situation and what hospital he/she was sent to. A coach will accompany the athlete to the hospital. If the students' parents are present, they may accompany the athlete. **The closest hospital to the school is: Anne Arundel Medical Center, located at 2001 Medical Parkway, Annapolis, MD 21401.**

Emergency Equipment and Locations

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

Emergency Equipment Locations

AED #1	Athletic Trainer/ Gator
AED #2	Snack shack at Stadium
AED #3	Hallway of Boys Locker Room by Gym
SAM Splints/ACE wraps	ATCs Medkit
Rigid Splints	Team physician provides at football games
Trainer's Angels/Sheers, Quick-Release, and Screwdriver	ATC's Medkit
Spineboard and Cervical Collars	Provided by EMT

Coaches CPR/AED and First Aid Training

All coaches should have CPR/AED and First Aid Training. This is verified through AD, Dave Klingel.

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AED Policy

The AED can be administered by anyone trained in its use by the American Red Cross, American Heart Association, or higher certifications.

Using the AED

After initial check of the ABC's and a cardiac emergency is determined, the EMS system should be notified, and the AED can then be used.

- A certified individual performs CPR until the AED is prepared and ready for use. Shave any chest hair if needed.
- Apply the pads as directed and follow the prompts on the AED.
- Another individual should be on crowd control and having everyone keep back, while another should be waiting for EMS to arrive and directing them to the location of the person in cardiac arrest.

Assumption of Risks

Student athletes should be warned that participation in sports could involve injury of some type to either the athlete or a fellow student athlete. Special medical waivers are required based on specific medical conditions.

Catastrophic Event

If death, permanent disability, or other catastrophic accident occurs, a chain of individuals should be contacted by the staff athletic trainer at a home event or by the head coach at an away event in the following order: the director of athletics, head coach of that sport (if not present), and the parents or guardians noted as emergency contacts in the athlete's medical information.

Return to Play Clearance

Significant illnesses or injuries, including concussion, must be evaluated by a physician or physician's designated representative. Those are the only ones who can grant medical clearance. Consultation of other medical professional will be considered when appropriate.

Pre-Participation Medical Evaluations

All students must have a physical on file prior to the start of his/her season. Physicals must be entered through FamilyID and will be cleared by the AD, Dave Klingel, and monitored by the staff athletic trainer. Physicals must be acquired before the athlete's respective season.

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Transportation of Athletic Injuries

Athletes can be taken to hospital by ambulance for emergency and catastrophic injuries or illnesses. If the athlete is underage and parents are not there, parents are to be notified of the situation and what hospital he/she was sent to. A coach will accompany the athlete to the hospital. If the students' parents are present, they may accompany the athlete. **The closest hospital to the school is: Anne Arundel Medical Center, located at 2001 Medical Parkway, Annapolis, MD 21401.**

Fire Emergencies

If a fire occurs, all individuals should exit the building through designated fire exits. Fire evacuation routes are posted throughout all facilities and personnel should be the ones to lead everyone from the building. If fire is suspected, pull the fire alarm. Once outside and at least 50 yards from the building, make sure everyone you are responsible for is present and accounted for. At that point, escalate the situation to the Athletic Director.

Supervision of Athletes

While attending to the injured/ill individual, a member of the coaching staff must supervise those athletes not involved. If at practice, an assistant coach must remove the other athletes from the immediate area. If at a game, an assistant coach will bring the team to the bench and an administrator or security must assist in crowd control.

Review of Emergency Procedures

Training/Review sessions will be conducted by the athletic trainer at the beginning of each academic year and throughout the year as needed (i.e. changes of seasons). Emergency procedure training sessions will include: The review of emergency care providers and phone numbers, minimum supplies and personnel for all scheduled practices, strength and conditioning workouts, skill instruction sessions and competitions, guidelines for emergency care to specific injuries and illnesses, and guidelines for emergency care at specific locations on campus at South River High School.

Documentation:

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. Review of documentation enables the Athletic Trainer to improve or revise the EAP as they see fit. This will ensure an organized and effective response for potential emergencies. ATC will be mainly in charge of recording information.

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General Activation of EMS

Role of the Certified Athletic Trainer

The Certified athletic trainer should observe the surrounding area to look for potential injury-causing situations that can be prevented. Certified athletic trainers are available during practice/competition times, designated treatment times, or by appointment. Priority for coverage goes to the in-season sport. Games will be given priority over practices. On practice only or multiple contest days, the priority will be given to the highest risk sport. The athletic trainer travels with the football team to all away contests. If there is an away football game and there is a game of another sport at home, the athletic trainer will communicate with the host football athletic trainer to assure adequate coverage for the away football game, until the certified athletic trainer is able to attend the away football game. Coaches must give notice (24 hours while school is in session, 2 weeks prior to holidays) to guarantee coverage if practice schedule change.

Emergency Procedure at Home Competitions or Practices

Once emergency personnel are contacted, the athletic trainer remains with the athlete until transportation is under control or advanced medical help arrives on the scene. Conditions and injuries in which this would take effect include potential serious head injuries, potential spinal cord injury, vertebral fractures and dislocations, heat stroke victims, cardiac emergencies, any unconscious athlete, any athlete with convulsions, serious fractures, or any serious unstable conditions. The athlete should be accompanied by his/her parent or a member of the administrative/coaching staff if athlete is transported by ambulance. The certified athletic trainer should not be responsible for accompanying an injured athlete on an ambulance.

Emergency Action Plans for Home Events

1. The certified athletic trainer, (if onsite) should be the first to evaluate the injured athlete.
2. If the injury is deemed serious, the athletic trainer's "B" person (coach/athletics staff) should activate EMS using a cell phone. That individual must know how to direct emergency personnel to the injury site.
3. The athletic trainer's "C" person will be directed to retrieve emergency equipment such as AED, Splints, Medical Kit.
4. If a spinal or head injury is ruled out, proceed to the secondary survey and further evaluation techniques. The "B" person who called EMS should confirm details with the athletic trainer and direct game attendants or other administrative persons to wait along the entrance to direct EMS. These individuals will also be responsible for opening any gates or doors necessary to give the EMS rescue squad access to the field or court. Coaches and

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school administrators can and should be used as crowd control, ensuring all teams and observers are on designated sidelines and providing clear lanes of access for emergency personnel.

5. Athletic trainers present should be prepared to treat for shock or changes in the injured athlete's condition.
6. The game attendants or other administrative persons waiting for EMS should lead them to the site of injury. At that point, the athletic trainer can give emergency personnel an update on the situation.

Hand Signals

Whirly Bird (One hand in air with pointer finger going in circle) – EMS activated

One fist in air – AED needed

2 fists bumped together – Splint bag needed

Coaches' Responsibilities as First Responders for Injury/Illness Situations **Emergency and Non-Emergency**

ATI Sports Medicine is committed to providing the best medical coverage for South River High School Athletic Programs; however, emergency situations may arise when qualified medical personnel are not present. Immediate action must be taken to provide the best possible care to the injured participant. To expedite care when an injury occurs during practice, competition, or travel, and when an athletic trainer is not immediately available, coaches need to be prepared to handle the situation. The following information will assist coaches when a certified athletic trainer or team physician is not available.

A. General Responsibilities

- a. EACH coach must learn the location of the nearest AED to their field/court and accessible telephone or carry a cell phone that can be used in case of an emergency.
- b. Coaches will have emergency phone numbers with them at practices, and home and away competitions.
- c. Each coach will have a copy of this emergency action plan available at all practices and contest (Home and Away)

B. Things to consider during an emergency

- a. Reassure and calm athlete
- b. Don't move severely injured athlete unless he/she is in danger
- c. Don't reduce fractures or dislocations
- d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
- e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
- f. Keep players, coaches, spectators away and prevent them from helping injured athlete

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Role of the First Responder

Apply basic emergency care as situation requires. Care might include:

1. Immediate care of the injured or ill student athlete.

- a. Level of consciousness – if unconscious call 911 immediately
- b. Airway – is airway blocked
- c. Breathing – is person breathing
- d. Circulation – does person have pulse
- e. Bleeding – is person bleeding severely

****LOOK (for chest rise), LISTEN (for breath sounds), FEEL (for pulse) ****

2. Call 911 if necessary
3. Designate someone to get Emergency equipment
 - a. AED, first-aid kit
4. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then 2 breaths
 - i. Speed: 100-120 compressions per minute
 - ii. Depth: 2 inches

****Consistency of speed and depth is imperative while administering CPR****

- b. Bleeding: provide direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
- ** Use gloves for disease prevention****
- c. Stabilize fractures and wait for EMS for assistance with splinting
- d. Treat for Shock – if necessary
5. Any other emergency procedures as necessary

2. Activation of Emergency Medical Services (EMS)

Call 9-1-1

When making the call:

- a) Remain calm
- b) Speak clearly: Identify yourself and the location (be specific and give them the address)
 - a. Your name
 - b. Exact location of the injury occurred and where you will meet them
 - c. The number you are calling from
 - d. Number of injured athletes
 - e. The condition of athlete(s) including level of consciousness and injury/condition
 - f. The care being provided
 - g. Any other information requested by dispatcher
- c) Remain on the line until the operator instructs otherwise. **DO NOT HANG UP** until the dispatcher has ended the call.
- d) Call your Certified Athletic Trainer

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- a. **The parents or guardians MUST be notified if not present. This may be performed by the same individual making the EMS call or another depending on availability of personnel. If it is a life-threatening situation, the parents may be called after activating EMS.**

3. Direction of EMS to Scene (See attached venue directions)

1. Open appropriate gates
2. Designate individual to “flag down” EMS and direct to scene.
3. Scene Control: Limit scene to first aid providers and move bystanders away from area.
4. Designate an assistant or volunteer coach to ride with the student-athlete to the hospital.
5. Notify the student-athlete’s parent(s) or legal guardian(s).

C. Emergency Protocol – practices not on school grounds or away competitions

On away trips, when not accompanied by an athletic trainer, determine from the host personnel the availability of medical coverage upon arrival

1. **Medical Emergencies** – *Catastrophic (breathing, loss of consciousness, concussion with loss of consciousness, suspected neck or spinal injury, weak pulse, signs of shock, poor vital signs, eye or face injury, severe bleeding).*

- a. Follow the First Aid/CPR/AED principles
- b. Contact the ATC if not already present
 1. If ATC not at event, continue down EAP and provide First Aid until EMS arrive
- c. Ask for the host team’s athletic training staff or coaching staff and carry out their EAP & activate EMS.
- d. Have parents or coach accompany the athlete to the hospital.
- e. If parent not present, send athlete with emergency card and call parent immediately
- f. Call ATC to f/u with athlete’s parents

2. **Emergency** – *Non Life Threatening (fracture, dislocation)*

- a. Follow the First Aid principles
- b. Contact the certified athletic trainer if not already present.
 1. If ATC not at event, continue down EAP and provide First Aid.
- c. Ask for the host team’s athletic training staff or coaching staff and carry out their EAP & activate EMS.
- d. If host ATC is present they will evaluate injury & render appropriate care.
- e. Have parents or coach accompany the athlete to the hospital.
- f. If parent not present, send athlete with emergency card and call parent immediately
- g. Call ATC to f/u with athlete’s parents

3. **Non- Emergencies** (*concussion with no loss of consciousness, illness, abrasion, minor cuts, contusion*)

- a. Follow the First Aid principles
- b. Contact the ATC if more than a minor cut, abrasion, or mild contusion. If ATC not there, coach will provide basic 1st Aid.
 1. Certified Athletic Trainer will assist in managing the injury via phone. Should it be determined that care is needed immediately, you will be directed to the appropriate facility.

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Either the coach or athletic trainer should contact the student-athlete's parent(s) or legal guardian(s).

2. If it is determined that the injury does not require immediate care, the athletic trainer will contact the student-athlete's parent(s) or legal guardian(s) and advise on follow on care.

3. **Always notify parents when a concussion is suspected**

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DIRECTIONS TO SPECIFIC LOCATIONS and AEDs AT SOUTH RIVER HIGH SCHOOL



Varsity Stadium (Football, Track, XC, Lacrosse, Soccer, Field Hockey)

Address:

201 Central Ave, Edgewater, MD 21037

- Directions: From Solomons Island road
 - Turn left on Central Ave, and right onto Monarch Ave
 - Drive to the second entrance to turf field, just past Stadium Pressbox on your right
 - There will be a Coach at the gate to direct you
- Second designated coach to wait for the ambulance at the gate to the stadium.
 - AD, Assistant AD, Athletic Trainer, and Custodial staff have key to unlock gate

****Closest AEDs are located on ATCs gator and in Snack Shack (“Bird Food”) at Stadium****

AD, Assistant AD, and Custodial Staff have key for Snack Shack if no game is going on

Revised August 2021 ATC Initials: _____ AD Initials: _____

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An ambulance will be on-call and team physician on-site for all home football games.

Baseball, Softball, Tennis Courts

Address:

201 Central Ave, Edgewater, MD 21037

- Directions from Solomons Island Road:
 - Turn left on Central Ave, and onto Monarch Ave.
 - Drive just past the stadium and turn left before the CAT South Parking lot
 - **Baseball field** is on the right just past CAT building. Ambulance entrance will be on the right just past visitors' dugout and bleachers. A coach will be there to direct ambulance
 - **Tennis Courts** are straight ahead at the end of the road behind the school. Turn left onto path just past Mobile classrooms and follow it until the Tennis Courts are directly on your right
 - **Softball field** – turn left onto pavement as if going to tennis courts. Follow path past courts, along the JV Turf, and towards the middle school. At the end of the tennis courts, turn right and the softball field is directly across the grass field
- Second designated coach to wait for the ambulance at appropriate gates.
 - AD, Assistant AD, Athletic Trainer, Coaches and Custodial staff have key to unlock gate

**** Closest AEDs are located on ATCs gator and inside the Gym Hallway****

Bermuda fields and Cross-Country Trail

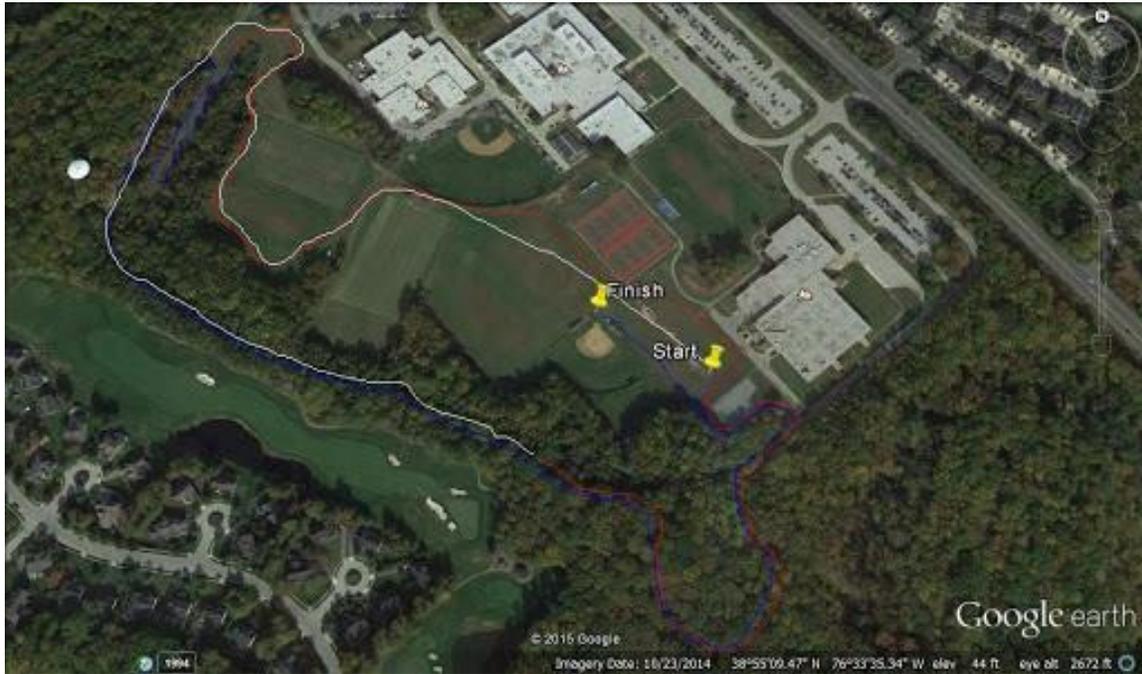
Address:

201 Central Ave, Edgewater, MD 21037

- Directions from Solomons Island Road:
 - Turn left on Central Ave, and right onto Monarch Ave.
 - Drive past the Stadium towards the service road.
 - Enter through gate at service road
 - Personnel will be there to direct ambulance to gate at Bermuda field
- Second designated coach to wait for the ambulance at the gate to the stadium.
 - a. AD, Assistant AD, Coaches, Athletic Trainer, and Custodial staff have key to unlock gate

**** Closest AEDs are located on ATCs gator, inside Snack Shack at Stadium, or inside High School just past the Gym****

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Gymnasium, Wrestling Room, and JV Turf

Address:

201 Central Ave, Edgewater, MD 21037

- Directions from Solomons Island road
 - Turn left on Central Ave, and right onto Monarch Ave.
 - Turn left into the Bus Parking lot in front of the school and follow to the end of the school
 - **JV Turf** is located just past the school. Ambulance entrance is located on the right just past the Mobile classroom. Coach will be by gate to direct ambulance onto field
 - **Gym/Wrestling Room** – accessible via side entrance to the school, just past the blue picnic tables in front of the school. Enter the school, gym will be on the left and wrestling room will be ahead on the right. A coach will be outside the school to direct EMS
- Send designated coach to wait for the ambulance at the front of the building, entrance closest to the gym.
 - b. AD, Assistant AD, Coaches, Athletic Trainer, and Custodial staff have key to unlock door

****AED located with athletic trainer and in gym hallway****

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Health and Safety Guidelines

Anne Arundel County Public Schools has created specific policies and procedures related to Thunder & Lightning, Heat Guidelines and Concussions. The Certified Athletic trainer will follow all aspects of these policies as outlined below. Additionally, these policies and procedures can be found in the Anne Arundel County Public Schools 2019-2020 Athletic Handbook. (Health and Safety Guidelines Included in Appendix A)

I. Inclement Weather Policy

General Policies:

In the case of inclement weather (ex: Thunderstorms/Lightning, Hail, Tornado), it will be under the direct discretion of the on-site Athletic Director, Athletic Trainer and/or Head Coach to determine if the practice/game fields should be evacuated.

If someone is struck by lightning, activate the Emergency Action Plan. A person struck by lightning does not carry an electrical charge; immediately initiate the EAP and begin the primary survey. If possible, move victim to a safe location. Avoid using the telephone except in emergency situations. People have been struck by lightning while using a land-line phone. A cellular phone or a portable phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure, and if all other precautions are followed.

Thunder/Lightning Information and Guidelines

- A. The National Weather Service has stated that lightning can strike up to 10 miles with storms traveling at a speed exceeding 50 miles per hour. However, thunder can only be heard within a distance of eight miles. ***Therefore, if you hear thunder and/ or see lightning, you are in immediate danger and should seek protective shelter in an indoor facility at once.*** An indoor facility is recommended as the safest protective shelter. However, if an indoor facility is not available, an automobile is a fairly safe alternative. If neither of these is available, the following guidelines are recommended. Avoid standing under large trees and telephone poles. If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill. As a last alternative, find a ravine or valley. In all instances outdoors, assume the crouched position. Avoid standing water and metal objects at all times (i.e. steering wheel, metal bleachers, cleats, umbrellas, etc.)
- B. The most dangerous storms give little or no warning; thunder and lightning are not heard or seen. Up to 40% of all lightning is not accompanied by thunder and 20-40% of thunder cannot be heard due to atmospheric disturbances, thus the term “silent killer”.
- C. The National Weather Service also recommends that 30 minutes should pass after the last sound of thunder is heard and/or a lightning strike is seen prior to resuming play. This is to allow sufficient time for the storm to pass and move out of lightning strike range.
- D. The intent of these guidelines is to ensure safety in situations where thunder/lightning occur during any athletic activity.

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School personnel are to follow these expectations:

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 lightning 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.
 - 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).
 - 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.
 - Events will not start or restart after 8 pm.

II. Heat Guidelines

A. The intent of these guidelines is to minimize injury and heat-related illnesses while enhancing the player's health, performance and well-being. Coaches, student-athletes and parents are reminded to always err on the side of caution. Schools are encouraged to educate student-athletes and parents regarding the risks of dehydration on health and physical performance. Schools should work with individual student-athletes to develop fluid-replacement strategies that optimize hydration status before, during and after competition /practice.

B. Each year high school student-athletes experience serious injury and even death as a result of heat-related illnesses. It has become a major concern in that the number of deaths over the last 15 years has remained constant. That statistic becomes more alarming given that heat-related illness and death are almost entirely preventable. The need to dramatically increase awareness of the issue, recognize the symptoms of heat illness and treatment of suspected cases has become a primary consideration for early season practice routines.

C. These guidelines are recommended for fall practice where the greatest risks of heat-related illnesses occur. However, student-athletes practicing indoors, in non-air conditioned or poorly

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ventilated gyms are also susceptible as are student-athletes practicing for spring sports. The guidelines are also recommended for winter and spring sports regarding the duration and intensity of practices. AACPS will evaluate whether equipment restrictions are necessary for winter and spring sports.

	Dehydration	Heat Cramps	Heat Exhaustion	Exertional Heat Stroke
Signs & Symptoms	Dry mouth Thirst Being irritable or cranky Headache Seeming bored or disinterested Dizziness Cramps Excessive fatigue	Intense pain Persistent muscle contractions that continue during and after exercise	Dehydration Loss of coordination, dizziness or fainting Profuse sweating Pale skin Headache Nausea, vomiting or diarrhea Stomach/intestinal cramps or persistent muscle cramps	Nausea Vomiting or diarrhea Headache Dizziness Hot and wet or dry skin Increased heart rate, decreased blood pressure or fast breathing Dehydration Combativeness
Treatments	Move child to a shaded or air-conditioned area Give him/her water or sport drinks to drink	The child should be given a sports drink to help replace fluid and sodium losses Light stretching, relaxation, and massage of cramped muscle	Move to air conditioned or shaded area Remove extra clothing and equipment Cool with cold water, fan, or cold towels Lie down with legs above heart level Drink chilled water or sports drink Seek medical attention if little or no improvement with treatment	Call emergency medical services for immediate transport Cool child while waiting (i.e., cold towels, fan) over as much of body as possible Remove extra clothing or equipment

Game and Practice Restrictions Due to Heat

AACPS central office staff may issue county-wide heat restrictions in accordance with the following heat index chart. Any such county-wide restriction will be based on the National Oceanographic and Atmospheric Administration (NOAA) website/application utilizing the 21401-zip code for Annapolis, MD and sent to athletic administrators for consistent implementation at all school sites.

Athletic directors, in consultation with trainers and coaches, will monitor the heat index at their school site. Any school may implement additional, more stringent guidelines above and beyond

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what the county issues if the circumstance at their facility warrants such additional precautions. Coaches are to follow specific guidelines indicated for each code.

Measurements taken at neighboring or adjacent schools/facilities/fields, and/or with various applications may result in different heat indexes. Specifically, turf fields tend to have a higher heat index than grass fields and shaded fields or those prone to cross winds tend to have lower heat index than fields without those factors. For consistency within school staffs, it is expected that each school select and use one website/application for all coaches, trainers, and administrators at that site.

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Game & Practice Restrictions Due to Heat

Code	Heat Index <i>(temperature & humidity)</i>	Restrictions & Accommodations
Red	Above 104°F <i>(recheck every 30 minutes)</i>	<ul style="list-style-type: none"> · Stop all outside activity in practice and/or play. · Stop all inside activity if air conditioning is unavailable.
Orange	100°–104°F <i>(recheck every 30 minutes)</i>	All of restrictions listed below, plus: <ul style="list-style-type: none"> · Alter uniform by removing items—if possible and permissible by rules. · Allow athletes to change into dry t-shirts and shorts at defined intervals. · Reduce time of outside activity. · Reduce time of indoor activity, if air conditioning is unavailable.
Yellow	95°–99°F <i>(recheck every 30 minutes)</i>	All of restrictions listed below, plus: <ul style="list-style-type: none"> · Provide mandatory 10-minute water breaks every 30 minutes to allow hydration as a group. · Reduce the time of the outside activity. · Consider postponing practice until later in the day. · Remove helmets and other equipment when athlete is not directly involved in the competition, drill, or practice and it is not otherwise required by rule.
Green	Under 95°F <i>(recheck every 30 minutes)</i>	<ul style="list-style-type: none"> · Have water available for athletes to take in as much as they desire. · Provide optional 10-minute water breaks every 30 minutes to allow hydration as a group. · Provide towels with ice to cool athletes as needed. · Watch/monitor athletes for necessary action.

Emergency Action Plan – South River High School

Monitoring Heat

The Heat index will be monitored by the Athletic Trainer using a Wet Bulb Globe Temperature and appropriate weather monitoring systems.

III. Game and Practice Restrictions Due to Other Weather Events

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

Varsity Stadium (Football, Track, XC, Lacrosse, Soccer, Field Hockey) EAP

Emergency Personnel:

Team Physician, Police Officers (only at football games), Athletic Trainer, Athletic Director, and Coaches. All individuals with lower credentials should yield to those with more appropriate training.

Emergency Communication:

911 from a school line or reliable cell phone. Police Officers can activate EMS (only at football games).

Emergency Equipment:

Team Physician's Medical Kit (only at football games), Athletic Trainer's Medical Kit, Splint Bag, and AED will be located on the back of the Athletic Trainer's gator.

Role of First Responders:

1. Immediate care of the patient.
2. Activation of emergency medical services (EMS). Provide:
 - a. Name, location, and telephone of caller
 - b. Nature of emergency
 - c. Number of patients
 - d. Condition of patient(s)
 - e. Any treatment administered by first responders
 - f. Venue-specific directions
 - g. Other information as requested by dispatcher

3. Emergency Equipment retrieval.

Closest AED will be with Certified Athletic Trainer (on gator)

* If Certified Athletic Trainer is not onsite closest AED is located in Snack Shack ("Bird Food") at Stadium**

Emergency Action Plan – South River High School

AD, Assistant AD, and Custodial Staff have key for Snack Shack if no game is going on

4. Direction of EMS to scene:
 - a. Designate an individual to make sure stadium gate is unlocked and to guide EMS to the patient.
 - b. Designate an individual for scene control.

Venue Directions:

201 Central Ave, Edgewater, MD 21037

- Directions: From Solomons Island Road
 - Turn left on Central Ave, and right onto Monarch Ave
 - Drive to the second entrance to turf field, just past Stadium Press box on your right
 - There will be a Coach at the gate to direct you
- Second designated coach to wait for the ambulance at the gate to the stadium.
 - AD, Assistant AD, Athletic Trainer, and Custodial staff have key to unlock gate

Inclement Weather Safe Shelter: Auditorium

Baseball, Softball, Tennis Courts EAP

Emergency Personnel:

Athletic Trainer, Athletic Director, and Coaches. All individuals with lower credentials should yield to those with more appropriate training.

Emergency Communication:

911 from a school line or reliable cell phone.

Emergency Equipment:

Athletic Trainer's Medical Kit, Splint Bag, and AED will be located on the back of the Athletic Trainer's gator.

Role of First Responders:

1. Immediate care of the patient.
2. Activation of emergency medical services (EMS). Provide:
 - a. Name, location, and telephone of caller
 - b. Nature of emergency
 - c. Number of patients
 - d. Condition of patient(s)
 - e. Any treatment administered by first responders
 - f. Venue-specific directions
 - g. Other information as requested by dispatcher
3. Emergency Equipment retrieval.

Closest AED will be with Certified Athletic Trainer (on gator)

*** If Certified Athletic Trainer is not onsite closest AED is located inside inside gym hallway****
4. Direction of EMS to scene:

Emergency Action Plan – South River High School

- a. Designate an individual to make sure stadium gate is unlocked and to guide EMS to the patient.
- b. Designate an individual for scene control.

Venue Directions:

201 Central Ave, Edgewater, MD 21037

· Directions from Solomons Island Road:

Turn left on Central Ave, and onto Monarch Ave.

Drive just past the stadium and turn left before the CAT South Parking lot

- Baseball field is on the right just past CAT building. Ambulance entrance will be on the right just past visitors' dugout and bleachers. A coach will be there to direct ambulance
- Tennis Courts are straight ahead at the end of the road behind the school. Turn left onto path just past Mobile classrooms and follow it until the Tennis Courts are directly on your right
- Softball field – turn left onto pavement as if going to tennis courts. Follow path past courts, along the JV Turf, and towards the middle school. At the end of the tennis courts, turn right and the softball field is directly across the grass field
 - Second designated coach to wait for the ambulance at appropriate gates.
 - AD, Assistant AD, Athletic Trainer, Coaches and Custodial staff have key to unlock gate

Inclement Weather Safe Shelter: GYM

Bermuda Fields and Cross-Country Trail EAP

Emergency Personnel:

Athletic Trainer, Athletic Director, and Coaches. All individuals with lower credentials should yield to those with more appropriate training.

Emergency Communication:

911 from a school line or reliable cell phone.

Emergency Equipment:

Athletic Trainer's Medical Kit, Splint Bag, and AED will be located on the back of the Athletic Trainer's gator.

Role of First Responders:

1. Immediate care of the patient.
2. Activation of emergency medical services (EMS). Provide:
 - a. Name, location, and telephone of caller
 - b. Nature of emergency
 - c. Number of patients
 - d. Condition of patient(s)
 - e. Any treatment administered by first responders
 - f. Venue-specific directions
 - g. Other information as requested by dispatcher

Revised August 2021 ATC Initials: _____ AD Initials: _____

Emergency Action Plan – South River High School

3. Emergency Equipment retrieval.

Closest AED will be with Certified Athletic Trainer (on gator)

* If Certified Athletic Trainer is not onsite closest AED is located inside Snack Shack or Gym Hallway**

AD, Assistant AD, and Custodial Staff have key for Snack Shack if no game is going on

4. Direction of EMS to scene:

a. Designate an individual to make sure stadium gate is unlocked and to guide EMS to the patient.

b. Designate an individual for scene control.

Venue Directions:

201 Central Ave, Edgewater, MD 21037

· Directions from Solomons Island Road:

- Turn left on Central Ave, and right onto Monarch Ave.
- Drive past the Stadium towards the service road.
- Enter through gate at service road
- Personnel will be there to direct ambulance to gate at Bermuda field
 - Second designated coach to wait for the ambulance at the gate to the stadium.
 - AD, Assistant AD, Coaches, Athletic Trainer, and Custodial staff have key to unlock gate

Inclement Weather Safe Shelter: GYM

Gymnasium, Wrestling Room EAP

Emergency Personnel:

Athletic Trainer, Athletic Director, and Coaches. All individuals with lower credentials should yield to those with more appropriate training.

Emergency Communication:

911 from a school line or reliable cell phone.

Emergency Equipment:

Athletic Trainer's Medical Kit, Splint Bag, and AED will be located with the Athletic Trainer

Role of First Responders:

1. Immediate care of the patient.
2. Activation of emergency medical services (EMS). Provide:
 - a. Name, location, and telephone of caller
 - b. Nature of emergency

Emergency Action Plan – South River High School

- c. Number of patients
 - d. Condition of patient(s)
 - e. Any treatment administered by first responders
 - f. Venue-specific directions
 - g. Other information as requested by dispatcher
3. Emergency Equipment retrieval.
- Closest AED will be with Certified Athletic Trainer (on gator)
- * If Certified Athletic Trainer is not onsite closest AED is located inside Gym Hallway**
4. Direction of EMS to scene:
- a. Designate an individual to make sure stadium gate is unlocked and to guide EMS to the patient.
 - b. Designate an individual for scene control.

Venue Directions:

201 Central Ave, Edgewater, MD 21037

Directions from Solomons Island Road

- o Turn left on Central Ave, and right onto Monarch Ave.
- o Turn left into the Bus Parking lot in front of the school and follow to the end of the school
 - **Gym/Wrestling Room** – accessible via side entrance to the school, just past the blue picnic tables in front of the school. Enter the school, gym will be on the left and wrestling room will be ahead on the right. A coach will be outside the school to direct EMS
- Send designated coach to wait for the ambulance at the front of the building, entrance closest to the gym.
 - AD, Assistant AD, Coaches, Athletic Trainer, and Custodial staff have key to unlock door

JV Turf EAP

Emergency Personnel:

Athletic Trainer, Athletic Director, and Coaches. All individuals with lower credentials should yield to those with more appropriate training.

Emergency Communication:

911 from a school line or reliable cell phone.

Emergency Equipment:

Athletic Trainer's Medical Kit, Splint Bag, and AED will be located with the Athletic Trainer

Role of First Responders:

1. Immediate care of the patient.
2. Activation of emergency medical services (EMS). Provide:

Emergency Action Plan – South River High School

- a. Name, location, and telephone of caller
 - b. Nature of emergency
 - c. Number of patients
 - d. Condition of patient(s)
 - e. Any treatment administered by first responders
 - f. Venue-specific directions
 - g. Other information as requested by dispatcher
3. Emergency Equipment retrieval.
- Closest AED will be with Certified Athletic Trainer (on gator)
- * If Certified Athletic Trainer is not onsite closest AED is located inside Gym Hallway**
4. Direction of EMS to scene:
- a. Designate an individual to make sure stadium gate is unlocked and to guide EMS to the patient.
 - b. Designate an individual for scene control.

Venue Directions:

201 Central Ave, Edgewater, MD 21037

Directions from Solomons Island road

- o Turn left on Central Ave, and right onto Monarch Ave.
- o Turn left into the Bus Parking lot in front of the school and follow to the end of the school
 - **JV Turf** is located just past the school. Ambulance entrance is located on the right just past the Mobile classroom. Coach will be by gate to direct ambulance onto field

Incident Weather Shelter: GYM

Concussion Management Protocol

A. Definition

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

B. Recognizing Concussion

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

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2. An injured student-athlete suspected of having a concussion should be immediately removed from the practice or contest and evaluated by the appropriate qualified person. However, the injured student-athlete may not re-enter the practice or contest, nor participate in subsequent practices or contests until cleared by an appropriate medical professional. For more information, please see our Head Injury Guidelines at www.aacps.org/athletics. **Medical Clearance for Student-Athlete Suspected Head Injury Form included in Appendix B**

C. Concussion Signs and Symptoms

Amnesia Loss of orientation Balance problems Memory problems “Bell rung” Nausea Dazed or confused Nervousness Depression Numbness or tingling Double vision Drowsiness Poor concentration Easily distracted Personality changes “Glassy Eyed” Excessive sleep Ringing in the ears Fatigue Sadness Feeling “in a fog” Seeing “stars” Feeling “slowed down” Sensitivity to light Headache Sluggishness Inappropriate emotions Change in personality Sensitivity to noise Irritability Sleep disturbance Loss of consciousness Vacant stare Vomiting

All student-athletes who get “rocked” or “dinged” and exhibit any of these signs or symptoms should be referred immediately to the athletic trainer and/or physician. If a question exists and no medical personnel are available, emergency transport (ambulance) the student-athlete to a hospital.

D. Return to Play Return

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (i.e., stationary cycle); moving to increasing your heart rate with movement (i.e., running); then adding controlled contact if appropriate; and finally return to sports competition. Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

Day 1: Low levels of physical activity include walking, light jogging, light stationary biking, and light weightlifting.

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, and moderate intensity weightlifting.

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, and noncontact sport specific drills.

Day 4: Sports Specific practice

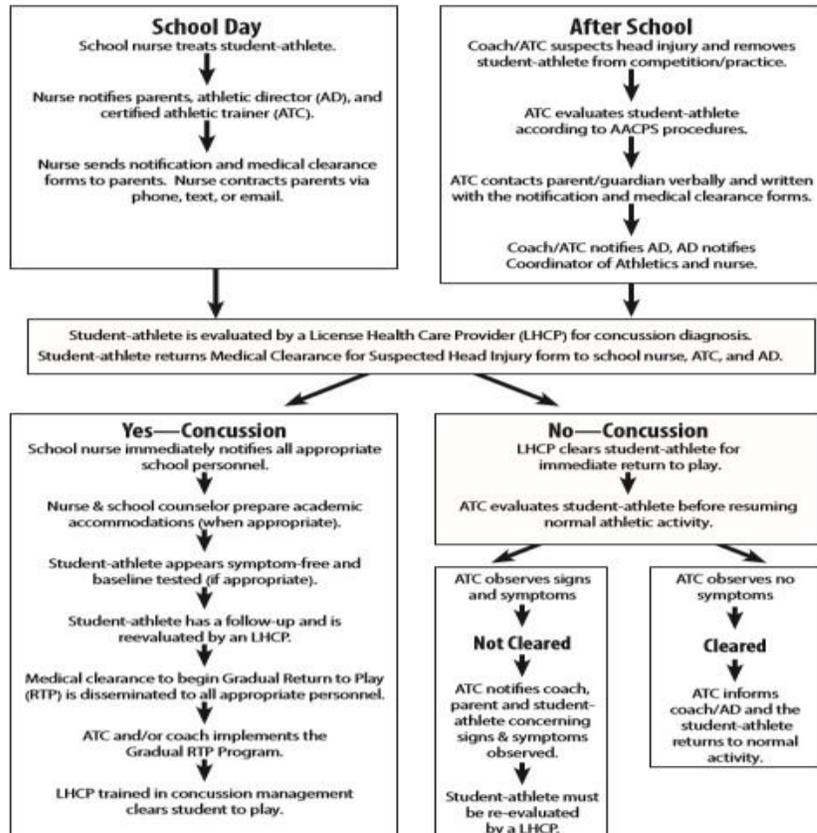
Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition

Emergency Action Plan – South River High School

AACPS Suspected Head Injury Procedural Flow Chart

SECTION 8: AACPS SUSPECTED HEAD INJURY PROCEDURAL FLOWCHART



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COVID-19 Guidelines

Due to COVID-19 there will be several limitations and changes put in place for the safety of coaches, staff, and athletes:

- Only 50 athletes per group
 - When not participating in sport, athlete’s must social distance as much as possible

Emergency Action Plan – South River High School

- Sanitizing stations provided around school grounds.
- In the event we have an athlete test **positive** for COVID-19:
 - The Anne Arundel County Department of Health will be contacted, notified, and the athlete will follow the appropriate guidelines in coordination with the school board and Maryland Department of Health.
 - The Health Department will perform all contact tracing for the individual athlete.
 - The coaches and teams will be notified to take appropriate precautions

Emergency Action Plan – South River High School

GUIDELINES FOR EMERGENCY CARE TO SPECIFIC INJURIES OR ILLNESSES

** In all cases, if the athletic trainer is on site, contact the athletic trainer first. If athletic trainer is NOT on site, then follow instructions below**

Cervical Spine injury

1. Evaluate the scene for safety
2. Check Airway, Breathing, and Circulation (ABC's) and begin CPR as needed
3. If Athlete is unconscious, assume there is a spinal cord injury and begin maintaining neutral c-spine position of athlete.
 - a) Maintain neutral c-spine position by holding both sides of the head and neck and stay in this position until directed otherwise by EMS
4. If athlete is not unconscious, ask athlete about neck pain, numbness/tingling in extremities, and weakness in extremities
5. Every unconscious athlete or injured athlete who complains of numbness, weakness, paralysis, or neck pain should be treated as if he or she has a cervical fracture and, thus, an unstable spine and should be stabilized and transported for further testing and diagnosis.
6. Designate coaching staff to activate EMS and get the AED
7. **DO NOT ATTEMPT TO MOVE THE ATHLETE** unless they are in danger because of their location. Maintain proper neck position.
8. **FOOTBALL AND LACROSSE EQUIPMENT REMOVAL** – should only be performed in the presence of at least 3 trained medical professionals (ATC, Team Physician or EMT). Screwdriver, trainer's angels, and quick-release tab on sideline

❖ PLEASE SEE ATTACHED DOCUMENTS AS TO CURRENT MARYLAND EMS PROTOCOL AND NATA POSITION STATEMENTS.

Emergency Action Plan – South River High School

ENVIRONMENTAL COLD INJURY PROTOCOL

The first step is identifying the condition. If the ATC is not present, a coach or administrator should contact him/her immediately to assess the level of severity. The primary goals of treating any environmental cold injury are to increase core temperature, remove any wet or cold clothing and minimize risk of systemic shock. The following protocols will be implemented in the event of a heat illness at the time the ATC arrives. If the ATC is not present, the coach or administrator is responsible for determining severity. It is important to understand that the weather is not the only factor in the susceptibility of a heat illness. Adequate hydration plays a major role in preventing heat illness.

Preparation:

1. Coaches and medical staff should identify and be aware of any athletes who present with known risk factors for cold injury (i.e., low fitness level, anorexia, Raynaud syndrome, asthma).
2. Temperature should be assessed prior to activity to determine whether the environment is safe for practice. Determine requirements pertaining to activity intensity, clothing, and equipment.
3. Identify warm, dry areas for athletes to passively rewarm, recover, or receive treatment.
4. Provide warm fluids.

Signs and Symptoms of Environmental Cold Injury:

Hypothermia (mild):

- Core temperature 98.6-95 degrees F
- Lethargy
- Vigorous shivering
- Impaired fine motor control
- Paleness
- Bloody nose
- Normal blood pressure

Hypothermia (moderate)

- Core temperature 94-90 degrees F
- Depressed respiration and pulse
- Turning blue
- Cessation of shivering
- Impaired mental function
- Slurred speech
- Loss of consciousness

- Muscle rigidity
- Dilated pupils
- Blood pressure decreased or difficult to measure

Hypothermia (severe)

- Core temperature below 90 degrees F
- Rigidity
- Bradycardia
- Severely depressed respiration
- Cardiac arrest
- Usually, comatose

Frostbite (mild)

- Dry, waxy skin
- Swelling
- Tingling or burning sensation

Emergency Action Plan – South River High School

- Skin contains white or blue-gray colored patches
- Affected are feels cold and firm to the touch
- Limited movement

Frostbite (deep)

- Skin is hard and cold, may be waxy and immobile
- Skin color is white, gray, black, or purple
- Burning aching, throbbing, or shooting pain
- Poor circulation
- Hemorrhagic blistering

Chilblain

- Red lesions
- Swelling
- Increased temperature
- Tenderness
- Itching, numbness, burning, or tingling
- Skin necrosis

Immersion (Trench) Foot

- Burning, tingling, or itching
- Loss of sensation
- Blotchy skin
- Swelling
- Pain
- Blister

Environmental Cold Injury Protocol:

Hypothermia

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a warmer location – rest him or her in a comfortable position. Remove any cold or wet clothing, insulate with warm, dry blankets or clothing.
3. When applying heat, apply ONLY to the chest, groin, and axilla. DO NOT apply to extremities.
4. Administer warm fluids.
5. Monitor athlete closely for any changes in status.
6. Instruct on 24 hr. care.

Frostbite

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a warmer location – rest him or her in a comfortable position. Remove any cold or wet clothing.
3. Rewarming must be performed SLOWLY. This can be accomplished at room temperature or by placing the affected tissue against another person's warm skin. If rewarming cannot take place, protect tissue from any further damage. Once the tissue has been rewarmed, it is imperative that refreezing does not occur. If the possibility of refreezing exists, postpone rewarming.
4. In the event of deep frostbite, the affected tissue should be immersed in a warm (98-104 degrees F) water bath.
5. Administer warm fluids.
6. Avoid applying friction massage to tissues.

Emergency Action Plan – South River High School

7. Monitor athlete closely for any changes in status.
8. Instruct on 24 hr. care

Chilblain

1. Assess level of illness (if thermometer is available take athlete's temperature)
2. Move athlete to a warmer location – rest him or her in a comfortable position. Remove any cold or wet clothing, insulate with warm, dry blankets or clothing.
3. Do not disturb blisters, apply friction massage, apply creams or lotions, use high levels of heat, or allow weight bearing on the affected area.
4. Administer warm fluids.
5. Monitor athlete closely for any changes in status.
6. Instruct on 24 hr. care.

Immersion (Trench) Foot

1. Thoroughly clean and dry the feet.
2. Treat the area by applying warm packs or soaking in warm water for about 5 minutes.
3. Replace with dry, warm socks.
4. Monitor athlete closely for any changes in status.
5. Instruct on 24 hr. care.

HEAT ILLNESS CARE PROTOCOL

The first step is identifying the condition. If the ATC is not present, a coach or administrator should contact him/her immediately to assess the level of severity. The primary goals of any heat illness are to decrease core temperature, administer fluids to aid in thermoregulation, and minimize risk of systemic shock. The following protocols will be implemented in the event of a heat illness at the time the ATC arrives. If the ATC is not present, the coach or administrator is responsible for determining severity. It is important to understand that the weather is not the only factor in the susceptibility of a heat illness. Adequate hydration plays a major role in preventing heat illness.

Preparation:

1. Coaches should complete National Federation of State High School Associations (NFHS) online course entitled, "A Guide to Heat Acclimatization and Heat Illness Prevention."
2. Relative humidity and temperature should be assessed with a heat index monitor to determine whether the environment is safe for practice.
3. Coolers should be prepared with ice and pre-made ice bags. A large tub should be 2/3 full of water.
4. Water should be readily available for athletes. Frequent water breaks should be allotted into practice, especially on hot days.

Emergency Action Plan – South River High School

Heat Illness Protocol:

Heat Cramps

1. Assess level of illness (if thermometer is available take athlete's temperature)
 - a. Rectal temperature is standard of care
2. Move athlete to a cooler location – rest him or her in a comfortable position
3. Administer cool fluids every 15 minutes, apply ice bags to armpits/neck as necessary
4. Remove or loosen tight clothing or athletic equipment
5. Begin gentle stretching of affected areas
6. Monitor athlete closely for any changes in status
7. Instruct on 24 hr. care

Heat Exhaustion

1. Assess level of illness (if thermometer is available take athlete's temperature)
 - a. Rectal temperature is standard of care
2. Move athlete to a cooler location – rest him or her in a comfortable position, lying down with feet elevated if possible
3. Administer cool fluids every 15 minutes
4. Remove or loosen tight clothing or athletic equipment and apply cool/wet towels or sheets if fan is available or ice packs to neck, armpits, groin, wrists
5. If no improvement, submerge athlete in ice tub outside on football practice field.
6. Monitor athlete closely for any changes in status and monitor ABC's
7. **Call 9-1-1 or the local emergency number if the person refuses water, vomits, or loses consciousness (See the Emergency Action Plan)**
8. Based on level of severity, determine practice status in following sessions that day
9. Instruct on 24 hr. care
10. Athlete must check in with ATC the following day prior to any activity for re-evaluation

Heat Stroke

1. Assess level of illness (if thermometer is available take athlete's temperature)
 - a. Rectal temperature is standard of care
2. Check ABC's
 - a. Airway – make sure the person's airway is clear and not obstructed
 - b. Breathing – make sure the person's chest is rising and falling to indicate breathing
 - c. Circulation – check pulse - carotid, distal radial
3. **Call 9-1-1 or your local EMS number immediately (See the Emergency Action Plan)**
4. Move the athlete to a cooler location – rest him or her in a supine position with feet elevated. If outdoors, move athlete to ice tub on the football practice field.
5. Quickly cool the body removing any athletic equipment, wrap wet sheets around the body and fan it (box or oscillating fan if available)
6. If you have ice packs or cold packs, place them on the athlete's wrists and ankles, in the armpits, groin, and neck to cool the large blood vessels. Immerse athlete in tub of cool water if available.

Emergency Action Plan – South River High School

HOLD ATHLETE after placing in tub. The abrupt drop in body temperature can cause a loss of consciousness.

7. Administer cool fluids if athlete is conscious
8. Continue to monitor ABC's and overall status
9. Keep the person lying down and wait for EMS to arrive

Cardiac Emergency Protocol

1. Immediate care of the injured or ill student athlete.

- a. Level of consciousness – if unconscious call 911 immediately
- b. Airway – is airway blocked
- c. Breathing – is person breathing
- d. Circulation – does person have pulse
- e. Bleeding – is person bleeding severely

****LOOK (for chest rise), LISTEN (for breath sounds), FEEL (for pulse) ****

2. Call 911 if necessary
3. Check for any MEDICAL ID TAGS
4. Designate someone to get Emergency equipment
 - a. AED, first-aid kit
5. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then 2 breaths
 - i. Speed: 100-120 compressions per minute
 - ii. Depth: 2 inches

****Consistency of speed and depth is imperative while administering CPR****

Fracture, Dislocations, Other Injuries Protocol

1. Immediate care of the injured or ill student athlete.

- a. Level of consciousness – if unconscious call 911 immediately
- b. Airway – is airway blocked
- c. Breathing – is person breathing
- d. Circulation – does person have pulse
- e. Bleeding – is person bleeding severely
 - a. Provide direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury

****LOOK (for chest rise), LISTEN (for breath sounds), FEEL (for pulse) ****

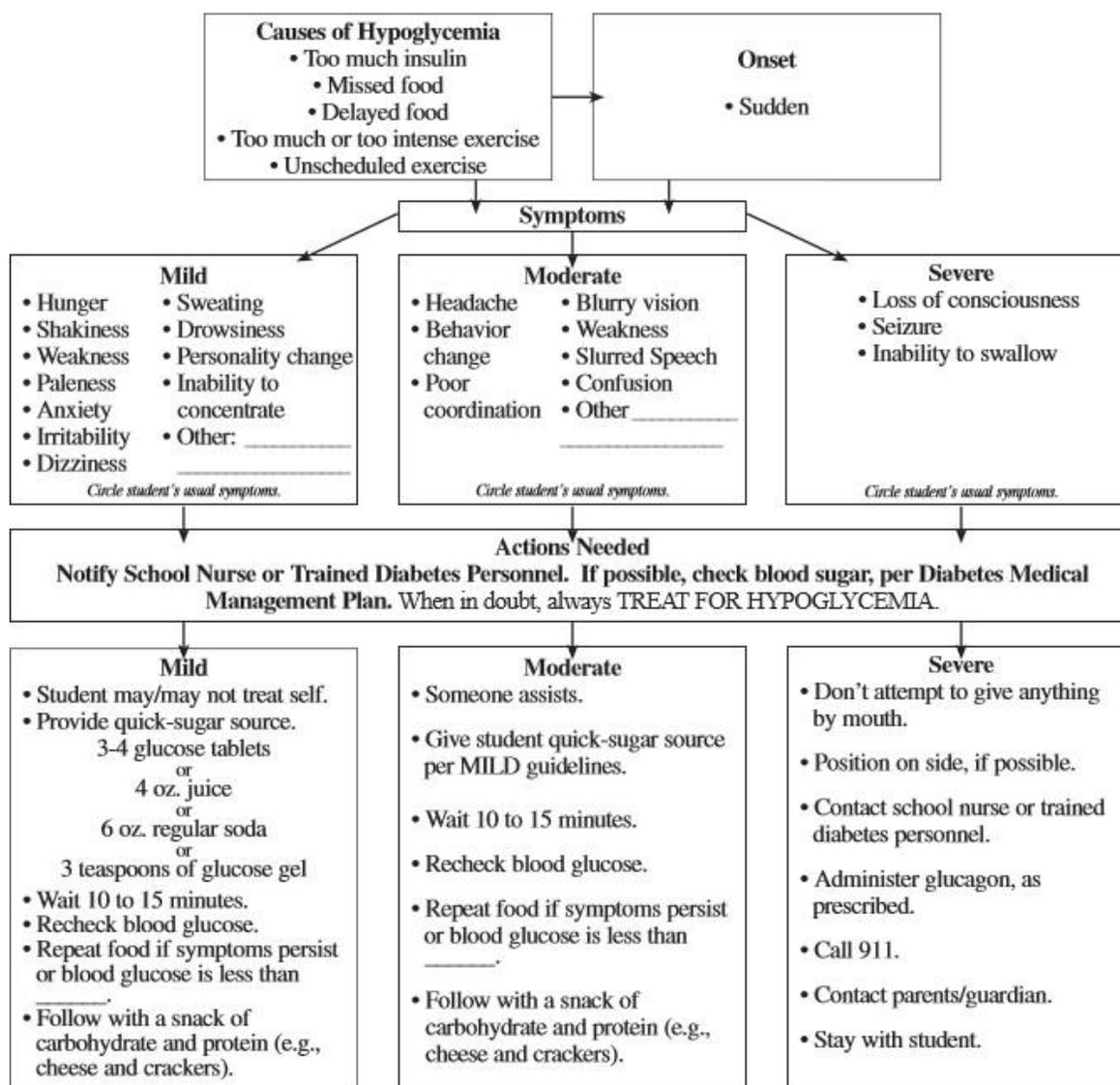
2. Call 911 if necessary
 - ** Use gloves for disease prevention ****
 - b. Stabilize fractures and wait for EMS for assistance with splinting
 - i. Splints on ATC Gator
 - c. Treat for Shock – if necessary

Emergency Action Plan – South River High School

EMERGENCY ACTION PLAN IN CASE OF DIABETIC EMERGENCY

Hypoglycemia (low blood sugar)

Never send a child with suspected low blood sugar anywhere alone.



*Excerpted from: Helping the Student with Diabetes Succeed: A Guide for School Personnel. Published by National Diabetes Education Program: A Joint Program of the National Institutes of Health and the Centers for Disease Control and Prevention

Local Medical Facilities

Hospital/Emergency Room

Anne Arundel Medical Center 2001 Medical Pkwy
Annapolis, MD 21401
(443) 480-1000

UMD Shock Trauma 22 S Greene St Baltimore, MD 21201
(410) 328-6110

Urgent Care

AFC/Doctors Express Urgent Care 3059 Solomons Island Rd Edgewater, MD 21037
(410) 956-3394

Evolve Medical Clinics
509 S Cherry Grove Ave Ste C Annapolis, MD 21401
(844) 322-4222

MedStar Health Urgent Care 2114 Generals Highway
Annapolis, MD 21401
(855) 910-3278

Patient First
2051 West St
Annapolis, MD 217401
(443) 603-0758

Minute Clinic 2601
Riva Rd
Annapolis, MD 21401
(866) 389-2727

Orthopedic Surgeons

Bay Area Orthopedics & Sports Medicine
1600 S Crain Hwy
Glen Burnie, MD 21061
(410) 768-5050

Orthopedic & Sports Medicine Center 2000 Medical Pkwy Ste 101
Annapolis, MD 21401
(410) 268-8862

Pediatric Physicians

South River Pediatrics Inc. 224 Mayo Rd #A
Edgewater, MD 21037
(410) 956-6302

Bayside Pediatrics 2568A Riva Rd #103
Annapolis, MD 21401
(410) 224-7667

Chesapeake Pediatrics, LLC 121
Old Solomons Island Rd
Annapolis, MD 21401
(410) 224-3663

Physical Therapy

Pivot Physical Therapy
2634 Brandermill Blvd
Gambrills, MD 21054

Pivot Physical Therapy
1013 Bay Ridge Ave #410
Annapolis, MD 21403

ATI Physical Therapy
9 Lee Airpark Drive, Suite 400
Edgewater, MD 21037
(443) 607-1462