

Howards Grove High School Emergency Action Plan



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General Emergency Response Procedures

Site Address

Howards Grove High School
401 Audubon Rd.
Howards Grove, WI 53083

Emergency Phone Numbers

1. Athletic Directors
 - a. Dave Schmid
 - i. Work: (920) 565-4450
 - ii. Cell: (414) 379-6393
 - iii. Email: dschmid@hgsd.k12.wi.us
2. Athletic Secretary
 - a. Barbara Reinl
 - i. Work: (920) 565-4450
 - ii. Email: breinl@hgsd.k12.wi.us
3. Licensed Athletic Trainer
 - a. Leah Paul
 - i. Work: (920) 451-5559
 - ii. Cell: (419) 217-7094
 - iii. Email: leah.paul@aurora.org
4. Aurora Sheboygan Memorial Medical Center
 - a. (920) 451-5000
 - b. Address: 2629 N. 7th Street, Sheboygan, WI 53083
5. Ambulance, Police, & Fire
 - a. 911
6. Poison Control
 - a. (800) 222-1222

Emergency Personnel

- Licensed Athletic Trainer
- Team Physician
- Coaches
- Emergency Medical Services
- Athletic Directors
- Officials

Emergency Qualifications

- It is required that the licensed athletic trainer, student athletic trainers (if applicable), and coaches are all trained in CPR and first aid.
- EMS will not be on site for practices and competitions since they are located close enough to respond quickly to an emergency

Emergency Equipment

- Gloves
- Gauze
- CPR Mask
- Medical Kit
- Splint Bag
- AED
 - Northwest corner of the gymnasium
 - Athletic training room or with the licensed athletic trainer

Responsibilities of Emergency Team Members

- During home games, the home team Athletic Trainer and the visiting Athletic Trainer are responsible for their own teams but may assist the other Athletic Trainer if needed. If the visiting team does not have medical personnel present, the home team Athletic Trainer will care for visiting athletes.
- Since there is only one athletic trainer on campus, all coaches are responsible for emergencies during practice and games until licensed athletic trainer or EMS arrives.
- Since insurance coverage varies, athletes may decide how and where they are cared for.
- Parents are the primary person to accompany student to hospital. If parent is not available, assistant coach/athletic director will accompany the athlete. If emergency occurs during practice, the athletic trainer may use their discretion in accompanying the student.

General Emergency Response Plan

1. In the event of an emergency, the first to arrive to the scene will administer first aid.
 - a. Those who are qualified to administer first aid are:
 - i. The licensed athletic trainer
 - ii. Any personnel trained in first aid and CPR
2. Emergency equipment retrieval
3. Activate Emergency Medical Services: Call 911
 - a. Provide name, address, and phone number
 - b. Specific location of emergency
 - c. Number and condition of injured individual(s)
 - d. Care being provided
 - e. Any other information requested
4. Direct EMS to the Scene
 - a. Open appropriate gates
 - b. Designate an individual to meet EMS and direct them to the scene
5. Crowd control
 - a. Designate an individual to help crowd control to allow EMS easy access
6. Immediately notify the parent/guardian of the injured student and inform them of the situation.
7. If the parent/guardian cannot be located, make certain that an adult accompanies the student to the hospital.
8. Complete appropriate documentation.

Guidelines for Lightning Safety

Purpose: To ensure safety for all athletes when participating in outdoor athletics at Howard Grove High School.

1. Chain of Command: The chain of command that identifies who is to make the call to remove individuals from the field:
 - a. Practice:
 - i. Licensed athletic trainer
 - ii. Head coach
 - iii. Assistant coach
 - iv. Athletic director
 - b. Games
 - i. Event manager (assistance from licensed athletic trainer) or those in the chain of command, will be on watch for signs of threatening weather conditions.
2. Discontinue outdoor activities and seek shelter when thunder is heard, or a cloud-to-ground lightning bolt is seen.
3. Shelters:
 - a. Howards Grove High School
 - b. Concession stand/restrooms
 - c. Vehicles
4. Resumption of Play:
 - a. Thirty-minute rule: Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play.
 - b. Any subsequent thunder or lightning after the beginning of the 30-minute count, reset the clock and another 30-minute count should begin.
 - c. This will be determined by the Athletic Trainer or event personnel.
5. In a game situation: fans will be notified over P.A. system to seek shelter.
6. Individuals who have been injured by lightning shall receive first aid procedures as describe in the general emergency action plan.
 - a. Survey the scene for safety
 - b. Activate EMS
 - c. Move the athlete
 - d. Evaluate and treat for trauma

Guidelines for Exertional Heat Illness

Purpose: To recognize and treat the symptoms of heat illness and ensure the safety of athletes at Howards Grove High School.

1. Prevention:

- a. Proper medical care on site (Licensed Athletic Trainer)
- b. A Licensed Athletic Trainer will determine the heat index using a digital sling psychrometer 30 minutes prior to the start of an activity and again 60 minutes after the start of the activity.
- c. Based on the digital readings and the Heat Index Chart, the licensed athletic trainer will provide recommendations to the coaches using the guidelines set by WIAA.
 - i. If the Heat Index is below 95 degrees:
 1. Provide ample amounts of water – water should always be available and athletes should be able to take in as much as they desire.
 2. Optional water breaks every 30 minutes for 10 minutes in duration.
 3. Ice-down towels for cooling will be available.
 4. Watch/monitor athletes carefully for necessary action.
 - ii. If the Heat Index is 95-99 degrees:
 1. Provide ample amounts of water – water should always be available and athletes should be able to take in as much as they desire.
 2. Mandatory water breaks every 30 minutes for 10 minutes in duration.
 3. Ice-down towels for cooling will be available.
 4. Watch/monitor athletes carefully for necessary action.
 5. Contact sports and activities with additional equipment (i.e. helmets) should be removed while not involved in contact.
 6. Reduce time of outside activity. Consider postponing activity to later in the day.
 7. Recheck temperature and humidity every 30 minutes to monitor and increase in Heat Index.
 - iii. If the Heat Index is 99-104 degrees:
 1. Provide ample amounts of water – water should always be available and athletes should be able to take in as much as they desire.
 2. Mandatory water breaks every 30 minutes for 10 minutes in duration.
 3. Ice-down towels for cooling will be available.
 4. Watch/monitor athletes carefully for necessary action.
 5. Alter uniform by removing items if possible.
 6. Allow for changes into dry shirts and shorts.

7. Reduce time of outside activity or indoor activity if air conditioning is not available.
 8. Postpone practice to later in the day.
 9. Contact sports and activities with additional equipment (i.e. helmets) should be removed while not involved in contact.
 10. If necessary, suspend activity.
 11. Recheck temperature and humidity every 30 minutes to monitor and increase in Heat Index.
- iv. If Heat Index is above 104 degrees:
1. Stop all outside activity and indoor activity if air conditioning is not available.

NOAA's National Weather Service

Heat Index

Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution

Extreme Caution

Danger

Extreme Danger

2. Equipment:
 - a. Cool water drinks
 - b. Ice for active cooling
 - c. Cell phone
3. Classification of Heat Illnesses:
 - a. Heat Cramps
 - b. Heat Exhaustion
 - c. Heat Stroke
 - d. Heat Syncope
 - e. Exertional Hyponatremia

4. Treatment:

- a. Using chart attached the Athletic Trainer will determine heat illness and decide treatment based upon the illness.

Exercise-associated muscle (heat) cramps <ul style="list-style-type: none"> • Dehydration • Thirst • Sweating • Transient muscle cramps • Fatigue • Heat syncope • Dehydration • Fatigue • Tunnel vision • Pale or sweaty skin • Decreased pulse rate • Dizziness • Lightheadedness • Fainting 	Exertional heat stroke <ul style="list-style-type: none"> • High body-core temperature (40°C [104°F]) • Central nervous system changes • Dizziness • Drowsiness • Irrational behavior • Confusion • Irritability • Emotional instability • Hysteria • Apathy • Aggressiveness • Delirium • Disorientation • Staggering • Seizures • Loss of consciousness • Coma • Dehydration • Weakness • Hot and wet or dry skin • Tachycardia (100 to 120 beats per minute) • Hypotension • Hyperventilation • Vomiting • Diarrhea
Exercise (heat) exhaustion <ul style="list-style-type: none"> • Normal or elevated body-core temperature • Dehydration • Dizziness • Lightheadedness • Syncope • Headache • Nausea • Anorexia • Diarrhea • Decreased urine output • Persistent muscle cramps • Pallor • Profuse sweating • Chills • Cool, clammy skin • Intestinal cramps • Urge to defecate • Weakness • Hyperventilation 	Exertional hyponatremia <ul style="list-style-type: none"> • Body-core temperature 40°C (104°F) • Nausea • Vomiting • Extremity (hands and feet) swelling • Low blood-sodium level • Progressive headache • Confusion • Significant mental compromise • Lethargy • Altered consciousness • Apathy • Pulmonary edema • Cerebral edema • Seizures • Coma

Guidelines for Fluid Replacement

Purpose: To hydrate the athlete to minimize the risk of heat illnesses.

1. Hydration Protocol:
 - a. Hydration should begin before activity. Thirst is not a good indicator of hydration status. Athletes are encouraged to begin each contest well hydrated.
 - b. Rehydrations: water will be available to each team during games. Teams will allow breaks according to the following:
 - i. 10 minutes post high intensity
 - ii. 15 minutes post low intensity
 - c. Water will be readily available if needed before these times.
 - d. During football seasons:
 - i. Water breaks will increase based on air temperature and humidity, which will be monitored by the licensed athletic trainer.
 - ii. Activity will be modified based on temperature and humidity if necessary.
 - e. No exercise will last longer than 30 minutes without a rehydration break.
 - f. During soccer season:
 - i. Athletes will allow for proper hydration time in order to properly replaced fluid loss based on activity intensity.
 - g. Everyone will have access to water bottles or cups
 - h. Water will also be available post activity to provide proper fluid replacement.
2. Recognizing the signs and symptoms of dehydration:
 - a. Thirst
 - b. Irritability
 - c. General discomfort
 - d. Headache
 - e. Dizziness
 - f. Cramps
 - g. Chills
 - h. Vomiting
 - i. Nausea
 - j. Head or neck sensations
 - k. Decreased performance
3. Coaches and athletes should be familiar on the signs and symptoms of dehydration and when to report those signs to the Athletic Trainer.

Guidelines for Cervical Spine Injuries

Purpose: To ensure proper steps are being taken to maintain the safety of a C-Spine injured athlete.

1. Any athlete suspected of having a spine injury should not be moved and should be managed as though a spinal injury exists.
2. The athlete's airway, breathing and circulation, neurological status and level of consciousness should be assessed.
 - a. After being checked by a licensed athletic trainer and, based on their clinical practice and education, they believe there is no suspected spine injury the athlete will be able to move and will be assessed further on the sidelines
 - b. After being checked by a licensed athletic trainer and, based on their clinical practice and education, they believe there is a suspected spine injury the athlete will NOT be able to move.
 - i. The licensed athletic trainer will stabilize in the position found.
 1. If face down, the licensed athletic trainer will stabilize and two people will help log roll.
 - ii. The licensed athletic trainer will maintain airway, breathing and circulation.
 - iii. Removal of helmet shoulder pads:
 1. In the event one needs to be removed, both MUST be removed.
 2. Helmet and shoulder pads should only be removed if:
 - a. Facemask cannot be removed and there is potential for disrupted breathing.
 - b. Athlete care requires use of AED.
 - c. Helmet is ill-fitting and making stabilization impossible.
 - iv. EMS will be activated.
 - v. As soon as EMS is on site, the injured athlete will be spine boarded and transported.
 - vi. The athlete's parent/guardian will accompany the athlete.
 - vii. If a parent/guardian cannot be located, an appropriate adult will accompany the athlete to the hospital.
 - c. Equipment:
 - i. Screwdriver to remove facemask.
 - ii. Face Mask Extractor to remove facemask.
 - iii. Scissors to remove equipment and uniform pieces.

Guidelines for Concussion

Purpose: To ensure the safety of the athlete who is suspected to have a concussion.

1. Defining and Recognizing:
 - a. The licensed athletic trainer will monitor practices and games. They will also be familiar with the signs and symptoms of a concussion.
 - b. Coaches, parents, and athletes will be educated on the signs and symptoms of concussions and when to report them.
 - c. The licensed athletic trainer will document all pertinent information about the injury:
 - i. Mechanism of injury
 - ii. Initial signs and symptoms
 - iii. State of consciousness
 - iv. Findings in serial and neuropsychological function and postural-stability tests
 - v. Instructions given to the athlete and/or family member
 - vi. Recommendations given by a physician
 - vii. Date and time of athlete's return-to-play
 - viii. Relevant information on the player's history of prior concussion and associated recovery patterns
2. Evaluating and Making the Return-to-Play Decision
 - a. The licensed athletic trainer at Howards Grove will be dedicated to the athlete's recovery in the even of a concussion.
 - b. Baseline testing will be implemented for athletes playing in high risk sports (football, soccer, basketball, baseball, and softball).
 - i. Baseline assessment tool:
 1. Axon Sports Neurocognitive Test
 2. Biodex Balance Test
 - c. At the time of injury, the licensed athletic trainer will record the time of initial injury and document the sideline assessments given.
 - i. Sideline assessments to be given:
 1. SCAT3
 - d. If at the time of injury the athlete has a LOC of over 3 minutes, EMS should be activated.
 - e. If the athlete has LOC of less than 3 minutes, the athlete should be monitored every five minutes. Signs of deterioration should be monitored, recorded, and transportation should be considered.
 - f. Athlete experiencing one symptom of a concussion will be removed from play and will not return until asymptomatic and complies with the return to play progression established by the State of Wisconsin. (Can be found at wiaawi.org or with the LAT)
3. Refer an Athlete to a Physician
4. Home Care
 - a. An athlete with a concussion will be given take home instructions (attached) to follow.
5. The licensed athletic trainer will enforce standards approved by NOCSAE for helmet safety.

HOWARDS GROVE HIGH SCHOOL

401 Audubon Road, Howards Grove, WI 53083

Leah Paul, MS, LAT/ Athletic Trainer/ P: (920) 576-1703/E: leah.paul@aurora.org

CONCUSSION INFORMATION SHEET (PLEASE KEEP FOR YOUR REFERENCE)

What is a concussion? Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.

Concussion Signs & Symptoms:

- Headache/"Pressure"
- Blurred Vision
- Nausea/Vomiting
- Loss of Appetite
- Fatigue/Sleepiness
- Irritability
- Feeling Slowed Down/Sluggish
- Difficulty Falling Asleep
- Difficulty Concentrating
- Feeling Like You're in a "Fog"
- Ringing in the Ears
- Sensitivity to Light or Noise
- Temporary Loss of Memory
- Balance Problems/Dizziness

If signs/symptoms worsen, there is loss of consciousness, or child begins to seize, transport them to the ER immediately.

Concussion Facts:

1. Symptoms can be subtle, such as headache or feeling sluggish.
2. Symptoms may not surface until 48-72 hours after the initial injury.
3. Recovery is different from person to person, thus recovery time cannot (and should not) be determined until after medical evaluation and post-concussion evaluation by a licensed healthcare professional in the State of Wisconsin.

Concussion Myths:

1. You have to have loss of consciousness for a concussion to occur.
 - a. Studies show that less than 10% of concussions result in a loss of consciousness.
2. Concussions are only a result of a direct blow to the head.
 - a. A concussion can be sustained by a sudden, violent movement of the head caused by an un-expected external force to the body.
3. You need to wake an individual with a concussion every 20 minutes.
 - a. It is best to let the individual get as much rest and sleep as possible.
4. Mouthguards and headgear will prevent concussions.
 - a. Although properly fitted mouthguards and headgear can prevent dental and facial injuries, it does not prevent concussions.

Management of Concussions:

When a concussion is suspected, it should be brought to the attention of a licensed athletic trainer and/or physician for further evaluation. If present, daily monitoring is needed. If conditions worsen, refer to a medical doctor.

Things to Avoid When Suffering from a Concussion:

- Avoid loud noises from music, tv, band practices, listening to an iPod, etc.
- Avoid electronic devices and visual noise such as texting, video games, internet use, etc.
- Avoid over-the-counter NSAIDS (Advil, Motrin, Ibuprofen, Aleve). All pain-masking medications should be avoided to properly monitor symptom progression. However, talk with the licensed athletic trainer or physician if you feel they are necessary.
- If school, homework, and/or studying causes an increase in symptoms contact the school nurse, athletic director, administrator, and/or guidance counselor to make adjustments for tests, quizzes, and/or class work.

Return to Participation:

It is mandatory that your child be checked by a physician prior to their return to sport participation. Your child will need to complete the return to play protocol and pass the neurocognitive test and balance test.

If any questions arise, please feel free to call and/or email me.
Thank you,

Athletic Trainer

Date