

## OLSS Emergency Action Plan for Athletics

### AED

- An automated external defibrillator is provided on-site and is located at or within a brief walk from an athletic practice or event on school property. **Inside Providence Room doors (walk in main entrance to school, straight through first set of double doors). AED directly to the right hanging on wall near cabinets.**
- An automated external defibrillator is freely accessible during all school functions. **Done.**
- All members of the coaching staff are trained in the operation and use of an automated external defibrillator
- A trained member of the coaching staff is present at all athletic practices and events on school property.

### Heat acclimatization

- Include guidelines for student athletes consistent with the Model Policy for Preseason-Practice Heat Acclimatization Guidelines for Student Athletes.
  - [05h Heat Acclimatization Guidelines for SMAC July 2012 \(smacathletics.org\)](http://smacathletics.org)
  - See Attached sheet for OLSS Cross Country.
  - OLSS Basketball is indoors. Please see “**Heat Index**” for information on air conditioning requirements for indoor basketball. Also Refer to “OLSS Cardiac Emergency Response Plan” for guidance on Cardiac emergencies.
- Ensure that each school is properly prepared and equipped to initiate cold water immersion for the treatment of exertional heat stroke (**NEED: small plastic baby pool, bucket to obtain ice, towels x4. Keep near AED**)
- **Exertional Dehydration:**
  - Vigorous exercise, particularly in hot and humid environments, can lead to significant dehydration with loss of water and electrolytes through sweat.
  - Ingestion of 5% to 8% carbohydrate-electrolyte solutions facilitates rehydration after exercise-induced dehydration and is generally well tolerated.
  - In the absence of shock, confusion, or inability to swallow, it is reasonable for first aid providers to assist or encourage individuals with exertional dehydration to orally rehydrate with carbohydrate electrolyte drinks.
  - For individuals with severe dehydration with shock, confusion or symptoms of heat stroke, immediately activate the EMS system then begin immediate cooling, preferably by immersing the victim up to the chin in cold water. Heat stroke requires emergency treatment with intravenous fluids. Do not try to force the victim to drink liquids. See Heat Emergencies, below.

### Heat Emergency/Heat Stroke/Exertional hyperthermia

- For adults and children with exertional hyperthermia or heat stroke, first aid providers should move the individual from the hot environment, remove excess clothing, limit exertion, and activate emergency services
- For children with exertional hyperthermia or heatstroke, it may be reasonable to initiate immediate active cooling by using whole-body (neck down) cool- to cold-water immersion techniques (33.8°F–78.8°F), when safe, until a core body temperature of <102.2°F is reached or neurological symptoms resolve
- For children with exertional hyperthermia or heatstroke, it may be reasonable to initiate

other forms of active cooling, including commercial ice packs, cold showers, ice sheets and towels, cooling vests and jackets, evaporative cooling, fanning, or a combination, when water immersion is not available. (AHA, CPR heart.org)

- Ensure that the cooling modality is readily available to student athletes at all athletic practices and events on school property (**Keep near AED. Ice and water easily/quickly accessible in this location**)
- Ensure that all members of the coaching staff are trained in cold water immersion
- Ensure that a trained member of the coaching staff is present at all athletic practices and events on school property- **Basketball, PE, Cross Country, Relay Practice**

Coordination of care for:

### **Cervical spine injury**

- If a first aid provider suspects a spinal injury, he or she should have the person remain as still as possible and await the arrival of EMS providers. Do not move unless immediate danger or further harm is imminent. Support head and neck without bending the spine forward to move injured person.

### **Concussion**

- The classic signs of concussion after head trauma include feeling stunned or dazed, or experiencing: headache, nausea, dizziness and unsteadiness (difficulty in balance), visual disturbance, confusion, or loss of memory (from either before or after the injury). Changes in symptoms may be subtle and yet progressive.
- Any person with a head injury that has resulted in a change in level of consciousness, has progressive development of signs or symptoms as described above, or is otherwise a cause for concern should be evaluated by a healthcare provider or [by] EMS personnel as soon as possible

### **Closed head injury**

- **DO NOT move or twist neck or back.** Have student rest, lying flat. Keep student quiet and warm. If student was even briefly confused and seems fully recovered-Contact parent or legal guardian and URGE MEDICAL CARE. Monitor for delayed symptoms. If student has any of the following: severe headache, unresponsive, seizure, neck pain, unable to respond to simple commands, blood or watery fluid from ears, unable to move or feel arms/legs, sleepy/confused, or blood flowing freely from head CALL 911 immediately and contact parents. Monitor airway and breathing. Do not give anything by mouth.

### **Major orthopedic injury**

- Do not move or try to straighten an injured extremity. Based on training and circumstance (such as remote distance from EMS or wilderness settings, presence of vascular compromise), you may need to move an injured limb or person. In such situations, providers should protect the injured person, including splinting in a way that limits pain, reduces the chance for further injury, and facilitates safe and prompt transport. If an injured extremity is blue or extremely pale, activate EMS immediately.

### **Severe Weather for outdoor facilities:**

- Take shelter in designated safe area (OLSS-Inside school, Chesapeake room)
- Stay away from doors and windows
- Close all doors

- Remain in safe area until ALL CLEAR is announced.
- For tornado/earthquake, or other imminent danger to school- DROP- to the floor and take cover under desk or table away from windows, COVER-your eyes by leaning face against arms, and HOLD on to table or desk legs and maintain location/position.
  
- **HEAT INDEX**-Modifications should be made based on Heat Index
  - **Code Gold** - Heat Index Under 95° Provide ample water. Water is always and athletes should have unrestricted access. Optional water breaks every 30 minutes for 10 minute time frames. Ice-down tub and towels are available. Athletes should be monitored carefully. Re-check heat index every 30 minutes.
  - **Code Orange** - Heat Index from 95° to 104° Provide ample water. Water is always and athletes should have unrestricted access. Mandatory water breaks every 30 minutes for 10 minute time frames. Ice-down tub and towels are available. Reduce time outside or move indoors to air conditioning if possible. Athletes should be monitored carefully. Re-check heat index every 30 minutes.
  - **Code Red** - Heat Index from 105° and Above Stop all outside activity including practice or play. Stop all indoor activity if air conditioning is not available and the heat index indoors is 105° or greater. Re-check heat index every 30 minutes.
    - \*Athletic Coaches and Trainers should use best judgement when making the call.

## OLSS

### Cardiac Emergency Response Plan

(I recommend utilizing the following program for guidance as it will hit all law points:

[66156 ACSAL EAP Guide.indd \(anyonecansavealife.org\)](#) )

- Posted at each athletic facility at school (By AED in Providence Room)
  - Available on the school's website for viewing by a student athlete's parent or guardian at the beginning of each school year (olsss.org- Section "Health")
  - Distributed to each member of the coaching staff
  - Rehearsed in person and interactively by all of the coaching staff of each sport before each of their respective seasons.
1. IDENTIFY THE APPROPRIATE SCHOOL PERSONNEL TO SERVE AS THE CARDIAC EMERGENCY RESPONSE TEAM WHO WILL BE TASKED WITH RESPONDING TO INCIDENTS INVOLVING AN INDIVIDUAL EXPERIENCING SUDDEN CARDIAC ARREST OR A SIMILAR LIFE-THREATENING EMERGENCY WHILE AT AN ATHLETIC FACILITY-
    - ALL OLSS Coaches/assistants/volunteers, we will need to assign tasks-
      - Gladys Nehf [4nehf@comcast.net](mailto:4nehf@comcast.net)
      - Cindy Grater [cjgrater@yahoo.com](mailto:cjgrater@yahoo.com)
      - David Nehf [davidnehf16@gmail.com](mailto:davidnehf16@gmail.com)
      - Nick Alexander [nickeldb42@hotmail.com](mailto:nickeldb42@hotmail.com) with alternative email (wife/Jill) [jill.alexander42@yahoo.com](mailto:jill.alexander42@yahoo.com)
      - Rodney Fleegle, Jr. [meganfleegle@gmail.com](mailto:meganfleegle@gmail.com) (best email is his wife's)
      - Tony Olekson [tony.olekson@gmail.com](mailto:tony.olekson@gmail.com)
      - Tim Wingenter [tkwingenter@yahoo.com](mailto:tkwingenter@yahoo.com)
      - Chuck Adams [chuckadams79@gmail.com](mailto:chuckadams79@gmail.com)
      - Gabby Debons [grod2@aol.com](mailto:grod2@aol.com)
      - Brandi Hutchins [schoolnurse@olsss.org](mailto:schoolnurse@olsss.org)
      - Emily Twohig [emtwohig21@yahoo.com](mailto:emtwohig21@yahoo.com)
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  - COORDINATE WITH FIRST RESPONDERS IN THE LOCAL EMERGENCY MEDICAL SERVICES TO INTEGRATE THE CARDIAC EMERGENCY ACTION PLAN INTO LOCAL EMERGENCY RESPONSE PROTOCOLS- **Contact Solomons Volunteer Rescue squad with our address, location of AED, and copy of OLSS plan**
  - INCLUDE, AT MINIMUM, THE FOLLOWING EVIDENCE-BASED CORE ELEMENTS RECOMMENDED BY AN APPROPRIATE NATIONAL ORGANIZATION, INCLUDING THE AMERICAN HEART ASSOCIATION: ("Utilize anyone Can Save A Life.org"- it originally developed and released in 2008 as a joint effort of the Minnesota State High School League and the Medtronic Foundation. This newly updated national version, funded by the NFHS Foundation, is designed to be a turn-key solution for every school wishing to implement an emergency action plan program for after-school practices and events. This program will take care of all key points.)
  - 1. PROCEDURES FOR ACTIVATING THE CARDIAC EMERGENCY RESPONSE TEAM DURING INCIDENTS INVOLVING AN INDIVIDUAL EXPERIENCING SUDDEN CARDIAC ARREST OR A SIMILAR LIFE-THREATENING EMERGENCY WHILE AT AN ATHLETIC FACILITY

- **OLSS PROCEDURES FOR ACTIVITATING EMERGENCY RESPONSE TEAM:**
- REQUIRING SPECIFIED SCHOOL PERSONNEL TO HAVE TRAINING IN FIRST AID, CARDIOPULMONARY RESUSCITATION (CPR), AND THE OPERATION AND USE OF AUTOMATED EXTERNAL DEFIBRILLATORS
  - INCLUDING CARDIAC EMERGENCY RESPONSE TEAM MEMBERS
  - ATHLETIC COACHING AND TRAINING STAFF
  - SCHOOL NURSES
  - ANY OTHER INDIVIDUALS IDENTIFIED BY THE CARDIAC EMERGENCY RESPONSE TEAM.
- EACH YEAR, EACH MIDDLE SCHOOL AND HIGH SCHOOL SHALL REVIEW AND UPDATE THE CARDIAC EMERGENCY RESPONSE PLAN REQUIRED UNDER THIS SUBSECTION.

## Resources

Anyone Can Save a Life. Emergency Action Planning Guide. [66156 ACSAL\\_EAP\\_Guide.indd \(anyonecansavealife.org\)](#)

American Heart Association First Aid. [First Aid | American Heart Association CPR & First Aid](#)

Model Policy for Preseason-Practice Heat Acclimatization Guidelines for Student-Athletes. [Model\\_Policy\\_for\\_Heat\\_Acclimatization\\_Guidelines.pdf \(mpssaa.org\)](#)

Preseason-Practice Heat Acclimatization Guidelines for the Southern Maryland Athletic Conference. [05h Heat Acclimatization Guidelines for SMAC July 2012 \(smacathletics.org\)](#)