



CROFTON HIGH SCHOOL - EMERGENCY ACTION PLAN

Important Phone and Contact Numbers:

EMS: 911

Certified Athletic Trainer

Rotating MedStar ATCs

Cell:

Athletic Director

Jeff Martin

Email: jmartin@aacps.org

Cell: (410) 451-6142

Principal

Kathryn Feuerherd

Email: kfeuerherd@aacps.org

Cell: (410) 451-6142

Assistant Athletic Director

Tim Stedman

Email: tstedman@aacps.org

Cell: (410) 271-5580

Emergency Care Facilities

- Anne Arundel Medical Center
(443) 481-1000
2001 Medical Pkwy, Annapolis MD 21401
- Baltimore Washington Medical Center
(410) 787-4000
301 Hospital Dr, Glen Burnie MD 21061
- Shock Trauma Center (head, neck, spine)
(410) 328-9284
22 S Greene St., Baltimore MD 21201

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Heat Illness)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd, Gambrills MD 21054

PHONE: (410) 674-6500

Participants in Emergency Action Plan:

1. Athletic trainer

- Primary care for injured athlete, document accident report following injury, call 911, notify parents

2. Head coach

- Assist in providing care for injured athlete, call 911 if ATC cannot, retrieve medical kit or AED, document accident report following injury

3. Assistant coaches and/or school administrators

- Meet EMS, direct EMS, crowd control, team management, travel in ambulance if parents not present

Emergency Heat illness definitions:

1. Exertional Heat Stroke (EHS): The most severe heat illness characterized by neurological impairment and a core body temperature higher than 104 degrees Fahrenheit (*Core temperature MANDATORY*). Commonly presents with red skin and no sweating.

2. Heat Exhaustion: The inability to effectively exercise in the heat manifested by an elevated core body temperature that is less than 104 degrees Fahrenheit (*Core temp not mandatory, may occur if athlete deteriorates*). Commonly presents with pale skin and excessive sweating.

Equipment locations

1. Cold water immersion tub – In the stadium under the “home” bleachers. Cold tub should remain filled about halfway. This needs to be checked DAILY. Cold tub should remain in a place easily accessible yet in shade.

2. Rectal thermometer, strap, towels – will be located with Jeff Martin until ATC is determined

3. Extra ice – At least THREE 10 gallons should be filled with ice and set up next to the cold tub daily. If more ice is needed, a coach or administrator can go in the ATR in the stadium where an ice machine and coolers are located.

4. Water supply – Running water is available from the garage in the stadium, outside to the right of the garage door. A hose will be located inside of the garage to the right of the garage door on the ground.

How to Respond to Emergency Heat Illness:

1. Recognize the signs and symptoms of heat illness and heat stroke
 - Immediately remove athlete from play and bring to ice immersion tub under “home” bleachers
 - Call 911 to activate EMS
2. Prepare for ice immersion
 - At least 3 people including ATC will be needed
 - Remove any equipment from athlete (pads, helmet, etc)
3. Take vitals
 - Just before immersing the athlete, take vital signs (pulse, airway, breathing)
DO NOT SPEND A LOT OF TIME ON THIS
 - Assess core body temperature with a rectal thermistor (flexible thermometer stays in during cooling and allows for continuous monitoring of temperature during immersion therapy which should be done by ATC or other medical professional)
 - One coach/school administrator will assist in covering the athlete with towels located in the equipment room while temperature is being taken
 - Assess level of central nervous system dysfunction
4. Begin ice water immersion
 - Place the athlete in the ice water immersion tub up to mid-chest or neck with appropriate support
 - Medical staff, volunteers and teammates may be needed to assist with a smooth and safe entry and exit
5. Total body coverage
 - Cover as much of the body as possible with ice water while cooling
 - Cover the torso as much as possible
 - To keep the athlete’s head and neck above water, an assistant (coach, athlete, etc) may hold the athlete under the armpits with a towel or strap across the chest and under the arms
 - Place an ice/wet towel over the head and neck while body is being cooled in tub – this towel should be rotated continuously throughout time in the tub to enhance cooling of body surface area not in contact with the cold water in tub
6. Vigorously circulate water
 - During cooling, water should be continuously circulated or stirred to enhance the water to skin temperature gradient, which optimizes cooling
 - When water is not circulated, the warmth of the body warms the water immediately closest to the skin, this decreased the efficacy and cooling rate
7. Continue to check vitals
 - Vital signs should be monitored and documented at regular intervals
 - It may be helpful for an assistant to stand nearby in case the athlete becomes combative
 - Other assistants may be needed to lift or roll the athlete if vomiting occurs

8. Cooling duration

- Continue cooling until patient's rectal temperature lowers to 39C (102F)
- If rectal temperature cannot be measured and cold water immersion is indicated, cool for 10-15 minutes and then transport to a medical facility
- An appropriate estimate of cooling via cold water immersion is 1C for every 5 minutes and 1F for every 3 minutes (if water is aggressively stirred)

9. Cooling is the primary goal before transportation

- If appropriate medical staff is available on-site, an aggressive cooling modality is readily available and no other emergency medical services are needed besides rapid lowering of temperature, always follow the "cool first, transport second" rule
- Remove the patient from the immersion tub only after rectal temperature reaches 39C (102F) and then transfer to nearest medical facility via EMS as quickly as possible

10. Documentation of event

- Parents notified

Heat Illness Recognition:

*** It is always recommended to play it safe. If there is ever a question whether or not to place an athlete in immersion tub, ALWAYS put the athlete in the immersion tub ***

- Rectal temperature greater than 104F
- Irrational behavior, irritability, emotional instability
- Altered consciousness, coma
- Disorientation or dizziness
- Headache
- Confusion or just look "out of it"
- Nausea or vomiting
- Diarrhea
- Muscle cramps, loss of muscle function/balance, inability to walk
- Collapse, staggering or sluggish feeling
- Profuse sweating or no sweating
- Decreasing performance or weakness
- Dehydration, dry mouth, thirst
- Rapid pulse, low blood pressure, quick breathing
- Other outside factors may include:
 - Out of shape or obesity
 - Hot and humid day
 - Practice near the start of season or near end of practice
 - First day in full pads and equipment
- If an athlete collapses and "comes to" fast and there is no ATC on campus, ALWAYS place athlete in cold tub immersion

- Athlete IS NOT to return to play the same day after experiencing heat illness, even if they are feeling better. It is recommended they follow up with a physician for clearance if heat illness was suspected

To prevent heat illnesses, a plan for acclimatization should be in place. This should be a gradual increase in activity and equipment over a 2-week period. See below for general guidelines.

Preseason Heat-Acclimatization Guidelines

Area of Practice Modification	Practices 1-5		Practices 6-14
	Days 1-2	Days 3-5	
# of Practices Permitted Per Day	1		2, only every other day
Equipment	Helmets only	Helmets & Shoulder Pads	Full Equipment
Maximum Duration of Single Practice Session	3 hours		3 hours (a total maximum of 5 hours on double session days)
Permitted Walk Through Time	1 hour (but must be separated from practice for 3 continuous hours)		
Contact	No Contact	Contact only with blocking sleds/dummies	Full, 100% live contact drills

NOTE: warm-up, stretching, cool-down, walk-through, conditioning, and weight-room activities are included as part of practice time

**ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
GAME AND PRACTICE RESTRICTIONS DUE TO HEAT**

Code	Heat Index (Temperature & humidity)	Restrictions & Accommodations
RED	<p align="center">ABOVE 104 <i>(re-check every 30 min)</i></p>	<p>*STOP ALL OUTSIDE ACTIVITY IN PRACTICE AND/OR PLAY</p> <p>*STOP ALL INSIDE ACTIVITY IF AIR CONDITIONING IS UNAVAILABLE</p>
ORANGE	<p align="center">100-104 <i>(re-check every 30 min)</i></p>	<p><u>All of restrictions listed below, plus:</u></p> <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	<p align="center">95-99 <i>(re-check every 30 min)</i></p>	<p><u>All of restrictions listed below, plus:</u></p> <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 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	<p align="center">UNDER 95 <i>(re-check every 30 min)</i></p>	<ul style="list-style-type: none"> *Have water available for athletes to take in as much as they desire. *Provide 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

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Cardiac Arrest)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300

Participants in Emergency Action Plan:

1. Athletic Trainer

- Primary care for injured athlete, document accident report following injury

2. Head coach, assistant coaches, school administrators

- Assist in providing care for injured athlete, call 911, notify parents, meet EMS, retrieve medical kit or AED, travel in ambulance if parents not present

Equipment locations

AED: ATC will have AED on hand for contests. AED inside is located in gym lobby next to the bathrooms. AED outside is located on wall in stadium athletic training room.

In the event of a downed athlete:

1. Check for responsiveness by tapping on the shoulder and shouting their name
2. If athlete does not respond, a coach will call 9-1-1 and give pertinent information as well as directions to specific location
 - a. A coach, AD or another player should be sent to meet EMS at entrance to the facility to guide them. Bring KEYS if necessary
3. Check for breathing for 5-10 seconds, DO NOT check pulse
4. If not breathing, ATC will begin CPR and designate someone to bring the AED
 - a. If athlete is wearing pads/equipment, the chest must be exposed for quality CPR and AED connection
5. Once the AED arrives, continue CPR while someone attaches the pads to the athlete
6. Follow prompts from the AED and deliver shock if advised. Continue cycles of CPR until the patient wakes up or EMS arrives
7. Athlete will be transported to the appropriate hospital and a coach/parent/guardian should accompany the athlete
8. Parents must be notified

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Cervical Spine)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300

Participants in Emergency Action Plan:

1. Athletic Trainer

- Primary care for injured athlete, document accident report following injury

2. Head coach, assistant coaches, school administrators

- Assist in providing care for injured athlete, call 911, notify parents, meet EMS, retrieve medical kit or AED, travel in ambulance if parents not present

Equipment locations

AED: ATC will have AED on hand for contests. AED inside is located in gym lobby next to the bathrooms. AED outside is located on wall in stadium athletic training room.

Immobilization devices: Wait for EMS to bring a backboard and/or cervical neck collar

In the event of an unconscious downed athlete:

1. Check for responsiveness by tapping on the shoulder and shouting their name
2. If athlete does not respond, a coach will call 9-1-1 and give pertinent information as well as directions to specific location
 - a. A coach, AD or another player should be sent to meet EMS at entrance to the facility to guide them. Bring KEYS if necessary
3. If a cervical neck injury is suspected because of a high-speed collision, spearing, twisting or landing from a height, ATC should stabilize the head and neck
4. Coach should check for breathing for 5-10 seconds, DO NOT check pulse
5. If not breathing, coach will begin CPR and ATC will designate someone to bring the AED
 - a. If athlete is wearing pads/equipment, the chest must be exposed for quality CPR and AED connection
6. Once the AED arrives, continue CPR while someone attaches the pads to the athlete
7. Follow prompts from the AED and deliver shock if advised. Continue cycles of CPR until the patient wakes up or EMS arrives
8. Athlete will be transported to the appropriate hospital and a coach/parent/guardian should accompany the athlete
9. Parents must be notified

In the event of a conscious downed athlete:

- Check for responsiveness by tapping on the shoulder and shouting their name
- If athlete moves, speaks or acknowledges, ask them the following questions:
 - Is there pain over the cervical spinous processes?
 - Unable to move your fingers and toes?
 - Decreased sensation in the arms and/or legs?
 - Major distracting injury like a leg or arm fracture?
- If yes to any question, ATC should stabilize the head and neck
- Coach will call 9-1-1 and give pertinent information as well as directions to specific location
 - A coach, AD or another player should be sent to meet EMS at entrance to the facility to guide them. Bring KEYS if necessary
- If athlete prone and enough people available, use log roll technique to bring supine
- Monitor vitals and begin CPR if breathing stops
- Wait for EMS to arrive before removing equipment and completing spinal motion restriction using a backboard, stretcher and/or cervical neck collar

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Orthopedic Trauma)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300

Participants in Emergency Action Plan:

1. Athletic Trainer

- Primary care for injured athlete, document accident report following injury

2. Head coach, assistant coaches, school administrators

- Assist in providing care for injured athlete, call 911, notify parents, meet EMS, retrieve medical kit or AED, travel in ambulance if parents not present

Equipment locations

AED: ATC will have AED on hand for contests. AED inside is located in gym lobby next to the bathrooms. AED outside is located on wall in stadium athletic training room.

Immobilization devices: located in athletic training room and/or medical kit

Wound care: located in athletic training room and/or medical kit

In the event of a fracture or dislocation:

1. ATC will perform an injury evaluation
2. If a dislocation is suspected and the ENT allows, ATC may attempt to reduce a patellar dislocation, shoulder dislocation, or finger dislocation. For elbow and knee dislocations, no relocation should be attempted
 - a. Circulation and sensation should be checked and documented before AND after any relocation
 - b. Athlete may need to be splinted or immobilized after relocation
 - c. Athlete may be transported by parent/guardian to the appropriate medical facility or EMS may be contacted for transport
3. If a fracture is suspected, ATC should splint the athlete in position found, immobilizing the joints above and below the affected bone
 - a. SAM splints will be used for immobilization
 - b. Circulation and sensation should be checked and documented before AND after immobilization
 - c. For minor fractures such as fingers and forearms, once splinted, the athlete may be transported by parent/guardian to the appropriate medical facility
 - d. For severe fractures such as open fractures, compound fractures or femur fractures:
 - i. A coach will call 9-1-1 and give pertinent information as well as directions to specific location

- ii. A coach, AD or another player should be sent to meet EMS at entrance to the facility to guide them. Bring KEYS if necessary
- iii. ATC should keep athlete calm, control bleeding and monitor vitals
- iv. If athlete goes into shock and stops breathing, follow EAP for cardiac arrest
- v. Once EMS arrives, stabilize the fracture and transport to appropriate hospital and a coach/parent/guardian should accompany the athlete
- vi. Document circulation and sensation a final time before transporting
- vii. Parents must be notified

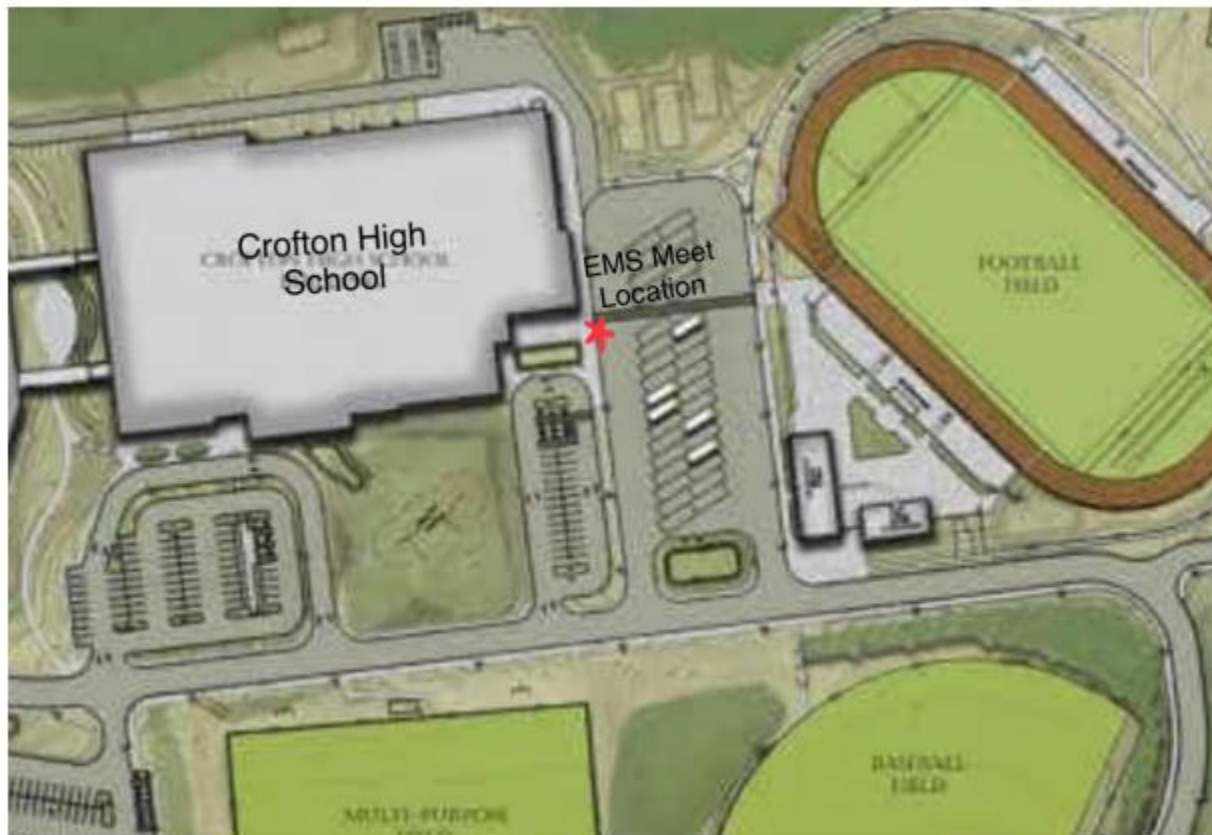
CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Gymnasium and Auxiliary Gym)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300



Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured person, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911 if AT cannot, retrieve medical kit or AED, document accident report following injury
- 3. Assistant Coaches or School Administrator** – Meet EMS in parking lot between school and stadium and direct EMS through doors near cafeteria into designated gym, open gate/remove blockades, crowd control, team management, go in ambulance with injured athlete if parents not present.

Emergency Equipment Location:

- 1. AED** – ATC will have AED on hand. In the event ATC is not present, there is an AED attached to the wall in the gym lobby next to the bathrooms
- 2. Medical supplies** – ATC will have medical kit directly on hand. If ATC not there, head coach of each team will have a first aid kit

In the event of an emergency situation:

- **Where should EMS come to meet the athlete?**
 - EMS should be given the address above and told to enter the school from the entrance facing the stadium. The dispatcher should be told that someone will be waiting outside the school by the entrance in the parking lot to assist in directing EMS. EMS will enter the school through a set of glass doors by the cafeteria to get to the gym/aux gym.
- **Who will meet EMS outside?**
 - An assistant coach or school administrator should go outside the gym doors to meet EMS in the parking lot and direct them where to go inside the school.
- **Who will give primary care to the athlete and what is their role?**
 - The ATC will provide primary care, which will include immediate care of the injure or ill individual. If there is not an ATC present, a coach trained in first aid and CPR will provide primary care.
- **Who calls EMS?**
 - ATC will make the decision to call EMS. If the ATC is not present or unable to call EMS, the Head Coach will either call EMS or delegate a person to call EMS. The following information must be given to dispatch:
 - Reason for emergency
 - Location where injury occurred (specific field, gym)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, pulse, breathing, etc.)
- **Who will notify the parents the athlete is being transported to an emergency care facility?**
 - ATC will speak with the parents if they are present. If the parents are not present and ATC is caring for the patient, the Head Coach or school administrator will call the parents or delegate an assistant coach to notify them.
- **To which emergency care facility will athletes be transported?**
 - Hospitals in the area include Anne Arundel Medical Center, and Baltimore Washington Medical Center
 - Location will depend on where the paramedics decide to take the injured athlete
- **Who will notify the ATC and AD?**
 - If ATC is not present, the Head Coach or school administrator will either notify the ATC or delegate a person to notify the ATC of the incident.

- **Who will manage the rest of the team while care is given to the injured athlete?**
 - The assistant coaches, other school administrators, or SRO will manage the rest of the team and assist with crowd control if necessary while the injured athlete is cared for. At no time should any parent or other individual outside of the Crofton staff be on the court intervening with care.

- **Who will travel with the injured athlete to the emergency care facility?**
 - If parents are not present or unable to meet the athlete and the EMS at the school or at the hospital, an assistant coach will travel with the athlete to the emergency care facility.

- **Who will document the injury?**
 - The coach will fill out an accident report to submit to the administration. ATC will document the injury for medical records.

- **Who will speak to parent in the instance of a catastrophic injury?**
 - ATC will notify the parents in the event of a catastrophic injury.

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Stadium/Track)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300



Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured person, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911, retrieve medical kit or AED, document accident report following injury
- 3. Assistant Coaches or School Administrator** – Meet EMS by rolling gate and direct EMS to stadium field, open gate/remove blockades, crowd control, team management, go in ambulance with injured athlete if parents not present

Emergency Equipment Location:

- 1. AED** – ATC will have AED on hand. In the event ATC is not present, there is an AED attached to the wall in the stadium athletic training room.
- 2. Medical supplies** – ATC will have medical kit directly on hand. If ATC not there, head coach of each team will have a first aid kit

In the event of an emergency situation:

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

- EMS should be given the address above and specify the emergency is located at the stadium. Dispatcher should be instructed EMS will be met at the gate that is facing the school.
- **Who will meet EMS outside?**
 - An assistant coach or administrator should meet EMS in the parking lot by the stadium side entrance. All gates must be unlocked and opened prior to EMS arrival
- **Who will give primary care to the athlete and what is their role?**
 - Certified Athletic Trainer will provide primary care, which will include immediate care of the injured or ill individual. If there is not an athletic trainer present, a coach trained in First Aid and CPR will provide primary care.
- **Who calls EMS?**
 - ATC will make the decision to call EMS. If the ATC is not present or unable to call EMS, the Head Coach will either call EMS or delegate a person to call EMS. The following information must be given to dispatch:
 - Reason for emergency
 - Location where injury occurred (specific field, gym)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, pulse, breathing, etc.)
- **Who will notify the parents the athlete is being transported to an emergency care facility?**
 - ATC will speak with the parents if they are present. If the parents are not present and ATC is caring for the patient, the Head Coach or school administrator will call the parents or delegate an assistant coach to notify them.
- **To which emergency care facility will athletes be transported?**
 - Hospitals in the area include Anne Arundel Medical Center, and Baltimore Washington Medical Center
 - Location will depend upon where the paramedics decide to take the injured athlete (most often is BWMC, unless otherwise specified)
- **Who will notify the ATC?**
 - If ATC is not present, the Head Coach or school administrator will either notify the ATC or delegate a person to notify the ATC of the incident.

- **Who will manage the rest of the team while care is given to the injured athlete?**
 - The assistant coaches, other school administrators, or SRO will manage the rest of the team and assist with crowd control if necessary while the injured athlete is cared for. Please be sure the path to the field is cleared. At no time should any parent or other individual outside of the Crofton staff be on the field intervening with care.

- **Who will travel with the injured athlete to the emergency care facility?**
 - If parents are not present or unable to meet the athlete and the EMS at the school or at the hospital, an assistant coach will travel with the athlete to the emergency care facility.

- **Who will document the injury?**
 - The coach will fill out an accident report to submit to the administration. ATC will document the injury for medical records.

- **Who will speak to parent in the instance of a catastrophic injury?**
 - ATC will notify the parents in the event of a catastrophic injury.

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Turf II)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300



Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured person, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911 if ATC cannot, retrieve medical kit or AED, document accident report following injury
- 3. Assistant Coaches or School Administrator** – Meet EMS in street in between the school and turf II and direct EMS onto field, crowd control, team management, go in ambulance with injured athlete if parents not present

Emergency Equipment Location:

- 1. AED** – ATC will have AED on hand. In the event ATC is not present, there is an AED attached to the wall in the stadium athletic training room.
- 2. Medical supplies** – ATC will have medical kit directly on hand. If ATC not there, head coach of each team will have a first aid kit

In the event of an emergency situation:

- **Where should EMS come to meet the athlete?**
 - EMS should be given the address to the high school and state specifically the emergency is located at the turf field ACROSS THE STREET from the school
- **Who will meet EMS outside?**
 - An assistant coach or administrator should meet EMS on the street in between the school and turf II. Ambulance WILL NOT be able to fit onto the field so instruct the crew to bring supplies and direct them to the injury using either turf II entrance depending on what side of the field the injury is located. All entrances to the field must be unlocked and fully open prior to EMS arrival.
- **Who will give primary care to the athlete and what is their role?**
 - Certified Athletic Trainer will provide primary care, which will include immediate care of the injured or ill individual. If there is not an athletic trainer present, a coach trained in First Aid and CPR will provide primary care.
- **Who calls EMS?**
 - ATC will make the decision to call EMS. If the ATC is not present or unable to call EMS, the Head Coach will either call EMS or delegate a person to call EMS. The following information should be given to dispatch:
 - Reason for emergency
 - Location where injury occurred (specific field location)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, pulse, breathing, etc.)
- **Who will notify the parents the athlete is being transported to an emergency care facility?**
 - ATC will speak with the parents if they are present. If the parents are not present and ATC is caring for the patient, the Head Coach or school administrator will call the parents or delegate an assistant coach to notify them.
- **To which emergency care facility will athletes be transported?**
 - Hospitals in the area include Anne Arundel Medical Center, and Baltimore Washington Medical Center
 - Location will depend upon where the paramedics decide to take the injured athlete (most often is BWMC, unless otherwise specified)
- **Who will notify the ATC?**
 - If ATC is not present, the Head Coach or school administrator will either notify him/her or delegate a person to notify him/her of the incident.

- **Who will manage the rest of the team while care is given to the injured athlete?**
 - The assistant coaches, other school administrators, or SRO will manage the rest of the team and assist with crowd control if necessary while the injured athlete is cared for. At no time should any parent or other individual outside of the Crofton staff be on the court intervening with care.

- **Who will travel with the injured athlete to the emergency care facility?**
 - If parents are not present or unable to meet the athlete and the EMS at the school or at the hospital, an assistant coach will travel with the athlete to the emergency care facility.

- **Who will document the injury?**
 - The coach will fill out an accident report to submit to the administration. ATC will document the injury for medical records.

- **Who will speak to parent in the instance of a catastrophic injury**
 - ATC will notify the parents in the event of a catastrophic injury.

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Bermuda field/Aux football field/Tennis)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300



Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured person, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911 if AT cannot, retrieve medical kit or AED, document accident report following injury
- 3. Assistant Coaches or School Administrator** – Meet EMS in the top parking lot and direct down path, crowd control, open gates/remove blockade, team management, go in ambulance with injured athlete if parents are not present

Emergency Equipment Location:

- 1. AED** – ATC will have AED on hand. In the event ATC is not present, there is an AED attached to the wall in the stadium athletic training room.
- 2. Medical supplies** – ATC will have medical kit directly on hand. If ATC not there, head coach of each team will have a first aid kit

In the event of an emergency situation:

- **Where should EMS come to meet the athlete?**
 - EMS should be told the address to the high school and state specifically the emergency is located on the back fields. EMS should be met in the parking lot by the tennis courts. If athlete is stable enough to be transported up to parking lot to meet EMS, caller should say they will meet by the path entrance in the parking lot by the tennis courts.
- **Who will meet EMS outside?**
 - An assistant coach or administrator should meet EMS at the edge of the parking lot and direct them to the athlete using the path. All blockades must be unlocked and removed prior to EMS arrival.
- **Who will give primary care to the athlete and what is their role?**
 - Certified Athletic Trainer will provide primary care, which will include immediate care of the injured or ill individual. If there is not an athletic trainer present, a coach trained in First Aid and CPR will provide primary care.
- **Who calls EMS?**
 - ATC will make the decision to call EMS. If the ATC is not present or unable to call EMS, the Head Coach will either call EMS or delegate a person to call EMS. The following information should be given to dispatch:
 - Reason for emergency
 - Location where injury occurred (specific field location)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, pulse, breathing, etc.)
- **Who will notify the parents the athlete is being transported to an emergency care facility?**
 - ATC will speak with the parents if they are present. If the parents are not present and ATC is caring for the patient, the Head Coach or school administrator will call the parents or delegate an assistant coach to notify them.
- **To which emergency care facility will athletes be transported?**
 - Hospitals in the area include Anne Arundel Medical Center, and Baltimore Washington Medical Center
 - Location will depend upon where the paramedics decide to take the injured athlete (most often is BWMC, unless otherwise specified)
- **Who will notify the ATC?**
 - If ATC is not present, the Head Coach or school administrator will either notify him/her or delegate a person to notify him/her of the incident.

- **Who will manage the rest of the team while care is given to the injured athlete?**
 - The assistant coaches, other school administrator, or SRO will manage the rest of the team and assist with crowd control if necessary while the injured athlete is cared for. Please be sure the path to the field is cleared and posts are removed. At no time should any parent or other individual outside of the Crofton staff be on the court intervening with care.

- **Who will travel with the injured athlete to the emergency care facility?**
 - If parents are not present or unable to meet the athlete and the EMS at the school or at the hospital, an assistant coach will travel with the athlete to the emergency care facility.

- **Who will document the injury?**
 - The coach will fill out an accident report to submit to the administration. ATC will document the injury for medical records.

- **Who will speak to parent in the instance of a catastrophic injury?**
 - ATC will notify the parents in the event of a catastrophic injury.

CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Softball)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300

Pictures are not current layout of facility. Path marked in red is an existing road that will be used for EMS. Will update picture once available EMS can access field through center field gate



Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured person, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911 if AT cannot, retrieve medical kit or AED, document accident report following injury
- 3. Assistant Coaches or School Administrator** – Meet EMS by the entrance to the emergency road next to the playground to direct EMS to softball field, open gate/remove blockades, crowd control, team management, go in ambulance if parents not present

Emergency Equipment Location:

- 1. AED** – ATC will have AED on hand. In the event ATC is not present, there is an AED attached to the wall in the stadium athletic training room.
- 2. Medical supplies** – ATC will have medical kit directly on hand. If ATC not there, head coach of each team will have a first aid kit

In the event of an emergency situation:

- **Where should EMS come to meet the athlete?**
 - EMS should be told the address to the high school and state specifically the emergency is located on the softball field. EMS should be met at the top of the emergency road entrance (next to playground). If athlete is stable enough to be transported up to emergency road entrance to meet EMS via gator, caller should say they will meet by the path entrance by the softball field next to the playground. EMS should be directed down path and through center field gate.
- **Who will meet EMS outside?**
 - An assistant coach or administrator should meet EMS at the edge of the emergency road and direct them to the athlete using the path. All blockades/gates must be unlocked and opened prior to EMS arrival.
- **Who will give primary care to the athlete and what is their role?**
 - Certified Athletic Trainer will provide primary care, which will include immediate care of the injured or ill individual. If there is not an athletic trainer present, a coach trained in First Aid and CPR will provide primary care.
- **Who calls EMS?**
 - ATC will make the decision to call EMS. If the ATC is not present or unable to call EMS, the Head Coach will either call EMS or delegate a person to call EMS. The following information should be given to dispatch:
 - Reason for emergency
 - Location where injury occurred (specific field location)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, pulse, breathing, etc.)
- **Who will notify the parents the athlete is being transported to an emergency care facility?**
 - ATC will speak with the parents if they are present. If the parents are not present and ATC is caring for the patient, the Head Coach or school administrator will call the parents or delegate an assistant coach to notify them.
- **To which emergency care facility will athletes be transported?**
 - Hospitals in the area include Anne Arundel Medical Center, and Baltimore Washington Medical Center
 - Location will depend upon where the paramedics decide to take the injured athlete (most often is BWMC, unless otherwise specified)

- **Who will notify the ATC?**
 - If ATC is not present, the Head Coach or school administrator will either notify him/her or delegate a person to notify him/her of the incident.

- **Who will manage the rest of the team while care is given to the injured athlete?**
 - The assistant coaches, other school administrator, or SRO will manage the rest of the team and assist with crowd control if necessary while the injured athlete is cared for. At no time should any parent or other individual outside of the Crofton staff be on the court intervening with care.

- **Who will travel with the injured athlete to the emergency care facility?**
 - If parents are not present or unable to meet the athlete and the EMS at the school or at the hospital, an assistant coach will travel with the athlete to the emergency care facility.

- **Who will document the injury?**
 - The coach will fill out an accident report to submit to the administration. ATC will document the injury for medical records.

- **Who will speak to parent in the instance of a catastrophic injury?**
 - ATC will notify the parents in the event of a catastrophic injury.

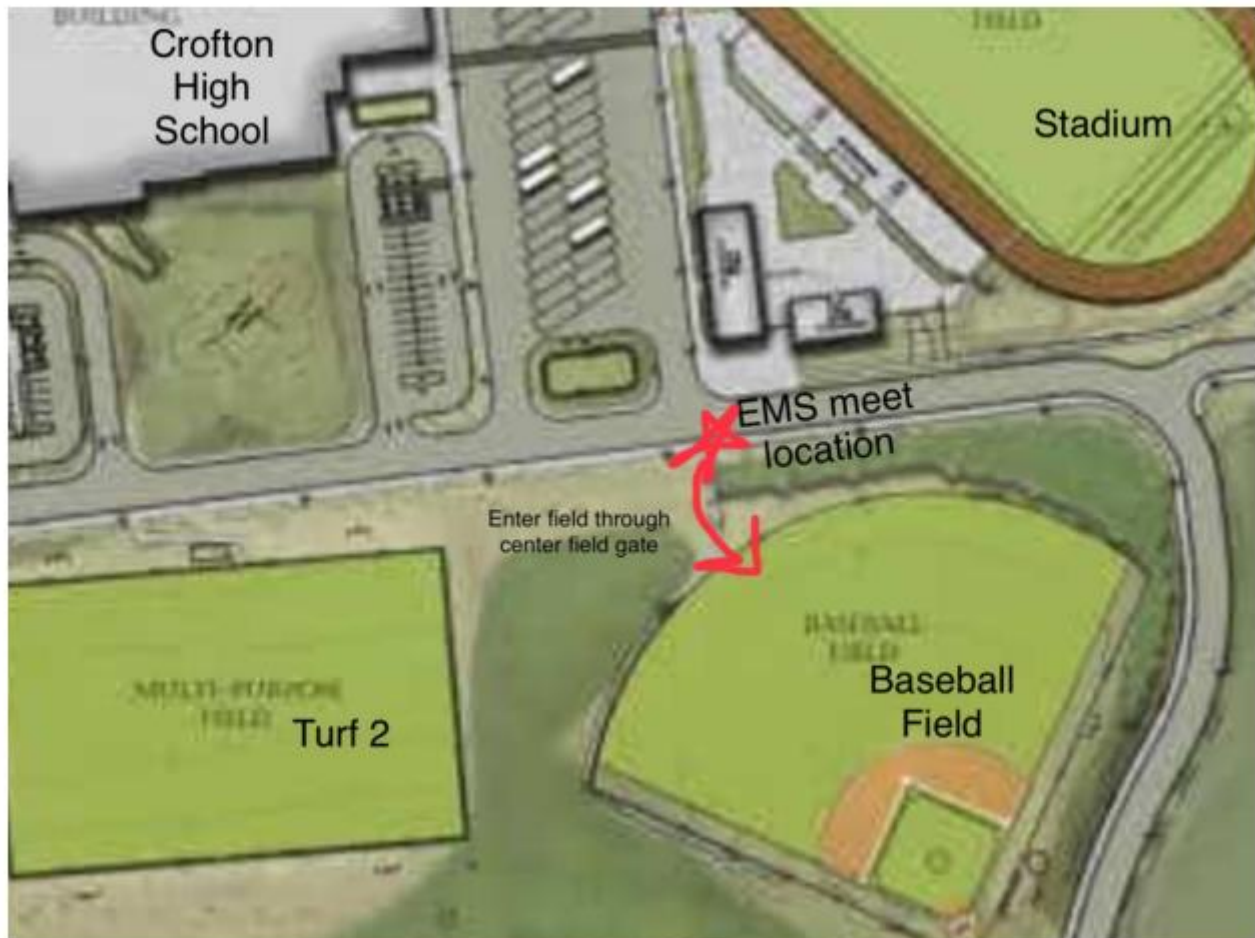
CROFTON HIGH SCHOOL EMERGENCY ACTION PLAN

(Baseball)

LOCATION: Crofton High School

ADDRESS: 2291 Davidsonville Rd., Gambrills MD 21054

PHONE: (410) 451-5300



Participants in Emergency Action Plan:

- 1. Athletic Trainer** – Primary care for the injured person, call 911, notify parents
- 2. Head Coach** – Assist in providing care, call 911 if AT cannot, retrieve medical kit or AED, document accident report following injury
- 3. Assistant Coaches or School Administrator** – Meet EMS in street near center field gate to direct EMS to baseball field, open gate/remove blockades, crowd control, team management, go in ambulance with injured athlete if parents not present

Emergency Equipment Location:

- 1. AED** – ATC will have AED on hand. In the event ATC is not present, there is an AED attached to the wall in the stadium athletic training room.
- 2. Medical supplies** – ATC will have medical kit directly on hand. If ATC not there, head coach of each team will have a first aid kit

In the event of an emergency situation:

- **Where should EMS come to meet the athlete?**
 - EMS should be told the address to the high school and state specifically the emergency is located on the baseball field. EMS should be met on the street by the baseball field across from the stadium entrance. If athlete is stable enough to be transported to meet EMS, caller should say they will meet by the baseball field next to the center field gate. EMS should be directed to park and enter through center field gate.
- **Who will meet EMS outside?**
 - An assistant coach or school administrator should meet EMS at the edge of the emergency road and direct them to the athlete using the path. All blockades/gates must be unlocked and opened prior to EMS arrival.
- **Who will give primary care to the athlete and what is their role?**
 - Certified Athletic Trainer will provide primary care, which will include immediate care of the injured or ill individual. If there is not an athletic trainer present, a coach trained in First Aid and CPR will provide primary care.
- **Who calls EMS?**
 - ATC will make the decision to call EMS. If the ATC is not present or unable to call EMS, the Head Coach will either call EMS or delegate a person to call EMS. The following information should be given to dispatch:
 - Reason for emergency
 - Location where injury occurred (specific field location)
 - Patient's age, gender
 - Patient's status (unconscious, conscious, pulse, breathing, etc.)
- **Who will notify the parents the athlete is being transported to an emergency care facility?**
 - ATC will speak with the parents if they are present. If the parents are not present and ATC is caring for the patient, the Head Coach or school administrator will call the parents or delegate an assistant coach to notify them.
- **To which emergency care facility will athletes be transported?**
 - Hospitals in the area include Anne Arundel Medical Center, and Baltimore Washington Medical Center
 - Location will depend upon where the paramedics decide to take the injured athlete (most often is BWMC, unless otherwise specified)

- **Who will notify the ATC?**
 - If ATC is not present, the Head Coach or school administrator will either notify him/her or delegate a person to notify him/her of the incident.

- **Who will manage the rest of the team while care is given to the injured athlete?**
 - The assistant coaches, other school administrator, or SRO will manage the rest of the team and assist with crowd control if necessary while the injured athlete is cared for. At no time should any parent or other individual outside of the Crofton staff be on the court intervening with care.

- **Who will travel with the injured athlete to the emergency care facility?**
 - If parents are not present or unable to meet the athlete and the EMS at the school or at the hospital, an assistant coach will travel with the athlete to the emergency care facility.

- **Who will document the injury?**
 - The coach will fill out an accident report to submit to the administration. ATC will document the injury for medical records.

- **Who will speak to parent in the instance of a catastrophic injury?**
 - ATC will notify the parents in the event of a catastrophic injury.

CROFTON CONCUSSION MANAGEMENT PROTOCOL

Certified Athletic Trainers working with MedStar in Anne Arundel County will adhere to the following protocol for concussion management and returning athletes to play following a concussion. The protocol is based on the recommendation from the International Conference on Concussion in Sport as well as the position statement from the National Athletic Trainers Association.

I. Initial Assessment

- a. Any athlete suspected of having sustained a concussion will immediately be removed from play and will not return until evaluated and cleared by an athletic trainer or a physician.
- b. Sideline evaluation will consist of a multi-faceted exam such as the Standardized Concussion Assessment Tool (SCAT) or other similar test performed by the athletic trainer. If an athlete demonstrates any positive test or signs/symptoms of a concussion (headache, dizziness, nausea, memory change, sensitivity to light or sound, etc.) they will be immediately removed from play and will not return within a 24-hour period. If a question exists and no medical personnel are available, the athlete should be driven by another individual to a hospital.
- c. The athletic trainer will notify the athlete's parents of the concussion and give instructions as to initial care and follow up appointments.
- d. Following a suspected concussion, the athlete will need to see a physician specializing in concussion management (preferred) who will further evaluate, officially diagnose, and follow up with the school's athletic trainer with specific instructions. The school's athletic trainer can provide the necessary referral.

II. Ongoing Assessment and Gradual Return to Play

- a. Once the student-athlete is seen by a physician referred to by athletic trainer and diagnosed with a concussion, the athletic trainer will notify the athletic director and the school nurse who will in turn notify the guidance counselors and teachers.
- b. The athlete should follow-up with the athletic trainer every day following the date of injury to begin the six stage gradual return-to-play progression with the sixth stage being full clearance for athletics participation (see *Concussion Graduated Return to Play* form).
- c. The return to play progression will not begin until the athlete is completely symptom free for a full 24 hours without taking any medication (Tylenol, Ibuprofen) and has been able to participate in a full day of school (if applicable).

- d. Each stage is a 24-hour period; therefore, the return to play progression will be a minimum of 5 days with the sixth day being return to full participation. Please keep in mind this will vary depending on the severity of the concussion.
- e. If the athlete experiences any symptoms at any point during the rehabilitation stages, the progression will stop immediately, and the cycle will resume at the previous asymptomatic rehabilitation stage after 24 hours of rest. If symptoms continue to occur, the athlete will be referred to the physician for a follow up evaluation.
- f. The treatment, management, and return to play determinations will be individualized for each athlete and dependent on circumstances of each specific case and injury. A safe return to play is the goal regardless of age and level of play. Every individual and every concussion are different so some concussions may take longer to heal than others.
- g. The athletic trainer will notify the coach, athletic director, nurse, and parents when the athlete can return to academics and full athletic participation and provide the necessary paperwork.

REFERENCES

Standardized Concussion Assessment Tool 3. *British Journal of Sports Medicine*. 2013;47:259.

National Athletic Trainers' Association Position Statement: Management of Sport Concussion. *Journal of Athletic Training*. 2014;49(2):245-265.

LIGHTNING POLICY FOR ATHLETIC PARTICIPATION

- A practice or game should be **SUSPENDED IMMEDIATELY** if thunder is heard and/or lightening can be seen. All individuals outside, athletes and spectators, must seek shelter immediately.
- The athletic trainer, coach, athletic director, and officiating referee should observe and monitor weather conditions before every practice or game.
- Teams cannot resume practice or games for **30 minutes after the last sight of lightning or the sound of thunder.**
- All individuals should seek the shelter in the nearest building possible (Locker rooms, bathrooms, gymnasium, etc.)
- Avoid being at the highest point in an open field. Do not seek the shelter under trees, flagpoles, or light poles.
- If in an open field, assume the *lightening safe position* (crouched on the ground, weight on the balls of feet, feet together, head lowered, and ears covered). Do NOT lie flat on the ground if you feel your hair stand on end, skin tingle, or hear a crackling noise.
- Spectators should be advised to leave the stands or the field and seek the shelter as well.

Mental Health Emergency in Secondary School Athletes

Emergency Situation – Non-Violent

- Offer a quiet and secure place to talk. Show your genuine concern
- Avoid judging the student-athlete; provide positive support
- Provide support and a positive tone. Do not try to solve his or her problem
- Help the student-athlete understand that he/the ATC is not alone – others have been through this too and there is support out there for them
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete
- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
 - **Can you tell me what is troubling you?**
 - **Are you thinking of hurting yourself?**
 - **Is someone hurting you?**
 - **Have you thought about suicide?**
- If the student-athlete is expressing suicidal ideation:
 - **Determine if he/the ATC has formulated a plan**
 - **Emphasize ensuring the athlete's safety, while being aware of your own**
 - **Do NOT leave the person alone**
- Alert designated school officials and/or colleagues available at that time of the day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete's parents or emergency contact. If it is after hours, contact their parents or emergency contact listed on their physical or refer to the contact list below
- Offer positive reinforcement to the student-athlete for having the courage to come forward and speak with you. Remind them that you are here to listen, however you do not specialize in this type of situation and will find someone who can give them the care they need
- Document and communicate your concerns and refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Emergency Situation – Potential Violence

RECOGNITION

Any 'yes' answer should be considered an emergency:

- Am I concerned the student-athlete may harm himself/herself?
- Am I concerned the student-athlete may harm others?
- Am I concerned the student-athlete is being harmed by someone else?
- Did the student-athlete make verbal or physical threats?

- Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the student-athlete have access to a weapon?
- Is there potential for danger or harm in the future?

MANAGEMENT

If immediate risk to safety:

- Remain calm – maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete
- Avoid judging the student-athlete; provide positive support
- Keep yourself safe – do not attempt to intervene if there is eminent threat of harm or violence
- Keep others safe – try to keep a safe distance between the student-athlete in distress and others in the area
- Alert designated school officials and/or colleagues available at that time of day. Have the school contact the student-athlete's parents or emergency contact. If it is after hours, contact their parents or emergency contact listed on their physical or refer to the contact list below
- If the student-athlete seems volatile or disruptive, get help from a coworker or other adult. Do not leave the student-athlete alone, but do not put yourself in harm's way if he/the ATC tries to leave
- Follow campus and department protocols and policies

EMERGENCY CONTACT NUMBERS

Principal: Kathryn Feuerherd (410) 451-6142

Athletic Director: Jeff Martin (410) 451-6142

Athletic Trainer: TBD

Child Welfare/Protective Services: 410-269-4500

Crisis Hotline: 410-768-5522; 211

Suicide Hotline: 1-800-273-8255

SRO: 410-672-4952

Refer to NATA Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement.