



**Old Mill High School
Emergency Action Plan
Fall 2022-2023**

600 Patriot Lane
Millersville, MD 21108

Old Mill High School Athletics Emergency Action Plan

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DISCLAIMER: Information is subject to change. Make sure you are up to date on the most recent policies and procedures.

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Emergency Phone List

OMHS Athletics Staff

*In the event an athlete is transported for advanced medical care, the AD must be called.

Name	Title	Work #/Email	Cell #
Pat Carey	Athletic Director	410-969-9010 x205	443-223-0274
Christine Safrit	Assistant Athletic Director	410-969-9010 x365	240-731-4906
Bernard Edwards	Administrator	bredwards@aacps.org	410-507-9234
TBD	Athletic Trainer		

Pivot Utilized Medical Personnel

Medical Provider	Specialty	Office	Fax

Coaches Information:

Michael Pfisterer (V Football) 443-691-6873

Joey Hall (JV Football) 240-319-5596

Bob Thomas (V B Soccer) 443-956-3828

Jayson David (JV B Soccer)

Christin Abdullah (V G Soccer)

Carrie Klimes (JV G Soccer, Indoor & Outdoor Track assistant) 410-212-2767

Courtney Rice (V Field Hockey) 443-980-8798

Madison Downey (JV Field Hockey)

Bethany Hayden (V Volleyball) 410-353-1337

Nora Karsten (JV Volleyball) 410-980-3869

Justin Murdock (XC, Indoor & Outdoor Track) 410-903-5837

Matty Hargrow (Cheer) 443-825-8732

Tiffany Holmes (JV Cheer) 443-848-6162

Greg Smith (V B Basketball) 443-623-6969; Chad McCormick (Assistant), 410-802-6201

TBD (JV B Basketball)

Henry Fuller (V G Basketball) 443-878-5623

Arbrey Butler (JV G Basketball) 443-790-2634

Jim Grim (V Wrestling, JV Football assistant) 443-415-8517

Donnie Welborn (JV Wrestling) 443-623-4429

Ellen Hays (Swimming) 443-848-2780

Charlie Chaffin (V Baseball) 706-836-0165; George Wagner (Assistant), 410-533-8363

Tom McCormick (JV Baseball) 443-962-3001

Kevin McCoy (V Softball) 410-718-6704

Dawn Jones (JV Softball) 410-320-4799

Pat March (V & JV B Lax) 443-604-8499

TBD (V & JV G Lax)

Peter Jones (Tennis, bowling) 443-994-1579

Role of the Certified Athletic Trainer

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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 make sure there is adequate coverage for the away football game, until the certified athletic trainer is able to attend the away football game. Coaches must give advance notice (24 hours while school is in session, 2 weeks prior to holidays) to guarantee coverage if practice schedule change.

Emergency Communication

Communication is the key to quick emergency response. Athletic department staff and emergency medical personnel must work together to provide the best emergency response possible and should have contact information 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 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.

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.

Pre-Participation Medical Evaluations

All students must have a physical on file prior to the start of his/her season. The Athletic Director is responsible for clearance of physicals.

Return to Play Clearance

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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 professionals will be considered when appropriate.

Coaches CPR/AED and First Aid Training

All coaches should have CPR/AED and First Aid Training. This should be confirmed prior to the start of the season by the AD.

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.

AED Policy and Locations

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

AED Locations

- For events that are held in the gymnasium, the AED can be found on the wall of the PE Department hallway.
- An AED is also located upstairs in the Nurse's office but will not be accessible during after school activities.
- There will be an AED present with the Athletic Trainer at all home events. This AED is usually stored in the athletic training room and is not accessible during school hours.

Using the AED

After initial check of the ABC's and a cardiac emergency is determined, the EMS system should be activated, 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.

Fire Emergencies

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In the event that 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.

Firearms, Bomb Threats, and Other Life-Threatening Emergencies

Remain calm. Follow school lockdown and/or evacuation procedures. Activate EMS.

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.

Locations & Transportation of athletic injuries

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 under-age 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: UM Baltimore Washington Medical Center, located at 301 Hospital Dr, Glen Burnie, MD 21061.** The other hospital in the area is Anne Arundel Medical Center, located at 2001 Medical Parkway, Annapolis, MD 21401.

➤ Directions to rear athletic fields (stadium field, soccer field, baseball field, football practice field)

- Coming from Elvaton Rd.:
 1. Make Right onto Oakwood Rd. Then make Left onto Shetlands Sq.

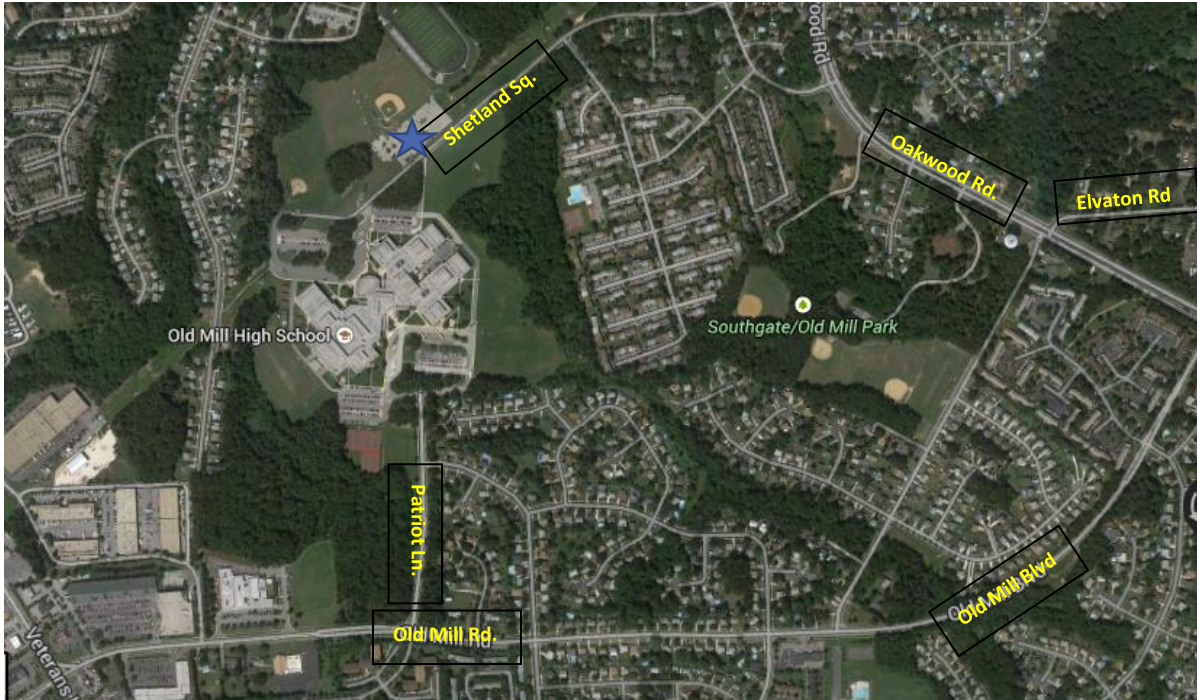
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2. Make first Right to enter area of **Soccer Fields, Baseball Fields, and Football Turf Fields.**
 3. *To **Softball Field**, continue down Shetlands Sq. and Softball field will be off to Right.
- Coming from Veteran's Highway going North:
 1. Make Right onto Old Mill Rd. Old Mill Rd. will turn into Old Mill Blvd.
 2. At the end of Old Mill Blvd, go around the curve, which turns into Oakwood Rd.
 3. Make Left onto Shetlands Sq.
 4. Make first Right to enter area of **Soccer Fields, Baseball Fields, and Football Turf Fields.**
 5. *To **Softball Field**, continue down Shetlands Sq. and Softball field will be off to the right.

➤ Directions to front athletic fields (tennis, football practice fields)

- Coming from Veteran's Highway going North:
 1. Make Right onto Old Mill Road. Turn Left on to Patriot Ln.
 2. When you get to the STOP sign at the end of Patriot Ln. Make a Left and go into the parking lot.
 3. The Tennis Courts will be off to left and the football practice field will be directly in front of you, past the parking lot.

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Football Turf Field EAP

Emergency Personnel:

Team Physician and 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. The Athletic Trainer, , can be reached at

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 cart.

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

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- g. Other information as requested by dispatcher
3. Emergency Equipment retrieval.
Closest AED will be with Certified Athletic Trainer (on cart)
* If Certified Athletic Trainer is not onsite closest AED is located on the wall of the PE Hallway of school
4. Direction of EMS to scene:
- Designate an individual to make sure stadium gate is unlocked and to guide EMS to the patient.
 - Designate an individual for scene control.

Venue Directions:

Old Mill High School 600 Patriot Lane, Millersville, MD 21108

- EMS can access the turf field via the gate to the stadium. The athletic trainer has keys to the padlock.

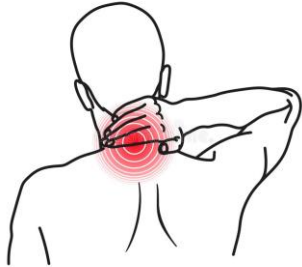
Chain of Command and Individual Instructions

- The certified athletic trainer should be the first to evaluate the injured athlete.
- 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 people to the rear entrance of OMHS.
- The athletic trainer's "C" person will be directed to retrieve emergency equipment such as AED, Splints, Medical Kit.
- 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 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.
- Athletic trainers present should be prepared to treat for shock or changes in the injured athlete's condition.
- 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.

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Hand signals:

1. **Hand to Neck:** If the Athletic Trainer motions his hand to his neck, this should be recognized as a potential spinal or cervical injury.



2. **Hand up and down Forearm:** If the Athletic Trainer motions his hands up and down the forearm, this should be recognized as a potentially broken limb, indicating the need for a splint.



Coaches' Responsibilities as **First Responders** for Injury/Illness

Situations Emergency and Non-Emergency

PIVOT Physical Therapy is committed to providing the best medical coverage for Old Mill 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.

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- 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. Do not move severely injured athlete unless he/she is in danger
- c. Do not reduce (put in place) 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 athletes

ROLE OF FIRST RESPONDERS

A. Immediate care of the injured or ill student athlete

- a. Check Levels of Consciousness, ABC's, and Severe Bleeding.
 - i. Level of consciousness – if unconscious call 911 immediately
 - ii. **Airway** – is airway blocked
 - iii. **Breathing** – is person breathing
 - iv. **Circulation** – does person have pulse
 - v. **Bleeding** – is person bleeding severely

****LOOK (for chest rise), LISTEN (for breath sounds), FEEL (for pulse)****
- b. Call 911 if necessary
- c. Designate someone to get Emergency equipment
 - i. AED, first-aid kit
- d. Apply basic first aid as situation requires
 - i. **Adult CPR**: 30 compressions then 2 breaths
 - 1. Speed: 100-120 compressions per minute
 - 2. Depth: 2 inches

****Consistency of speed and depth is imperative while administering CPR****
 - ii. **Bleeding**: provide direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - ** Use gloves for disease prevention ****
 - iii. **Stabilize fractures** and wait for EMS for assistance with splinting
 - iv. **Treat for Shock** – if necessary

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B. Activation of Emergency Medical System (EMS)

- a. Call 911
 - i. Name of individual making call
 - ii. Give telephone number
 - iii. Number of Injured Athletes
 - iv. Condition of Injured Athletes
 - v. First Aid Treatment being given
 - vi. Specific location of emergency. Give athletic field or site. (Give venue directions, include street names and how to access sites)
 - vii. Other information as requested
 - viii. **Notify your Certified Athletic Trainer and Athletic Director (Pat Carey) who will notify Anne Arundel County – County Coordinator (Clayton Culp)**
- b. Direction of EMS to Scene (See attached venue directions)
 - i. Open appropriate gates
 - ii. Designate individual to “flag down” EMS and direct to scene
 - iii. Scene Control: Limit scene to first aid providers and move bystanders away from area
 - iv. Designate an assistant or volunteer coach to ride with the student-athlete to the hospital
 - v. Notify the student-athlete’s parent(s) or legal guardian(s)

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

- a. 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 (*no 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

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2. **Medical 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. 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**
- c. Complete necessary documentation

AACPS 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:

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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 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 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.

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.

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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 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.

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	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 beyond 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

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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.

Policy for Breaks and Termination during Hot Weather

For the safety of athletes, the following guidelines should be adhered:

- When the heat index is in the GREEN ZONE, outside participation is unrestricted with optional 10-minute water breaks every 30 minutes.
- When the heat index is in the YELLOW ZONE, outside participation is restricted to mandatory 10-minute water breaks every 30 minutes.
- When the heat index is in the ORANGE ZONE, outside participation is restricted to mandatory 10-minute water breaks every 30 minutes.
- When the heat index is in the RED ZONE, outside participation is terminated

Temperature Recording:

Wet bulb globe temperature measurements should be taken with a digital psychrometer prior to practices and game days at various practice fields on days that are at least 75 degrees F in order to properly assess heat conditions.

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Anne Arundel County Public Schools | Office of Athletics

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>	<p>All of restrictions listed below, plus:</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	95°–99°F <i>(recheck every 30 minutes)</i>	<p>All of restrictions listed below, plus:</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 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.

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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.

Policy for Breaks and Termination during Cold Weather

For the safety of athletes, the following guidelines should be adhered:

- Whenever the temperature or wind chill is above 30°F, outside participation is unrestricted.
- Whenever the temperature or wind chill is between 25-30°F, outside participation is limited to 45 minutes.
- Whenever the temperature or wind chill is between 15-25°F, outside participation is limited to 30 minutes.
- Whenever the temperature or wind chill is below 15°F, outside participation is terminated.

Cold Weather Tips:

1. More energy is required during cold exposure and additional calorie intake may be required.
2. Hydration is still vital, even though the thirst feel is not as prevalent.
3. Do not train alone.
4. Cold stress signs include but may not be limited to: fatigue, confusion, slurred speech, red/painful extremities, blurred vision, red eyes, dizziness, headache, numbness, uncontrollable shivering.

Inclement Weather Safe Shelter:

- Main Gym

IV. Concussion Information

A. Definition

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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.

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

1 amnesia	13 poor concentration	25 headache
2 loss of orientation	14 easily distracted	26 sluggishness
3 balance problems	15 personality changes	27 inappropriate emotions
4 memory problems	16 "glassy eyed"	28 change in personality
5 "bell rung"	17 excessive sleeping	29 sensitivity to noise
6 nausea	18 ringing in the ears	30 irritability
7 dazed or confused	19 fatigue	31 sleep disturbance
8 nervousness	20 sadness	32 loss of consciousness
9 depression	21 feeling "in a fog"	33 vacant stare
10 numbness or tingling	22 seeing "stars"	34 vomiting
11 double vision	23 feeling "slowed down"	
12 drowsiness	24 sensitivity to light	

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, 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

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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.

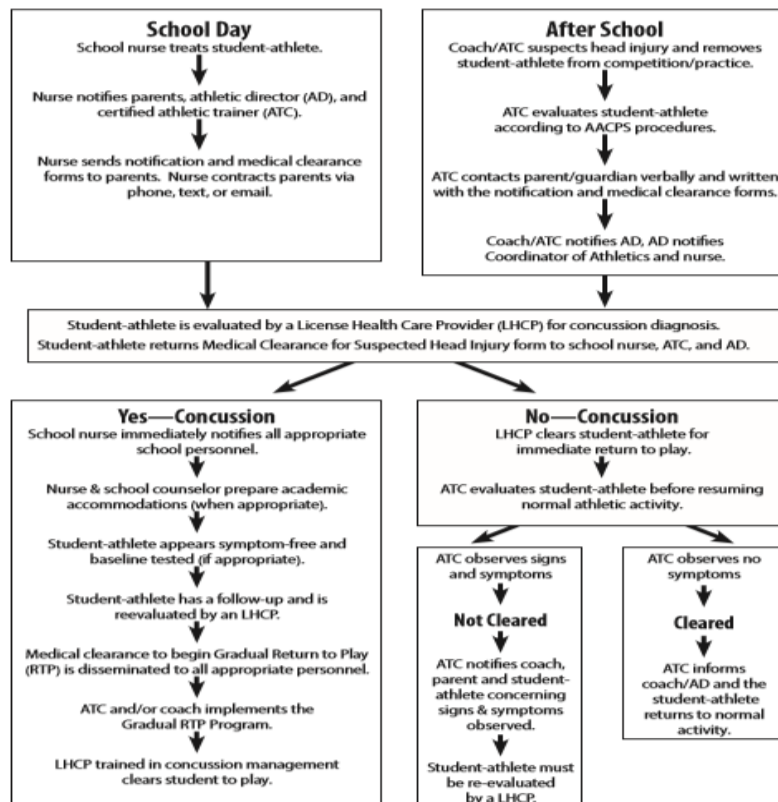
Day 4: Sports Specific practice

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

Day 6: Return to competition

AACPS Suspected Head Injury Procedural Flow Chart

SECTION 8: AACPS SUSPECTED HEAD INJURY PROCEDURAL FLOWCHART



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ATC Signature: _____

AD Signature: _____

Supervisor: _____