

EMERGENCY ACTION PLAN

Springdale Public Schools

Purpose of EAP:

To provide Springdale Public School Athletics with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. ATC, coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Need for EAP:

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.

Chain of Command:

ATC is in charge of emergency until EMS arrives. Doctors will assist if summoned by ATC. Coaches and ATS are also available to assist ATC but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when ATC is not at games or practices the head coach is in charge until ATC or EMS arrives. People coming to help should be introduced to ATC in charge. This will allow all working the scene to know who is who.

Emergency Qualifications:

It is required that ATC, student athletic trainers, and coaches are all trained in CPR/AED and first aid. ATC for event may have student athletic trainer's onsite at competitions and practice as well as coaches to assist in providing emergency first aid as the ATC sees fit. New staff involved in athletic activities should comply with this rule within six months of employment. It is recommended that all personnel also be trained in the prevention of disease transmission. EMS will not be on site for every game or practices since they are located close enough to respond quickly to an emergency. Visiting teams should also be informed of EAP procedures.

Responsibilities of Emergency Team Members:

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC, EMS, or doctor arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, a member of the sports medicine team or an assistant coach will accompany athlete to hospital.

Emergency Contacts:

Cell phones are carried by ATC's, coaches, and athletic staff and even spectators if necessary. The following is a list of important phone numbers needed in case of emergency.

Emergency Contact Numbers:

EMS, Fire, Police:	911
Annette Scogin (Athletic Director):	479-879-1656
Chad Fink (SHS-GJHS-SWJHS Athletic Trainer): (HBHS-CJHS Athletic Trainer):	479-409-5303
Trinity Rehabilitation & Sports Medicine	479-751-7122
Dr. Jim Rollins (Superintendent):	479-750-8812
David Kellogg (SHS Principal):	479-750-8832
Dr. Danny Brackett (HBHS Principal):	479-750-8777
Darrell Watts (CJHS Principal):	479-750-8854
Brice Wagner (SWJHS Principal):	479-750-8849
Don Hoover (GJHS Principal):	479-750-8750
Poison Control Hotline:	1-800-222-1222

**If 911 is called for any reason.
Please contact the school ATC and the AD please.**

911 Phone Instructions:

1. Call 911
2. Instruct EMS personnel to "report to _____ and meet _____ at _____ as we have an injured _____ in need of medical treatment"
3. Send Coach or ATS to retrieve release form and insurance information.
4. Provide necessary information to EMS Personnel
 - a. Name, telephone number of caller.
 - b. Number of victims, condition of victims (see triage method below).
 - c. First aid treatment initiated.
 - d. Information as to who is on site. (ATC's, coaches)
 - e. Other information as needed by the dispatcher.
5. Provide emergency care until arrival of EMS personnel.
6. When EMS arrives provide the following information.
 - a. Method of injury
 - b. Vital signs
 - c. Treatment rendered
 - d. Medical history
 - e. Assist EMS with emergency care as needed
7. Notification of different staff and Parents
 - a. Coach if not present
 - b. Parent notified by ATC, ATS, Coach
 - c. School Administrator
8. Member of the Sports Medicine Staff to accompany student-athlete to hospital. If not possible then a member of the coaching staff or administrator will accompany the student-athlete.
9. Completion of injury report by ATC

Coaches and Administration should help control the crowd.

Emergency Care:

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

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
 - a. AED, first aid kit
4. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Spine Injuries - Hold head, neck, and back inline
 - e. Treat for Shock - if necessary
5. Any other emergency procedures as necessary
6. Other things to consider during emergency situation:
 - a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

Triage Method

The concept of triage is simply a method of quickly identifying victims who have immediately life-threatening injuries and who have the best chance of surviving so that when additional rescuers arrive on scene, they are directed first to those patients. When the situation arises where there is a need to treat multiple victims, the head ATC at the site will be in charge of determining the order of care for the victims. All victims will be identified using athletic tape as follows:

- **IMMEDIATE** – 1 mark on a piece of tape for the serious, life-threatening injuries that need immediate care. These patients are at risk for early death - usually due to shock or a severe head injury. They should be stabilized and transported as soon as possible.
- **DELAYED** – 2 marks on a piece of tape for moderate injuries that aren't immediately life threatening. They should be reassessed when possible and those with the most serious injuries or any who have deteriorated should be top priorities for transport.
- **MINOR** – 3 marks on a piece of tape for mild injuries that require the least amount of emergency care. Any of these patients could deteriorate if they had more serious injuries than originally suspected. They should be reassessed when possible.

As an ATC and first one on the scene, not starting CPR may be the hardest thing you must do at a multiple casualty scene. But if you perform CPR on one patient, many others may die. ATC will assign doctors, AT students, or coaches to assist in care until ATC or EMS can attend to athlete.