JONES COUNTY HIGH SCHOOL

Athletic Department Emergency Action Plan

***DEFINE EMERGENCY,***

A SERIOUS INJURY IS ANY CONDITION WHEREBY THE ATHLETE’S LIFE MAY BE INDANGER OR RISKS PERMANENT IMPAIRMENT. THESE INJURIES INCLUDE BUT ARE NOT LIMITED TO: INJURIES TO THE CERVICAL SPINE, HEAD, SERIOUS BLEEDING, SHOCK, SERIOUS FRACTURES, HEAT STRESS AND CARDIOVASCULAR ARREST.

Emergencies can occur in any of the following FOUR areas of Jones County High School.

1. Far North – Pre-K area – wrestling
2. Near North – between Pre-K and Vocational – Tennis, Track, Softball, Baseball, Band, Comp. Cheer
3. Main Building – classrooms, gym, auditorium – One act, Band practice, Basketball, Cheerleading
4. South – weight room, fieldhouse, stadium, practice fields – football, soccer
5. OFF CAMPUS - Jonesco Golf Course – golf

Gray Station Middle School – cross country

The GYMnest – gymnastics – Macon, GA

The following EMERGENCY PROCEDURES are applicable to any of the previous areas

***Personnel:*** A NATA Certified and Georgia Licensed Athletic Trainer will be present and/or available for every practice and home competition. Additional staff include the Head Coach of the sport involved as well as his/her Assistant Coaches. Team Physicians are NOT available on a regular basis and should NOT BE EXPECTED at each competition/practice. EMS is available by calling 911. The Athletic Trainer is trained in American Heart Association First Aid/CPR/AED/Emergency Response.

***Communication:*** School administration should be made aware of any Emergency Situation as soon as possible to avoid misinformation to students/by-standers. This includes: Athletic Director, Principal, Assistant Principal, Game Administrator, or School Resource Officer. (In many cases, these personnel are present at athletic events.) Communication can be accomplished by cell phone or in person.

***Equipment:*** Emergency equipment located in the fieldhouse, in the Athletic Training Room. Includes: Crutches, Spine Board, and First Aid supplies.

***AED:*** Jones County High School has 4 AED (Automated External Defibrillators) located through the campus.

1) Far North – Baseball/Softball concession stand

2) Near North – Inside the Vocation Building – Near the Faculty Restrooms/Offices

3) Main Building – Gymnasium Lobby across from the concession stand

4) South – Carried by the Athletic Trainer

5) Off Campus – Carried by the Athletic Trainer or located within the main building

All AEDs should be checked monthly for battery charge and supplies (airway, gloves, etc.) The Athletic Trainer or designee are responsible for AED maintenance.

***ROLE OF THE FIRST RESPONDER***

The FIRST RESPONDER is the person that will lead the efforts of all other personnel to treat the injured athlete.

 1) The first responder will be designated before each event – practice or game

 2) The first responder should be a coach, athletic trainer, or administrator trained in American Heart Association CPR and the use of an AED.

 3) Head AND Assistant coaches need to know and familiarize themselves with the location of the closest AED and land line phone. Cell phones are recommended however, amount of charge remaining and power of signal need to be checked prior to event.

 4) ALL COACHES are recommended to have current certification in CPR/AED, first aid, blood-borne pathogens, and concussion recognition/treatment. (Regular updates expected).

 5) In the case that a physician is among the first responders, they can assume the role of leading the care/treatment of the injured athlete but school personnel familiar with the emergency plan should remain in the team leader role.

 6) When in doubt, call 911 and initiate the EMS. Time is essential in a true emergency.

 7) Once EMS has arrived on the scene, they are in charge of the athlete’s care.

***FIRST RESPONDER RESPONSIBILITIES:***

 1) Assess athlete following American Heart Association Basic Life Support algorithm and Red Cross First Aid Skills. Obtain student medical history and emergency treatment consent form from head coach’s first aid kit or bag. If a student athlete has collapsed and is not responsive, assume SUDDEN CARDIAC ARREST (SCA) and follow attached flow chart.

 2) Identify person to activate Emergency Medical System (call 911 or notify EMS if present).

 a. The Jones County Fire Department First Responders and/or Medical Center EMS are provided a schedule of all Jones County athletic events and will be present at all home Varsity Football Games.

 3) Identify person to retrieve emergency equipment such as an AED and other first aid supplies as needed.

 4) Lead/coordinate CPR efforts if appropriate until EMS personnel are present to assume care.

 5) Identify person to direct EMS to the scene.

 6) Identify person to do crowd control. Only persons involved in direct care of the athlete should be near the athlete.

 7) Identify person to contact parents. This could be the same person that retrieved students emergency information that all coaches are required to have on hand. They should also share this information with the person designated to call EMS.

***PERSON ACTIVATING EMERGENCY MEDICAL SYSTEM RESPONSIBILITIES:***

1) CALL 911 IMMEDIATELY

2) Be prepared to give as much information as possible including:

 a. Your name, phone number

 b. Why you need help – player collapsed at practice, etc.

 c. Condition of athlete – breathing, pulse, level of consciousness, etc.

 d. Any treatment given so far

 e. Location of athlete – North, South, gym, practice field, track, etc.

 f. Directions – specific street names help

 g. Other information as requested by dispatcher

3) After ending call, report back to FIRST RESPONDER that EMS has been called and is on the way. Assist as needed.

***PERSON RETRIEVING EMERGENCY EQUIPMENT RESPONSIBILITIES:***

1) Retrieve AED first and return to scene. Notify FIRST RESPONDER that the AED is present.

2) All teams have a first aid kit but additional supplies such as splints, slings can be obtained from the training room inside the fieldhouse on the JCHS campus.

***PERSON DIRECTING EMS TO THE SCENE RESPONSIBILITIES:*** (Assistant Coach, Administrator, Athletic Director)

1) If more than one person is needed, request additional help.

2) Go to entrance of area. Be sure all gates are unlocked/open. If area is remote or hard to locate use several people to “flag down” EMS personnel and direct them to the scene.

3) Be familiar with driving routes – entrances/exits – EMS will want to drive as close as possible to injured athlete – good directions will accomplish this.

***PERSON DOING CROWD CONTROL RESPONSIBILITIES:*** (Assistant Coach, Administrator, Athletic Director)

1) Limit scene to necessary people. Move bystanders away from the area.

2) If CPR is in progress, there will need to be several people available to do chest compressions, etc. – Help by asking if they know CPR and are willing to help – if not, move them away.

3) If the parents/family are present, have someone stand with them for support. Do not try to remove the family but instead try to prevent them from hindering care.

***PERSON THAT WILL CONTACT PARENT RESPONSIBILITIES:*** (Assistant Coach, Administrator, Athletic Director)

1) Obtain information to relay to parents. Emergency contact information and emergency treatment forms are kept in the training kit or head coaches bag.

2) Information needed to share may include:

 a. Your name

 b. Brief description of event leading to athlete’s emergency – (John collapsed during football practice).

 c. Current condition – (He is awake and talking)

 d. Any treatment received

 e. Other pertinent information – (EMS is here and has started an IV)

 f. Which hospital the athlete will be transported to

3) Be prepared to give directions to hospital to parents if needed.

OFF-CAMPUS SPORTING EVENTS

Instructions for Off-Campus Sports (Golf, Cross Country, Gymnastics)

1) The Head Coach is responsible when arriving at off campus site, (Jonesco golf course, gray station middle school, the GYMnest) to check to see if site has AED. If so, know location and secure access.

2) The Head Coach should check for location and access of land telephone line. Cell phones are recommended for emergency contact however, signal strength and battery charge should be assessed prior to event.

3) The Head Coach should know location and secure access to safe shelter in case of evacuation due to inclement weather.

Athlete with witnessed collapse

CHECK RESPONSIVENESS

*“Are you alright?”*



HEAT, HUMIDITY AND HYDRATION GUIDELINES

During summer, early fall and late spring high temperatures and high humidity can be present. It is important that coaches are aware of the dangers of this situation to prevent heat illness.

Many cases of exertional heat illness are preventable and can be successfully treated if such conditions are properly recognized and appropriate care is given in a timely manner.

Jones County High School will follow the recommendations made by the GHSA and the National Athletic Trainers Association. Coaching staff(s) have the authority to alter work/rest ratios, practice schedules, amounts of equipment and withdrawal of individuals from participation in sports, based on heat conditions and/or athletes’ medical conditions as long as they exceed these recommendations and guidelines listed.

GUIDELINES FOR HYDRATION

Appropriate hydration before, during and after exercise is important for all athletes. Dehydration can compromise the athlete’s performance and increase the risk of heat illness. The American College of Sports Medicine recommends the following guidelines for hydration:

Drink 16 ounces of fluid in the morning before exercise

Drink another 8-16 ounces 15 minutes before exercise

During exercise, drink 4-16 ounces of fluid every 15 - 20 minutes

After exercise, drink 24 ounces of fluid for every pound lost during exercise to achieve normal fluid status within 6 hours.

All fluids should be served cold to promote gastric emptying.

WHAT TO DRINK DURING EXERCISES

WATER-For most exercising athletes, the ideal fluid for pre-hydration and re-hydration is water. Water is quickly absorbed, well tolerated, an excellent thirst quencher, and cost effective.

Traditional Sports Drinks-with appropriate carbohydrates and sodium may prove beneficial in some situations and for some individuals.

Situations where athletes may benefit from Sports Drinks:

Prolonged continuous activity of greater than 45 minutes

Extremely intense exercise with risk of heat injury

Extremely hot and humid conditions

Individuals that may benefit from Sports Drinks (regardless of activity):

Poor hydration prior to participation

Increased sweat rate or Poor acclimation to heat and humidity

Poor caloric intake prior to participation

**HEAT, HUMIDITY, AND HYDRATION GUIDELINES FOR JONES COUNTY ATHLETICS**

Jones County Athletics will follow the guidelines and recommendations of the GHSA and the National Athletic Trainers Association as follows:

GHSA By-Law 2.67

Practice Policy for Heat and Humidity

1. Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (including during the summer) in all sports during times of extremely high heat and/or humidity. Schools must provide a written statement that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:

(1) The scheduling of practices at various heat/humidity levels

(2) The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels

(3) The heat/humidity levels that will result in practice being terminated

 (b) A scientifically-approved instrument that measures the Wet Bulb Globe Temperature must be utilized at each practice to ensure that the written policy is being followed properly.

WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

WBGT ACTIVITY GUIDELINES AND REST BREAK GUIDELINES

Under 82.0 ................. Normal Activities - Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.

82.0 - 86.9 .................. Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.

87.0 - 89.9 .................. Maximum practice time is 2 hours.

For Football: players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities.

If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts.

For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.

90.0 - 92.0 .................. Maximum practice time is 1 hour.

For Football: no protective equipment may be worn during practice, and there may be no conditioning activities.

For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.

Over 92.1 ................... No outdoor workouts. Delay practice until a cooler WBGT level is reached.

1. Practices are defined as: the period of time that a participant engages in a coach-supervised,

school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the practice or workout area until players leave that area.

If a practice is interrupted for a weather-related reason, the “clock” on that practice will stop and will begin again when the practice resumes.

(d) Conditioning activities include such things as weight training, wind-sprints, timed runs for distance, etc., and may be a part of the practice time or included in “voluntary workouts.”

(e) A walk-through is not a part of the practice time regulation, and may last no longer than one hour. This activity may not include conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.

(f) Rest breaks may not be combined with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a “cool zone” where players are out of direct sunlight.

PENALTIES:

Schools violating the heat policy shall be fined a minimum of $500.00 and a maximum of $1,000.00.

GHSA

Heat Index page

goes here

scan in on final copy

HEAT, HYDRATION, AND HUMIDITY GUIDELINES - continued

Symptoms and Treatment Strategies for Exertional Heat Illnesses:

DEHYDRATION

When athletes do not replenish lost fluids, they become dehydrated.

Signs and Symptoms:

Dry mouth

Thirst

Being irritable or cranky

Headache

Seeming bored or disinterested

Dizziness

Cramps

Excessive fatigue

Not able to run as fast or play as well as usual

Treatment:

Move athlete to a cool environment and rehydrate.

Maintain normal hydration (as indicated by baseline body weight).

Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.

Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy.

Hydrate throughout sports practice to minimize dehydration and maximize performance.

Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.

Return -to-Play Considerations:

If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable with appropriate re-hydration.

HEAT EXHAUSTION

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

Signs and Symptoms:

Athlete finds it hard or impossible to keep playing

Loss of coordination, dizziness or fainting

Profuse sweating or pale skin

Headache, nausea, vomiting or diarrhea

Stomach/intestinal cramps or persistent muscle cramps

Treatment for Heat Exhaustion

Remove athlete from play and immediately move to shaded or air-conditioned area.

Remove excess clothing and equipment.

Cool athlete until rectal temperature is approximately 101°F (38.3°C)

Have athlete lie comfortably with legs propped above heart level.

If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink. If athlete is unable to take oral fluids, seek medical attention to implement intravenous infusion of normal saline.

Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status.

Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

Return-to-Play Considerations:

Athlete should be symptom free and fully hydrated; recommend physician clearance; rule out underlying condition that predisposed him/her for continue problems; and avoid intense practice in heat until at least the next day.

HEAT CRAMPS

Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players.

Signs and Symptoms:

Intense pain (not associated with pulling or straining a muscle)

Persistent muscle contractions that continue during and after exercise

Treatment:

Reestablish normal hydration status and replace some sodium losses with a sports drink or water.

Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity.

Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

Return-to-Play Considerations:

Athletes should be assessed to determine if they can perform at the level needed for successful participation.

HEAT, HYDRATION, AND HUMIDITY GUIDELINES- continued

EXERTIONAL HEAT STROKE

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

Signs and Symptoms:

Increase in core body temperature, usually above 104°F/40°C (rectal temperature).

Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity

Nausea, vomiting or diarrhea

Headache, dizziness or weakness

Hot and wet or dry skin

Increased heart rate, decreased blood pressure or fast breathing

Dehydration

Combativeness

Treatment:

Activate Emergency Medical System (call 911)

Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc.).

Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment for EHS and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available.

Return-to-Play Considerations:

The athlete’s physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified health care professional.

LIGHTNING GUIDELINES

Over the past century, lightning has consistently been 1 of the top 3 causes of weather-related deaths in this country. It kills approximately 100 people and injures hundreds more each year. Lightning is an enormous and widespread danger to the physically active population, due in part to the prevalence of thunderstorms in the afternoon to early evening during the late spring to early fall.

The National Athletic Trainers’ Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard.

Further components of this policy are monitoring local weather forecasts, designating a weather watcher and establishing a chain of command.

Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or more after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed.

Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms.

GUIDELINES for JCHS

The game administrator, (athletic director, principal or assistant principal) will make the official call to remove individuals from the game field. It is the responsibility of the game administrator to notify the officials and coaches of pending danger and to monitor potential dangers. The game administrator will use a Sky Scan, local forecast, or I-Phone (Weather Bug App) to monitor the weather.

The basic limits are: 20-15 miles alert coaches/officials.

15-10 miles prepare safe areas – alert coaches – PA announcement may be necessary. Spectators will also be instructed how to leave the area and seek shelter until the danger has passed.

10 miles or closer – clear the area.

Once area is cleared – game officials will start the 30 minute clock.

Thirty minutes time will be given for the storm to pass.

The athletic trainer, athletic director, coach or assistant coach will make the call to remove individuals from practice fields during practice times. If the Athletic Trainer, or Athletic Director removes athletes from practice fields: all coaches (Middle and High School) will be notified by phone to seek shelter for their athletes as well.

CRITERIA FOR SUSPENDING ACTIVITIES – NO LIGHTENING DETECTOR – FLASH TO BANG

The criteria for postponement and resumption of activities will be based on the GHSA guidelines of 30 minutes between flashes. The thirty second flash-to-bang method, can be used when a lightening detector is not available. The flash-to-bang method consists of watching the flash, counting until thunder (bang) is heard.

If the count is less than or equal to 30, activity should be stopped and individuals should be moved to a safe shelter. (See below)

When this count is divided by 5, the resulting number will determine the distance in miles from the venue.

SAFE SHELTERS AT JCHS

**Football, Soccer**

Teams should report to the dressing rooms inside field house/visitors dressing room – Spectators should go to their cars

**Softball, Baseball**

Teams should report to their dugouts – then to team bus, if needed - spectators should report to their cars.

**Track, Band**

Teams should report to Cheer Factory building or dressing rooms - again spectators to their cars.

**Tennis**

Teams should report to the Vocational building – again spectators to their cars.

Activity/Team Bus with doors and windows closed should only be used as a second choice.

CARE FOR LIGHTNING VICTIMS

Survey scene for safety

Activate EMS (call 911)

Only move victim if necessary. (May need to move to safe shelter)

Provide First-Aid, CPR/AED as needed until help arrives.

CONCUSSIONS

TREATMENT GUIDELINES

The term concussion describes a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function which may or may not result in a loss of consciousness.

It can occur from a fall, a blow to the head or a blow to the body that causes your head and your brain to move quickly back and forth. The use of protective headgear can dramatically decrease the risk of concussion when practicing or participating in contact sports such as football. All coaches should be able to recognize the symptoms of a concussion and take appropriate actions if this should occur to an athlete.

If it is suspected that a student-athlete has received a concussion, they must be removed from participation immediately, contact a parent and/or refer them to the appropriate medical personnel immediately.

It is recommended that all coaches take the National Federation High School (NFHS) online concussion course to increase their knowledge of this injury.

***There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.***

Common Symptoms of Concussion

Difficulty thinking clearly

Difficulty concentrating

Difficulty remembering new information

Headache

Fuzzy or blurry vision

Nausea/Vomiting

Dizziness

Balance Problems

Sensitivity to noise or light

Irritability

Sadness

More emotional than normal

Feeling nervous or anxious or even slowed down

Sleeping more than usual, less than usual, or trouble falling asleep

Additional Concussion Symptoms

Loss of consciousness after any trauma to the head

Confusion

Headache

Loss of short-term memory

(The athlete may not remember the actual injury and the events some time before or after the impact)

Perseverating (repeating the same thing over and over, despite being told the answer each time, for example, "Was I in an accident?")

**A student/athlete should be directed to call their physician in the following situations:**

A person struck a hard object with the head (for example: tile floor, ice, bathtub) but did not lose consciousness

Mild dizziness or nausea after a head injury

Loss of memory of the event (amnesia) for just a few minutes

Mild headache with no vision disturbances

**Go to an emergency department by ambulance in the following situations:**

**(For people with less severe injuries not requiring ambulance transport, a car may be taken to the hospital.)**

Severe head trauma, i.e., a fall from more than the height of the person or a hard fall onto a hard surface or object with resulting bleeding or laceration.

Any child that loses consciousness as the result of a head injury.

Prolonged loss of consciousness (longer than two minutes).

Any delayed loss of consciousness (for example, the injured person is knocked out only momentarily, then is awake and talking, then loses consciousness again)

Vomiting more than once

Confusion that does not go away quickly

Extreme drowsiness, weakness, or inability to walk

Severe headache

Loss of memory of the event (amnesia)

Perseverating (saying the same thing over and over)

Someone who takes warfarin (Coumadin) for a medical problem suffers and suffers a significant blow to the head.

Unconscious Athlete

If the person fails to regain consciousness after two minutes, or the injury is very severe even if two minutes have not passed, DO NOT move the person. Prevent movement of the neck, which may cause spinal injuries. If the person needs to vomit, carefully roll the person onto his or her side without turning the head.

Call 911 immediately for help.

If you are unsure of the severity of the injury, take the person to the emergency department immediately.

Concussion Side Effects

A person with a single, isolated concussion generally has a very good outcome with few side effects. Side effects are classified as Short-Term or Long-Term.

**Short-term side effects include:**

Post concussive syndrome-

The main symptom of post concussive syndrome is persistent headache for one to two weeks, lasting up to several months after the injury. Anywhere from 20-90% of patients develop at least one symptom of post concussive syndrome within the first month following injury, and about 40% have at least three symptoms by three months post-injury.

Post concussive syndrome is more common after a serious concussion than after a mild one.

Symptoms usually are relieved with mild pain relievers such as acetaminophen (Tylenol) or ibuprofen (Motrin, Advil).

Sometimes people with post concussive syndrome will have dizziness, difficulty concentrating, or problems doing certain types of activities such as reading.

Nausea and vomiting may occur.

Post concussive syndrome usually goes away on its own with time. Some people may have symptoms that do not go away, even after months. In this situation, contact a doctor. Sometimes tests (such as an MRI or cognitive function testing) or consultations with a neurologist can better assess this problem.

**Long-term side effects include:**

Concussions are known to be cumulative. That is, each time you have a concussion it is easier to get another concussion in the future.

Repeated concussions can lead to long-term memory loss, psychiatric disorders, and other neurologic problems.

If you have had a number of concussions, your physician likely will advise you to avoid the activities that may put you at risk for future head injuries and to discontinue contact sports. Professional athletes are particularly prone to the effects of cumulative concussions.

Return to play considerations

According to GHSA and JCHS policy a student athlete who suffers a concussion must be removed from play for a minimum of ONE WEEK SYMPTOM FREE.

After one week with no symptoms the athlete is required to be ‘cleared’ by their family doctor, with written documentation to be given to the head coach of the sport. The athlete will then begin a gradual return-to-play under the supervision of the athletic trainer.

Concussion Testing

A neurocognitive computer test is available for all athletes in “high-risk” concussion sports (football, soccer, baseball, softball, comp. cheer) etc. The ImPACT test is given to the athlete at the start of their season and provides a baseline of cognitive function. The results of the tests are databased by Piedmont Orthopedic Complex in Macon, Ga.; when a concussion occurs, the athlete repeats the computer test – the tests are compared and healthy return to play is established. The computer test is extremely reliable and thus takes the ‘guesswork’ out of return to play.

The GHSA and JCHS requires the head coach of each sport provide information and education to each athlete and their parents about the inherent risk of concussion within the athlete’s sport and the school protocol for return to play. The form should require a signature of the athlete’s parent or guardian and be kept on file along with the student physical and consent to treat forms.

SPINAL CORD INJURY

TREATMENT GUIDELINES

DO NOT MOVE ANY ATHLETE WITH A HEAD OR NECK INJURY. IMMOBILIZE THE HEAD, NECK, AND BACK.

CALL 9-1-1

General Guidelines

Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.

The athlete’s airway, breathing, circulation, neurological status and level of consciousness should be assessed.

The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation.

If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization. This should only be done by personnel trained to care for the athlete with a spinal cord injury.

Do not allow other players or other unauthorized persons to move a teammate who is lying immobile on the field.

Activate the Emergency Medical Services system.

Football Specific Guidelines

Face Mask Removal

As a rule the helmet should never be removed due to the excessive movement of the head during the removal process. The face mask should be removed prior to transportation regardless of current respiratory status (leave helmet in place)

Have tools for face mask removal readily available (they are located in the first aid kit) – note there are specific tools for specific helmets – it is the coach’s responsibility to have correct tools available at every practice/game regardless of the presence of the athletic trainer.

Football Helmet Removal

The athletic helmet and chin strap should only be removed:

If the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.

If the design of the helmet and chin strap is such that, even after removal of the face mask, the airway cannot be controlled nor ventilation provided.

If the face mask cannot be removed after a reasonable period of time.

If the helmet prevents immobilization for transportation in an appropriate position.

Spinal immobilization must be maintained while removing the helmet.

##CAUTION: The helmet and the shoulder pads elevate the athlete’s trunk when in supine position.

If the decision is made to remove the helmet or shoulder pads appropriate spinal alignment MUST BE MAINTAINED.

Note: The front of the shoulder pads can be opened to allow for CPR and defibrillation.

Return to play considerations

Any student removed from practice/play with a suspected spinal cord injury will not be allowed to return to practice/play until cleared by a physician.

If the doctor places limitations on the return (such as no contact) the physicians note must specify length of time that the limitation is in effect. Parent notes are not acceptable.

If the physician does not specify length of time for restrictions/limitations, the restrictions/limitations must be followed until another note is received extending the restrictions or clearing the athlete to return to practice/play.

If the restrictions/limitations prohibit the athlete from participating, then the athlete will not be allowed to return to play/practice until cleared by the physician for practice/play.

OTHER EMERGENCIES

Fractures

An open fracture will typically be self-evident due to the exposed bone. The following clues suggest you are dealing with a probable closed fracture:

The athlete felt a bone break or heard a ‘snap’.

The athlete feels a grating sensation when he/she moves a limb.

One limb appears to be a different length, shape, or size than the other, or is improperly angulated.

Reddening of the skin around a fracture may appear shortly after the injury is sustained.

The athlete may or may not be able move a limb or part of a limb – example arm but not the fingers – or to do so increases the pain.

Loss of a pulse or sensation at the end of the extremity.

Numbness or tingling sensations.

Involuntary muscle spasms.

Other unusual pain such as intense pain in the rib cage when the athlete takes a deep breath or coughs.

Ice on a fracture usually makes the throbbing/pain worse.

Splinting

Any suspected fracture should be immobilized to lessen the severity of the injury. Splinting should be done BEFORE the athlete is allowed to move or be moved by rescue personnel. The splint should be long enough to immobilize the entire limb and be secured above and below the joint of the injured limb.

How to SPLINT:

1. CHECK pulse
2. Then REMOVE Clothing around injured part.
3. Don’t force a limb out of the clothing.
4. You may need to cut clothing off with scissors to prevent causing the athlete any additional pain.
5. Apply a cold compress or ice pack wrapped in cloth.
6. Place a splint (or boards) on the injured part by keeping the injured limb in the position you find it. Add soft padding around the injured part, making sur the padding is long enough to go above and below the injury.
7. RE-CHECK PULSE
8. Seek medical care and do not allow the athlete to eat or drink anything, in case medication or surgery is needed.

Ligament Sprains and Muscle Strains

1. Apply ice and compression wrap immediately after injury is sustained.
2. Ice every two hours for 20 minutes.
3. NEVER apply heat to a sprain or strain within the first 48-72 hours after the injury is sustained.

REMEMBER – R.I.C.E. Rest – Ice – Compression – Elevation

Shin Splints:

Shin Splints are caused by overuse of the lower legs. The pain associated with shin splints is a result of fatigue and trauma to the muscle's tendons where they attach themselves to the tibia. In an effort to keep the foot, ankle, and lower leg stable, the muscles exert great force on the tibia. This excessive force can result in the tendons being partially torn away from the bone.

Causes:

• Exercising on hard surfaces, like concrete; basketball courts

• Exercising on uneven ground

• Beginning an exercise program after a long lay-off period.

• Increasing exercise intensity or duration too quickly.

• Exercising in worn out or ill-fitting shoes.

Treatments:

The best way to treat shin splints is to take appropriate measures to avoid getting them. This includes proper, thorough stretching before and after activity. Wrapping and taping can provide some relief but has not been proven to be a viable long term treatment for shin splints. Once an athlete gets shin splints, the best hope is to manage them so they do not turn in to stress fractures. Here are a few tips (other than REST).

• Cold whirlpool treatments each morning with the athletic trainers

• Heat immediately before activity or Ice massage followed by extensive stretching and massage

• Thorough warm up

• Ice after activity

• Ice massage in the evenings

• Ibuprofen to manage swelling and pain (follow bottle's directions)

• Arch supports inside shoes

• Alter training regimen with closed chain activities (bike instead of run).

NEVER apply white athletic tape around muscle. This eventually kills muscle cells and places unnecessary stress on bones – potentially causing stress fractures. Only use stretch elastic tape around muscle bellies.

Special Concerns:

Bee Stings (noticeable bite/sting, blotchy skin, pain or itching, burning, weakness, chills, fever, nausea, etc.)

The two greatest risks from most insect stings are allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious). If an athlete is stung by a bee, wasp, hornet, or yellow jacket, follow these instructions closely:

1. It doesn't matter how you remove the stinger. Remove it ASAP, the longer it is in, the more venom the body is exposed too. Under 15 seconds is ideal.
2. Wash the area carefully with soap and water.
3. Apply a topical antihistamine to control itch and swelling.
4. Apply an ice pack to alleviate pain.
5. Instruct athlete to take acetaminophen (Tylenol) for pain.
6. If the athlete acknowledges an allergy to stings or has trouble breathing, ·call9-1-1

Allergic Reactions

• If an athlete has an allergic reaction, it is important that he/she gets medical treatment immediately.

• If the athlete experiences breathing difficulty and/or if he/she has an Epi-Pen, get it for them and have him/her give themselves an injection. Do not do it for them unless you are trained to do so. If they cannot do it themselves – call 911.

• If the athlete's reaction is minor (hives, itching, irritation, etc.), contact parent. In most cases, a BENEDRYL will fix the problem but as a coach, you cannot give that medicine to the athlete.

ASTHMA

1. Only athletes who have been diagnosed with asthma should use inhalers.
2. Athletes with asthma should only be allowed to use their OWN inhaler
3. If trouble persists, call 911

Dental – Broken Tooth

If an athlete gets a tooth knocked out (or broken off)

1. Keep the tooth – DO NOT TOUCH THE ROOT
2. Put the tooth in a cup of milk (only enough to cover the tooth). If milk is unavailable, use water.
3. Use chewing gum (if available) to put over the exposed tooth in mouth (to prevent nerve irritation)
4. Send to dentist – don’t forget to send the tooth

Diabetics

Symptoms: rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, seizures, anxiousness.

What to Do: Ask the athlete. The athlete will direct you (is he/she hypo or hyperglycemic?) Does he/she want juice? Sugar? Give him/her what they request/need.

Muscle Cramping

1. Poor hydration and low electrolyte count is the probable cause
2. Administer WATER or a sports drink like GATORADE.
3. Ice the area

Seizures

1. Have athlete lie down. Clear the area, remove dangerous objects from area or on athlete
2. Loosen restrictive clothing
3. Allow seizure to finish
4. After the convulsions have ended, protect the athlete, maintain airway.
5. Call 911 – if airway problems occur

Skin Disorders:

Impetigo & Staff Infection

If undetected, the MRSA virus can be fatal. It is absolutely imperative that all rashes and red areas be reported to an athletic trainer and evaluated by a physician. To prevent MRSA, athletes should practice good hygiene. Practice and game clothes should be washed daily. Lockers should be cleaned and aired out nightly. Athletes should shower with soap after engaging in any physical activity. Towels and water bottles should never be shared.

Signs of MRSA

• skin boils or blemishes

• redness (first appears like a spider bite in most cases)

• sometimes accompanied by fever and chills

Preventing MRSA and other skin disorders

• Avoid contact with infected individuals

• Cover all wounds

• Practice good hygiene: SHOWER with SOAP immediately after EVERY practice/game and do not re-wear sweaty clothing

• Wash practice clothing DAILY and Do not share clothing

• Clean all equipment- helmets, shoulder pads, wrestling mats, weight equipment, etc. after each use

• Report all skin blemishes/changes to athletic trainer for evaluation

• Prevent getting turf burns

• Wash hands regularly

Treating MRSA

• Requires physician evaluation and prescription for specific type of oral antibiotics and topical cleanser

IT SHOULD BE STRESSED THAT ATHLETES WASH ALL PRACTICE CLOTHING AFTER EACH USE

ATHLETES SHOULD SHOWER WITH SOAP IMMEDIATELY AFTER PRACTICES AND GAMES

Supplements:

The Basics on Nutritional Supplements

Americans spent an estimated $1.4 billion on sports supplements in 1999, hoping that the pills, drinks, and powders would help them bulk up, slim down, or compete more effectively. But people who take these products are actually conducting what amounts to a vast, uncontrolled clinical experiment on themselves with untested, largely unregulated medications.

The few good scientific studies available on these “dietary” supplements suggest that they either are ineffective or, at best, produce only slight changes in performance. More disturbing, they can contain powerful and potentially harmful substances, such as

1. Androstenedione, which can upset the body's hormonal balance when it metabolizes into testosterone and estrogen, and may cause premature puberty and stunted growth in adolescents.
2. Creatine, a substance produced by the body that can help generate brief surges of muscle energy during certain types of athletic performance. It may also cause Kidney problems in susceptible individuals.
3. Ephedra, an herbal stimulant that acts like an amphetamine ("speed") and that some investigators hold responsible for dozens of deaths and permanent injuries.

Young athletes and other people who want to lose weight or gain energy should not take sports supplements. Evidence for the products' effectiveness is Sketchy at best, and concerns about their safety are too numerous. Adults and youngsters alike should focus instead on the basics of fitness and nutrition.

Parents who are concerned that their children may be taking any of these supplements should familiarize themselves with some of the most common brand names and ingredients.

IV: Basic Taping For Coaches

Taping an Ankle

1 Place athlete on table. Spray the area with adhesive spray. Have athlete “pull” toe back so ankle is at 90 degrees.

2 Pre-wrap ankle from mid-calf to just past the mid-foot.

3 Using inch and a half tape place anchor strips at the base of the calf muscle. Place a second anchor at the mid-foot.

4 Place stirrup strip from inside of calf anchor, down leg, under foot, and up leg to the outside of the calf anchor.

5 Place horseshoe strip from inside of mid-foot anchor, under leg, to outside of mid-foot anchor.

6 Alternate stirrups and horseshoes 3-4 time depending on size of foot – (overlap about half each time)

7 Apply a Figure 8 strip starting at the mid-foot, around foot, angle down to go under leg, around leg and back to mid-foot

8 Apply the Heel-Lock by starting at the mid-foot, angle 45 degrees to the heel, cross heel to outside of foot, back to mid-foot, repeat on other side

9 Complete the ankle taping by covering any “thin” areas or open spaces with anchor strips

Taping an ARCH

1 Place athlete on table. Spray bottom of foot generously with adhesive spray. Pre-wrap entire foot and heel area.

2 Apply first strip of tape around the ball of the foot – be careful not to make it too tight

3 Using a split roll of tape – start at the ball of the foot go down to the heel, under the heel, and back up to the starting position – across the arch, repeat 3-4 times

4 Finish by covering the entire foot with elastic tape – no loose edges

5 Elastic tape works best since the foot will expand with weight-bearing

Taping the THUMB

1 Have athlete place hand in neutral position with thumb up. Pre-wrap wrist, thumb, and hand.

2 Apply anchor strip to wrist, split the tape and apply anchor strip around thumb

3 Using the split tape, apply a figure 8 pattern from wrist anchor around thumb and back to the anchor

4 Repeat the figure 8 pattern 2-3 more times, overlap each strip about half its width

5 Using elastic tape spiral the entire area to cover any loose edges

6 Secure the elastic with regular tape

Taping the WRIST

1 Have athlete spread hands and fingers – keeps the tape from being too tight

2 Spray the area with adhesive, cover with pre-wrap

3 Using white tape, place an anchor strip slightly above the wrist, place a second anchor in the middle of the hand (across palm) – careful not to be too tight

4 Place the next strip from the wrist anchor to the hand anchor – palm side, repeat 2-3 times ‘fanning’ the tape to cover the whole palm

5 Repeat the ‘fan’ process on the back of the hand

6 Using elastic tape cover the area to secure loose edges

7 Secure elastic tape with anchor strips around wrist

OTHER NON-ATHLETIC EMERGENCIES

|  |  |  |  |
| --- | --- | --- | --- |
| **EMERGENCY** | **DEFINITION** | **ACTION STEPS** | **SPECIFIC INSTRUCTIONS** |
| **BOMB THREAT** | Suspicious device found that is thought to be explosive or a communicated warning that a bomb has been placed in the area | 1) Notify police/sheriff to get help 2) Conduct systematic building search looking for any suspicious object 3) DO NOT TOUCH OBJECT if found 4) Shut off open flames 5) leave lights on or off 6) DO NOT use electronic devices such as cell phones 7) Carefully evacuate building | Bomb threat caller check list: When is the bomb going to explode? Where is it right now? What does it look like? What kind of bomb is it? What would cause it to explode? Did you place the bomb? Why? What is your name? Where do you live? Note any background noises, caller accent, etc. RECORD information verbatim |
| **FIRE** | Small fires - no larger than waste basket attempt to extinguish with a fire extinguisher ANY FIRE -big or small - CALL 911 | Small Fire - try to extinguish with available fire extinguisher Have a co-worker call 911 For LARGE fires evacuate the area, turn off lights and close doors and windows - DO NOT LOCK DOORS | Know location of all fire equipment such as fire extinguishers and pull alarm stations INSTRUCTIONS: Pull pin, Aim nozzle at base of fire, Sweep from side to side |
| **SEVERE WEATHER** | Weather conditions that are favorable for a natural disaster | Have a weather radio and leave it on at all times during practice/game If tornado/storm warnings are issued secure the facility and vacate the premises - Identify the safest place to go prior to practice/game (Head Coach/AD) if unable to leave practice/game area Be prepared to instruct players and spectators where to proceed for their safety as well (May need to move athlete and public inside) | Common natural disasters include: Tornados, Floods, Thunderstorms, Winter Ice Storms |
| **Utility Failure** | Electricity failure, gas leak, or water main break | Gas Leak - Evacuate the building Call Police/Fire/Sheriff for assistance Electricity outage spectator cell phones make excellent flashlights Evacuate area Reschedule play as needed | Know the location of Gas, Water, and Power cut offs to direct repair personnel to proper location |
| **VIOLENT OR CRIMINAL BEHAVIOR** | Person threatening violence or bodily harm to player, coach, or other spectator | DO NOT ATTEMPT TO APPREHEND, REASON WITH, OR DETAIN Call 911 and GET HELP Get a good description if individual leaves area - In most cases school SRO or law enforcement is available at every game event  | HOSTAGE TIPS: Avoid drastic actions Follow instructions DON’T argue Don't speak unless spoken to Expect the unexpected Be observant |

DIRECTIONS FOR EMERGENCY VECHICLES

FOOTBALL

Enter off Cumslo/Railroad Street at the SOUTH end of the campus – First gate on the right will take you to the practice field – the Fieldhouse will be the first building on the right after entrance.

BASKETBALL/WRESTLING/CHEER

(Emergency on Gym Floor)

Enter parking lot off Cumslo/Railroad Street at SOUTH end of main building – gym entrance will be first doors on the left (you can bring rescue vehicle down gravel path to gym door)

(Emergency on ‘Upper’ Level)

Enter Parent/Student drop off area off Cumslo/Railroad Street at SOUTH end of main building – park and enter building at concession lobby – located between gym and classroom area – or you can park vehicle at bottom of stairs

DRAMA/CHOIR/ASSEMBLIES

Enter parking lot off Cumslo/Railroad Street at SOUTH end of Main Building – Theatre will be at the end of the Main Building – (closest to the railroad tracks) on the left

SOFTBALL/BASEBALL/TENNIS

Enter parking area off Cumslo/Railroad Street between tennis courts and vocational building. Tennis will be on the immediate left – softball/baseball will be up gravel road next to tennis courts

COMPETITION CHEER/BAND/TRACK

Enter off Cumslo/Railroad Street at South end of PRE-K school (old Gray Elementary) – take first right to gravel parking area – cross parking to track – cheer will be the first building on the left – track will be second – band will be next on the stage

HOW TO GET HERE

CAMPUS MAPS – GOOGLE PICTURES

All four zones

Location of AED

GymNest

Emergency Plan Template – for venue specific plans

 Explanation

 Diagram

Phone Numbers/Contacts

JONES COUNTY HIGH SCHOOL EMERGENCY PLAN

PHONE NUMBERS

EMS 911

Police Department

Fire Department

Deputy Hunt – SRO – cell

Deputy Walker – SRO - cell

Coach Veal – AD – cell

Mrs. Stewart – Principal – cell

Main Campus Office

Navicent Medical Center/Children’s Hospital

Coliseum Medical Center

Brad Miles – Athletic Trainer – 229-506-2718

Piedmont Orthopedic – Dr. Barnes – office

Heath Mills – Athletic Trainer – cell

Tee Spinks – Athletic Trainer - cell

Dr. Kay – Dentist - office

Dr. Moore – Dentist - office

JONES COUNTY HIGH SCHOOL EMERGENCY ACTION PLAN

EMERGENCY PLAN FOR INDIVIDUAL TEAMS

The emergency plan addresses immediate need for medical assistance in the instance of traumatic injury or illness. The emergency plan assigns specific duties for effective evaluation, transport and follow-up of the situation. The emergency plan impacts coaches, spectators, practice/game personnel as well as athletes. The emergency plan must address situations that may occur from the first practice through the last team meeting; it included weekdays as well as weekends.

A checklist is attached for duties assigned to specific individuals, or information pertinent to the specific team/sport.

This plan may be used for any sport, for any site where the team practices and/or competes. It must be available at any time. It should include additional information specific to a unique site or other circumstance.

Should an injury occur which needs medical assistance, the following are critical items that would need to be addressed by a coach, certified athletic trainer (ATC), designated first responder and/or athletic administrator.

 Primary evaluation

 ABC’s

 Access to ATC by phone

 Access EMS – barriers to arrival

 Immediate primary care

 Coach notifies ATC, AD, Principal, and/or SRO within 12 hours

 Medical Emergency

 Notification of parent

 Notification of ATC

 ATC phone 229-506-2718

 Notification of Athletic Director

 Athletic Director phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DO NOT send teammates to the hospital – Coach or School Faculty member should travel

Emergency care information, first aid kit, and quick access to ice shall be the standard for each practice and event. Certified Athletic Trainer or other trained emergency first aid responder shall be within easy contact to provide care.

In case of catastrophic injury, no information should be given to any party other than EMS. The ATC or the coach shall notify the athletic administrator. DO NOT GUESS OR GIVE OPINIONS to players, other coaches, media, or by-standers; this leads to misinformation. The Athletic Director/Principal will determine what information will be released and when.

The following page is a template for use at individual venues, for individual sports. Updates are key to the success of this plan.

Jones County High School Athletic Department

Emergency Plan Template

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Game Site STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFIC directions to game site from nearest intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Site STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFIC directions to practice site from nearest intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Complete one for each venue/each sport. Discuss with each coach on staff. Update as needed depending on staff available at a specific venue daily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where should EMS come to have quick access to the injured athlete?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will give primary care to the athlete?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where is the first aid kit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where are the emergency consent forms?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who calls EMS?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will notify the parents – transported? Pick-up?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To which facility is EMS going? Directions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will notify ATC? SRO? Principal?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will manage rest of team while care is given?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will meet EMS?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What gates/doors need to be opened? Who has keys?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will travel with injured athlete?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will follow-up with parents?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will document the injury?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who will speak to parent if catastrophic injury?

Athletic Director – Coach Veal - Athletic Trainer – Coach Miles – 229-506-2718

Navicent Medical Center – Coliseum Medical Center –

ACKNOWLEDGEMENT PAGE

I have received and read a copy of the EAP, have had my questions answered, and will abide by its standards

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Sport \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_