



## **ATHLETICS EMERGENCY ACTION PLAN**

Cuyahoga Height High School  
4820 E. 71<sup>st</sup> St.  
Cleveland, OH 44125

The following is an Emergency Action Plan (EAP) that should be followed in the event of an emergency during or related to school athletic events. All sports medicine and coaching staff members should review this plan prior to the start of their season and familiarize themselves with the venues and surroundings and review their roles and responsibilities in the event of an emergency.

### **SITE-SPECIFIC INFORMATION**

AED Locations:

1. Athletic Training Room office (red bag)
2. Hallway next to Athletic Training Room
3. Middle School office
4. Bacci park Concession Stand (for baseball/fastpitch)

Chain of Command:

1. Team physician
2. Athletic Trainer
3. Athletic Director
4. Head coach
5. Assistant coach
6. Student Athletic Trainer
7. Student-athletes
8. Other bystander(s)

The highest person in the chain of command present at the scene will be the designated leader. That individual will decide on activating the Emergency Medical Services System (EMS), will instruct others on what to do, and will stay with the student-athlete until EMS arrives, if possible.

Emergency situations that require immediate attention as outlined in this EAP include:

- Collapse or unresponsiveness
- Stoppage of breathing or significant respiratory distress
- Severe bleeding
- Obvious serious fracture
- Possible serious back or neck injury
- Serious head injury
- Seizure
- Near drowning
- Heat Stroke
- Any other significant musculoskeletal injury or medical condition in need of immediate advanced medical treatment

The goal for initiating CPR with high quality chest compressions is **within 1 minute** of collapse.

The goal for time to delivery of AED shock is within **3-5 minutes** of collapse.

## EMERGENCY MANAGEMENT – COLLAPSE

In the event of a witnessed or unwitnessed collapse, the following guidelines should be followed:

1. The highest person in the chain of command will be deemed the leader. He/she will immediately attend to the individual or appoint another qualified person to perform First Aid/BLS/CPR first responder techniques.
  - a. He/she will immediately send someone to get the nearest AED.
  - b. If an event occurs in water, the downed individual should be removed from the water using standard rescue techniques and find a safe, dry area to initiate treatment. The safety of the rescuer should always be a priority.
2. The leader will designate someone to activate EMS by calling 911 or make the call directly if needed by cell phone. The locations of back up phones are listed later in this document.
3. Information to relay to EMS:
  - a. The nature of the emergency
  - b. Name and age of the individual, if known
  - c. The condition of the downed individual
  - d. Specific directions to the location of the emergency
  - e. Any treatment rendered on site
4. If needed, the leader should send someone to aid in directing EMS to the site.
5. The individual should remain on the phone until the EMS operator concludes the call.
6. While waiting for EMS to arrive, the leader will continue to monitor the First Aid/BLS/CPR response and follow prompts from AED. The leader should designate someone to record the events of the emergency and timing of any interventions. When able, the leader can designate others to notify school administration, retrieve the student-athlete's medical records (located in the school office, as well as Athletic Trainer's med kit) and notify parents (or other student-athlete emergency contact).
7. If transport is necessary by EMS, the individual will be taken to the nearest appropriate area medical center, see list below.
8. After the event, the leader will review and help to document the series of events in written form.

## **SPECIAL CONSIDERATIONS**

### Heat Illness (see CDC Heat Index Chart addendum)

1. The student-athlete should be immediately removed from participation.
2. EMS should be activated by calling 911 if any behavior changes or decreasing consciousness are noted.
3. Protective equipment (e.g. helmet, shoulder pads, etc.) should be removed.
4. Cooling measures should be initiated immediately:
  - a. Finding shade, cool environment
  - b. If available, ice water immersion, misting fan
  - c. Rotating cold towels on the extremities
  - d. Application of ice packs to back of neck, axillae/armpits, groin region
5. Any athlete with confirmed heat illness should not return to play until cleared by a physician.

### Head and/or Neck Injury

1. For helmeted sports, removal of the face mask should be practiced in advance
2. An individual should be designated to carry a power screwdriver and the location of other equipment should be discussed (e.g. pliers, etc.)
3. In the event of injury, if shoulder pads in place, helmet should remain in place, if possible
4. One provider should be at the head and stabilizing the cervical spine and assuming the lead
5. No attempts should be made to move the individual without explicit directions from the leader
6. Appropriate head injury screening should follow as outlined in Concussion Management Guidelines

### Asthma

1. Student-athletes with asthma should have a preplanned "asthma action plan," ideally shared with the Athletic Trainer and coaching staff at the start of the season
2. A student-athlete should have a prescribed rescue inhaler available during practices and games
3. If stored in a locker or bag, the exact location should be shared with the Athletic Trainer and coaching staff in advance
4. Pursuant to the Ohio Board of Pharmacy Board's laws and rules, Athletic Trainers may legally hold and administer specifically prescribed inhalers for an athlete and hand that medication to the athlete when needed

### Anaphylaxis

1. Student-athletes with known anaphylactic allergy to bee stings, foods, medications, etc. should be identified based on pre-participation screening
2. For such individuals, rescue medication, i.e. a prescribed Epi-Pen, should be readily accessible during games/practices
3. Pursuant to the Ohio Board of Pharmacy Board's laws and rules, Athletic Trainers may legally hold and administer a specifically prescribed Epi-pen for an athlete and hand that medication to the athlete when needed

## **AREA MEDICAL FACILITIES:**

Marymount Hospital  
12300 McCracken Rd, Garfield Heights, OH 44125

MetroHealth Medical Center  
2500 MetroHealth Drive, Cleveland, OH 44109

University Hospitals Parma Medical Center  
7007 Powers Blvd, Parma, OH 44129

## **MEDICAL STAFF CONTACT INFORMATION**

### **ATHLETIC TRAINER:**

Tessa Campolieti  
440 476 6387  
campolt@ccf.org  
Cleveland Clinic Sports Health

### **ORTHOPEDIC DOCTOR:**

Dr. Paul Saluan  
Secretary (Kerry): 216 518 3473  
Cleveland Clinic Sports Health

### **ORTHOPEDIC RESIDENT:**

Dr. Inyang Udo-Inyang  
732 306 9503  
UdoInyi@ccf.org  
Cleveland Clinic Sports Health

**CHAGRIN VALLEY DISPATCH DISPATCH: 216 883 6800**

## **POST EVENT CATASTROPHIC INCIDENT GUIDELINES:**

In the unlikely event of a catastrophic incident, a Critical Event Debriefing Team will be convened to review the incident, procedures and outcome and determine any appropriate release of information. Release of information should proceed only through designated staff. Communication via other channels (e.g. media) should not occur unless specifically instructed otherwise by designated staff. The Critical Event Debriefing Team may consist of:

- All involved responders
- Head Athletic Trainer
- Team physician
- Designated representative of the Athletic Department
- Other designees at the discretion of the Head Athletic Trainer, Team Physician, Athletic Department representative

## **OTHER EMERGENCY SITUATION INFORMATION**

Sports medicine staff should familiarize themselves with institutional and venue safety procedures as outlined by the Athletic Department and School Administration regarding specific scenarios, included but not limited to the following scenarios, when available:

- Weather emergencies
  - Lightning
  - Tornado
  - Evacuation paths
  - Safety areas
- Fire
  - Location of fire extinguishers
  - Evacuation paths
- Other environmental exposures
- Bomb threat
- Act of violence/active shooter
- Psychological emergencies

**ADDENDUM: CDC HEAT INDEX CHART**

Sports medicine staff and coaches will be familiar with the heat index chart and recognize the risk of heat illness based on environmental stress. Strategies to minimize the risk of heat illness should be undertaken, including but not limited to changing practice times, modifying equipment use when needed, providing ample rest and access to fluids.

<b>Heat Index Chart</b>																	
% Relative Humidity																	
		15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
T e m p e r a t u r e	110	108	112	117	123	130											
	105	102	105	108	113	117	122	130									
	100	97	98	102	104	107	110	115	120	126	132						
	95	91	93	95	96	98	100	104	106	109	113	119	124	130			
	90	86	87	88	90	91	92	95	97	98	100	103	106	110	114	117	121
	85	81	82	83	84	85	86	87	88	89	90	92	94	96	97	100	102
	80	76	77	78	78	79	79	80	81	82	83	84	85	86	87	88	89

  

<b>Legend</b>	
80-89 degrees	Fatigue is possible with prolonged exposure and/or physical activity.
90-104 degrees	Sunstroke, heat cramps and heat exhaustion are possible with prolonged exposure and/or physical activity.
105-129 degrees	Sunstroke, heat cramps and heat exhaustion are likely. Heat stroke is possible with prolonged exposure and/or physical activity.
130+ degrees	Heatstroke/sunstroke is highly likely with continued exposure.

Signature \_\_\_\_\_

Date \_\_\_\_\_