

North Oldham High School Emergency Action Plan

1815 South Hwy 1793

Goshen, KY 40026

IMPORTANT PHONE NUMBERS:

Athletic Trainer: Ben Enk (414)-617-7997

EMS: 911 or 9-911 from a school phone

Main Office: (502) 228-0158 or 300 from a school phone

Athletic Director: Alan Yanke (502) 377-5944

School Resource Officer: Greg Ford (502)-541-2517

This emergency action plan should be followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the athletic trainer or the athletic director. Situations when 911 should be called automatically are:

- an athlete is not breathing
- an athlete has lost consciousness
- it is suspected that an athlete may have a neck or back injury
- an athlete has an open fracture (bone has punctured through the skin)
- severe heat exhaustion or suspected heat stroke
- severe bleeding that cannot be stopped

Chain of Command

Team Physician

Certified Athletic Trainer

School Resource Officer

Athletic Director

Administrator

Head Coach

Assistant Coach

Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. They are responsible for deciding whether or not to call 911, instructing others how they may be of help, and will be the person who stays with the athlete until EMS arrives.

Once it has been determined that EMS should be called, the following protocol should be followed:

- 1) The highest person on the chain of command will make the call to EMS or will designate another person to make the call. EMS should be told what the emergency is, the condition of the athlete, and how to get to where the athlete is located. **DO NOT HANG UP UNTIL EMS HANGS UP FIRST.**
- 2) The leader will send a runner to meet the ambulance and direct them to the athlete.
- 3) The leader will designate another person to attempt contact with the athlete's parents.
Emergency contact information can be found with coaching staff.
- 4) The AED is located with the athletic trainer at all times. SAM splints are located in every team medical kit.

ZONE 1 (Baseball Field)

EMS Route: Hwy 42 to Hwy 1793-Entrance 1

Severe Weather Safe Shelter-cars and school cafeteria

ZONE 2 (School Building, Gym, Auxiliary Gym)

EMS Route: Hwy 42 to Hwy 1793-Entrance 1-Turn left at stop sign

ZONE 3 (Field 1, Field 2, Weight room)

EMS Route: Hwy 42 to Hwy 1793-Entrance 1-Turn right at stop sign

Severe Weather Safe Shelter-field house

ZONE 4 (Tennis Courts)

EMS Route: Hwy 42-Entrance 2

Severe Weather Safe Shelter-field house

ZONE 5 (Field 3, Softball Field)

EMS Route: Hwy 42-Entrance 2

Severe Weather Safe Shelter/Dugout Closet-cars, field house, school cafeteria

SEVERE WEATHER POLICY

- 1) Chain of command that determines who is to make the call to remove individuals from the playing site
 - A. Game-Before the game starts: AD –Referee if the game/match has begun.
 - B. Practice-Athletic trainer, coach if athletic trainer is not present.
- 2) Designated safe shelters for each venue
 - Field 1-field house
 - Field 2-field house
 - Tennis-field house
 - Softball-Dugout closet/cars and then the school cafeteria
 - Field 3-field house
 - Baseball-cars and school cafeteria

- 3) **Play/practice shall be stopped at the first sound of thunder or sight of lightning.** The site shall be cleared immediately of all persons. The game may be resumed following a 3 minute warm-up period, no sooner than 30 minutes after the last sound of thunder or sight of lightning. Practice may resume no sooner than 30 minutes after the last sound of thunder or sight of lightning.
- 4) Avoid being the highest point in an open field, in contact with, or proximity to the highest point. Do not take shelter under or near trees, flag poles, or light poles.
- 5) All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels danger of impending lightning activity, without fear of repercussions or penalty from anyone.

Coach _____ Date _____

Athletic Director _____ Date _____

Principal _____ Date _____

ATC _____ Date _____