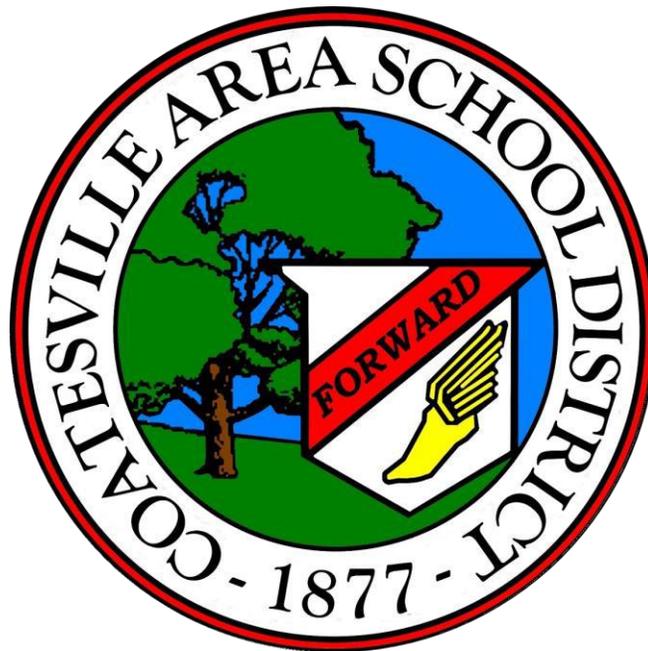

Coatesville Area School District



Athletics and Activities Department Emergency Action Plan (EAP)

Ms. Lisa Luciani – Director of Athletics, Activities and Compliance

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OVERVIEW

An emergency action plan (EAP) is a written document that states what is to be done in an emergency with the purpose of eliminating mistakes or oversights when time is a critical factor. Coatesville Area School District School Police, security, medical staff members, coaches and athletic personnel are required to familiarize themselves with this plan at the beginning of each academic year in order to understand the delineated roles and responsibilities as well as the outlined protocols in case of any emergency. Any questions should be directed to the Athletic Director.

A situation is considered an emergency if Emergency Medical Services (EMS) is needed to give further medical attention and/or transport a patient to the hospital. An emergency may arise at any time during an athletic event, and can involve an athlete, a coach, an official, a spectator, or even an administrator. As emergencies may occur at any time during any activity, the athletic department has a responsibility to be properly prepared. Expedient action must be taken to provide quality care during emergency and/or life-threatening situations. It is important that in these situations' coordination, established through detailed discussions, between the athletic trainers, emergency medical staff, coaches, and administrators be effective for emergency situations to be managed appropriately. Therefore, the development and implications of an emergency action plan will ensure that the best care is provided.

Situations when 911 should be called are:

1. An athlete is not breathing
2. An athlete has lost consciousness (at any time for any duration)
3. It is suspected that an athlete may have a neck or back injury
4. An athlete has an obvious or open fracture (bone has punctured through the skin or is deformed)
5. Severe heat exhaustion or suspected heat stroke
6. Severe bleeding that cannot be stopped

4 Components of the Emergency Plan

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Venue Specific Action Plan & Directions

Coatesville Area School District Athletics Emergency Action Plan also includes:

Sudden Cardiac Arrest, Head & Neck Injury,
Lightening, Heat Illness, Asthma

EMERGENCY PERSONNEL

Type and degree of medical coverage for an athletic event may vary widely based on factors such as sport, activity, setting and type of training or competition. Most commonly, the first responder in an emergency is a member of the sports medicine staff, typically the certified athletic trainer (CAT). A team physician may be present at some high-risk events, but an EMT will always be present at all home varsity football games. In some instances, the first responder may be coach or other school personnel. Coaches are required to be trained and maintain certification in First Aid, CPR/AED, and Concussion recognition. Training must be completed prior to supervision of athletes. All new athletic personnel must complete the training unless they provide proof of current certifications.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team members may consist of several healthcare providers including physicians, emergency medical technicians, and certified athletic trainers. Administrators and coaches also have responsibilities in an emergency. Roles of these individuals within the emergency team may vary depending on various factors such as the number of team members present, the athletic venue itself, or the preference of the Certified Athletic Trainer.

Chain of Command:

Athletic Director

Certified Athletic Trainer

Emergency Medical Technicians

High School Registered Nurses

Administrator

Head Coach

Assistant Coach

The Highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether to call 911, instructing others how they may be of help and will be the person who stays with the patient until EMS arrives.

ROLES OF EMERGENCY PERSONNEL

The following individuals may be directly involved with an emergency involving an athlete, coach, spectator, administrator, or official and therefore must be competent in the responsibilities of the first responder.

CASD Athletic Trainer:

1. Notify immediately in the event an athletic emergency arises on campus.
2. Responsibilities:
 - Notify their presence to referees and visiting team's coach/athletic trainer prior to each contest.
 - Evaluate scene and provide appropriate care.
 - Activate EMS by calling the Chester County Department of Emergency Services (911) or instructing EMT/Athletic Director/coach to call 911.
 - Assign a coach to notify Athletic Director and/or Supervisor that EMS has been activated.

CASD Athletic Director:

1. Notify immediately in the event an emergency arises on campus.
2. Responsibilities:
 - Open appropriate entrances and meet emergency personnel arriving on campus.
 - Direct emergency personnel to the emergency location.
 - Assist athletic personnel as needed in an emergency.

CASD Coaches:

1. Responsibilities:

- Act as First Responder when Athletic Trainer is not present.
- If Athletic Trainer/Athletic Director is not readily available, call 911.
- Assign a bystander (if present) to notify Athletic Trainer/Athletic Director that EMS has been activated.
- Assist in an emergency by keeping the players and surrounding bystanders a significant distance from the scene of the injury.
- Assist Athletic Trainer and Athletic Director as instructed

Game Administrators /Supervisors

1. Responsibilities:

- Keep players, parents, and spectators a significant distance away from the scene of an injury.
- Assist the Athletic Trainer and Coaching staff as instructed.

ROLE OF THE FIRST RESPONDER

1. Scene Safety & Immediate Care:

Establishing safety of the scene and immediate care of the athlete is paramount. The most qualified individual on the scene should provide acute care in an emergency. In most instances, the Certified Athletic Trainer will assume this role, although if a school physician is present, he/she may be called.

2. Calling Local Fire Department/EMS:

EMS activation may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the emergency team, however, the person chosen for this duty should be calm under pressure and who communicates well over the phone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role if present.

3. Equipment Retrieval:

Retrieval of additional medical equipment may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Coaches and Assistant Coaches are good choices for this role.

4. Directing EMS:

One member of the emergency team should be responsible for meeting EMS as they arrive. Depending on ease of access, this person should have keys to locked gates/doors that may slow the arrival of medical personnel. School Security, School Police, Administrator, or Coach may be appropriate for this role.

EMERGENCY ACTION STEPS

(Check-Call-Care)

The following is an outline of the established protocol to follow to manage a medical emergency effectively & efficiently.

A. **Check: Check Airway, Breathing, and Circulation**

(ABC's), level of consciousness, and for severe bleeding.

1. Athletic Trainer (if present) will make the initial evaluation.
2. If the first responder is not an Athletic Trainer, evaluate and determine the severity of the situation. When in doubt, activate EMS.

B. **Call: Activate Emergency Medical Services (EMS)**

1. Activate EMS by dialing 911 or have a bystander call.
 - a. Assign another bystander (if present) to notify athletic trainer/athletic director that EMS has been activated.
 - b. Have bystander retrieve an AED (AED locations noted in the reference section).
2. Give Fire Department proper and thorough information.

State your name

Age & gender of injured athlete

Condition of athlete (breathing, conscious, etc.)

Location of injured athlete

Number of athletes

Treatment given (CPR, rescue breathing, AED, etc.)

Any other information requested

3. Athletic Director/Game Administrator will direct EMS to location once on campus.

C. Care: Initiate CPR/Rescue Breathing/AED (if necessary)

1. The athlete should NOT be moved unless CPR cannot be administered due to obstructions, or the athlete's life is in danger due to environmental conditions. NO EXCEPTIONS!!

D. Stay with the Athlete until EMS arrives:

1. A parent or member of the coaching staff should ride with the athlete to the hospital. The athletes' parents should be contacted and apprised of the situation immediately

EMERGENCY COMMUNICATION

Communication is the key to quick emergency response. Athletic Trainers & EMS must work together to provide the best emergency response capability 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 professionals. If EMS 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.

The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. It is important to know the location of workable telephones, be it Home or Away. Pre-arranged access to the phone should be established if it is not easily accessible.

A phone is available inside the office located across from the restrooms in the CAIHS marked as "Athletic Director" above the door. This can be used for sports played inside CAIHS (basketball, volleyball, and any open gym activities). In the instance that a land line is not available, cell phones are usually readily available. The following is a list of important phone numbers needed in case of emergency:

Lisa Luciani (Athletic Director)	610-209-2988
Brian Chenger (Principal)	484-645-6649
Jack Bixler (Athletic Trainer)	484-667-9540
Jillian Lee (Athletic Trainer)	443-939-5522
Dr. Keith Heck (Dr.)	609-680-7985
Doreen Taylor (CAIHS)	610-383-3735 x61541
Claire Lindelow (CASH)	610-383-3730 x81541
Department of Emergency	610-383-7000 or 911
Services School Police Department	610-383-7000 or 911
Local Police Department	610-383-7000 or 911

EMERGENCY EQUIPMENT

All necessary emergency equipment should be at the site and quickly accessible. The highest trained member of the staff should determine in advance the type and way any equipment is at or to be delivered to the site. Non-sports medicine staff members (including coaches, administrators, etc.) should rely on emergency medical services for all equipment. Personnel should be familiar with the function, operation, and location of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and rehearsed by emergency personnel to ensure comfort and proficient use of the equipment. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. The schools Certified Athletic Trainer should be trained and responsible for the care of the medical equipment. It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when an emergency arises.

Supplies Available: (AED, Med Kit - Exam Gloves, Breathing Barriers, Bandages and Dressings) are located on field and in gymnasium with Athletic Trainer during practices/games.

Additional emergency equipment (Crutches, SAM splints, Cervical collar, etc.) is accessible from the Athletic Training closet (ATR) or the Emergency Athletic Response Vehicle (Gator/Golf Cart).

Emergency Equipment Location

Automated External Defibrillator (AED) - AED locations include:

- CAIHS and CASH Gym Lobby
- Main Offices
- Trainer's Rooms
- Nurse's Offices
- Certified Athletic Trainer
- Coatesville Memorial Stadium (Home Concession Stand)
- Coatesville Multi-Purpose Field (Concession Stand)
- Coatesville Area Senior High School (exterior of building by teamrooms / across from JV baseball field)

CPR Masks

- CPR masks are in the Athletic Trainers Medical Kit and in a pouch connected to the AEDs.

Face Mask Removal Tool These devices are used to remove face masks from the helmets of players.

- They are in the Athletic Trainers Medical Kit.

SAM Splints- SAM splints (Rapid Application Splints) are stored

- Inside the Athletic Trainers Medical Kit.
 - These should only be applied by the Certified Athletic Trainer.
 - If CAT is not present, wait for emergency personnel to arrive.

Crutches

- Crutches will be stored on CAT Gator (Cart) during Fall/Spring seasons
- In the Athletic Training Closet during the sports seasons.

Stethoscopes/Sphygmomanometers

- Stored in the Athletic Trainers Medical Kit.
 - These items should only be used if properly trained. Incorrect application may result in further injury to the student.

First Aid Kits- There is a first aid kit for each active team.

- The kit MUST be on site for each practice and game.
 - ***Labeled Inhalers, EpiPen's, and Glucometers for students in need will be stored within the First Aid Kits***

VENUE SPECIFIC DIRECTIONS

ATHLETIC TRAINING ROOM (CAIHS LOCATION) - Enter via the parking lot off Foundry (Red Raider) Road. Proceed and enter through the CAIHS gym lobby (#18) and walk straight through the lobby past the restrooms through the double doors into the hallway. Turn right and travel down the hallway. The Athletic Training Room is the second room on the right after passing the gym entrance. Access can also be obtained by entering through door #14 off the access road to the west of the gym. After entering through door #14 it will be the first door on the left after the custodial closet.

ATHLETIC TRAINING ROOM (CASH LOCATION) – Enter through the CASH Gymnasium Entrance#17. Go straight past the gym and the training room is room 302 (2nd room on the right after the gym)

BASEBALL AND SOFTBALL FIELDS - Enter via Veterans Drive through the main entrance. Make a left into the “Red Lot” immediately after the JV baseball field located on the left. Fields are located to the south of the parking lot.

CAIHS GYMNASIUM -- Enter via the parking lot off Foundry (Red Raider) Road. Proceed to the CAIHS and enter through the front facing gymnasium doors (#18) across from CASH. Proceed through the doors and the gym is on the right. Personnel will be directing EMS.

CASH GYMNASIUM -Enter via gymnasium entrance of CASH through door #17. Proceed through the doors, past the cafeteria on the left and straight down the hall to the gym on the right.

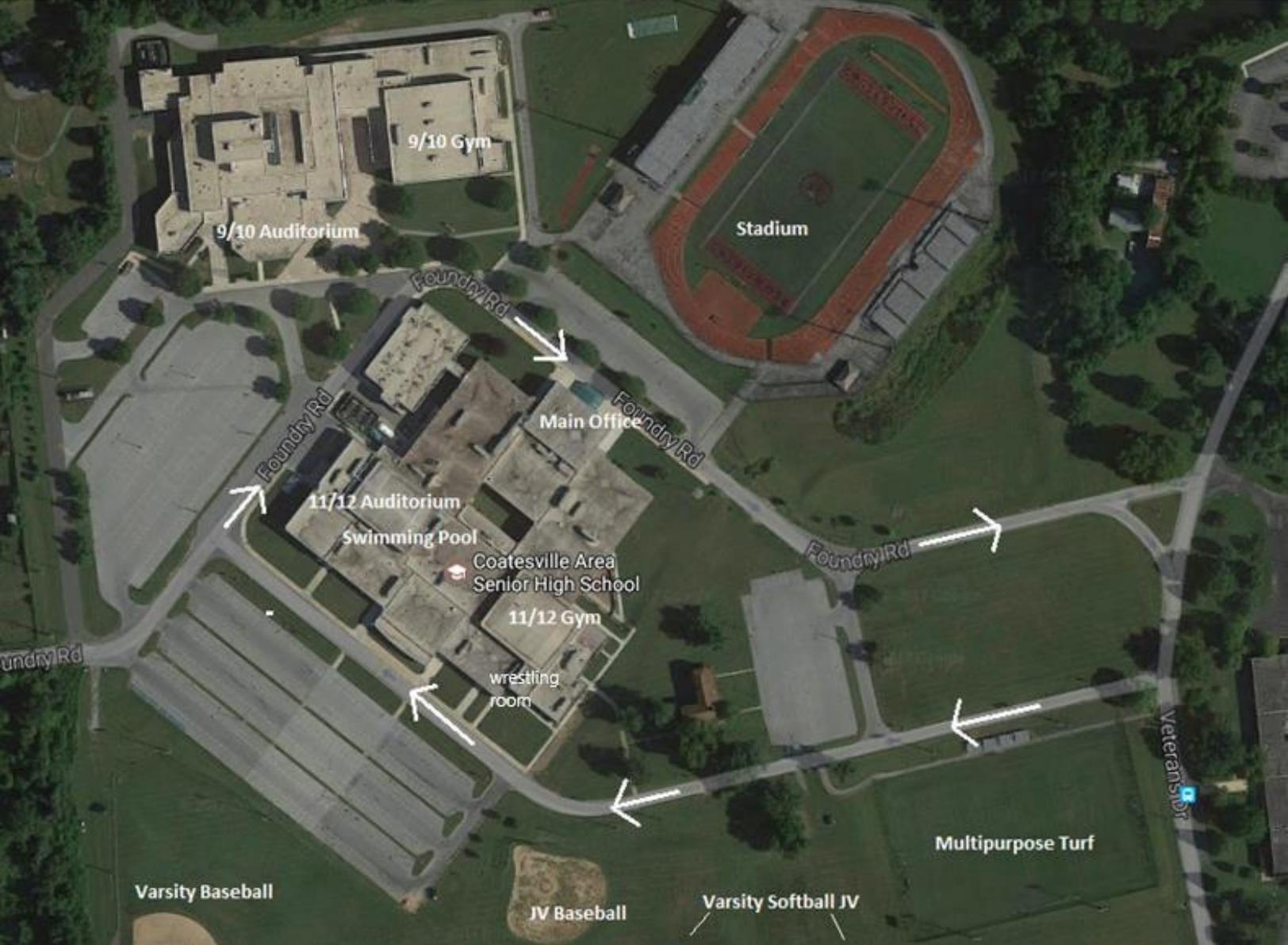
WRESTLING ROOM – The Wrestling Room has its own entrance. Enter through the rear of the building gymnasium side. It is marked as door #14.

STADIUM FIELD/TRACK - Enter via Veterans Drive. Proceed past the Multi-Purpose Field and make a left at the main campus cornerstone sign. Then travel up the one-way road around the senior high school to the entrance of the stadium.

SOCCER/LACROSSE FIELDS - Enter via Veterans Drive. Proceed straight to the entrance on the left as you enter the campus.

TENNIS COURTS – The Tennis Courts are located at 11th Avenue and Lincoln Highway.

Coatesville Athletic Facility Map



In case of life-threatening injury or illness, contact Athletic Director and Athletic Trainer Immediately, along with 911.

LOCAL MEDICAL FACILITIES

Chester County Hospital ER-
701 E. Marshall Street
West Chester, PA 19380
610-383-8701



Directions to ER: *(23 minutes)*

Get on US-30 E from N. Caln Rd. Continue US-30 E to West Whiteland Township. Exit from PA-100 S. Continue on Rte 100/Pottstown Pike to 701 E. Marshall Street West Chester, PA 19380 follow the signs for the Emergency Room.

Paoli Hospital

255 W Lancaster Ave
Paoli, PA 19301
(484) 565-1000



Directions to ER: *(25 minutes)*

Get on US-30 E from N Caln Rd Continue on US-30 E to East Whiteland Township. Exit from US-202 N 14 min (15.0 mi) Take US-30 E/Lancaster Ave/Lancaster Pike to your destination in Paoli

Lancaster General Hospital

555 N Duke St
Lancaster, PA 17602
(717) 544-5511



Directions to ER: *(54 minutes)*

Get on US-30 W from N Caln Rd and Reeceville Rd (1.9 mi) Continue on US-30 W to Lancaster. Take the PA-23 W exit from US-30 W (27.3 mi) Continue onto PA-23 W/E Walnut St (2.1 mi) Turn right onto N Lime St (0.2 mi) Continue on E James St

Coatesville Area School District Athletic Facility

All injuries and illness should be reported to the Building Principal, Director of Athletics, Activities and Compliance, and Certified Athletic Trainer as soon as possible. Documentation of injuries should be on the appropriate attached form. Principal's office is located at the main office of each building. The Director of Athletics office is in the CASH main office (office G104) and trainers' rooms in both building near each gym each noted above.

LIFE THREATENING EMERGENCIES

Defined as an injury in which the individuals' life is placed in danger and/or there is risk of permanent disability. In this situation the individual will need immediate proper medical attention and transportation to the hospital. Every second is crucial.

Examples of life-threatening injuries:

1. Sudden Cardiac Arrest
2. Suspected Neck & Spine Injury and/or Loss of Consciousness
3. Difficulty or Complete Stoppage of Breathing
4. Heat Illness
5. Uncontrollable Bleeding
6. Traumatic Brain Injury

CONCUSSIONS

Athletes suspected of a concussion or head-related injuries are to be removed from participation immediately. Please notify the Athletic Director and Athletic Trainer via cell phone or in-person immediately for evaluation. Do not send athletes to the athletic trainer, the athletic trainer will come to you!

What is a Concussion?

A concussion is a traumatic brain injury (TBI) that can be caused by either a direct or indirect blow to the head or body, resulting in impaired brain function. **All concussions are serious and can result in permanent/prolonged brain damage or death if not recognized and managed properly.** Most sports related concussions occur **without** a loss of consciousness and the signs and symptoms may appear immediately following the injury, hours after the injury, or even days after the injury.

Symptoms of a concussion may include, but are not limited to:

- Headaches
- Neck Pain
- Memory Problems
- "Right is not right"
- Confusion
- Nauseousness
- Drowsiness
- Pressure in Head
- Sensitivity to Light
- Balance Problems
- Sadness
- Nervous/Anxious
- Dizziness
- Sensitivity to Noise
- Feeling in a Fog
- Irritability
- "Don't feel like myself"
- Difficulty Concentrating

Signs of a concussion may include, but are not limited to:

- Appearing Dazed
- Vacant or Blank Facial Expression
- Forgetting Plays
- Slurred Speech
- Confused about Position/Assignment
- Vomiting
- Behavioral Changes
- Can't Recall Events Before/After
- Unsure of Game
- Displaying a Lack of Coordination

Follow Concussion Protocol for return to play stages.

Athletes who lose consciousness on the field must NOT be moved; Make sure to stabilize the head/neck and call 911 immediately.

Activate EMS if ANY of these symptoms occur:

- Significant head or neck injury
- Loss of consciousness or declining level of consciousness
- Worsening symptoms
- Persistent nausea or vomiting
- Neurological changes
- Seizures

LIFE THREATENING EMERGENCY ACTION STEPS

During a life-threatening emergency, follow the Emergency Action Steps (Check, call, care) and provide appropriate first aid care. Provide EMS with the following:

1. *Identify yourself and your role in the emergency*
2. *Specify your location and telephone number (if calling by phone)*
3. *Give age/condition of injured/ill athlete(s)*
4. *Give care being provided (CPR, AED, First Aid)*
5. *Give specific directions to the scene of the emergency*
6. *Do not hang up until directed to do so by the EMS dispatcher*
 - a. *Monitor vital signs*
 - b. *Calm and reassure the athlete*
 - c. *Notify Athletic Trainer as soon as possible*
 - d. *Notify parent(s) of student-athlete as soon as possible.*
 - e. *Provide follow-up care, as necessary.*

NON-LIFE-THREATENING EMERGENCIES

A non-life-threatening emergency is a situation that does not have an immediate impact on breathing, circulation, or brain function, but may still require medical attention. These injuries can be divided into those needing EMS service, and those needing Athletic Training service.

Non-life-threatening emergencies that requires EMS service include:

Fractured limbs that are difficult to splint, dislocated joints where the person cannot be placed in a comfortable position, head injuries where the athlete's condition deteriorates upon re- evaluation, and severe bleeding that is not life threatening or in the event a parent/guardian is unable to take the student to the Emergency Room in the event of a fracture, dislocation, or other injury.

- Stabilize the athlete
- Call the Athletic Director and Trainer
- Monitor ABC's
- Decision to call for EMS will be made jointly by the Athletic Director a
- and/or the Athletic Trainer.
- When emergency medical personnel arrive, the coach releases care of the person to the paramedic or EMT

Non-life-threatening emergencies that require Athletic Trainer service include:

Fractures, severe sprains of the major joints, joint dislocations, concussions, large contusions, and large open wounds that may need stitches. This may include any injury that is difficult to move without increasing the pain to the athlete.

1. Provide appropriate first aid care Notify the Athletic Director and Athletic Trainer
2. If unable to contact the AT or unsure of the severity of the injury, send the athlete to the appropriate medical care facility if necessary
3. Notify the parent of the student-athlete if necessary
4. Direct and ensure the student-athlete reports to the Athletic Training Room the next day
5. Provide follow-up care as necessary

****NOTE****

The CASD is responsible for the visiting team & the same protocols will be followed.

GUIDELINES FOR PLAYERS/SPECTATORS
DURING A SERIOUS ON-FIELD INJURY

1. Players and coaches should go to and remain in the bench area once medical assistance arrives.
2. Adequate lines of vision between the medical staff and all available emergency personnel should be established and maintained.
3. Players, parents and non-authorized personnel should be kept a
4. significant distance away from the seriously injured player or players.
5. Players and non-medical personnel should not touch, move, or roll an injured athlete.
6. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the Athletic
8. Trainer or school physician or taking up their time to perform such services.

CATASTROPHIC EVENT- MULTIPLE VICTIMS

If a catastrophic event that involves multiple victims occurs, such as a bleacher collapse, the scene must be quickly assessed and triaged. Follow the same chain of command for any serious injury. When speaking to 911 dispatchers, give location and number of victims (over-estimate). Victims that can walk should be led away from the scene, triage other victims. Those with life-threatening injuries will be given priority.

Triage Plan: A triage area will be established. The site should be a large enough area to accommodate the number of victims and must provide easy access for EMS vehicles and emergency apparatus. The triage site should be close enough in proximity to allow for quick but safe transport of victims while maintaining a safe distance from the accident scene. 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 Athletic Trainer at the site will oversee determining the order of care for the victims until relieved by First Responders. All victims will be identified using athletic tape as follows:

IMMEDIATE - 1 strip of tape across chest 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 strips across chest for moderate injuries that are not immediately life threatening. Patients who have been categorized as *DELAYED* are still injured and these injuries may be serious. They were placed in the *DELAYED* category because their respirations were under 30 per minute, capillary refill was under 2 seconds and they could follow simple commands, but they could deteriorate. They should be reassessed when possible and those with the most serious injuries or any who have deteriorated should be top priorities for transport. Also, there may be vast differences between the conditions of these patients. Consider, for example, the difference between a patient with a broken leg and one with multiple internal injuries that is compensating initially. The second patient will need much more frequent re-assessment.

MINOR - 3 strips across the chest for mild injuries that require the least amount of emergency care. Ask those who are not injured or who have only minor injuries to identify themselves. Tag those with minor injuries as *MINOR*. Patients with *MINOR* injuries are still patients. Some of them may be frightened and in pain. Reassure them as much as you can that they will get help and transport as soon as the more severely injured patients have been transported. Any of these patients also could deteriorate if they had more serious injuries than originally suspected. They should be reassessed when possible. As a first responder 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. The Athletic Trainer will assign doctors, coaches, or trained bystanders to assist in care until AT or EMS can attend to athlete.

CATASTROPHIC ATHLETIC INJURY

CRISIS MANAGEMENT PLAN

1. Contact Athletic Trainer:
 - a. Jack Bixler | 484-667-9540
 - b. Jillian Lee | 443-939-5522
 2. Contact Coatesville Area School District Administrators:
 - a. Lisa Luciani, Athletic Director | 610-209-2988
 - b. Brian Chenger, Principal | 484-645-6649
 - c. Cliff Maloney, Principal | 484-459-7863
 - d. Dr. Catherine Van Vooren, Superintendent | 484-744-6825
 - e. Dr. Anthony Rybarczyk, Asst. Superintendent | 215-353-9453
 - f. Michele Snyder, Dir. Of Ed. Services | 484-643-6411
 - g. Frank Galbraith, Dir. Of School & Public Safety | 610-905-6388
- *** For a more comprehensive list of Emergency Contacts – Please see Reference Section***
3. Contact/update sport staff if not yet familiar with situation.
 4. Contact family by appropriate individual (use assistance as needed).
 5. Coordinated media plan:
 - a. **NO CONTACT WITH MEDIA** from Athletic Training staff, hospital staff or coaching staff.
 - b. Establish hospital contact person.
 6. Meeting with athletes to discuss situation.
 - a. **NO OUTSIDE DISCUSSION OF MEETING WITH MEDIA.**
 7. Complete documentation of events with signatures.
 8. Collect and secure all equipment and materials involved.
 9. Construct a detailed timeline of the events.
 10. Involve appropriate counseling personnel.
 11. Assign a Staff member to be with family always upon arrival, assist family as needed.
 12. Critical incident stress debriefing/counseling as necessary for individuals involved in incident.

SUDDEN CARDIAC ARREST

Sudden cardiac death (SCD) is the leading cause of death in exercising young athletes. Sudden cardiac arrest (SCA) should be suspected in any athlete who has collapsed and is unresponsive. A patient's airway, breathing, circulation, and heart rhythm (using the AED) should be assessed. An AED should be applied as soon as possible for rhythm analysis. Myoclonic jerking or seizure-like activity is often present after collapse from SCA and should not be mistaken for a seizure. Occasional or agonal gasping should not be mistaken for normal breathing.

1. Initiate Emergency Action Plan
 - a. Follow Emergency Action Steps: Check, Call, Care
2. Cardio-Pulmonary Resuscitation (CPR) should be initiated within 1 minute of collapse
 - b. Targeted first responders (AT, coaches, security, game administrator/supervisors) must receive CPR/AED training and maintain certification
3. Goal of "shock" from a defibrillator (AED) within 3 minutes of collapse
 - a. Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average
 - b. Appropriate training, maintenance, and access to AED's including location of nearest device.
4. Additional equipment to consider beyond AED
 - a. Breathing barrier device/pocket masks for rescue breathing
 - b. Bag-valve mask
 - c. Oxygen source (emergency services only)
 - d. Oral and nasopharyngeal airways (emergency services only)

HEAD & NECK INJURY

Athletic participation carries with it the risk of catastrophic cervical spine injury. Because of the potential for permanent neurological injury or death associated with cervical spine injury, proper on-field management is of utmost importance. Sports medicine professionals support the practice of not removing football helmets and shoulder pads when there is even the slightest chance of cervical spine injury for the following reasons:

1. The football helmet does not hinder proper head and neck immobilization techniques.
2. The football helmet does not hinder the ability of the examiner to visualize facial and cranial injuries.
3. The football helmet with the facemask removed allows for proper management and control of the airway during CPR.
4. The football helmet will tend to protect against hyper-flexion of the cervical spine in the presence of should pads.

IMMEDIATE CARE OF ALL SUSPECTED SPINE INJURIES

- 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 and circulation, neurological status, and level of consciousness should be assessed.
- The athlete should not be moved unless essential to maintain airway, breathing, or circulation. Keep them in the position they are in, even if it is "uncomfortable" unless the condition deteriorates.
- If the athlete must be moved to maintain airway, breathing, or circulation, the athlete should be placed in a supine position while maintaining spinal immobilization. Always move as a group if possible.
- When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit. One person stays at the head and initiates the roll.
- The Emergency Medical System must be activated immediately.

FACEMASK REMOVAL:

It is imperative that all coaches, athletic trainers, team physicians and EMS personnel practice the use of the different face mask removal tools and familiarize themselves with how the face mask is to be removed from every helmet currently on the market. The facemask should be removed prior to transportation, regardless of the athlete's respiratory status.

Those involved in the pre-hospital care of injured football players should have the tools for facemask removal readily available (screwdriver, power screwdriver, Trainer's Angel, FM Extractor, or a modified anvil pruner. A backup removal tool should also be on hand if a screwdriver is the first tool of choice).

FOOTBALL HELMET REMOVAL:

1. The athletic helmet and chinstrap should only be removed
 - a. If the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head.
 - b. If the design of the helmet and chin strap is such that even after removal of the facemask the airway cannot be controlled, or ventilation provided.
 - c. If the facemask cannot be removed after a reasonable period.
 - d. If the helmet prevents immobilization for transportation in an appropriate position.

2. If the helmet does need to be removed:
 - a. Spinal immobilization must be maintained while removing the helmet.
 - b. Helmet removal should be frequently practiced under proper supervision. Specific guidelines for helmet removal need to be developed.
 - c. In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.

LIGHTNING PROCEDURE

The Coatesville Area SD Athletic Department has developed a lightning Procedure to minimize the risk of injury from lightning strike to athletes, coaches, support staff, and fans. Components of this Procedure include monitoring local weather forecasts, designating a weather watcher, establishing a chain of command, and postponement of activities for 30 minutes from last lightning/thunder.

- If inclement weather is forecast for the area or sighted in the area, the designated weather watcher will monitor radar via the National Weather Service by smart phone or Internet.

www.weather.com

www.accuweather.com

- If lightning is in the immediate area, the Athletic Trainer and/or Athletic Director will notify the coaches as to the status of the inclement weather and need to take shelter. Teams may return to the field once 30 minutes from the last lightning/thunder has elapsed, and the all-clear signal has been given.
- Safe shelter areas include fully enclosed buildings, fully enclosed metal vehicles with windows up (no convertibles or golf carts). Grounded buildings (with plumbing/electricity).
- Unsafe shelter areas: Water, open fields, dugouts, golf carts, metal objects (bleachers/fences), individual tall trees, and light poles.
- If unable to reach safe shelter, or a person should assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground.

DO NOT lie flat!

In case of a lightning strike, follow these guidelines:

1. Survey the scene for safety, do not put yourself in immediate danger.
2. Activate local EMS.
3. Lightning victims do not carry an electrical charge and are safe to touch.
4. If necessary, move the victim with care to a safer location.
5. Evaluate airway, breathing & circulation, and begin CPR/AED if necessary.
6. Evaluate and treat for hypothermia, shock, fractures, and/or burns.

Event Procedures (Lightning)

Prior to Competition: The Athletic Director will greet officials, explain that we have means to monitor lightning, and offer to notify the officials during the game if there is imminent danger from lightning.

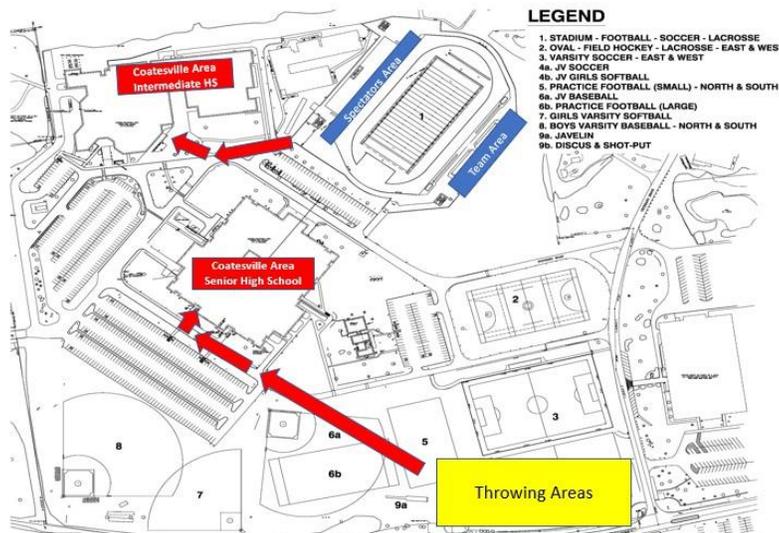
Announcement of Suspension of Activity: Once it is determined that there is danger of lightning in the area, the Athletic Director will notify the head coach and officials, and subsequently summon athletes (via horn, whistle, or PA) from the playing field or court.

Evacuation of the playing field: Immediately following the announcement of suspension of activity, all athletes, coaches, officials, support staff are to evacuate to an enclosed grounded structure (Gymnasium/Cafeteria/Locker Rooms/Lobby – see maps on page 30) Spectators are to report to their vehicles.

Evacuation of stands: During competition, once the official signals to suspend activity, a member of the Athletic Department support staff will announce via PA system:

“May I have your attention. We have been notified of approaching inclement weather. Activity will cease until we have determined it is safe and the risk of lightning is diminished. We advise you to seek appropriate shelter at the following areas: CAIHS or CASH Auditorium. Though protection from lightning is not guaranteed, you make seek shelter in automobiles. Thank you for your cooperation.”

Resumption of Activity: Activity may resume once the Athletic Director gives permission. Thirty (30) minutes after the last lightning/thunder.

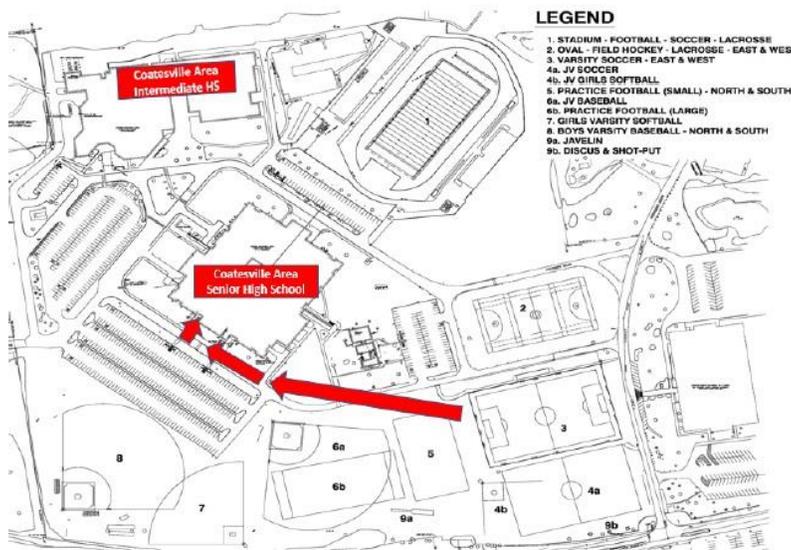


Lightning /Reverse Evacuation Plan

*All Spectators MUST leave Athletic Facilities and take cover in their vehicles

*Athletes in the Stadium MUST take cover in the Coatesville Area Intermediate HS Auditorium

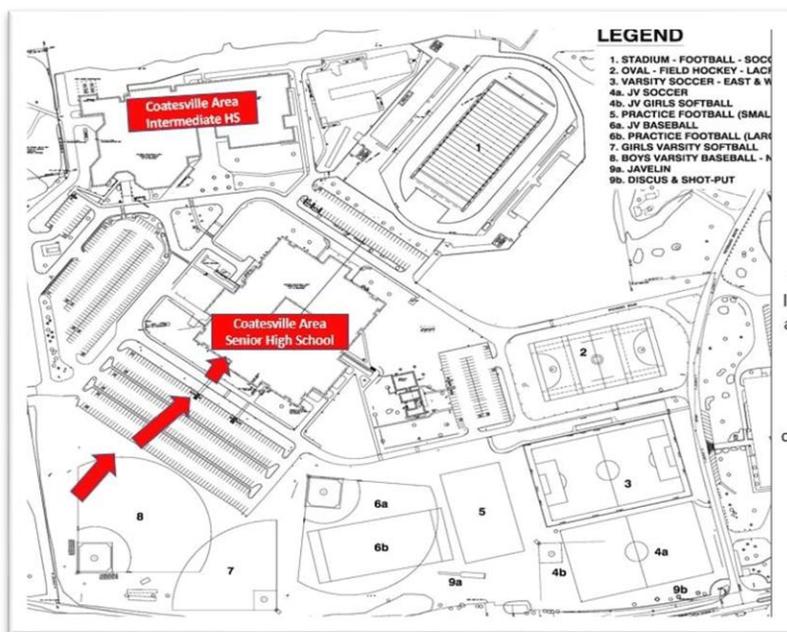
*Athletes in the Throwing Area MUST take cover in the Coatesville Area Senior HS Auditorium



Lightning /Reverse Evacuation Plan

*All Spectators MUST leave Athletic Facilities and take cover in their vehicles

*Athletes ON THE MULTI-PURPOSE FIELD MUST take cover in the Coatesville Area Senior HS Auditorium



Lightning /Reverse Evacuation Plan

*All Spectators MUST leave Athletic Facilities and take cover in their vehicles

*Athletes in the Stadium MUST take cover in the Coatesville Area Senior HS Auditorium (see arrows)

EXERTIONAL HEAT ILLNESS

While exertional heat illness (EHI) is not always life-threatening condition, exertional heat stroke (EHS) can lead to fatality if not recognized and treated properly. As the word heat implies, these conditions most commonly occur during the hot summer months; however, EHS can happen any time and in the absence of high environmental temperatures. Through proper education and awareness, EHS can be recognized and treated correctly. While not all EHS cases are preventable, schools and institutions should have the equipment and supplies ready and available to properly assess and treat an EHS case. The two main criteria for diagnosing EHS are temperatures >104°F (40°C) immediately post collapse and central nervous system dysfunction (e.g., irrational behavior, irritability, emotional instability, altered consciousness, collapse, coma, dizziness, etc.)

Follow these steps to initiate emergency treatment:

- Remove all equipment and excess clothing
- Activate emergency medical system (EMS) by calling 911.
- Begin Cooling Immediately: Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a tub with ice and water approximately 35-58°F); stir water and add ice throughout cooling process. If immersion is not possible (no tub or water supply), take the athlete into a cold shower or move to shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation. Monitor vital signs such as temperature, heart rate, respiratory rate, blood pressure, monitor CNS status. Cease cooling only when EMS arrives and instructs you to do so

HEAT INDEX

During summer, early fall, and late spring high temperatures and high humidity are present. It is important that we make ourselves aware of the dangers of this situation to prevent heat exhaustion and illness. Daily measurements via www.accuweather.com (or similar site) and via digital sling psychrometer are taken before each practice/game during periods when the air temperature is 80 degrees or higher. If the Real Feel Temperature (heat index) is 90 degrees or above, coaches must contact the Certified Athletic Trainer and/or Director of Athletics to re-check the temperature at halftime or midway through practice. If the heat index is 96 degrees or above, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:

		Temperature in Degrees Fahrenheit															
		68.0	71.6	75.2	78.8	82.4	86.0	89.6	93.2	96.8	100.4	104.0	107.6	111.2	114.8	118.4	122.0
Relative Humidity (%)	0	58.6	60.9	64.3	65.5	67.7	69.9	72.1	74.3	76.4	78.5	80.6	82.6	84.7	86.6	88.6	90.5
	5	59.6	62.1	65.6	67.0	69.3	71.7	74.0	76.4	78.6	80.9	83.1	85.3	87.5	89.9	92.1	94.2
	10	60.7	63.3	66.9	68.4	70.8	73.3	75.8	78.2	80.7	83.0	85.5	88.0	90.3	92.8	95.1	97.6
	15	61.7	64.5	68.1	69.6	72.2	74.8	77.4	80.0	82.6	85.2	87.8	90.2	92.8	95.4	98.0	
	20	62.7	65.6	69.4	70.9	73.6	76.3	79.2	81.8	84.5	87.1	89.8	92.5	95.2	97.8		
	25	63.8	66.7	70.5	72.2	75.1	77.8	80.6	83.4	86.2	89.0	91.8	94.6	97.4			
	30	64.8	67.6	71.7	73.4	76.3	79.2	82.1	84.9	87.8	90.8	93.6	96.6	99.4			
	35	65.6	68.6	72.7	74.6	77.5	80.5	83.5	86.4	89.4	92.4	95.3	98.3				
	40	66.7	69.6	73.8	75.7	78.8	81.8	84.8	87.8	90.9	94.0	97.0					
	45	67.5	70.6	74.8	76.8	79.9	83.0	86.1	89.2	92.3	95.4	98.6					
	50	68.4	71.5	75.8	77.8	81.1	84.1	87.4	90.5	93.7	96.9						
	55	69.3	72.4	76.7	78.8	82.1	85.3	88.5	91.9	95.1	98.3						
	60	70.1	73.3	77.7	79.8	83.2	86.4	89.8	93.1	96.3	99.6						
	65	70.9	73.8	78.6	80.9	84.2	87.5	90.8	94.1	97.5							
	70	71.7	75.0	79.5	81.7	84.9	88.6	91.9	95.3	98.6							
	75	72.4	75.9	80.3	82.7	86.1	89.6	92.9	96.4								
	80	73.2	76.7	81.2	83.6	87.1	90.4	93.9	97.4								
	85	74.0	77.4	82.0	84.5	88.0	91.5	94.9	98.5								
	90	74.7	78.2	82.9	85.3	88.9	92.3	95.9	99.4								
95	75.5	78.9	83.6	86.1	89.6	93.2	96.8										
100	76.1	79.7	84.4	86.9	90.5	94.1	97.7										

NOTE: This chart is calculated using temperature and humidity, assuming a very clear sky (maximal solar load), and atmospheric pressure of 1ATA (760 mmHg). Chart A was developed by Professor Yoram Epstein to be used in Ariel's Checklist for hikers in Israel.

Wind Chill INDEX

During late fall, and early spring low temperatures and cool winds are present. It is important that we make ourselves aware of the dangers of this situation to prevent cold exposure and illness. Daily measurements via www.accuweather.com are taken before each practice/game during periods when the air temperature is 39 degrees or lower. If the Real Feel Temperature (Wind Chill) is 10 degrees or lower, the Athletic Trainer must re-check the temperature at halftime or midway through practice. If the Wind Chill is -11 degrees or lower, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:



WIND CHILL PROCEDURES

Administration of Wind Chill Procedures:

- Wind Chill will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 39 degrees (Fahrenheit) or lower.**
- The athletic trainer, athletic director, or school designee will use the [accuweather.com](http://www.accuweather.com) website to determine the heat index for the area of the contest/practice. The [accuweather.com](http://www.accuweather.com) website can be reached through the NYSPHSAA website. Once a person is on the [accuweather.com](http://www.accuweather.com) website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature as well as the RealFeel temperature (wind chill).**
- If the RealFeel temperature (wind chill) is 10 degrees or below, the athletic trainer, athletic director, or school designee must re-check the RealFeel (wind chill) at halftime or midway point of the contest. If the RealFeel (wind chill) temperature is -11 degrees (Fahrenheit) or lower, the contest will be suspended.**

Please refer to the following chart to take the appropriate actions:

	RealFeel (wind chill) above 40 degrees	Full activity. No restrictions
R E C O M M E N D E D	Wind Chill Caution: RealFeel (wind chill) 36 degrees to 20 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing.
	Wind Chill Watch: RealFeel (wind chill) 19 degrees to 10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss.
	Wind Chill Warning: RealFeel (wind chill) 9 degrees to -10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss. Consider postponing practice to a time when RealFeel temp is much higher. Consider reducing the amount of time for an outdoor practice session.
REQUIRED	Wind Chill Alert: RealFeel (wind chill) -11 degrees or lower	No outside activity, practice or contest, should be held.

RESPIRATORY DISTRESS

Shortness of breath or difficulty breathing in an athlete may have different causes. The Athletic Trainer or Physician (if present) should evaluate the cause. If pulse oximetry is available, SO₂ should be measured. Auscultation of the lungs should be done. Based on the findings and on other signs and symptoms the following diagnoses should be anticipated, and treatment should be started:

1. Asthma or Exercise Induced Bronchospasm (EIB)
 - a. If wheezing or diminished air entry, consider acute asthma exacerbation.
 - b. If patient is able, peak expiratory flow meter findings should be checked prior to and after albuterol inhalation.
 - c. If patient improves, remove from athletic event for that day and follow up with their physician for asthma/EIB management.
 - d. If patient does not improve significantly and/or SO₂ remains low they should be transported to the Emergency Department.

2. Anaphylactic Reaction
 - a. Shortness of breath with signs of anaphylaxis.
 - b. Flushing, itching, hives, sneezing, light-headedness.
 - c. Insect sting or history of previous anaphylaxis.
 - i. EpiPen 0.3mg IM/SQ (If prescribed by PCP) and transport to Emergency Department

3. Tension Pneumothorax
 - a. Decreased breath sounds unilateral.
 - b. Hyper-resonance to percussion- unilateral.
 - i. Transport to Emergency Department

4. Hyperventilation
 - a. Rapid respiratory rate.
 - b. Lungs clear on auscultation.
 - c. Anxiety, light-headedness, tingling in fingers and/or mouth
 - a. Encourage patient to breathe slowly
 - b. If no improvement, physician evaluation

If patient's symptoms do not improve significantly or the cause remains unclear, he/she should be transported to the ED. Other causes of difficulty in breathing include:

- Upper respiratory infections, Pneumonia
- Vocal cord dysfunction
- Pulmonary embolism
- Cardiac causes
- Hematologic causes, e.g., Anemia

DOCUMENTATION

All actions and treatments pertaining to the emergency should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit. This will ensure better reactions and effectiveness for potential emergencies. The Athletic Director will be mainly in charge of recording information.

Documentation should include the following:

1. Documentation of response and actions during emergency
2. Follow-up documentation on evaluation of response to emergency
3. Documentation of personnel training and rehearsals

COATESVILLE AREA SCHOOL DISTRICT

3030 C.G. Zinn Road
Thorndale PA 19372

"Excellence in Education"

COATESVILLE AREA SCHOOL DISTRICT STUDENT SERIOUS INJURY REPORT

1. Student (s) Involved:
2. School:
3. Grade: DOB/Age:
4. Students' Program

Address:

Parent(s) Name:

Parent Address:

Phone Number:

Incident:

Date/Time Reported:

5. Reporting Person:	Position:
6. Place of Occurrence:	Employee(s) Involved: (Name/Position)
7. Police Contact (Name/Badge #)	

Describe the Incident: (include people/agencies phone numbers, dates and times when contacts where made)

8. Nature of Incident:
9. Parent Contact: yes (<input checked="" type="checkbox"/>) no (<input type="checkbox"/>)
10. Medical Personnel Notified:
11. Business Manager Notification:
12. Follow-Up Required: (What? By Whom?)
13. Central Office Notified (Person/Date/Time)

All serious injuries must be reported to your direct Supervisor, the Director of Student Services, the business manager, and to the Superintendent by phone. You must continue to call until you speak with a person. A written report must be submitted by the end of the workday to the offices of the Superintendent, Business Manager, and Director of Pupil Services.

Aggravated assaults by staff/students, weapons, injury requiring medical attention, fire in the building, or other incidents that disrupt the operation of the school must be reported. All administrators are expected to follow all required mandatory reporting requirements of Act 120 set forth by the Pennsylvania Department of Education, and any and all other reporting requirements as set forth by any and all applicable laws, regulations, or codes.

Date Submitted

Principal

FOR ADMINISTRATIVE USE ONLY	Date Emailed / Faxed: _____
Referred for Board Hearing Yes <input type="checkbox"/> No <input type="checkbox"/>	

Updated 1.18.15



**COATESVILLE AREA SENIOR / INTERMEDIATE HIGH SCHOOL
AED LOCATIONS – REFERENCE GUIDE**

(Trainer is in possession of an AED, both Nurse's offices)*

COATESVILLE AREA SENIOR HIGH SCHOOL: MAIN OFFICE



**COATESVILLE AREA SENIOR HIGH SCHOOL:
GYM LOBBY**



**COATESVILLE AREA SENIOR HIGH SCHOOL:
EXTERIOR BUILDING GYM/TEAMROOM**



**COATESVILLE AREA INTERMEDIATE HIGH SCHOOL:
MAIN OFFICE**



**COATESVILLE AREA INTERMEDIATE HIGH SCHOOL:
GYM LOBBY**



**COATESVILLE AREA SENIOR/INTERMEDIATE HIGH SCHOOL
AED EXTERIOR LOCATIONS – STADIUM AND MULTIPURPOSE
FIELD**



COATESVILLE AREA SENIOR/INTERMEDIATE HIGH SCHOOL AED LOCATION MAP



COATESVILLE AREA SCHOOL DISTRICT ATHLETICS AND ACTIVITIES - EMERGENCY CONTACT LIST 2022-2023

CASD POLICE	Chief Frank Galbraith	484-643-6960
CASD ATHLETIC TRAINER	Jack Bixler	484-667-9540
CASD ATHLETIC TRAINER	Jillian Lee	443-939-5522
CASD DISTRICT ADMINISTRATION		
Michele Synder	Director of Pupil Services	484-459-7523
Lisa Luciani	Director of Athletics/Activities	610-209-2988
Jeff Brazil	Director of Operations	267-709-1076
SCOTT MIDDLE SCHOOL		
Kathryn Lamothe	Principal	484-948-5245
Pete Altland	Asst. Principal	610-864-9649
NORTH BRANDYWINE MIDDLE SCHOOL		
Dr. Eugenia Roberts	Principal	484-467-3690
Dr. Wilson Lambert	Asst. Principal	484-883-0031
COATESVILLE AREA INTERMEDIATE HS		
Cliff Maloney	Principal	484-459-7863
Dr. Jamar Alston	Asst. Principal	484-886-1269
TBD	Asst. Principal	
COATESVILLE AREA SENIOR HS		
Brian Chenger	Principal	484-645-6649
Jeffrey Colf	Asst. Principal	484-401-8888
Erin McDonnell	Asst. Principal	484-802-1237
Jack Chain	Asst. Principal	
FACULTY MANAGERS		
Dave Rode	High School Faculty Manager	610-291-8910
Lisa Luciani	Middle School Faculty Manager	610-209-2988

Coatesville Area School District
Athletics Emergency Action Plan
Procedures and Protocols

Lisa Luciani _____ Date _____
Athletic Director Signature

Brian Chenger _____ Date _____
CASH Principal Signature

Cliff Maloney _____ Date _____
CAIHS Principal Signature

Jack Bixler _____ Date _____
Athletic Trainer Signature

Jack Bixler _____ Date _____
Athletic Trainer Signature