**A MEDICAL EMERGENCY RESPONSE PLAN FOR THE**

***(INSERT NAME*)HIGH SCHOOL, (*INSERT NAME)* PUBLIC SCHOOLS**

Date:

**CONTACT INFORMATION:**

School District or Charter School:

Superintendent or Charter School Leader:

Email:

Phone:

School:

School Address:

School Principal:

Email:

Phone:

Contact Person for the School Plan:*(Insert name)*, RN and *(Insert Name)*, RN

Email:

Phone:

**INTRODUCTION:**

*(Incert)* High School has developed this Medical Emergency Response Plan in consultation with members of the school community, including the school nurse, school athletic team physicians, coaches and trainers, athletic director, and the assistant principal responsible for the districts safety/emergency plans, trainings, and drills. The purpose of the Plan is twofold:

1. To reduce the incidence of life-threatening emergencies, and
2. To promote efficient responses to such emergencies.

The complete Plan has been posted in the school’s main office, the school nurse’s office, athletic director’s office and each assistant principal’s office. Protocols that include specific actions to take in case of a medical emergency have been posted in classrooms, locker rooms, gymnasium, and cafeteria and provided to key staff. The complete Plan will be modified as needed and updated whenever there are physical changes to the school campus, including new construction. The Plan will be submitted to the Department of Elementary and Secondary Education every three years. The next submission is scheduled for 2018.

**SAFETY ASSESSMENT:**

To prevent injuries and accidents on school property, the school district follows Occupational Safety and Health Administration (OSHA) guidance. Prior to the opening of the school each year, an assistant principal and the head custodian will conduct a safety assessment using the Malden Public Schools School Safety Assessment Checklist. Safety guidelines are posted in all classrooms. Science, career/vocational technical education, physical education, and fine arts instructors as well as athletic trainers and coaches educate students on specific safety precautions and injury prevention measures relevant to their disciplines.

**COMMUNITY EMERGENCY RESPONDERS:**

School leaders and administrators have ongoing relationships with fire and police chiefs as required under the Multi-hazard Evacuation Plan, developed under section 363 of chapter 159 of the Acts of 2000. Law enforcement and fire/safety personnel have connected the district administration building and the district schools with local emergency medical services (EMS) personnel. EMS has assisted in establishing a rapid communication system linking all parts of the school campus; determining response times to all parts of campus; and providing a methodology for directing EMS personnel to an ill or injured individual(s) and to available rescue equipment when they arrive in response to an emergency call for assistance.

**911 Access**

* The school has a dedicated landline that connects directly to 911 in each learning area.
* Key personnel, including those involved in after-school and extracurricular activities, have access to phones that can directly access 911.
* Physical education staff, nurse, assistant principals, custodians, and the main office have radios to be able to communicate in emergencies.

**CONTACT INFORMATION:**

The school maintains an updated list of key faculty and staff, with phone numbers and a phone tree that indicates when each individual is to be contacted during a medical emergency and their respective roles, such as directing EMS, providing first aid, supporting students, and providing class coverage (See Appendix C). This resource information is available in the school’s main office, assistant principal’s office/s, and school nurse’s office, AED box, and each learning area. This list is generated from a survey that is given out and returned at the beginning of each school year. (Appendix A)

The school maintains an updated list of community-based providers that includes names and phone numbers of mental health professionals who can provide long- and short- term mental health services on campus following incidents and emergencies. This resource information is available in the school’s main office, assistant principal’s office/s, guidance office, and adjustment councilor’s office/s.

The school’s main office will contact parents/guardians of students and emergency contact persons for faculty and staff if the student, faculty, or staff person has a medical emergency. The school maintains a list of names and phone numbers of parents/guardians, updated at the beginning of each school year, who should be contacted in case of a medical emergency concerning a student. The school maintains a list of names and phone numbers of individuals who should be contacted in case of a medical emergency concerning faculty and staff. Faculty and staff are directed to provide updated contact information as needed to the main office.

**MEDICAL EMERGENCY RESPONSE PROTOCOLS:**

The school’s Medical Emergency Response Protocols are posted in the main office, the assistant principal’s office/s, the school nurse’s office, classrooms, athletic office, locker rooms, gymnasium, cafeteria, and public areas on campus with instructions on how to activate the local emergency medical services (EMS). Emergency response time within the school, during the day, is 3-5 minutes. This includes the Nurse, Principal, Assistant Principal and other acknowledged responders.

In case of a medical incident, school staff will immediately:

* Contact the school nurse and the main office; and
* Escort an injured person who is ambulatory to the school nurse’s office or notify the school nurse if the person cannot be moved.

Main office personnel will ensure that designated individuals are directed to remain with the injured or ill person until medical assistance arrives.

The school’s medical response will proceed as follows:

* The nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition:
  + 1. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
    2. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, and insect bites are examples of this category.

These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.

* + 1. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, seizures, fractures, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.
* When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the school nurse will inform main office personnel to:
* call EMS (911) using the dedicated emergency phone line and provide the location of the injured or ill person and available rescue equipment.
* activate the medical emergency contact list to use designated school staff in their respective roles.
* direct designated school personnel to remain stationed at the specific location on campus where the medical incident occurred and greet emergency responders upon arrival, providing updates on the situation. EMS response time to the school is estimated at 5-7 minutes.
* notify the parent/ legal guardian of the student or the emergency contact for faculty/ staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

If the school nurse is not in the building at the time of the medical incident, main office personnel will notify the administrator in charge. The administrator will assess the situation and direct main office personnel to place the 911 call in the event of a potentially life-threatening or potentially disabling injury, illness, or condition. Other steps will be taken as described above.

If the injury, illness, or condition is later determined by the school nurse or other trained personnel to be minor, the EMS call will be canceled or EMS units will clear the scene.

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and or medical services will be provided onsite. Main office personnel will notify the involved student’s parent or guardian.

All faculty and staff must adhere to the following during all medical incidents:

* Standard Precautions must be followed at all times (see Definitions).
* Avoid moving the ill or injured person, unless there is more danger if left there.
  + Remain with the person until assistance arrives and remain calm.
  + Direct other staff to manage bystanders.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours (see Appendix D).

**CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID TRAINING[[1]](#footnote-0):**

Our school district has several Certified American Heart and Red Cross Instructors to provide training throughout the school year, for school staff in cardiopulmonary resuscitation (CPR), AED, and first aid, in accordance with the recommendations from the DPH. The names of the individuals who have successfully completed training will be posted with the Plan.

**MEDICAL EMERGENCY RESPONSE DRILLS:**

The school conducts a medical emergency response drill in coordination with school evacuation or fire drills. The first drill, which may be announced in advance or not, occurs at the beginning of the school year. Other drills are conducted periodically during the school year. The principal or designee will ensure that the Plan is reviewed after each drill and revised if necessary based on evaluation results to improve response effectiveness.

**AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS):**

**The school has one portable Automated External Defibrillators (AEDs).** It is located outside the main office. The AED is located in a site that makes it readily accessible for campus-wide access during school hours, after-school activities, and public events held at the school. An estimate of AED’s for this school is six. This includes an AED in the gymnasium at all times. A list of school personnel and volunteers who are trained in AED use (see Appendix C), an incident form (See Appendix B), a map of the school’s floor plan and instructions on communicating in emergencies are in the same locations and included in the box holding the AED. Persons trained and certified in the American Heart Association Heartsaver Program or the American Red Cross may have access to and use the AED during regular school hours and after school. The school nurse is responsible for checking and documenting the status of the AEDs in accordance with manufacturer’s recommendations. The district nursing supervisor ensures that the AED unit is maintained according to the manufacturer’s recommendations.

**DEFINITIONS:**

The following definitions are from the Massachusetts School Health Manual and other sources.

**Automated External Defibrillator (AED)**

**An Automated External Defibrillator** is a lifesaving device to treat victims of sudden cardiac arrest. The defibrillator is designed to quickly and easily provide an electric shock that restores the victim's normal heart rhythm.

**First Aid**

First aid is the immediate and temporary care given to an injured or ill person.

**National Institute for Occupational Safety and Health (NIOSH)**

The National Institute for Occupational Safety and Health is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

**Occupational Safety and Health Administration (OSHA)**

The Occupational Safety and Health Administration sets and enforces protective workplace safety and health standards.

**Standard Precautions**

Standard Precautions are thorough hand-washing, gloving in the presence of body fluids, and proper disposal of contaminated wastes. The routine use of appropriate precautions by the caregiver regardless of knowledge of germs present in the individual’s blood, saliva, nasal discharges, vomit, urine, or feces prevents the transmission /spread of disease and protects the caregiver. When handling the discharges from another person’s body, always use these precautions. Use of Standard Precautions removes the need to know which persons are infected with which germs in the school setting.

**RESEARCH:**

Drezner, J.A., Rao, A.L, Heistand, J, Bloomingdale, M.K., and Harmon, K.G. *Effectiveness of Emergency Response Planning for Sudden Cardiac Arrest in United States High Schools with Automated External Defibrillators*. Circulation, 2009.

*Medical Emergencies Occurring at School*. Pediatrics, 2008.

*Role of the School Nurse in Providing School Health Services*. Pediatrics, 2008.

Cave, D.M., Aufderheide, T.P., Beeson, J., Ellison, A., Gregory, A., Hazinski, M.F., Hiratzka, L.F, Lurie, K.G., Morrison, L.J., Mosesso, V.N., Nadkarni, V., Potts, J., Samson, R.A., Sayre, M.R, and Schexnayder, S.M. *Importance and Implementation of Training in Cardiopulmonary Resuscitation and Automated External Defibrillation in Schools: A Science Advisory from the American Health Association*. Circulation, 2011.

Hazinski, M.F., Markenson, D., Neish, S, Gerardi, M., Hootman, J., Nichol, G., Taras., Hickey, R., O’Connor, R., Potts, J., van der Jagt, E., Berger, St., Schexnayder, S., Garson, A., Doherty, A., and Smith, S. *Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools, A Statement for Healthcare Providers, Policymakers, School Administrators, and Community Leaders*. American Academy of Pediatrics, 2004.

Markenson, D., Pyles, L., Neish, S., American Academy of Pediatrics Committee on Pediatric Emergency Medicine; American Academy of Pediatrics Section on Cardiology and Cardiac Surgery. *Ventricular fibrillation and the use of automated external defibrillators on children*. Pediatrics, 2007.

**APPENDIX A:**

STAFF SKILLS SURVEY FORM

Name & School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_

Name School

During any incident, it is important to be able to draw from all available resources. The special skills, training, and capabilities of the staff will play a vital role in coping with the effects of any disaster incident, and they will be of paramount importance during and after a major or catastrophic disaster. The purpose of this survey/inventory is to pinpoint those staff members with equipment and the special skills that might be needed. Please indicate the areas that apply to you and return this survey to your administrator.

PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE EXPERTISE & TRAINING.

CIRCLE YES OR NO WHERE APPROPRIATE.

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_ First Aid (current card yes/no) Expiration Date \_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_ Triage | \_\_\_\_\_ Firefighting |

|  |  |
| --- | --- |
| \_\_\_\_\_ CPR (current yes/no) Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | AED (Current yes/no) Expirations date\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ Emergency Planning | \_\_\_\_\_ Emergency Management | \_\_\_\_\_ Search & Rescue |

|  |  |
| --- | --- |
| \_\_\_\_\_ Law Enforcement | \_\_\_\_\_Bi/Multi-lingual (what language(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| \_\_\_\_\_ Survival Training & Techniques |

\_\_\_\_ Counseling

DO YOU KEEP A PERSONAL EMERGENCY KIT? \_\_\_\_\_\_\_\_\_\_\_\_\_ In your car? \_\_\_\_\_\_\_ In your room? \_\_\_\_\_\_\_

PLEASE LIST EQUIPMENT AND MATERIALS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WHAT WOULD MAKE YOU FEEL MORE PREPARED SHOULD A DISASTER STRIKE WHILE YOU WERE AT SCHOOL?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff please return this to your Nurse by September 3, 2015.**

**Coaches please return to your Athletic Director who will turn it into the high school nurse by the same date.**

**APPENDIX B:**

**Malden Public Schools**

**First Responder Defibrillation Incident Report**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AED Responder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incident Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was incident witnessed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was Personal Protective Equipment Used: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPR in Progress? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

Bystander \_\_\_ Fire/EMT \_\_\_ Police \_\_\_\_ First Responder \_\_\_\_\_ RN \_\_\_\_ MD \_\_\_\_

Vital Signs:

Time \_\_\_\_\_\_ Time: \_\_\_\_\_\_

BP: \_\_\_\_\_\_ BP: \_\_\_\_\_\_

Pulse: \_\_\_\_\_\_ Pulse: \_\_\_\_\_\_

Resp: \_\_\_\_\_\_\_ Resp: \_\_\_\_\_\_\_

Defibrillation:

Time Joules Operator

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent Additional Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX C:**

**MEDICAL EMERGENCY RESPONSE PROTOCOLS:**

The school’s Medical Emergency Response Protocols are posted in the main office, the assistant principal’s office/s, the school nurse’s office, classrooms, locker rooms, gymnasium, cafeteria, and public areas on campus with instructions on how to activate the local emergency medical services (EMS).

In case of a medical incident, school staff will immediately:

* Contact the school nurse and the main office; and
* Escort an injured person who is ambulatory to the school nurse’s office or notify the school nurse if the person cannot be moved.

Main office personnel will ensure that designated individuals are directed to remain with the injured or ill person until medical assistance arrives.

The school’s medical response will proceed as follows:

* The nurse will assess the condition of the person(s) to determine the category of injury, illness, or condition:
  + 1. *Life-threatening or potentially disabling*: Because these medical conditions can cause death or disability within minutes, they require immediate intervention, medical care, and, usually, hospitalization. Examples of this category include airway and breathing difficulties, cardiac arrest, chest pain, and/or cyanosis.
    2. *Serious or potentially life-threatening or potentially disabling*: Burns, major multiple fractures, and insect bites are examples of this category.

These occurrences may result in a life-threatening situation or may produce permanent damage, so they must be treated as soon as possible.

* + 1. *Non-life-threatening*: These are defined as any injury or illness that may affect the general health of a person (e.g., mild or moderate fever, stomachache, headache, seizures, fractures, cuts). The school nurse will evaluate the incident and make decisions regarding further treatment. The school nurse may notify the parent/guardian and recommend follow-up medical evaluation or treatment.
* When an injury, illness, or condition is determined to be potentially life-threatening or disabling, the school nurse will inform main office personnel to:
* call EMS (911) using the dedicated emergency phone line and provide the location of the injured or ill person and available rescue equipment.
* activate the medical emergency contact list to use designated school staff in their respective roles.
* direct designated school personnel to remain stationed at the specific location on campus where the medical incident occurred and greet emergency responders upon arrival, providing updates on the situation. EMS response time to the school is estimated at 5-7 minutes.
* notify the parent/ legal guardian of the student or the emergency contact for faculty/ staff and inform him or her that the person is ill or has been injured and is being transported to a medical facility if the information is known at the time of the call.

If the school nurse is not in the building at the time of the medical incident, main office personnel will notify the administrator in charge. The administrator will assess the situation and direct main office personnel to place the 911 call in the event of a potentially life-threatening or potentially disabling injury, illness, or condition. Other steps will be taken as described above.

If the injury, illness, or condition is later determined by the school nurse or other trained personnel to be minor, the EMS call will be canceled or EMS units will clear the scene.

If the school nurse or other medically trained individual determines that the injury, illness, or condition is non-life-threatening, first aid and or medical services will be provided onsite. Main office personnel will notify the involved student’s parent or guardian.

All faculty and staff must adhere to the following during all medical incidents:

* Standard Precautions must be followed at all times (see Definitions).
* Avoid moving the ill or injured person, unless there is more danger if left there.
  + Remain with the person until assistance arrives and remain calm.
  + Direct other staff to manage bystanders.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours.

**Emergency Contacts:**

Name, Nurse xxx-xxx-xxxx or x xxxx , Rm. xxx 911

Name, Asst. Nurse xxx-xxx-xxxx or x xxxx; Rm. xxx

Name, Principal, xxx-xxx-xxxx or x xxxx or x xxxx; Rm. xxx Fire - xxx-xxx-xxxx

Name, K-4 Asst. Principal – xxx-xxx-xxxx or x xxxx; Rm. xxx Police –xxx-xxx-xxxx

Name, 5 – 8 Assistant Principal – xxx-xxx-xxxx or x xxxx; Rm. xxx

**People Trained in CPR and/ First Aid**

Name, RN Rm. xxx x xxxx Name, Rm. xxx x xxxx

Name, Rm. xxx x xxxx Name, Rm. xxx x xxxx

Name, Rm. xxx x xxxx Name Rm. xxx x xxxx

Name, Rm. xxx x xxxx

Name, Rm. xxx x xxxx

Name, Rm. xxx x xxxx

9/16/16

**APPENDIX D:**

***(INCERT)* HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN**

*The purpose of this document is to provide instructions to members of the* (INSERT) *Athletic Department in the event of a medical emergency regarding student-athletes. An emergency is any sudden life threatening injury or illness that requires immediate medical attention. Emergency situations can occur at anytime during athletic participation. Expedient action must be taken in order to provide the best possible treatment. This emergency plan will help ensure the best care is provided.*All members of the athletic department who work directly with athletes are required to familiarize themselves with this plan. Throughout the year there might be times in which an athletic trainer or medical professional is not immediately available. This places athletic personnel, most likely coaches, in the position of potentially providing emergency medical services in the form of cardiopulmonary resuscitation and basic first aid. All coaches are required to have and maintain CPR/AED certification during employment. CPR training is provided throughout the year. Athletic staff may also receive training via other sources, such as the American Red Cross or American Heart Association. Documentation of certification should be provided to the Athletic Training Room or Athletic Director’s office.

Athletic personnel should review the policy at the beginning of each academic year. Coaches should discuss the policy in detail with the athletic training staff. An emergency plan must exist for all organized practices and competitions, including out of season training, strength training and conditioning workouts. Those with the highest level of health training are responsible for the emergency plan at a session or event.

1. Chain of Command during severe or catastrophic injury will be as follows:   
   a. Team Physician (if present)  
   b. Certified Athletic Trainer  
   c. Coaching Staff  
   d. Other support staff (AD, student athletic trainers, facility coordinator)
2. If Team Physician or Certified Athletic Trainer (ATC) is ON SITE at time of injury, he/she will take command.
3. If Team Physician or Certified Athletic Trainer (ATC) is NOT ON SITE, then the next person on the Chain of Command is in charge.

**Legal liability is very important to consider, and ALL athletic staff should understand this plan. Only members of the medical staff (which includes Team Physician, ATC, and Nurse) should be assessing or evaluating an athlete’s injury or illness. If there is any doubt, and medical personnel are not immediately available, contact EMS.**

Potential emergencies should be avoided through pre-participation examinations of each athlete prior to participation in any sport. Physicals are required of ALL student-athletes BEFORE participation in any Malden sports practice or event. Physical examinations are good for ONE year from date of exam. Also, safe practices, including training techniques, and adequate medical coverage should be taken into consideration. However, accidents and injuries are inherent with sports participation. Therefore, proper preparation on the part of the athletic staff will enable each emergency situation to be managed appropriately. If you have any questions about the enclosed plan, please contact the *(INSERT)*High School Athletic Trainer or Athletic Director’s Office at xxx-xxx-xxxx.

There are three basic components of this plan: Emergency Personnel, Emergency Communication, and Emergency Equipment.

**I. EMERGENCY PERSONNEL**  
The type and degree of sports medicine coverage for an athletic event (practice or contest) may vary based on factors such as the particular sport or activity, the setting, and the type of training or competition. With the majority of athletic contests and practices, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a Certified Athletic Trainer (ATC). A Team Physician may be present at some high-risk events like football games. Other members of the emergency team may include Emergency Medical Technicians (EMT), Student Athletic Trainers, and Team Coaches. EMTs will only be available at *(INSERT)*Stadium football games.

Roles of each of the above individuals within the emergency team may vary depending on various factors such as number of members on the team, the athletic venue itself, or the preference of the athletic training staff. Roles within the emergency team include:

* Immediate Care of the Athlete (by those with the highest level of training)
* Emergency Equipment Retrieval
* Activation of Emergency Medical Services
* Directions to the Emergency Site (EMS)

1. **Immediate Care of the Athlete**  
   The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene (see Chain of Command). Individuals with lower credentials should yield to those with more appropriate training.
2. **Emergency Equipment Retrieval**  
   The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, coaches, or even players may be called on for this role. Important emergency equipment is noted below.
3. **Activation of Emergency Medical Services (EMS)**  
   The third role, EMS activation, should be done as soon as the situation is deemed an “emergency” or “life-threatening event”. Time is the most critical factor. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure, who communicates well, and who is familiar with the location of the sporting event. STEPS FOR ACTIVATION ARE NOTED BELOW.
4. **Directions to the Emergency Site**  
   After EMS has been activated, one member of the team should be responsible for meeting the emergency medical personnel as they arrive at the site of the contest, if they are not already there. An assistant coach or student athletic trainer is appropriate for this role.

**II. EMERGENCY COMMUNICATION**

**A. Activation of Emergency Medical Services (EMS)**  
In the event that an emergency occurs involving a student-athlete, a member of the Emergency Team should promptly contact Emergency Medical Services (EMS). The local emergency telephone number is xxx-xxx-xxxx for *(insert)*PD. *(Insert)*PD will then activate EMS. There are telephones located in the athletic director’s office. The coaches at off-campus venues are responsible for having a cellular phone in case of emergency (when a Certified Athletic Trainer is not present). A backup communication plan should be in effect if there should be failure of the primary communication system. It is important to note in advance the location of a workable telephone. Prearranged access to the phone should be established if it is not easily accessible. A cellular phone with backup battery is preferred. This should not present a problem given the wide popularity of cellular phones in today’s society.

**B. Contacting the Emergency Medical Services (EMS)**

1. If EMT’s are at the event (*(INSERT)* Stadium games only), then a signal   
   (determined in advance) should be given to summon them.
2. If EMT’s are not on site, call *(INSERT)*PD or 911.
3. The following information should be provided to the dispatcher:  
   a) Your name  
   b) Exact location the injury occurred and where you will meet them  
   c) The number you are calling from  
   d) Number of injured athletes  
   e) The condition of the athlete(s)  
   f) The care being provided  
   g) Make sure you hang up only after the dispatcher has hung up
4. Notify someone from the sports medicine staff. See numbers below.
5. As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment from the sidelines or training room.
6. Have the coaches serve as crowd control and keep other athletes away from the victim.
7. Send someone to meet the ambulance at the designated spot.
8. If a parent is not present, a member of the coaching staff will accompany the injured athlete to the hospital. All coaches will have a copy of every individual athlete’s emergency cards AT ALL TIMES and send them to the hospital with the athlete if needed.

**III. EMERGENCY EQUIPMENT**  
The majority of emergency equipment will be under the control of a member of the sports medicine staff. The highest trained provider at the event should be aware of what equipment is readily available at the venue or event. All necessary emergency equipment should be quickly accessible. Appropriate personnel should be familiar with the function and operation of available equipment. The equipment should be in good condition and checked regularly.  
The highest trained member of the staff should determine in advance the type and manner in which any equipment is at or to be delivered to the site. During practices, off-campus teams should rely on emergency medical services for all equipment.

The following is a list of important available equipment and their location:

1. BACKBOARD --- back boarding is the responsibility of the EMT, Physician, and ATC. Backboards are available in ambulances.
2. SPLINTS --- Available in athletic training rooms or on site with ATC. Splints   
   will be handled by ATC, student athletic trainers, or physicians.
3. AUTOMATED EXTERNAL DEFIBRILLATORS (AED) - Available in athletic training room and nurses’ office. ATC, Physicians, and coaches will administer AED if needed.

**EMERGENCY ACTION PLAN IN CASE OF LIGHTNING**  
The following steps are modified from those recommended by the NCAA, NATA, and the National Severe Storms Laboratory (NSSL) in the event of lightning or severe storm warning:

1. A member of the emergency care team (ATC, coach, or staff supervisor) is   
   designated to monitor threatening weather conditions and make the decision to remove a team or individuals from an athletic venue or event.
2. Monitoring should include obtaining a weather report prior to a practice or competitive event. Be aware of National Weather Service-issued (NWS) thunderstorm “watches” and “warnings” as well as the signs or thunderstorms developing nearby. “Watch” means conditions are favorable for severe weather to develop in an area; a “warning” means that severe weather has been reported in an area and for everyone to take proper precautions.
3. Be aware of how close lightning is occurring. Count the seconds using the   
   flash-to-bang (flash of lightning-to-thunder) method. Count the seconds and divide by five, which gives you the distance, in miles, that the lightning strike occurred. By the time the flash-to-bang count is 30 seconds, all individuals should have moved to safety. Be alert at the first sign of lightning or thunder and judge the time necessary to evacuate all individuals from the athletic venue. Ideally, 30 minutes should pass following the last flash of lightning or clap of thunder before resuming athletic activity.

**EMERGENCY PHONE NUMBERS**

Emergency Number: xxx-xxx-xxxx or 911

*(INSERT)* Hospital: xxx-xxx-xxxx

*(INSERT)* Hospital: xxx-xxx-xxxx

|  |  |  |
| --- | --- | --- |
| **Certified Athletic Trainer**: *(Insert Name)*, LAT, ATC Cell # xxx-xxx-xxxx  **Athletic Director**: *(Insert Name)* Cell# xxx-xxx-xxxx  **To Access Gymnasium**:  *(Insert directions)*  **To Access Weight Room**:  *(Insert directions)*  **Athletic Training Room & Athletic Director’s Office**:  *(Insert directions)* |  |  |

**MacDonald Stadium**

*(Insert Address)*

**To Access Field:**

*(Insert directions)*

**Athletic Training Room/AED** *(Insert directions)*

1. DPH recommends that, as a minimum standard, at least five persons trained in first aid/CPR be available in each school at all times when students are on the school grounds, including before and after school. The actual suggested ratio is one trained staff member for every 50 students (1:50). In high-risk populations, it is recommended that there be one first aid-trained person for every medically fragile person (1:1). [↑](#footnote-ref-0)