

Emergency Action Plan
For
Winnisquam Regional School District
Athletics Program

In case of an emergency, personnel responsibilities, locations of emergency equipment, and other emergency information such as 911 call instructions, addresses/directions to the venue, and a chain of command with important phone numbers have been listed here.

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WINNISQUAM REGIONAL MIDDLE SCHOOL / HIGH SCHOOL
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EMERGENCY CONTACT LIST

EMERGENCY CONTACTS	PHONE NUMBER
Tilton Fire/Ambulance	911
Tilton Police Department	911
Concord Hospital-Franklin	603-934-2060

SCHOOL CAMPUS CONTACTS	PHONE NUMBER
Athletic Training Room	603-286-4531 x1750
Director of Athletics Office	603-286-4531 x1217
High School Main Office	603-286-4531 X1601
High School Principal's Office	603-286-4531 x1610
Middle School Main Office	603-286-7143 x2600
Middle School Principal's Office	603-286-7143 x2610
SAU/Superintendent's Office	603-286-4116 x8102
School Resource Officer	603-286-4531 x1715

CONTACT	NAME	OFFICE	CELL
Athletic Trainer	TBD	603-286-4531 x1750	NA
Director of Athletics	John Larsen	603-286-4531 x1217	603-393-6163
High School Principal	Matt Jozokos	603-286-4531 x1610	NA
Middle School Principal	Chris Ennis	603-286-7143 x2610	NA
Superintendent	Shannon Bartlett	603-286-4116 x8102	NA
School Resource Officer	Alyssa Conley	603-286-4531 x1715	NA

Introduction

Most injuries sustained during athletics or other physical activities are relatively minor. Therefore, athletic programs can develop a false sense of security over time because of the relatively low incidence of catastrophic injuries. Potential limb or life-threatening emergencies can occur at any time, at any level, without warning. These emergencies include but are not limited to: spine injuries, head injuries, severe bleeding, shock, gross deformity to a bone or joint, heat illness, abdominal trauma, asthma or cardiovascular arrest.

The development, implementation and practice of an emergency action plan will help ensure that all personnel are well prepared. This document will guide all individuals to act in not only a quick, but also coordinated fashion while appropriately managing emergencies. After all, an athlete's survival may hinge on how well trained and prepared an athletic department is.

Management of emergency situations during athletic activities may involve athletic trainers and students, coaches, officials, game management personnel, team managers, school administrators, emergency medical personnel and physicians all working together.

During most varsity competitions, the first responder to an emergency is the athletic trainer. In many other levels, practices or strength/conditioning workouts, it may be a coach. Roles within the emergency team may vary depending on factors such as the number of members, the venue or the preference of the athletic trainer.

Duties within the emergency team include establishing scene safety, providing immediate care to the injured athlete, activation of the emergency medical system, equipment retrieval and direction of EMS to the scene.

The most important duties include establishing scene safety and immediate care of the injured athlete. Game management staff will limit scene access and move teams and crowds away from the area. Only the athlete's parent(s)/guardian(s) should be allowed near the scene as well as any volunteer/first aid assistance from spectators that has been approved at the discretion of the on-scene care provider. Assistant coaches should continue to supervise the team during an emergency. The most qualified individual on the scene should provide all acute care in an emergency.

EMS activation should be done as soon as the situation is deemed an emergency. When in doubt – call! **There is no charge for the service unless a patient is transported. If a patient is transported by EMS, financial responsibility shall rest with the patient and/or the patient's family.** Activating EMS may be done by anyone on the responding team. However, the person chosen for this duty should be someone who is calm under pressure and communicates well over the telephone. This person should also be familiar with the location and address of the sporting venue. It is important to verify good cell phone reception and/or access to a landline.

The person responsible for meeting emergency medical personnel as they arrive should have keys to any locked gates or doors that may slow the arrival of EMS. The person who calls 911 is appropriate for this role or designating someone to do it in their stead.

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 and coaches are good choices for this role.

At away sites, the coach or athletic trainer should identify, before the event, cellular reception or access to a landline, the name and location of the nearest emergency care facility and the availability of an ambulance at the event.

The purpose of this document is to provide athletic personnel with a quick resource in response to emergencies. This document is intended not only as a plan, but as a practical guide of what to do in a variety of emergencies. To be successful, it requires coaches to be aware of the evacuation specifics, duties and responsibilities during emergencies.

Responsibility - Chain of Command

Successful communication is the key to effectively managing an emergency situation. In order to establish clear communication, it is imperative that a “Chain of Command” is in place and followed. When the first person in the chain is unavailable, the responsibility rests on the next person in the chain.

1. Athletic Director
2. Certified Athletic Trainer (ATC)
3. Administrator/Administrator on duty
4. Head Coach
5. Officials

A different order of responsibilities may be required in certain situations. No matter who takes charge of the situation at the time, it is imperative that there is a follow up communication with the Athletic Director via radio or cell phone.

NOTE: In the event the Principal of WRHS or WRMS is not in attendance at the event, he/she will be notified immediately by the Athletic Director should Emergency Medical Services be activated for any reason to the Middle or High School campus.

All coaches shall be responsible for remaining with student athletes throughout the emergency, regardless of the duration, until debriefed and officially released. There is an implied expectation that all coaches shall act in the most responsible and safe manner possible, depending on the situation.

- Coaches are expected to stay with their team as they may need to be removed from the area and gather in a safer location at which time attendance should be taken.
- Visiting coaches and team members should stay with their team and report to their bus if they must be removed from the area and take attendance.
- All coaches shall conduct themselves in a professional, calm and reasonable manner.
- All coaches shall be prepared to take directions from the Athletic Director or another administrator.
- Coaches shall not speak with the media but refer them to the administration or the public information officer (appointed by the superintendent).
- Attendance from current rosters shall be taken and provided to the Athletic Director with information about missing or additional students, athletes and/or staff.

During emergencies, whether there is an athletic trainer present or not, coaches may be tending to the injured person or situation. In the event that coaches may be the only adult on site or be the injured party, it is important to have student-athletes trained to help with the response. Coaches will have completed by the first week of the season a **Response Protocol Worksheet** and **Response Team Worksheet**. Each coach as well as the athletic trainer shall carry copies of emergency treatment information and contact information for each student-athlete provided through FamilyID. Coaches will also have their information available in case they are the injured party.

Components of the Emergency Plan

These are the basic components of this plan:

1. Emergency personnel
2. Roles of first responder
3. Emergency communication
4. Emergency equipment
5. Emergency transportation

Emergency Personnel

With athletic practices and competitions, the first responder to an emergency situation is typically the school's certified athletic trainer. The type and degree of sports medicine coverage for an athletic event may vary, based on factors such as the sport or activity, the location, and the type of practice or event. The first responder in some instances may be a coach or other school personnel. Certification in cardiopulmonary resuscitation (CPR), AED, first aid, and concussion management training as well as Emergency Action Plan (EAP) review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. **Current copies of training certificates and/or cards are maintained in the Athletics Director's office.**

Roles of First Responders

There are five basic roles within the emergency team. The first and most important role is the immediate attention to the injured or ill student-athlete. The second role establishes safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training. The third role, 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 team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. The fourth 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. Athletic training interns, managers, and coaches are good choices for this role. The fifth role of the emergency team is that of directing EMS to the scene. Members of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency and direct emergency personnel to the individual needing assistance. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. Police, an athletic training intern, manager, team member, or coach may be appropriate for this role. Lastly, first responders should follow up with a parent/guardian.

Roles of First Responders

1. **Immediate care of the injured or ill student-athlete:** Provided by athletic trainer, coach or anyone trained in First Aid/CPR.
2. **Establish scene safety and immediate care of the athlete:** Game management staff and game officials will limit scene access. Only the parent(s)/guardian(s) of the injured athlete or volunteer medical/first aid assistance requested by the care provider should be allowed. Assistant coaches are responsible for supervising the team.
3. **Activation of the Emergency Medical System:** as directed by individuals providing care.
4. **Emergency equipment retrieval:** As directed by individuals providing care.
5. **Direction of EMS to scene:** Designate an individual to direct EMS to the scene.
6. **Follow Up:** If the athlete's parent/guardian is not present, notify them immediately. If the athletic trainer is not present, notify them immediately after contacting the parent/guardian. The care provider

is responsible for completing an WRSD incident report. All inquiries about the injured athlete, media or otherwise, should be directed to the Athletic Director.

****No athlete will be transported in an ambulance without a parent or school official with them****

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel 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 both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone, whether fixed or mobile, is necessary. A back-up communication plan should be in effect, should there be failure of the primary communication system. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Cell phones are preferred to activate EMS. Coaching staff should always have a cellular phone available. Athletic trainer will have a cellular phone and landline available.

When in doubt, call 911! There is no charge for the service unless a patient is transported.

Activating the EMS System

Procedure to call: Tilton Fire Department 911

Providing Information:

1. Stay calm.
2. Give your name, address, location and telephone number.
3. Nature of emergency, whether medical or non-medical * : (Example: *We have an injured student athlete who needs medical treatment.*)
4. Tell the dispatcher the number of athletes who need medical attention and their condition. (Example: Use the **AVPU Information Protocol**)
5. Let the 911 dispatcher know what type of treatment has been provided.
6. Give address and location. **Example – Winnisquam Regional High School Soccer field. Tell them the closest entrance – ENTRANCE A, B, C or NAME OF STREET entrance**
7. **Listen.** Allow the 911 employee to direct the conversation.
 - a. Be prepared to answer questions in a clear, calm manner. Tell them someone will meet the ambulance and direct them once they are on the property.
 - b. Remain on the telephone. **DO NOT** hang up until the dispatcher says to do so.

** If non-medical, refer to the specific checklist of the emergency action plan*

The AVPU Information Protocol

EMS Dispatchers and Responders will often be interested in the following information that first responders can provide pursuant to their on site assessments:

The AVPU scale has only 4 possible outcomes for recording (. The assessor should always work from best (A) to worst (U) to avoid unnecessary tests on patients who are clearly conscious. The four possible recordable outcomes are:

A = Alert - a fully awake (although not necessarily orientated) patient. This patient will have spontaneously open eyes, will respond to voice (although may be confused) and will have bodily motor function.

V = Voice - the patient makes some kind of response when you talk to them, which could be in any of the three component measures of Eyes, Voice or Motor - e.g. patient's eyes open on being asked "are you okay?!". The response could be as little as a grunt, moan, or slight move of a limb when prompted by the voice of the rescuer.

P = Pain - the patient makes a response on any of the three component measures when pain stimulus is used on them. Recognized methods for causing the pain stimulus include a **Sternal rub** (although in some areas, it is no longer deemed acceptable), where the rescuers knuckles are firmly rubbed on the **breastbone** of the patient, pinching the patient's **ear** and pressing a **pen** (or similar instrument) in to the bed of the patient's **finger nail**. A fully conscious patient would normally locate the pain and push it away, however a patient who is not alert and who has not responded to voice (hence having the test performed on them) is likely to exhibit only withdrawal from pain. This is a key reason why voice checks should always be performed first, and the person assessing should be suitably trained.

U = Unresponsive - Sometimes seen noted as '**Unconscious**', this outcome is recorded if the patient does not give any Eye, Voice or Motor response to voice or pain.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel shall be familiar with the function and operation of each type of emergency equipment. Equipment shall be in good operating condition, and personnel will be trained in advance to use it properly. Emergency equipment shall be checked on a regular basis and used rehearsed by emergency personnel. The emergency equipment available shall be appropriate for the emergency medical providers' level of training. Creating an equipment inspection logbook for continued inspection is strongly suggested. It is recommended that a few members of the emergency team be trained and responsible for the care of the equipment.

It is important to care for and store the equipment properly. Equipment shall be stored in the trainer's room at the high school. During sporting events and athletic practices, equipment shall be readily available to the coach or athletic trainer when emergency situations arise.

Each team has their own medical kit available at every practice and event. It is the coaches' responsibility to ensure that it is stocked by bringing it to the athletic trainer for restocking when needed. Extra supplies and emergency equipment is located in the training room (athletic trainer and athletic director have keys to the cabinetry). Coaches will also have a team binder available with athlete medical information and emergency contacts.

AED: The athletic trainer will have a portable AED in her possession at all games and practices. Additional AED units are located in the middle school and high school buildings (see Appendix A, B and C for locations).

Medical Emergency Transportation

Emphasis is placed at having an ambulance on site at high-risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. Ambulances may be coordinated on site for other special events/sports, such as tournaments or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas remain supervised should the emergency care provider leave the site to transport the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a "load and go" situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the quickest possible care for athletes participating in practices or games at Winnisquam Regional School District facilities, transportation will be provided to Concord Hospital-Franklin unless otherwise stated by parents or guardians.

Emergency Plan - Summary

Emergency Personnel:

1. Certified athletic trainer
2. Athletics Director
3. Coach

Roles of First Responder:

1. Survey the scene and immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
 - a. Certified athletic trainer delegates tasks once a medical necessity is recognized
3. Designate individual to retrieve emergency equipment
4. Direction of EMS to scene
 - a. Open appropriate gates / doors
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Emergency Communication:

1. 2 way radio communication (when multiple events are being covered)
2. Cellular telephone
3. Fixed telephones
 - a. Athletic Training Room
 - b. Athletics Director's office
 - c. Main office (front of school)

Emergency Equipment:

1. Team medical kits, including emergency procedures cards
2. AED *
 - a. High School-first floor knuckle outside HS Cafetorium and Second floor outside library.
 - b. Middle School-outside the Main office in the lobby of school.
3. Splint bags
4. Heat Index Monitor with Wet Bulb Thermometer

* See included campus map for AED locations:

Special Notes

Once the injured athlete is in the hands of the physician or ambulance personnel, the athletic trainer or coach in charge will ensure that the following duties are completed:

1. Check about the necessity of calling the athlete's parent(s)/guardian(s) if they are not present.
2. Make arrangements to get the injured athlete's personal belongings to the hospital (if necessary).
3. Arrange for return transportation to parent(s)/guardian(s).

If the injury occurred during a non-traditional practice period and no member of the Winnisquam Regional School District Athletic Training Staff is on-campus, contact EMS if there is a concern for an athlete. Afterwards, notify a member of the Athletic Training Staff and the Athletics Director, informing them about the injury and status of the athlete, as soon as possible.

4. Complete an Injury/Incident Report and submit it to the Athletics Director immediately following the practice or athletic contest.

* These procedures should be followed for injuries occurring at home and away contests.

Non-EMS Injuries Requiring Medical Attention*

Injuries that will require medical attention, but not serious enough for EMS transportation, will be referred to the proper physician or medical facility by the Certified Athletic Trainer. There are many things to consider when attending to these injuries; therefore, they will be administered on a case-by-case basis according to the needs of the individual athlete.

Examples: Head injury (concussion)

Lacerations (which may require suturing)

Possible fractures

Orthopedic injuries that should have early medical assessment (sprains and strains)

Refer the athlete to the Winnisquam Athletic Training Staff immediately (i.e. radio, direct transport to the Athletic Training Room). The athletic trainer will make needed referrals. If the injury occurs during a non-traditional practice period or away contest, and no member of the Winnisquam Athletic Training Staff is available, refer the athlete directly to the nearest medical facility and ask for advice/assistance or refer to Athletic Training Staff or other on site medical personnel.

Heat Stress and Athletic Participation:

An acclimatization plan should be implemented and followed to prevent heat related issues. The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Frequent water breaks are encouraged for athletic activities during hot weather. Coaches will ensure that athletes have access to water and water is available at all times, allowing athletes to drink water whenever they need it.

Early fall football, cross country, soccer, and field hockey practices are conducted in very hot and humid weather. Due to the equipment and uniform needed in football, most of the heat stress related problems have been associated with football.

During hot weather, the athlete is subject to the following:

Heat cramps - Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to profuse sweating.

Heat Syncope - Weakness, fatigue, and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heat stroke.

Heat Exhaustion (Water depletion) - *OBTAIN MEDICAL CARE AT ONCE.* Cool the body as you would for heat stroke while waiting for transfer to the hospital. Give fluids if the athlete is able to swallow and is conscious. Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headaches and sometimes unconsciousness are signs.

Heat Stroke - *This is a medical emergency- DELAY COULD BE FATAL.*

Follow these steps to initiate emergency treatment:

- Remove all equipment and excess clothing.
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a tub/taco tank with ice and water approximately 35–58°F.; stir water and add ice throughout the cooling process.
- If immersion is not possible (no tub or no water supply), take athletes to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation.
- After cooling has been initiated, activate the Emergency Medical System by calling 911.
- Monitor vital signs such as heart rate, respiratory rate, and blood pressure.

Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of collapse. (Source, Korey Stringer Institute, UConn).

When cold-water immersion is not available due to proximity to a building or having a portable tub, the tarp-assisted cooling with oscillation (TACO) method can be applied. It requires a plastic tarp and serves as the container for cold water while the athlete sits or lies in the middle. The sides of the tarp are held up to create a container. This is an inexpensive and portable method. Although no studies have been conducted to determine the effectiveness of this method, cooling rate has proved feasible and can cool athletes at an acceptable rate. (NATA Journal of Athletic Training 2016)

Heat stroke is an acute medical emergency related to thermoregulatory failure and associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heat stroke victims, contrary to popular belief, may sweat profusely). It is believed that the above-mentioned heat stress problems can be controlled provided certain precautions are taken. According to the American Academy of Pediatrics Committee on Sports Medicine and Fitness, heat related illnesses are all preventable. As a result, the American Academy of Pediatrics recommends the following:

- Exercise, sport participation, and other physical activity should be modified for safety in relation to the degree of environmental heat stress: air temperature, humidity, and solar radiation, as indicated by the heat index or wet-bulb globe temperature (WBGT), for those with access to such a device. Effective modifications include lowering the intensity and/or shortening the activity duration and increasing the frequency and duration of breaks, which would preferably be in the shade. Individual medical conditions

and other risk factors identified by a pre-participation physical examination or as indicated by a more recent change in health status that could lower tolerance for exercise in the heat and increase risk for exertional heat illness should also prompt these and additional modifications. Each child and adolescent should be given the opportunity to gradually and safely adapt to preseason practice and conditioning, sport participation, or other physical activity in the heat by appropriate and progressive acclimatization. This process includes graduated exposure (typically over a 10- to 14-day period) to the environment, intensity, duration, and volume of physical activity and to the insulating and metabolic effects of wearing various uniform and protective-equipment configurations. Specific guidelines for American youth football are available and can be used as a basis for developing other youth sports-acclimatization and practice-modification/monitoring strategies.

- Sufficient, sanitary, and appropriate fluid should be readily accessible and consumed at regular intervals before, during, and after all sports participation and other physical activities to offset sweat loss and maintain adequate hydration while avoiding overdrinking. Generally, approximately 3–8 oz. every 20 minutes for 9- to 12-year-olds and up to approximately 34–50 oz. per hour for adolescent boys and girls is enough to sufficiently minimize sweating-induced body-water deficits during exercise and other physical activity as long as their pre-activity hydration status is good. Pre-activity to post-activity body weight changes can provide more specific insight to a person's hydration status and rehydration needs. Although water is often sufficient to maintain adequate hydration, long-duration (eg, ≥ 1 -hour) or repeated same-day sessions of strenuous exercise, sport participation, or other physical activity might warrant including electrolyte-supplemented beverages that emphasize sodium to more effectively optimize rehydration. This is especially justified in warm to hot weather conditions, when sweat loss is extensive.
- Clothing should be light-colored and lightweight and limited to one layer of absorbent material to facilitate evaporation of sweat. Sweat-saturated garments should be replaced by dry garments. Rubberized sweat suits should never be used to produce loss of weight.
- Any child or adolescent should avoid or limit exercise, sport participation, or other physical activity in the heat if he or she is currently ill or is recovering from an illness, especially those involving gastrointestinal distress (eg, vomiting, diarrhea) and/or fever.
- Supervisory staff such as coaches and athletic trainers should receive appropriate training and closely monitor all athletes at all times during sports and other physical activity in the heat for signs and symptoms of developing heat illness. Any significant deterioration in performance with notable signs of struggling, negative changes in personality or mental status, or other concerning clinical markers of well-being, including pallor, bright-red flushing, dizziness, headache, excessive fatigue, vomiting, or complaints of feeling cold or extremely hot, should be sufficient reason to immediately stop participation and seek appropriate medical attention for those affected. First aid for evolving heat illness should not be delayed. Anyone experiencing exertional heat illness should not return to practice or competition, recreational play, or other physical activity for the remainder of the current session, game/match, or play/activity period.
- An Emergency Action Plan with clearly defined written protocols should be developed and in place ahead of time. Emergency medical services (EMS) communication should be activated immediately for any child or adolescent who collapses or exhibits moderate or severe central nervous system dysfunction or encephalopathy during or after practice, competition, or other physical activity in the heat, especially if the child or adolescent is wearing a uniform and/or protective equipment that is potentially contributing to additional heat storage.

- To improve athlete safety and performance coaches and event administrators should provide adequate rest and recovery periods of 2 hours or *more* between same-day contests in warm to hot weather to allow sufficient recovery and rehydration.
- In conditions of extreme heat or humidity when children or adolescents can no longer maintain thermal balance, safety should be the priority, and outdoor contests and practice sessions should be canceled or rescheduled to cooler times, even if it means playing or practicing very early in the day or later in the evening.

(Climatic Heat Stress and Exercising Children and Adolescents, American Academy of Pediatrics, 2011).

The following practices and precautions are recommended:

1. Each athlete should have a physical exam with a medical history when first entering a program and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included. State high school association's recommendations should be followed at a minimum.
2. It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the physical condition of their athletes and set practice schedules accordingly.
3. Wet Bulb Globe Temperature (WBGT) device is a tool to measure ambient temperature, relative wind, humidity, and solar radiation from the sun to monitor environmental conditions during exercise. This is the gold standard to determine whether or not conditions warrant modifications to practice and game schedules. Heat stress leads to heat illnesses. Schools may have this device as required by certain states. Others without the device rely on the heat index which is not nearly as accurate as it is only a measure of air temperature and relative humidity levels. Guidelines will be established for modifications to activity using the WBGT. When establishing WBGT guidelines, they must be geographically specific to your area. As conditions get worse, modifications need to be more restrictive.

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. <u>For Football</u> : players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports</u> : Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. <u>For Football</u> : No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports</u> : There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

*(Excerpt from the NHIAA Policy and Procedures manuals reprinted with permission from NFHS and the Korey Stringer Institute UConn)

*Updated November 2021 with regard to SB148.

Post EAP Activation Procedures:

Documentation

Documentation must be done by ATC (or other provider) and coaches using a Winnisquam Regional School District injury/accident report form must be filled out immediately following a Non-EMS Injury Requiring Medical Attention or activation of the EAP.

Debriefing

In the event that an EAP is activated, the ATC, AD and coaches will meet and discuss the event within 48 hours. The purpose of the meeting will be to evaluate the effectiveness of the EAP and conduct a staff debriefing. If necessary a specific timeline for changes to EAP should be made for promptness. After the meeting, school administration will be informed of both the outcome of the meeting and any changes necessary to the EAP.

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

Inclement Weather Guidelines

Safety is paramount when threatening weather is approaching. When inclement weather threatens the safety of athletes, coaches and spectators the lightning policy should be implemented immediately.

The inclement weather guidelines will be reviewed at the start of the season at coaches meetings and team meetings. Best practice is to go to the nearest sheltered area (athletic equipment building, school, gym, etc.) and account for all students. Be in touch by cell phone or radio with the Athletic Director or on site administrator. Individuals should use their best judgment when making their way to the sheltered areas. If there is another “safe” area to go to without exposing the student-athletes and coaches, individuals should go there, i.e. track shed, dug outs, concession stand, SAU office, etc.

Lightning is the most consistent and significant weather hazard that may affect outdoor athletics. Within the United States, the National Severe Storm Laboratory (NSSL) estimates that 100 fatalities and 400-500 injuries requiring medical treatment occur from lightning strikes every year. The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike. Additionally, thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment, and its distance from the observer.

The following guidelines are recommended:

- A. All athletic staff and game personnel are to monitor threatening weather. The chain of command will be followed on the decision to remove a team or individual from athletic sites or events (athletic/site/event director, game officials/umpires, sports medicine staff). Coaches are urged to err on the side of caution when dealing with inclement weather and the possibility of lightning by staying ahead of weather and being proactive by halting or canceling practice.
- B. The athletic director will inform coaches of potential thunderstorms that may form during scheduled athletic events or practices. On days of possible inclement weather the athletic director will consult the National Weather Service Forecast (NOAA) – for issued thunderstorms “watches” and “warnings” as well as signs of thunderstorms developing nearby. A “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.
- C. Coaches will know where the closest “safe structure or location” is to the field or playing area, and know how long it takes to get to that safe structure or location.

Safe structure or location is defined as:

- Any building normally occupied or frequently used by people, i.e., a building with plumbing and /or electrical wiring that acts to electrically ground the structure. Avoid using shower facilities for safe shelter and do not use the showers or plumbing facilities during a thunderstorm.
- In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled up windows can provide a measure of safety. A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle safe shelter, but the hard metal roof which dissipates the lightning strike around the vehicle.

DO NOT TOUCH THE SIDES OF THE VEHICLE!

WHEN YOU FIRST HEAR THUNDER OR SEE LIGHTNING, SUSPEND ACTIVITIES AND GO TO A SAFE SHELTER OR LOCATION. “IF YOU CAN SEE IT (LIGHTNING), FLEE IT (TAKE SHELTER). IF YOU CAN HEAR IT (THUNDER) CLEAR IT (SUSPEND ACTIVITIES).” WAIT UNTIL 30 MINUTES AFTER THE LAST OBSERVED LIGHTNING OR THUNDER BEFORE RESUMING ACTIVITIES.

- If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. 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, because lightning current often enters a victim through the ground rather than by a direct overhead strike. MINIMIZE YOUR BODY’S SURFACE AREA, AND MINIMIZE CONTACT WITH THE GROUND! DO NOT LIE FLAT! Stay away from the tallest trees or objects (such as light poles or flag poles), metal objects (such as bleachers or fences), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.

*(Excerpt from the NHIAA Policy and Procedures manuals)

When practices/games are being conducted outside, an alert of imminent weather will be given with an air horn. One long blast of the air horn will be sounded to warn everyone that there is imminent weather and they need to stop games and practices and seek shelter. The blasts will occur three times to clear the area and seek shelter. The sounding of three short bursts will indicate play/practice may resume. This will be done by the athletic director or in his/her absence, the athletic trainer or other designee will conduct the warning.

Emergency Announcements

Announcements are typed at the bottom of the announcer’s script and read after team introductions are made during regular season and tournament games on a daily basis:

Emergency Evacuation

In the event of an emergency, please note the closest exits to where you are seated. If there is an emergency, please leave the building/area immediately and report to the nearest parking lot.

Announcements may need to be made in emergency situations to alert the coaches, teams, spectators and officials. Whenever an emergency occurs, the Athletic Director or Administrator on duty should make the announcement.

Below are sample announcements:

Power Outage

Ladies and Gentlemen – Please remain seated for your safety. We are in the process of determining the duration of this power outage. Emergency lighting is on. As soon as I have more information I will update you. Once power has been restored the game will resume. (The flashlight app on cell phones may be used to illuminate the areas indoor and outdoor.)

Power Outage Evacuation

Ladies and Gentlemen – We have been informed that the power is not expected to be back on soon. For your safety we must evacuate the GYM/AREA until the lighting returns to normal. Please go to the exit closest to your seat and report to the nearest parking lot. The game may resume once power is restored.

Threat Announcement

Ladies and Gentlemen – An emergency has arisen that requires us to evacuate the GYM/FIELD/STADIUM. Please report to the exit nearest your seat and report to your vehicles at this time. Please be aware of emergency vehicles in the parking lot and remain clear of them. The game may resume once it is determined there is no danger.

Fire Alarm Announcement

Ladies and Gentlemen – The alarm you are hearing is a fire alarm. There is no immediate danger however, we must evacuate the building until the location and source is identified. For your safety, please go to the exit nearest your seat and report to the parking lot and remain away from the building. Please be aware of emergency vehicles in the parking lot and remain clear of them. The game may resume once it is determined there is no danger.

Just as drills are practiced at school during the day, they should be practiced for athletic after school activities as well, in case of emergency, fire, evacuation. Below is a procedure to use to evacuate the gymnasium. Coaches must be prepared for all situations and areas of the gym during practice.

Evacuation Procedures For The Gym During Practices

1. Coaches and athletes shall take notice of the fire drill exits in their area.
2. Coach shall go over the primary and secondary exits with your teams.
3. Exit the building by following the appropriate route. DO NOT lock the doors of the area you are practicing in.
4. If there is more than one coach on the staff and you are in different locations in the gym, make sure the players you are responsible for have been accounted for and contact the other coach to verify their presence.
5. Take attendance once you have exited the building to ensure all players are accounted for.
6. Please have your cell phone available to call the AD with your status since people may be in different locations around the building once you have evacuated.
7. The cell number to call is 603-361- 6361. Let the AD know if you are missing anyone.
8. When everyone is accounted for and the building is clear, you will be allowed to re-enter.
9. On days when the AD is present, he/she will make sure the building is clear of all students. In his/her absence, head coaches and the custodian will be responsible for this task.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's health may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest the athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan will be reviewed annually with all athletic personnel, along with bi-annual CPR, AED, and first aid refresher training. Through development and implementation of the emergency plan, the athletic department helps ensure that student athletes will have the best care provided when an emergency situation does arise.

MEDICAL EMERGENCY ACTION PLAN**IN THE EVENT OF AN EMERGENCY****ATHLETIC TRAINER ON SIGHT**

Emergency Situation

Contact Athletic Trainer using:

Cell Phone / School Radio / Student Runner

Trainer will determine extent of emergency and if necessary alert EMS.

Athletic Trainer Calls 911 or directs someone to call 911 by:

Cell Phone / Training Room Phone / School Phone

Individuals calling 911 must stay on the phone and:

1. Stay calm.
2. Give your name, address, location and telephone number.
3. State the nature of emergency, whether medical or non-medical * : (Example: *We have an injured student athlete who needs medical treatment.*)
4. Tell the dispatcher the number of athletes who need medical attention and their condition. (Example: Use the **AVPU Information Protocol**)
5. Inform the 911 dispatcher of what type of treatment has been provided.
6. Give address and location. **Example – Winnisquam Regional High School Soccer field. Tell them the closest entrance – ENTRANCE A, B, C or NAME OF STREET entrance**
7. **Listen.** Allow the 911 employee to direct the conversation.
8. Be prepared to answer questions in a clear, calm manner. Tell 911 someone will meet the ambulance and direct them once they are on the property.
9. Remain on the telephone. **DO NOT** hang up until the dispatcher says to do so

ATHLETIC TRAINER NOT ON SIGHT

Emergency Situation

Individual alerts 911 using :

Cell Phone

Individuals calling 911 must stay on the phone and:

1. Stay calm.
2. Give your name, address, location and telephone number.
3. State the nature of emergency, whether medical or non-medical * : (Example: *We have an injured student athlete who needs medical treatment.*)
4. Tell the dispatcher the number of athletes who need medical attention and their condition. (Example: Use the **AVPU Information Protocol**)
5. Inform the 911 dispatcher of what type of treatment has been provided.
6. Give address and location. **Example – Winnisquam Regional High School Soccer field. Tell them the closest entrance – ENTRANCE A, B, C or NAME OF STREET entrance**
7. **Listen.** Allow the 911 employee to direct the conversation.
8. Be prepared to answer questions in a clear, calm manner. Tell 911 someone will meet the ambulance and direct them once they are on the property.
9. Remain on the telephone. **DO NOT** hang up until the dispatcher says to do so

Appendix A - Venue Directions / Campus Map

Winnisquam Regional High School Field Hockey Field: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right after the High School located at the student parking lot. The student parking lot will be located on your right and the baseball field on your left. HS Field Hockey Field is located on the HS Baseball outfield.

Winnisquam Regional High School Football Field: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right after the High School located at the student parking lot. Student parking lot should be on your right and the baseball field on your left. Following this road up the hill, on the left you will see a gray concessions building and bleachers. The field will be directly in front of both, in a fenced track area.

Winnisquam Regional High School Soccer Field: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right after the High School located at the student parking lot. Student parking lot should be on your right and the baseball field on your left. Following this road up the hill, on the left you will see a gray concessions building and bleachers. The field will be directly in front of both, in a fenced track area.

Winnisquam Regional High School Track: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right after the High School located at the student parking lot. Student parking lot should be on your right and the baseball field on your left. Following this road up the hill, on the left you will see a gray concessions building and bleachers. The field will be directly in front of both, in a fenced track area.

Winnisquam Regional High School Softball Field: 76 Winter Street, Tilton, NH 03276. When you pull into the Middle School entrance, the MS Softball field will be to your immediate left. Proceed straight passing the Middle School on your left. Access to HS Softball Field by continuing straight through the bar gap onto the dirt road and up the hill. Follow the dirt road past the MS Baseball field. HS Softball field is at the top of the dirt road which ends in a dead end.

Winnisquam Regional High School Baseball Field: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right after the High School located at the student parking lot. The student parking lot will be located on your right and the baseball field on your left. Baseball field will be the one you see from the road, to your direct left, once you turn into the entrance.

Winnisquam Regional High School Gymnasium: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right entering the east most driveway at the High School. Proceed 150 ft keeping the High School on your left. Main entrance to the gymnasium is on the left.

Winnisquam Regional Middle School Soccer Field: 76 Winter Street, Tilton, NH 03276. Heading west on winter street, take a left onto Deer Street and a right onto the campus access road directly across from the northern entrance /exit of Birch Drive. The MS Soccer field will be to your immediate right, before the middle school. Access to the MS Soccer field will be behind the Middle School at the end of the chain link fence.

Winnisquam Regional High School Track: 435 West Main Street, Tilton, NH 03276. From West Main Street heading West, take the first right after the High School located at the student parking lot. Student parking lot should be on your right and the baseball field on your left. Following this road up the hill, on the left you will see a gray concessions building and bleachers. The field will be directly in front of both, in a fenced track area.

Winnisquam Regional Middle School Softball Field: 76 Winter Street, Tilton, NH 03276. Heading west on winter street, take a left into the Middle School entrance. Access to the MS Softball field will be directly to your left as you enter the Middle School on your left.

Winnisquam Regional Middle School Baseball Field: 76 Winter Street, Tilton, NH 03276. When you pull into the Middle School entrance, the MS Softball field will be to your immediate left, before the school. Access to the MS Baseball field will be behind the Middle School through the bar gap at the track field located at the rear of the gymnasium. Field is located at half way up the dirt road on your left.

Winnisquam Regional Middle School Gymnasium: 76 Winter Street, Tilton, NH 03276. When you pull into the Middle School entrance the front doors of the building will be to your left.

Merrill Fay Arena - Ice Hockey: 468 Province Road, Laconia, NH 03246. Exit 20 Tilton NH. Left at the end of the ramp onto US-3/Laconia Rd/E Main St, NH-11/NH-132/Daniel Webster Hwy. Take the RT-106 ramp toward RT-107 / Laconia / Belmont. Turn left onto NH-106/Belmont Rd. Turn right (towards Rt-107). Turn right onto S Main Street/NH-107. Follow NH-107/Province Rd. Rink will be on your left.

CAMPUS EMERGENCY ACTION MAP

Winnisquam Regional High School- 435 West Main St, Tilton, NH 03276

Winnisquam Regional Middle School- 76 Winter St, Tilton, NH 03276

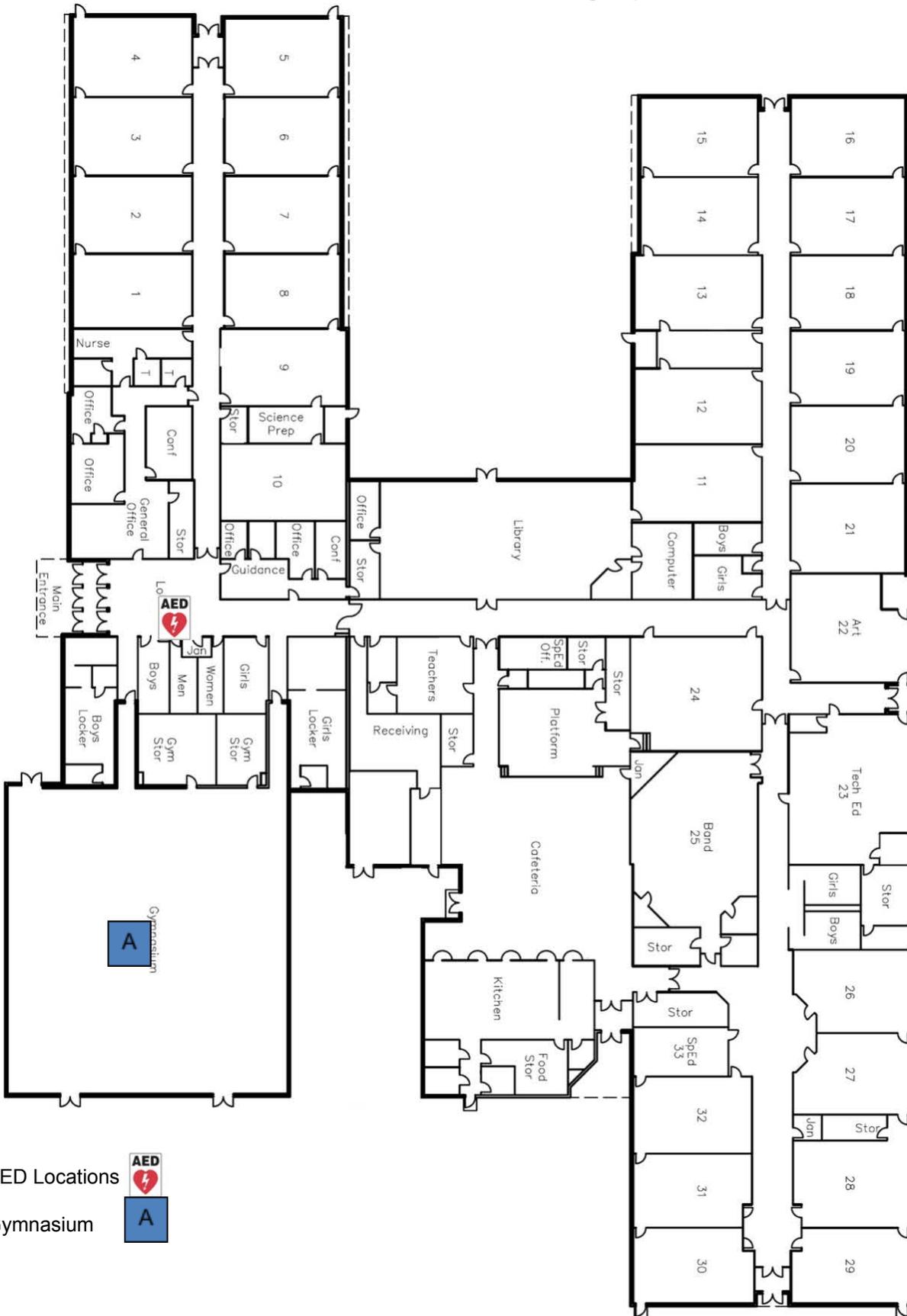
Winnisquam Middle & High School Campus Map



- | | |
|--|--|
| <ul style="list-style-type: none"> A. Entrance to the Middle School from Winter Street B. Entrance to the Middle School and High School from Deer Street C. West entrance to High School from West Main Street D. East entrance to High School from West Main Street E. Access to MS & HS Football, HS Soccer Field and HS & MS Track and Field Oval F. Access to HS Baseball and HS Field Hockey field - lower level G. Access to MS Baseball field and MS Softball field, and MS Field Hockey field - upper level | <ul style="list-style-type: none"> 1. MS Softball field 2. MS Soccer field 3. HS Softball field 4. MS Field Hockey Field 5. MS Baseball Field 6. MS & HS Football, HS Soccer and HS/MS Track & Field 7. HS Baseball field 8. HS Field Hockey field 9. Football Practice field / Track Discus Area 10. Tennis Court |
|--|--|

Appendix B - Middle School Building Map / AED Location

Winnisquam Regional Middle School
76 Winter St, Tilton, NH 03276
Middle School Building Map

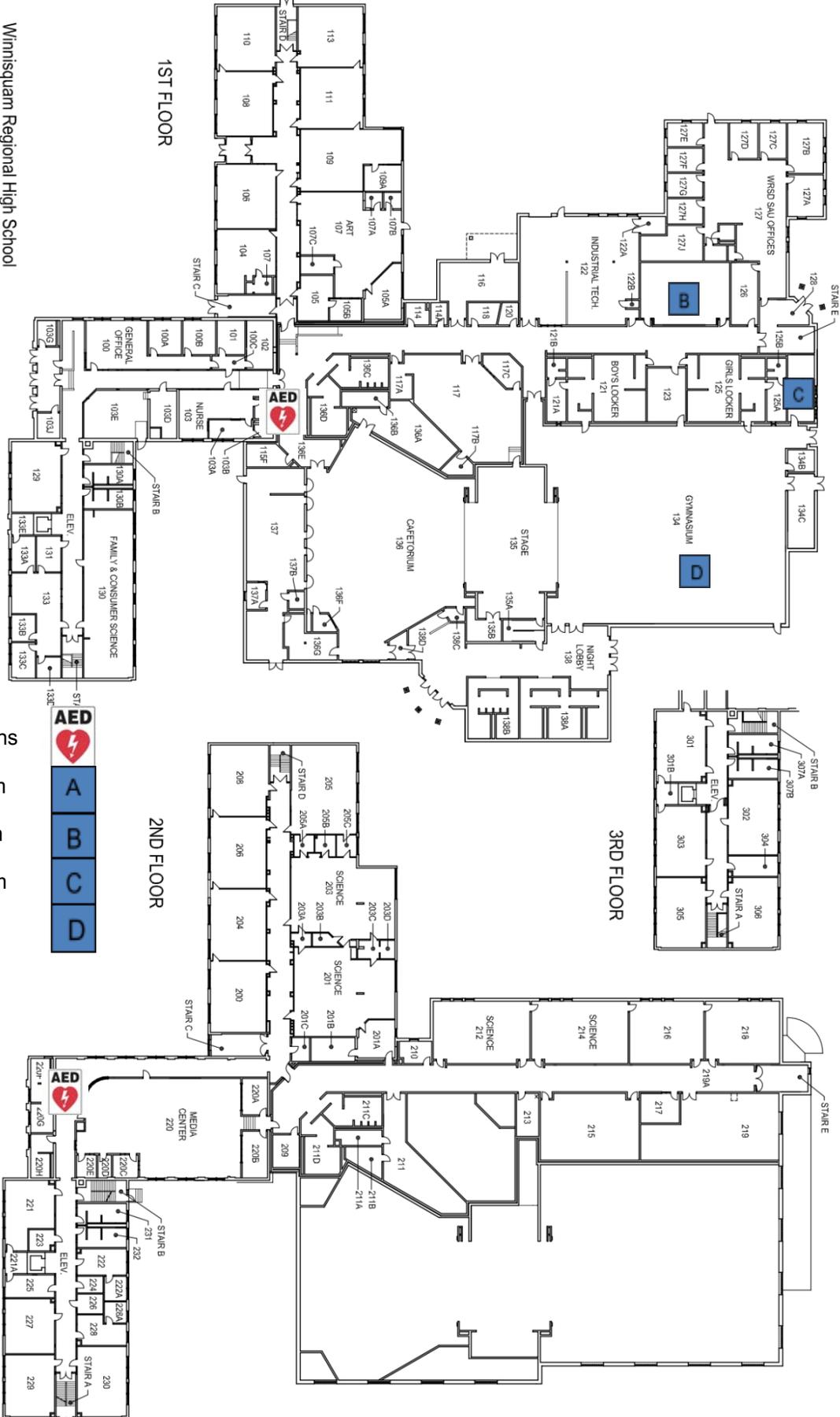


AED Locations 
Gymnasium 

Appendix C - High School Building Map / AED Location

Winnisquam Regional High School
435 West main St, Tilton, NH 03276
High School Building Map

Winnisquam Regional High School
 Frank P. Marnace / Architect, P.A. 2016



- AED Locations
- Weight Room
- Cardio Room
- Trainer Room
- Gymnasium

AED 

A **B** **C** **D**

Appendix D - Response Protocol Worksheet



RESPONSE PROTOCOL - Athletics & Activities

COACH				
SPORT				
LEVEL				
SEASON				
EMERGENCY CONTACTS				
1st Call	911	911	911	911
2nd Call		C:	W:	H:
3rd Call		C:	W:	H:
4th Call		C:	W:	H:
5th Call		C:	W:	H:
Nearest Phone	Practice:		Game:	
Nearest AED	Practice:		Game:	
EMS Access Point	Practice:		Game:	
EMS Cross Street	Practice:		Game:	

In the event of a cardiac emergency, the trained coach/advisor will be the lead responder and will activate the student response teams as follows:

Lead Responder and CPR/AED Team

If someone collapses, is not breathing normally, and is unresponsive to shaking, initiate response protocol:

1. Instruct Emergency Call Team to call 911 and staff numbers listed and to go to EMS Access Point.
2. Instruct AED Retrieval Team to get the AED from nearest location and find the Athletic Trainer.
3. Position the person on his/her back.
4. Put one hand on top of the other in the middle of the victim's chest. Keeping your arms straight, push hard and fast, at about 100 presses a minute. Let the chest completely recoil after each compression.
5. Take turns doing CPR with fellow responders. Keep CPR interruptions to a minimum.
6. Once the AED arrives, turn it on, and follow the voice prompts.
 - a. Remove clothing from chest.
 - b. Attach electrode pads as directed by the voice prompts.
 - c. Stand clear while the AED analyzes the heart rhythm.
 - d. Keep the area clear if the AED advises a shock.
 - e. Follow the device prompts for further action.
 - f. After EMS takes charge of the victim, deliver AED to Athletic Director for data download.

911 Team

Student 1. Call 911: Provide the dispatcher with a quick description of the medical emergency.
Provide the dispatcher with the EMS Access Point and Cross Street /Intersection as listed above.

Student 2. Go to the EMS Access Point to meet the ambulance.

Student 3. Call Emergency Contacts (2nd-5th) as listed above.
Provide a quick description of the medical emergency and provide the victim's name and location.

AED Retrieval Team

Student 1. Retrieve the AED and give it to the Coach/Lead Responder.

Student 2. Locate the Athletic Trainer and escort to the medical emergency.

Emergency Action Plan Worksheet – Student Response Team

Coach/Advisor Name:	Level:
Activity:	

1 911 TEAM

CALL 911	
PRACTICE	EVENTS
CALL 911. Explain emergency. Provide location.	
Closest Phone	
EMS Access Point	
Street Intersection	
Student 1	
Student 2	

MEET AMBULANCE at EMS Access Point. Take to victim.

PRACTICE	EVENTS
Entry Door/Gate	
Student 1	
Student 2	

CALL CONTACTS. Provide location and victim's name.	
NAME	CELL
Athletic Trainer	
Athletic AD	
Student 1	
Student 2	

2 CPR/AED TEAM

START CPR	
Coach	
Student 1	
Student 2	
Student 3	

WHEN AED ARRIVES, TURN IT ON AND FOLLOW VOICE PROMPTS

1. Remove clothing from chest.
2. Attach electrode pads as directed by voice prompts.
3. Stand clear while AED analyzes heart rhythm.
4. Keep area clear if AED advises a shock.
5. Follow device prompts for further action.
6. After EMS takes over, give AED to Athletic Administrator for data download.

3 AED TEAM

GET THE AED	
PRACTICE	EVENTS
Closest AED	
Student 1	
Student 2	

GET THE ATHLETIC TRAINER	
Typical location	
Student 1	
Student 2	

CALL 911 for all medical emergencies. If unresponsive and not breathing normally, begin CPR and get the AED.

4 HEAT STROKE TEAM

PREPARE TUB DAILY	
PRACTICE	EVENTS
Tub Location	
Water Source Location	
Ice Source Location	
Ice Towel Location	
Student 1	
Student 2	

1. Remove equipment/excess clothing. Move to shade.
2. Immerse athlete into cold ice water tub, stir water. *If no tub: cold shower or rotating cold, wet towels over the entire body
3. Monitor vital signs.
4. Cool First, Transport Second.
 - a. Cool until rectal temperature reaches 102°F if ATC or MD is available.
 - b. If no medical staff, cool until EMS arrives.

Heat Exhaustion or Heat Stroke— A Guide

Heat-related illnesses can be life-threatening. The U.S. Centers for Disease Control and Prevention describes the following differences between heat exhaustion and heat stroke and how to respond to each.

HEAT EXHAUSTION

Faint or dizzy

Excessive sweating

Cool, pale or clammy skin

Nausea or vomiting

Rapid, weak pulse

Muscle cramps

HEAT STROKE

Throbbing headache

Dizziness, confusion

No sweating

Red, hot, dry skin

Body temperature above 103°F

Nausea or vomiting

Rapid, strong pulse

May lose consciousness



- ▼ Get to a cooler, air-conditioned place
- ▼ Loosen clothes
- ▼ Sip water if fully conscious
- ▼ Take a cool shower or use cold compresses

! **CALL 9-1-1**

- ▼ Take immediate action to cool the person until help arrives



SOURCES: National Weather Service; Centers for Disease Control and Prevention

Appendix G- Heat Stroke Prevention and Survival Steps



5 Pillars of Exertional Heat Stroke Prevention

- **Hydration**
 - Maintaining appropriate levels of hydration prior to, during, and post exercise will assist in attenuating large increases in core body temperature during intense exercise in the heat.
 - To decrease the risk of exertional heat stroke, athletes are encouraged to minimize fluid losses during exercise. Fluid needs are individualistic depending on an athlete's sweat rate and a specific rehydration plan should be in place for every athlete
- **Body Cooling**
 - Body cooling can be an effective means of attenuating the rise in core temperature and can be done pre-exercise, during exercise, and post-exercise.
 - There are a number of cooling modalities that can be effective in assisting to keep the body cool during exercise in the heat and are applicable to most sports settings (equipment laden sports, sports with minimal or no rest time during activity, etc.).
 - For the equipment-laden athlete/laborer/soldier that may be at great risk of exertional heat stroke when exercising in the heat, a specific plan for utilizing cooling during rest breaks is imperative.
- **Work to Rest Ratios**
 - Having appropriate work-to-rest ratios (the amount of time spent involved in exercise versus the amount of time spent in recovery) should be modified as environmental conditions become extreme.
 - Environmental extremes should be measured using wet bulb globe temperature (WBGT). WBGT takes into account ambient temperature, relative humidity and the radiation from the sun to give an accurate measure of the heat stress that the athlete will be experiencing during exercise in the heat.
 - Modifications of work-to-rest ratios in extreme environmental conditions include increasing the number of rest breaks, the duration of rest breaks, and having unlimited access to hydration.
- **Acclimatization**
 - Having athletes go through a heat acclimatization protocol at the start of exercise in the heat is one of the best ways to help in preventing exertional heat stroke.
 - Heat Acclimatization is a series of physiological adaptations the body uses to tolerate exercise in the heat and occurs over a period of 10-14 days.
 - To have the full effects of the adaptations that heat acclimatization allows, it is imperative that athletes maintain an appropriate level of hydration.
- **Education**
 - Athletes, coaches, parents, athletic trainers, and other medical professionals should all be educated on the proper preventative strategies to prevent exertional heat stroke. Proper education will minimize the risk and incidence of exertional heat stroke.
 - Having proper education and knowledge of the signs and symptoms are also imperative to ensure appropriate treatment in the event of an athlete suffering from exertional heat stroke.
 - If medical care is present and exertional heat stroke is suspected - cool first, and then transport second to ensure appropriate treatment.
 - If no medical care is available and exertional heat stroke is suspected, immediately active EMS

(911) and begin cooling the athlete. For cooling, immerse the athlete in whole body cold-water immersion, which is the gold standard for cooling the exercising athlete.

3 Pillars of Exertional Heat Stroke Survival

- **Recognition**

- Early warning signs of exertional heat stroke include headaches, dizziness and nausea. If these signs are detected early and the individual is allowed to bring their body temperature down, future problems may be avoided.
- Any athlete demonstrating signs of CNS dysfunction (loss of consciousness, confusion, mood changes etc.) during exercise in the heat should be considered to be suffering from exertional heat stroke.
- A body temperature greater than 104 °F indicates the individual is suffering an exertional heat stroke and needs to be treated rapidly.
- A rectal temperature is the only viable field option to assess body temperature in an exercising individual. Aural, oral, tympanic, axillary and forehead measurements have all been shown to not be effective for measuring body temperature in exercising individuals.

- **Treatment**

- Cold-water immersion should be used to cool any exertional heat stroke patient due to its superior cooling ability.
- To ensure survival, cooling tubs should be setup prior to any event involving exercise in the heat. This works best if tubs are filled with water and with ice available nearby. Tubs should be large enough to accommodate the full-immersion of a large individual.
- An individual with exertional heat stroke should be cooled to 102°F within 30 minutes. For many individuals they will start at 106-110°F and cool 1°F every 3 minutes, if cold-water immersion is utilized. Cooling can take up to 20 minutes, making rapid treatment decisions critical.
- If cooling is available on-site the individual with exertional heat stroke should be cooled prior to transportation to a hospital.

- **Return-to-play**

- An athlete who survives exertional heat stroke should be fully evaluated by a physician prior to return-to-play.
- Prior to return-to-play the individual who suffered an exertional heat stroke should demonstrate the ability to tolerate exercise in the heat.
- Athletes who have sustained an exertional heat stroke likely had a predisposing factor at the time of their injury. Predisposing factors should be identified and remediated before returning an athlete to activity.
- Return-to-play should be gradual and medically monitored throughout. When medically cleared, exercise should begin at a low intensity in a temperate environment. The athlete then can progress intensity in a temperate environment if no complications persist. The athlete should then perform the same progression of intensity in a hot environment before they are allowed to return-to-play.



Appendix H - SAU 59 Injury/Incident Report

WINNISQUAM REGIONAL SCHOOL DISTRICT
Student Injury Report

Name: _____ DOB: _____ Gender: _____ School #: _____ Grade: _____
Last First MI
 Date of Injury: _____ Time of Injury: _____
 Street Address _____ Date Reported: _____
 City _____ State _____ Zip _____
 Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

- Injury Type**
- Abrasion
 - Amputation
 - Bite
 - Bruise/Contusion
 - ? Sprain/Strain
 - Crush Wound
 - Laceration/Cut
 - Puncture Wound
 - To Be Determined
 - ? Dislocation
 - ? Fracture

- Treatment**
- Ace
 - Dressing
 - Elevation
 - Cold Compress/Ice
 - Pressure
 - Rest
 - Splint
 - Wound Care

Part of Body Injured

- Head:**
- Skull
 - Eye R / L
 - Nose
 - Teeth
 - Jaw
 - Neck
- Scalp:**
- Scalp
 - Ear R / L
 - Mouth / Lips
 - Gums
- Trunk:**
- Back
 - Chest / Ribs
 - Abdomen
 - Groin
 - Buttocks
 - Genitals / Rectum

- Arms:**
- Shoulder R / L
 - Upper Arm R / L
 - Elbow R / L
 - Forearm R / L
 - Wrist R / L
 - Hand R / L
 - Finger R / L
- Legs:**
- Pelvis / Hip
 - Leg R / L
 - Knee R / L
 - Ankle R / L
 - Foot R / L
 - Toe R / L

Action Taken (Mark all that apply)

	Date:	Time:	Initials:
<input type="checkbox"/> Parent/Guardian Notified	_____	_____	_____
<input type="checkbox"/> Unable to contact Parent/Grd.	_____	_____	_____
<input type="checkbox"/> Administration Notified	_____	_____	_____
<input type="checkbox"/> Police Notified	_____	_____	_____
<input type="checkbox"/> First Aid Administered	_____	_____	_____
<input type="checkbox"/> Checked by School Nurse	_____	_____	_____
<input type="checkbox"/> Checked by Paramedics/EMS	_____	_____	_____
<input type="checkbox"/> Remained In/Returned to Class	_____	_____	_____
<input type="checkbox"/> Sent/Taken Home	_____	_____	_____
<input type="checkbox"/> Taken to Physician	_____	_____	_____
<input type="checkbox"/> Taken to Emergency Facility	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Narrative:

X _____ Date: _____
Signature of Person Completing Report
 Name: _____ Title: _____
 Phone: (603) _____ FAX: (603) _____

Appendix I - SAU 59 Emergency Action Plans Poster

Drop, Cover and Hold

Activated to protect students and staff from falling objects or items that may become “projectiles”.

- Face away from windows
- Drop to the floor
- Cover by getting under a sturdy table, desk or other piece of furniture. If there is not suitable furniture available, cover head with arms, and face an interior wall.
- Hold on to furniture until directed to stop or when it is safe to do so.
- Staff may have to evacuate or implement another Response Actions as the situation dictates.

Secure Campus

Activated when it is necessary to protect staff and students from a threat from outside the school building.
When *indoors*, students and staff should:

When *outdoors*, staff and students should:

- Staff should close all windows and curtains (particularly ground - level)
- Check that all exterior doors are closed and locked
- If necessary assigned staff to monitor all exits
- Continue normal academic functions unless informed to take another action
- Depending on the situation all entry and dismissals should only be allowed through one point of entry which is monitored

When *outdoors*, staff and students should:

- Activate Reverse Evacuation (See Reverse Evacuation procedure)
- Cancel all outdoor activities
- Portable or temporary classrooms should be Reverse Evacuated into the primary school building, if they cannot be properly secured and/or communications cannot be maintained with the primary building.

Shelter-In-Place

Activated when it is necessary to protect staff and students from airborne hazardous materials, toxic smoke or nuclear material.

- Staff should close all windows
- Check that all exterior doors are closed and locked
- Shut off heating/air-conditioning fans and equipment
- Close all vents that can potentially carry outside air into a building Vents that cannot be secured may be covered by utilizing duct-tape and plastic
- Escort all students to secure room(s)
- Depending on situation, all entry and dismissals should only be allowed through one point of entry which is monitored
- Await further information
- Prepare for evacuation or other Response Action

Lockdown

Activated when it is necessary to protect staff and students from a violent intruder or any other situation that would entail securing staff and students in their classrooms or other areas that are able to be locked.

- Report to nearest room or securable area
- Staff should move students so they cannot be seen
- Close and lock doors and windows
- Barricade doors and windows if necessary
- Cover door window if necessary
- Shut off lights
- Remain quiet
- Evacuate to an outside rally point if a securable area cannot be safely reached
- If Fire Alarm sounds do NOT evacuate, but stay aware of situation
- Wait for further instructions
- Be prepared to institute other Response Actions, as necessary
- When outdoors staff and students should not re-enter the school building, go immediately to an outside Rally Point.

Evacuation

Activated when it is necessary for staff and students to exit the school building. When the school Fire Alarm system activates students and staff should:

- Exit school by nearest & safest exit
- Gather at designated meeting area
- Staff will take attendance
- Staff will observe students for signs of heat/cold exposure
- Await further instructions

In some cases it may be necessary to evacuate a school one room at a time for an internal hazardous material spill

Staff and students should:

- Staff should notify office of situation
- Evacuate the immediate area of danger
- Evacuate adjacent rooms away from danger area
- If Fire or Police are on site, follow their instructions
- Gather at designated meeting area, if safe Use secondary meeting area if primary is not safe
- Staff will take attendance
- Staff will observe students for signs of heat, cold exposure or signs that they were exposed to the hazardous material; report any issues to the Command Post
- Await further instructions

Reverse Evacuation

Activated when it is necessary for staff and students to enter the school quickly in order to avoid a dangerous or potentially dangerous situation outside the school. If directed by school administration Reverse Evacuation immediately:

- First person aware of a situation directs students and staff to enter the building
- Walk quickly into nearest entrance
- Notify principal/office as soon as possible
- Check for injuries
- Staff will take attendance
- Remain quiet for further instructions

Appendix J - AEP - After Action Plan Review

Date and Time:	
Location:	Venue:
Type of incident or reason for review:	
Description of incident/review:	
Persons involved:	
Incident - Positive actions of the emergency response:	
Incident - Improvements to be made due to response:	
Review – Improvements to be made:	
Persons attending the review session:	
Recommended follow-up:	
Plan update-	
Training/communication needed-	

Appendix K - Spectator Conduct at Athletic Events

Spectators are permitted to attend school athletic activities only as guests of the school district, and, accordingly as a condition of such permission, they must comply with the school district's rules and policies. Spectators will not be allowed to interfere with the enjoyment of the students participating, other spectators, or with the performance of employees and officials supervising the school athletic activity. Spectators, like the student participants, are expected to display mature behavior and sportsmanship. The failure of spectators to do so is not only disruptive but embarrassing to the students, the school district, and the entire community.

To protect the rights of students to participate without fear of interference, and to permit the sponsors and officials of school athletic activities to perform their duties without interference, the following provisions are in effect:

1. Abusive, verbal or physical conduct of spectators, of any type, directed at participants, officials, or sponsors of school athletic activities will not be tolerated.
2. Verbal or physical conduct of spectators that interferes with the performance of students, officials, or sponsors of school athletic activities will not be tolerated.
3. The use of vulgar, or obscene or demeaning expression language directed at students, officials, or sponsors participating in school athletic activities, or at other spectators, will not be tolerated.

If a spectator at a school athletic activity becomes physically or verbally abusive, uses vulgar, obscene demeaning expression, or in any way impedes the performance of an activity, the spectator may be removed immediately from the event by the individual in charge of the event and the Winnisquam Regional School District Superintendent may recommend the exclusion of the spectator at future activities.

Upon recommendation of the school principal or their designee the Superintendent may serve a notice of exclusion, in writing or verbally, from school athletic activities to the spectator involved. The notice shall advise the spectator of the school district's right to exclude the individual from school district activities and events and the duration of the exclusion. If the spectator disobeys the school official or district's order, law enforcement authorities may be contacted and asked to remove the spectator.

Spectator Expectations

1. Singling out opposing players or coaches will not be permitted
2. Noise makers are not permitted
3. No kicking or stomping of bleachers
4. No spectators on the court, field, locker rooms, or team benches
5. Be courteous of the spectators around you
6. No throwing of objects, paper, etc.
7. Keep cheering positive. There should be no profanity or degrading language/gestures.
8. Show appreciation of good play by both teams.
9. Accept the judgment of coaches and officials.
10. Encourage other spectators to participate in the spirit of good sportsmanship.
11. Students in grades K-8 must be supervised by an adult at a high school athletic contest.

Cheer for your team, not against the visitors. Don't get personal in your comments about players, coaches, or officials. No profanity, vulgarity, racist or sexist comments. Give players, coaches, and officials their space by keeping away from the playing area and team benches.

BE LOUD, BE PROUD, BE POSITIVE!

