

EMERGENCY ACTION PLAN: Yorktown High School

MAIN CAMPUS ADDRESS:

*5200 Yorktown Boulevard
Arlington VA 22207*

It is the responsibility of each faculty member/coach to know what to do in case of an accident or injury. If a student is injured while participating in an activity that you are supervising, or if you observe an accident during an unsupervised activity, you will need to do the following:

GENERAL EMERGENCY PROCEDURE:

- Determine if it is safe to move the student. If there is any doubt about the severity of the injury, **do not move the student.**
- Athletic trainer will have emergency equipment with them if covering the event (AED, splint bag, kit, crutches). AED is also available in the main office.
- If the athletic trainer is not present, contact Mike Krulfeld at 703-608-0171. If the athletic trainer is not available, immediately send someone, preferably an adult to call 911 and provide the necessary information to EMS personnel:
 - Name, address and telephone # of person calling
 - Number of victims, condition of victims
 - First aid being initiated
 - Specific direction as needed to locate scene
 - Other information as requested by dispatcher
- Have someone meet the ambulance at the gate
- Have a coach, athletic trainer or administrator notify parents
- Always stay with student until qualified medical help arrives
- If student is transported to the hospital, either the athletic trainer, coach or administrator will accompany the student in the ambulance (if parent is not present)

OFF-CAMPUS EVENT:

If you are off-campus, or at an “away” contest, seek the help and advice of the host school. If qualified help is not available call LaNay Burke at 757-329-6954 or Mike Krulfeld 703-608-0171.

MINOR INJURIES:

For minor injuries, first aid equipment is available to each coach from the athletic trainer. If an athlete is injured, please have another player or coach accompany them to the athletic training facility. Never permit an injured student to seek help alone.

EMERGENCY REFERENCE NUMBERS

Address

MAIN CAMPUS ADDRESS:

5200 Yorktown Boulevard
Arlington, VA 22207

Telephone #'s

Michael Krulfield 703-608-0171
LaNay Coleman 757-329-6954

Doctor's #'s

Nirschi Orthopaedic Center
Team Physician-Derek Ochiai
Orthopedic appts. 703-525-8183
1715 N. George Mason Dr. #504
Arlington, Virginia 22205

Yorktown Athletic Training Football Stadium Emergency Protocol

1. Call 911 or other emergency number consistent with organizational policies per emergency plan.
2. Instruct Emergency Medical Services (EMS) personnel to: “Report to _____ and meet _____ at _____ as we have an injured student-athlete in need of emergency medical treatment.”

Yorktown Football Games and Track/Field practice/Meet site: 2701 N Greenbrier St both practices, meets, and football games occur at Stadium. Directions: Turn onto 28th St. off of Harrison St. Make a left onto N Greenbrier St. where a coach will be standing by the gate to allow access.

3. Provide necessary information to EMS personnel:
 - a. Name, address, telephone number of caller
 - b. Number of victims; condition of victim(s)
 - c. First-aid treatment initiated
 - d. Specific directions as needed to locate scene
 - e. Other information as requested by dispatcher
4. Provide appropriate emergency care until arrival of EMS personnel
5. Upon arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history, parent permission form, HIPPA form) and assist with emergency care as needed.

NOTE:

- a. Unless the parent is present, someone from the staff should accompany the student athlete to the hospital.
- b. If the athletic trainer is not present, notify him/her immediately
- c. Parents should be contacted as soon as possible
- d. Obtain medical history and insurance information
- e. Appropriate injury reports should be completed

EMERGENCY Phone Numbers:

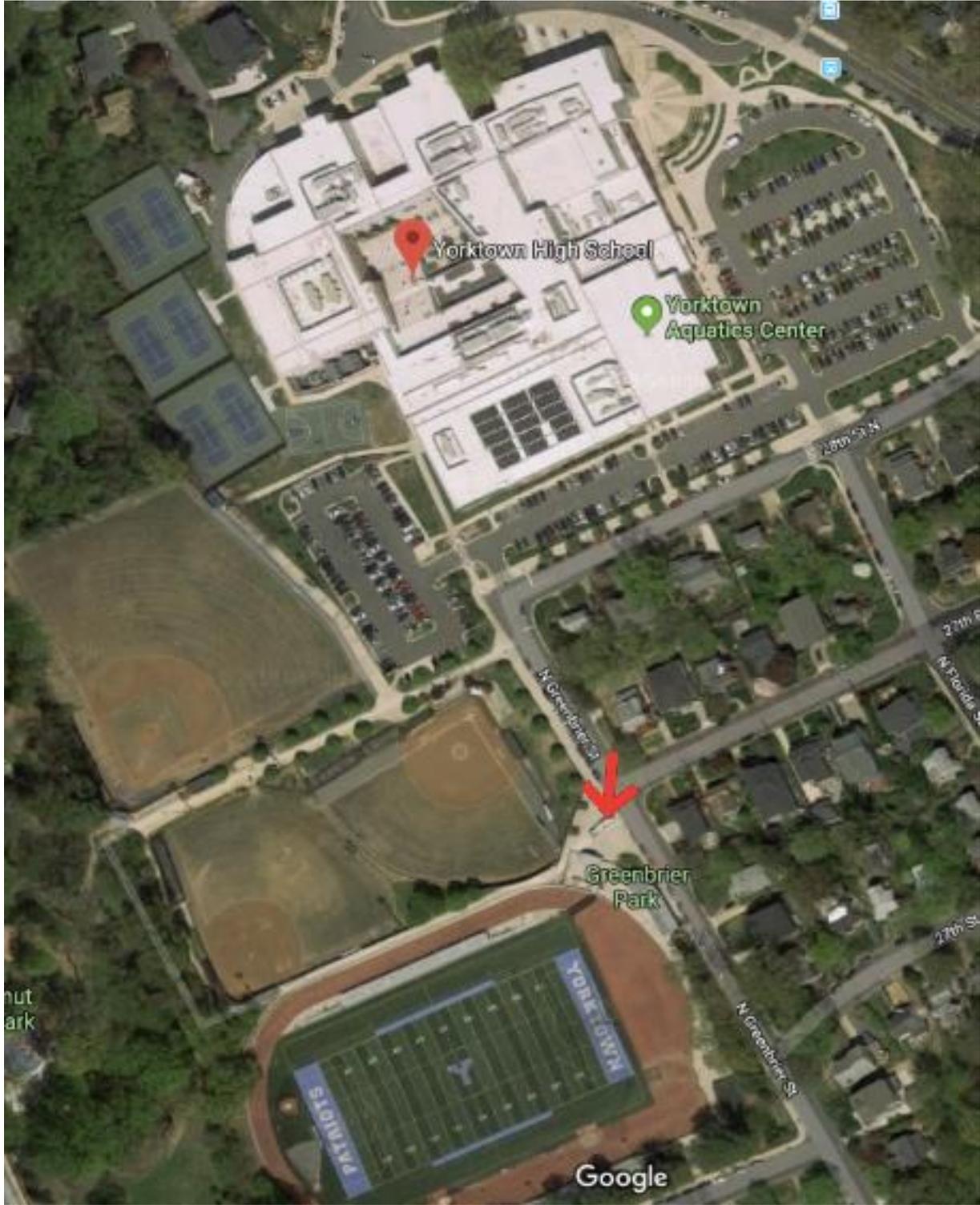
Arlington Police/Dispatcher: 911

Athletic Trainer:

LaNay: 757-329-6954

Emergency Signals:

EMS: Direct a Coach or AD to call 911; one hand rotating in a circular motion over my head. In any other emergency situation, directions will be given by the Athletic Trainer to grab the AED, get the splints, call the physician, etc.



Yorktown Athletic Training Baseball/Softball Field Emergency Protocol

1. Call 911.
2. Instruct Emergency Medical Services (EMS) personnel to: “Report to _____ and meet _____ at _____ as we have an injured student-athlete in need of emergency medical treatment.”

Yorktown Baseball field: 2701 N Greenbrier St. The baseball and football team practices and plays behind the school. Directions: Turn onto 28th St. from Harrison St. Make a right into the parking lot where a coach will be standing by the gate to allow access.

3. Provide necessary information to EMS personnel:
 - a. Name, address, telephone number of caller
 - b. Number of victims; condition of victim(s)
 - c. First-aid treatment initiated
 - d. Specific directions as needed to locate scene
 - e. Other information as requested by dispatcher
4. Provide appropriate emergency care until arrival of EMS personnel
5. Upon arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history, parent permission form, HIPPA form) and assist with emergency care as needed.

NOTE:

- a. Unless the parent is present, someone from the staff should accompany the student athlete to the hospital.
- b. If the athletic trainer is not present, notify him/her immediately
- c. Parents should be contacted as soon as possible
- d. Obtain medical history and insurance information
- e. Appropriate injury reports should be completed

EMERGENCY Phone Numbers:

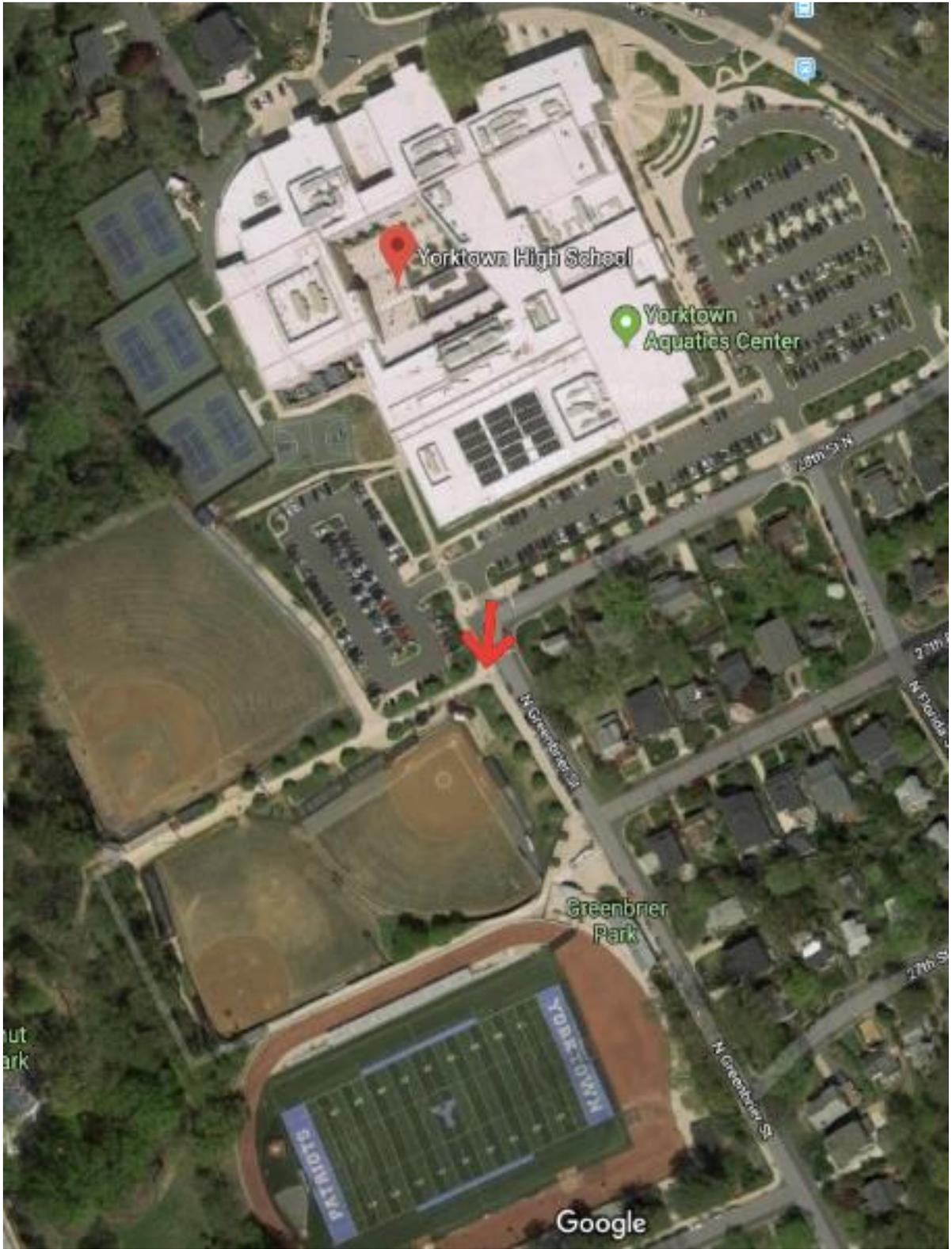
Arlington Police/Dispatcher: 911

Athletic Trainer:

LaNay: 757-329-6954

Emergency Signals:

EMS: Direct a Coach or AD to call 911; one hand rotating in a circular motion over my head. In any other emergency situation, directions will be given by the Athletic Trainer to grab the AED, get the splints, call the physician, etc.



Yorktown Athletic Training Volleyball and Basketball Emergency Protocol

1. Call 911.
2. Instruct Emergency Medical Services (EMS) personnel to: “Report to _____ and meet _____ at _____ as we have an injured student-athlete in need of emergency medical treatment.”
Yorktown Volleyball and Basketball practice/Game site: 5200 Yorktown Blvd. Most practices and all games take place in the High School Gym. *Enter the school from the gym doors which are Doors #8 at the corner of Greenbrier and 28th Street.*
3. Provide necessary information to EMS personnel:
 - a. Name, address, telephone number of caller
 - b. Number of victims; condition of victim(s)
 - c. First-aid treatment initiated
 - d. Specific directions as needed to locate scene. Other information as requested by dispatcher
4. Provide appropriate emergency care until arrival of EMS personnel
5. Upon arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history, parent permission form, HIPPA form) and assist with emergency care as needed.

NOTE:

- a. Unless the parent is present, someone from the staff should accompany the student athlete to the hospital.
- b. If the athletic trainer is not present, notify him/her immediately
- c. Parents should be contacted as soon as possible
- d. Obtain medical history and insurance information
- e. Appropriate injury reports should be completed

EMERGENCY Phone Numbers:

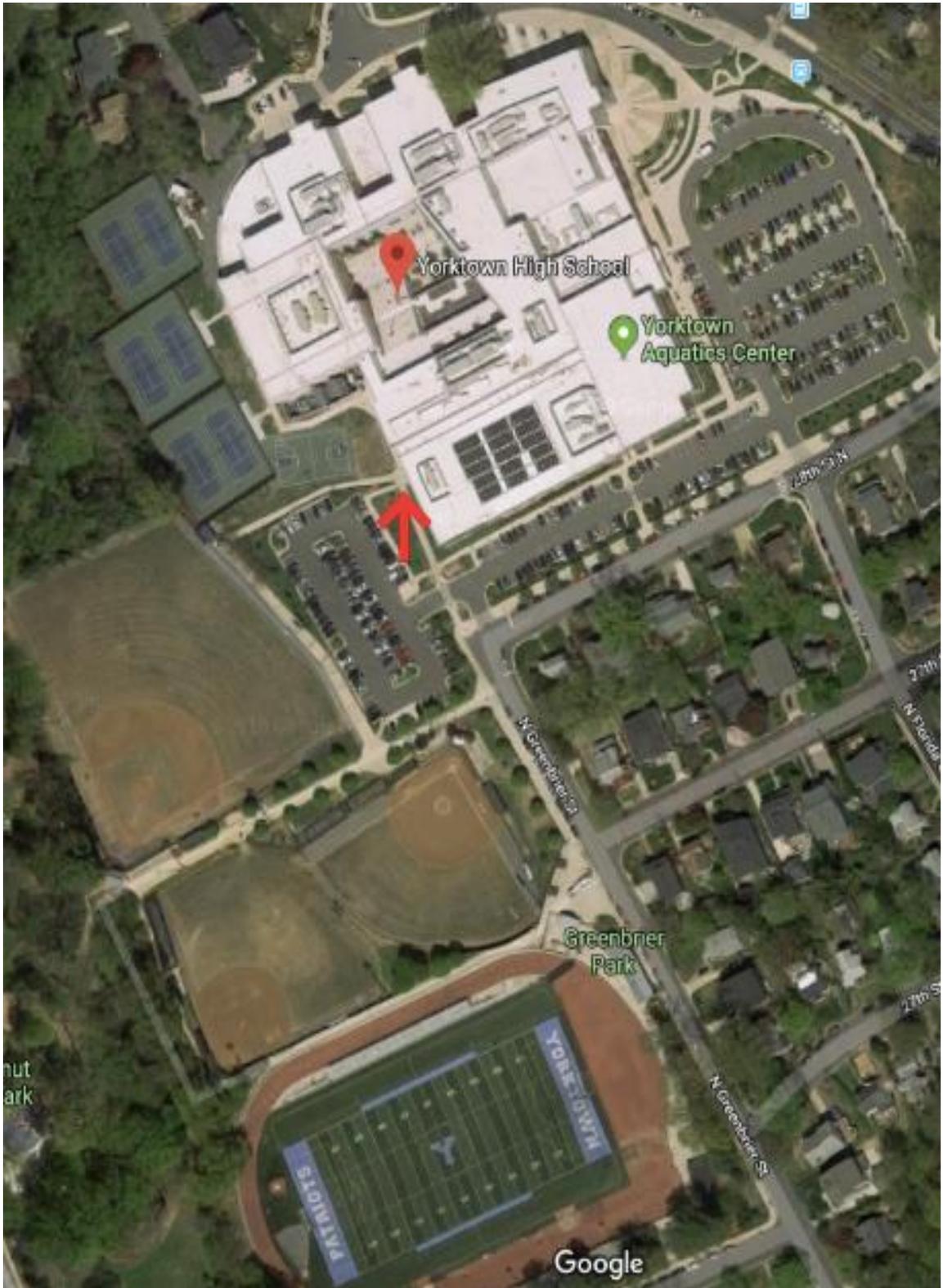
Arlington Police/Dispatcher: 911

Athletic Trainer:

LaNay: 757-329-6954

Emergency Signals:

EMS: Direct a Coach or AD to call 911; one hand rotating in a circular motion over my head. In any other emergency situation, directions will be given by the Athletic Trainer to grab the AED, get the splints, call the physician, etc.



Yorktown High School

Yorktown Aquatics Center

Greenbrier Park

Google

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SPINE BOARDING EMERGENCY ACTION PLAN

Head, neck, and/or back injuries can be the most fatal and critical injuries that athletes sustain. If you suspect that a person has a head, neck, or back injury, tell him or her to respond verbally to any questions you ask and to avoid nodding or shaking their head. The goal in caring for a person with a head, neck, or back injury is to minimize movement. Signs and symptoms of a possible head, neck, and/or back injuries are listed below. If you observe an athlete experiencing even one of these symptoms, the athlete **MUST immediately be removed from all participation**. If the ATC/First Responder is available, contact him/her immediately so an evaluation can be performed. If the ATC/First Responder is not accessible provide the following care. **Please note that if the athlete is unconscious or has an altered level of consciousness 911 should be called immediately**.

Signs of Head, Neck, and Back Injuries

1. Change in consciousness
2. Severe pain or pressure in the head, neck or back
3. Tingling or loss of sensation in the hands, fingers, feet, or toes
4. Partial or complete loss of movement of any body part
5. Unusual bumps or depressions on the head or over the spine
6. Blood or other fluids in the ears or nose
7. Heavy external bleeding of the head, neck, or back
8. Seizures
9. Impaired breathing or vision as a result of injury
10. Nausea or vomiting
11. Persistent headache
12. Loss of balance
13. Bruising of the head, especially around the eyes or behind the ears

Caring for Head, Neck, and Back Injuries

1. **Contact the ATC and/or EMS immediately!**
2. Minimize movement of the head, neck, and/or back (keep athlete in position you found them)
3. Check for consciousness and breathing.
4. Maintain an open airway.
5. Control any external bleeding.
6. Keep the victim calm, comfort and reassure them, and encourage them to stay still until help (ATC or EMS) arrive.
7. Protective athletic equipment should be removed prior to transportation to the hospital for an athlete with suspected cervical spine instability
8. Equipment removal should be performed by at least three trained rescuers as soon as possible.
9. A rigid cervical stabilization device should be applied to spine-injured athletes prior to transport.

10. Spine injured athletes should be transported using a rigid immobilization device.
11. The medical team should use the 8-person lift for a supine athlete if personnel are available and a log roll push technique to position the athlete on the spine board.
12. Athlete will then be transported to the hospital, and care is transferred to EMS.

Heat Illness: Prevention and Procedures

The purpose of this statement is to educate those associated with the athletes' care in prevention of heat illness; identify the signs and symptoms of heat illness; establish appropriate treatment options; as well as to develop an action plan to take during an emergency situation.

Heat illness has been recognized as the leading cause of death among high school athletes in the U.S. by the Center for Disease Control. Heat illness (also described as heat-related illness) consists of a variety of disorders caused by environmental exposure to heat.

These athletes are at an increased risk for heat illness during the summer where temperatures are at their highest.

Although heat illness can be fatal, it is also preventable. The three major types of heat illness are heat cramps, heat exhaustion, and heat stroke.

Heat Cramps

Heat cramps are muscle spasms caused by heavy sweating; particularly when water is not being replaced quick enough. They are the most common type of heat-related illness. Heat cramps typically affect the arms, legs, or stomach and although they are painful, don't cause permanent damage.

In order to prevent heat cramps, athletes should drink electrolyte solutions and/or plenty of water during the day and consume more fruits to keep the body hydrated. Treating heat cramps consist of terminating physical activity, lightly stretching the cramping muscles, and consuming cool water or electrolyte drinks.

Heat Exhaustion

Heat exhaustion is more serious than heat cramps. This occurs with the body's regulating system control internal body temperature is overworked. This causes the body's blood vessels to collapse from the loss of body fluids and nutrients. This is the result of not being able to replace the fluids being lost through sweat. Symptoms include heaving sweating, intense thirst, cool but moist skin, weak and rapid pulse, low to normal blood pressure, headache, dizziness, fatigue, loss of coordination, nausea, impaired judgement, loss of appetite, hyperventilation, and tingling of hands or feet.

Treatment of heat exhaustion would be to remove the athlete from the heat into a cool location. The athlete should lay down with their feet elevated. Clothing should be loosened, and equipment should be removed if applicable. Cool, wet towels/cloths or ice bags can be applied. If possible, fanning the athlete is an option as well. The athlete should consume water or electrolyte drinks. If the athlete refuses water, vomits, loses consciousness, or becomes unresponsive, emergency personnel should be contacted.

Heat Stroke

Heat stroke is a life-threatening heat illness resulting in a high death rate. Heat stroke occurs when the body has depleted its supply of water and salt, and the athlete's body temperature increases to a deadly level. An athlete experiencing a heat stroke may have first suffered from heat cramps and/or heat exhaustion before progressing to this level, but they are not prerequisites. Early symptoms of heat stroke include all of those associated with heat cramps and/or heat exhaustion, a body temperature above 104 degrees, an absence of sweating, skin warm to the touch, red or flushed dry skin, rapid pulse, high blood pressure, difficulty breathing, constricted pupils, and vomiting. The athlete may also exhibit bizarre behavior. More advanced symptoms of heat stroke include seizures or convulsions, fainting, loss of consciousness, and a body temperature of over 108 degrees.

Treatment of heat stroke is the immediate activation of emergency medical services along with decreasing the athlete's body temperature. It is vital to lower body temperature. To decrease body temperature the optimal method would be full body submersion into cold water. Pouring water on the athlete, as well as applying cold packs, and fanning are options as well.

Polar Life Pod

Yorktown High School has a polar life pod in the event an athlete is in danger of suffering from a heat stroke.



It is located on the turf field inside the concession stand for immediate use by any member of the athletic department.

The polar life pod is a portable immersion system used to rapidly cool the body. It can accommodate an athlete up to 7 feet tall and 400 pounds and requires 40-80 gallons of water.

- The polar life pod should be opened like a sleeping bag.
- The athlete is placed onto the pod with the head on the accompanying head rest to prevent the head from going under water.
- The sides of the pod should be wrapped around the athlete to prepare for the dumping of water into the pod.
- There are straps that wrap around the pod that help reduce the amount of water needed.
- Once the desired amount of water submersion has occurred, the pod should be closed, and vitals should be monitored until EMS arrives.

Naloxone (Narcan) Usage and Administration

Naloxone is a life-saving medication used to reverse an opioid overdose. Yorktown High School has a dosage inside the medical kit located in the concession stand at Greenbrier Stadium.

If a person is suspected of an opioid overdose, the naloxone nasal spray should be administered and 911 should be activated immediately.

Naloxone can restore breathing to individuals within 2 to 3 minutes. At times, more than one dose may be required if stronger opioids are involved. Each box of naloxone contains two doses. (Naloxone will not harm an individual who is overdosing on a drug other than opioids, so it's best to always administer when an overdose is expected.)

Signs of overdose include:

- Pinpoint pupils
- Loss of consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/or clammy skin
- Discolored skin (especially the lips and nails)

When administering naloxone, try to keep the person awake and breathing (rescue breaths and CPR may be required). Position the person on their side to prevent choking and do not leave the person alone until EMS arrives (unless it is required to activate EMS).

To administer naloxone; tilt the head back, place the tip of the nasal spray in either nostril, press the plunger to release the entire dose of medication into the nose. Wait 2 minutes to see if the person responds. If there is no response, give additional doses, switching nostrils, until EMS arrives.