

Lower Moreland High School Athletics  
Emergency Action Plan

## HIPAA Regulations

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to address the privacy and security of patients' medical records. Simply put, no one should have access to a patient's medical records unless the patient has given permission for that individual or agency to view them. This not only applies to physician offices, but to athletic training and clinic facilities. Any record of treatment or rehabilitation program should not be visible to other patients and information on the injury should not be shared with anyone, even a coach, another player, media, etc. unless the patient has given written permission to do so. Coaches will be given the necessary information regarding an athlete's injury, unless the athlete is present and grants permission for the coach to receive further information.

## OSHA Regulations

Universal precautions must be used when there is blood or bodily fluids present. This means using gloves as a barrier in treating patients who are bleeding and disposing properly of any biohazard waste in the appropriate containers. The athletic trainer will go through an annual training session to be conducted by trained OSHA personnel or associates.

## Sport Coverage

**The following are guidelines and coverage may need to be adjusted as the situation demands.**

1. The athletic training staff will cover every sport to the best of their ability and according to the incidence of injury.
2. The priority of medical coverage is as follows:
  - a. Home competitions will be given priority over practices. In the event of multiple competitions, the athletic trainer will cover the sport with the highest risk of injury and will be on call for the additional competitions and practices.
  - b. Coverage of sports depends on the availability of the athletic trainer and is subject to change as the situation demands
3. It is the responsibility of each coach to pick up their medical kit for the season and return it to be restocked as needed. The medical kit and or coaches files should also contain a copy of the medical forms completed by the athlete prior to the start of the season. This is to ensure that should the athlete need medical attention at an away event, all necessary information is available.
4. It is the responsibility of the coach to notify the athletic training staff of any change to the season schedule promptly to ensure coverage of their practice or competition.

## **1A. Emergency Personnel:**

### **1A.1 Team Physician**

If the team physician is present when an injury occurs, he/she will assume full responsibility for the care that is provided to the athlete as well as determining the course of action to be taken.

### **1A.2 Certified Athletic Trainer**

The certified athletic trainer will be on site, or within the 4 minute recommended response time for all high school and middle school athletic competitions and practices. It is the responsibility of the certified athletic trainer to assess the severity of an injury as well as determine the course of action to be taken. The ATC is solely in charge of the scene and what will occur until EMS arrives. She/he will invoke personnel for assistance as the situation requires. The ATC will also be responsible for reaching the athlete's emergency contact person and completing the accident report.

## **1B. Emergency Communication:**

Cellular phones will be used to communicate with the certified athletic trainer. Be aware of the nearest **land line**, as a contingency.

## **1C. Emergency Equipment:**

Medical Kits with proper supplies for first aid care will be supplied to coaches at the beginning of their seasons for all team practices. Automated External Defibrillators (AED), Splint Bags, Crutches, and any other emergency equipment needed will be kept at the athletic training facility. For athletic competitions a medical kit, AED, splint bag, and crutches will be within reach for a response time within 4 minutes.

## **1D. Emergency Contact Information:**

Scott DeLange (athletic trainer)	(215) 816 8146
Athletic Training Room	(215) 938-0270 x 2518
Abington Hospital	(215) 481-2000
Holy Redeemer Hospital Emergency Room	(215)947-3000 (215)938-2100
Ambulance/ Emergency Services	911

## **2. Emergency Procedures**

### **2A. Role of Emergency Care Provider(s):**

The Emergency care providers (1st responders) are considered to be all coaches and administrative staff (trained in CPR/1st aid) who will be assisting the Certified Athletic Trainer at the time of an emergency. The first responder should notify the certified athletic trainer if an emergency occurs, and if instructed to do so by the ATC, proceed to call 911 and get an AED.

If the ATC is unavailable or detained by another emergency, or if the situation warrants it:

- Contact Certified Athletic Trainer (if not present)
- Provide Immediate care of injured/ill athlete
- Equipment Retrieval
- Activation of EMS (call 911 and get AED):
- Provide name
- Provide address or location
- Provide phone number
- Provide number of individuals injured/ill
- Provide current care/1st aid being rendered
- Provide specific directions to location
- Answer any questions the operator may have
- Direct EMS to scene:
- Open appropriate doors/gates
- Designate individual to direct EMS to exact scene
- Limit entry to just medical staff
- Answer questions/assist EMS as needed
- Control Traffic/Observers to allow EMS to work
- Keep other players clear of the area

#### **2A.1 Athletic Director**

If the Athletic Director is present, his/her primary responsibility will be crowd control. No person should be allowed onto the accident scene other than police, EMS, or fire department personnel. If the athletic director is not present, coaching staff will assume this role.

## **2B. E.M.S. Access to Facilities:**

### **2B.1 High School Gymnasium**

EMS will have access to the gym through either the main doors to the school, from the back doors of the gym that lead directly outside, or from the side door adjacent the weight room and athletic training room (exit 1, 18A,B, and 20 respectively). The exit number must be specified when EMS is activated.

### **2B.2 Natatorium**

EMS will have access to the pool through the doors on the side of the pool that lead directly outside or from the main doors to the school (exits 22 and 1 respectively). The exit number must be specified when contacting EMS.

### **2B.3 High School Soccer, Field Hockey & Lacrosse**

EMS will have access to the fields off of Red Lion Road. Proceed up the hill to the field hockey/lacrosse and soccer fields. Field hockey/lacrosse is located at the first plateau; soccer is located above field hockey.

### **2B.4 High School Practice Football, Baseball**

EMS will have access to the fields by turning into the school driveway located on Red Lion Road and following it back taking the first **right** possible.

### **2B.5 Varsity Softball and Tennis Courts**

EMS will have access to the courts and field by entering the grounds on Buck Road, and proceeding to the tennis courts on the left, or by turning right into the bus garage to access softball.

### **2B.6 Middle School Fields and Stadium**

EMS will have access to the fields on Red Lion Road for the soccer and hockey fields, and from the parking lot on Murray Ave. for the stadium

### **2B.7 Middle School Gym**

EMS will have access to the Murray Avenue Gym, by entering through the main doors of the Gym located on Murray Avenue.

## **2C. Emergency Procedure at an Away Athletic Event:**

- a. If Traveling, the Certified Athletic Trainer will provide emergency care to all Lower Moreland athletes.
- b. Should a team be traveling without an athletic trainer the Coach will provide basic 1st Aid as long as he/she has first aid certification.
- c. The Coach will ask for assistance from the host team's athletic training staff and allow the host athletic trainer to activate their emergency action plan if needed. If the injured athlete needs to go to the hospital, either a parent or a representative of the school (i.e. a coach or assistant coach) will accompany the athlete. The athlete is NOT to be sent to the hospital alone, with a teammate, nor another student or student's parents.
- d. Contact LM athletic trainer upon return to the school to notify them whom was injured, as well as the extent of the injury.

## **2D. Emergency Procedure at a Home Athletic Event:**

- a. Contact a certified athletic trainer if they are not already present
- b. The coach will provide basic 1<sup>st</sup> Aid, provided that they are certified, until ATC arrives or if present, the ATC will immediately begin to provide care.
- c. If the emergency warrants it – the coach/assistant coach will call 911 and retrieve AED
- d. If the injured athlete needs to go to the hospital, either a parent or a representative of LM or the visiting school (i.e. a coach or assistant coach) will accompany the athlete. The athlete is NOT to be sent to the hospital alone, with a teammate, nor another student.

## **2E. Emergency On-Field/Court Procedures:**

- Stabilize the head and spine (DO NOT MOVE ATHLETE)
- Talk to athlete and determine their level of consciousness
- Move athlete only if in respiratory or cardiac distress and you must do so in order to provide proper care
- Check or establish airway (Provide care for what you find)
- Check for pulse (Provide care for what you find)
- Check for bleeding, shock, or other signs of serious, traumatic injury
- Check pupils and pupillary response
- Check dermatomes, myotomes, and neurological reflexes to rule out potential spinal cord involvement
- Check for head injury (cranial nerve involvement)
- Assess for heat related illness and/or shock
- Assess movement/musculoskeletal involvement

## **2F. Guidelines to Use During A Serious On-Field Player Injury:**

These guidelines have been recommended for NFL officials and have been shared with NCAA Championship Staff. (*NCAA Sports Medicine Handbook*)

a. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.

- Players, parents, and non-authorized personnel should be kept a significant distance away from the seriously injured player(s).
- Players or non-medical personnel should not touch, move, or roll an injured player.
- Players should not try to assist a teammate who is lying on the field (i.e. removing the helmet/chin strap, or attempting to assist breathing by elevating the waist).
- Players should not pull an injured teammate or opponent from a pile-up.
- Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
- Players and coaches should avoid dictating medical services to athletic trainers or team physicians, or taking their time away from performing such activities.

## **3A. Lightning Procedure:**

All coaches and athletes will use the following guidelines in the event of lightning: In the event of lightning being present, the Athletic Trainer will alert all coaches when the lightning detection system detects lightning within 3-8 miles. Should an Athletic Trainer not be present, use the flash to bang method (Flash to Bang Method – count the seconds from the time that lightning is sighted to when the clap of thunder is heard. A flash to bang count of 30 seconds or less indicates an unsafe proximity). In either event all individuals are to leave the athletic site and head for safe shelter. Safe shelter is any structure that is grounded and has four walls. Inside a building is the preferred location, however if not available, automobiles may be used. You may not return to the field for 30 minutes after the storm is passed (last thunder heard), or until the athletic trainer or athletic director has given clearance.

## **3B. Heat Policy**

On days where the weather is supposed to be exceptionally warm and or humid, the athletic trainer will take several measurements using a sling psychrometer. The coaches and athletic trainer will work together and discuss possible changes in the practice plan to decrease the probability of heat illness.