**Athletic Emergency Action Plan**

Ready When You Need It?

A Template/Guide For Successful Implementation

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Introduction

The Project Defined

The purpose of an Athletic Emergency Action Plan is to provide information, emergency response instructions, a timely coordinated response and guidelines to preserve the health, safety and well-being of athletes, staff, officials and spectators during an emergency situation. Interscholastic athletics promotes many positives such as teamwork, commitment and healthy competition, however, there are risks of injury and other potentially severe catastrophic events that may occur. Having a plan to address emergencies is a must. The plan is a working document and should be continuously revised to reflect procedures developed by school administrators, school medical personnel, and town fire/emergency medical services (EMS) and police officials. Coaches and administrators should be trained to support the Athletic Emergency Action Plan and updates and revisions should be reflected prior to the start of the first practice of the school year and at the end of each season at a minimum. Not all schools have the services of an athletic trainer or other trained medical personnel at practices and events. Thus, coaches need to be trained in CPR/AED and first aid and emergency care and must be knowledgeable and aware of the Athletic Emergency Action Plan for each site or venue.

**WHO** - As the Executive Director of the New Hampshire Athletic Directors Association (NHADA), I came to a realization that this was a need for our New Hampshire schools in speaking with many athletic administrators who have no specific emergency action plans in writing other than the school day plan. It made sense to undertake this as a CMAA project to not only meet the criteria of the certification but to assist in helping others across the state begin to put a plan in place for athletic emergencies. Since my retirement, I no longer have a school setting for implementation so meeting the needs of a wider population seemed appropriate.

New Hampshire is comprised of 221 towns and 13 cities with 10 counties in the state. The largest city, Manchester, has a population of 111,826 with three public high schools and two non-public high schools. The next populous city is Nashua with 88,458 residents boasting two public high schools and one parochial high school. The state capitol, Concord, has a population of 43,690 with one public high school and two non-public high schools. The remaining 10 cities range in population from 31,837 to 8,492 residents. The towns vary in population from 33,312 to 12 residents. The determination of town versus city is based on the type of local government. The overall population of the state is 1,358,355. There are only four states smaller than New Hampshire in land mass and it has the shortest coastline in the US – 13 miles.

In New Hampshire, there are 89 member high schools of the New Hampshire Interscholastic Athletic Association comprised of both public and non-public schools. These schools and all other New Hampshire schools have Emergency Action Plans as required by RSA (Revised Statutes Annotated) 189:64 which states: “All public and nonpublic schools in New Hampshire are required to have a site specific Emergency Response Plan that is based on and conforms to the Incident Command System and the National Incident Management System by July 1, 2009.” Although the Emergency Response Plan addresses hazards including, but not limited to: acts of violence, threats, natural disasters, fire, hazardous materials, medical emergencies, and other hazards deemed necessary by the School Board or local emergency authorities, there is no specific language that speaks to athletic or after school emergency planning.

**WHAT** - This project is an Athletic Emergency Action Plan with templates for administrators to implement according to their site and needs. The project will include narratives along with examples and forms to develop, review and implement an appropriate action plan for after school athletic emergencies in their school district. The premise is that many schools do not have a specific plan for after school activities and this would be the springboard to complete that process. This plan/guide will be available electronically so that administrators have access to the forms to edit as needed for their situation. This project does not include specific guidelines for active shooter drills. The hope is that this work spurs meaningful dialogue regarding active shooter protocols for athletic after school events and other emergencies that occur.

**WHEN and WHERE** – This project was developed from February 2019 through May 2019. Some elements had been previously developed for use at Winnacunnet High School. The project was presented at the 2019 NHADA Spring Conference in May during the Cracker Barrel session to athletic administrators in attendance with feedback requested to ensure that all areas were covered and to make the necessary adjustments based on their views. A questionnaire was presented to provide positive and constructive feedback to make it a viable document for administrators to use. A local athletic trainer and the executive staff from the New Hampshire Interscholastic Athletic Association (NHIAA) also reviewed the plan for feedback. The feedback was incorporated into the plan before submission with analysis of the responses to the items in the questionnaire.

**WHY** - Some schools have language within their school day EAP to address medical emergencies at athletic events and/or venue specific plans of who to call and what to do, but many do not have a separate or inclusive plan to address the athletic after school program and all emergencies that may occur. Providing scripts for 911 conversations, a plan for athletic trainer on site and not on site, scripts for public address announcements in emergency situations, appropriate maps of the campus with AED locations and response instructions will assist in coordinating the best option for success when emergencies arise. School administrators may take advantage of this document to implement a plan for their school with appropriate edits specific to their school community. This will be a guidebook to get the process of an athletic EAP underway.

**HOW** – Meetings took place with a local Athletic Trainer-Certified, who has 16 years of experience at her current school and with the Executive Director and Assistant Executive Director of the New Hampshire Interscholastic Athletic Association for review and feedback of this project. A powerpoint presentation was shown, with hard copies of this project available, at the New Hampshire Athletic Directors Association Spring Conference on May 22, 2019 during the Cracker Barrel session. There were two sessions where this project was presented and feedback was requested. A hard copy of the powerpoint presentation is included as part of the implementation for this project.

Since the meetings and the presentation with stakeholders took place, suggestions were implemented as revisions to the plan. Upon completion of the project and submittal to the NIAAA Certification Committee this document will be uploaded to the NHADA website (http://nhada.net) for administrators to develop, review, edit, and implement in their school districts. This project shows best online to those who will use it as a plan/guide as there are hyperlinks to print ready documents as well as appendices that can be edited and tailored to the needs of each specific school.

***YOUR HIGH SCHOOL* ATHLETIC EMERGENCY ACTION PLAN**

***YOUR*** High School is committed to providing a safe environment to students, staff, faculty and visitors.

*The athletic emergency action plan shall be written in coordination with the School Administration, Fire*

*and Police Departments, Athletic Trainer and Athletic Administrator and reviewed by the school*

*administration prior to the beginning of the first practice of the school year. The plan will be communicated*

*to athletic team members for the planning of emergencies at practice sessions where the ATC or athletic director*

*may not be present at all times and to all coaches so they have an awareness of the plan and their role in it.*

*In some cases, student-athletes may share a role in the implementation of the response of a medical*

*emergency, i.e., communication duty, meeting the EMS, if the emergency involves a coach or if the coach is*

*the sole adult on duty.*

* The purpose of developing a plan is to provide all stakeholders in the athletic department, administration, duty personnel and the community with a comprehensive set of guidelines to be followed in the event of an emergency situation.
* With practice and annual reviews of the document, we will be prepared to provide the most competent and expeditious care to the student-athlete, spectators, or anyone in need of medical attention at our athletic events.
* This document and the procedures herein will be distributed to the administration and coaching

staff annually and shall be reviewed three times a year – prior to each season- to ensure complete comprehension and application of the plan.

* Minimizing negative outcomes or incompetent reaction to an emergency can be achieved through practice and preparedness. (Appendix A1 LTC 630)

Emergencies are unexpected, unpredictable and take many forms. No one can be fully prepared for everything that may happen but some simple measures are helpful in an emergency. The majority of injuries sustained in athletic contests are relatively minor. In 2016-17, according to the National High School Sports-Related Injury Surveillance Study conducted at the University of Colorado at Denver, there were 7.9 million participants among US high school athletes participating in boys’ football, boys’ and girls’ soccer, girls’ volleyball, boys’ and girls’ basketball, boys’ wrestling, boys’ baseball, and girls’ softball with 14.7% injuries sustained. The data only includes injuries resulting in ≥1 days’ time loss which resulted in 5% overall of time loss.

In some cases, life threatening situations require a quick immediate response of qualified prepared individuals to make sensible decisions and integrate proper management of the individual until professional help arrives on the scene. According to Mary Williams, RN, DC, research shows that if a sudden cardiac arrest victim receives defibrillation through an AED within the first minute, the survival rate is 90%. AEDs can increase survival rates for victims of sudden cardiac arrest by more than 80% if the person receives treatment within the first three minutes. For every minute that passes without defibrillation, survival decreases by 7-10%. Thirty to fifty percent of sudden cardiac arrest victims would survive if AEDs were used within five minutes. AEDs improve recovery statistics for cardiac arrest victims from as low as 2% to upwards of 80%.

The development of this plan takes time to ensure that all necessary contingencies have been included. The student-athlete is not the only consideration when developing the plan. Emergency planning also includes a strategy to provide a safe atmosphere and medical attention to spectators, officials, managers, duty personnel and coaching staff.

* Think of everyone's safety first.
* Use common sense and training.
* Act quickly and calmly.
* Be factual and unemotional with the students, visitors and the community.

The purpose of this document is to provide faculty and coaches 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 faculty and coaches to be aware of the evacuation specifics and the duties and responsibilities during emergencies.

* Please read the plan.
* Know your assignment during an emergency.

**Statement of purpose:**

1. Identify the emergency/issue
2. Maintain the safety of students
3. Contact the appropriate authorities

**Scope:**

1. Responsible for athletes, coaches, opponent players and coaches
2. Set up a command post, if necessary
3. Remainder is a public response issue

***RESPONSIBILITY***

Effective 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. The following is an example of a “Chain of Command” that could be followed. It must be determined by your emergency planning team what **YOUR** High School chain of command should be for all situations. 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
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 **YOUR**High School, **PRINCIPAL’S NAME**, is not in attendance at the event, he/she will be notified immediately by the Athletic Director should the EMS be activated for any reason to the **YOUR**High School campus.

***SUPPLY MANAGEMENT***

Supplies needed for effective management:

* Air horns
* Bull horn
* Walkie talkies
* Cell phones
* Medical kits
* AED (Automated external defibrillator)
* Golf cart or other transportation

Management of supplies and equipment is a must by knowing the condition, location and operation status. Assign responsibility for these tasks:

* Check the batteries in the bull horn
* Charge the walkie-talkies
* Spare air cans needed for the air horn
* Check and fill the medical kits on a regular basis
* Golf cart charged or filled with gas
* AED inspected and operational

Keeping an AED monthly inspection log is mandatory. Checks are recommended monthly and after each use. Click [here](http://nhada.net/documents/aed-monthly-inspection-log) for a sample monthly inspection log. There are several logs online that may meet your needs according to your school’s specific brand. There is a link for a checklist for maintenance of the AED from the American Heart Association on the Resource page as well. These tasks must be assigned to certain personnel – ATC, school nurse, Athletic Director, etc. -with follow through guaranteed to ensure that everything is ready to go in case of an emergency.

***ESSENTIAL QUESTIONS FOR YOUR PLAN***

**Roles and duties**

When determining the process of handling an emergency, specific roles and duties need to be outlined.

* Who will evaluate and care for the injured party? (ATC or no ATC on site, Dr, Coach, AD)
* Who will call for help? (If a police officer is on duty, have him/her call for emergency personnel)
* Who will meet the ambulance/police and direct them to the situation? (AD, Coach, Student, Admin)
* Who will assist with crowd control/sideline management? (Faculty, Coaches, AD, Admin)
* Who will communicate with/locate the parents of the injured athlete? (ATC, AD, Coach)
* Who will gather belongings of the injured party? (Manager, Coach, AD, Teammate)
* If emergency transportation to a hospital is necessary and parents cannot be reached, who will go with the student to the hospital whether by private vehicle or in the ambulance?
* When there are several coaches on a staff, each should have specific duties: dealing with injured student, sideline management, activating EMS, notifying parents, etc.
* Who is responsible to fill the medical kits – coach, ATC, other? How often are they checked?
* If there is a School Safety Committee does it include after school activities or should there be an Athletic/After School Safety Committee to address those needs/situations?
* The Athletic Director or Administrator on duty should make any announcements regarding the emergency or concerning evacuation, if necessary.

All coaches shall be responsible for remaining with students/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 should stay with their team and may need to be removed from the area and gather in a safer location
* Visiting coaches and team members should report to their bus if they must be removed from the area and take attendance and stay with their team
* 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 public information officer (appointed

by the superintendent).

* Coaches shall take attendance from current rosters and provide 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 and may be the only adult on site or may be the injured party. In that case, it is important to have student-athletes trained to help with the response. It is best to train 3-4 students in case

of absence or injury. These students will share the role of communication. Each coach as well as the athletic trainer should carry copies of emergency treatment information whether it is a card per athlete or a spreadsheet with contact information for each student. It is also important for the coach to have his/her information available in case he/she is the injured party. Training for the coach and the student-athletes is imperative. When the coach cannot make the call for help, the student-athlete may be the one to do so. Following through to have someone at the intended entrance to direct the ambulance/police to the site

must be practiced as well.

***DESCRIPTION OF PLAN ELEMENTS (APPENDICES)***

Appendix A is a double sided 5”x8” index card that has emergency information on one side and a script to

read to the 911 operator/dispatcher on the other. Cards should be laminated. It is important that the information is pertinent for **each** venue and is placed in the appropriate medical kit and/or to the appropriate

coach for that venue/sport. This will save time during the emergency.

Check with your local police and fire departments for whether they want addresses or GPS coordinates. Some departments are asking for the coordinates. You can find them for your school address as well as for specific fields by opening Google Maps. Makes sure you are not in lite mode as it will not show the coordinates. You

will know this by a lightning bolt on the bottom of the page. Hover over the field or area you want he coordinates for and right click. In the pop up box click “What’s here?” A box will pop up on the bottom of the screen with the coordinates. You may add these to your cards if required by the police and fire personnel.

The burden is on the Athletic Director to ensure that the cards are up to date and accurate for each coach, venue and sport for practices and games. This task may be coordinated with the athletic trainer as well.

Coaches, ATCs, ADs should have emergency local numbers programmed in their cell phone as speed dial or favorites to save time since 911 calls in New Hampshire from cell phones go to the PSAP (Public Safety Answering Point), located in Concord. Police and fire requests are immediately transferred to the appropriate dispatch center. A nationally recognized Emergency Medical Dispatch (EMD) Protocol is utilized for callers reporting medical emergencies. Callers answer a few brief questions so that the proper response and pre-arrival treatment may be determined. (See APVU protocol below). Once identified, the problem is relayed to the local dispatch center.

Appendix B is a template for a 5” X 8” index card that can be laminated and put in each medical kit with the “Procedure to Call 911” script. ATC/Coaches must be prepared to give appropriate information to the 911

or local dispatcher if asked. The AVPU Information Protocol is information that the EMS Dispatchers and

Responders will often be interested in knowing so that first responders can be aware of the situation

pursuant to their on site assessments. The AVPU scale is Alertness, Voice, Pain and Unresponsive.

An Emergency Contact List - Appendix C - should be created with names and numbers of all emergency

personnel including EMS - ambulance/fire and police with direct lines as well as 911 information. Local

hospital information should also be included. Many offices may still be open when an emergency arises, so school campus contacts and school emergency management team members office and cell

numbers should be posted on the list so that the Principal/Superintendent may be contacted when an emergency occurs. Non-emergency phone numbers for both the Police and Fire Departments may be listed

as well.

The Emergency Access Map - Appendix D - is an important part of the plan. It must be coordinated with the Police and Fire Departments as well as the Emergency Management Team at school and the coaching staff. It is important that the police and fire personnel have input regarding the access points on the map.

Everyone needs to be on the same page knowing the appropriate access points. When an ambulance or the police or fire are called to assist in an emergency, it is imperative to note the closest entrance to where the incident is taking place to save time and lives.

It was created using Scribble Maps - [https://www.scribblemaps.com](https://www.scribblemaps.com/)

You can enter the address of the school to pull up the map, then use the hand tool to move the map and

make it the size you want. Use the markers to point out specific areas that emergency responders should be aware of to respond in a timey manner. There is a text tool available to note specific buildings on campus. Once the map is complete, take a screenshot and save to your desktop. Insert the picture from the desktop into a blank word document. Keep the Scribble Maps site open in case you want to make edits. At that time, you may use the AED icon found on the Resource page at the end of this document. Copy and paste it onto the map in the appropriate areas of the campus. Create the legend. Laminate the map for police, fire and ambulance personnel. Each police cruiser, ambulance and fire truck should have a laminated copy. Each coach and med kit must have a copy. For off campus practice and game venues, a map of the facility should be part of the coaches first aid kit so that evacuation routes are spelled out whether at a building, pool, rink, golf course or field.

When an emergency call is made, it is important to make sure that someone stays with the injured person(s), someone meets the ambulance/police/fire to direct them to the emergency and the person making the call stays on the line until the 911 operator/dispatcher hangs up or tells them to hang up.

Schools should also have each entrance/exit of the building(s) labeled according to the Model Door Numbering System so that the emergency responders report to the area closest to the emergency. Especially in high schools, there are wings or areas that can be labeled by letters and door numbers such as the A Wing with 5 doors. Each door should have the appropriate sequential clockwise label A1, A2… A5. A1 would be the main entry point. In a situation where there are separate buildings, the labeling may be denoted according to the specific activity of the building such as the gymnasium – G1, G2, … G10. The exterior doors numbers should be Arabic numbers and sized according to the distance from the road. Many schools are using 12 inch numbers and letters for visibility purposes. It is imperative to have them contrast to its background and to be retro-reflective for smoky or low light conditions. This would then comply with Section 505 of the International Fire Code requirements (§ 505).

An Injury Emergency Action Plan may be created as “a quick glance” for when there is an athletic trainer on site and when there is no athletic trainer on site. Appendix E is an example. This can be part of the coaches manual and coaches training so that it can be second nature when an emergency situation arises. This plan follows all of the previous steps that have been outlined in the plan so far. Different documents speak to the styles of different people to elicit the same result. These signs may be posted in locker/team rooms, athletic training room, offices, classrooms, medical kits.

Each venue where games and practices are conducted should have a Venue Specific Emergency Plan

(VSEP) – Appendix F. The Venue Specific Emergency Action Plan should be practiced and reviewed during each season. Some of the venues used by schools are not on their school property and may be facilities that are rented – owned by outside entities. There are 11 areas that are addressed on the form. Each needs specific directions to carry out the plan for the venue with the name of the location as well as the address. If there is a phone number that can be specified it should be included, like a rink or pool. Meeting with the management of the rink, pool, recreation department or golf course, etc. is imperative to see if they have a plan that you can incorporate into the VSEP or you can coordinate/develop a plan with the management of the venue to ensure the safety of the participants.

When a student is injured and requires medical attention, an incident report must be completed and filed with the athletic trainer and/or principal. A sample form - Appendix G - can be tailored to the needs/requirements of your school. Check with your nurses and Principal to make sure that the same form is being used during the school day and after school for consistency. This form may be required for insurance purposes or if the need for medical treatment was not the result of an accident or injury. This documentation may become a legal document if additional issues result from the incident.

This Athletic Emergency Action Plan shall be reviewed prior to the first practice of the year and is recommended to be reviewed three times a year – prior to each season. Updates and revisions should be reflected on Plan Review – After Action/Periodic form found in Appendix H. This form allows the emergency management team to review a situation that occurred to make sure that it was conducted properly and to make any improvements necessary. The purpose of the review is to improve performance and increase proficiency and confidence. The four areas to focus on are: what was expected to occur, what really happened, what went wrong and why, what went well and why. Planning and effort helps to ensure that a plan may unfold the way it should. When it does not goes the way it was expected, ask “why did it happen?” This will help to get to the root of the issue to find a solution. An open and honest dialogue without placing blame or judging what went wrong will improve future performance. This reflection can expose what was learned from the incident, review the challenges and successes and reassess the direction to take.

Spectator Behavior Policies - Appendix I - can be posted in gymnasiums and on the back of programs so that fans know what the expectations are when attending school events on and off campus. Knowing the rules may help in keeping decorum and will assist in enforcing the rules. There are four samples listed in Appendix I from various high schools. Credit is given to each school.

The spectator behavior policy needs to be developed and has to be enforceable and reasonable. Spectators need to know the policy. It can be posted through social media sites, announced prior to the event in newspapers and on websites. The public address announcer may remind fans throughout games what the behavior expectations are.

Find the best way you get the word out to your fans. Be prepared for the worst case scenario. Everyone comes out for the big game. Preparing for the needs of disabled fans is a must whether it is providing transportation to a field or a designated safe area in the gym. Have a plan for the big event in case an emergency occurs or in case other event issues arise. Know the capacity of the area and have event staff and police on site. Train the event staff so they know their role and the area they need to cover. Keep the area between the game/event off limits to the spectators to minimize issues. Parking areas should be marked well for staff, handicap and attendees.

When big games occur and doors are opened at a specific time, it is important to have a plan regarding how people will enter to not allow the rush of the gate/doors. People will line up early to get the best seat. Have roped off areas so that people can pass through to keep the area under control. Have plenty of staff/police to help out. Avoiding this issue before the game starts will help to set a tone for the entire night. Have a plan and execute the plan. Train the staff so the plan goes well. Make sure each staff worker knows their role and is on time to work not watch the game. Workers need to know who to report to and who to report an issue to if one occurs. Set up meetings prior to the event to go over behavior policies, emergency protocols, procedures for the night, and what will take place once the event is over. It is important that the event staff knows that once the final buzzer goes off, that is not their cue to leave. Having them have eyes on the post game, inside and outside, is imperative in case issues are brewing – especially during a rivalry event. Determining exit patterns is appropriate especially after a rivalry event.

The NH 7 Response Actions found in Appendix J is a document that spells out ways to respond to specific emergencies that may occur, especially on a school campus. These actions are relative to an active shooter or other hazard that occurs. Not knowing the plans each school has in place for these types of situations, it is important to have meaningful dialogue regarding this issue and the layout of your campus. An Emergency Action Plan has methods for reporting emergencies including fire and medical. An evacuation policy and procedure including escape procedures and route assignments would be included in the active shooter plan. The contact information needed has been included in previous appendices of this document. It is important to have a method of communication or emergency notification system to alert those of the emergency who may be off campus or outside of the school building on athletic fields or in other campus buildings. There are a couple of different protocols that are being used by schools in active shooter scenarios. They are ALICE Training (Alert, Lockdown, Inform, Counter, Evacuate) and Run, Hide, Fight. Regardless of the method or plan your school uses, it is imperative that the plan includes safe areas to evacuate to if outside and to practice what to do and where to go in the event of this type of emergency.

The seven actions are: drop, cover and hold; secure campus; shelter in place; lockdown; evacuation; reverse evacuation; scan. Each of the actions is defined and specific responses are given. If the situation may occur outside, both inside and outside scenarios are listed for safety.

The NH Homeland Security & Emergency Management Resource Center provides emergency related training and resources to schools to ensure the safety of the students and staff and to provide educational opportunities to meet the RSA for Emergency Action Plans. The actions are requirements of the RSA 189:64. These actions are intended to be practiced throughout the school year during the school day. Since any of these situations could occur after school during games and events, it is a good resource for this plan. Best case scenario, teacher-coaches, athletic directors, athletic trainers have practiced this during the school day with the students and can execute after school. Non-teacher coaches must be trained in this type of response for knowledge and safety.

***INCLEMENT WEATHER GUIDELINES***

Safety is paramount. If threatening weather is approaching, the lightning policy should be implemented immediately.

Review the policy 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. Use your best judgment when making your way to the storage building. If there is another “safe” area to go to without exposing the students and yourself, go there, i.e. 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:

1. All athletic staff and game personnel are to monitor threatening weather. Establish a chain of

command as to who makes the decision to remove a team or individual from athletic sites or

events (athletic/site/event director, game officials/umpires, sports medicine staff?). An

emergency plan should include planned instructions for participants as well as spectators.

1. Be aware of potential thunderstorms that may form during scheduled athletic events or practices.

Included here should include National Weather Service – issued (NWS) thunderstorm “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.

1. 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!**

* 1. WHEN YOU FIRST HEAR THUNDER OR SEE LIGHTING, 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.
  2. 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 *example* to alert everyone that inclement weather in imminent would be to use an air horn. Give **one long blast** of the air horn 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**.** This should be done by the athletic director or in his/her absence, the athletic trainer or other designee will conduct the warning. This would be a procedure that would have been known to coaches and athletes prior to instituting.

**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. Water breaks two or three times per hour is better than one break an hour. Probably the best method is to have water available at all times and allow athletes to drink water whenever they need it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water. The small amount of salt lost in sweat is adequately replaced by salting foods at meals. Talk to your medical personnel concerning emergency treatment plans.

Early fall football, cross country, soccer, and field hockey practices are conducted in very hot and humid weather in many parts of the United States. Due to the equipment and uniform needed in football, most of the heat problems have been associated with football. There are no excuses for deaths if the proper precautions are taken.

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 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/stock tank](http://www.rubbermaidforless.com/agriculture-stock-tanks-category-15_18.html)with ice and water approximately 35–58°F. A 150 gallon tank works best to accommodate all athletes. Cost is $170.); stir water and add ice throughout cooling process.
* If immersion is not possible (no tub or no water supply), take athlete 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 emergency medical system by calling 911.
* Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
* If rectal temperature is not available, DO **NOT** USE AN ALTERNATE METHOD (oral, tympanic, axillary, forehead sticker, etc.).  These devices are not accurate and should never be used to assess an athlete exercising in the heat.
* Cease cooling when rectal temperature reaches 101–102°F (38.3–38.9°C).

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:

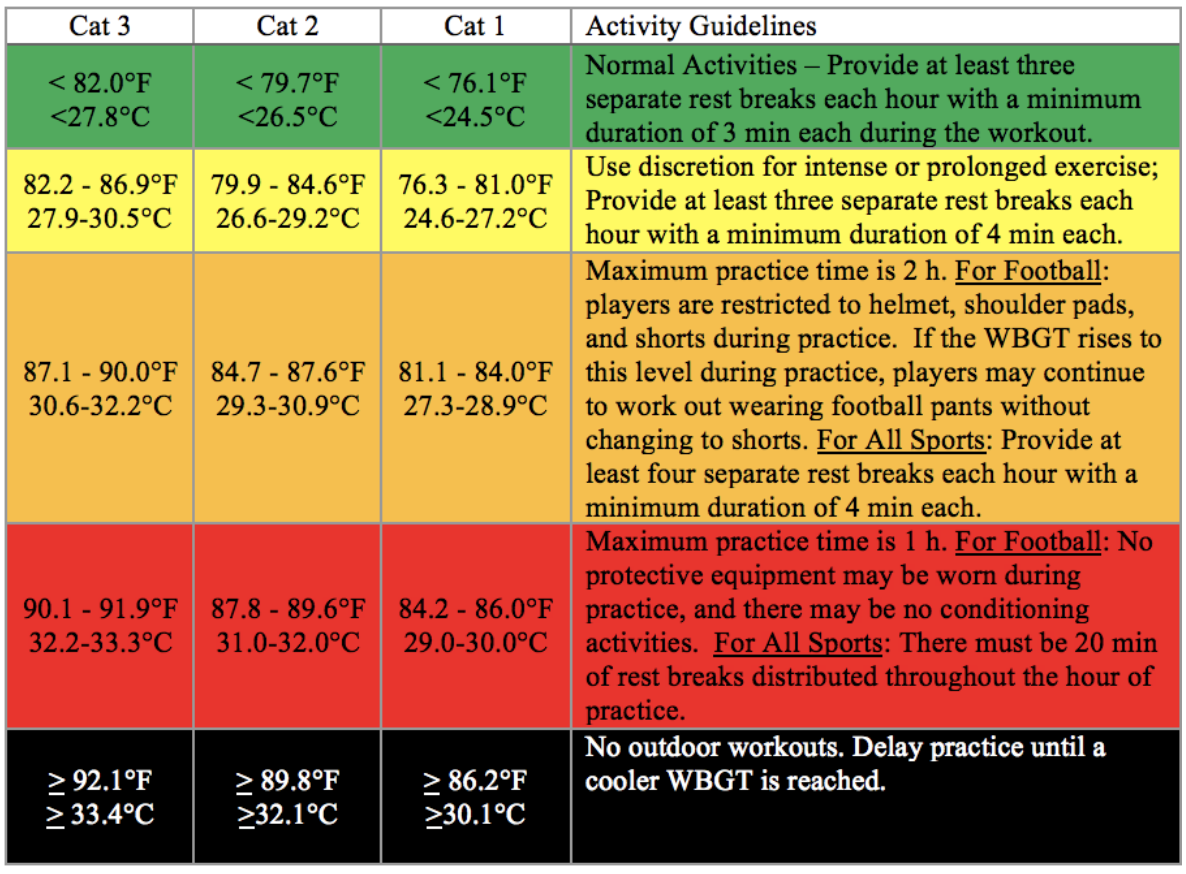
* Exercise, sport participation, and other physical activity should be modified for safety in relation to the degree of environmental heat stress: air temperature, humidity, and solar radiation, as indicated by the heat index or wet-bulb globe temperature (WBGT), for those with access to such a device. 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 conditionsand 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 availableand 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 measure of air temperature and relative humidity levels. Guidelines can 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. The cost of the WBGT device is between $170 - $600. Compare this to the cost of a life.

\*



(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.

***ANNOUNCEMENTS***

*This announcement can be 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 area if outdoors.)

**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 the SAFE AREA. 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. Coach 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. Some of the areas in the gym exit to THIS AREA and some exit towards THAT AREA.
7. 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.
8. The cell number to call is XXX-XXX-XXXX. Let the AD know if you are missing anyone.
9. When everyone is accounted for and the building is clear, you will be allowed to re-enter.
10. 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.

***ASSESSMENT AND EVALUATION***

**Athletic Emergency Action Plan Questionnaire**

1. Do you have a specific Athletic/After School Emergency Action Plan? (not your school day EAP)

\_\_\_\_\_Yes \_\_\_\_\_No

***If NO, please skip to question #6***

1. If yes, how long has it been in place?

\_\_\_\_\_\_\_\_\_ # Years

1. How often is it reviewed?

\_\_\_\_\_After each season \_\_\_\_\_Annually \_\_\_\_\_Not at all

1. How many times has it been revised?

\_\_\_\_\_Never \_\_\_\_\_1-3 Times \_\_\_\_\_More than 3 times

1. Were you part of the team who helped to develop/implement it?

\_\_\_\_\_Yes \_\_\_\_\_No

1. Did you find that the plan/guide presented could be easily integrated/implemented to your school

community with few drawbacks?

\_\_\_\_\_Yes \_\_\_\_\_No

1. What were the major concerns you had with the plan/guide presented?
2. What changes/edits would you make to the plan/guide presented?
3. What areas have not been addressed that need to be a part of the plan/guide?

1. Is this a format that is easily “fillable”, “copy and paste” to get a plan implemented in your school

district?

1. What tools do you need to better accomplish this process?

1. What issues/concerns do you see that your school administration would have with this plan/guide?

13. Other comments that would assist in making this a viable plan in your school?

APPENDIX A

This is a template for a double sided 5 X 8” index card that can be laminated and put in each medical kit for the appropriate field/sport. Click [here](http://nhada.net/documents/emergency-info) for a 5x8 *print ready* card you can edit.

This script should be made for each kit, each sport and each field so that the person calling is reading the appropriate directions. Coaches must be prepared with this script. At least two responsible athletes should

be trained and ready to initiate this script in case there is only one coach at the site who is tending to the injured athlete/person or if the coach is the injured party.

**Emergency: Call this # first YOUR TOWN Fire/Ambulance:** 555-111-5555 **or 911**

**YOUR TOWN Police Department:** 555-111-5555

Athletic Trainer: **ATC NAME**: Cell: 555-111-5555 Home: 555-111-5555

Athletic Director **AD NAME**: Cell: 555-111-5555 Home: 555-111-5555

Principal **NAME**: Cell: 555-111-5555 Home: 555-111-5555

Police Department Non-Emergency phone number: 555-111-5555

Fire Department Non-Emergency phone number: 555-111-5555

**YOUR High School** Main number: 555-111-5555

SAU # Office: 555-111-5555

**NAME OF LOCAL HOSPITAL 1:** 555-111-5555

**NAME OF LOCAL HOSPITAL 2:** 555-111-5555

**See other side for emergency procedure for 911 calls**

APPENDIX A (Continued)

**PROCEDURE TO CALL YOUR TOWN Fire/Ambulance** 555-111-5555 **or 911:**

1. State your emergency: (Example: *We have an injured student athlete* *who needs medical treatment.)* Tell the dispatcher the number of athletes who need medical attention and their condition. Let the 911 dispatcher know what type of treatment has been provided.
2. Stay calm.
3. Give your name, address and location.  ***Example –* YOUR HIGH SCHOOL *Soccer field. Tell them the closest entrance –* ENTRANCE A, B, C *or* NAME OF STREET  *entrance and GPS coordinates of destination, if required.***
4. ***Listen.*** Allow the 911 employee to direct the conversation.
5. 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.
6. Remain on the telephone. ***DO NOT*** hang up until the dispatcher says to do so.

APPENDIX B

This is a template for a 5 X 8” index card that can be laminated and put in each medical kit with the Procedure to Call 911 Script. Click [here](http://nhada.net/documents/the-avpu-information-protocol) for a 5x8 *print ready* card. ATC/Coaches must be prepared to give appropriate information to the 911 dispatcher if asked.

**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](http://en.wikipedia.org/w/index.php?title=Sternal_rub&action=edit&redlink=1) (although in some areas, it is no longer deemed acceptable), where the rescuers knuckles are firmly rubbed on the [breastbone](http://en.wikipedia.org/wiki/Breastbone) of the patient, pinching the patient's [ear](http://en.wikipedia.org/wiki/Ear) and pressing a [pen](http://en.wikipedia.org/wiki/Pen) (or similar instrument) in to the bed of the patient's [fingernail](http://en.wikipedia.org/wiki/Nail_%28anatomy%29). 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](http://en.wikipedia.org/wiki/Unconscious)', this outcome is recorded if the patient does not give any Eye, Voice or Motor response to voice or pain.

The person assessing should always exercise care when performing pain stimulus as a method of assessing levels of consciousness, as in some jurisdictions, it can be considered assault. This is a key reason why voice checks should always be performed first, and the person assessing should be suitably trained.

APPENDIX C

***YOUR HIGH SCHOOL NAME***

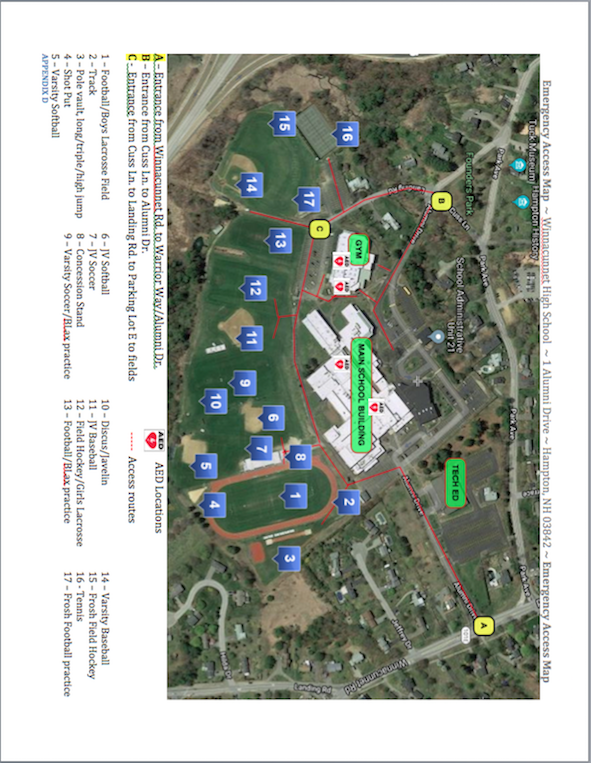
**EMERGENCY CONTACT LIST**

|  |  |
| --- | --- |
| EMERGENCY CONTACTS | PHONE NUMBER |
| Fire/Ambulance | 555-111-5555 or 911 |
| Police Department | 555-111-5555 or 911 |
| Local Hospital 1 | 555-111-5555 |
| Local Hospital 2 | 555-111-5555 |

|  |  |
| --- | --- |
| SCHOOL CAMPUS CONTACTS | PHONE NUMBER |
| Athletic Training Room | 555-111-5555 |
| Athletic Office | 555-111-5555 |
| Main Office | 555-111-5555 |
| Principal’s Office | 555-111-5555 |
| SAU/Superintendent’s Office | 555-111-5555 |
| School Resource Officer | 555-111-5555 |

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT | NAME | OFFICE | CELL |
| Athletic Trainer |  | 555-111-5555 | 555-111-5555 |
| Athletic Director |  | 555-111-5555 | 555-111-5555 |
| Principal |  | 555-111-5555 | 555-111-5555 |
| Superintendent |  | 555-111-5555 | 555-111-5555 |
| School Resource Officer |  | 555-111-5555 | 555-111-5555 |

|  |  |
| --- | --- |
| NON-EMERGENCY CONTACTS | PHONE NUMBER |
| Police Department | 555-111-5555 |
| Fire Department | 555-111-5555 |



APPENDIX E

INJURY EMERGENCY ACTION PLAN

**IN THE EVENT OF AN EMERGENCY**:

**ATHLETIC TRAINER ON SITE ATHLETIC TRAINER NOT ON SITE**

## Emergency Situation Emergency Situation

Contact NAME OF ATC - Athletic Trainer by: Alert EMS (Emergency Medical Service)

### Cell phone 555-111-5555 or Walkie-Talkie Call or send someone to call 911 or local EMS by:

or Send someone(Do not leave injured person unattended)

Trainer will determine extent of emergency and

if necessary alert EMS (Emergency Medical Service)

### Athletic Trainer calls 911 by: Cellular Phone/Training Room Phone/Gym Phone

###### Cellular Phone/Training Room Phone/Gym PhoneThe person who is calling 911 must stay on the phone

###### and state:

###### 1. His/her name

###### The person who is calling 911 must stay on the phone 2. School and sport

###### and state: 3. Location (specific field/gym)

1. His/her name 4. Type of emergency
2. School and sport
3. Location (specific field/gym) \*The person who made the call must wait for the
4. Type of emergency ambulance to arrive and send someone to meet the

ambulance to direct them to the injured person. As

\*The person who made the call must wait for the soon as it is safe to do so, inform the Athletic Director

ambulance to arrive and send someone to meet the and/or Principal of the emergency.

ambulance to direct them to the injured person. As

soon as it is safe to do so, inform Athletic Director

and/or Principal of the emergency.

**EMERGENCY PHONE NUMBERS**

**YOUR TOWN FIRE/AMBULANCE: 555-111-5555**

**SCHOOL MAIN #: 555-111-5555 ATHLETIC OFFICE: 555-111-5555**

**ATHLETIC DIRECTOR: 555-111-5555**

APPENDIX F

Venue Specific EAP must be written for each venue and rehearsed. EAPs help ensure the safety and appropriate care of athletic participants. (Venues include practice fields, game fields, gym, track, weight

room, ice rink, pool, golf course, etc.)

**Venue Specific Emergency Plan**

**Location: Your High School GYMNASIUM 123 Main Street Anytown, NH**

**Phone: 555-111-5555**

|  |  |
| --- | --- |
| Activate EMS | Call 911 or **555-111-5555**. If no cell phone is available, use the phone in the gymnasium, athletic training room or AD office. Whenever possible, ask a police officer to make a radio call rather than telephoning. |
| AED locations | Athletic trainer, when present, will carry a portable AED. Other AEDs are located in the gymnasium between locker rooms. |
| Venue access instructions for EMS | Instruct the dispatcher to have emergency personnel enter through the door labeled **G1**. Specify the gym as the location and describe where the door access is. |
| Instructions to EMS; other info to provide EMS | “Respond to **YOUR HIGH SCHOOL** at **123 MAIN ST**. and meet the sports medicine staff at **EXACT LOCATION**. We have an injured student-athlete in need of emergency medical treatment”(specify problem and first aid treatment initiated if possible.  State your name, venue address and phone number, # of victims/type of injury or illness. |
| Role/responsibilities of MDs, ATCs, and coaches in an emergency | MD (if present) will supervise and direct the care of the injured or ill person. ATC will provide care under the direction of the physician.  Coach will assist the medical staff as needed including activation of the EMS, providing emotional support for the injured athlete, and maintain order. |
| Location of athlete emergency info | Coaches have copies of all consent to treat and emergency info in their med kits/travel bags. ATC also has copies. |
| Notifying parents or guardians | Athletic trainer or school personnel will make notification. |
| Notifying appropriate school personnel | Athletic Director: **NAME**  PHONE: **555-111-5555 or 111-555-1111**  Principal: **NAME** PHONE: **555-111-5555 or 111-555-1111** |
| Transportation for athletes who don’t require ambulance | Parent or guardian |
| Emergency phone #s  Access to emergency personnel | 911 **OR** local fire/ambulance: **555-111-5555**  Athletic Trainer **NAME: 555-111-5555**  **Local Hospital 1: 555-111-5555**  **Local Hospital 2: 555-111-5555** |
| Lightning shelter | Inside the building away from windows |

APPENDIX F Continued

**Venue Specific Emergency Plan**

**Location: SPORT SPECIFIC FIELD OFF CAMPUS Street Anytown, NH**

**Phone: 555-111-5555**

|  |  |
| --- | --- |
| Activate EMS | Call 911 or **555-111-5555**. Whenever possible, ask a police officer to make a radio call rather than telephoning. |
| AED locations | Athletic trainer, when present will carry a portable AED. Other AEDs may not be available. |
| Venue access instructions for EMS | Instruct the dispatcher to have emergency personnel enter through **specific** **gate**. Specify the field as the location and describe where the gate access is. |
| Instructions to EMS; other info to provide EMS | “Respond to **SPORT SPECIFIC FIELD** at **OFF CAMPUS ST**. and meet the sports medicine staff at **EXACT LOCATION – *HOME PLATE***. We have an injured student-athlete in need of emergency medical treatment”(specify problem and first aid treatment initiated if possible.  State your name, venue address and phone number, # of victims/type of injury or illness. |
| Role/responsibilities of MDs, ATCs, and coaches in an emergency | MD (if present) will supervise and direct the care of the injured or ill person. ATC will provide care under the direction of the physician.  Coach will assist the medical staff as needed including activation of the EMS, providing emotional support for the injured athlete, and maintain order. |
| Location of athlete emergency info | Coaches have copies of all consent to treat and emergency info in their med kits/travel bags. ATC also has copies. |
| Notifying parents or guardians | Athletic trainer or school personnel will make notification. |
| Notifying appropriate school personnel | Athletic Director**: NAME PHONE: 555-111-5555 or 111-555-1111**  Principal: **NAME PHONE: 555-111-5555 or 111-555-1111** |
| Transportation for athletes who don’t require ambulance | Parent or guardian |
| Emergency phone #s  Access to emergency personnel | 911 **OR** local fire/ambulance: **555-111-5555**  Athletic Trainer **NAME: 555-111-5555**  **Local Hospital 1: 555-111-5555**  **Local Hospital 2: 555-111-5555** |
| Lightning shelter | Cars and busses |

APPENDIX F Continued

**Venue Specific Emergency Plan**

**Location: ICE HOCKEY RINK NAME OFF CAMPUS Street Anytown, NH**

**Phone: 555-111-5555**

|  |  |
| --- | --- |
| Activate EMS | Call 911 or **555-111-5555**. If no cell phone is available, use the phone at the lobby desk or concession area. Whenever possible, ask a police officer to make a radio call rather than telephoning. |
| AED locations | Athletic trainer, when present will carry a portable AED. Other AEDs are located in the lobby (check with rink management for location). |
| Venue access instructions for EMS | Instruct the dispatcher to have emergency personnel enter through the door labeled **??**. Specify the rink **A or B** as the location and describe where the door access is. |
| Instructions to EMS; other info to provide EMS | “Respond to **ICE HOCKEY RINK NAME** at **NAME OF ST**. and meet the sports medicine staff at **EXACT LOCATION – *RINK ??*.** We have an injured student-athlete in need of emergency medical treatment”(specify problem and first aid treatment initiated if possible.  State your name, venue address and phone number, # of victims/type of injury or illness. |
| Role/responsibilities of MDs, ATCs, and coaches in an emergency | MD (if present) will supervise and direct the care of the injured or ill person. ATC will provide care under the direction of the physician.  Coach will assist the medical staff as needed including activation of the EMS, providing emotional support for the injured athlete, and maintain order. |
| Location of athlete emergency info | Coaches have copies of all consent to treat and emergency info in their med kits/travel bags. ATC also has copies. |
| Notifying parents or guardians | Athletic trainer or school personnel will make notification. |
| Notifying appropriate school personnel | Athletic Director: **NAME PHONE: 555-111-5555 or 111-555-1111**  Principal: **NAME PHONE: 555-111-5555 or 111-555-1111** |
| Transportation for athletes who don’t require ambulance | Parent or guardian |
| Emergency phone #s  Access to emergency personnel | 911 **OR** local fire/ambulance: **555-111-5555**  Athletic Trainer **NAME: 555-111-5555**  **Local Hospital 1: 555-111-5555**  **Local Hospital 2: 555-111-5555** |
| Lightning shelter | Not applicable |

APPENDIX F Continued

**Venue Specific Emergency Plan**

**Location:**

**Phone: 555-111-5555**

|  |  |
| --- | --- |
| Activate EMS | Call 911 or **555-111-5555**. |
| AED locations |  |
| Venue access instructions for EMS |  |
| Instructions to EMS; other info to provide EMS |  |
| Role/responsibilities of MDs, ATCs, and coaches in an emergency |  |
| Location of athlete emergency info |  |
| Notifying parents or guardians |  |
| Notifying appropriate school personnel | Athletic Director: **NAME PHONE: 555-111-5555 or 111-555-1111**  Principal: **NAME PHONE: 555-111-5555 or 111-555-1111** |
| Transportation for athletes who don’t require ambulance |  |
| Emergency phone #s  Access to emergency personnel | 911 **OR** local fire/ambulance: **555-111-5555**  Athletic Trainer **NAME: 555-111-5555**  **Local Hospital 1: 555-111-5555**  **Local Hospital 2: 555-111-5555** |
| Lightning shelter |  |

APPENDIX G

*YOUR* High School Athletic Department

**Student Incident Report**

Name Grade Sex Age Date of Birth

Name of Parent/Guardian

Home Address Phone Number

Time of Incident AM or PM Date Location

Name of Sport

Name of supervisor Did supervisor witness accident? Y N

Explain how incident is alleged to have occurred. (Name the person who provided this information)

Name, address and phone number of witnesses (Indicate if none):

Reported by Time Date

Description of injury observed; include body part and state right or left (Indicate if none):

What First Aid was administered and by whom? (Indicate if none)

Did student receive immediate medical attention from physician? Y N Hospital? Y N

If yes, name, address and phone number of physician or hospital

Name, relationship to injured, address and phone number of family member contacted (List by whom, date and time)

If unable to contact anyone, explain why:

Did the student remain at school until the end of the activity? Yes No

If no, where was student taken and by whom:

Name of individual filling out form: Position: Time/Date

Reviewed by: Principal and/or designee

Other (Specify)

APPENDIX H

***YOUR* High School Plan Review – After Action/Periodic**

|  |
| --- |
| 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 I

**The following four spectator behavior policies are samples that you may be able to incorporate into your program/plan. Keep them enforceable and reasonable. Depending on where they are being posted, you can keep them concise - if on the gym wall or part of a program - then post a more detailed one in handbooks, online, etc.**

**SPECTATOR CONDUCT AT ATHLETIC ACTIVITIES**

School athletic activities are an important part of the school program and offer students the opportunity to participate in a variety of activities not offered during the regular school day. School athletic activities are provided for the enjoyment and for the opportunity they afford the students.

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 Milford School District Superintendent may recommend the exclusion of the spectator at future activities.

 Upon recommendation of the Superintendent, the Milford School District Board of Education may cause a notice of exclusion from school athletic activities to be sent 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. If a spectator has been notified of exclusion and thereafter attends a school athletic activity, the spectator shall be advised that his/her attendance will result in prosecution. The school district may obtain a court order for permanent exclusion from future school athletic activities.

*~MILFORD SCHOOL DISTRICT Milford, Delaware 19963 POLICY 1011*

APPENDIX I Continued

**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 profanity
5. No spectators on the court, field, locker rooms, or team benches
6. Be courteous of the spectators around you
7. No throwing of objects, paper, etc.
8. Students in grades K-6 must be supervised by an adult

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 playing area and team benches.

BE LOUD, BE PROUD, BE POSITIVE!

*~Fredonia School District Fredonia, NY* [*https://www.fredonia.wnyric.org/Page/188*](https://www.fredonia.wnyric.org/Page/188)

**SECTION V SPECTATOR CODE OF BEHAVIOR/ETHICS:**

 It is the responsibility of the spectator to:

1. Keep cheering positive. There should be no profanity or degrading language/gestures.
2. Avoid actions that offend visiting teams or individual players.
3. Show appreciation of good play by both teams.
4. Learn the rules of the game to be a better informed spectator.
5. Treat all visiting teams in a manner in which you would expect to be treated.
6. Accept the judgment of coaches and officials.
7. Encourage other spectators to participate in the spirit of good sportsmanship.
8. Avoid the use, abuse and resulting negative influence of drugs--including alcohol and tobacco.

*~Manchester-Shortsville Central School District 1506 Rt 21, Shortsville, NY 14548*

## A CODE OF ETHICS FOR SPECTATORS

Believing that sportsmanship is a by-product of a spirit of tolerance and good will and the centering of attention on the good qualities of all involved, and believing that my conduct is an important part of the school athletic program, I pledge myself to act in accordance with these principles.

*As an athletic spectator I will:*

1. Exemplify the highest moral character, behavior and leadership so as to be a worthy example.
2. Maintain and exhibit poise, self-discipline and restraint during the contest.
3. Conduct myself in such a manner that attention is drawn not to me, but to the participants playing in the game.
4. Regulate my actions at all times so that I will be a credit to the team I support, knowing the school gets the praise or the blame for my conduct since I represent my school in the same way as the athlete.
5. Support all reasonable moves to improve good sportsmanship.

APPENDIX I Continued

1. Treat the visiting team and spectators as guests, being courteous and fair
2. Avoid actions that will offend the individual athlete.
3. Accept the judgment of the coach.
4. Honor the rights of the visitors in a manner in which I would expect to be treated.
5. Respect the property of the school.
6. Display good sportsmanship by being modest in victory and gracious in defeat.
7. Pay respects to both teams as they enter for competition.
8. Appreciate the good plays by both teams.
9. Show sympathy for an injured player.
10. Regard the officials as guests and treat them as such.
11. Direct my energy to encouraging my team rather than booing the officials.
12. Believe that the officials are fair and accept their decisions as final.
13. Learn the rules of the game in order to try to be a more intelligent fan.
14. Consider it a duty and privilege to encourage everyone to live up to the spirit of the rules of fair play and sportsmanship.
15. Realize that privileges are invariably associated with great responsibilities and that spectators have great responsibilities.

*~ Winnacunnet High School Hampton, NH Handbook 2018-19*

APPENDIX J NH 7 RESPONSE ACTIONS

|  |
| --- |
| ***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 | * 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 or a hostage situation.**  **Staff and students should:**   |  |  | | --- | --- | | * Evacuate the immediate area of danger * Call 911 * Staff should notify office of situation * 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   (if action wasn’t initiated by the office) | * Report to a designated meeting area * Check for injuries * Staff will take attendance * Remain quiet for further instructions | |
| ***Scan*** |
| **Activated when it is necessary for staff to look around their area for any item which doesn’t belong there. Scan will be activated primary in the case of a Bomb Threat, but could be utilized for any situation that required the staff to look for an item which may cause harm.**  **Scan starts High, Middle and then Low. When notified, staff should:**   |  |  | | --- | --- | | * Look around your room (area) for anything you are unable to identify * If something is found, evacuate to a safer   area   * Do not use radios or cell phones if incident   is a Bomb Threat | * Do not move, open or touch a suspicious object; ***EVACUATE*** the area or room * Notify office of location and description of   suspicious item or that your area is clear   * Remain quiet and await instructions | |

***Analysis of Responses***

***ASSESSMENT AND EVALUATION***

**Athletic Emergency Action Plan Questionnaire**

1. Do you have a specific Athletic/After School Emergency Action Plan? (not your school day EAP)

8 Yes 9 No

1 – Yes, but not this complete; 1 – Yes, school day plan only, one in the same; 1 – Yes, what the NHIAA has online

***If NO, please skip to question #6***

1. If yes, how long has it been in place?

2, 3, 4, 5, 6, 8, 10, 15 # Years

1. How often is it reviewed?

1 After each season 6 Annually 1 Not at all

1. How many times has it been revised?

2 Never 5 1-3 Times 1 More than 3 times

1. Were you part of the team who helped to develop/implement it?

4 Yes 4 No

1. Did you find that the plan/guide presented could be easily integrated/implemented to your school community with few drawbacks?

15 Yes 1 No 1 Did not answer

1. What were the major concerns you had with the plan/guide presented?

* *With turnover of coaches making sure all know plans*
* *Changes or limitations to access for safety offsite*
* *It’s large-getting upwards of 100 coaches familiar with this will be challenging*
* *Lack of safe spaces to send kids. Limits to personnel: no trainer, admin not available, etc.*
* *I think this is a great tool. I don’t see any concerns.*
* *None, it was great!*
* *The plan was great and provides opportunities for us to adjust.*
* *Just after school coverage. Me alone.*
* *None, the info was great.*
* *Is there a point where there’s just too much to cover, are there places to group things together more?*
* *None, looks like very easy to implement what was provided.*
* *No concerns on plan. It looks fabulous, Concerns related to getting it implemented.*
* *Getting the plan implemented for the middle school level.*
* *No concerns. Tremendous resource especially with the ability to customize for schools.*
* *It is a lot of information (all important) but would wonder how to scale it down for coaches, maybe binders at each field?*

1. What changes/edits would you make to the plan/guide presented?

* *Active shooter addition*
* *Maybe a table of contents to help locate more readily*
* *XC/Nordic train off campus and how to deal with it*
* *I feel as though it was very thorough.*
* *Edits to personalize to our school*
* *N/A*
* *None*
* *Nothing*
* *Honestly, don’t know enough, this is new territory to me.*
* *Any edits from administration can be easily done*
* *Looks great! Is there any way to have some on the coaches phone to act quickly?*

1. What areas have not been addressed that need to be a part of the plan/guide?

* *Active shooter*
* *None that I can think of*
* *Away games-injured student and one coach-how to deal with them. XC/Nordic trains off campus with various routes etc.*
* *All were addressed.*
* *AED location “training”*
* *Next step…active shooter but understandable why not included.*
* *Great start for a plan*
* *See above. – (Don’t know enough – new territory)*
* *None that I can think of.*
* *Other than active shooter all is covered.*
* *All looks good!*

1. Is this a format that is easily “fillable”, “copy and paste” to get a plan implemented in your school district?

* *Very much*
* *Yes, nice forms!*
* *Yes. This is definitely something I will use.*
* *Yes!*
* *Yes, very easy to use.*
* *Should be!*

1. What tools do you need to better accomplish this process?

* *The template is good. Easy way to start.*
* *Checklist on exactly what to do?*
* *Help from administration to support the plan*
* *Access to the documents*
* *Cooperation from staff/athletes*
* *Buy in from other staff members*
* *Strange but hard to find “box” med kits nowadays. Went to glue/tape numbers etc. to top but they don’t make them.*
* *Buy in for all*

1. What issues/concerns do you see that your school administration would have with this plan/guide?

* *Getting on all board together*
* *Not formed by a committee*
* *How it integrates with our school EAP*
* *None, I think they would be thrilled to have in place.*
* *Agreeing to a plan that can be shared with community*
* *Minimal if any at all*
* *No major issues. Just need to incorporate with existing language and facilities.*
* *Lack of resources. No trainer, admins don’t stick around, no clear place to go with some facilities for thunder/lightning. They listen, nod yes that could be a problem, don’t do anything-hopefully never happens!*

13. Other comments that would assist in making this a viable plan in your school?

*- Looks good, I plan on using!*

*- None great job*

*- Great job, thank you!*

*- Get it done!*

*- Small schools limited resources in many areas*

*- Time and willingness from people in district to approve/push*

*- Well done.*

**Conclusion**

Leadership Training Course 630 was the springboard that set this project in motion. The materials and resources from the course assisted in the creation of this athletic emergency action plan/guide. Information was also gleaned from LTC 631 and most recently from the newest CMAA required course, LTC 510. The information that was provided set the wheels in motion to learn as much as possible and to look elsewhere for resources. The Korey Stringer Institute and Safe Sport Zone were two additional sources of information that provided key elements to this project. Attending the National Athletic Directors Conference sessions that offered emergency planning information also proved worthwhile. Listening to Jay Hammes, John DiColo and the Anyone Can Save A Life program presentations provided pertinent information for inclusion in this document.

A plan is a necessary tool to have in emergency situations. The key is establishing an emergency management team who works together and has open and honest conversations for the safety of all. The downfall of the plan is not practicing it, not training coaches and athletes how to respond, and not reviewing it. To quote Jay Hammes, “We play the way we practice.” This is especially critical in responding to emergencies. If we know what to do and have practiced it, we have a better chance of being successful. Remain calm, put a plan in place for prevention/response and take time to revisit/review regularly.

Based on feedback from all groups, a variety of edits were made. Additional headings were added for specific content areas, bulleted sections were added in place of narrative so that it could be used more in a checklist manner and a table of contents was added. On page 6, injury statistics were added along with survival rate percentages using an AED. In Appendix G, language was added to ensure that the incident report used during the day and after school are the same document to eliminate confusion and be on the same page with what is being documented. In the “What” of the project, pages 3-4, it was specified that this project did not include specific guidelines for active shooter drills and encouraged meaningful dialogue to include additional protocols. That was due to the fact that many schools have different plans for this type of emergency and the layouts of the campuses are so different. As a result of feedback from the presentations, the narrative relative to Appendix J on page 12 was elaborated upon to include more information on active shooter protocols being used in schools and the importance to have a plan that can be practiced during and after school and that it would coordinate with the school day plan. One question was asked about having some of this information on coach’s phones. With this being available online for development and editing, this can be sent electronically to coaches.

Heat Stress and Heat Illness, pages 14-17, was updated with more recent information. Best practices were added in from the National Athletic Trainers Association and the American Academy of Pediatrics. The resources and suggestions were provided from a meeting with Heidi Kirby, ATC.

This document, like curriculum, needs to be a living document that is developed, explained, practiced and updated regularly, not put on a shelf and hope for the best. A committee from each school needs to review the information herein to find what works best for their school and community. Some parts may be easily adaptable, other not so. Getting emergency services personnel on board to make this the most viable and safe plan is imperative for all community members.

The reality is that each school is unique in size/population, demographics, assistance/personnel available at events, resources available after school on/off campus-ATC, transportation, etc., and the ability/support to implement a plan in a timely manner. This plan/guide has a variety of information that can be overwhelming at first glance. Getting a team together to look at what will work best for each school and at the very minimum implement the least restrictive elements to get this off the ground.

Some stated in the presentations that development of a plan will be their summer project. Others who were unable to attend the session asked for information regarding the presentation not realizing it would be available online. Athletic Directors were grateful for the information and felt that it would be useful for them in their school districts. Feedback was provided from 17 people. Overall, in all meetings, 28 were exposed to this plan/guide. Not everyone handed in feedback questionnaires.

Health and safety are a priority and putting our heads in the sand hoping something won’t happen is negligible. Once this is uploaded online for administrators to access, I will be a resource if questions come up. I learned a great deal from putting this in writing in this format. Creating templates and narratives to explain each was difficult at times to ensure that it was in understandable terms. The best practices of heat stress were enlightening. Information availability on this topic is immense but breaking it down was time consuming. As much as this is an attempt at making an athletic after school emergency plan a reality in all schools, time and support is always an issue, but at what cost?

**REFERENCES:**

# Bergeron, Michael F., PhD: Cynthia Devore, MD; Stephen G. Rice, MD, PhD, MPH, Climatic Heat Stress and Exercising Children and Adolescents, Pediatrics, September 2011, Volume 128 / Issue 3

DiColo, John, CMAA - Athletic Manual Presentation at NADC December 2011

[Emergency Action Plans | Korey Stringer Institute](file:///Users/caroldozibrin/Downloads/Emergency Action Plans | Korey Stringer Institutehttps:/ksi.uconn.edu/prevention/emergency-action-plans/)

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Manchester-Shortsville Central School District 1506 Rt 21, Shortsville, NY 14548

[Model Door Numbering System](http://Model Door Numbering Systemwww.safeschools.info/docman/doc_download/433-door-numbering-model)

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National Athletic Trainers’ Association Official Statement on Athletic Health Care Provider “Time Outs” Before Athletic Events, 2012. Accessed at [www.nata.org](http://www.nata.org/).

National Federation of State High School Associations

[Anyone Can Save a Life – Emergency Action Planning Program](http://www.anyonecansavealife.org/)

National High School Sports-Related Injury Surveillance Study [http://www.ucdenver.edu/academics/colleges/PublicHealth/research/ResearchProjects/ piper/projects/RIO/Documents/2016-17.pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/ResearchProjects/%09piper/projects/RIO/Documents/2016-17.pdf)

New Hampshire Interscholastic Athletic Association Policies and Procedures manuals

<http://nhiaa.org/ckfinder/userfiles/files/acclimit.pdf>

NH Homeland Security and Emergency Management for Comprehensive Emergency Management Planning for Schools (CEMPS)

Legal References: • RSA 189:64, Emergency Response Plans • RSA 193-D, Safe School Zones • RSA 193-F, Pupil Safety and Violence Prevention • NH Code of Admin. Rule. Section Ed. 306.04(a)(2), Promoting School Safety

[DOC][New Hampshire Seven Recommended Response Actions - NH.gov](https://prd.blogs.nh.gov/dos/hsem/wp-content/uploads/2016/12/NH-Seven-Response-Actions.doc)

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NIAAA Leadership Training Course 630 Athletic Administration: Interscholastic Contest Management Planning Preparation and Methods

NIAAA Leadership Training Course 631 Athletic Administration: Emergency Management of Interscholastic Athletic Events

NIAAA Leadership Training Course 510 Athletic Administration: Legal Issues IV (Social Media, Transgender Participation, Event Management & Security, Pregnant & Parenting Student-Athletes, & Intellectual Property

Williams, Mary, RN, DC

[https://www.cprcertified.com/blog/aed-s-101-what-they-are-what-theyre-for-and-why- you-should-learn-to-use-one](https://www.cprcertified.com/blog/aed-s-101-what-they-are-what-theyre-for-and-why-%09you-should-learn-to-use-one)

Winnacunnet High School Coaches Handbook 2018-19

Winnacunnet High School Student Athlete Parent Handbook 2018-19

**RESOURCES:**

Automated External Defibrillator Maintenance Checklist

<https://www.co.washington.or.us/HHS/EMS/upload/AED-AHA-Maintenance-Checklist.pdf>

Automated External Defibrillator Monthly Inspection Log

<http://nhada.net/documents/aed-monthly-inspection-log>

Customizable Concussion Fact Sheet for YOUR High School Athletes

<https://www.cdc.gov/headsup/resources/custom.html#imagePreview>

Scribble Maps

[https://www.scribblemaps.com](https://www.scribblemaps.com/)

<https://www.cdc.gov/disasters/extremeheat/pdf/Heat_Related_Illness.pdf>

<https://www.nata.org/sites/default/files/hydration_heat_illness_handout.pdf>

AED Symbol for Campus Map:

