

New Milford High School Emergency Action Plan



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Overview of the Emergency Action Plan

Emergencies (life and non-life threatening) situations may arise during athletic practices and competitions. Prompt and safe handling of the emergency situation is necessary for the protection of the athlete and helps provide the best possible care.

Emergency Action Plan (EAP) preparation and safety of the athletes begins with the athletic trainers, training in basic first aid, CPR and AED certification for all coaches, emergency procedures before, during and after an event or practice, management of personnel (emergency and non-emergency), and equipment and materials. Hopefully through training, careful screening of the athletes, coverage of athletic events, safe practice and training techniques some situations can be avoided and when they do occur the situation will be handled safely. Not all injuries are considered emergencies; the EAP will cover procedures for reporting non-emergency injuries to the athletic trainers. This plan will serve as a guideline for the management of emergency as well as non-emergency situations at New Milford High School, New Milford Connecticut.

Being prepared is of the utmost importance in successful management of any emergency. It is crucial that all members of the Athletic Department and emergency personnel take ownership and responsibility for this Emergency Action Plan. This plan will be revised as venues are changed or added, additional emergency equipment is added, and additional personnel are added. Yearly review and situational practice of this plan will ensure that all members are adequately trained and prepared for an emergency. The Emergency Action Plan should serve as a skeleton of personnel, roles, and communication, but should not in any way limit a provider's reasonable variance from this plan in order to manage an emergency appropriately.

New Milford High School Sports Medicine Vision Statement

The vision for the Athletic Trainer at New Milford High School is to help ensure that the athletes enjoy a safe and happy playing career. We strive to give quality care to all New Milford High School athletes out on the practice and game fields each and every time. The Athletic Trainers strive to add to the community of New Milford High School, and promote quality from all members of the sports medicine team.

New Milford High School Athletic Trainer Mission Statement

“Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. (<http://nata.org/athletic-training>)

I. Communication of Emergency and Non-Emergency Injuries:

- A.** Timely activation and effective communication is vital to the successful management of any emergency or non-emergency. It is important that each member of the emergency response team be familiar with methods of emergency communication.
- B. Athletic Trainer**
 - i. Emergency**
 - 1. Athletic trainer and Athletic Director will be notified of any athletic emergency and non-emergency situation
 - 2. Athletic trainer will notify emergency services if the situation calls for activation of EMS
 - 3. If the Athletic Trainer is unable to call, a coach will be delegated this responsibility
 - 4. Other emergency personnel will help with crowd control or assist as needed depending on the situation.
 - 5. Parents will be notified by either Athletic Trainer or coach of situation
 - ii. Non-Emergency**
 - 1. If possible the Athletic Trainer will be notified to take care of this situation
 - 2. If qualified, the Coach can take care of non-emergencies if an Athletic Trainer is not present.
 - 3. If Coach or other qualified personnel take care of a non-emergency situation, an Athletic Trainer should be notified in a timely manner
- C. Coaches**
 - i. Emergency (Athletic Trainer Present)**
 - 1. Support Athletic Trainer in the needs of caring for the athlete
 - 2. Keep the crowd under control and assist the Athletic Trainer
 - 3. Have one coach meet the EMS at the door or entrance to guide EMS to the injury scene
 - 4. Make sure the parents have been notified of the situation by either the Athletic Trainer or coach
 - 5. If athlete needs to be transported by EMS to hospital, either the parent should be meeting them at the hospital or a coach should be accompanying the athlete
 - ii. Non-emergency**
 - 1. If the athlete requires transport not via EMS to hospital or Physician, a parent should transport the athlete
 - iii. Coaches or Students will not transport injured athletes. If parent is unavailable and immediate care is needed then 911/EMS should be contacted**
- D. Administration**
 - i. Support Athletic Trainer in the needs of caring for the athlete**
 - ii. Keep the crowd under control and assist the Athletic Trainer**
- E. Emergency Documentation**
 - i. Emergency management of severe injury or illness must be properly documented.**
 - ii. If a NMHS student-athlete or visiting student-athlete is injured and the NMHS Athletic Trainer performs the assessment and treatment, they are responsible for completing an electronic injury report.**
 - iii. If NMHS Athletic Trainer is not present during an emergency situation and the EAP is activated the activating coach is responsible to fill out an accident report and submit it to the Athletic Director.**
 - iv. When the NMHS Athletic Trainer is not present during an incident, they should be notified immediately. All Contact numbers are listed directly below.**

F. Emergency Contact Phone Numbers

- | | |
|--|-----------------------------|
| i. Athletic Trainer: Riley Burns | 860-350-6647 x1413 |
| ii. Director of Athletics: Keith Lipinsky | 860-350-6647 x1411 |
| iii. Nurse: Linda Westlake, John Fisher | 860-350-6647 x1164 or x1165 |
| iv. Principal: Ray Manka | 860-350-6647 x1174 |
| v. Team Physician: John Mullen MD. | 860-355-8000 |
| vi. Counsellors: | |
| 1. Erin Moriarty | 860-350-6647 x1153 |
| 2. Maureen Dougherty | 860-350-6647 x1156 |
| 3. Claudia DeMoura | 860-350-6647 x1151 |
| 4. Meg White | 860-350-6647 x1152 |
| 5. Sierra Calo | 860-350-6647 x1155 |
| 6. Kia McKelvey | 860-350-6647 x1154 |
| vii. Resource Officer: Brian Bollaro | 860-350-6647 x1175 |
| viii. Psychologists: Laura Ayres, Diana Spedafino | 860-350-6647 x1150 or x1158 |
| ix. Social Workers: Dawn Wittich, Renetta Alexander-Edmund | 860-350-6647 x1159 or x1160 |
| x. Child Welfare/Protective Services: | 800-842-2288 |
| xi. Crisis Hotline: 2-1-1 (National) or (203)739-7799 (Danbury Hospital) | |

II. Emergency Equipment

- A. Appropriate emergency equipment is located in close proximity to the athletic trainers for competitions and practices. Personal protective equipment (PPE) and CPR masks are carried with the athletic trainers and in coach's medical kits (gloves and CPR masks) while at a practice or competition. Additional emergency equipment is contained in the athletic training room or on the golf cart. Vacuum splints and cervical collar are located in the athletic training room for indoor events, and taken outdoors for practices and competitions in accordance with the possible risk of injury. All coaches and athletic training staff should be familiar with the location of the AED(s).
- Face Mask Removal Tool
 - AED
 - Foam Vacuum Splints
 - Personal Protective Equipment
 - CPR Mask
 - Pulse Oximeter
 - Bag Valve Resuscitator
 - Wet Bulb Globe Thermometer
 - Cold Water Emersion Tub
 - Continuous Temperature Monitor
 - Cervical Collar
- B. Emergency Medical Services
- Emergency Medical Services (EMS) will be expected to bring their own equipment to the scene. Depending on the situation, a backboard, a cervical collar, a gurney, and other devices will be employed to tend to the athlete. Athletic Trainers will be the first to help the EMS as needed. Coaches may be asked to help with equipment under the supervision of EMS
- C. AED Triage Plan
- Purpose: To establish a plan for location of the fixed and portable AED's that are housed on the New Milford High School campus. Three fixed AED's are located inside the school. The first is located on the first floor in the physical education wing by the athletic director's office, the second is located on the first floor in the theatre wing and the third is located on the second floor

in the front rotunda. A portable AED is kept with the athletic trainer and is stored either in the athletic training room (during the winter season) or on the golf cart in the booster garage (during the fall and spring seasons). This plan is for utilization of the AED's that are maintained by the athletic training staff (portable) and nurses (fixed).

- ii. Personnel: Certified Athletic Trainers will be responsible for ensuring that the portable AED is incorporated into the sideline equipment according to this triage/priority plan.
 - iii. Rationale: The AED has been shown to be invaluable in emergency medicine and has been shown to be effective in treating cardiac arrhythmias caused by various mechanisms.
 - iv. Cardiac contusion or commotion cordis is an arrhythmia that can be successfully treated with an AED. Cardiac arrhythmias are also linked to the non-athletic population, such as referees and bystanders at athletic events. Other sudden cardiac events can occur in the athletic population without warning signs in what are considered otherwise healthy athletes. The AED has come to be recognized as part of the athletic trainers sideline equipment. The plan below is written so that this piece of equipment is located at the location where it can have the most impact.
 - v. Plan: The athletic trainer will be in possession of the portable AED. The athletic trainer will consider the above scenarios where an AED may be needed. The following factors should be taken into account when determining where the Athletic Trainer will be with this valuable resource:
 1. Nature of event, e.g. impact vs. non-impact risk
 2. Number of participants and bystanders
 3. Environmental conditions, i.e. lightning, heat, cold
 4. Number and location of other athletic events occurring at the same time
 5. Proximity to fixed AED's
 6. On-campus vs. off campus events
 - vi. The athletic trainer should use his or her best judgment when determining where to place the AED's when multiple events require it, using the above considerations and the guidelines below.
 1. The AED should be located outdoors when one or more outdoor events (practices or games) are occurring.
 2. The best location may be on the golf cart so that it can be quickly transported to the necessary location.
 - vii. Portable AED's
 1. Medtronic Lifepak AED
 2. Locations: This AED is always with the Athletic Trainer; either in the athletic training room or at the venue with the Athletic Trainer.
 - viii. Fixed AED's
 1. Medtronic Lifepak AED
 2. Locations: North end of physical education wing next to Athletic Directors Office, First floor theatre wing and the second floor in the front rotunda.
- D. Foam Vacuum Splints
- i. Foam Vacuum splints are used for the immobilization of an injury to an extremity. They will be used if a fracture or break in a bone is deemed unstable for transportation. The vacuum splints are in a red bag and are stored either on the gator (fall and spring seasons) or under the treatment tables in the athletic training room (winter season).
- E. Personal Protection Equipment
- i. Personal Protection Equipment (PPE) includes gloves, and other barrier devices used in treating an athlete's injury. They will be worn when treating an athlete, and when there are biological hazards. Each coach's medical kit along with the athletic Trainers medical kit has gloves. The athletic training room has extra gloves and other barrier devices.

- F. CPR Masks/Bag Mask Valve
 - i. CPR Masks and bag mask valve are used during CPR and rescue breathing. They are used to protect the person giving and receiving CPR and rescue breathing from biological hazards. Barriers are located in the coach's medical kits and the athletic trainer's medical kit.
- G. Pulse Oximeter
 - i. A noninvasive device used to monitor a person's oxygen saturation levels and heart rate. The device is placed on a thin part of the patient's body, usually a fingertip. It passes two wavelengths of light through the body part to a photodetector. It measures the changing absorbance at each of the wavelengths, allowing it to determine the absorbance's due to the pulsing arterial blood alone
- H. Continuous Temperature Monitor
 - i. Rectal temperature is the clinical gold standard for obtaining an accurate core temperature during exertional heat illness. The continuous temperature monitor allows for a continuous temperature reading during the cooling phase.
- I. Wet Bulb Globe Thermometer
 - i. A device used to measure environmental heat stress. The device takes into consideration ambient temperature, humidity, wind speed and solar radiation to determine heat stress. The information allows for safe participation in heat by allowing practice/game modifications based on heat stress levels.
- J. Cold Water Emersion Tub
 - i. A cold-water emersion tub is used when treating heat related illnesses when the core body temperature needs to be decreased. The tub will be kept in the booster barn and will be filled with ice and water whenever high temperature/humidity occurs
- K. Continuous Temperature Monitor
 - i. A continuous temperature monitor is used to obtain core body temperature during a heat stress event.
- L. Cervical Collar
 - i. A cervical collar is used when a cervical neck injury has occurred and immobilization is needed for the injury. It will be kept on the gator (fall and spring season) or the athletic training room (winter season).
- M. Facemask removal tool (I.e. Trainer Angels, FM Extractor, Screw Driver, Screw Gun)
 - i. Facemask removal tools are used when a facemask or helmet needs to be removed due to an injury. These tools are kept in the athletic trainer's medical kit and/or fanny pack.
- N. BioHazard Clean Up
 - i. Athletic training room is stocked with an Emergency Response Pack for the absorption and disposal of small amounts of potentially harmful blood and body fluids.

III. Emergency Personnel:

- A. In almost every instance, a certified athletic trainer will be on site for home practices and competitions and would be the primary emergency care provider. If these personnel are not on-site, a coach will be the first responder and will have access to emergency communication as outlined by the venue plan.
- B. Chain of Command
 - i. Athletic Trainer
 - ii. Team Physician (if present)
 - iii. EMS/EMT
 - iv. Coach
 - v. Athletic Administration
- C. Roles of the Emergency Management Team
 - i. The first role of the team is immediate care of the injured or ill athlete. The most qualified personnel on the scene will assume this role. This will include basic and advanced CPR and first aid techniques.
 - ii. The second role in an emergency is the activation of Emergency Medical Services. This should be done as soon as the situation is deemed an emergency or life-threatening event. The person responsible for immediate care of the athlete will designate one person to fill this role. The person chosen to perform this duty should be someone who is calm under stressful situations, and can speak clearly. This person needs to have a thorough understanding of the location of the emergency and type of emergency. Information to be provided to EMS is listed on the Venue Specific Emergency Plan.
 - iii. The third role is retrieving the proper emergency equipment. This may be done by anyone on the emergency team, but should be someone who is familiar with the location of emergency supplies and the types of emergency supplies. The coaching staff will be instructed where emergency equipment is located within the athletic training rooms ideally in a non-emergent setting.
 - iv. The fourth role of the team is direction of the EMS team to the emergency scene. This may or may not be the same person who was responsible for activation of EMS. This person should be able to move quickly, and have an understanding of emergency access to the facility. Emergency access routes are listed on the Venue Specific Emergency Plan.
- D. Role of the Athletic Trainer
 - i. The athletic trainer will access the scene and injured person/athlete and determine the proper course of treatment. They will also make sure to activate EMS/EMT if the situation requires. If need be, the athletic trainer will give the responsibility to another member of the emergency management team who should follow the instructions written above in the second role. Athletic Trainers will treat the athlete's injury until EMS services arrive. The athletic trainer will report the situation to the EMS personnel who arrive on scene. Then assist as needed to help the EMS in treating the athlete.
- E. Role of the Coaches
 - i. The coach will help assist in the treatment of the athlete by helping retrieve the equipment necessary for treatment. Also, coaches may have the responsibility of calling and activating EMS/EMT services. For instructions on how to speak to these services refer to the venue specific EAP. A coach will need to meet the EMS outside the door or location to lead them to the injured athlete if the athletic trainer is unable to do so. Coaches will also have the responsibility of keeping the players and parent away from the scene.
- F. Role of EMS and EMT

- i. Emergency Medical Services and Emergency Medical Transport will arrive if the situation arises where their presences is required. They bring their own equipment to the scene and may use the equipment we have on hand. All roles will be helping EMS and EMT if they request assistance in treating the athlete. They will treat on scene and on route to the hospital.
- G. Roll of Athletic Administration
- H. Administration will be notified if a medical emergency occurs. They will help control the scene keeping parents and other athletes away from the scene and activate EMS/EMT services if needed.

IV. Inclement Weather Safety

- A. The keys to lightning safety are education and prevention. Education begins with learning appropriate lightning safety tips. Prevention of lightning injuries or casualties should begin long before any outdoor event. This section below will outline lightning safety terminology, procedures, and decision-making.
- B. Outdoor Event Procedures- New Milford High School Responsibilities.
 - i. Prior to Outdoor Events
 - 1. Establish a chain of command that identifies who is to make the call to remove individuals from a field. One person should be selected as the lead contact and should be selected by the head of the organization hosting the event. This can be the individual who reserves the field or a coach at the event.
 - 2. Name a designated weather watcher (A person who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous) on game/practice day. This person can be named earlier in the year for the entire year or on the day of the event by the hosting organization. See section below titled “Evaluating a Lightning Event” for information about determining if an event should be cancelled.
 - 3. Have a means of monitoring local weather forecasts and warnings.
 - 4. Designate a safe shelter for each venue.
 - ii. Evaluating a Lightning Event
 - 1. Timing of Lightning: Lightning strikes to individuals are rare but can be deadly. It is also the most consistent and significant weather hazard that may affect athletic participation. The National Severe Storms Laboratory recommends that athletic participation cease when lightning is detected within 6 miles. For our purposes this will be indicated by either a 50 second flash-to-bang count as assessed by an ATC (certified athletic trainer). This information will be supplemented by monitoring of the Weather Channel as well as local news reports for storm warnings. The decision to delay practices or games will be
 - 2. Flash-to-Bang: To use the flash-to-bang method, begin counting when sighting a lightning flash. Counting is stopped when the associated bang (thunder) is heard. Divide this count by five to determine the distance to the lightning flash (in miles). For example, a flash-to-bang count of fifty seconds equates to a distance of 6 miles. Lightning has struck from as far away as 6 miles from the storm center. “If you hear it, if you see it, flee it” Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest, (irrespective of whether lightning is seen or thunder is heard) until the hazard has passed. Sign of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.
 - 3. This information will be supplemented by monitoring of the Weather Channel as well as local new reports for storm warnings. The decision to delay practices or games will be announced.
 - iii. Day of Event

1. For thunder, use the flash-to-bang count to determine when it is time to go to safety. By the time the flash-to-bang count approaches fifty seconds all individuals should be already inside a safe structure.
 2. If activities are to be suspended, the hosting organization will contact visitors (i.e., teams or groups from other schools) to leave the field and seek shelter (see “Actions of Teams below).
 3. Make the following announcement to spectators via loudspeaker or megaphone:
“Attention ladies and gentlemen, unsafe weather conditions have been detected. The game will be suspended until all lightning activity has passed. The National Severe Storm Laboratory recommends that during thunderstorms people should take shelter inside the school. If you do not chose to go inside the school then go inside your vehicle with a solid metal roof as a safe alternative. If you are unsure of your appropriateness of your automobile, please seek shelter inside immediately.
 4. Team point of contact will ensure field is clear.
 5. Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.
- iv. Actions of Teams: When the decision has been made to delay participation, teams will report to a safe structure. A safe structure 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”. Teams will remain within these structures until thirty minutes after the last bolt of lightning has passed or the last sound of thunder was heard.
- C. National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation
- i. “The National Athletic Trainers’ Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher, and establishing a chain of command. Additionally, a flash-to-bang count of 30 seconds or less should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or longer after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed. Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of land-line telephones during thunderstorms. Also outlined in this document are the prehospital care guidelines for triaging and treating lightning-strike victims. It is important to evaluate victims quickly for apnea, asystole, hypothermia, shock, fractures, and burns. Cardiopulmonary resuscitation is effective in resuscitating pulseless victims of lightning strike. Maintenance of cardiopulmonary resuscitation and first-aid certification should be required of all persons involved in sports and recreational activities.” (Journal of Athletic Training 2000; 35(4):471–477)
- D. Off Site Storm and Emergency Shelters
- i. Candlewood Valley Golf Course
 1. All athletes and spectators should return to the club house or return to their cars
 - ii. Canterbury School
 1. The sports that participate at these venues are inside sports and the athletes should stay inside. In the case of a Tornado all athletes and spectators need to enter the closest building with electrical or plumbing, staying away from doors or windows and get on your hands and knees, head to the wall with your hands covering your head and neck.
 2. All athletes using the swimming pool should follow Canterbury aquatics lightning safety procedures.
- E. On Site Storm and Emergency Shelters
- i. Inside Events

1. All athletes and spectators should remain inside the school building.
- ii. Outside Events
 1. All athletes and spectators should return to the closest entrance of New Milford High School and stay inside. If the school is closed athletes and spectators should return to their buses or cars.
- F. In the case of a Tornado all athletes and spectators need to enter the closest building with electrical or plumbing, staying away from doors or windows and get on hands and knees, head to the wall with your hands covering your head and neck

V. Fire Emergencies

- A. Evacuation of Inside On or off Campus Locations: Exit the space/room through the nearest exit/emergency exit as quickly as possible. Once the building is exited move as far away from the building as possible
- B. Evacuation of Outside Venues: Move as far away from the fire as quickly as possible to a safe place, i.e. car, bus, school or building.

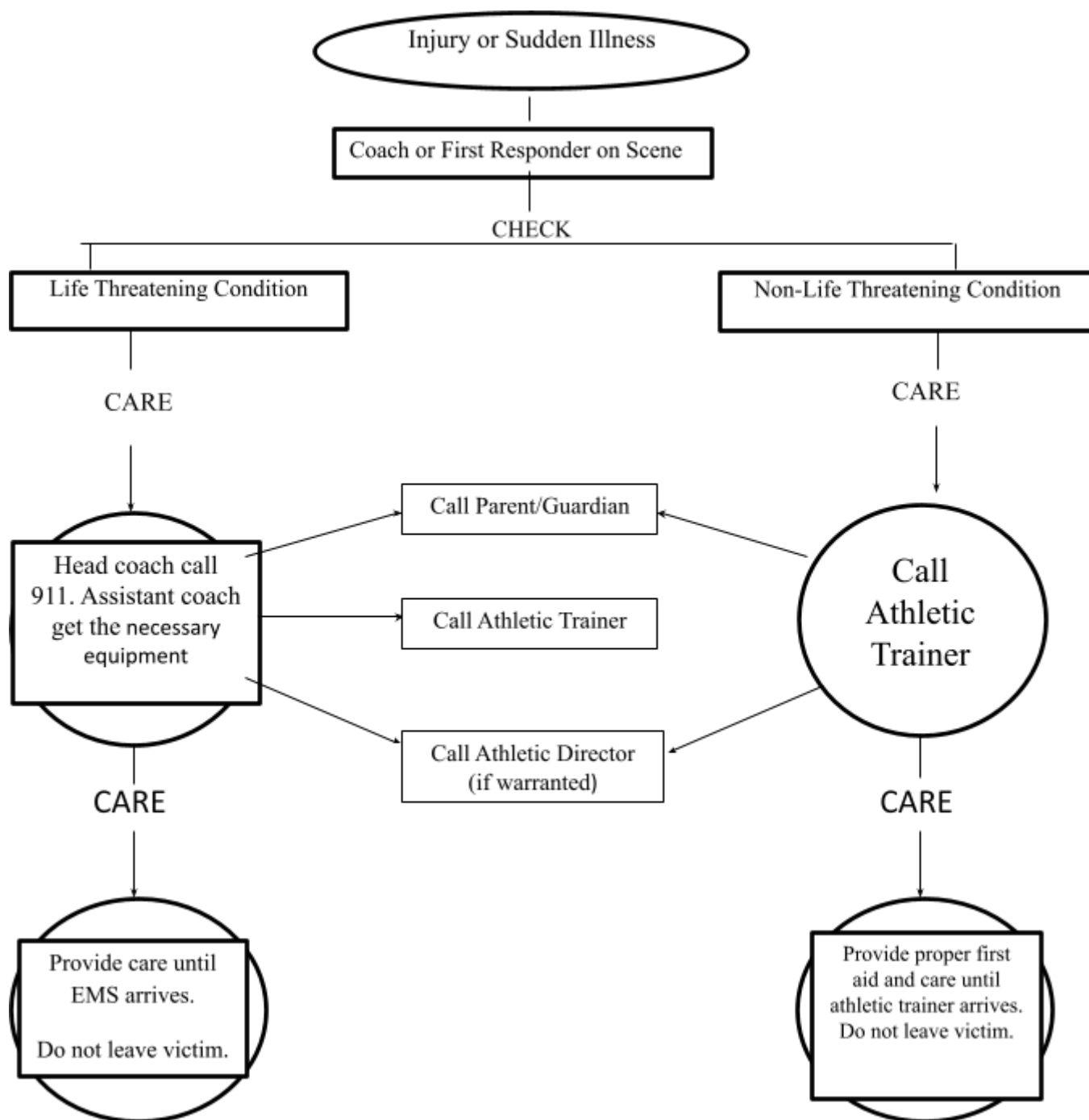
VI. Emergencies Involving Non-athletes

- A. Activate EAP immediately if
 - i. Any loss of consciousness
 - ii. Possible Spine Injury
 - iii. Dislocation, Open Fracture, Displaced Closed Fracture
 - iv. Difficulty or absent breathing or pulse
 - v. Uncertainty of if you have a medical emergency
- B. Stabilize the person and treat wounds
- C. If during School hours of 7:30am and 2:15 pm call the nurse (860)350-6647 using school phone ex 1164
- D. If outside of school hours call emergency services as needed at 911
- E. Contact Administrator

VII. Emergencies for New Milford High School Athletics

- A. Activate EAP immediately if
 - i. Any loss of consciousness
 - ii. Possible Spine Injury
 - iii. Dislocation, Open Fracture, Displaced Closed Fracture
 - iv. Difficulty or absent breathing or pulse
 - v. Uncertainty of if you have a medical emergency

B. Emergency Situation Contact Tree



C. Sudden Cardiac Arrest (SCA)

- i. Management begins with appropriate emergency preparedness, CPR and AED training for all likely first responders, and access to early defibrillation.
- ii. Essential components of SCA management include early activation of EMS, early CPR, early defibrillation and rapid transition to advanced cardiac life support.
- iii. High suspicion of SCA should be maintained for any collapsed and unresponsive athlete.
- iv. Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of having SCA from a condition known as commotio cordis.
- v. Any collapsed and unresponsive athlete should be managed as a sudden cardiac arrest with application of an AED as soon as possible for rhythm analysis and defibrillation, if indicated.
- vi. CPR should be provided while waiting for an AED.
- vii. Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock.
- viii. CPR should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis following two minutes or five cycles of CPR, or until advanced life support providers take over or the victim starts to move.
- ix. Rapid access to the SCA victim should be facilitated for EMS personnel.

D. Heat Illness (Exertional Heat Stroke):

- i. Recognition
 1. The two main criteria for diagnosing EHS are rectal temperature greater than 104°F (40°C) immediately post collapse and central nervous system dysfunction (e.g. irrational behavior, irritability, emotional instability, altered consciousness, collapse, coma, dizziness)
 2. Core body temperature will be assessed using a continuous temperature monitor inserted into the rectum. Rectal temperature is the only way of obtaining an accurate core body temperature during exertional activities. It is the gold standard for measuring core body temperature.
 3. The following are signs and symptoms of EHS
 4. Irrational behavior, irritability, emotional instability
 5. Altered consciousness, coma
 6. Disorientation or dizziness
 7. Headache
 8. Confusion or just look "out of it"
 9. Nausea or vomiting
 10. Diarrhea
 11. Muscle cramps, loss of muscle function/balance, inability to walk
 12. Collapse, staggering or sluggish feeling
 13. Profuse sweating
 14. Decreasing performance or weakness
 15. Dehydration, dry mouth, thirst
 16. Rapid pulse, low blood pressure, quick breathing
 17. Other outside factors may include:
 18. They are out of shape or obese
 19. It is a hot and humid day
 20. Practice is near the start of the season, and near the end of practice
 21. It is the first day in full pads and equipment
- ii. Treatment

1. Immediate care is vital. Initiate cooling prior to activating the EAP. Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole body cold water dousing) is initiated within 10 minutes of collapse.
2. Remove all equipment and excess clothing.
3. Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a tub with ice and water approximately 45-60°F); stir water and add ice throughout cooling process. Keep athlete in tub for 15 minutes.
4. If immersion is not possible (no tub or no water supply), take athlete into a cold shower or move to shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
5. Maintain airway, breathing and circulation.
6. After cooling has been initiated, activate EAP
7. Monitor vital signs such as heart rate, respiratory rate, blood pressure, monitor CNS status.

E. Concussion:

- i. A complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. A concussion is a brain injury that causes changes in how the brain cells function, leading to symptoms that can be physical, cognitive or emotional.
 1. Concussion may be caused either by a direct blow to the head, face, neck, or elsewhere on the body with an 'impulsive' force transmitted to the head.
 2. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
 3. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury. Because a concussion is a metabolic change in the brain rather than a structural injury traditional neurodiagnostic techniques (CT scan, MRI) come back negative following a concussion. However these test help to rule out more serious injuries associated with head trauma such as cerebral bleeding or skull fractures.
 4. No two concussions are the same, even for a single athlete. As a result, at the time of injury, it is impossible to predict the duration and severity of symptoms the athlete will experience. For this reason, it has been recommended that the severity of a concussion should not be graded until all symptoms have resolved.
 5. The student athlete should not consume alcohol or drugs for 24 hours following injury. It is also recommended that the student athlete does not drive a motor vehicle for 24 hours following injury.
- ii. Second Impact Syndrome(SIS):
 1. A condition in which the brain swells rapidly and catastrophically after a person with a developing brain suffers a second concussion before symptoms from a previous one have subsided. The second blow may occur days or weeks after an initial concussion. Even the mildest grade of concussion can lead to SIS. The condition is often fatal.
 2. Experts agree that the younger and athlete is the longer it takes for concussive symptoms to subside due to the still developing brain. This makes the younger athlete much more susceptible to second impact syndrome. It is estimated that 95% of documented second impact cases have been athletes under the age of 18.
- iii. Recognition:
 1. Common signs and symptoms of sports-related concussion.

SYMPTOMS		
Physical	Cognitive	Emotional
Headache Dizziness Nausea Balance difficulties Light sensitivity Double vision Fatigued Feeling dazed, stunned, dinged	Difficulty concentrating or thinking Difficulty remembering Disorientation Poor concentration Confusion Feeling mentally foggy Feeling slowed down	Irritability Sadness Nervousness Depression Moodiness Sleep disturbances Ringing in the ears
PHYSICAL SIGNS		
Poor coordination or balance Slow to answer questions Vomiting Slurred speech	Concussive convulsion Seizure Significantly decreased performance	Slow to follow directions Easily distracted, Poor concentration

iv. Guidelines and Procedures For Coaches

1. Recognize concussion
 - a. All coaches should become familiar with the signs and symptoms of concussion that are described above.
 - b. Very basic cognitive testing should be performed to determine cognitive deficits.
2. Remove from activity
 - a. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.
 - b. Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity until cleared by a qualified healthcare professional.
3. Refer the athlete for medical evaluation
 - a. Coaches should report all head injuries to the Certified Athletic Trainer (ATC), as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
4. The ATC can be reached at: (860)350-6647 x1413
5. Coaches should seek assistance from the host site ATC if at an away contest.
6. Athlete should not be allowed to return to practice until DIRECT COMMUNICATION WITH THE ATC has been established and the athlete has been cleared by a qualified healthcare professional.

F. **Mental Health**

i. Introduction

1. Mental health issues in secondary schools are a growing concern. In the event of a psychological or mental health crisis on campus, safety is the highest priority. Whenever possible, defer to school personnel in such an emergency.
2. If a mental health crisis were to occur after school hours, when school administrators, counselors or nurses may not be available, the athletic trainer (AT) may be central in managing the situation. Intervention and reporting must be managed appropriately, without further risk of harm or escalation. It is equally important that the AT stay within their scope of practice outlined by the Board of Certification.

ii. Confidentiality

1. State and federal laws require the AT to report certain situations involving minors. Cases in which an individual poses a risk to themselves or others, or where the individual is being abused in any way must be reported.
- iii. Emergency Situation with potential violence
 1. Recognition
 - a. Any 'yes' answer should be considered an emergency:
 - i. Am I concerned the student-athlete may harm himself/herself?
 - ii. Am I concerned the student-athlete may harm others?
 - iii. Am I concerned the student-athlete is being harmed by someone else?
 - iv. Did the student-athlete make verbal or physical threats?
 - v. Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
 - vi. Does the student-athlete have access to a weapon?
 - vii. Is there potential for danger or harm in the future?
 2. Management
 - a. If immediate risk to safety:
 - i. Remain calm - maintain calm body language and tone of voice.
 - ii. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard.
 - iii. Avoid judging the student-athlete; provide positive support.
 - iv. Keep yourself safe and do not attempt to intervene if there is eminent threat of harm or violence.
 - v. Keep others safe and try to keep a safe distance between the student-athlete in distress and others in the area.
 - vi. Alert designated school officials available at that time of day. Have the school contact the student-athlete's parents or emergency contact. If the student-athlete seems volatile or disruptive, get help from a co-worker or other adult. Do not leave the student-athlete alone, but do not put yourself in harm's way if he/she tries to leave.
 - vii. Follow campus and department protocols and policies.
 - b. If you call 911, provide the following information:
 - i. Student-athlete's name and contact information.
 - ii. Physical description of the student-athlete
 - iii. Description of the situation and assistance needed.
 - iv. Exact location of the student-athlete.
 - v. If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

iv. Emergency Situation Non-Violent

1. Offer a quiet and secure place to talk
2. Show your genuine concern.
3. Avoid judging the student-athlete; provide positive support.
4. Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT.
5. Help the student-athlete understand that he or she is not alone - others have been through this too.
6. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete.

7. Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
 - a. Can you tell me what is troubling you?
 - b. Are you thinking of hurting yourself?
 - c. Is someone hurting you?
 - d. Have you thought about suicide?
8. If the student-athlete is expressing suicidal ideation:
 - a. Determine if he or she has formulated a plan.
 - b. Emphasize ensuring the athlete's safety, while being aware of your own.
 - c. Do NOT leave the person alone.
 - d. Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete's parents or emergency contact.
 - e. You may offer a positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need."
- v. Documentation
 1. Document and communicate your concerns, and refer to the school counselor. School staff may be aware of past or current circumstances that you are not.

VIII. Emergency Transportation

- A. Emergency Transport: If an emergency arises that requires EMS transport one of two companies will be dispatched.
 - i. New Milford Community Ambulance Corporation located at 1 Scovill Street, New Milford CT 06776.
 - ii. Danbury Ambulance Services Incorporated located at 14 Walnut Street, Danbury CT, 06811. All NMHS varsity home football games are staffed by Danbury Ambulance Services.
- B. Emergency Facilities: All trauma injuries will be transported to Danbury Hospital, a level 2 trauma center.
 - i. Danbury Hospital located at 24 Hospital Avenue, Danbury CT 06811.
 1. Emergency Department line: (203)739-7100
- C. Non-Emergency Facilities: All non-emergencies could be transported New Milford hospital or Danbury Hospital.
 - i. Danbury Hospital located at 24 Hospital Avenue, Danbury CT 06811.
 1. Emergency Department line: (203)739-7100
 - ii. New Milford hospital located at 21 Elm Street, New Milford CT 06776
 1. Emergency Department line: (860)210-5200
- D. EMS will transport members of visiting teams with non-emergency illnesses/injuries that occur while on campus. These student-athletes must be accompanied by a parent or visiting coach during transport unless contact is made with athlete guardian and plans are arranged to meet athlete at ER.

IX. Outside Venues on New Milford High School's Campus

- A. Football, Soccer, Lacrosse, Field Hockey, Cross Country, Baseball, Softball, Tennis and Track
- B. Emergency Personnel:
 - i. Athletic Trainer

1. Role of Athletic Trainer is to assess the severity of the injury. The Athletic Trainer will then determine the course of action. Athletic Trainer is solely in control until advanced medical support arrives.
 2. ATC will designate individuals as outlined below to carry out actions.
 3. All coaches are trained in If ATC is not present the head coach will assume control of the situation and designate assistants as necessary.
- ii. Head Coach
 1. The head coach will have the primary responsibility for securing the scene. All athletes should be removed from the field of play and to respective benches. This is crucial for the injured athlete to receive prompt and proper medical care.
 2. Secondary responsibility will be crowd control should an administrator not be present or requires assistance
 - iii. Assistant Coach
 1. When instructed by the ATC, the assistant coach will retrieve the necessary emergency equipment.
 2. When instructed by the ATC they will call 911 from a cellular telephone and give the following information:
 - a. Name of caller
 - b. Location and telephone number of caller (and location of emergency if different).
 - c. Nature of emergency (drowning, cardiac arrest, severe bleeding, unconsciousness).
 - d. Required assistance (ambulance, fire, police).
 - e. Name age, and allergies of the injured individual.
 - f. Suggested approach route, including entrance to gym.
 - g. Location where emergency personnel will be met with a brief description of the individual who will meet them when they arrive.
 - h. The caller should ask if any further information is required and should NOT HANG UP until the emergency operator does so first.
 - i. The assistant coach will then meet EMS in the above mentioned location
 - j. If Parents are unable to be reached, the assistant coach will travel with the ambulance and remain with the athlete until parents arrive.
 - iv. Athletic Administrator
 1. The administrator covering event will be in charge of helping out with crowd control and depending on number of available coaches may need to assist with arrival of EMS.
 - v. Team Orthopedic
 1. The team orthopedic will be on site for all home Football games. Should an emergency situation occur in this situation the orthopedic will dictate procedure.
 - vi. EMS
 1. EMS will be present at all home varsity football games. Should the orthopedic and ATC determine further medical assistance is necessary they will communicate this to EMS.
- C. Emergency Communication:
- i. Certified Athletic Trainer will have wireless phone (during the fall and spring season only) on person at all games and practices being covered.
- D. Emergency Equipment:
- i. The following emergency equipment will be present during all events.
 1. Supplies will be located on the Golf Cart

- a. PPE's
- b. CPR Mask/Bag valve resuscitator
- c. Vacuum Splints
- d. Facemask Removal Equipment for football
- e. AED
- f. Cervical Collar
- g. Pulse Oximeter

2. Additional emergency supplies available in athletic training room.

E. Ambulance Access/Directions: 388 Danbury Rd, New Milford, Ct Larson Avenue Entrance: EMS will enter Campus from entrance located off Larsen Avenue. Turn Right at the light off Rt 7 and continue down Larsen Avenue to second entrance on Left.

F. New Milford High School Outdoor Athletic Fields



- | | |
|-------------------------------------|---------------------------|
| 1. Stadium Field (South Turf Field) | 6. Varsity Baseball Field |
| 2. North Turf Field | 7. Field Hockey Field |
| 3. Freshmen Football Practice Field | 8. JV Softball Field |
| 4. JV Baseball Field | 9. Varsity Softball Field |
| 5. Practice Field "B" | 10. Tennis Courts |

1. Stadium Field (South Turf Field): EMS will enter campus through the second entrance (second left) off Larson Ave. Access stadium field by planetarium at south end of campus.



2. North Turf Field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



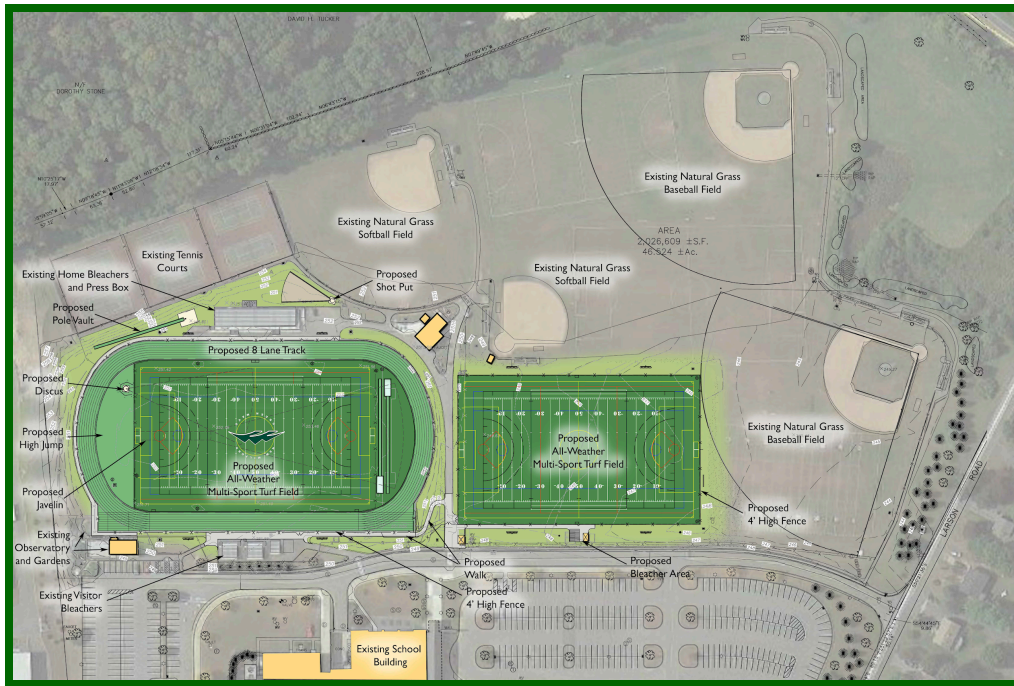
3. Grass Football Practice Field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



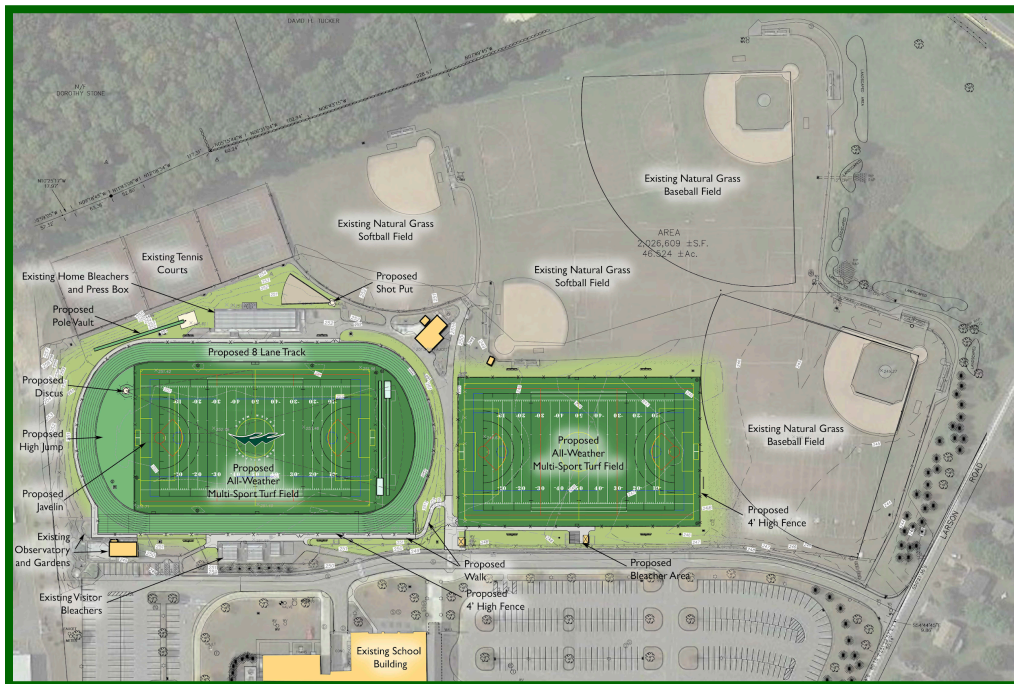
4. JV Baseball field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



5. Middle Grass Soccer Field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



6. Varsity Baseball Field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



8. JV Softball Field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



9. Varsity Softball Field: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



10. Tennis Courts: EMS will enter campus through the second entrance (second left) off Larson Ave. Access fields by taking first right.



X. Inside Venues on New Milford High School Campus

A. Wrestling, Basketball, Volleyball, Weight Room, Track, Cheerleading.

B. Emergency Personnel:

i. Athletic Trainer

1. Role of Athletic Trainer is to assess the severity of the injury. Athletic Trainer will then determine course of action. Athletic Trainer is solely in control until advanced medical support arrives.
2. ATC will designate individuals as outlined below to carry out actions.
3. All coaches are trained in If ATC is not present head coach will assume control of the situation and designate assistants as necessary.

ii. Head Coach

1. The head coach will have the primary responsibility for secure the scene. All athletes should be removed from the field of play and to respective benches. This is crucial for the injured athlete to receive prompt and proper medical care.
2. Secondary responsibility will be crowd control should an administrator not be present or requires assistance

iii. Assistant Coach

1. When instructed by the ATC, the assistant coach will retrieve the necessary emergency equipment.
2. When instructed by the ATC they will call 911 from a cellular telephone and give the following information:
 - a. Name of caller
 - b. Location and telephone number of caller (and location of emergency if different).
 - c. Nature of emergency (drowning, cardiac arrest, severe bleeding, unconsciousness).
 - d. Required assistance (ambulance, fire, police).
 - e. Name age, and allergies of the injured individual.
 - f. Suggested approach route, including entrance to gym.
 - g. Location where emergency personnel will be met a brief description of the individual who will meet them when they arrive.
 - h. The caller should ask if any further information is required and should NOT HANG UP until emergency operator does so first.
3. The assistant coach will then meet EMS in the above mentioned location
4. If Parents were unable to be reached, the assistant coach will travel with the ambulance and remain with athlete until parents arrive.

iv. Athletic Administrator

1. The administrator covering event will be in charge of helping out with crowd control and depending on number of available coaches may need to assist with arrival of EMS.

v. Team Orthopedic

1. The team orthopedic will be on site for all home Football games. Should an emergency situation occur in this situation the orthopedic will dictate procedure.

vi. EMS

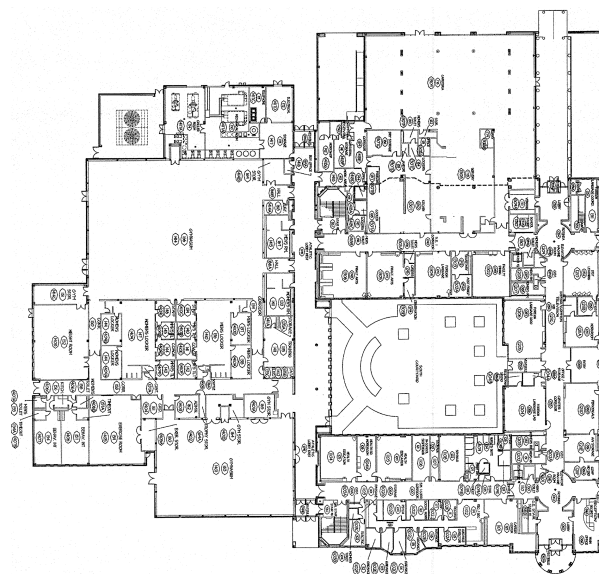
1. EMS will be present at all home varsity football games. Should the orthopedic and ATC determine further medical assistance is necessary they will communicate this to EMS.

C. Emergency Communication:

- i. Certified Athletic Trainer will have wireless phone (during the fall and spring season only) on person at all games and practices being covered.

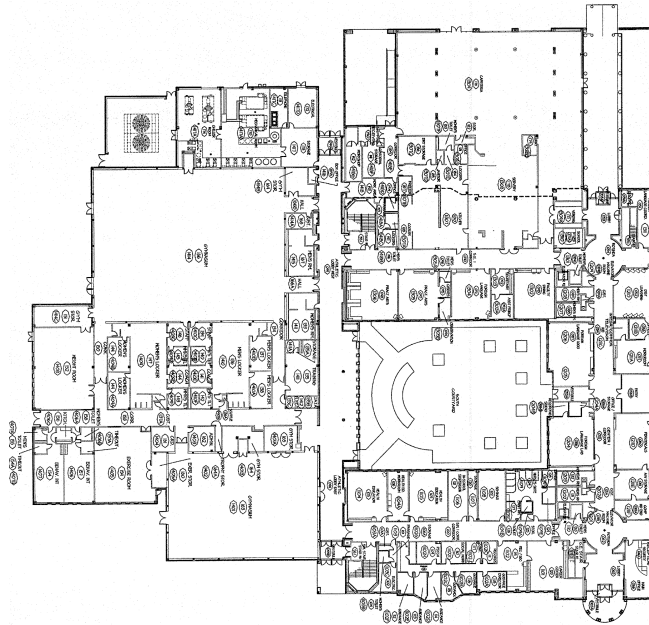
D. Emergency Equipment:

- i. The following emergency equipment will be present during all events.
 - ii. Supplies will be located on the Golf Cart
 1. PPE's
 2. CPR Mask/Bag valve resuscitator
 3. Vacuum Splints
 4. Facemask Removal Equipment for football
 5. AED
 6. Cervical Collar
 7. Pulse Oximeter
 - iii. Additional emergency supplies available in athletic training room.
- E. Ambulance Access/Directions:** 388 Danbury Rd, New Milford, EMS will enter Campus at southern end nearest indoor athletic facilities. Enter parking lot by taking R off of Rt 7 south at south end of campus. Proceed straight ahead to double glass doors on end of school.

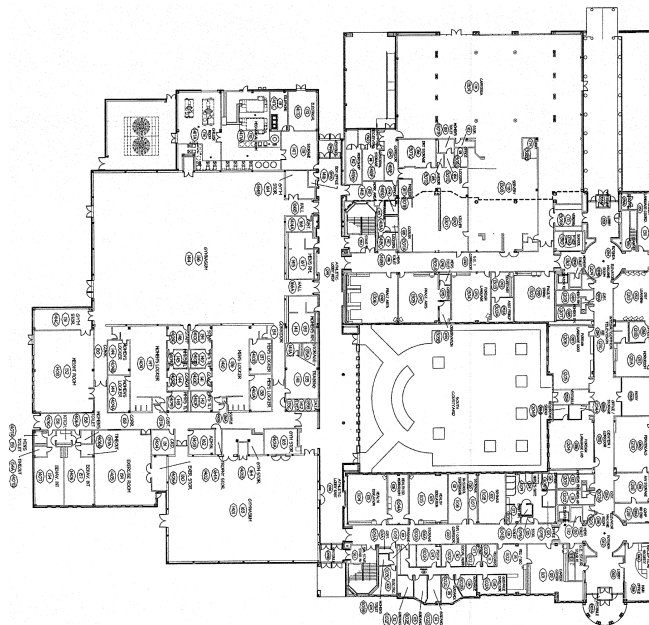


1. Main Gymnasium
2. Small Gymnasium
3. Weight Room
4. Cafeteria
5. Dance Studio

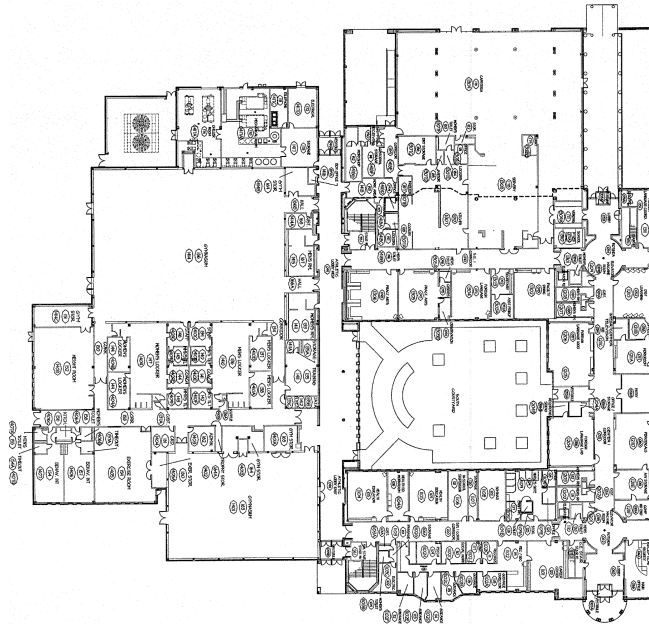
1. Main Gymnasium: EMS will enter Campus from entrance located off Rt 7 at the south end of campus. Emergency personnel will enter from the physical education wing entrance and take first left. Proceed straight through double doors to main gymnasium.



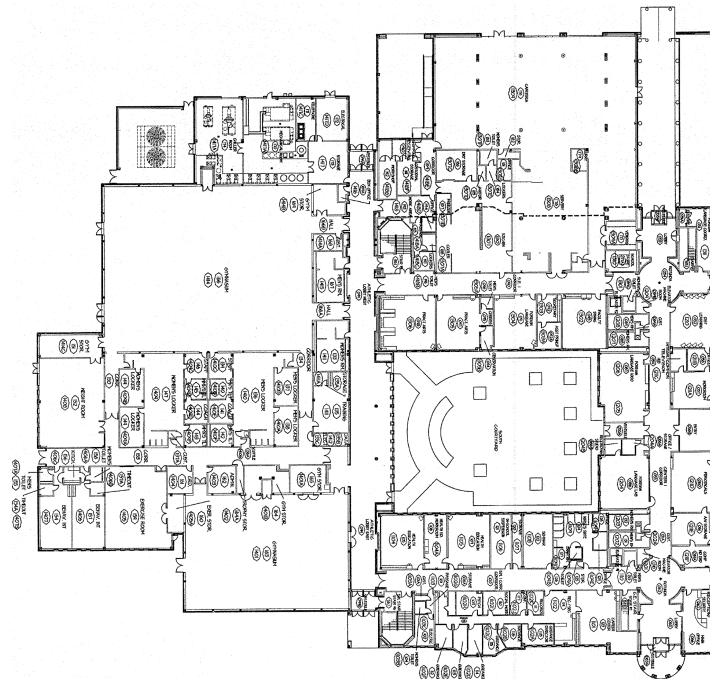
2. Small Gymnasium: EMS will enter Campus from entrance located off Rt 7 at the south end of campus. Emergency personnel will enter from the physical education wing entrance and proceed straight down the hallway to the second set of double doors on the right to access the small gymnasium.



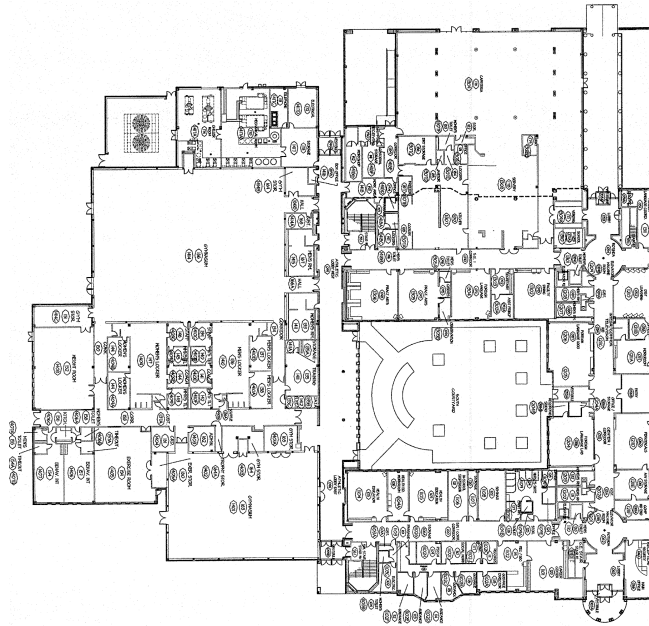
3. Weight Room: EMS will enter Campus from entrance located off Rt 7 at the south end of campus. Emergency personnel will enter from the physical education wing entrance and make first left. Proceed to the first set of double doors on the left to access the fitness center.



4. Cafeteria (Cheerleading Practice): EMS will enter campus through the second entrance (second left) off Larson Ave. Take a left at first stop sign. Turn immediate right into parking lot and proceed to roundabout at atrium doors. Cafeteria entrance is double doors on side of building.



5. Dance Studio: EMS will enter Campus from entrance located off Rt 7 at the south end of campus. Emergency personnel will enter from the physical education wing entrance and proceed straight down the hallway to the first set of double doors on the right to access the Dance Studio.



XI. Events That Occur off Campus

- A.** Canterbury School: Swimming & Ice Hockey.
- B.** Golf: Candlewood Valley Country Club.
- C.** Gymnastics: Elite Gymnastics Center.
- D.** Emergency Personnel:

i. Athletic Trainer

1. ATC will be present at home ice hockey games that take place at Canterbury School as well as home gymnastic meets that take place at New Milford High School. ATC will not be present at hockey, golf (practice or matches), swimming, or gymnastic practices. Coaches should follow what is outlined in EAP in an emergency situation.
2. Role of Athletic Trainer is to assess the severity of the injury. Athletic Trainer will then determine course of action. Athletic Trainer is solely in control until advanced medical support arrives.
3. ATC will designate individuals as outlined below to carry out actions.
4. All coaches are trained in If ATC is not present head coach will assume control of the situation and designate assistants as necessary.

ii. Head Coach

1. The head coach will have the primary responsibility for secure the scene. All athletes should be removed from the field of play and to respective benches. This is crucial for the injured athlete to receive prompt and proper medical care.
2. Secondary responsibility will be crowd control should an administrator not be present or requires assistance

iii. Assistant Coach

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2. When instructed by the ATC they will call 911 from a cellular telephone and give the following information:
 - a. Name of caller
 - b. Location and telephone number of caller (and location of emergency if different).
 - c. Nature of emergency (drowning, cardiac arrest, severe bleeding, unconsciousness).
 - d. Required assistance (ambulance, fire, police).
 - e. Name age, and allergies of the injured individual.
 - f. Suggested approach route, including entrance to gym.
 - g. Location where emergency personnel will be met a brief description of the individual who will meet them when they arrive.
 - h. The caller should ask if any further information is required and should NOT HANG UP until emergency operator does so first.
 - i. The assistant coach will then meet EMS in the above mentioned location
 - j. If Parents were unable to be reached, the assistant coach will travel with the ambulance and remain with athlete until parents arrive.

iv. Athletic Administrator

1. The administrator covering event will be in charge of helping out with crowd control and depending on number of available coaches may need to assist with arrival of EMS.

v. Team Orthopedic

1. The team orthopedic will be on site for all home Football games. Should an emergency situation occur in this situation the orthopedic will dictate procedure.
- vi. EMS
1. EMS will be present at all home varsity football games. Should the orthopedic and ATC determine further medical assistance is necessary they will communicate this to EMS.
- E. Emergency Communication:
- i. Certified Athletic Trainer will have wireless phone (during the fall and spring season only) on person at all games and practices being covered.
- F. Emergency Equipment:
- i. The following emergency equipment will be present during all event that ATC is present for.
 1. PPE's
 2. CPR Mask/Bag valve resuscitator
 3. Vacuum Splints
 4. Facemask Removal Equipment for hockey
 5. AED
 6. Cervical Collar
 7. Pulse Oximeter
 8. Additional emergency supplies available in athletic training room.
- G. Emergency Transportation

Canterbury School

- i. Ambulance Access/Directions to Canterbury School Higgins Aquatic Center and Hockey Arena: 101 Aspetuck Ave, New Milford CT (Map page 20)
- ii. From Aspetuck Ave make right on to Elkington Farm rd. Take first left. Aquatics center is located on the left and hockey arena is located on the right.



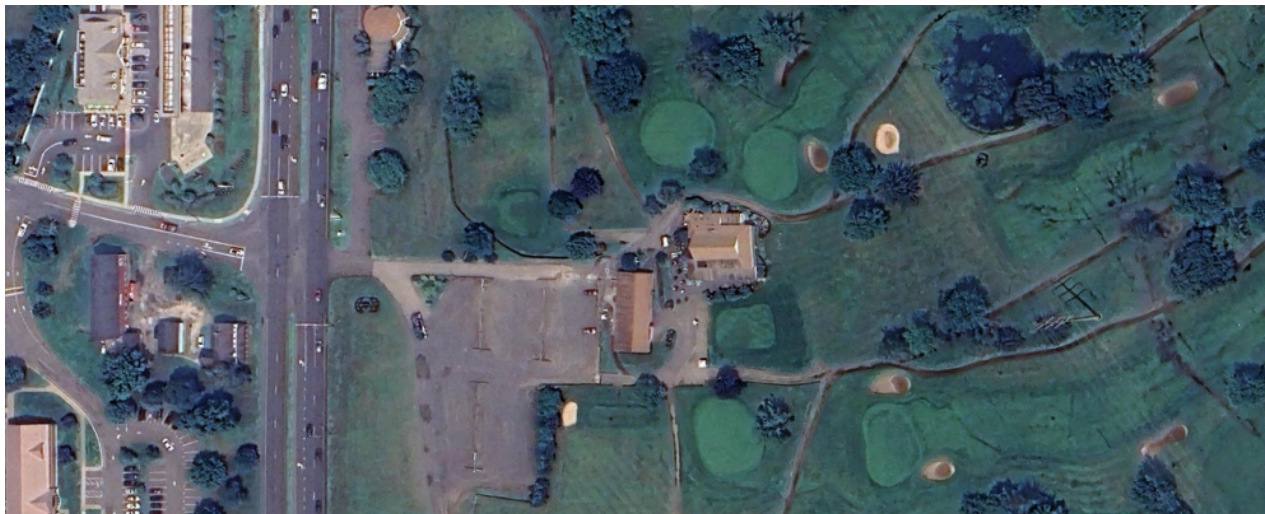
Elite Gymnastics Center

- iii. Ambulance Access/Directions to Gymnastics Revolution: 434 Federal Rd. Brookfield CT, 06804
- iv. Enter the parking lot and proceed through the front entrance into Gymnastics Revolution.



Candlewood Valley Country Club

- v. Ambulance Access/Directions to Candlewood Valley Golf Club: 401 Danbury Rd, New Milford, CT 06776.
- vi. Enter the parking lot and proceed straight down the road to the emergency access gate.



XII. Roles of First Responders

- A. Immediate care of the injured or ill athlete:
- B. Primary survey:
 - i. Survey the scene for hazards to first responder
 - ii. Check for Airway. If not breathing, reposition head and listen again. If still no breath, perform chin-lift maneuver and give two breaths via mouth to mask. If breaths do not go in, reposition head and attempt two more.
 - iii. Check for pulse at carotid, brachial or radial pulse points. If no pulse present, begin chest compressions at a rate of 100 per minute at a ratio of 30 compressions to 2 breaths. If AED is available, use immediately.
 - iv. If breath and pulse are present, continue to monitor both until EMS arrives.
- C. Secondary survey:
 - i. Evaluate level of responsiveness, determine if athlete is alert and oriented, responds to verbal stimuli, responds to pain, or is unresponsive.
 - ii. Perform a brief physical exam, looking for open wounds, deformity, or tenderness.
- D. Emergency Equipment Retrieval:
 - i. All med kits and ATCs will have CPR mask and biohazard protection on person. Additional emergency equipment available on sidelines or with EMS.
- E. Activation of Emergency Medical System (EMS)
 - i. EMS Crew will be signaled for assistance during varsity football games.
 - ii. In the event that the EMS crew is called away during the varsity football game or emergency occurs during a game:
 - 1. From campus land line phone: Call 89911
 - 2. From wireless phone or other venues: 911
 - 3. Give the following information:
 - a. Emergency is at New Milford High School.
 - b. Give field location
 - c. Age, sex of injured individual
 - d. Condition of injured; breathing/not breathing, conscious or unconscious, basic description of injury.
 - e. First aid treatment being given; CPR, etc.
 - f. Relevant medical history or any other information requested by dispatcher
 - g. Hang up last.
 - 4. After EMS has been notified, make sure there is assistance with crowd control.
 - iii. Direction of EMS to scene
 - 1. Ambulance access – Which field/room the emergency is at and which gate/door they should enter
 - 2. Designate an individual to flag down EMS crew and direct them to the proper gates and scene.
 - 3. Scene Control: Limit scene to first aid providers and medical personnel.