

**ALAMO HEIGHTS HIGH SCHOOL
ATHLETICS**

Emergency Action Plan

2018-2019

The purpose of the Emergency Action Plan (EAP) is to guide high school and athletic personnel, emergency medical services, and the Alamo Heights Police Department in responding to emergency situations when they occur. It is essential that the Athletic Department have a developed emergency plan that identifies the role of each member of the emergency response team, emergency communications, the necessary emergency equipment and the emergency protocol for each sporting venue.

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Emergency Personnel

Licensed athletic trainers are employed to provide leadership in the health care of the student-athlete including the emergency management of injuries and illnesses during athletic participation, under the direction of the team physician. Sports Medicine Associates of San Antonio is our group of team physicians, and sets our protocols and standards of care for the athletes of the Alamo Height ISD.

UIL and the AHISD requires that coaches are required to be trained and maintain certification in first aid, CPR and the prevention of disease transmission (blood borne pathogens). These requirements are in keeping with OSHA standards. Training should be completed prior to supervision of athletes. Training is provided for all athletic department personnel on the Alamo Heights High School campus. Coaches who do not complete the required training on-site must attend a formal course. All new athletic personnel must complete the training unless they provide proof of current certifications. The coaches' role is to provide assistance to the athletic trainer as part of the emergency medical team in the event of an emergency. Annual review and update of the EAP is conducted with all athletic personnel so that each member of the emergency care team is aware of their respective role in the event of an emergency. The following roles are included in the EAP:

- Immediate care of the injured or ill athlete(s)
- Retrieval of emergency equipment
- Activation of Emergency Medical System (EMS)
- Directing EMS to the scene

The Alamo Heights Police Department is represented at all (or most) varsity contests and should be considered as part of the emergency personnel team. In addition, Alamo Heights ISD Administration is also represented at all (or most) varsity contests and can be used in assistance with the EAP.

Immediate care of the injured or ill athlete(s)

There shall be at least one trained individual at all practices, competitive events, conditioning, and skill sessions. The minimal training is first aid, CPR and the prevention of disease transmission (bloodborne pathogens). These individuals include the athletic trainer, athletic training student(s), and coaches. Follow appropriate emergency first aid steps that you are trained for in order to care for the injured or ill athlete. The Injury/Illness Emergency Protocols are included at the end of this document.

Retrieval of Emergency Equipment

Appropriate emergency equipment must be retrieved from the designated area at the athletic venue and brought to the scene by a member of the emergency care team. This emergency equipment will either be on-site or stored in the athletic training room. All athletic personnel should know the location(s) of emergency equipment. If emergency equipment is not available, for whatever reason, continue to care for the athlete until further help arrives.

Activation of EMS

One member of the emergency care team will either take the initiative, or be directed, to activate EMS. This can be done using a cell phone, office phone or contacting a member of the Alamo Height Police if they are on-site. **ONLY ONE PERSON SHOULD HAVE THE ROLE OF CONTACTING EMS.** This individual shall be trained in activating EMS. They must be calm, have an understanding of the emergency, communicate well, and be able to clearly identify the location of the emergency. EMS is activated by dialing "911".

Directing EMS to the Scene

If present, Alamo Heights Police will have the primary role of directing EMS to the emergency scene. A member of the athletic department should also be present to assist. If AH Police are not present, another trained individual should go to meet EMS. Make sure that at least ONE trained individual remains with the injured or ill athlete at all times. If no other trained individuals are present, a student-athlete, parent or other bystander should be asked to assist with direction. Remember, the trained individual should remain with the injured athletes.

EMS Entrances:

On-campus athletic venues:

Mule Dome Gym:	Enter through front doors of gym on E. Fair Oaks
Auxiliary (Sky) Gym:	Easiest entry is through the double doors that are next to elevator & main hallway, half-way down the parking lot (jock lot) that separates the Mule Dome gym and the stadium. <i>These doors are approximately even with the press box of the stadium.</i>
Cheer / Dance Studio:	Enter through corridor between pool & weight room, near the end of the Jock Lot. Studio is located behind weight room on the other side of the grassy area.
Stadium Game Field:	Enter through northwest or southwest stadium gates (through Jock Lot) or northeast gate on Vanderhoeven* (*this is only gate that allows ambulance to drive directly onto the field)
Secondary Field (grass):	{CLOSED DUE TO CONSTRUCTION} Enter through North end of this field (at the end of the Jock Lot near the pool)
Swimming Pool:	Enter through South entrance of pool at the end of the Jock Lot

Off-campus athletic venues:

Baseball Field:	(Olmos Basin Park, near intersection of Jones Maltsberger & Argo Ave). Enter off of Jones Maltsberger, at main entrance to baseball field.
Softball Field:	(Olmos Basin Park/Alamo Heights Little League Park, near intersection of Viesca & Argo Ave). Enter off of Viesca, at main entrance to softball field / little league park.
Tennis Courts:	(Robbins Campus, 705 Trafalgar) Enter parking lot, near intersection of Trafalgar & Jones Maltsberger.

Lightning Action Plan

AHISD Athletic Department will follow guidelines set forth by the University Interscholastic League (UIL) and the National Athletic Trainer's Association (NATA) regarding lightning safety.

LIGHTNING STRIKES WITHIN 10 MILES OF YOUR LOCATION REQUIRES IMMEDIATE SUSPENSION OF PLAY.

SEEK SHELTER IMMEDIATELY.

ONCE ACTIVITIES HAVE BEEN SUSPENDED, WAIT AT LEAST 30 MINUTES FOLLOWING THE LAST OCCURRENCE OF LIGHTNING WITHIN 10 MILES OF YOUR LOCATION BEFORE RETURNING OUTDOORS AND RESUMING ACTIVITY.

1. **Establish a chain of command** that identifies who is to make the call to remove individuals from the field.
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).
3. **Have a means of monitoring local weather forecasts and warnings.**
4. **Designate a safe shelter** for each venue. See examples below.
5. **When lightning strikes within 10 MILES of your location, suspend play for 30 MINUTES and take shelter immediately.** Additionally, if thunder is heard within 30 seconds of a visible lightning strike (flash to bang), play must be suspended.
6. **Once activities have been suspended, wait at least 30 minutes following the last occurrence of lightning or thunder before returning outdoors and resuming activity.**
7. When severe weather is in your area, avoid being the highest point in an open field, in contact with, or proximity to the highest point. Do not take shelter under or near trees, flagpoles, or light poles.
8. Assume the lightning safe position (crouched on the ground weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear "crackling" noises. Do not lie flat on the ground.
9. Observe the following basic first aid procedures in managing victims of a lightning strike:
 - Activate local EMS
 - Lightning victims do not "carry a charge" and are safe to touch.
 - If necessary, move the victim with care to a safer location.
 - Evaluate airway, breathing, and circulation, and begin CPR if necessary.
 - Evaluate and treat for hypothermia, shock, fractures, and/or burns.
10. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

Heat Stress

The Alamo Heights Athletic Department will follow guidelines set forth by the University Interscholastic League (UIL) and the National Athletic Trainer's Association (NATA) regarding heat stress and athletic participation. Following is a broad description of the heat stress safety policy for Alamo Heights Athletics:

Heat-related deaths to healthy individuals are, generally, very preventable if the proper precautions are taken. However, individuals with certain medical conditions, illnesses, or who are using certain medicines, supplements, etc can be more sensitive and vulnerable to heat-related illness. During hot weather conditions, individuals are vulnerable 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 sweating.
- **Heat Syncope** - Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heatstroke.
- **Heat Exhaustion (Water Depletion)** - Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.
- **Heat Exhaustion (Salt Depletion)** - Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.
- **Heatstroke** - An acute medical emergency related to thermoregulatory failure. 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 (heatstroke 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. The following practices and precautions are mandatory and/or recommended:

1. **REQUIRED: each athlete must be cleared by a physician (or other UIL-approved health care provider) prior to participation in try-outs, practices or games.** Written clearance, on the UIL-approved form, must be on file with the athletic trainers as well as an updated medical history form.
2. **Coaches should assess the physical condition of their athletes and set practice schedules accordingly.** 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.
3. **Acclimatization to the heat is essential for athlete safety.** Athletes who are not acclimatized should be *gradually* acclimatized to ensure their safety while participating in athletics.
4. **Fluid replacement:** the most important safeguard to the health and safety of the athlete is the replacement of body fluids lost through sweat. Water must be readily available, in unlimited quantities, to the athletes at all times. Coaches and medical staff should encourage their athletes to consume plenty of water before, during and after athletic participation.
5. **Monitor weather conditions for temperature, humidity and severe weather.** The greater the humidity, the more difficult it is for the body to cool itself. Cooling by evaporation is proportional to the area of skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible.
6. **>3% weight loss through sweating places the individual in the danger zone.** Even a 2% weight loss can affect athletic performance and begin to cause heat stress to the individual. Observe the athletes closely under all conditions. Do not allow athletes to practice until they have adequately replaced their weight.
7. **Observe athletes carefully for signs of trouble,** particularly athletes who lose significant weight, and the eager athlete who constantly competes at his/her capacity. **Signs & symptoms can include: nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, visual disturbance, and unsteadiness.**
8. Teams that encounter hot weather during the season through travel or following an unseasonable cool period should be physically fit but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.

9. **HEAT STROKE/HEAT EXHAUSTION: THIS IS A MEDICAL EMERGENCY. ACT FAST! DELAY COULD BE FATAL.**

- Know what to do in case of emergency and act fast. Minutes and seconds count.
- Be familiar with and have your written emergency plans accessible at all times.
- Be familiar with immediate first aid practices and prearranged procedures for obtaining medical care, including ambulance service.
- Each sport's coaching staff should discuss their heat emergency response, based on their practice and competition venues and environments, and discuss scenarios and plan ahead
 - Activate EMS / call 911 immediately if signs & symptoms of a medical emergency are present.
 - If the victim can drink fluids, encourage them to consume cold water or sports drinks.
 - Remove the victim from the hot environment (if possible) and get them to an air-conditioned environment.
 - Rapidly cool the body while waiting for transfer to a hospital. Remove an appropriate amount of the victim's clothing, and:
 - perform a full-body submersion in cold water (ensure that the individual is still able to breathe by supporting them with your arms or wrap a large towel or bed sheet through their armpits to control their body position).
 - Alternate treatment: place ice bags on the neck, in the armpit and on the groin area and vigorously fanning the body. The fanning motion causes evaporation and cooling.

10. **Summary** - The main problem associated with exercising in the hot weather is water and electrolyte loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Frequent, unrestricted water breaks are essential. Never restrict the amount of water an athlete drinks and be sure the athletes are drinking the water. Salt/electrolyte replacement can be accomplished by salting food at meals or consuming salty items like pickle juice, mustard, electrolyte gels, etc. Coaches: practice your emergency action plan.

Concussion Management and Return To Play Policy

- A) If a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, they must not be allowed to participate until they have been evaluated and cleared to participate by an appropriate medical professional. This applies whether or not the injury was sustained in- or out of school activities.
- B) If a student-athlete shows any signs, symptoms or behaviors consistent with a concussion:
- 1) The student-athlete shall be immediately removed from game/practice.
 - 2) The student-athlete shall be evaluated by an appropriate, licensed health care professional as soon as it is practical to do so (physician, athletic trainer, nurse practitioner, etc.). if signs and symptoms of a medical emergency are present (loss of consciousness, worsening symptoms, etc.) activate EMS.
 - 3) Inform the student-athlete's parent or guardian about the possible concussion and give them:
 - Educational material on concussions, including instructions for monitoring the student-athlete by someone who is able to stay with them and follow the instructions.
 - Return to Play policy/procedure.
 - 4) The student-athlete shall not be allowed to return to participation that day regardless of how quickly the signs or symptoms of the concussion resolve and shall be kept from activity until a physician indicates they are symptom-free and gives clearance to return to activity as described below.
 - 5) A coach of an interscholastic athletics team may not authorize a student's return to play.

The following is the Return to Play progression that will be followed by the AHISD athletic department staff:

PHASE 1:

- Rest until asymptomatic (physical & mental rest).
- The athlete must be re-evaluated every day to monitor their progress.
- **These two documents must be on file with the AHISD athletic department before your son or daughter will be allowed to begin phase 2 of the RTP progression:**
 - Physician's clearance**
 - UIL Parent's Return to Play Form (completed and signed)**
- The athlete must be symptom-free for at least 24 hours prior to beginning phase 2 and must remain symptom-free throughout the duration of their return to play.

PHASE 2 (GRADUAL RETURN TO PLAY):

- The athlete must be (briefly) re-evaluated every day before they are allowed to progress with that day's athletic activity. Any return of symptoms requires staff to hold the athlete out of participation.
- Each day's activities must be performed; it is not simply 5 calendar days elapsing.
- This is the RTP progression:
 - DAY 1:** Begin light aerobic exercise (≤ 20 minutes: bike, elliptical, jogging, swimming, etc.).
 - DAY 2:** Add non-contact, sport-specific exercises / drills. Add unrestricted aerobic exercise intensity / duration.
 - DAY 3:** Add resistance training (weights, calisthenics, etc.).
 - DAY 4:** Add full-contact practice or training session.
 - DAY 5:** Return to competition.

THE ULTIMATE RESPONSIBILITY OF RETURNING AN ATHLETE TO COMPETITION RESTS WITH THE ALAMO HEIGHTS ISD MEDICAL STAFF. THIS INCLUDES THE AHISD ATHLETIC TRAINERS AND TEAM PHYSICIAN(S).

Athletic Injury or Illness Emergency Protocol

The following procedures are to be carried out by a licensed athletic trainer, coach, or athletic training student(s) in the event of injury or illness to a student-athlete:

Every effort will be made to provide a licensed athletic trainer to cover all home contests, playoff games and most practices. In the event of multiple, simultaneous events the athletic trainer(s) will cover, at their professional discretion, the event(s) that have the highest risk for injury. If an athletic trainer is not present, for whatever reason, coaches are responsible for providing the initial first aid / emergency care to an injured or ill athlete. An assistant coach or administrator should contact an athletic trainer, by phone, to advise them of the situation and ask for assistance, if necessary.

A. Home events occurring on Alamo Heights High School Facilities:

1. **MEDICAL EMERGENCIES** include:

Breathing cessation, severe bleeding, concussion with loss of consciousness, suspected neck or spinal injury, fracture, dislocation, eye or face injury, heat related illness, any other injury or illness resulting in poor vital signs such as decreased blood pressure, weak pulse, or signs of shock

- a. Follow the Emergency Action Principles and provide appropriate first aid care.
- b. Activate the emergency medical system (EMS) by calling 911. Provide EMS with the following information:
 1. Identify yourself and your role in the emergency
 2. Specify your location and telephone number (if calling by phone)
 3. Give name(s) of injured/ill athlete(s)
 4. Give condition of injured/ill athlete(s)
 5. Give time of accident
 6. Give care being provided
 7. Give specific directions to the scene of the emergency
 8. Do not hang up until directed to do so by the EMS dispatcher
- c. Monitor vital signs.
- d. Calm and reassure the athlete.
- e. Notify an athletic trainer as soon as possible.
- f. Notify parent(s) of student-athlete as soon as possible.
- g. Provide follow-up care as necessary.

2. **NON-EMERGENCIES** include:

Sprains, strains, concussion [with no loss of consciousness], illness, abrasions, minor cuts, contusions, etc.

- a. Provide appropriate first aid care.
- b. Notify the athletic trainer.
- c. If unable to contact an athletic trainer and/or unsure of the severity of the injury send the athlete to the appropriate medical care facility if necessary.
- d. Notify the parent of the student-athlete if necessary.
- e. Direct student-athlete to report to the Training Room the next day.
- f. Provide follow-up care as necessary.

****NOTE:** We are responsible for the visiting team and the same protocols should be followed.**

B. For contests and practice occurring **AWAY FROM** Alamo Heights High School:

1. **MEDICAL EMERGENCIES**

- g. Follow the Emergency Action Principles and provide appropriate care.
- h. Ask for the host athletic trainer and follow the host institution's emergency action plan.
- i. If athlete must be transported to an emergency facility, find out what facility they will be going to and notify the parents of the student-athlete. If possible, a member of the athletic team should go with the transported athlete.
- j. Notify an athletic trainer at AHHS as soon as possible.

2. **NON-EMERGENCIES** (able to return to AHHS without immediate medical care)

- k. Provide appropriate first aid care.
- l. Return to AHHS and follow non-emergency management protocols established for home events.
- m. Notify an athletic trainer at AHHS upon returning.
- n. Notify parent of student-athlete.
- o. Direct student-athlete to report to Training Room the next day.

C. MISCELLANEOUS

- 1. Athletes who see a doctor or other health care professional should submit a doctor's note to the AHHS athletic trainers upon their return to school.
- 2. Athletes who go to see a doctor or other health care provider, and are given activity restrictions, will not be allowed to return to participation until the attending health care provider has given appropriate clearance.

IMPORTANT PHONE NUMBERS

	<u>Office</u>	<u>Mobile</u>
AHISD Athletic Office (main line)	210-820-8855	
Jennifer Roland, Athletic Director	210-832-5715	972-802-4280
Patty Juarez, Secretary	210-832-5717	210-978-6957
AHHS Athletic Training Room:	210-832-5747	
Mike Post, Head Athletic Trainer:		210-275-8264
Amanda Boyd, Assistant Athletic Trainer:		210-215-1442
AHHS Main Office-Administrators:	210-832-8850	
Cordell Jones, Principal		210-452-4893
Norm Collins, Assistant Principal		210-724-8855
Analee Smith, Assistant Principal		210-336-8243
Venus Davis, Academic Dean		210-334-8318