Luck High School
Emergency Action Plan

810 Seventh Street South
Luck, WI 54853

Purpose of EAP:

To provide Luck High School with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during sport practice or competitions. Licensed Athletic Trainer (LAT), coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Need for EAP:

An emergency is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the treatment team, coaches, and school administrators be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

Chain of Command:

1. Physician
2. Licensed Athletic Trainer (LAT)/Sports Medicine Staff
3. Athletic Director
4. School Administrator
5. Head Coach
6. Assistant Coach

Contact Information:

Ambulance Service: 911 emergency
Fire Department: Luck Fire Dept. 911 emergency
Police Department: Luck Police Dept. 911 emergency
Athletic Director: Josh Bazey – 715-472-2152, ext 101
District Superintendent: Cory Hinkel – 715-472-2152, ext 106
Principal: Jason Harelson – 715-472-2152, ext 109

<u>In the event of an emergency:</u>

1. **Designate Personnel**
   - ❖ Person to stay with the injured athlete(s):
     - Coach/es
     - LAT / On Field Medical Personnel
   - ❖ Person to phone for medical assistance:
     - Coach
     - Athletic Director
     - Supervising Faculty Member
   - ❖ Person designated to meet emergency medical personnel at gate/entrance and accompany them to the injured athlete(s):
     - Athletic Director
     - Supervising Faculty Member
     - Buildings and Grounds Staff
   - ❖ Person designated to notify parents and inform them of circumstances:
     - LAT / On Field Medical Personnel
     - Coach
   - ❖ Person designated to accompany injured athlete(s) to the hospital:
     - Family Member
     - Assistant Coach
   - ❖ Person responsible for documenting information relating to injury and emergency response:
     - LAT / On Field Medical Personnel
     - Coach

2. **Emergency Information**
   - ❖ Location of Facility:

     Luck High School
     810 Seventh Street South
     Luck, WI 54853

   - ❖ Entry Location for Emergency Vehicle:
     - ***Football*** – Located off South Seventh St/Chippewa Trail. Entrance is located between the ticket office and concession stand/bus garage
     - ***Baseball*** – Located off South Seventh St/Chippewa Trail, just past the football field. Park on street and enter through gate located on the Northwest side of the field
     - ***Gymnasium/Weight Room/Wrestling Room*** – Main entrance or doors located south of the main entrance of the High School located on South Seventh Street

3. **Closest Emergency Care Facilities:**
   - Amery Hospital & Clinic
     265 Griffin Street East
     Amery, WI 54001
   - St Croix Regional Medical Center
     235 E State Street
     St Croix Falls, WI 54024
   - Burnett Medical Center
     257 W St George Ave
     Grantsburg, WI 54840

4. **Emergency Call Instruction:**
   When calling an emergency medical service (911):
   - Identify yourself and your exact location, name, address, telephone number
   - Explain what happened and the type of injury (head/neck/spine, fracture, loss of consciousness, etc), number and condition of injured athlete(s)
   - Give address of athletic facility and exact instructions on how the ambulance is to reach injured athlete(s). This would include street address, building location and entry information
   - Stay on the line until the operator disconnects the call. Give other information as requested by the dispatcher
   - Return to injury scene

5. **Location of AEDs:**
   - Gymnasium – located on the wall to the right, outside the north doors of the big gymnasium
   - Portable AED on football field during home games

Guidelines for Determining Scope and Seriousness of an Injury

1. *Primary Survey*
    - Airway, Breathing, Circulation, Consciousness

2. *Secondary Survey*
    - Head to Toe Exam – Palpation, skin color, skin temp, pulse rate, blood pressure, move on command?

3. *History*
    - Question/answer athlete - What happened, how did it happen, what did you feel, hear, see, new or recurring problems?
    - Any questions to gain knowledge about the situation

4. *Assessment*
    - Determine the injury within your scope of practice/standard of care

5. *Treatment of Injury*
    - Based on injury situations – RICE, Immobilization, 911

6. *Return to Activity*
    - Based on status of injury, treatment, limitations, test results

7. *Follow Up*
    - With athlete, parents, guardians, physician, LAT

Treatment of Non-Life Threatening Athlete Injuries

~ Based on specific injury situation ~

1. *RICE*

R	Rest	Reduce Activity
I	Ice	Cold Applied to Area of Injury
C	Compression	Reduce Swelling
E	Elevation	Higher than Heart

2. *Fill Out Injury Report*

   Detailed
   One injury per form – reoccurrence of same injury can be added to original form
   Copies to AD and Athletic Trainer
   Original in Coaches Notebook

3. *Call Parents at Appropriate Time*

   Inform them of athlete's injury and gather important information

4. *Follow up with Athlete / Parents / Doctor / LAT*

   Inquire about status

   Physical exam

   Medical diagnostic tests

   ER visit

   Limitations

Guidelines: Blood-Borne Pathogens

* All blood and body fluids should be considered infectious
* All personnel handling bleeding athletes **will** be ***gloved***

Supplies:

- ✓ Bandages
- ✓ Dressing
- ✓ Tape
- ✓ Gloves
- ✓ Disposable Bags

Treatment:

1. Stop Bleeding
    - Compression
    - Elevation – above the level of the heart
2. Wound Care
    - Antiseptic wipe
    - Depth of wound: Stitches or not?
    - Cover wound with dressing and tape
3. Blood on Uniform
    - Saturated – Replace
    - Spotted – Disinfect with spray

Clean up:

1. Clean blood on all surfaces
2. Use 1:100 Bleach/Water solution or commercially made solutions
3. All gloves, tape, bandages, towels, etc. must be disposed of in a marked plastic bag

Luck High School Lightning Protocol

1. All head coaches and assistant coaches of outdoor sports must check to determine if there are severe weather warnings posted or forecasted during any outdoor practice or event.

2. Be aware of the signs of nearby severe weather development. Lightning, thunder, and heavy dark cloud development or any combination should be signs to monitor for possible approaching severe weather. Also, be aware of wind velocity and changes in temperature patterns. Severe weather signs can become threatening in as little as one half hour of time.

3. Know the location of a safe shelter that is closest to the athletic facility and how long it will take to reach the shelter. A safe shelter is any sturdy building that has metal plumbing or wiring or both to electrically ground the building. If no safe building is present, a fully enclosed metal car or school bus with the windows rolled up is the next best option.

4. Any lightning seen stops all activity and individuals are moved to the safe shelter per WIAA regulations.

5. The head coach and/or supervisor, assistant coaches are responsible for remaining with the team or individuals from the athletic site in the event of severe weather and/or dangerous conditions existing.

6. Any individual who feels they are in danger of any lightning activity or severe weather situation have the right to leave the field or event site to seek safe shelter.

7. Criteria for suspension and resumption of play:
    a. When thunder is heard or a cloud-to-ground lightning bolt is seen, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for thirty minutes and take shelter immediately.

    b. 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed* prior to resuming play.

    c. Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.

d. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning-detection device.

* At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.

8. Know how to determine the distance of the storm by using the "Flash-to-Bang" method. This is determined by counting the seconds between seeing the lightning ("flash") and hearing the thunder ("bang"). Divide this number by 5 to determine how far in miles the lightning/thunder is occurring.

* Remember:
    - Stay away from tall or individual trees, lone objects (light or flag poles), metal objects (metal fences or bleachers), standing pools of water and open fields. Do not take shelter under a single tall tree
    - If you feel your hair stand on end or your skin tingle or hear crackling noises, immediately crouch to minimize your body surface area. The crouch position is with your feet touching the ground and close together, wrap your arms around your knees and lower your head. <u>Do not lie flat on the ground.</u>

Luck High School Heat Illness Prevention Plan

1. Physical exertion and training activities should begin slowly and continue progressively

    - Begin with shorter, less intense practices and training activities, with longer recovery intervals between bouts of activity
    - Minimize protective gear (helmets only, no shoulder pads) during the first several practices, and introduce additional uniform and protective gear progressively over successive days
    - Emphasize instruction over conditioning during the first several practices

2. Keep each athlete's individual level of conditioning and medical status in mind and adjust activity accordingly. These factors directly affect exertional heat illness risk

3. Adjust intensity (lower) and rest breaks (increase frequency/duration), and consider reducing uniform and protective equipment, while being sure to monitor all players more closely as conditions are increasingly warm/humid, especially if there is a change in weather from the previous few days. (Use the heat index chart as a general guide in determining when activity modifications are necessary)

4. Athletes must begin practices and training activities adequately hydrated

5. Recognize early signs of distress and developing exertional heat illness, and promptly adjust activity and treat appropriately. FIRST AID SHOULD NOT BE DELAYED!

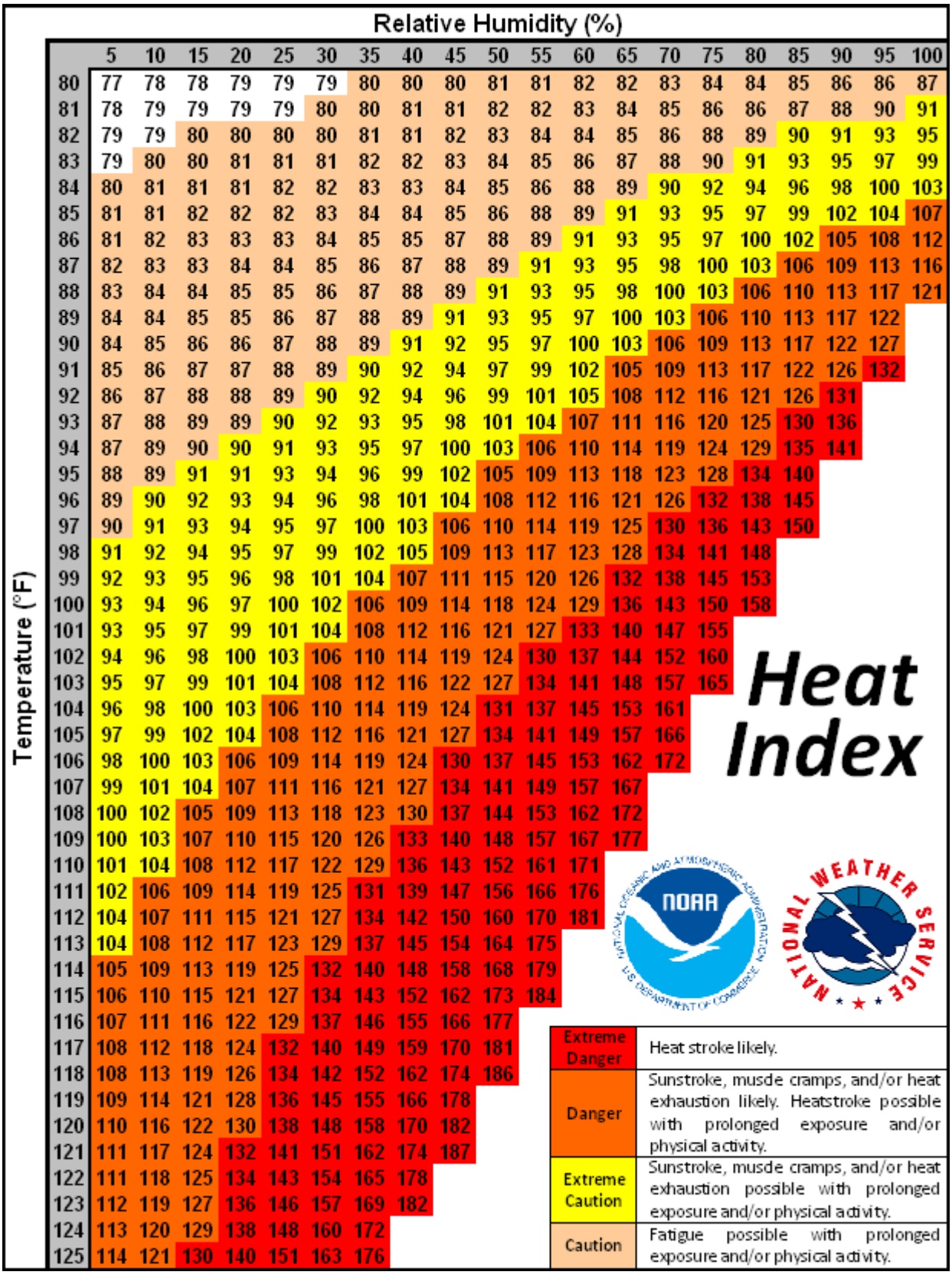
6. Recognize more serious signs of exertional heat illness (clumsiness, stumbling, collapse, obvious behavioral changes and/or other central nervous system problems), immediately stop activity and promptly seek medical attention by activating the Emergency Medical System. On-site rapid cooling should begin immediately.

    Review the heat illness signs and symptoms information in this document

Heat Index Chart

Use the chart below to assess the potential of heat stress. *The chart should be used as a guideline only – **individual reactions to the heat will vary among your athletes!***

1. Down the left side of the chart, locate the Environmental **Temperature**
2. Across the top of the chart, locate the **Relative Humidity**
3. Follow across and down to find the **HEAT INDEX**
   (Combined index of heat & humidity… What it "feels like" to the body)


Relative Humidity (%)
Temperature (°F)
5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
80 77 78 78 79 79 79 80 80 80 81 81 82 82 83 84 84 85 86 86 87
81 78 79 79 79 79 80 80 81 81 82 82 83 84 85 86 86 87 88 90 91
82 79 79 80 80 80 80 81 81 82 83 84 84 85 86 88 89 90 91 93 95
83 79 80 80 81 81 81 82 82 83 84 85 86 87 88 90 91 93 95 97 99
84 80 81 81 81 82 82 83 83 84 85 86 88 89 90 92 94 96 98 100 103
85 81 81 82 82 82 83 84 84 85 86 88 89 91 93 95 97 99 102 104 107
86 81 82 83 83 83 84 85 85 87 88 89 91 93 95 97 100 102 105 108 112
87 82 83 83 84 84 85 86 87 88 89 91 93 95 98 100 103 106 109 113 116
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89 84 84 85 85 86 87 88 89 91 93 95 97 100 103 106 110 113 117 122
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91 85 86 87 87 88 89 90 92 94 97 99 102 105 109 113 117 122 126 132
92 86 87 88 88 89 90 92 94 96 99 101 105 108 112 116 121 126 131
93 87 88 89 89 90 92 93 95 98 101 104 107 111 116 120 125 130 136
94 87 89 90 90 91 93 95 97 100 103 106 110 114 119 124 129 135 141
95 88 89 91 91 93 94 96 99 102 105 109 113 118 123 128 134 140
96 89 90 92 93 94 96 98 101 104 108 112 116 121 126 132 138 145
97 90 91 93 94 95 97 100 103 106 110 114 119 125 130 136 143 150
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99 92 93 95 96 98 101 104 107 111 115 120 126 132 138 145 153
100 93 94 96 97 100 102 106 109 114 118 124 129 136 143 150 158
101 93 95 97 99 101 104 108 112 116 121 127 133 140 147 155
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121 111 117 124 132 141 151 162 174 187
122 111 118 125 134 143 154 165 178
123 112 119 127 136 146 157 169 182
124 113 120 129 138 148 160 172
125 114 121 130 140 151 163 176
Heat Index
NOAA
NATIONAL WEATHER SERVICE
Extreme Danger
Heat stroke likely.
Danger
Sunstroke, musde cramps, and/or heat exhaustion likely. Heatstroke possible with prolonged exposure and/or physical activity.
Extreme Caution
Sunstroke, musde cramps, and/or heat exhaustion possible with prolonged exposure and/or physical activity.
Caution
Fatigue possible with prolonged exposure and/or physical activity.

Recommended Modifications to Athletic Participation based on the Heat Index

Heat Index Temperature	Heat Stress Risk with Physical Activity and/or Prolonged Exposure
90-104*	Heat cramps or heat exhaustion possible *Modify practice, take water breaks every 15 to 20 minutes*
105-124*	Heat cramps or heat exhaustion likely, Heatstroke possible *Modify practice, **NO HELMET OR SHOULDER PADS**, t-shirt and shorts only; frequent (every 15 minutes) water and rest breaks*
>125*	Heat stroke highly likely *Recommend **NO PRACTICE!***

Heat Illness Signs/Symptoms & Management

The signs and symptoms of heat illness do NOT necessarily run on a continuum. This means that a person could suffer from heat stroke without showing less severe heat illness conditions such as heat cramps. Please keep this in mind when evaluating the signs and symptoms of your athletes.

Heat Cramps – Signs & Symptoms o Cramping that occurs in active muscles o Cramping in the abdominals and legs most common	Heat Cramps – Management o Rest in a cool place o Gentle stretching and massage muscle o Drink water
Heat Syncope – Signs & Symptoms o Weakness o Fatigue o Fainting	Heat Syncope – Management o Lay athlete down in a cool shady area o Drink water o Athlete is NOT allowed back to activity o Should be seen by LAT or physician
Heat Exhaustion – Signs & Symptoms o Rapid weight loss (water) o Muscle cramps o Nausea/vomiting o Headache o Reduced sweating (clammy skin) o Dizziness/fainting o Fatigue or weakness	Heat Exhaustion – Management o Treat heat exhaustion as an emergency o Call for emergency medical assistance and move patient to shade/cool building o Remove clothing and immerse patient in ice/cold water o Place ice bags over pulse points (armpits, groin & neck) o If conscious, give water
Heat Stroke – Signs & Symptoms o No sweating o Hot, dry skin o Nausea/vomiting o Seizures o Disorientation o Loss of consciousness	Heat Stroke – Management o **Heat stroke is life-threatening** o **Call for emergency medical assistance** and move patient to shade/cool building o Remove clothing and immerse patient in ice/cold water o Place ice bags over pulse points (armpits, groin & neck) o **Do NOT give water**