Emergency Action Plan

For Long Reach High School

Athletics Program

In case of an emergency, personnel responsibilities, locations of emergency equipment, and other emergency information such as 911 call instructions, addresses/directions to the venue, and a chain of command with important phone numbers have been listed here.

March 1, 2023

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Personnel Involved in Development

The following individuals were involved with the creation of this Emergency Action Plan:

Joseph Thomas, AAM

Allison Hammond MS, RAA, LAT, ATC

Documentation of Recent Changes

As changes to the EAP are made, please list the change, page affected and date that the change was made.

Specific Changes Made	Page(s) Affected	Date

EMERGENCY ACTION PLAN FOR ATHLETICS

OVERVIEW

Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the student athlete. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately and efficiently.

Components of an Emergency Action Plan

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of First Responder
5. Venue Directions with a Map
6. Emergency Action Plan Checklist for Non-Medical Emergencies

Emergency Personnel

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a certified athletic trainer. However, the first responder may also be a coach or another member of the school personnel.

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic director, school nurse, certified athletic trainer, all coaches, etc.]. Copies of training certificates and/or cards should be maintained with the athletic director. **All coaches are required to have CPR, Care and Prevention of Injury, AED, and emergency plan review.**

The emergency team may consist of physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and possibly even bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, personnel present, etc.

The four basic roles within the emergency team are:

- **Establish scene safety and immediate care of the athlete:**
  - This should be provided by the most qualified individual on the medical team (the first individual in the chain of command).
- **Activation of Emergency Medical Services:**
  - This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by anyone on the team.
- **Equipment Retrieval:**
  - May be done by anyone on the emergency team who is familiar with the types and locations of the specific equipment needed.
- **Direction of EMS to the scene:**
  - One of the members of the team should be in charge of meeting the emergency personnel as they arrive at the site. This person should have keys to locked gates/doors.

Activating Emergency Medical Services

Call 9-1-1

Provide information

- Name, address, telephone number of caller
- Nature of the emergency (medical or non-medical)*
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene (i.e. "use the south entrance to the school off Asylum St.")
- Other information requested by the dispatcher
- DO NOT HANG UP FIRST

*if non-medical, refer to the specified checklist of the school's non-athletics emergency action plan

Emergency Communication

Communication is key to a quick, efficient emergency response. There is a pre-established phone tree to ensure all relevant parties are notified. Access to a working telephone line or other device, either fixed or mobile, should be assured. There should also be back-up communication in effect in case there is a failure of the primary communication. At every athletic venue, home and away, it is important to know the location of a workable telephone.

Medical Emergency Transportation

Any emergency situation where there is loss of consciousness (LOC), or impairment of airway, breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a "load and go" situation and emphasis is placed on rapid evaluation, treatment, and proper transportation. Any emergency personnel who experiences doubt in their mind regarding the severity of the situation should consider a "load and go" situation and transport the individual.

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

Post EAP Activation Procedures:

Documentation
Documentation must be done by AT (or other provider) and coach immediately following activation of the EAP. Both an injury report and accident report form must be filled out.

Debriefing
A team comprising of the AT, AAM, coaches, nurse and one or two other school district employees not involved with the situation may discuss the event within 48 hours. This team must evaluate the effectiveness of the EAP and conduct a staff debriefing. A specific timeline for changes to EAP should be made for promptness.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparation of healthcare providers. It is prudent to invest athletic department "ownership" in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should **be reviewed at least once a year** with all athletic personnel and local emergency response teams. Through development and implementation of the emergency plan Long Reach High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Staff Education

1. Each season, every coach will receive a copy of the Emergency Action Plan (EAP)
    a. Each coach will provide their signature to confirm they have read the documents and asked any potential questions
2. A copy of the relevant EAP will be in each medical kit which is to be kept with the coach at every practice/event
3. A copy of the EAP will be posted on the wall in the athletic training room.

Chain of Command

The athletic training should always act as primary care-givers at the site of the injury or accident (when on-site) and would manage the situation according to the following rank:

1. *Athletic Trainer*

In the event that a certified athletic trainer is not on-site at the time of injury the following chain of command would be used:

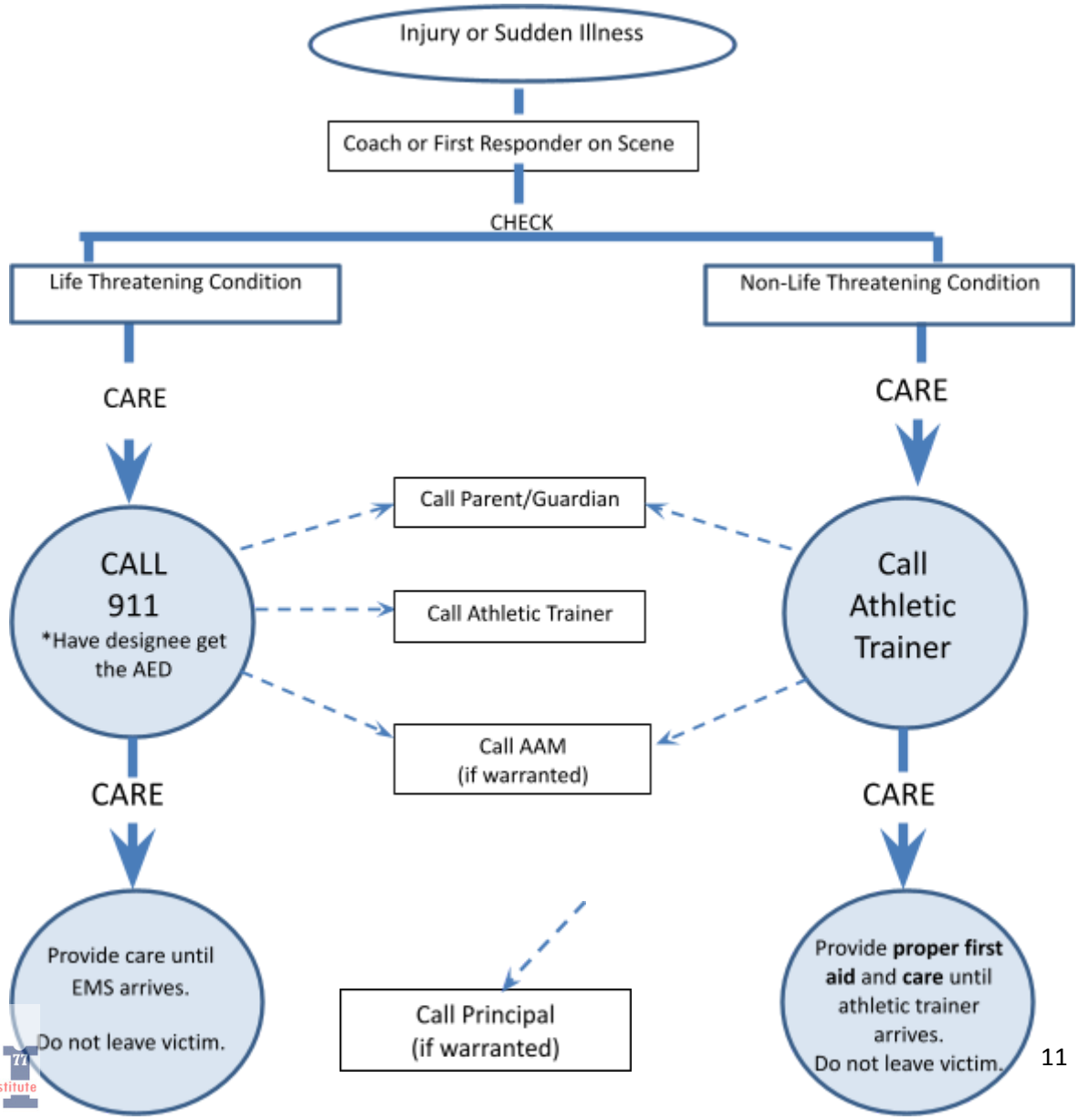
1. *Coach on-site for sport affected*
2. *AAM – or other covering for AAM*

Emergency Telephone Numbers

This list is only to be used in case of an emergency.

On Campus Offices	Phone Number
Athletic Trainer	301-693-1229
Nurse	667-786-3058
Athletic and Activities Manager	N/A
Main Office	410-313-7117
Administrative Office	410-313-7117
School Counselor Office	301-602-5188

Emergency Situation Contact Tree



Emergency Equipment Locations

Emergency Equipment:

- Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit on site for events covered by AT
- First Aid Kit located with coach

1. AED
    a. Located with AT for all covered events
    b. Located with coach of highest need, when off site, determined by athletic trainer, AAM and coach prior to season
    c. Additional AED located outside Main Gymnasium in hallway by AAM office.
2. Nearest phone
    a. Athletic Trainer's personal cell phone when covering events
    b. Coaches' personal cell phones
    c. Inside Long Reach, AAM office has a telephone available as a last resort. Coaches should have personal cellphones available at practices and competitions, especially when offsite.
3. Rescue Inhaler
    a. Athletes are responsible for their inhaler and responsible for bringing the inhaler with them to all practices/games
    b. Inhaler must be left with coach (labeled with name) during practices and games (not left in personal bag)
    c. Athletic trainer may be given a backup inhaler by the parent or child to keep as a backup in the med kit.
4. Epi Pen
    a. Athletes are responsible for their epi pen and are responsible for bringing their epi pen with them to all practices/games
    b. Epi pen must be left with coach (labeled with name) during practices and games (not left in personal bag)
    c. Athletic trainer may be given a backup Epi pen by the parent or child to keep as a backup in the med kit.
    d. There is an Epi Pen located in the main lobby of Long Reach High School if needed.
5. Splints
    a. With AT during events or in ATR
6. Spine boards/Cervical Collar
    a. Will be provided by EMS upon arrival
7. Bio-hazard Materials
    a. Red bags – in ATs medical kit and in ATR
    b. Disposal Bin – in ATR

Long Reach AED Location

AED 1 Location: Athletic Hallway by main gym
AED 2 Location: Main Office by Health Room
AED 3 Location: In AT Office. Will travel with AT when AT is at LR

General Plan of Action

1. Most medically qualified person will lead
2. Check the scene – is it safe to help?
3. Is the athlete breathing? Conscious? Pulse?
   a. If NO instruct person to call 911 – LOOK PERSON DIRECTLY IN EYES and make sure they call!
   b. Check card for 911 call instructions for your location
4. Perform emergency CPR/First Aid
   a. If severe bleeding – instruct individual to assist with bleeding control
5. Instruct coach or bystander to get AED
6. Instruct coach or bystander to control crowd
7. Contact the Athletic Trainer of Long Reach High School if they are present at the school but not on scene
8. Contact parents
9. Contact AAM
10. Contact Principal/Vice Principal
11. Instruct individual to meet ambulance to direct to appropriate site
12. Assist with care as necessary
13. Assistant coach must accompany athlete to hospital, if a parent is not present – either in ambulance or follow by car
14. Document the event

Long Reach High School
Emergency Action Procedures

Gymnasium and Indoor Facilities

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Long Reach High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff, if available. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Instruct coach or bystander to call 911
    -Provide the following information
    a) Who you are
    b) General information about the injury or situation
    c) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **6101 Old Dobbin Ln, Columbia, MD 21045**
    d) Any additional information
    e) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
3) Perform emergency CPR/First Aid
    a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
        i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
        ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
    b) **Instruct coach or bystander to GET AED!!**
4) Designate coach or bystander to control crowd
5) Contact the Athletic Trainer for Long Reach High School if not present on scene
6) Designated coach or appropriate bystander will meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) Designate an individual to "flag down" and direct to scene
    c) Control injury site, limit care providers etc.
7) Assist AT and/or EMS with care as directed
    a) Retrieve Necessary Supplies/Equipment
8) An assistant coach must go with the athlete to the hospital or follow in a car if there is no parent to accompany athlete.
9) Document event and debrief

Long Reach High School
Emergency Action Plan

Stadium and Tennis Courts

6101 Old Dobbin Ln, Columbia, MD 21045

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Long Reach High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Instruct coach or bystander to call 911
    -Provide the following information
    f) Who you are
    g) General information about the injury or situation
    h) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **6101 Old Dobbin Ln, Columbia, MD 21045.** Instruct EMS to enter through the gates by the concession stand. Assign a coach or appropriate designee to meet the ambulance.
    i) Any additional information
    j) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
3) Perform emergency CPR/First Aid
    a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
        i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
        ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
    b) **Instruct coach or bystander to GET AED!!**
4) Designate coach or bystander to control crowd
5) Contact the Athletic Trainer for Long Reach High School if not present on scene
6) Meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) Designate an individual to "flag down" and direct to scene
    c) Control injury site, limit care providers etc.
7) Assist AT and/or EMS with care as directed
    a) Retrieve Necessary Supplies/Equipment
8) An assistant coach must go with the athlete to the hospital or follow in a car if there is no parent on scene
9) Document event and debrief

Long Reach High School
Emergency Action Plan

Baseball Stadium

6101 Old Dobbin Ln, Columbia, MD 21045

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Long Reach High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Instruct coach or bystander to call 911
    -Provide the following information
    k) Who you are
    l) General information about the injury or situation
    m) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). 6101 Old Dobbin Ln, Columbia, MD 21045. Instruct EMS to enter through the second entrance when traveling west on Burntwoods Road. Assign a coach or appropriate designee to meet the ambulance.
    n) Any additional information
    o) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
3) Perform emergency CPR/First Aid
    a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
        i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
        ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
    b) **Instruct coach or bystander to GET AED!!**
4) Designate coach or bystander to control crowd
5) Contact the Athletic Trainer for Long Reach High School if not present on scene
6) Meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) Designate an individual to "flag down" and direct to scene
    c) Control injury site, limit care providers etc.
7) Assist AT and/or EMS with care as directed
    a) Retrieve Necessary Supplies/Equipment
8) An assistant coach must go with the athlete to the hospital or follow in a car if there is no parent on scene
9) Document event and debrief

Long Reach High School
Emergency Action Plan

Softball Stadium and Track and Field Practice Areas

6101 Old Dobbin Ln, Columbia, MD 21045

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Long Reach High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Instruct coach or bystander to call 911
    -Provide the following information
    p) Who you are
    q) General information about the injury or situation
    r) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **6101 Old Dobbin Ln, Columbia, MD 21045**
    s) Any additional information
    t) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
3) Perform emergency CPR/First Aid
    a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
        i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
        ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
    b) **Instruct coach or bystander to GET AED!!**
4) Designate coach or bystander to control crowd
5) Contact the Athletic Trainer for Long Reach High School if not present on scene
6) Meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) Designate an individual to "flag down" and direct to scene
    c) Control injury site, limit care providers etc.
7) Assist AT and/or EMS with care as directed
    a) Retrieve Necessary Supplies/Equipment
8) An assistant coach must go with the athlete to the hospital or follow in a car if there is no parent on scene
9) Document event and debrief

Long Reach High School
Emergency Action Plan

Bermuda Practice Field

6101 Old Dobbin Ln, Columbia, MD 21045

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Long Reach High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Instruct coach or bystander to call 911
    -Provide the following information
    u) Who you are
    v) General information about the injury or situation
    w) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **6101 Old Dobbin Ln, Columbia, MD 21045**
    x) Any additional information
    y) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
3) Perform emergency CPR/First Aid
    a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
        i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
        ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
    b) **Instruct coach or bystander to GET AED!!**
4) Designate coach or bystander to control crowd
5) Contact the Athletic Trainer for Long Reach High School if not present on scene
6) Meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) Designate an individual to "flag down" and direct to scene
    c) Control injury site, limit care providers etc.
7) Assist AT and/or EMS with care as directed
    a) Retrieve Necessary Supplies/Equipment
8) An assistant coach must go with the athlete to the hospital or follow in a car if there is no parent on scene
9) Document event and debrief

Long Reach High School
Emergency Action Plan

Football and Lacrosse Practice Field

6101 Old Dobbin Ln, Columbia, MD 21045

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Long Reach High School Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

Emergency Procedures:

1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Instruct coach or bystander to call 911
    -Provide the following information
    z) Who you are
    aa) General information about the injury or situation
    bb) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*). **6101 Old Dobbin Ln, Columbia, MD 21045,** Any additional information
    cc) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
3) Perform emergency CPR/First Aid
    a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
        i. If athletic trainer is present he/she will stay with athlete and provide immediate care.
        ii. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
    b) **Instruct coach or bystander to GET AED!!**
4) Designate coach or bystander to control crowd
5) Contact the Athletic Trainer for Long Reach High School if not present on scene
6) Meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) Designate an individual to "flag down" and direct to scene
    c) Control injury site, limit care providers etc.
7) Assist AT and/or EMS with care as directed
    a) Retrieve Necessary Supplies/Equipment
8) An assistant coach must go with the athlete to the hospital or follow in a car if there is no parent on scene
9) Document event and debrief

Inclement Weather Procedures

School Closing Due to Inclement Weather:
All use of school facilities will be canceled when schools are closed for the full day or dismissed early due to emergency conditions or emergency measures. In the event of virtual learning, HCPSS will follow those closing procedures.

Afternoon Snow/Ice
If snow or ice arrives before 2:00 p.m., a decision to play or cancel will be made by the Central Office based on weather reports from the HCPSS Transportation Office. Your school will be notified as soon as possible.

Evening Snow/Ice
If snow or ice arrives in the late afternoon or evening, the Administrator on duty will make the final decision.

- If a snow emergency plan goes into effect prior to the game or practice, it is canceled.
- If a snow emergency plan goes into effect after the start of a game or practice, the event may be completed.

Saturday/Non-School Day Snow/Ice
If a snow emergency plan for Howard County is in effect at 7:00 a.m. on a Saturday, Sunday, or on a day when schools are closed for students, all community programs and activities scheduled to take place in school facilities are canceled. Should the snow emergency plan go into effect after 7:00 a.m., programs and activities that are in progress may be completed. All programs scheduled to begin after the time that the snow emergency plan went into effect are canceled.

If a team or student group is involved in an event outside of Howard County:

- They may depart for the event after the emergency plan is lifted.
- They may not travel through a county that has a snow emergency plan in effect.

Coaches may call the HCPSS Information Hotline at 410-313-6827 to receive a recorded message regarding community use activities.

If a snow emergency plan goes into effect before the practice or game, it must be canceled. Please use common sense before sending participants and spectators home.

If a snow emergency plan goes into effect after the start of the game or practice, it may be completed.

Snow Emergency Website
To check active snow emergency plans, go to the following website:
http://www.chart.state.md.us/StormInfo/snow_emergency_plans.asp

When a team is on an overnight trip, they may compete unless travel is involved, and a snow emergency is in effect at their location.

Regional/State Events
If a regional or state event is involved, a special decision will be made by our Superintendent in conjunction with the MPSSAA.

Extreme Cold
Modifications to outdoor practice will be through consultation with the Coordinator of Athletics, local AAM, and school staff.

Heat Acclimation Policy and Guidelines based on HCPSS Student Athlete Handbook

Wet Bulb NATA Guidance

The health and safety of all parties associated with HCPSS athletics/activites is paramount. When heat creates a dangerous scenario, HCPSS will follow the Wet Bulb temperature and NATA guidelines below.

A Wet Bulb Globe Temperature (WBGT) device is a measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a measure to monitor environmental conditions during exercise.

- AT/AAM at the school will determine the wet bulb temperatures by the Kestrel 5400 Heat Stress Tracker.
- Wet bulb temperatures will be taken at the location of play.
    - Location of play includes All inside and outside venues.
    - In the case of extreme temperatures, Wet bulb temperatures will be taken every 30 mins and practices will be adjusted accordingly.
- Practice/game modifications will follow the NATA Guidelines. Please see chart below.

NATA Guidelines

WBGT (°F)	Activity Guidelines and Rest Break Guidelines
<82.0	Normal activities: provide ≥3 separate rest breaks of minimum duration 3 min each during workout.
82.0-86.9	Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks of minimum duration 4 min each.
87.0-89.9	Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks for minimum duration 4 min each.
90.0-92.0	Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.
>92.1	No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.

Source: NATA Position Statement: Exertional Heat Illness, Journal of Athletic Training volume 50, number 9 2015, Table 5

Howard County Public School System

Game/Practice Restrictions Due to Heat

Heat Index Reading	Color/Code	Restriction
105 + 115+ Discontinue all activities	Code Red	**Danger!** Discontinue regular practice. All outdoor athletic events are to be canceled. Very short restricted practice is permitted. Outdoor practices are limited to 45 minutes (including warm ups) and should be conducted as a walk through. No extra equipment is permitted. FH: Goalies no pads or helmets, FB: no pads or helmets. Practice indoors if possible.
95-104	Code Yellow	**Extreme Caution!** *Modify* practice with (required) water breaks every 15-20 minutes. Games/events may continue with mandatory official time outs midway through quarters. Provide a water stop (mandatory) midway in cross country meets. Observe athletes carefully for signs of heat injuries. Make sure all athletes drink water. For 101-104 Helmets only for practices.
84-94	Code Green	**Warning.** Provide a mandatory ten minute rest per 45 minutes of activity. Water is to be available to athletes at all times.
Below 83	Code Blue	**No restrictions.** Water is to be available at all times. Monitor the heat index for increases.

Air Quality Readings

Reading	Classification	Code
0-100	Good to Moderate	Blue
101-200	Unhealthy	Green
201-300	Very Unhealthy	Yellow
Over 300	Hazardous	Red

NOTE: If a code red on the heat index is in effect, there will be an alert communicated to the Athletics and Activities Managers by 2:00 p.m. All athletic personnel are to follow the specific guidelines indicated for the "code". Wet Blub Thermometers will be the official monitoring tool at school locations. The OSHA Heat Index application will be used when a Wet Bulb is not available or at all other locations. On non-school days, coaches will use the OSHA app to monitor their locations. For Golf, a decision will be made by 1:00 p.m. so the courses can be notified.

Heat Acclimatization Do's and Don'ts

Do:

- Complete the NFHS Course on Heat Illness (mandatory, annual certification). AAM keeps the database. NFHS Education Course "Heat Illness Prevention"– www.nfhslearn.com
- Ensure that all coaches have completed the course
- Provide heat Illness information at preseason coaches' meetings
- Provide heat illness information at preseason parent meetings
- Provide heat illness information at preseason student-athlete meetings
- Provide heat illness information at PTSA & Booster Meetings
- Use school websites to warn of the dangers of heat illness
- Use handout materials from Center for Disease Control (CDC) "Extreme Heat - A Prevention Guide to Promote Your Personal Health & Safety" - http://www.cdc.gov/nceh/hsb/extreme/Heat_Illness/index.html
- Check the Heat Index daily, hourly if necessary and follow HCPSS Handbook guidelines
- Use weight chart daily to assess an athlete's weight and hydration status. Weigh them in, Weigh them out.
- Educate students as to how they can monitor their hydration status by the color and volume of urine.
- Educate coaches, parents and students as to the dangers and risks of cumulative dehydration
- Allow athletes unlimited access to water and ice during practices
- Provide regular water-breaks and cool down periods during practices
- Follow safety directions as recommended by the ATC
- Initiate and allow contact with blocking sleds and tackling dummies on practice day 3
- Allow full protective equipment and full contact to begin on practice day 6
- Separate all practice sessions and/or walkthroughs by 3 hours
- Allow one walkthrough on single-practice days
- Follow a double practice day with a single-practice day or a rest day

Don't:

- Practice outside for more than 45 minutes when Code Red is in effect
- Practice more than 3 hours in any practice session
- Practice more than 3 hours on days 1-5 of the season
- Hold more than 5 hours of practice and/or walkthroughs and/or team meetings on any practice day
- Hold more than one walkthrough on a single-practice day
- Use protective equipment or other sports related equipment during walk through sessions
- Hold double practice days on days 1- 5 of the season
- Hold double practice days on back-to-back days
- Practice with extra equipment when it is a Code Red

- Hold double practice sessions or a single practice session and a walkthrough without a 3-hour recovery period between sessions
- Practice in more than helmets and shorts and shirts on days 1 and 2 of the season
- Practice in more than helmets and shoulder pads on days 3-5 of the season
- Practice in full pads until day 6 of the season
- Exceed total practice time limitations (3 hour maximum for a session or 5 hours for a day) if the practice is interrupted by inclement weather
- Count days when individual students do not practice because of a rest day, illness, injury or absence as any of the heat-acclimatization period

Howard County Public School System
Thunder and Lightning Position Statement

If thunder and/or lightning can be heard and/or seen, stop activity and seek protective shelter immediately.

In situations where thunder and/or lighting may or may not be present yet you feel your hair stand on end and skin tingle, immediately assume the following crouched position: drop to your knees, place your hands and arms on your legs, and lower your head. **Do not lie flat.**

In the event that either situation should occur, allow 30 minutes to pass after the last sound of thunder and/or lightning strike prior to resuming play.

The National Weather Service has stated that lightning can strike up to a distance of 10 miles, with storms traveling at a speed exceeding 50 miles per hour. However, thunder can be heard only within a distance of 8 miles. Therefore, if you hear thunder and/or see lightning, you are in immediate danger and should seek protective shelter in an indoor facility at once! An indoor facility is recommended as the safest protective shelter. However, if an indoor facility is not available, an automobile or school bus is a relatively safe alternative. If neither of these are available, the following guidelines are recommended. Avoid standing under large trees and telephone poles. If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill. As a last alternative, find a ravine or valley. In all instances outdoors, assume the aforementioned crouched position. Avoid standing water and metal objects at all times (i.e., steering wheel, metal bleachers, metal cleats, umbrellas, etc.).

The most dangerous storms give little or no warning; thunder and lightning are not heard or seen. Up to 40% of all lightning is not accompanied by thunder and 20-40% of thunder cannot be heard because of atmospheric disturbances, thus the term "silent killer". At times, the only natural forewarning that might precede a strike is feeling your hair standing on end and skin tingle. At this point, you are in imminent danger of being struck by lightning and should drop to the ground and assume the aforementioned crouched position immediately. Do not lie flat. Should a ground strike occur near you, lying flat increases the body's surface area that is exposed to the current traveling through the ground.

The National Weather Service recommends that 30 minutes should pass after the last sound of thunder is heard and/or lightning strike is seen before resuming play. This is sufficient time to allow the storm to pass and move out of lightning strike range.

A perilous misconception that it is possible to see lightning coming and have time to act before its strikes could prove to be fatal. In reality, the lightning that we see flashing is the return stroke flashing upward from the ground to the cloud, not downward. When you see the lightning strike, it already has hit. It is a fact that you will never see the bolt that hits you. If used immediately, the information provided can be used to minimize the risk of injury or death from lightning.

If an official(s) chooses to ignore the thunder and lightning policy, the coach is to remove the team from the area and seek the shelter immediately.

The coach should note the time and allow 30 minutes to pass after the last sound of thunder and/or lightning strike prior to resuming play.

A decision to postpone will be determined by the officials and/or the administrator in charge.

Failure to obey this safety rule will result in disciplinary action for the coach and/or the officials.

Spectators will be directed to leave all outside athletic venues and seek shelter.

Care of Emergent Injuries in Athletics

I. Care and Prevention of Athletic Injuries

As the leader of a group of young people, the coach assumes a significant responsibility for helping to insure their health and well-being. A great deal of emphasis must be placed on training and conditioning, first aid, injury prevention and management, proper use of equipment, and maintenance of safe playing areas.

This section includes a summary of some major points to consider in the care and prevention of athletic injuries and is not intended to be all inclusive. The scope of this section does not allow for a detailed and thorough discussion of all medical emergencies which the coach might encounter. In case of injury, first aid and injury management are not to go beyond the scope of topics discussed and reviewed in the required Basic Care and Prevention of Athletic Injuries course.

All coaches shall have completed or be enrolled in a one-credit course in the Care and Prevention of Athletic Injuries within one (1) year of their first coaching assignment.

II. Heat Acclimatization Period

Heat acclimatization guidelines are to take into account an acclimatization period that defines the duration, intensity and number of required practices to acclimatize each individual student-athlete. The duration and intensity for practices are suggested to gradually increase the student-athlete's heat tolerance, enhance their ability to participate safely in warm and hot conditions and minimize their risk for heat related illnesses. A proper heat-acclimatization plan in secondary school athletic programs is essential to minimize the risk of exertional heat illness during the preseason practice period. Gradually increasing athletes' exposure to the duration and intensity of physical activity and to the environment minimizes exertional heat-illness risk while improving athletic performance.

Progressive acclimatization is especially important during the initial 3 to 5 days of summer practices. When an athlete undergoes a proper heat-acclimatization program, physiologic function, exercise heat tolerance, and exercise performance are all enhanced. In contrast, athletes who are not exposed to a proper heat-acclimatization program face measurable increased risks for exertional heat illness.

KEY POINTS

- Heat acclimatization (or acclimation) confers biological adaptations that reduce physiological strain (e.g., heart rate and body temperature), improve comfort, improve exercise capacity, and reduce the risks of serious heat illness during exposure to heat stress.
- The biological adaptations include integrated thermoregulatory, cardiovascular, fluid electrolyte, metabolic and molecular responses.
- Heat acclimatization occurs when repeated exercise-heat exposures are sufficiently stressful to invoke profuse sweating and elevate whole-body temperatures.
- About 2 weeks of ~90 min daily heat exposures are required
- Heat acclimatization is specific to the climatic heat stress (desert or tropic) and physical exercise intensities the athletes are exposed to, which should simulate the expected competitive environment.

III. Heat Acclimatization Guidelines

A. On single-practice days, one walk-through is permitted.

B. Double practice days (beginning no earlier than practice day 6) must be followed by a single-practice day or rest day. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.

C. All practices and walk-through sessions must be separated by three hours of continuous rest.

D. If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe, but total practice time should not exceed its limitations.

E. Equipment Restrictions

1. Football
   a. Practice days 1 and 2 – helmets only, and shorts/t-shirts.
   b. Practice days 3 through 5 – helmets and shoulder pads only. Contact with blocking sleds and tackling dummies may be initiated.
   c. Beginning practice day 6 – full protective equipment and full contact may begin.
2. Field Hockey
   a. Practice days 1 and 2 – Goalies in helmet and goalie kickers, athletes may wear shin guards, goggles and mouth pieces.
   b. Practice days 3 through 5 – Goalies in helmet, chest protection and goalie kickers.
   c. Beginning practice day 6 – full protective equipment may be worn.
3. Soccer – Shin guards and goalie gloves can be worn beginning day 1
4. Volleyball- Knee pads may be worn beginning day 1

F. The heat-acclimatization period is designed for students on an individual basis. Days in which athletes do not practice due to a scheduled rest day, injury, illness or other reasons do not count towards the heat-acclimatization period.

G. **Practice Days 1-5**

H. School teams shall conduct all practices within the general guidelines above as well as the following guidelines for practice days 1-5.

I. School teams are limited to one practice per day not to exceed three hours in length.

J. One walk-through session is permitted per day no longer than 1 hour in duration.

K. **Practice Days 6-14**

L. School teams shall conduct all practices within the general guidelines above as well as the following guidelines for practice days 6-14.

M. Total practice and walk-through time per day should be limited to five hours with no single session longer than three hours in duration.

N. School teams may participate in full contact practices with all protective equipment worn.

Sample Practice Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Day 1	Day 2	Day 3	Day 4
Rest Day	Day 5	Day 6 Full Contact 1st two-a-day	Day 7	Day 8	Day 9	Day 10
Rest Day	Day 11	Day 12	Day 13	Day 14	Day 15	

Note: Shaded days reflect Heat Acclimatization Period

IV. Heat Illness

There are three categories of heat illness, and the athlete may not sustain all three in order.

A. Heat Cramp
   1. Symptoms
      The body and muscles will cramp due to the loss of fluid and electrolytes. This is a warning sign of further illness. The muscles most often affected are the quadriceps, gastrocnemius (calf), and abdominals.
   2. What to do?
      a. Ice and stretch
      b. Give water or fluids
      c. Improve cardiovascular condition (if early in season
      d. If persistent, check into the diet

B. Heat Exhaustion
   There is an excessive loss of water and electrolytes.
   1. Symptoms
      a. Sweating profusely
      b. Cool skin, may be pale
      c. Syncope (dizziness or confusion)
      d. Possible rapid pulse
      e. Internal temperature increases to 102 - 104.9 degrees (normal 98.6)
   2. What to do?
      a. Find a cool shaded place.
      b. Cool the individual with cold water, ice towels, or tap water from a hose.
      c. Have the athlete drink fluids. The thirst mechanism will shut down. He/she will only be able to take small sips. Have athlete suck on ice.
      d. Get the extra equipment off - shoulder pads, helmet, any extra clothing, shoes and socks.

C. Heat Stroke

This is a medical emergency. The body's thermoregulatory system has totally shut down and the core body temperature is continuing to rise.

1. Symptoms
   - Body temperature more than 105 degrees
   - Skin is dry, warm, or hot, red (total absence of sweat)
   - Behavior may be disoriented, acutely aggressive
   - Athlete may be conscious or unconscious
2. What to do?
   - Activate emergency and call 911 immediately
   - Cool the athlete as efficiently as you can, using the heat exhaustion techniques
   - Monitor vital signs (heart rate, blood pressure, and breathing) until ambulance arrives

V. Differentiating between Heat Exhaustion and Heat Stroke

Heat Exhaustion Symptoms:	Heat Stroke Symptoms:
• Cool and clammy	• Hot and dry
• Sweating	• No sweating
• Body Temperature 98.6 - 104.9 degrees	• Body Temperature l05 degrees or higher
• Pulse - Slow	• Pulse - Rapid or Fast
• Confusion	• Aggressiveness
• Conscious	• May be unconscious

VI. Ways to Prevent Heat Illness

Be aware of athlete's conditioning level. A better conditioning level will mean a greater toleration of the heat.

Anticipate the need for athletes to be acclimated. It will take seven to ten days to be well acclimated to a heat environment. Use a gradual increase in work at practice.

In the sport of football, practices will be held without full equipment for the first three practices. Helmets and shoulder pads are optional.

Know the temperature and the humidity level at practice time. Refer to the HCPSS heat index chart in the Athletic Handbook.

Make modifications during practice sessions with more water breaks, rest breaks, and change in dress for practice.

Push fluids! Cool water before, during, and after practice (hydrating). Hydrate on a regular basis whether or not the athlete is thirsty. Sport drinks can supplement but are NOT a replacement for water as the primary fluid.

Encourage a proper diet, especially fruit, vegetables, and leafy greens. An athlete can avoid a bloating feeling by eating before drinking a large amount of fluid.

Have the athlete wear proper clothing. The least amount that is appropriate for the sport is best. Nylon is ideal, cotton breathes very well.

If you choose to practice a two-a-day schedule, make your morning more strenuous than your afternoon. You may want to monitor the athlete's weight. Athletes should lose no more than 3% body weight after a practice session.

Talk to your team about heat illness! It is a serious matter. For more information view the Model Policy for Heat Acclimatization Guidelines in Section 11.

II. Sports Related Concussion

Sports Concussion Program Testing

The Howard County Public School System provides a state-of-the-art Sports Concussion Program to detect and treat concussions in high school athletes. The program was developed by Dr. Gerard Gioia, director of the SCORE Concussion Program at Children's National Medical Center. Dr. Gioia works closely with school personnel, parents and the primary care physicians of our student athletes.

As part of the program, student athletes participate in voluntary pre-concussion baseline testing bi-annually to assess key functions affected by a concussion. The information is used for comparison after an injury to assess whether the athlete has a concussion and to assist in recovery if the athlete has suffered a concussion.

The following protocol is intended for coaches who suspect a possible concussion during practice or a game. The information and guidelines are taken from a variety of concussion resources including "National Athletic Trainers' Association Position Statement: Management of Sport Related Concussion" (2004), Vienna Conference (2002), Prague Conference (2005), and Heads Up: Concussion in High School Sports (2005). Concussion assessment and management is a job for qualified health care professionals (i.e., physician, athletic trainer, and neuropsychologist).

Definition of Concussion, Concussion Facts

A concussion is an injury to the brain as a result of a force or jolt applied directly or indirectly to the head, which produces a range of possible symptoms and may or may not involve a loss of consciousness.

- 80-90% of concussions occur without loss of consciousness.
- Recognition and proper management of concussions when they first occur can help prevent further injury, prolonged recovery, or even death (secondary impact syndrome).

Concussions are also called mild traumatic brain injuries (MTBI). Concussions can occur in any sport, including Baseball, Basketball, Cheerleading, Equestrian, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Rugby, Soccer, Softball, Volleyball, and Wrestling.

The potential for concussions is greatest in athletic environments where collisions or significant falls are common. Environmental factors also can cause injury. For example, a player may collide with an unpadded goalpost or trip on an uneven playing surface. Sometimes people do not recognize that a bump, blow, or jolt to the head can cause a concussion. As a result, athletes may receive no medical care at the time of the injury, but they

may later report symptoms such as headache and dizziness. These symptoms can be a sign of a concussion and must be carefully evaluated.

Signs and Symptoms of Concussion

Concussion results in a range of physical, cognitive, emotional, and sleep-related symptoms. Duration of symptoms can vary from person to person and may last for as short as several minutes and last as long as several days, weeks, months or even longer in some cases. Knowledge of the full range of signs (what you can see) and symptoms (what the student-athlete reports) are important. One or more of these signs and symptoms following a blow or jolt to the head may indicate that a concussion has occurred. Concussions can also occur with no obvious signs or symptoms right away. Any of the symptoms listed in the table below should be taken seriously. Athletes who experience any of these signs or symptoms after a bump, blow, or jolt to the head should be kept from practice or game play until cleared by an authorized health care provider.

Gradual Return to Play

After an authorized health care provider has determined initial medical clearance, the athletic trainer will supervise the gradual return to play protocol. The certified athletic trainer will make final determination for full return to play.

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache
Is confused about assignment	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit	Confusion
Can't recall events after hit	

On-Field/ Sideline Assessment & Action

If student-athlete exhibits any sign of concussion or reports any symptom, they are to be removed from practice or play. When in doubt, keep the player out of play and seek an evaluation from a qualified health care professional trained in concussion assessment and management. The coach is not to try to judge the severity of the injury. Health care professionals have several different methods that they can use to assess the severity of concussion.

Managing Concussion with no Loss of Consciousness
First aid: Remove athlete from activity until a qualified health care professional can evaluate them (i.e., physician, certified athletic trainer, and neuropsychologist). Monitor student-athlete for signs and symptoms every 5 minutes. Contact the parent. If signs/symptoms worsen, activate the emergency medical system, call 911.

Managing Concussion with Loss of Consciousness
Signs: Athlete does not respond to external stimuli (i.e., voice or touch).
First aid: Activate emergency medical system and call 911 immediately. Contact parent. Monitor athlete's vital signs and keep head and spine immobilized and wait for emergency personnel. If and when athlete regains consciousness, monitor for signs/symptoms every 5 minutes and maintain head and spine immobilization.

Coach Report of Concussion to Athletic Trainer: A concussion that is identified by a coach must be reported to the athletic trainer for appropriate follow-up with the student-athlete, parent, and primary care physician.

Communication with Parents: On the day of the injury, inform the athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a qualified health care professional.

Gradual Return to Play after a Concussion
The student-athlete should never return to play competitive sports activities (practice or games) while experiencing any lingering or persisting symptoms of a concussion, no matter how slight. The student-athlete must be completely symptom free at rest and with physical exertion (e.g., sprints, non-contact aerobic activity) and cognitive exertion (e.g., studying, schoolwork) prior to return to sports activities. Given the potential of the student-athlete with a concussion to minimize symptoms to expedite their gradual return to play, objective data in the form of formal neuropsychological testing and balance testing may be used as a criterion for safe return to play. Student-athletes cannot return to play until written clearance is provided by an authorized health care provider (e.g., physician or physician's assistant, nurse practitioner, neuropsychologist). See Forms Section for Probable Head Injury Protocol flowchart.

As with any injury, return to play following a concussion should occur gradually and systematically and under the guidance of an authorized health care provider and the certified, athletic trainer – with increasing exertion and close monitoring of their response to treatment. Student-athletes should be monitored for symptoms and cognitive function carefully during each stage of increased exertion. Progression is allowed to the next level of exertion if the student-athlete is asymptomatic at the current level. A specific gradual return-to-play (RTP) protocol outlining gradual increase in activity has been established by the Concussion in Sport Group. The certified athletic trainer will oversee and manage the gradual return to play.

Premature return to play from a concussion can have serious consequences including a significantly higher risk for re-injury, prolonged recovery, and an increased risk for a catastrophic outcome, second impact syndrome, which results in death. Prevent these poor outcomes by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for gradual return to play.

VIII. Universal Immediate Care of Athletic Injuries

A. **R.I.C.E.**

1. **R**est
   • Do not use the injured body part until pain-free activity can be resumed.
2. **I**ce
   • Apply ice directly to the injured area:
   - 20 minutes on, 20 minutes off, for the first three hours
   - After 72 hours, 20 minutes on, 40 minutes off, one time
   - Do not use chemical packs directly on skin for facial injuries
   - Do not apply heat if swelling, inflammation, or pain persists
3. **C**ompression
   • Wrap from below the injured area and toward the body and:
   - Use a pad under the wrap to add compression forces to retard swelling and activate absorption
   - When sleeping, loosen wrap, do not remove it
4. **E**levation
   • Elevate to a level above the heart:
   - To reduce bleeding
   - To reduce swelling

B. Every injury that requires **R.I.C.E.** should be evaluated by your athletic trainer, family physician or by an orthopedic surgeon as soon as possible.

C. The student-athlete may not return to play until written clearance is provided by a qualified health care professional (e.g., physician or certified athletic trainer).

IX. Water, Ice, and a Stocked Medical Kit must be available at all practices and contests.

X. Medical Kit Checklist

Nose Plugs
Band-Aids (multiple sizes and shapes)
Sterile Gauze
Peroxide
Cotton Tip Applicator
Tongue Depressor
Hydrocortisone
Scissors
Isoquin/Hand Sanitizer
Tough Skin
Heel/Lace Pads
Pre-Wrap
Athletic Tape (1 1/2 inch)
Elastic Tape (2 inch & 3 inch where available)
Sterile non-adherent pads
Tape Cutter
Vaseline/Skin Lube

Ice Bags
Bacitracin
Splints (SAM, finger)
Saline, Mirror, Contact Case
Non-latex gloves
Nail Clippers
Scissors
Felt/Foam (if available)
Mouth Guards
Elastic Wraps (4-inch, 6-inch, 4-inch x long, 6-inch x long)
CPR Shields
Emergency contact information for each athlete
Concussion signs and symptoms checklist

Check with your AAM/athletic trainer if you need medical supplies or do not have a kit.

Keep your athletic trainer updated daily.

Automatic Defibrillator Use

Responding to a Sudden Cardiac Arrest Emergency

If not treated, sudden cardiac arrest will cause death. It is important to remember to immediately call for help and activate your emergency response system.

When you open the defibrillator, voice instructions (prompts) provide clear, step-by-step instructions for responding to a patient in cardiac arrest. For a complete list of voice instructions, see Voice Prompts.

Basic Steps for Using the LIFEPAK CR2 Defibrillator

Responding to a cardiac emergency using the defibrillator involves these basic steps.

1 Tap the patient's shoulder and shout. A person in cardiac arrest will not respond.

2 Check for breathing by listening next to the patient's mouth and looking for chest movement. Use the defibrillator only if the patient is not responding, and not breathing or only gasping. If in doubt, use the defibrillator.

3 Place the defibrillator near the patient and on the side next to you. Open the lid to turn on the defibrillator. The defibrillator will guide you through the appropriate steps.
Note: If the defibrillator does not turn on or the lid is missing, press the **ON/OFF** button.

4 Remove all clothing, including undergarments, from the patient's chest. If the chest is excessively hairy and a razor is readily available, quickly shave the hair in the area where you will place the electrode pads. If the chest is dirty or wet, wipe the chest clean and dry. If there are medicine patches on the patient's chest, remove them.

5 If the defibrillator is a dual-language model, a voice prompt occurs at this time in the secondary language. This voice prompt instructs you to press the **LANGUAGE** button to switch to the secondary language (if desired).

6 If the patient is a child less than 8 years old or who weighs less than 25 kg (55 lb), press the **CHILD MODE** button to enter Child mode. To switch back to Adult mode, press the **CHILD MODE** button again.

Note: In Japan, Child mode is recommended for children less than 6 years old.

7 Pull the red handle to reveal the electrode pads.

8 Pull the loops on the electrode pads to peel the pads from the tray.

9 Apply the pads to the patient's bare chest exactly as shown in the pictures on the pads. If possible, avoid placing the pads over broken skin. Be sure to press firmly so that the pads completely adhere to the patient's chest.

Note: Be sure you do not place the electrode pads over an implanted device such as implanted pacemaker or ICD. An indication of an implant is a protrusion in the chest skin and a scar. If you are in doubt, apply the pads as shown in the pictures.

Note: Ensure the pads are at least 2.5 cm (1 in) apart. If the patient's chest is too small, place the pads on the chest and back as shown in the child pictures on the pads.

10 Listen to the voice prompts and do not touch the patient unless instructed to do so.

11 If the defibrillator heart rhythm analysis determines that a shock is needed you will hear **EVERYONE CLEAR,** followed by one of these two options.

- If you have a semi-automatic model, you will hear **PRESS FLASHING BUTTON**. Press the flashing **SHOCK** button to deliver a shock.
- If you have a fully automatic model, you will hear **DO NOT TOUCH PATIENT** followed by **DELIVERING SHOCK**. The defibrillator will automatically deliver a shock without requiring further action.

12 Do not touch the patient while a shock is being delivered.

Regardless of which model you have, continue to follow the voice prompts.

13 The defibrillator will instruct you to begin chest compressions. The defibrillator will provide instructions for hand placement during chest compressions, and 'tocks' at the correct compression rate. You may also be instructed to provide rescue breaths, depending on the settings for the defibrillator.

Note: Do not remove the electrode pads from the patient's chest during chest compressions.

14 Continue to follow the voice prompts and provide chest compressions when instructed until one of the following occurs:

- The patient begins breathing regularly or moving
- Emergency medical personnel arrive and tell you to stop.

Do not remove the pads or disconnect them from the defibrillator unless emergency medical personnel instruct you to do so.

Special Instructions for Use on Young Children

If the patient is a young child, place the electrode pads on the chest and back, as shown below. The pads must be placed so they are not touching each other. Illustrations showing this placement are also provided on the pads for quick reference during use.

What to Do After Emergency Medical Personnel Arrive

When emergency medical personnel arrive, continue performing CPR until they tell you to stop. Tell them what actions you have taken, how long the patient has been unconscious, if you delivered shocks, and the number of shocks delivered.

Do not worry if you cannot recall precisely what happened. Your defibrillator records heart rhythms, shocks, and other data that can be transferred to medical professionals during the event or at a later time. Contact your local Physio-Control representative or local authorized distributor for assistance with data transfer.

Emergency medical personnel may be able to disconnect the electrode pads from the defibrillator and reconnect them to another defibrillator that has a compatible cable. To disconnect the electrode pads, pull the electrode cable straight out from the defibrillator and close the lid to turn off the defibrillator.

What to Do After Using Your Defibrillator

After you use your defibrillator to respond to a cardiac arrest, complete the following tasks.

1. If the defibrillator is turned on, press and hold the **ON/OFF** button for approximately 3 seconds to turn it off.
2. Clean the defibrillator and its accessories according to the instructions provided in Cleaning the Defibrillator (on page 82). Use only the cleaning agents listed.
3. The QUIK-STEP electrode tray must be replaced after it is opened, even if the electrodes were not used. If you do not have a spare electrode tray, contact your Physio-Control representative or local authorized distributor to order a new electrode tray.
4. When the new electrode tray arrives, install it according to the instructions provided in Replacing the Electrodes (on page 79).
5. Close the lid and verify that the Readiness indicator flashes every 6 seconds.

   Note: If the Readiness indicator does not flash, open the lid. When the voice prompts start, press and hold the **LANGUAGE** and **CHILD MODE** buttons simultaneously for at least 2 seconds, until you hear **DEVICE READY** or **DEVICE NOT READY**. The defibrillator will provide voice prompts to help you determine what is wrong. See Caring for the Defibrillator (on page 75) for more information.
6. Dispose of the used electrode tray according to the instructions provided in Recycling Information (on page 83).

Rehearsal Strategy

The athletic trainer will be responsible for reviewing the EAP annually and rehearsing it prior to each sport season.

Coaches at Long Reach High School will be educated on the EAP prior to their first season of coaching during each academic year. The meeting will be a requirement for all coaches, of all levels, of each sport.

The meeting will be directed by the athletic trainer and will include a presentation for recent updates along with a hands-on portion. The hands-on portion will run through different scenarios to ensure the coaches understand the EAP. All coaches will be provided the opportunity to ask any and all questions and the athletic trainer will be responsible for ensuring a proper and adequate answer to all questions.

All coaches must sign in to prove their attendance, see following page. The documentation of attendance will be stored with the athletic trainer.

Documentation of Seasonal Coaches Educational Meeting

Topic: EAP Rehearsal

Sign in Sheet

Coach Name (printed)	Sport	HS	MS	Signature

Notes:

Approval and Verification Page:

This document has been read and revised by the Long Reach High School athletic trainer, team physician and athletic director.

Athletic Trainer: _____ Date: _____

Athletic and Activities Manager: _____ Date:_____