



EAST HIGH SCHOOL

EMERGENCY ACTION PLAN FOR ATHLETICS

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EAST HIGH SCHOOL

EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at anytime and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency 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. Hopefully, 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.

Components of the Emergency Plan

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles Of Certified Athletic Trainers, Student Trainers, Coaches, And Administrators
5. Venue Directions With map

The East High School Emergency Action Plan also includes the following:

- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques

Emergency Plan Personnel

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, and certified athletic trainers; administrators: student athletic trainers; coaches; parents; and, possibly, other bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, administrator, or coach may be appropriate for this role.

Roles within the Emergency Team	
1.	Establish scene safety and immediate care of the athlete
2.	Activation of the Emergency Medical System
3.	Emergency equipment retrieval
4.	Direction of EMS to scene

Activating the EMS System
<p>Making the Call: 911 (all emergencies in Idaho and Utah)</p> <p>Providing Information:</p> <ul style="list-style-type: none"> • name, address, telephone number of caller • nature of emergency, whether medical or non-medical * • number of athletes • condition of athlete(s) • first aid treatment initiated by ATC/Physician • Specific directions as needed to locate the emergency scene ("Come to the faculty parking lot off of Ellis Lane"). • other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established and walkie-talkies as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. When emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication will be walkie-talkie and cell phone. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. The school's Certified Athletic Trainers should be trained and responsible for the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise

Medical Emergency Transportation

Emphasis should be placed at having an ambulance on site at high risk sporting events i.e. Home Varsity Football. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. In order to provide the best possible care for East High School athletes, *all emergency trauma transports are to be sent to Chester County Hospital or Paoli Hospital.*

Non-Medical Emergencies

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district’s emergency action plan guidebook and follow the instructions provided.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, East High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the EAST High School Emergency Plan for Athletics

Approved by _____ Date _____
High School Medical Director

Approved by _____ Date _____
High School Principal

Approved by _____ Date _____
High School Athletic Director

Approved by _____ Date _____
High School Head Athletic Trainer

Approved by _____ Date _____
High School Assistant Athletic Trainer



Part II:

ATHLETIC TRAINING ROOM GUIDELINES

The Training Room



The Role of the Athletic Trainers

Certified by the **National Athletic Trainers Association (NATA)**, an athletic trainer (ATC) is the member of the allied health community whose role is to care for and help prevent athletic-related injuries. At East High School, there are two certified athletic trainers on staff. The priority of these athletic trainers is to provide on-site care for all practices and home contests. Because of limitations, there may or may not be an athletic trainer available “on site” for all practices and contests. . If any athlete is injured during athletic participation, he/she needs to be evaluated by the athletic trainer. Services in the training room are rendered during the school day and after school until the last event has concluded.

Training Room Hours

On most school days, there will be an athletic trainer available M-F from 10:00am until the conclusion of the last practice or game. On game days, training room hours may vary and weekends and holidays training room hours are scheduled by the athletic director on an as need basis. Students must make arrangements with the athletic trainer for treatment during the school day. No athletes will be admitted to the training room for rehabilitation without a pass.

Athletic Trainer Priorities

The athletic trainers will be at as many athletic practices and games as possible. Event coverage adheres to NATA injury surveillance studies and will be prioritized.

Athletic Training Room Rules: The Twelve Commandments

- I. Thou shalt not ask to be taped for games when not taped regularly for practice.
- II. Thou shalt not ask to have “sore” ankles taped. The athletic trainers will be more than willing to teach thou how to treat those sore ankles.
- III. Thou shalt sign in on the computer before utilizing any training room service (including getting ice), followed by pulling your treatment card.
- IV. Thou shalt show up for injury treatments when they are scheduled. If thou does not show up, thou will risk losing all future training room services for that injury.
- V. Thou shalt not bring food into the athletic training room.
- VI. Thou shalt not loiter in the athletic training room.
- VII. Thou shalt practice good hygiene if thou want to be treated.
- VIII. Thou shalt wear appropriate and **modest dress** when in the athletic training room. **Underwear shalt not be seen and cleats shalt not be worn when inside the building.**
- IX. Thou shalt not go anywhere near the athletic trainers’ desks nor disturb any of the athletic trainers’ belongings.
- X. Thou shalt not enter the athletic training room unless a Certified Athletic Trainer has first unlocked the room and are present or nearby.
- XI. Thou shalt not render any treatments (whirlpool, stim. or ultrasound) unless a Certified Athletic Trainer is present in the athletic training room.
- XII. Thou shalt not take anything from the athletic training room (medications, coolers, equipment, etc.) without the consent of a Certified Athletic Trainer.

Reporting Injuries to the Athletic Trainer After Hours

If an athlete is injured and an athletic trainer is not available at the time, the coach should have the injured athlete report to the training room the next school day. The coach and/or athlete should also call or e-mail the athletic trainer to alert them to the injury. If the injury is serious, coaches should send the athlete immediately to a physician or ER. Athletes are responsible for signing in and pulling their cards daily before getting treatment. All physician release forms must go to athletic trainers.



Taping & Treatments: Services Available

The East High School athletic trainers and student trainers will only tape athletes who we recognize as having orthopedic issues. Preventative taping will be performed as long as the athlete comes everyday. We will not tape athletes just for game days. *Our feeling is that athletes don't - and shouldn't - play harder in games than they do in practice. Therefore taping just for games is not an option.* If an athlete needs to be taped, it will be because one of the certified athletic trainers have first assessed the athlete and decided upon the need. Sore ankles are not necessarily unstable ankles. Please don't send athletes with sore ankles in to get taped. Other treatment services available in East's training room include cold therapy (ice, whirlpool), thermotherapy (heat packs), electronic stimulation, ultrasound, intermittent compression, assisted stretching, wound care, and rehabilitation.

Over the Counter Medications

Coaches are not allowed to dispense any type of medication. **Please refer to the WCASD policy.**

Physician Referrals

Should an injury or illness warrant additional treatment and care by a physician, the athletic trainers at East high school can assist in the referral process. In most cases, when East's athletic trainers call the orthopedic physician directly, the athlete will be seen by that doctor within one to three days. Any athlete who sees a physician for an injury sustained while participating in a sport or activity at East High School they must present a signed physician release form to the athletic trainer. Any athlete who does not present a physician release to the athletic trainer should not be allowed to resume practice or participate in games.



Getting Hurt on the Field

If an athlete is injured on the field, no matter what type, **he/she should never be moved** if a head or neck injury is suspected. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should **never move an injured athlete!** In the case of football, wrestling, and home basketball games, an athletic trainer will always be present. At other sporting events, however, it will be necessary for the coach to evaluate the injury and use a "common sense" approach to whether or not it will be necessary to call the athletic trainer via walkie-talkie for an ambulance.

When in doubt, dial 9- 1- 1

Other Injury Management

In the event that an athlete sustains an injury, it is his/her responsibility to contact an athletic trainer immediately after that injury is sustained via walkie talkie or cell phone. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. . If a physician referral is necessary, the athletic trainers will then follow that physician's instructions for treatment and rehabilitation. If the athlete is injured enough that he/she can not participate in practice or games, the athletic trainers will let the coaches know. In most cases, please note that the coaches still want the injured athletes to attend practice as an observer. If the athletic trainers are treating an athlete for an injury (i.e., sprained ankle gets whirlpool treatments), it is that athlete's responsibility to show up at the designated time **daily** to receive those treatments. If an athlete is ill, the athlete or his/her parents should contact one of the athletic trainers or a Coach at **484-266-3938** (Training Room) or via e-mail at mgrothmann@wcasd.net .

School Insurance

Any athlete that sustains an injury while participating in a school sporting event requiring medical treatment beyond the services of the athletic trainer may obtain an insurance form from the athletic director's office. These forms if submitted must be submitted within 90 days of treatment.

Travel Bags / kits for Coaches

The athletic trainers will supply a first aid kit / bag to all sport teams. These kits will contain first aid supplies and athletic tape for athletes that might need to be taped at an away event. Please do not ask the “host” school’s athletic trainer to use their supplies to tape your athletes.



Student Athletic Trainers

By law, all student athletic trainers must be directly supervised at all times. Never can a student athletic trainer make return to play decisions.

Injury Privacy and the Law

The Health Insurance Portability and Accountability Act (HIPAA) prohibit any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personnel should never release any information about an athlete’s injury or condition to any person without expressed written consent of the athlete’s parent.

Coaches Communication system:

It is the coach’s responsibility to pick up a walkie-talkie prior to going out to practice or home games. These walkie-talkies will be located in the athletic training room. Please do not have a student athlete or student manager pick up the walkie-talkie. At the conclusion of practice or games the coach must contact the athletic trainer via walkie-talkie to determine his/her location and bring the walkie-talkie to the athletic trainer that is on duty.

Contacting the Athletic Trainers:

First call the athletic trainer on the walkie-talkie then:

Mark Grothmann	Tiffany Butler
610-496-1752 cell 610-429-2400 home 484-266-3938 Office	609-703-0599 cell 484-266-3938 office

TRAINING ROOM PHONE: 484-266-3938



Part III:

BASIC INJURY MANAGEMENT FOR SPORT COACHES (This information is not meant to take the place of appropriate medical evaluation)

Bone Injuries

Recognizing Fractures:

An open fracture will typically be self evident due to the exposed bone. The following clues suggest you are dealing with a probable closed fracture:

- The athlete felt a bone break or heard a "snap";
- The athlete feels a grating sensation when he/she moves a limb;
- One limb appears to be a different length, shape or size than the other, or is improperly angulated;
- Reddening of the skin around a fracture may appear shortly after the injury is sustained;
- The athlete may not be able to move a limb or part of a limb (e.g., the arm, but not the fingers), or to do so produces intense pain;
- Loss of a pulse at the end of the extremity;
- Loss of sensation at the end of the extremity;
- Numbness or tingling sensations;
- Involuntary muscle spasms;
- Other unusual pain, such as intense pain in the rib cage when a patient takes a deep breath or coughs.

Ice On A Fracture Usually Makes It Throb Worse...


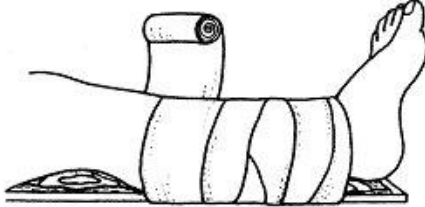
Splinting

Any suspected fracture should always be splinted before the athlete is allowed to move.

Splint the joint above and below the affected area.

How to Splint:

1. **Check pulse.** Then remove clothing from the injured part. Don't force a limb out of the clothing, though. You may need to cut clothing off with scissors to prevent causing the athlete any additional pain.
2. Apply a cold compress or an ice pack wrapped in cloth.
3. Place a splint (or boards) on the injured part by keeping the injured limb in the position you find it. Add soft padding around the injured part placing something firm (like a board or rolled-up newspapers) next to the injured part, making sure it's long enough to go past the joints above and below the injury keeping the splint in place with first-aid tape. **Re-check pulse.**
4. Seek medical care, and don't allow the athlete to eat or drink anything, in case medication or surgery is needed.

	
<p>Wrist, Arm & Shoulder Sling and Swath</p>	<p>Ankle and Lower Leg</p>

Concussions

“Any transient neurological dysfunction resulting from a biomechanical force that may or may not result in a loss of consciousness”

(Giza & Hovda, 2001, p. 228)

Recognizing Concussion

Concussions do not always involve a loss of consciousness. ANY traumatic blow to the head or to another part of the body (which causes a whiplash effect to the head) should be considered as a mechanism of concussion injury. While headache is the most common symptom of concussion, all people will experience concussion differently. Therefore, all of the potential signs and symptoms of concussion should be considered. A symptom checklist can assist the evaluator in making a more objective return to play decision.

If a player sustains any signs or symptoms of concussion, he/she must be pulled from play. Only an athletic trainer or a physician may clear the athlete to return to play.

Concussion Signs and Symptoms

Amnesia	Poor concentration	Sensitivity to light
Loss of orientation	Easily distracted	Headache
Balance problems	Personality changes	Sluggishness
Memory problems	“Glassy Eyed”	Inappropriate emotions
“Bell rung”	Excessive sleep	change in personality
Nausea	Ringing in the ears	Sensitivity to noise
Dazed or Confused	Fatigue	Irritability
Nervousness	Sadness	sleep disturbance
Depression	Feeling “in a fog”	Loss of consciousness
Numbness or tingling	Seeing “stars”	Vacant stare
Double vision	Feeling “slowed down”	Vomiting
Drowsiness		

ALL ATHLETES WHO GET “ROCKED” AND EXHIBIT ANY OF THESE SIGNS OR SYMPTOMS SHOULD BE REFERRED IMMEDIATELY TO THE ATHLETIC TRAINER AND/OR A PHYSICIAN!!!

Cognitive Testing

At East, the athletic trainers perform baseline neurological testing on all athletes with a history of concussion prior to the start of the season. In the event a concussion is sustained, all athletes will be tested or, repeat the tested and the scores will be compared to those of the baseline test. This provides for more objective return to play decision-making. Coaches need to know that research indicates high school aged athletes take from 7-15 days to fully recover from a Grade 1, or mild, concussion. Returning the athlete to play too soon following even a mild concussion can lead to death.



Environmental

Lightning

IF YOU SEE LIGHTNING ANYWHERE IN THE SKY, TAKE ALL ATHLETES INSIDE.

“If you can hear it fear it, if you can see it flee it”

East High School's athletic trainers carry portable lightning detectors. In the event that lightning is detected and conditions are deemed unsafe, the athletic trainers will notify the coaches, officials and administrators via walkie-talkie, cell phone or in person. Please refer to the lightning policy in the **appendix C**.

Avoiding Heat Related Illnesses

People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Factors that contribute to heat-related illness include high humidity, obesity, fever, dehydration, poor circulation, sunburn, and drug and alcohol use. To try to prevent heat related illnesses

- Drink plenty of fluids before, during and after exertion;
- Include electrolytes in the fluids (salt, sodium, potassium);
- Wear light clothing on hot days;
- Wear sunscreen;
- Schedule practices during cool periods (avoid 11am to 2pm) and acclimate athletes to heat gradually.

Heat Related Injuries *cramping, exhaustion, rapid and shallow breathing, weak pulse, moist pale skin, sweating*

- Remove athlete from the hot environment. Place in a cool environment (air conditioned);
- Loosen athlete's clothing and fan. Watch for shivering;
- Have athlete lay down with legs elevated;
- Give athlete water (if not nauseated);
- If athlete is having muscle cramps, apply moist towels over cramping areas.

Cold Related Injuries

- Get the athlete out of the cold environment;
- Warm the affected area (gradually);
- If the injury is to an extremity, check pulses, splint, and recheck pulses;
- Do not rub or massage the area, and do not re-expose it to cold.
- Further information can be seen at : http://www.ncaapublications.com/Uploads/PDF/2007-08_sports_medicine_handbook6786d571-ad07-492e-85cc-075cb4c74e51.pdf
- **If the area is white and waxy, grayish colored, or blotched, suspect frostbite and send to hospital.**

Bee Stings *(noticeable bite/sting, blotchy skin, pain or itching, burning, weakness, chills, fever, nausea, etc)*

The two greatest risks from most insect stings are allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious). If an athlete is stung by a bee, wasp, hornet, or yellow jacket, follow these instructions closely:

- Check to see if the stinger is injected. Do not try to pull it out as this may release more venom; instead gently scrape it out with a blunt-edged object, such as a credit card or a dull blade;
- Wash the area carefully with soap and water. This should be continued several times a day until the skin is healed;
- Apply a cold or ice pack, wrapped in cloth for a few minutes;
- Apply a paste of baking soda and water and leave it on for 15 to 20 minutes;
- Instruct athlete to take acetaminophen (Tylenol) for pain.
- **Check the athletes “Emergency Card” to see if they are allergic and require special treatment.**

If the athlete acknowledges an allergy to stings or has trouble breathing, call 9-1-1

Equipment Concerns

The certified athletic trainers should check and approve all football helmet fittings.

Recommended Procedure for Football Helmet Fitting Session

Coaches have a responsibility to do everything they can to ensure the safety of their players. That begins with making sure their equipment fits properly before they even set foot on the field. Every player is someone's child. Follow these suggestions and you are on your way to a safer season.

- Determine the **normal hair length of the athlete**. His hair length when he is fit may not be the same length as it will be during the season, especially if the fitting is done in the off-season, e.g., in spring before the players leave for the summer.
 - Try to **wet the athlete's hair prior to fitting the helmet**. A damp cloth or some water applied to the hair makes the initial fitting easier and will also approximate game and practice conditions when the players perspire.
 - Check to see if player's **ear openings** are in center of helmet ear openings or below center. If the helmet's ear openings are too high, the helmet is too small or possibly the inner liner may be over inflated. If the helmet ear openings are too low, the helmet is too big or the inner liner is under inflated.
 - Check to see that the **eyebrows** are approximately 1–1-1/2" below the helmet's front rim. A general rule of thumb is to use 1–1-1/2 finger widths. If there is a gap of more than 1 inch, generally the helmet is too small and if there is less, it is too large.
 - Try to **rotate the helmet** side-to-side. There are various ways to do this. One is to ask the player to "bull" his neck. Grab the faceguard in the middle and attempt to move the helmet from side to side. There should be some movement of the forehead skin and hair with the helmet, but it should not slip. Using the center loops on the faceguard as a guide, the nose should stay within a line directly down the center of the helmet and the center of the loop. If the nose moves to the right and left beyond these loops, generally the fit needs to be adjusted or the helmet is still too big.
 - Check the **crown adjustment** of the helmet. Again, there are various ways to do this. One method is to request the player to clasp his hands over the crown of the helmet and push straight down. The pressure should be felt on the crown. This test also cross-checks the eyebrow test.
 - Check the **forehead pressure** and back-to-front fit. One method to do this is to have the player rotate his hands down to the rear of the helmet from the crown test. Keep the hands clasped together and attempt to push the helmet forward. Usually a gap of a finger width or less between the forehead and front sizer is acceptable.
 - Check the **jaw pads** to see that they fit correctly. *They should be neither undersized nor oversized.* They should follow the contours of the cheeks.
 - Check the **chin strap** fit. *The function of the chin strap is to hold the helmet in place.* Make sure the cup is centered on the point of the chin and all four straps have the slack taken out. Begin fitting with the back or lower chin strap first. It is important that the high hook-up chin straps go underneath the facemask.
 - Check the **faceguard**. There should be adequate spacing between the faceguard and the tip of the nose.
 - Check the fit in the **rear of the helmet**. The occipital lobe should be covered by the shell. The rear of the helmet should cradle the neck. It should not chafe from a tight fit, nor leave a large gap from a loose fit.
 - Check the player's **vision**, both peripherally, as well as up and down. Peripherally, the player should be able to track a finger about 180 degrees, up and down to about 75 degrees.
- **CHECK ALL HELMETS REGULARLY (every other day) TO BE SURE THEY HAVE AIR**
 - **CHECK MOUTHGUARDS DAILY**
 - **NEVER ALLOW ATHLETES TO CUT MOUTHGUARDS**
 - **REPLACE WORN DOWN MOUTHGUARDS**

Hydrating Athletes

Fluid Replacement

Athletes should be especially cautious to stay well-hydrated. While water is essential, it is also imperative to replace lost electrolytes. Consuming sports drinks such as **Powerade** and **Gatorade** is one way of doing this. High energy drinks such as *Red Bull* and *Rockstar*, etc however, are **not recommended as a safe way to replenish electrolytes and hydrate the body.**

Generally speaking, the most important thing is that the athlete stays well-hydrated while not getting too much sugar intake. Here are some general guidelines to follow:

- The athlete should drink plenty of water before athletic participation. Experts recommend 17-20 fl oz of water or a sports drink be consumed 2 to 3 hours before activity.
- Experts recommend 7-10 fl oz every ten to twenty minutes during activity. Those who sweat more should consume more;
- Cool beverages are best (50-59 degrees F).
- Sports drinks containing high amounts of carbohydrate are most beneficial for an athlete if consumed 2-3 hours prior to activity;
- Sports drinks containing fructose should be avoided entirely. Fructose can lead to gastric distress.
- Sports drinks, fruit juices, carbohydrate gels, sodas and other beverages containing more than 8% carbohydrate concentration are not recommended as the sole source of fluid during exercise.
- Recognize signs of dehydration: thirst, irritability, general discomfort, followed by headache, weakness, dizziness, cramps, chills, vomiting, nausea, heat sensations, and decreased performance.
- A moderate amount of sodium chloride in fluid-replacement beverages can be beneficial in offsetting electrolyte imbalances that result from loss of sweat.

Encourage athletes to drink 16-32 ounces of fluid for every pound lost during activity.



Skin Disorders

Impetigo & Staff Infection

If undetected, the MRSA virus can be fatal. It is absolutely imperative that all rashes and red areas be reported to an athletic trainer and evaluated by a physician. To prevent MRSA, athletes should practice good hygiene. Practice and game clothes should be washed daily. Lockers should be cleaned and aired out nightly. Athletes should shower with soap after engaging in any physical activity. Towels and water bottles should never be shared.

Signs of MRSA

- skin boils or blemishes
- redness (first appears like a spider bite in most cases)
- sometimes accompanied by fever and chills

Preventing MRSA and other skin disorders

- Avoid contact with infected individuals
- Cover all wounds
- Practice good hygiene: SHOWER with SOAP immediately after EVERY practice/game and do not re-wear sweaty clothing
- Wash practice clothing DAILY
- Do not share clothing
- Clean all equipment - helmets, shoulder pads, wrestling mats, weight equipment, etc. after each use
- Report all skin blemishes/changes to athletic trainer for evaluation
- Prevent getting turf burns
- Wash hands REGULARLY

- IT SHOULD BE STRESSED THAT ATHLETES WASH ALL PRACTICE CLOTHING AFTER EACH USE.

- ATHLETES SHOULD SHOWER WITH SOAP IMMEDIATELY AFTER PRACTICES AND GAMES.

*****Please refer to the WCASD MRSA Policy.**

Special Concerns

Allergic Reactions

- If an athlete has an allergic reaction, it is important that he/she gets medical treatment immediately.
- If the athlete experiences breathing difficulty and and/or if he/she has an Epi-Pen, get it for them and have him/her give themselves an injection.
- If the athlete's reaction is minor (hives, itching, irritation, etc.), contact parent. In most cases, a Benadryl will fix the problem but as a coach, you cannot give that medicine to the athlete.

Asthma

- Only athletes who have been diagnosed with asthma should use inhalers;
- Athletes with asthma should only be allowed to use their own inhaler;
- Athletes with asthma are **not** allowed to practice unless they have their inhaler with them at practice. All coaches must ask to see their athlete's inhaler at practice while taking attendance.
- If trouble persists, **call 9-1-1**.

Dental - Broken Tooth

If an athlete gets a tooth knocked out (or broken off)

- Keep the tooth;
- Put the tooth in a cup of milk (only enough to cover tooth). If milk is unavailable, use water;
- Have athlete chew gum and put over the exposed tooth in mouth (to prevent nerve irritation);
- Send to dentist – don't forget to send the tooth.

Diabetics

Symptoms: rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, seizures, anxiousness

What to Do: Ask the athlete. The athlete will direct you (is he/she hypoglycemic or hyperglycemic?). Does he/she want juice? Sugar? Get him/her what they need. You will be notified at the beginning of the season if you have a diabetic athlete that requires special care.

Muscle Cramping

- Poor hydration and low electrolyte count is the cause;
- Administer Gatorade or other sports drink;
- Have the athlete chug some mustard (seriously!) and "chase" it with lots of water or Gatorade.

Seizures

- Have athlete lie down. Remove any objects in hand or nearby;
- Loosen restrictive clothing;
- Allow the seizure to finish;
- After the convulsions have ended, protect the airway. If athlete is blue, lift chin and tilt head back.

Call 9-1-1

Sprains & Strains

**DO NOT MOVE ANY ATHLETE WITH A HEAD OR NECK INJURY.
IMMOBILIZE THE HEAD, NECK AND BACK...
CALL 9 -1 -1**

Ligament Sprains and Muscle Strains:

- Apply ice and compression wrap immediately after injury is sustained. Include a felt or foam horseshoe over the malleolus (ankle bone) on an ankle sprain to help squeeze out severe swelling.
- Ice 3 to 4 times daily for 20 minutes.
- Never apply heat to a sprain or strain within the first 48-72 hours after the injury is sustained.

REMEMBER R.I.C.E.: REST – ICE – COMPRESSION - ELEVATION

Shin Splints:

Shin splints are caused by overuse of the lower legs. The pain associated with shin splints is a result of fatigue and trauma to the muscle's tendons where they attach themselves to the tibia. In an effort to keep the foot, ankle and lower leg stable, the muscles exert a great force on the tibia. This excessive force can result in the tendons being partially torn away from the bone.

Causes:

- Exercising on hard surfaces, like concrete;
- Exercising on uneven ground;
- Beginning an exercise program after a long lay-off period;
- Increasing exercise intensity or duration too quickly;
- Exercising in worn out or ill fitting shoes; and
- Excessive uphill or downhill running.
- Biomechanical issues with the athletes feet

“Cures”:

The best way to treat shin splints is to take appropriate measures to avoid getting them. This includes proper, thorough stretching before and after activity. Wrapping/Taping has not been proven to help shin splints at all so the athletic trainers might not tape shin splints. Once an athlete gets shin splints, the best hope is to manage them so they don't turn in to stress fractures. Here are a few tips (other than REST):

- Cold whirlpool treatments each morning with the athletic trainers
- Heat immediately before activity followed by extensive stretching & massage
- Thorough warm up
- Ice after activity
- Ice massage in the evenings
- Ibuprofen to manage swelling and pain (follow bottle's directions)
- Arch supports inside shoes
- Alter training regiment with closed chain activities (bike instead of run)

NEVER apply white athletic tape around muscle. This eventually kills muscle cells and places unnecessary stress on bones – potentially causing stress fractures. Only use stretch elastic tape (adhesive) around muscle bellies.

TOBACCO, SUBSTANCE ABUSE, ANABOLIC STEROID ABUSE

****Taken from the WCASD Code of Conduct***

Tobacco Use

Smoking/possession of tobacco products will result in the following action:

First Offense - will result in a three day suspension from all team activities.

Second Offense - will result in a ten day suspension from all team activities.

Third offense - will result in a suspension from all team activities for the remainder of the season.

Substance Abuse

The WCASD has a School Board approved policy on drug and alcohol use. The following are the major provisions of that policy:

The WCASD BOARD OF EDUCATION finds that the possession, use, distribution or delivery of drugs, mood altering substances and/or alcoholic beverages by students while engaged in activities subject to control by the School District is a matter of concern and injurious to the health, safety and welfare of the students and enacts the following regulations: In accordance with Sections 510 and 1317 of the School Code of the Commonwealth of Pennsylvania, the Board of School Directors prohibits any student from knowingly possessing, using, transmitting, manufacturing, or being under the influence of any drug or mood altering substance and/or alcoholic beverage. These prohibitions, rules and regulations are made as being in the interest of the health, safety and welfare of the students.

Through curriculum, the Student Assistance Program, Crises Intervention Specialists, community support and resources, strong and consistent administrative and faculty commitment, rehabilitative efforts, and disciplinary procedures, the West Chester Area School District will strive to educate, prevent and intervene in the use and abuse of all drug, alcohol and mood altering substances by students.

STUDENT POSSESSION, USE OR DELIVERY OF DRUGS, MOOD ALTERING SUBSTANCES AND/OR ALCOHOLIC BEVERAGES

This policy is violated when any student, visitor, guest or other person unlawfully manufactures, uses, abuses, possesses, constructively possesses, distributes or attempts to distribute drugs, alcohol or any mood altering substances or drug paraphernalia on school premises, or at any school sponsored activity anywhere, or while traveling to and from school or school related activities, or who conspires to distribute drugs, alcohol or any mood altering substances.

In an attempt to protect the health and well being of our student/athletes, and the integrity of our athletic programs, the WCASD has established regulations to discourage substance abuse. Student/athletes are subject to all of the provisions of the WCASD Drug and Alcohol Abuse Policy. In addition, any student/athlete who violates the policy will be subject to the following:

First Offense – The student/athlete will be excluded from team activities for a period of 10 school days.

Second Offense- The student/athlete will be excluded from all team activities for the remainder of the school year

Selling or Distribution

1. If a student/athlete is found selling or providing drugs, narcotics or alcohol on school property, in the community or on the school bus, he/she will be suspended immediately for ten (10) days, and forfeit all rights and privileges for further participation in athletic activities for the remainder of the school year.
2. The Principal will request a Due Process Hearing before the Board of School Directors for the purpose of expulsion from school.
3. The police will be notified and will take appropriate action.

Anabolic Steroid Use/Abuse

The use of, possession, delivery of anabolic steroids or other illegal performance enhancing substances except for a valid medical purpose, by any student involved in school related athletics is prohibited. Disciplinary action could include any or all of the following:

First Offense- The student/athlete will be suspended from school athletics for the remainder of the season.

Second Offense- The student/athlete will be suspended from high school athletics for the remainder of the school year.

Third Offense – The student/athlete will be permanently suspension from high school athletics in the WCASD

No student shall be eligible to resume participation in school athletics unless there has been a medical determination that no residual evidence of steroids exists.

STATEMENT ON THE PENNSYLVANIA CRIMES CODE

Violations of the Pennsylvania crimes code that occur “in season”, outside of school, shall be subject to administrative investigation with the possibility of student/athlete being suspended or dismissed from the team.

DRUG TESTING

Consistent with the recent United States Supreme Court Decision, the WCASD reserves the right to require lab testing if a student athlete is suspected of substance abuse.

Wound Care

ALWAYS apply glove first before beginning wound care

Abrasions & Turf Burns

- Clean affected area thoroughly.
- Clean/Scrub with a 4 in 1 saline solution to make sure any dirt/grass is removed; If using peroxide, dilute to 50% peroxide / 50% saline solution.
- Apply antibiotic ointment (Neosporin);
- Cover with gauze bandage, pre-wrap and soft tape;
- Wrap with pre-wrap and soft tape for all participation.

Covering the wound is not enough. It is imperative that the wound is first cleaned thoroughly in order to prevent potentially harmful bacteria

Lacerations

- Apply direct pressure with gauze to stop bleeding;
- Clean the wound thoroughly and irrigate with saline and Betadine;
- Steri-strip, if the bleeding stops;
- If bleeding does not stop and wound is deep (greater than 1/8" deep, cover with pressure bandage and send to physician for evaluation/stitches;
- If wound is caused by object, refer for tetanus.

Blisters

- Clean thoroughly. Irrigate with saline and Betadine;
- Place petroleum jelly pad over blister to avoid continuous rubbing;
- Wrap with pre-wrap and soft tape;
- Watch for inflammation (redness) and warmth, and possibly streaking (long term). These are signs of infection;
- If infection develops, refer to physician immediately for antibiotics.

Never cut away the top skin off a blister if it's soft. The skin helps to provide a protective barrier.

Watch for Shock

- Excessive bleeding can lead to shock. Don't waste time trying to find a dressing;
- Use gloved hand and apply direct pressure over the wound;
- Elevate the extremity;
- Keep applying steady, firm pressure until the bleeding is controlled;
- Once bleeding is controlled, apply a dressing firmly in place (pressure bandage);
- Refer to Emergency Room for further treatment.

NEVER apply white athletic tape around muscle. Only use stretch elastic tape (adhesive) around muscle bellies.

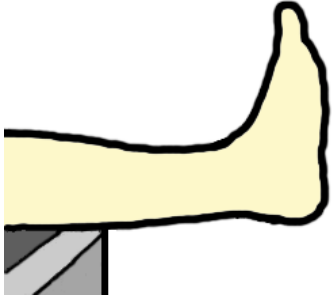
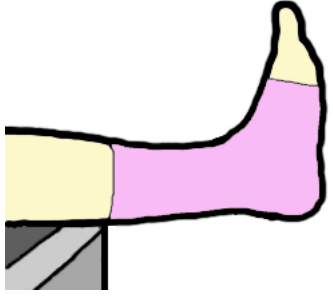
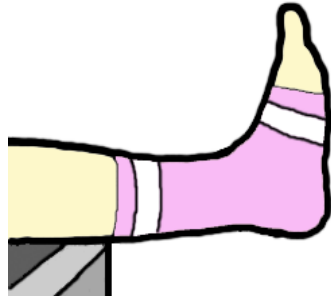
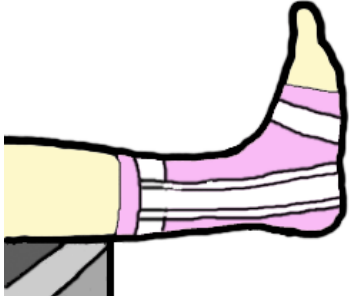
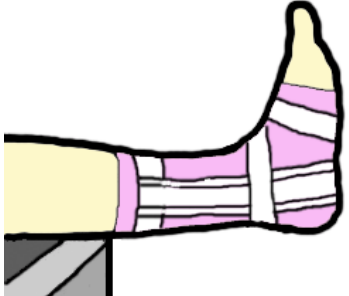
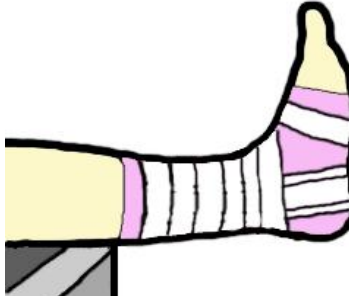
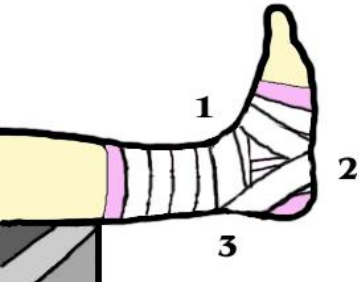



**Part IV:
BASIC TAPING TECHNIQUES FOR SPORT**

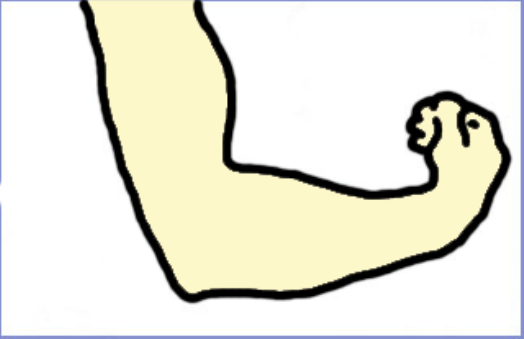
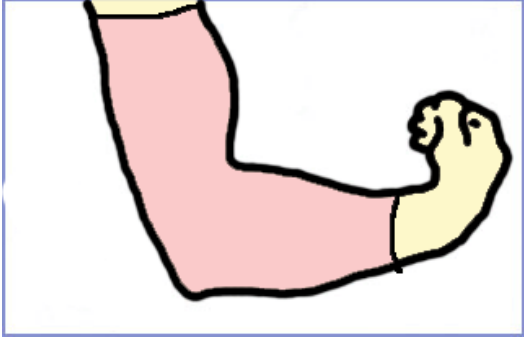
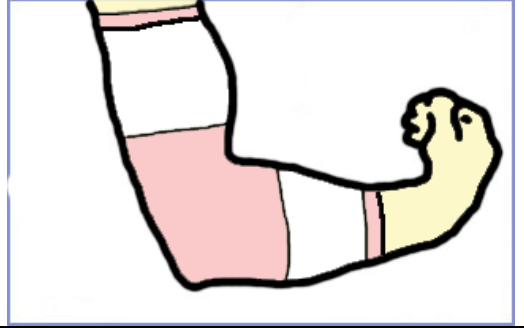

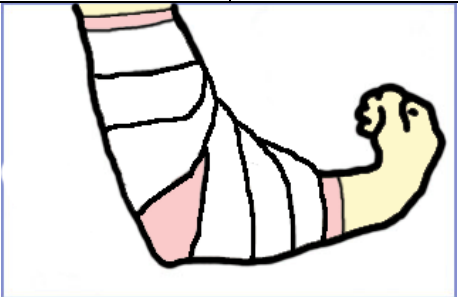
The following pages contain the most commonly used taping techniques' used by the athletic training staff.

Please do not tape your athletes without first consulting one of the certified athletic trainers.

Taping Ankles

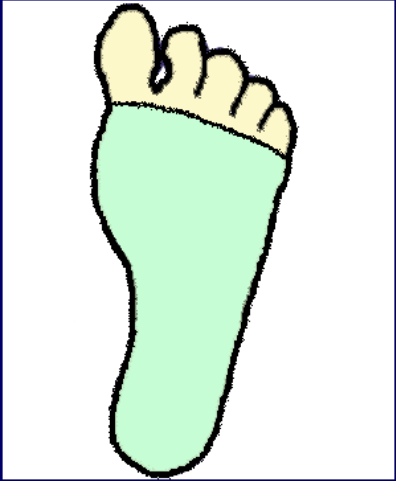
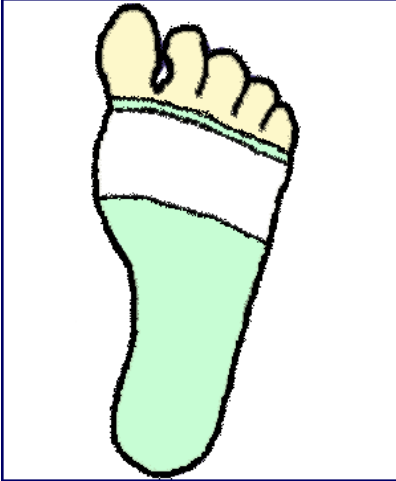
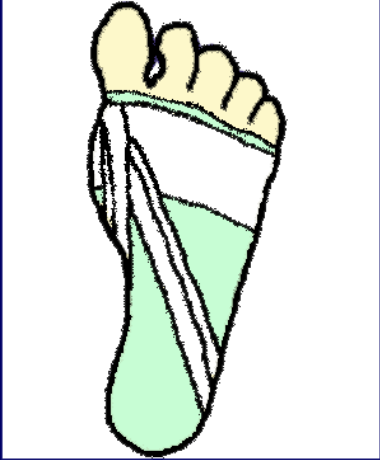

		
<p style="text-align: center;">Step 1</p> <p>Place athlete on table. Spray ankle area with adhesive spray. Have athlete pull toe back so foot is at a 90 degree angle and point toes slightly outward.</p>	<p style="text-align: center;">Step 2</p> <p>Pre-wrap ankle from mid-calf to just past the mid-foot.</p>	<p style="text-align: center;">Step 3</p> <p>Using 2" athletic tape, place anchor strip at the base of the gastrocnemius (calf). Be sure to angle slightly upward (10:00 and 2:00 positions). Place another anchor strip around medial arch on foot – loosely.</p>
		
<p style="text-align: center;">Step 4</p> <p>Place 3-5 stirrups longitudinally around ankle joint. Start on inside of foot, pull snug on outside as you fasten at the top.</p>	<p style="text-align: center;">Step 5</p> <p>Place 1-3 strips at base of lower leg around ankle joint – just above the heel.</p>	<p style="text-align: center;">Step 6</p> <p>Cover stirrups with more strips around lower leg. Be sure to maintain upward angle. Be sure to tear tape after each rotation to avoid circulation problems.</p>
		
<p style="text-align: center;">Step 7</p> <p>Apply heel locks. Start tape at 1 (top of ankle), around to 2 (base of heel bone) and around to 3 (back of heel/Achilles' tendon). Then continue to 1– 2– 3 again. Do this 2-4 more times, tearing tape each time. Be careful not to go too low on the foot or too high on the ankle.</p>		<p style="text-align: center;">Step 8</p> <p>Place more strips around to secure heel locks. Check for gaps and cover them with strips. Be sure there are no significant folds in tape to avoid blistering or cuts.</p>

Taping the Elbow

	
<p>Step 1</p> <p>Spray elbow area with adhesive spray. Have athlete flex elbow to 90 degrees, flex bicep and flex wrist. Have the athlete make a tight fist so that forearm muscles are fully flexed.</p>	<p>Step 2</p> <p>Spray elbow area generously with adhesive spray. Pre-wrap from just above the belly of the bicep to just above the wrist.</p>
	
<p>Step 3</p> <p>Using 3" elastic tape, place anchor strips around the entire bicep muscle (you may want to anchor to the skin to ensure the tape job doesn't slide down) to the mid-forearm.</p>	<p>Step 4</p> <p>Using 2" white athletic tape, place 3 stirrups perpendicular to elbow crease from the top anchor strip to the bottom anchor strip. Then, place 3-5 X strips: inside bicep to outside forearm; outside bicep to inside forearm.</p>
	
<p>Step 5</p> <p>Using 3" elastic tape, cover entire area. Be sure not to make the tape too tight. Be sure athlete continues to have bicep, wrist and fist fully flexed to avoid circulation issues.</p>	

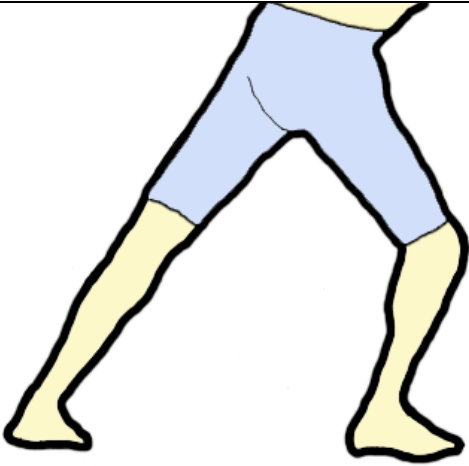
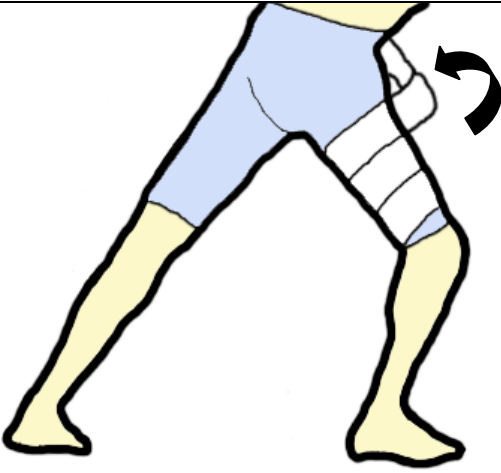
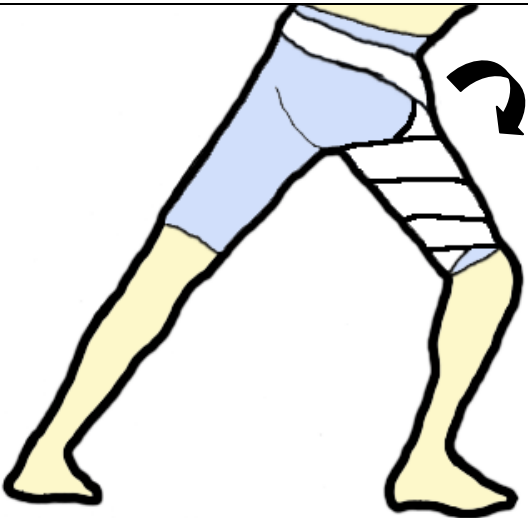
NEVER USE STANDARD WHITE ATHLETIC TAPE TO GO AROUND MUSCLE BELLY.

Taping the Foot Arch

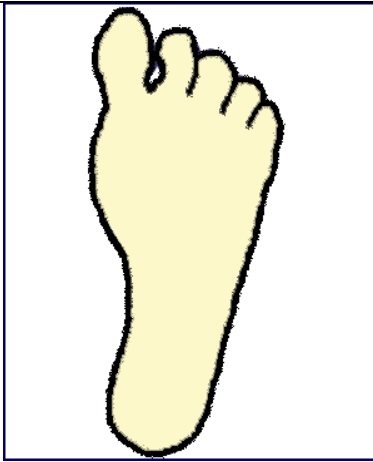
	
<p>Step 1</p> <p>Place athlete on table. Spray bottom of foot generously with adhesive spray. Allow 1-2 minutes to dry. Pre-wrap entire foot and heel area. You will anchor the pre-wrap over the ankle joint.</p>	<p>Step 2</p> <p>Using 3" elastic soft tape, apply one single rotation of tape around the ball of the foot just below the toes. Be sure not to pull the tape very tight, but also don't leave it too loose.</p>
	
<p>Step 3</p> <p>Using a split roll of 2" white athletic tape, you will now apply teardrop strips. Starting above the ball of the great toe, apply the tape down across the foot and behind the heel. Work the tape around the back of the heel and back up across the arch. Tear the tape over the top of the original starting position. Apply 3-4 teardrops.</p>	<p>Step 4</p> <p>Once the teardrops are in place, cover the entire foot with 3" soft elastic tape. You will want to apply a basic heel lock (see ankle tape) to ensure the tape job stays in tact during athletic participation.</p>

For athletes with arch and ankle problems, tape the arch first and then tape the ankle.

Taping the Groin

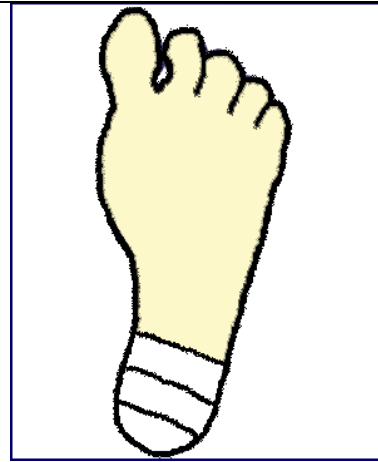
	<p>Step 1</p> <p>Have the athlete strip down to compression shorts or underwear. Then, ask the athlete to put majority of his or her weight on the affected leg with the knee bent to 35-50 degrees.</p>
	<p>Step 2</p> <p>Using a double-length, elastic bandage (ACE wrap or 3" soft elastic tape), begin the wrap just above the knee and work upwards and diagonally up the thigh. Pull tension on the inside of the leg ("pull and then wrap"). Overlap half of the width of the elastic wrap. Once you cover the groin area, angle the wrap above the opposite hip bone and behind and around the waist...</p>
	<p>Step 3</p> <p>Once you come around the waist, cover the hip bone of the affected leg and reverse the direction of the elastic wrap back down the thigh. Secure the wrap once you get back down to the knee. Be certain there are no visible gaps and that the wrap does not have any weak areas.</p> <p>If using an ACE wrap, you will want to secure the end points with 3" elastic tape.</p>

Taping the Heel



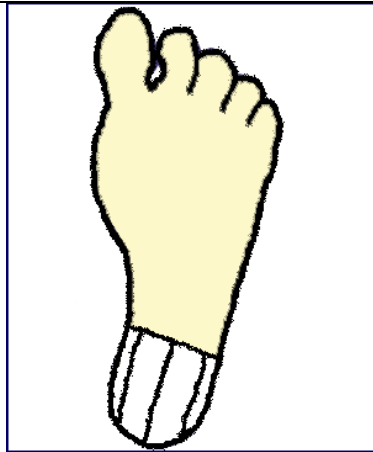
Step 1

Place athlete on table. Spray bottom of heel area generously with adhesive spray. Allow 1-2 minutes for adhesive spray to completely dry. Area will be very sticky. You are not using pre-wrap.



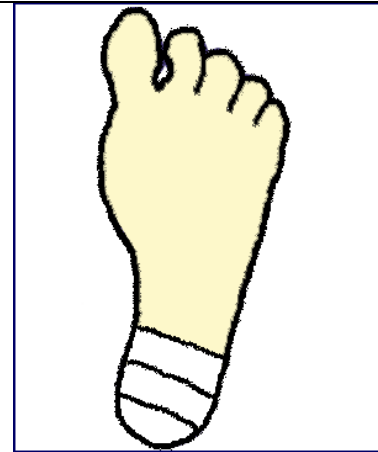
Step 2

Using 2" white athletic tape, apply 3-4 strips on the bottom of the heel. Pull tension on both sides of the tape. Each strip should run the width of the heel and will anchor approximately $\frac{1}{2}$ to 1 inch on the inside and outside of the leg.



Step 3

Again, using 2" white athletic tape, apply 3-4 strips on the bottom of the heel. This time, the strips should be perpendicular to the previous strips. Pull tension on the back of the heel. These strips will anchor at the front of the heel and approximately $\frac{1}{2}$ to 1 inch on the back of the heel (Achilles' tendon)

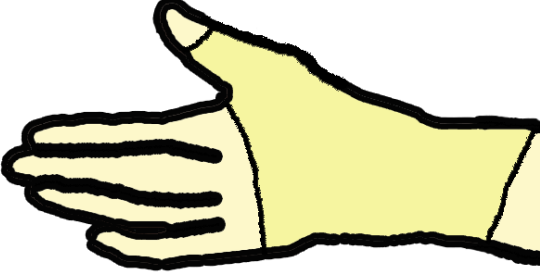
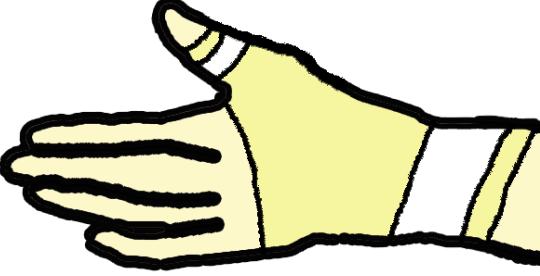




Step 4

Apply another 3-4 strips on the bottom of the heel perpendicular again to the previous strips. Pull tension on both sides of the tape.





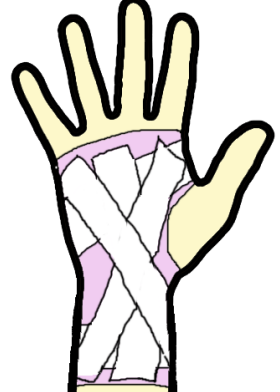

This is an excellent tap job for bruised or sore heels.

Taping the Thumb

	
<p style="text-align: center;">Step 1</p> <p>Have the athlete put the hand forward – as if to shake your hand. The athlete should have his/her thumb in a neutral position. Apply adhesive spray generously to thumb and wrist areas. Pre-wrap thumb, hand and wrist.</p>	<p style="text-align: center;">Step 2</p> <p>Using 2" white athletic tape, apply anchor strip to wrist. Be sure you are laying the tape evenly over the wrist to avoid circulation issues later on. Split the 2" roll of tape and apply 1" wide anchor strip around thumb just below the middle knuckle.</p>
	
<p style="text-align: center;">Step 3</p> <p>Continuing to use the split roll of white athletic tape, you will now form the thumb spica. Anchor the end of the strip on the back of the wrist and angle the strip around the palm, to the inside of the thumb and that back to the inside of the wrist. Tear the tape. Repeat these spica strips until you cover the entire base of the thumb (where the thumb meets the wrist). For additional support (but less mobility), go higher on the thumb. Be sure to overlap the tap by half of its width.</p>	<p style="text-align: center;">Step 4</p> <p>Using 2" white athletic tape, apply anchor strip to wrist. Be sure you are laying the tape evenly over the wrist to avoid circulation issues later on. Split the 2" roll of tape and apply 1" wide anchor strip around thumb just below the middle knuckle.</p>

For even more support (including additional wrist support), you can run a strip through the hand.

Taping the Wrist

		
<p style="text-align: center;">Step 1</p> <p>Have athlete spread hand and fingers wide. You want to make sure all muscles are contracted and tight. After spraying with adhesive, pre-wrap area from lower arm (just above the wrist) to the hand.</p>	<p style="text-align: center;">Step 2</p> <p>Using 2" white athletic tape, apply one continuous strip around the wrist, through the hand, and back around the wrist. Be sure not to apply the tape too tightly around the crease between the thumb and the hand.</p>	<p style="text-align: center;">Step 3</p> <p>You will now apply stirrup strips. The first is one straight stirrup from the palm side of the hand through the wrist. Apply slight flexion to the wrist.</p>
		
<p style="text-align: center;">Step 4</p> <p>The next stirrup should run from the thumb side of the palm to the inside of the wrist. Be sure to maintain slight flexion of the wrist.</p>	<p style="text-align: center;">Step 5</p> <p>The final stirrup should run from the inside of the palm (pinky finger) to the outside of the wrist.</p> <p>For added support, you may repeat steps 3-5 and/or increase wrist flexion when you apply the stirrups.</p>	<p style="text-align: center;">Step 6</p> <p>Continuing with your 2" white athletic tape, apply one continuous strip again around the wrist 2-3 times, through the hand, and back around the wrist. Be sure the athlete keeps the hand and fingers flexed to avoid circulation problems.</p>

For wrist flexion injuries, place the stirrups on the back side of the hand with the wrist hyper-extended.



Part V:

**VENUE DIRECTIONS AND INFORMATION FOR EMERGENCIES AT
EAST HIGH SCHOOL**

East High School Emergency Plan: Baseball

JV Softball Practice Fields (Price Farm Complex)

Emergency Personnel: At least one Certified Athletic Trainer will be on school premises or in the Training Room during all practices and games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938. Because some practices occur away from East's practice facilities, we also recommend the head coach of each of the baseball team carry a cellular phone, in case of emergency.

Emergency Equipment: supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers/Coaches

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

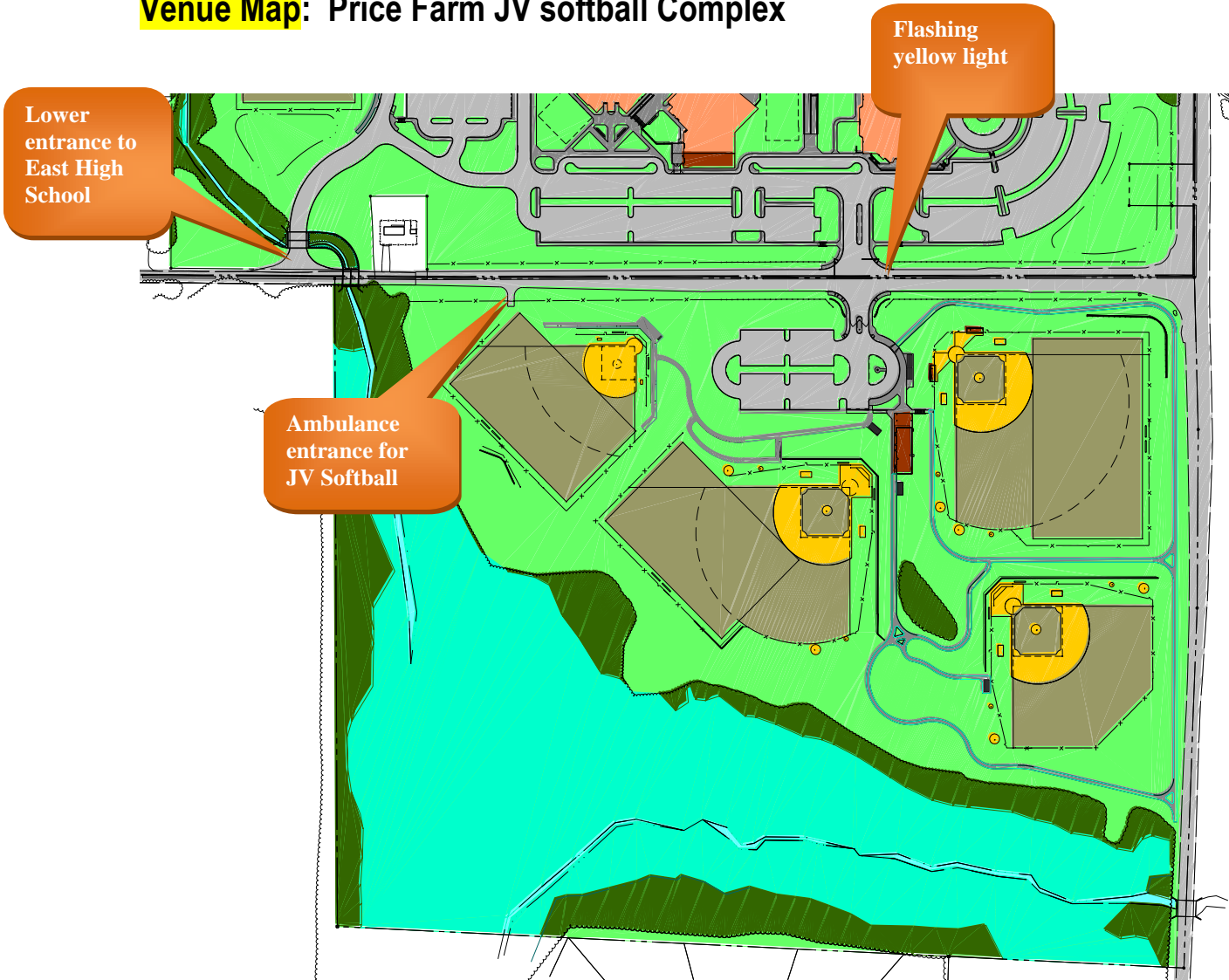
Roles of Administrative Staff

- Ensure parking lot is clear and accessible to emergency personnel

Venue Directions:

East Price Farm Baseball/JV Softball Complex: Drive north on Ellis lane. The JV Softball Price farm field entrance will be on the right just past the first entrance to the high. An individual will be present to “flag down” EMS and direct to scene;

Venue Map: Price Farm JV softball Complex



East High School Emergency Plan: Baseball

Baseball Fields (Price Farm Complex)

Emergency Personnel: At least one Certified Athletic Trainer will be on school premises or in the Training Room during all practices and games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938. Because some practices occur away from East's practice facilities, we also recommend the head coach of each of the baseball team carry a cellular phone, in case of emergency.

Emergency Equipment: supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers/Coaches

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

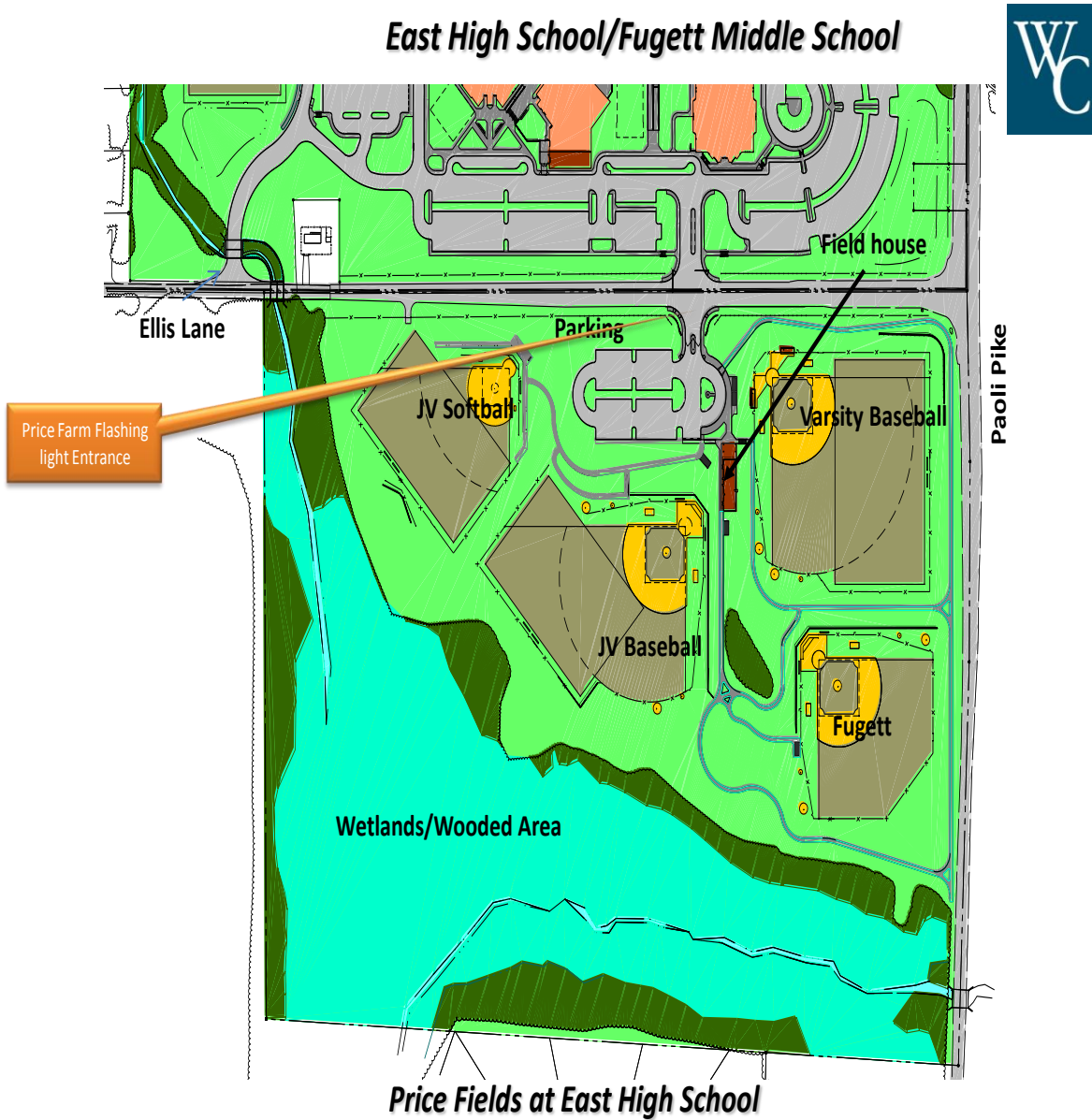
Roles of Administrative Staff

- Ensure parking lot is clear and accessible to emergency personnel

Venue Directions:

East Price Farm Baseball Complex: Drive north on Ellis lane to the “Flashing” yellow lights between the East / Fugett complex. The Price farm fields will be on the right. Turn right into the parking lot. An individual will be present to “flag down” EMS and direct to scene;

Venue Map: Price Farm Baseball / JV softball Complex



EAST Emergency Plan: Basketball, Volleyball & Wrestling

Main Gymnasium at East

Emergency Personnel: At least one Certified Athletic Trainer will be on school premises or in the Training Room during all practices and or home games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment: Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

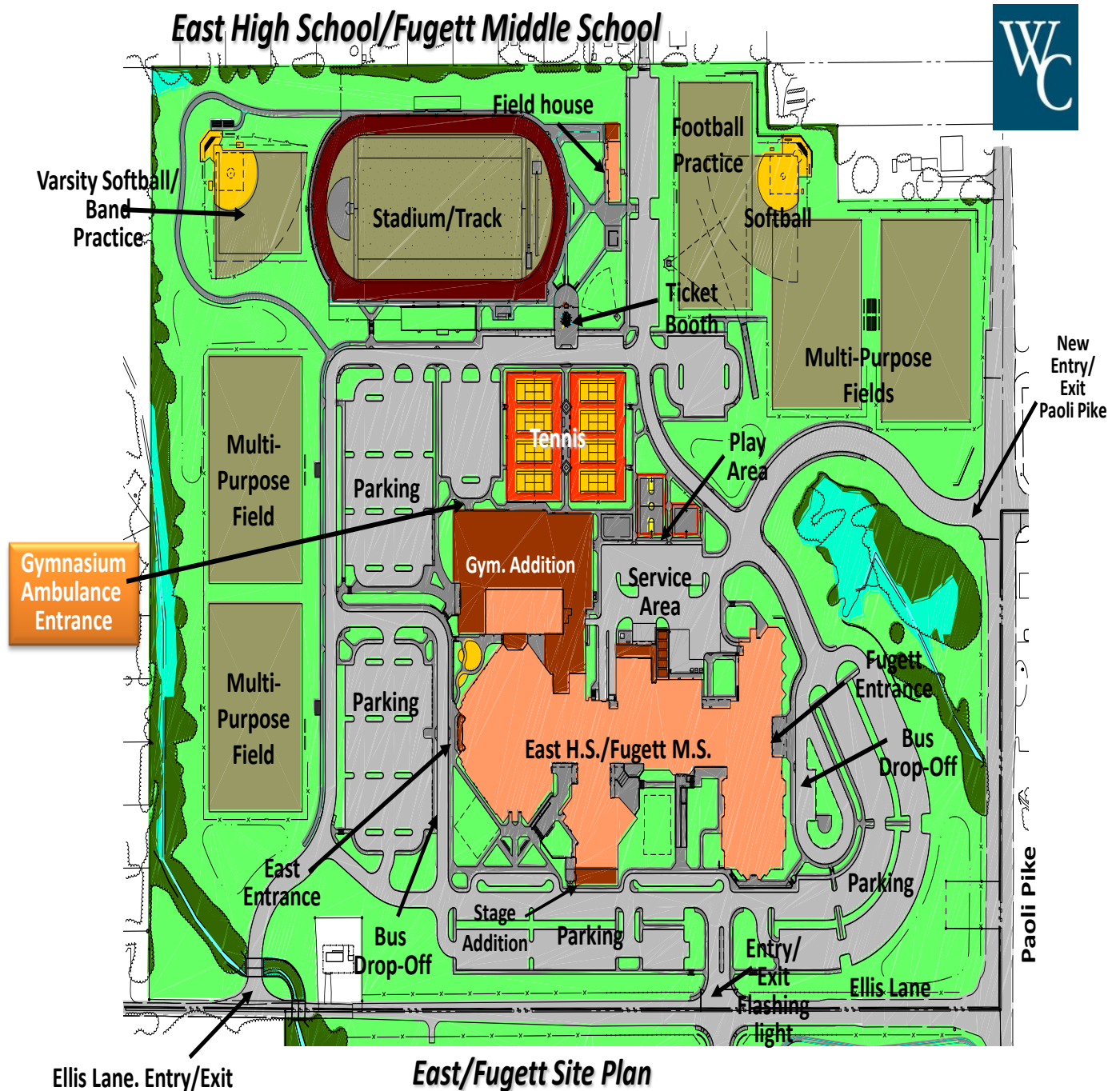
Roles of Administrators/Coaches

- Ensure entrance to basketball facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym (doors to the senior parking lot) ;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Main Gymnasium at East: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway through the first stop sign and enter the second parking lot on the right (next to the tennis courts). This is the back side of the gym; someone will be at the gym door to direct EMS to the scene.

Venue Map:



East Emergency Plan: Basketball, Volleyball & Cheerleading

Auxiliary Gymnasium at East

Emergency Personnel: at least one Certified Athletic Trainer will be on school premises or in the Training Room during all practices and games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752/Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938. .

Emergency Equipment: Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

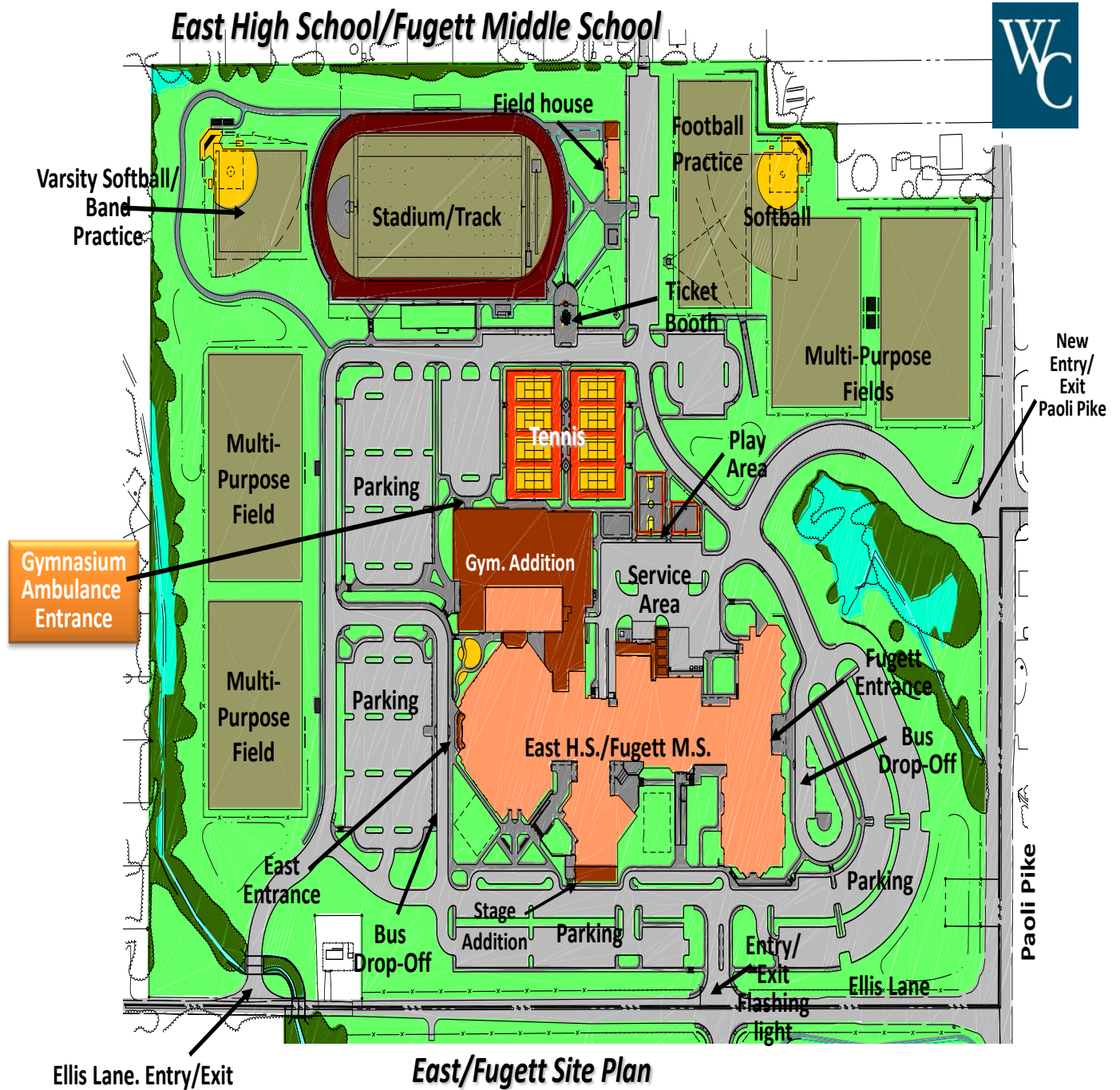
Roles of Administrators/Coaches

- Ensure emergency entrance to basketball facility ("D" Building) is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Auxiliary Gymnasium at East: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway through stop sign and enter the second parking lot on the right (next to the tennis courts). This is the back side of the gym; someone will be at the gym door.

Venue Map:



East Emergency Plan: Football

East Football Practice Fields

Emergency Personnel: At least one Certified Athletic Trainer will be on school premises or in the Training Room during all practices and games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment: supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.

Roles of Student Athletic Trainers/Coaches

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

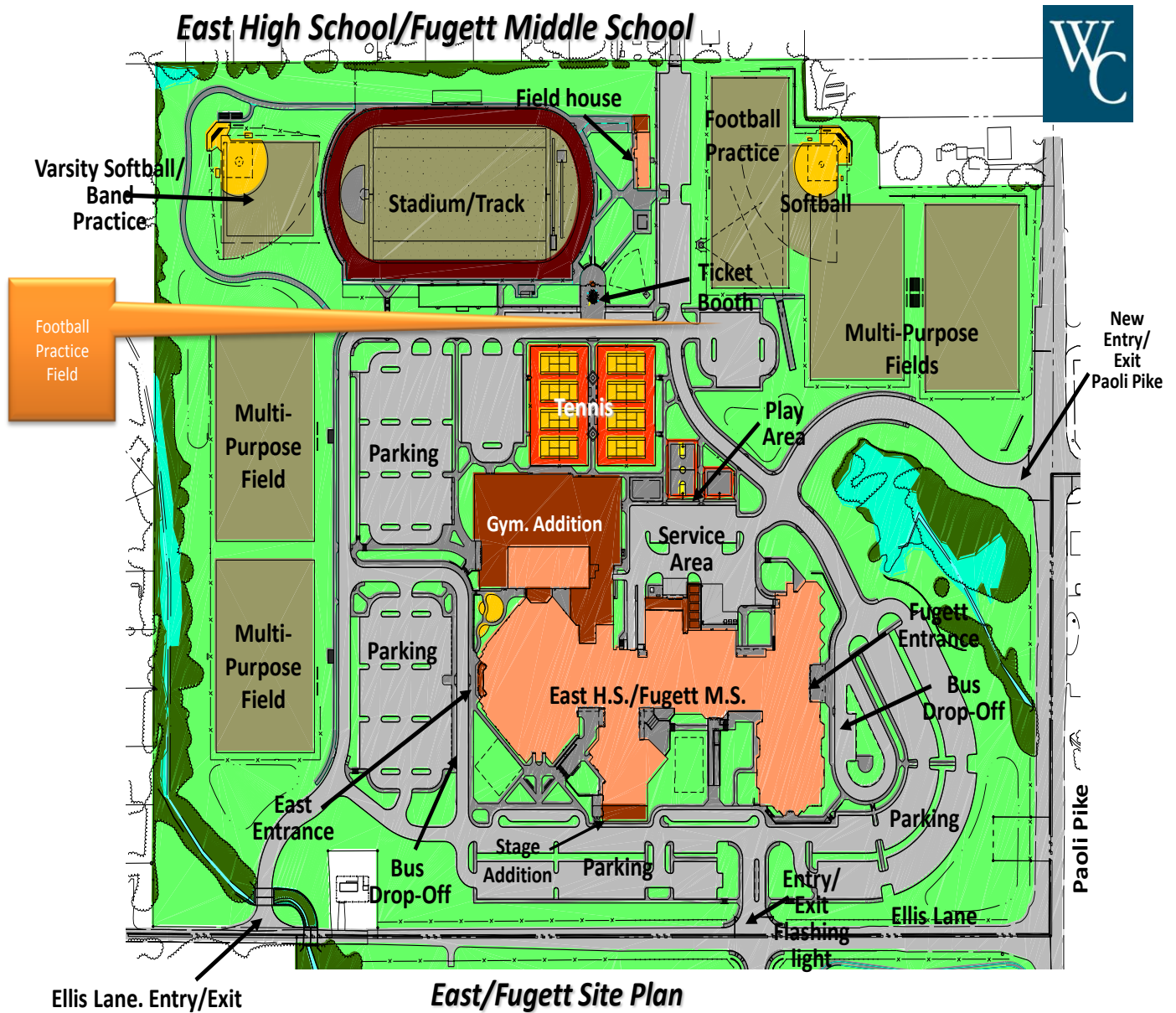
Roles of Administrative Staff

- Ensure parking lot is clear and accessible to emergency personnel (watch parking lot).

Venue Directions:

East Football Practice Fields: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway to the second stop sign. Drive straight ahead into the parking lot next to the field.

Venue Map: East Football Practice Fields



East Emergency Plan: Stadium

Emergency Personnel: At least one Certified Athletic Trainer will be on school premises for all football practices and at one Certified Athletic Trainer and any number of student athletic trainer(s) on the East sideline for all home football games. It is also recommended that a physician and an ambulance be present for all home varsity football games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment: supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, and various wound care necessities. Equipment brought to Stadium games to include motorized medical cart , athletic training kit, spine board, c-collars, wound care necessities, crutches, braces, various taping supplies, and any other items deemed requested by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

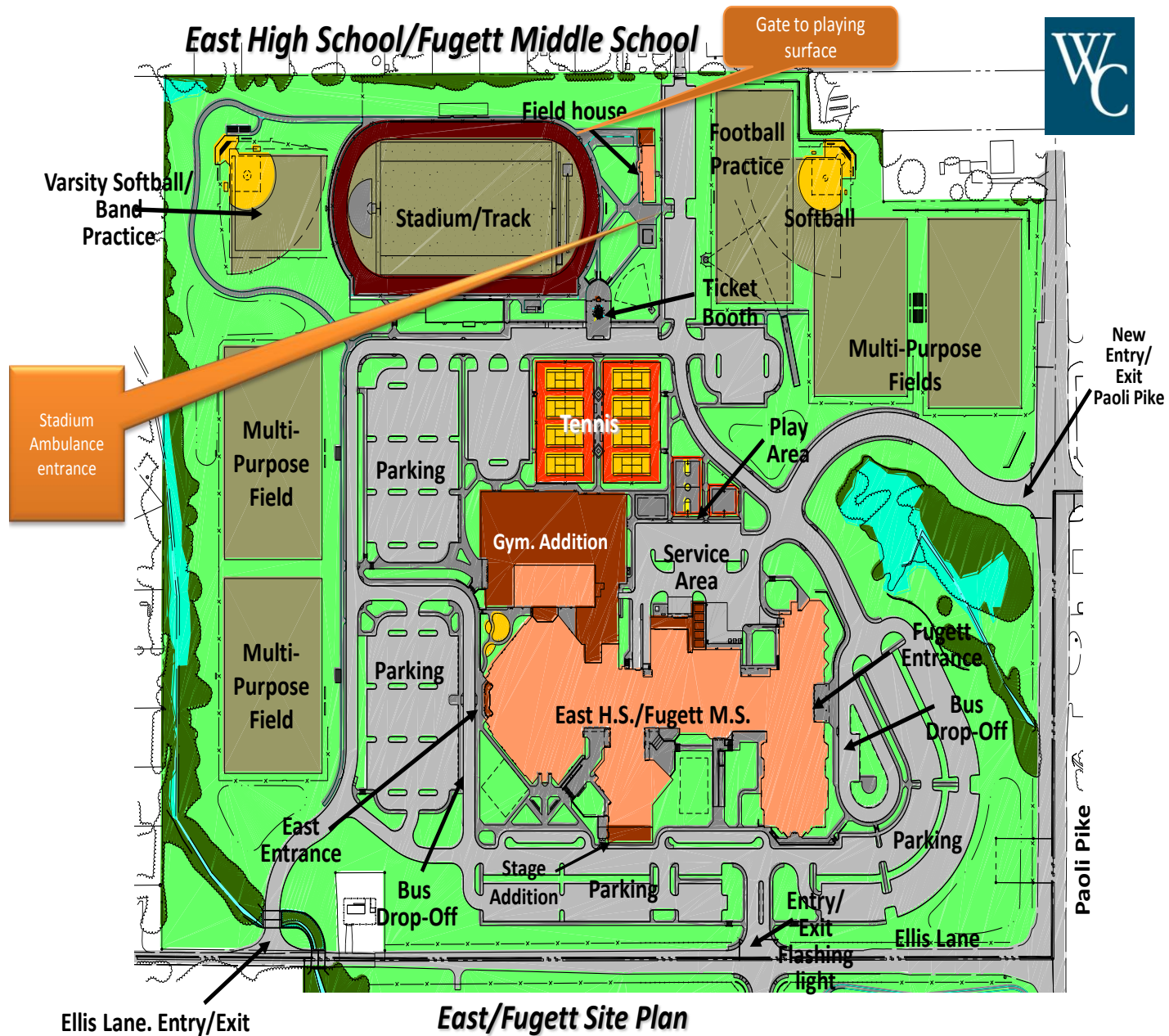
Roles of Administrative Staff

- Unlock gate at the Stadium;
- Ensure parking area is clear and accessible to emergency personnel (ambulance and fire truck);
- Ensure access inside gate surrounding the track is clear and accessible to emergency personnel;
- Clear and control scene of bystanders;

Venue Directions:

Stadium: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway to the second stop sign. Turn right and continue to the stadium entrance on the left. Someone will be present to direct the ambulance. The ambulance will enter the stadium gate at the rear of the field house. It will follow the drive way to the right stopping at the gate to the field. The ambulance will only drive on the turf in the event of a suspected spinal injury due to possible damage to the synthetic turf. All other injuries will be brought to the ambulance via gurney.

Venue Map: Stadium



Emergency Plan: “Front Practice/game fields **Front Practice/Game Fields**

Emergency Personnel: At least one Certified Athletic Trainer in the Training Room or on cellular access during all practices and games.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment: Supplies and equipment brought to the front fields for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team’s physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

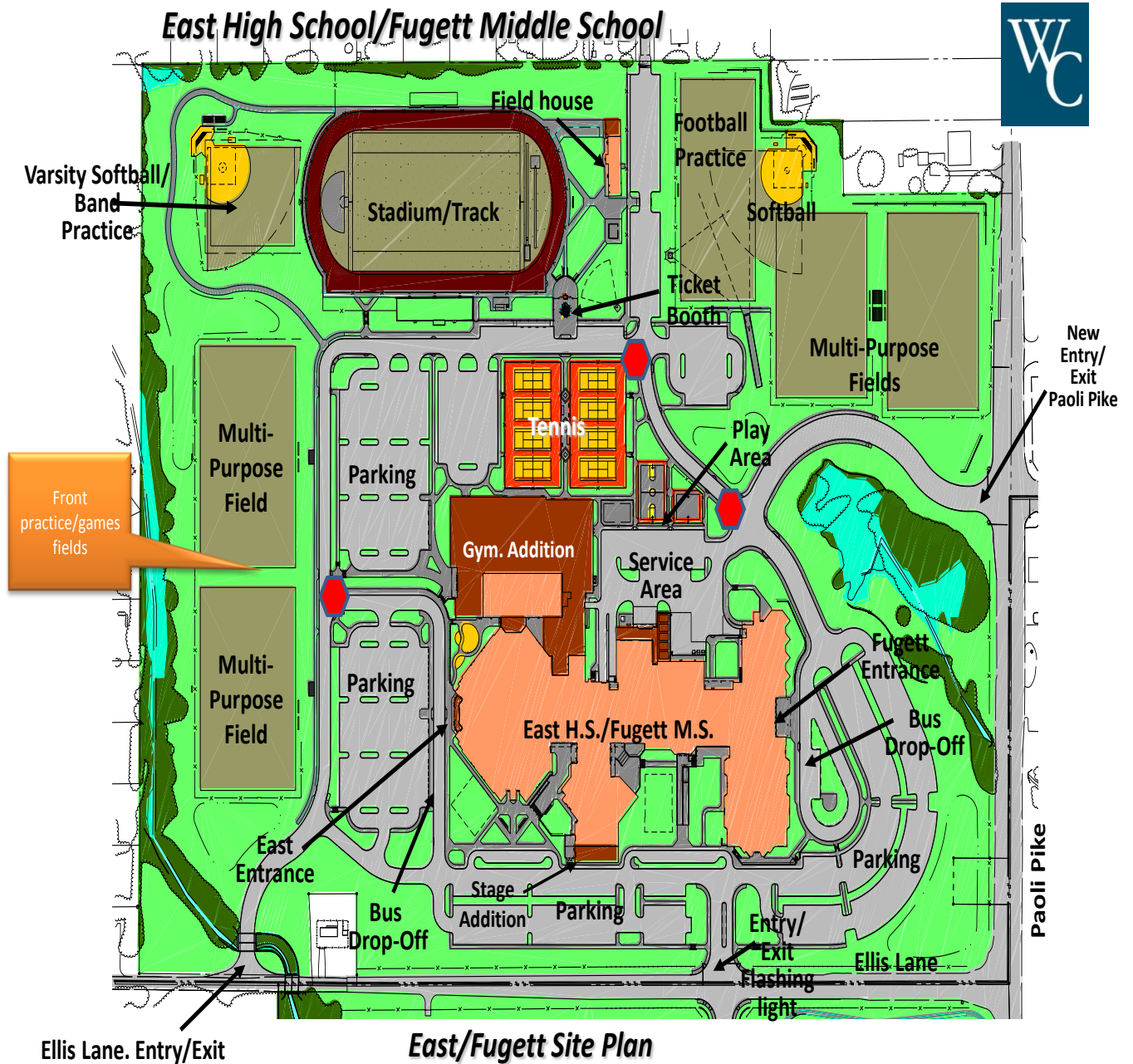
Roles of Administrators/Coaches

- Ensure emergency entrance to soccer facility is clear and accessible (watch for congested parking lots);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Front Practice/Game Fields: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway to the first stop sign. Someone will be present to direct EMS to the scene.

Venue Map: Front Practice/Game Fields



Emergency Plan: Varsity Softball

Emergency Personnel: At least one Certified Athletic Trainer will be on school premises or in the Training Room during all practices and games

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment: Supplies and equipment brought to varsity softball field for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

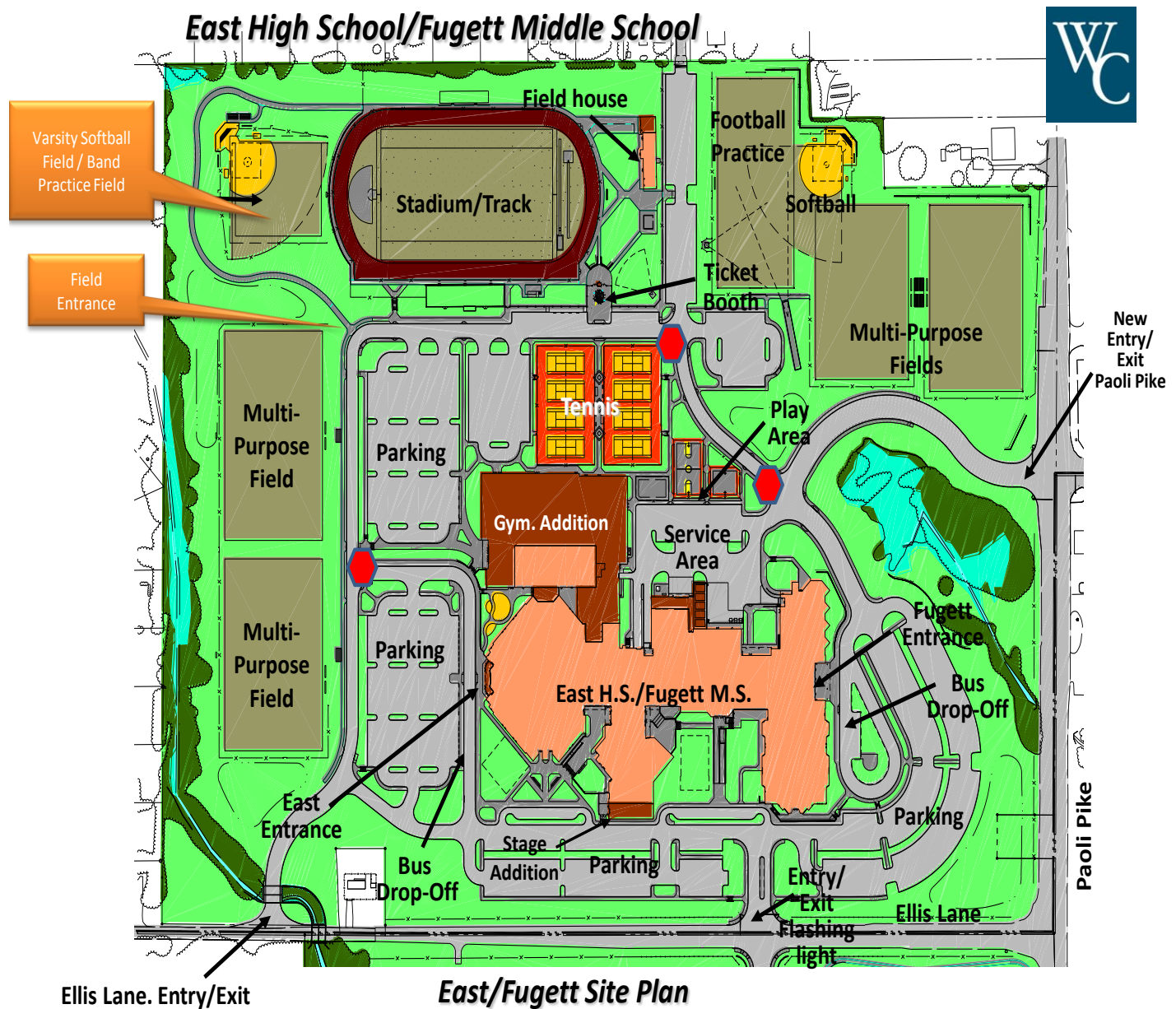
Roles of Administrators/Coaches

- Ensure emergency entrance to softball facility is clear and accessible;
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Varsity Softball Field: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway through the first stop sign. Continue to the "bend" in the driveway. The driveway to the varsity softball field will be on the left

Venue Map: Varsity Softball Field



East Emergency Plan: Track & Field

Track & Field / Lacrosse Soccer at East Stadium

Emergency Personnel: at least one Certified Athletic Trainer on school premises and in the Training Room during all practices.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment: Supplies and equipment brought to Stadium for meets include taping and bracing supplies, general trauma and wound care kits, and a motorized medical cart. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

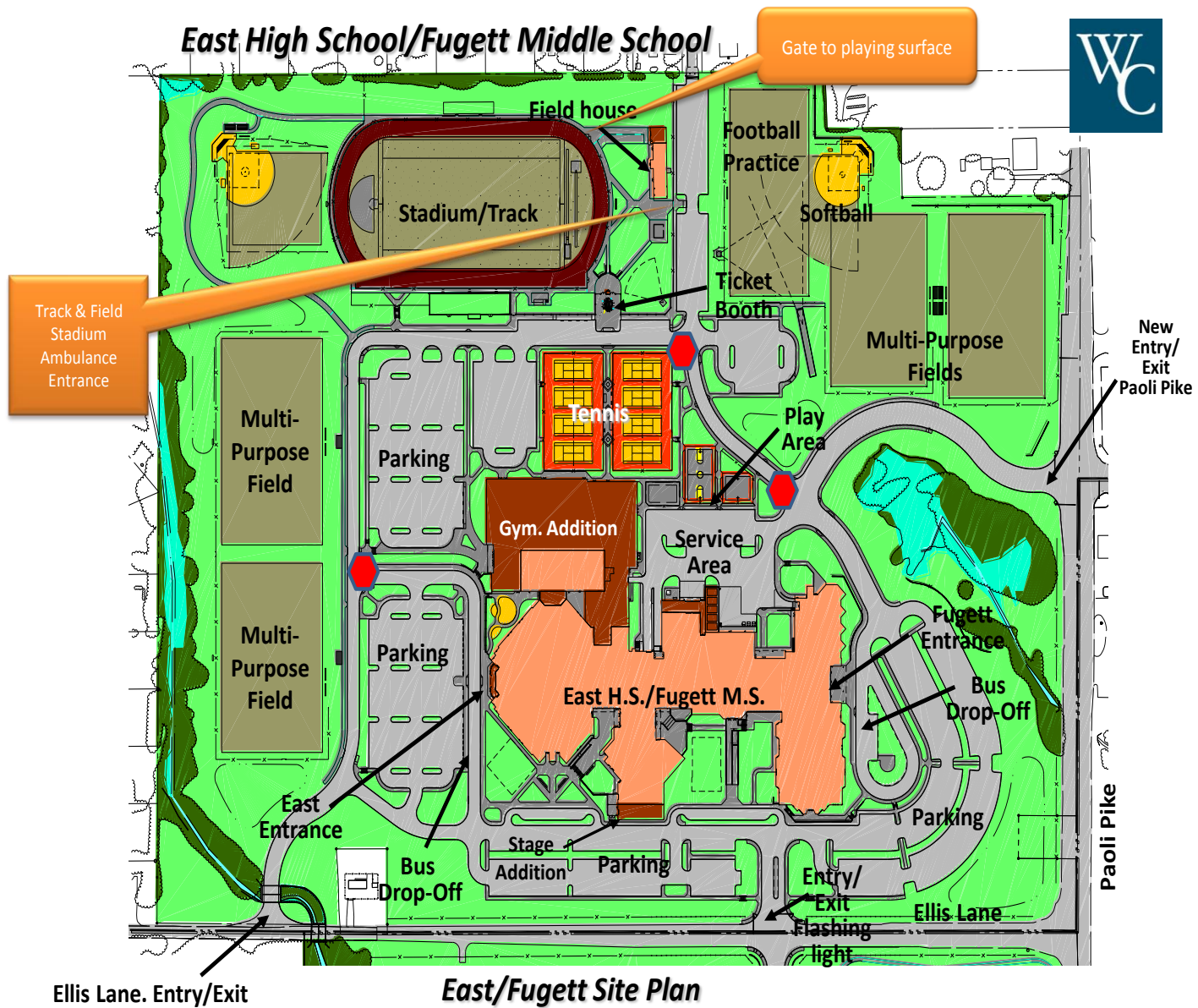
Roles of Administrators/Coaches

- Ensure emergency entrance to track & field facility is clear and accessible
- Unlock and open bar gate between school and practice fields;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Track & Field Stadium: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway to the second stop sign. Turn right and continue to the stadium entrance on the left. Someone will be present to direct the ambulance. The ambulance will enter the stadium gate at the rear of the field house. It will follow the drive way to the right stopping at the gate to the field. The ambulance will only drive on the turf in the event of a suspected spinal injury due to possible damage to the synthetic turf. All other injuries will be brought to the ambulance via gurney.

Venue Map: Track & Field Stadium at East



East Emergency Plan: Wrestling

Practice Facility at East

All mats are to be thoroughly cleaned, disinfected and dried after each practice and match. It is recommended that this cleaning, disinfecting, and drying process be done at least once during practice, as well.

All wrestlers should be required to shower at the conclusion of each practice or match to prevent communicable skin disorders.

Emergency Personnel: at least one Certified Athletic Trainer on school premises and in the Training Room during all practices; at least one Certified Athletic Trainer and any number of Student Athletic Trainers mat side for all wrestling matches.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938

Emergency Equipment: Supplies and equipment brought to gym for matches include taping and bracing supplies, general trauma and wound care kits. Disinfectant spray, paper towels, nose plugs, and wound care supplies will be available for each mat during duals and tournaments. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
-

Roles of Administrators/Coaches

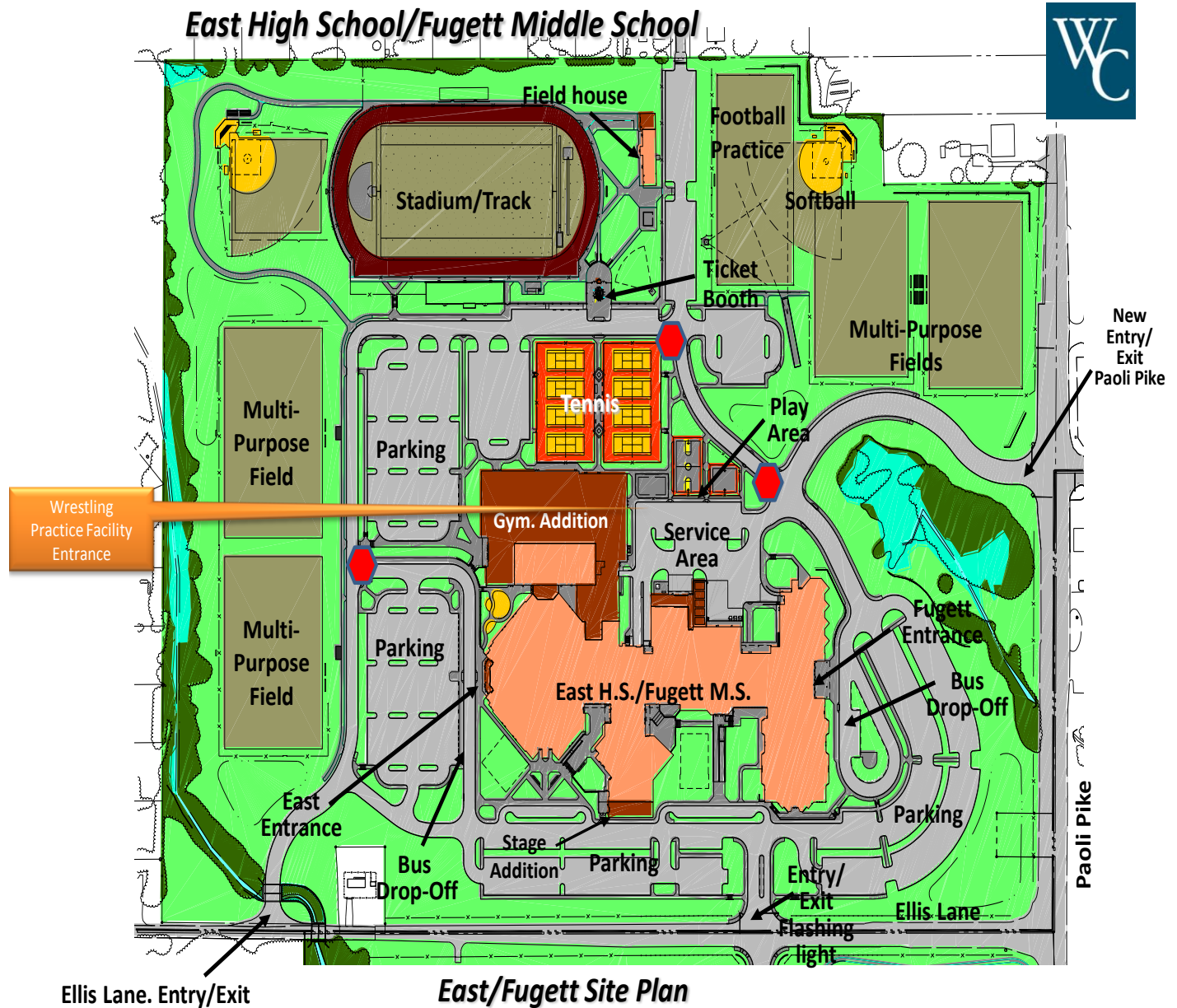
- Ensure emergency entrance to gymnasium facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);

Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

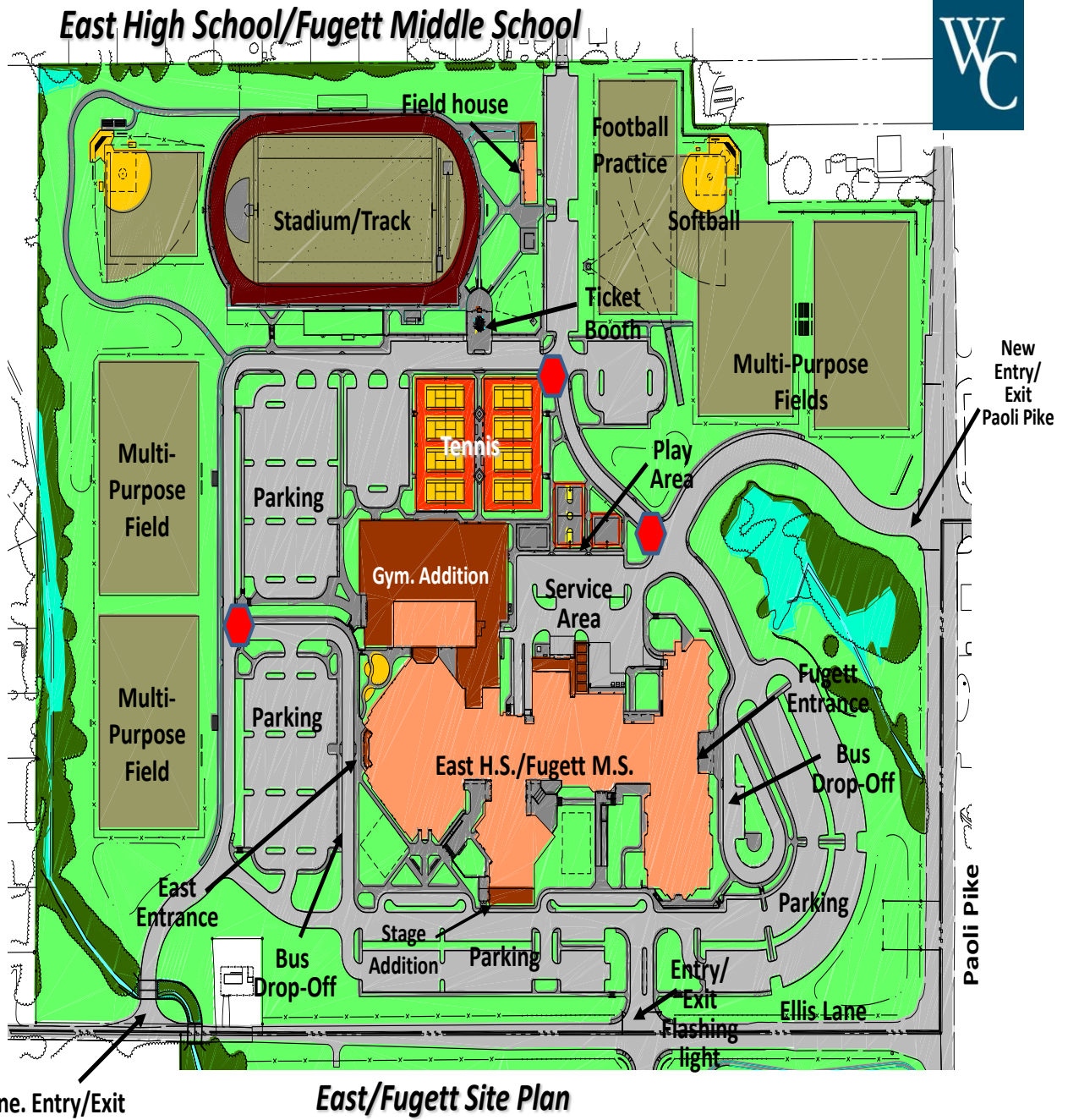
Wrestling Gymnasium at East: Drive north on Ellis Lane to the first entrance for East High school. Follow the driveway to the second stop sign. Turn right and proceed to the next stop sign and turn right. Drive directly to the back of the building, someone will be waiting.

Venue Map: Wrestling Practice Room



EAST HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

Aerial View of East High School



Appendix B

EAST HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

Emergency Contacts

Emergency Medical Services	9-1-1
Chester County Hospital	610-431-5000
Paoli Hospital	610-648-1000
Pioneer Urgent Care – Urgent Care (On 202)	610-459-3278
East High School Training Room	484-266-3938
Mark Grothmann M.Ed. ATC – cellular phone	610-496-1752
Tiffany Butler, ATC – cellular phone	609-703-0599
Mark Grothmann – home phone	610-429-2400
East High School – Main Office	484-266-3800
Sue Cornelius – cellular phone	610-496-5702

East Emergency Plan: East Goshen Park

Emergency Personnel: Certified athletic trainer will be on call via cell phone. All emergency situations should be *treated as outlined on page 58 "Teams Practicing/Competing Off-Campus"*.

Emergency Communication: The Certified Athletic Trainers carry walkie-talkies and cellular telephones (Mark Grothmann 610-496-1752 Tiffany Butler 609-703-0599). Additional fixed telephone lines accessible from East High School Training Room 484-266-3938.

Emergency Equipment with Certified Athletic trainer: Supplies and equipment brought to Stadium for meets include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include athletic training kit, splint kit, spine board, c-collars, crutches, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

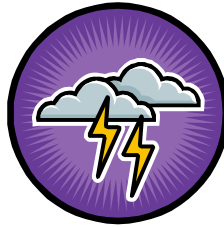
- Emergency equipment retrieval (at request of ATC)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

Roles of Administrators/Coaches

- Ensure emergency entrance to track & field facility is clear and accessible
- Unlock and open bar gate between school and practice fields;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Map: *East Goshen Park*

Appendix C
Lightning Guidelines
W.C. East High School



Lightning Rules

Although the occurrence of injury due to lightning is rare, the National Severe Storms Laboratory (NSSL) estimate that 100 fatalities and 400-500 injuries requiring medical treatment occur from lightning strikes every year. Blue sky and the absences of rain are no protection from lightning. Lightning can, and does, strike as far as 10 mile away from the center of the storm. It does not have to be raining for lightning to strike.

Rules:

Lightning necessitates the contests and practices be suspended. The occurrence of lightning is not subject to interpretation or discussion. Lightning is lightning, and if there is thunder there is lightning.

There should be a plan for shelter prior to any play. If bad weather is expected during your parasitic or game, discuss the plan before the game or practice begins.

When lightning is expected or is nearby, before your practice or event, the following procedures should be adhered to:

- A. Suspend play and direct participants to go to shelter, a building or if a building is unavailable, participants should get inside a vehicle with a metal top (e.g. bus van car).
- B. Do not permit people to stand under or near a tree. Have all people stand away from poles, antennas, towers.
- C. After lightning has left the area, wait 30 minutes after the last strike before resuming play.
- D. If lightning continues after 30 minutes and play is not resumed, the rules of that particular sport shall determine whether the contest is official or must be resumed at a later date.

Lightning Evacuation Plan

ALL PLAYERS, INCLUDING THOSE FROM THE VISITING TEAMS, MUST REMOVE CLEATS BEFORE ENTERING THE BUILDINGS.

Price Farm Fields

ALL athletes must exit the fields, under the supervision of the coaches, and quickly proceed to the field house locker rooms. Do NOT stay in the baseball dugout; it is too close to a metal fence. All spectators must seek shelter in their cars or proceed to the ramp entrance for Fugett middle school across Ellis Lane.

Stadium & Fields 227, 228

ALL athletes must exit the playing surface and track area under the supervision the coaches, and proceed into the “field house locker rooms. Fans will exit the stadium and proceed to their cars or the East high school gymnasium lobby.

East High School Fields 221 & 222

ALL athletes, coaches and spectators must exit the fields, under the supervision of the coaches, and quickly proceed to the nearest building entrance.

“Off Site Teams”

All athletes and coaches exit the field and enter the nearest building.

Emergency Action Plan
West Chester east High School
450 Ellis Lane
West Chester PA, 19380
County = Chester

1. In an athletic emergency situation, the athletic trainer is in charge. If the athletic trainer is not present, notify them immediately. The a coach should remain with the athlete and will remain in charge until the athletic trainer arrives.
2. The athletic trainer or coach should perform a primary assessment and perform necessary first aid. The following vital signs should be monitored:
 - ABC's
 - Pupils
 - Skin color
 - Temperature
 - State of consciousness
 - Movement
 - Abnormal nerve response (numbness/tingling)
3. Stabilize the athlete and call 911, give all pertinent information regarding the status of the athlete. If head or neck injury is suspected, indicate this to the operator.
**** IF THE ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY. ****
4. The following information should be given when calling 911:
 - a. Your name and phone number from where you are calling;
 - b. Describe the injury-mechanism, signs and symptoms, first aid given, current condition of the athlete;
 - c. Give the address and location of the injured athlete;
 1. **If in East Gymnasium:** tell EMS to enter lower parking lot off of Ellis Lane. Enter second parking lot and come the athletic entrance. Have someone stand in the parking lot to guide EMS to the gym.
 2. **If at East Football, Lacrosse, Soccer, Track, or Practice Fields:** tell EMS to enter lower entrance and drive straight back towards the stadium. Have someone stand in the parking lot to guide EMS to field house entrance.
 3. **Price Farm Fields:** Tell EMS to enter at the top of the hill at the flashing yellow light. Have someone stand at the entrance of the parking lot to guide EMS to your location.
 - d. Let the operator hang up first, then report back to the scene.
5. The individual in charge should designate people for the following responsibilities:
 - a. Notify 911. This person must have the keys necessary to access a phone. If the athletic trainer is not present, but on campus, notify them as well.
 - b. Meet ambulance and direct emergency personnel to the location of the injured athlete.
 - c. Crowd control, if necessary. This is especially important when injuries occur during games.
 - d. During games, all injury information and statements for the media will go through the Head or Assistant Athletic Trainer or the Athletic Director.
 - e. Notification of parent/guardian if they are not in attendance.
6. If an athlete is transported by EMS, a designated individual will accompany the athlete to the hospital. All events must be documented concerning the emergency situation.

Emergency Action Plan

Teams Practicing/Competing Off-Campus

1. In cases of emergency that occur without an athletic trainer present, the head coach is in charge of the situation. The person in charge should never leave the athlete. If you are traveling without an athletic trainer, please inform the host team athletic trainer. In an emergency they will be able to assist you.
2. The person in charge should perform primary assessment and perform necessary first aid.

The following vital signs should be monitored:

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> ABC's | <input type="checkbox"/> State of Consciousness | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Pupils | <input type="checkbox"/> Movement | |
| <input type="checkbox"/> Skin color | <input type="checkbox"/> Abnormal nerve response (numbness/tingling) | |

3. Stabilize the athlete and call 911, give all pertinent information regarding the status of the athlete. If head or neck injury is suspected indicate this to the operator.

***** IF THE ATHLETE IS UNCONSCIOUS YOU MUST ASSUME THERE IS A NECK INJURY. *****

4. The following information should be given when calling 911:
 - a. Your name and phone number from where you are calling;
 - b. Describe the injury-mechanism, signs and symptoms, first aid given, current condition of the athlete.
 - c. Give the address and location of the injured athlete.
 - d. Have someone guide EMS to the injured athlete on site.
 - e. Let the operator hang up first, then report back to the scene.
5. The individual in charge should designate people for the following responsibilities:
 - a. Notify 911. This person must have the keys necessary to access a phone. If the athletic trainer is not present, but on campus, notify them as well.
 - b. Meet ambulance and direct emergency personnel to the location of the injured athlete.
 - c. Notification of parent/guardian if they are not in attendance.
 - d. If an athlete is transported by EMS, a designated individual will accompany the athlete to the hospital.
7. The Athletic Training department must be notified as soon as possible if an athlete is taken to the hospital. Please call my cell or home phone to notify me of any serious injuries
8. All coaches practicing off-campus or traveling without an athletic trainer will be given a stocked kit with necessary supplies for first aid and a folder containing copies of all athletes' information.

All events must be documented concerning the emergency situation.

Emergency Phone Numbers

Sue Cornelius
Athletic Director
Office: 484-266-3924
Cell: 610- 496-5702
Cell: 610-496-1752

Mark Grothmann, M.Ed., ATC
Head Athletic Trainer
Office: 484-266-3938
Home: 610-429-2400