



Munster High School

Sports Medicine

Emergency Action Plan

2014 – 2015

Munster High School Sports Medicine - Emergency Action Plan 1 Updated: 08/13/2014

Index

Overview	3
Important Contacts List	6
Campus Maps	7
Emergency Action Plan	9
AED Policies & Procedures	10
Exertional Heat Stroke Policies & Procedures	13
Cervical Spine Injury Policies & Procedures	14
Epi-Pen Emergency Policies & Procedures	16
Asthma Inhaler Policies & Procedures	18
Biohazard Spill Clean-Up	20
Policy Statement on Lightning	22
Policy Statement on Concussion	25
General Emergency Action Plan	28
Catastrophic Emergency Action Plan	29
<u>Specific Emergency Action Plans</u>	
Munster Parks Softball Complex	30
Field house Athletic Training Room	31
Field house & Adjacent Locker rooms	32
Weight room	33
Wrestling Room	34
Aquatic Center	35
Football Ball Stadium/Track	36
Football/Track/Baseball/Soccer Complex Training Room	37
Baseball/Soccer Field	38
Tennis Courts	39
Protocol for Medical Certification Requirements	40
EAP Run Through	42
Verification of Acknowledgement of Training on the EAP	43

MUNSTER HIGH SCHOOL

EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW

Introduction

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

As emergencies may occur at any time and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and 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 an Emergency Plan

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

Emergency Personnel

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a certified athletic trainer. However, the first responder may also be a coach or another member of the school personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [also including: athletic director, school nurse, certified athletic trainer, all coaches, etc.]. Copies of training certificates and/or cards are maintained in the athletic training facility and/or with the athletic director.

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

The four basic roles within the emergency team are:

- 1) Establish scene safety and immediate care of the athlete: this should be provided by the most qualified individual on the medical team.
- 2) Activation of Emergency Medical Services: this may be necessary where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by

anyone on the team. However, the person chosen should be someone who is calm under pressure, communicates well, and is familiar with the location and address of the sporting event.

- 3) Equipment Retrieval: may be done by anyone on the emergency team who is familiar with the types and locations of the specific equipment needed. Athletic training students, managers, and coaches may be good choices for this role.
- 4) Direction of EMS to the scene: one of the members of the team should be in charge of meeting the emergency medical personnel as they arrive at the site. This person should have keys to locked gates and doors.

Formation of an emergency team and implementation of specific roles are important. You should also assign more than one person to a role in case certain members are not present during a given situation.

Activating Emergency Medical Services

Call 9-1-1

Provide Information: Follow scripts provided for each venue

Emergency Communication

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

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with function and operation of each type of emergency equipment. The equipment should be checked on a regular basis to ensure good condition and equipment use should be rehearsed by all emergency personnel. Creating an equipment inspection log book is strongly recommended. Know how to properly care for and store all of the equipment. You should choose a clean, dry, environmentally controlled area and it should be readily available when emergency situations arise. This type of equipment could include: spine boards and straps, automated external defibrillators (AEDs), AED pads, AED batteries, splinting equipment, helmet removal equipment and their batteries, etc.

Coaches should take note of the closest AED to their practice and game locations.

Medical Emergency Transportation

Emphasis is placed on having an ambulance on site at high risk sporting events, such as football, track and field meets, etc. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and cleared route for entering/exiting the venue. In the event that an ambulance is not on site, the medical personnel should be aware of average EMS response time for the athletic venue and distance from the venue to local hospitals.

Any emergency situation where there is impairment in loss of consciousness (LOC), airway, breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment, and proper transportation.

Non-Medical Emergencies

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

Conclusion

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

Approval and acceptance of the **MUNSTER HIGH SCHOOL** Emergency Plan for Athletics.

Approved by: _____ Date: _____
School Principal

Approved by: _____ Date: _____
School Athletic Director

Approved by: _____ Date: _____
Head Athletic Trainer

MUNSTER HIGH SCHOOL

IMPORTANT CONTACTS LIST

Off Campus Contacts

Munster Police Department	911/219-836-6600
Munster Fire Department	911/219-836-6600
Ambulance	911
Indiana State Police	219-696-6242
Munster Community Hospital	219-836-1600
Indiana Poison Center	800-222-1222

On Campus Offices Phone Number

Athletic Training Room (Fieldhouse)	219-836-3200 x 3332
Athletic Training Room (Football/Baseball fields)	x 4104 in house or 219-838-2065 from outside
Athletic Director	219-836-3206
Main Office	219-836-3200
Student Services	219-836-1450
School Nurse	219-836-3200 x 3219

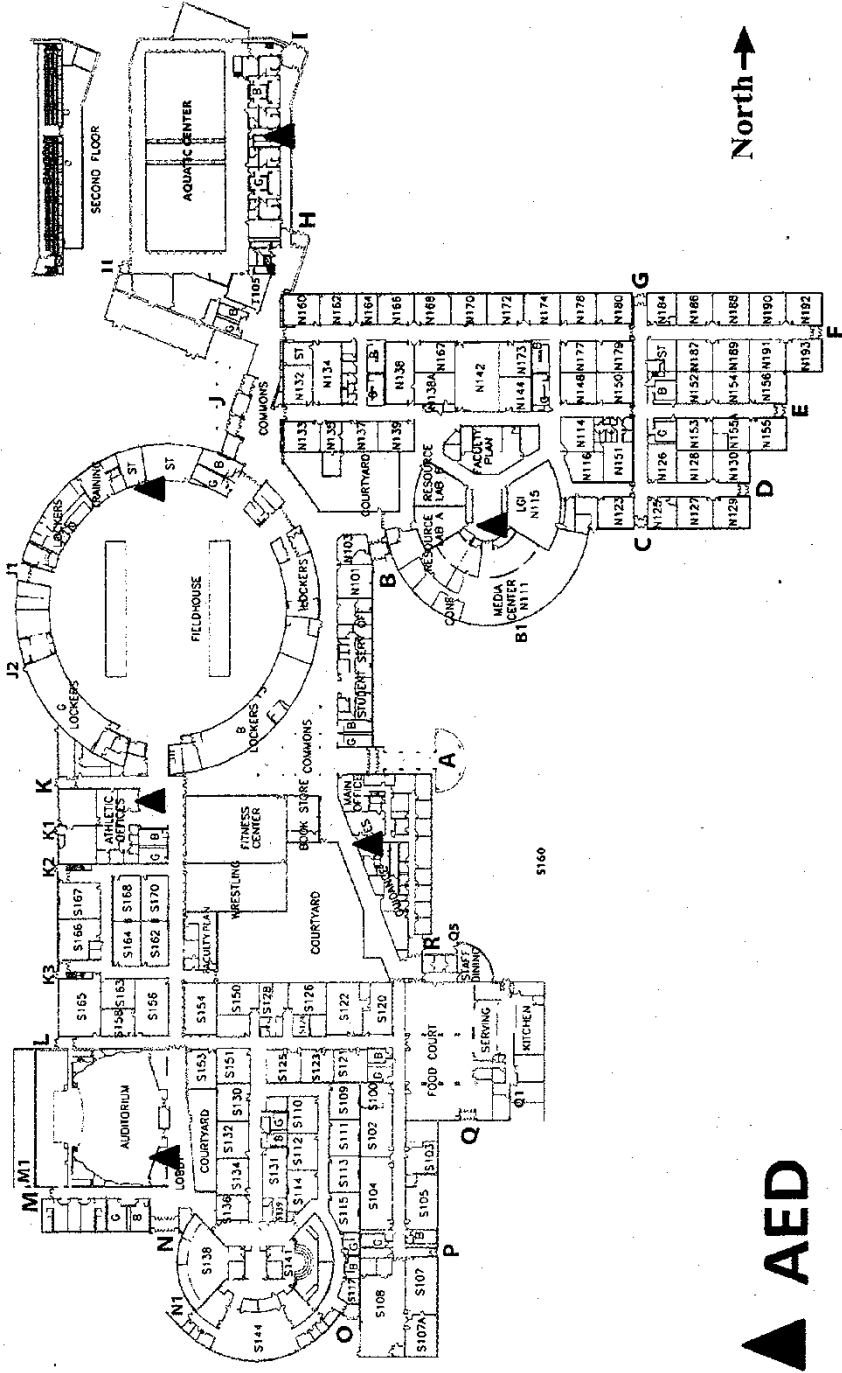
Title	Name	Office	Cell
Athletic Trainer	John Doherty	219-836-3200 x 3332	219-776-0530
Asst. Ath. Trainer	Mary Spina	219-836-3200 x 3332	219-378-0464
Athletic Director	Brian Clark	219-836-3206	219-712-1176
School Nurse	Carla VanDerNoord	219-836-3200 x 3219	
Principal	Mike Wells	219-836-3200 x 3203	219-746-3595
Asst. Principal	Morgan Nolan	219-836-3200 x 3326	219-218-9140

Munster High School

Campus Maps

Munster High School Building Map

8808 Columbia Ave
Munster, IN



Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine Emergency Action Plan

The following is a guide for those involved in the care of Munster High athletes and those who may be attending a sporting event and need medical services.

The importance of expedient action cannot be overstated when the care of individuals are being considered. The efficacious work of those charged with the care and transporting injured individuals can only be improved by a well thought out and practiced plan.

The three major components of an emergency plan include: the emergency team, communication, and equipment.

Emergency Team Roles:

A. Acute care to be provided by the most qualified individual at the scene.

B. Emergency equipment retrieval- anyone familiar with the types and location of equipment (usually: student athletic trainer, coach, event staff)

C. Activation of EMS-should be a person familiar with location and address of injury site. Should be a calm person with good communication skills.

-Member of Munster High team meets and directs emergency personnel to scene. Should have keys to gates, doors, etc. (Home game management staff should be involved).

Attached are emergency evaluation plans for the numerous game, practice fields, and facilities used by Munster High athletic teams.

Emergency Equipment

Stored in these Venues:

Baseball/Soccer Field and Football Stadium Training Room, Field House Athletic Training Room,

On-Site for Competitions.

In Training Room and/or on athletic trainer's cart

- 1) Vacuum Splints (Leg, Arm, Pump), Sam Splint
- 2) Knee Immobilizers
- 3) Crutches
- 4) Cervical Collars (Universal)
- 5) Bag Valve Mask
- 6) AED
- 7) Stocked first aid kits
- 8) Inhaler/Epi-Pen/Aspirin/Acetaminophen/Glucose tubes
- 9) Stethoscope/BP Cuff
- 10) Ice Machine with ice bags
- 11) Helmet Removal Kit (Football)
- 12) Spine Board

Biohazard/First Aid Kit

- 1) Coverlets (Strip, Knuckle, 4-Wing)
- 2) Gauze (Sterile & Non-Sterile)
- 3) Non-Sterile Gloves
- 4) Red Biohazard Bag
- 5) Biohazard Solidifier
- 6) Biohazard Spill Clean-Up Kit
- 7) Small Sharps Container
- 8) Hand Sanitizer
- 9) Pocket Mask
- 10) Spray Bottle with Sanicide

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine Automatic External Defibrillator Policies and Procedures

Introduction

Sudden cardiac arrest (SCA) is the leading cause of death in young athletes. Defibrillation is a recognized means of terminating certain potentially fatal arrhythmias during a cardiac arrest. A direct current defibrillator applies a brief, high-energy pulse of electricity to the heart muscle. Automated external defibrillators (AEDs) were introduced in 1979. AEDs accurately analyze cardiac rhythms and, if appropriate, advise/deliver an electric counter shock. AEDs are currently widely used by trained emergency personnel. It is recognized that successful resuscitation is related to the length of time between the onset of a heart rhythm that does not circulate blood (ventricular fibrillation, ventricular tachycardia) and defibrillation. **Access to early defibrillation is essential and a target goal of < 3 – 5 minutes from the time of collapse to the first shock is strongly recommended.** The provision of timely emergency attention saves lives. By training certified athletic trainers and team physicians, the first responders in these settings, in the use of AEDs and providing rapid access to AEDs, the emergency response time is shortened.

Explanation

Automated external defibrillator is a medical device heart monitor and defibrillator that meet all of the following specifications:

- Has received approval of its pre-market notification filed pursuant to Section 360 (k), Title 21 of the United States Code from the United States Food and Drug Administration.
- Is capable of recognizing the presence or absence of ventricular defibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, whether defibrillation should be performed.
- Upon determining whether defibrillation should be preformed, the AED automatically charges and instructs whether to deliver an electrical impulse through the chest wall and to an individual's heart.

Operation considerations

The Munster High School Sports Medicine Staff utilizes AEDs. The AEDs are portable, battery-powered, automatic defibrillators. They automatically analyze the patient's cardiac electrical signal. The AED advises the operator to shock if it detects ventricular fibrillation (VF), ventricular tachycardia (VT), or other abnormal cardiac rhythms that would benefit from an AED shock. When an abnormal cardiac rhythm is confirmed, the AED charges to deliver a shock. It advises by a voice prompt and a flashing red rescue button that it is ready for the rescuer to deliver a high-energy defibrillating electrical shock. The AEDs features include voice prompted operation and an automatic daily self-test. If maintenance is required, the AED will sound an alarm (Medtronic: two loud beeps will sound every 30 seconds and/or the LCD display in the front will display need for maintenance).

Location of AEDs in Athletic Department

- 1 Field House Training Room: Winter season only
2. Soccer/Baseball Field and Football Stadium Training Room: Fall and spring seasons only
- 3 Fieldhouse: North wall
4. Athletic Office: In case outside office
5. Swimming Pool: Central bleachers entrance

Protocol

Before the device is utilized to analyze the patient's ECG rhythm, the patient must be:

- Unconscious

Immediately after determining the patient is unresponsive, the AED should be applied to the patient.

The device is, however, not intended for children less than eight years of age and/or victims weighing less than 55 pounds unless pediatric electrodes are available for a pediatric capable unit. The AED units are programmed to administer one shock if an abnormal cardiac rhythm is detected. That will be followed by 2 minutes of CPR. If the abnormal cardiac rhythm persists, one shock followed by 2 minutes of CPR will be continued until a normal cardiac rhythm is detected by the AED. The staff will shock until an abnormal cardiac rhythm is no longer present, the patient converts to a perfusing rhythm, or an advanced life support team arrives on the scene and assumes control.

To prepare for ECG analysis and defibrillation:

- If available, send someone to get nearest AED immediately upon encountering patient that appears to be unconscious
- Verify the patient is unconscious
- Check for signs of life (breathing and circulation)
- Bring the AED to the patient if it is not already there
- Open the lid to activate the AED
- Follow the voice commands
- Prepare the patient for electrode placement and place electrodes
- Again follow the voice commands
- If no shock is advised, check to see if patient is breathing and has a pulse and provide care based on those findings

In the event of a cardiopulmonary emergency, the emergency system should be activated as quickly as possible by calling 911. The first responders should provide initial care as appropriate to the situation and coordinate with other emergency medical service providers upon their arrival in the provision of CPR, defibrillation, basic life support, and advanced life support.

Other Reminders

1. Don't forget BASIC steps: Check—Call—Care
2. Activate EMS – 911.
3. If at an event without EMS on site, **we render emergency care to spectators**
4. It is safe to use on metal bleachers or wet surface (but not submerged in water) as long as there is no contact with the patient. There is potential to feel a mild non-harmful shock.
5. For any sites that are sharing an AED, the AED must be left at the site of the event running longer when other sites finish.
6. If 2 games are occurring at the same time, the AED should be at the venue with the largest crowd / highest risk.
7. A post event review will take place with Mr. Wells, Mr. Doherty, and the entire staff after any incident in which the AED was used. The purpose is to review the situation and evaluate the effectiveness and efficiency of the emergency plan.
8. Report any damage to the AED to the Athletic Training Room ASAP.
9. Maintenance checks will be completed and recorded every 4-6 weeks.

Training and Testing

Personnel using the AED must complete a training session upon hiring if not already certified and every two years thereafter, including instruction in:

1. The proper use, maintenance, and periodic inspection of the AED (Maintenance and periodic inspection is not a primary responsibility of each user.)
2. Defibrillator safety precautions to enable the user to administer a shock without jeopardizing the safety of the patient, the user, and other people
3. Assessment of an unconscious person to determine if cardiac arrest has occurred and the appropriateness of applying an AED
4. Recognizing that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged

5. Rapid, accurate assessment of the patient's post shock status to determine what care is needed
6. The operations of the local emergency medical services system, including methods of access to the emergency response system, and interaction with emergency medical services personnel
7. The role of the user and coordination with other emergency medical service providers in the provision of CPR, defibrillation, basic life support, and advanced life support
8. The responsibility of the user is to continue care until the arrival of qualified personnel.

Munster High School Sports Medicine

Heat Illness Policies and Procedures (Source: The Inter-Association Task Force on Exertional Heat Illnesses)

EXERTIONAL HEAT STROKE

Factors Contributing to Onset of Condition

Exertional heat stroke is a severe illness characterized by central nervous system (CNS) abnormalities and, potentially, tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

Recognition

The ability to rapidly and accurately assess core body temperature and CNS functioning is critical to the proper evaluation of EHS; axillary, oral and tympanic temperatures are not valid measures in individuals exercising in hot environments. Medical staff should be properly trained and equipped to assess core temperature via rectal thermometer when feasible.

Most critical criteria for determination are (1) CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy) and (2) hyperthermic (rectal temperature usually >104°F/40°C) immediately post-incident. *Other possible findings include* (1) nausea, vomiting, diarrhea, (2) headache, dizziness, weakness, (3) hot and wet or dry skin (important to note that skin may be wet or dry at time of incident), (4) increased heart rate, decreased blood pressure, increased respiratory rate, (5) dehydration and (6) combativeness.

Treatment

Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (e.g., muscle, heart, brain, liver, kidneys, etc.). Due to superior cooling rates, immediate whole-body cooling via cold water immersion is the best treatment for EHS and should be initiated within minutes post-incident. Provided that adequate emergency medical care is available onsite (i.e., ATC, EMT or physician), it is recommended to cool first via cold water immersion, then transport second. If onsite rapid cooling via cold water immersion is not an option or if other complications develop that would be considered life threatening (i.e., airway, breathing, circulation), immediate transport to the nearest medical facility is essential. The following procedures are recommended if EHS is suspected:

- Immediately immerse athlete in the nearest tub of cold water (approximately 35°-58°F/1.67°-14.5°C), in the gray tub in the football field/soccer training room, in the large whirlpool tub in the fieldhouse training room. Remove clothing/equipment.
- If total immersion is not possible, transport immediately. Alternative cooling strategies should be implemented while waiting for and during transport. These strategies could include: spraying the body with cold water, fans, ice bags or ice over as much of the body as possible and/or cold towels (replace towels frequently).
- Monitor airway, breathing, circulation, core temperature, and CNS status (cognitive, convulsions, orientation, consciousness, etc.) at all times.
- Place an intravenous line using normal saline (if appropriate medical staff is available).
- Cease aggressive cooling when core temperature reaches approximately 101°-102°F (38.3°-38.9°C); continue to monitor.
- If rapid onsite cooling was administered and core temperature has reached approximately 101°-102°F (38.3°-38.9°C), transport athlete to medical facility for monitoring of possible organ system damage.

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine

Suspected Spinal Injury Policies and Procedures (source: National Athletic Trainers' Assoc.)

Prevention

1. Individuals responsible for the emergency care of athletes should be familiar with sport-specific causes of catastrophic cervical spine injury and understand the acute physiologic response of the spinal cord to injury.
2. Those responsible for the emergency care of athletes should be familiar with safety rules enacted for the prevention of cervical spine injuries and should take actions to ensure that such rules are followed.
3. Persons responsible for the emergency care of athletes should be familiar with pertinent protective equipment manufacturers' recommendations and specifications relative to fit and maintenance. Maintaining the integrity of protective equipment helps to minimize the risk of injury.
4. Individuals responsible for the emergency care of athletes should educate coaches and athletes about the mechanisms of catastrophic spine injuries, the dangers of head-down contact, and pertinent safety rules enacted for the prevention of cervical spine injuries.

Planning and Rehearsal

5. Components of the emergency action plan include appointing a team leader and acquiring appropriate equipment to facilitate stabilization, immobilization, and removal of treatment barriers (ie, sporting equipment). The emergency action plan should also incorporate communication with local emergency medical services and identification of the most appropriate emergency care facility to receive the injured athlete. These groups should be involved in creating the emergency action plan.
6. All individuals responsible for the care of athletes should be involved in regular (at least annual) rehearsals of the emergency action plan, as well as training and practice in the special skills inherent to managing a cervical spine injury. Skills requiring training and regular practice may include manual head and neck stabilization techniques, the multiple methods of transferring injured athletes (eg, log-rolling, lift-and slide techniques), equipment management (eg, gaining access to the airway or chest), and immobilization methods (eg, long spine board, cervical collar application).

Assessment

7. During initial assessment, the presence of any of the following findings, alone or in combination, heightens the suspicion for a potentially catastrophic cervical spine injury and requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, **bilateral neurologic findings or complaints**, significant midline spine pain with or without palpation, and obvious spinal column deformity.

Stabilization

9. When a potential spine injury is suspected, 911 should be called immediately. Rescuers should ensure that the cervical spine is in a neutral position and should immediately apply manual cervical spine stabilization. This will minimize motion during the management of the injury.
10. **Rescuers should not apply traction** to the cervical spine, as this may cause distraction at the site of injury.
11. If the spine is not in a neutral position, rescuers should realign the cervical spine to minimize secondary injury and to allow for optimal airway management. However, the presence or development of any of the following, alone or in combination, represents a contraindication for moving the cervical spine to neutral position: the movement causes increased pain, neurologic symptoms, muscle spasm, or airway compromise; it is physically difficult to reposition the spine; resistance is encountered during the attempt at realignment; **or the patient expresses apprehension.**

Airway

12. Rescuers should immediately attempt to expose the airway, removing any existing barriers (eg, protective face masks).
13. If rescue breathing becomes necessary, the individual with the most training and experience should establish an airway and commence rescue breathing using the safest technique.
14. During airway management, rescuers should cause as little motion as possible.
15. The jaw-thrust maneuver is recommended over the head-tilt technique. Advanced airway management (eg, laryngoscope, endotracheal tube) is recommended in the presence of appropriately trained and certified rescuers; these methods have been shown to cause less motion and, therefore, are less likely to worsen neurologic status.

Transfer and Immobilization

16. Manual stabilization of the head should be converted to immobilization using a combination of external devices (eg, cervical collars, foam blocks), and stabilization of the cervical spine should be continued until a destabilizing injury has been ruled out using appropriate diagnostic testing (imaging). Whenever possible, manual stabilization should be resumed after the application of external devices.
17. Individuals responsible for the emergency care of athletes with cervical spine injuries should be prepared to immobilize these athletes with a long spine board or other full-body immobilization device.

18. Although the traditional spine board represents the most common device used for full-body immobilization, devices such as the full-body vacuum splint are more comfortable for athletes, reduce superficial irritation and sores over bony prominences, and may be used in appropriate situations.

19. For the supine athlete, a lift-and-slide technique (eg, 6-plus-person lift, straddle lift and slide) of transferring the athlete to an immobilization device has been reported to produce less motion at the head and in the cervical spine than the log-roll technique and should be used in appropriate situations.

20. For the prone athlete, rescuers must be familiar with the log-roll method of transferring to an immobilization device.

Equipment-Laden Athletes

21. Because removal of athletic equipment such as helmet and shoulder pads may cause unwanted movement of the cervical spine, removal of helmet and shoulder pads should be deferred until the athlete has been transported to an emergency medical facility, except under specifically appropriate circumstances. The first exception is if the helmet is not properly fitted to prevent movement of the head independent of the helmet. This is imperative, because when the helmet is left in place, it is responsible for securing the head, and, as such, immobilization of the helmet necessarily results in immobilization of the head. The second exception is if the equipment prevents neutral alignment of the cervical spine or airway access. This exception is further addressed in the following recommendations.

22. **Independent removal of the helmet or shoulder pads in American football is not recommended**, because removing one and not the other compromises spinal alignment. Removal of the helmet and shoulder pads in these sports should be considered an all-or-nothing endeavor. **Because individual circumstances may dictate removal of an athletic helmet or shoulder pads, athletic trainers and emergency responders should be trained in helmet and shoulder-pad removal. This skill should be rehearsed on a regular basis with Munster High equipment. Emergency department personnel should also be trained in athletic helmet and shoulder-pad removal.**

23. No general recommendation regarding removal of equipment can be made for other sports that require a helmet (with or without shoulder pads) because of considerable variation in the capacity of that equipment to maintain a neutral cervical spine or immobilize the head. The primary acute treatment goals in these sports are to ensure that the cervical spine is properly aligned and that the head and neck are immobilized. Upon observation, if the equipment being worn does not permit the cervical spine to rest in neutral or does not adequately immobilize the head, then removal of one or more pieces of equipment in a safe manner is advisable to achieve neutral alignment or adequate stabilization (or both).

24. If the athletic helmet is dislodged during the injury or removed (by either the medical team or the athlete) or if the shoulder pads cannot be easily removed, care must be taken to place padding beneath the head to maintain neutral cervical spine alignment.

25. A rigid cervical immobilization collar should be placed on the athlete before transfer to a spine board. In equipment-laden sports, this may be difficult or impossible, although a cervical vacuum immobilization device has been shown to limit cervical spine range of motion in the fully equipped football player.

26. Individuals responsible for the emergency care of athletes in equipment-laden sports should be familiar with external defibrillators and the tools and techniques required for removal of barriers to treatment (eg, airway management).

27. Face masks that interfere with the ability to access the airway should be completely removed from the helmet.

28. Face-mask removal should be initiated once the decision to immobilize and transport has been made.

29. Rescuers should be aware of, and well trained in, established face-mask removal techniques. The face mask should be removed with the tool and technique that perform the task quickly and with minimal movement and difficulty. A powered (**cordless**) **screwdriver** is generally faster, produces less head movement, and is easier to use than cutting tools; it should be the first tool used in attempting to remove a face mask attached with loop straps that are secured with screws. Because it may be impossible to remove the screws, a backup cutting tool, specifically matched to the sport equipment used, should be available.

30. To increase the likelihood that all 4 screws can be successfully removed from a football helmet face mask using a cordless screwdriver, athletic trainers and coaches should ensure that corrosion-resistant hardware is used in the helmet, that helmets are regularly maintained throughout a season, and that helmets undergo regular reconditioning and recertification.

31. If the face mask cannot be removed in a reasonable amount of time, then the helmet should be removed from the athlete in the safest manner possible. Helmet style will dictate the technique necessary to safely remove the helmet. A neutral cervical spine position should be preserved during and after this process by removing additional pieces of equipment (eg, shoulder pads) or by placing an object underneath the head (eg, towel, padding) to maintain neutral alignment.

Emergency Department Management

32. If possible, the team physician or certified athletic trainer should accompany the athlete to the hospital. This provides continuity of care, allows for accurate delivery of clinical information to the emergency department staff, and may allow the sports medicine professional to assist emergency department personnel during equipment removal.

For more information on management of cervical spine injuries, refer to the National Athletic Trainers' Association Position Statement: Acute Management of the Cervical Spine–Injured Athlete, *Journal of Athletic Training* 2009.

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine Epinephrine Auto-Injector (Epi-Pen) Policies and Procedures

Introduction

Epinephrine is used for the emergency treatment of severe allergic reactions to insect stings/bites, foods, drugs, and other allergens. Epinephrine mimics the responses of the sympathetic nervous system. It quickly constricts blood vessels to improve blood pressure, relaxes smooth muscle in the bronchioles to help alleviate the wheezing and dyspnea, and stimulates the heartbeat. The drug takes effect within seconds, but the duration of its effectiveness is short (about 10-20 minutes).

The Munster High School Sports Medicine Staff utilizes the Epi-Pen Auto-Injector, a disposable delivery system for self-administration. The Epi-Pen has a spring-activated needle that is designed to deliver one precise dose (0.3 mg of 1:1000 solution for adults) of epinephrine when activated. A single dose is administered to the patient. It may be necessary in very severe reactions to administer a second dose after five minutes if the initial response is inadequate.

Emergency Medical Care for Anaphylaxis

The sports medicine staff should:

- Maintain an airway
- Suction any secretions
- Be prepared to assist with ventilation
- Administer epinephrine by a prescribed auto-injector
- Activate EMS

Indications/Contraindications

Epinephrine should be administered if the patient exhibits signs and symptoms of a severe allergic reaction (anaphylaxis), including respiratory distress and/or shock (hypoperfusion). There are no contraindications for the administration of epinephrine in a life-threatening allergic reaction; however, precautions should be taken with elderly patients or patients with heart disease or hypertension.

Administration of epinephrine

- Check the Epi-Pen to ensure the medication has not expired, has not become discolored, and does not contain particles or sediments
- Prep skin site with alcohol
- Remove the gray safety cap from the auto-injector
- Place the tip of the auto-injector against the patient's thigh
- Push the injector firmly until the medication is released
- Hold for 10 seconds

- Massage area of injection for several seconds
- Dispose of auto-injector in designated bio-hazard sharps container
- Record that epinephrine was given, the dose, and the time administered

Side effects

The patient may complain of side effects following the administration of epinephrine. Possible side effects include increased heart rate, pale skin (pallor), dizziness, chest pain, headache, nausea, vomiting, excitability, and anxiousness.

Reassessment

Following the administration of epinephrine, it is necessary to reassess the patient. Reassessment should include continued evaluation of airway, breathing and circulatory status. Decreasing mental status, decreasing blood pressure, and/or increasing difficulty in breathing indicates the allergic reaction worsening.

If the condition is worsening, consider the following interventions: consult with the team physician about injection of a second dose, provide emergency care for shock, and be prepared to administer rescue breathing and CPR if necessary.

If the patient's condition improves following the administration of epinephrine, continue to perform ongoing assessments. Be aware that the patient may complain of side effects. Any patient requiring the administration of epinephrine should be transported to the closest available medical facility for follow-up evaluation and treatment as soon as possible. Remember that epinephrine is short-acting (10-20 minutes) and signs and symptoms may return as the drug wears off.

Procedures for training and testing

Personnel must complete a training session each year with review of the signs and symptoms as well as the emergency medical care for allergic reaction, anaphylaxis, and anaphylactic shock; instruction of the proper use and maintenance of the Epi-Pen, and practice with the Epi-Pen Trainer.

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine Asthma Medication Meter Dose Inhaler Policies and Procedures

Introduction

Causes of asthma are multi-factorial. Several factors, including exercise may induce an asthma attack. The majority of patients with asthma and patients with allergies will have exercise-induced bronchospasm (EIB). Athletes are more often seen with asthmatic symptoms than expected from the general population, perhaps because of their repeated exposure to aeroallergens and/or cold air during exercise and loss of heat and water. This effect results in heightened bronchial hypersensitivity. EIB usually occurs during or minutes after vigorous activity, reaches its peak 5-10 minutes after stopping the activity, usually resolves in another 20-30 minutes.

Asthma medications

Depending on the severity of asthma, medications can be taken on an as-needed basis (prn) or regularly to prevent or decrease breathing difficulty. Most of the medications fall into two major groups: quick relief medications and long-term control medications.

Common convention in naming medications is to use the drug name with the Trade name in parentheses i.e. Albuterol (Ventolin or Proventil)

Quick relief medications are used to treat asthma symptoms or an asthma episode. The most common quick relief medications, the short-acting beta-agonists, relieve asthma symptoms by relaxing the smooth muscles around the airways. Common beta-agonists include Proventil and Ventolin (albuterol), Maxair (pirbuterol), and Alupent (metaproterenol). Atrovent (ipratropium), an anticholinergic, is a quick relief medication that opens the airways by blocking reflexes through nerves that control the smooth muscle around the airways. Steroid pills and syrups, such as Deltasone (prednisone), Medrol (methylprednisolone), and Prelone or Pediapred (prednisolone) are very effective at reducing swelling and mucus production in the airways; however, these medications take 48-72 hours to take effect.

Long-term control medications are used daily to maintain control of asthma and prevent asthma symptoms. Intal (cromolyn sodium) and Tilade (nedocromil) are long-term control of asthma and prevent swelling in the airways. Cromolyn and nedocromil can also be used before exercise to prevent exercise-induced bronchospasm. Inhaled steroids are also long-term control medications. In addition to preventing swelling, they also reduce swelling in the airways and may decrease mucus production. Common inhaled steroids may include Vanceril, Vanceril DS, Beclovent, and Beclovent DS (beclomethasone), Azmacort (triamcinolone), Aerobid (flunisolide), Flovent (fluticasone), and Pulmicort (budesonide). Leukotriene modifiers are newer long-term control medications. They may reduce swelling inside the airways and relax smooth muscles around the airways. Common leukotriene modifiers include Accolate (zafirlukast), Zyflo (zileuton), and Singulair (montelukast). Current data suggest that the leukotriene modifiers, while more convenient to use in that they are in pill form, are less efficacious than the inhaled corticosteroids. Another long-term control medication, Theophylline, relaxes the smooth muscles around the airways. Common theophyllines in oral form include Theo-Dur, Slo-Bid, Uniphyll, and UniDur. Theophylline is rarely used now because of its unfavorable side effect profile. Serevent (salmeterol), in inhaler form, is also a long-term control medication. As a long-acting beta antagonist, it opens the airways in the lungs by relaxing smooth muscle around the airways.

Inhaled medications

Inhaled medications are delivered directly to the airways, which is useful for lung disease. Aerosol devices for inhaled medications may include the metered-dose inhaler (MDI), MDI with spacer, breath activated MDI, dry power inhaler or nebulizer. The most commonly used inhaled medications are delivered by the MDI, with or without the spacer. There are few side effects because the medicine goes right to the lungs and not to other parts of the body.

It is critical that the patient use the prescribed MDI correctly to get the full dosage and benefit from the medication. Unless the inhaler is used in the right manner much of the medicine may end up on the patient's tongue, the back of their throat, or in the air. Use of a spacer or holding chamber helps significantly with this problem and their use is strongly recommended. Excellent data exist that show that spacer use improves the quantity of drug delivered to the lungs and diminishes side effects. A spacer is a device that attaches to an MDI. It holds the medication in its chamber long enough for the patient to inhale it in one or two slow deep breaths.

Using the MDI

The Munster High School Sports Medicine Staff may assist a student-athlete in the use of a prescribed MDI as follows:

- Remove the cap from the MDI and hold upright
- Shake the inhaler well
- Tilt the patient's head back slightly and instruct them to breathe out
- Have the patient open his/her mouth and hold inhaler 1-2 inches away (or mouth to a spacer mouthpiece if available)
- Press down on inhaler to release medication as the patient starts to breathe in slowly
- Patient slowly inhales for 3-5 seconds
- Patient holds breath for 10 seconds to allow medication to reach deeply into the lungs
- Repeat puffs as prescribed; waiting 1 minute between puffs to permit the second puff to go deeper into the lungs

Procedures for training and testing in use of MDI

Personnel must complete a training session every two years with review of signs and symptoms of asthma and instruction in the proper use of MDI with and without the spacer.

Addendum:

Due to changes imposed by the federal government in 2006, the old metered-dose inhalers (MDIs) are no longer available. In their place are inhalers which utilize hydrocarbon-free propellants in order to reduce the effect these medications can have on the environment. Practically speaking, there are currently no generic inhalers of this type, so the cost of an albuterol MDI is significantly greater. Currently, albuterol is available via inhaler as Proventil HFA, Ventolin HFA, or ProAir HFA.

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine Biohazard Spill Clean-Up Policies and Procedures

Introduction

In 1985 the Centers for Disease Control (CDC) developed guidelines for the prevention of transmission of HIV and HBV, the "Universal Blood and Body Fluid Precautions" now referred to simply as "Universal Precautions". Using the CDC's recommendations as a guideline, OSHA followed with its own standard 29CFR1910.1030 "The Bloodborne Pathogens Standard" in December of 1991 designed to protect the nation's healthcare professionals who were in a high-risk group for exposure and contamination from a mounting list of deadly, contagious bloodborne pathogens. The most familiar of the bloodborne viruses are HIV, HBV, and HCV. Among those pathogens listed, the only virus preventable by vaccination is HBV. As medical professionals, we are held to these standards and guidelines set forth by OSHA and the CDC. All spills should and must be treated as bio-hazardous unless liquid is known not to contain body fluids.

Explanation

Munster High School provides Biohazard Clean-up/Protection Supplies at each sport venue utilized by its athletes. These Biohazard Kits contain necessary supplies to protect personnel from contamination and to clean up spills potentially containing bloodborne pathogens.

Each kit contains the following: Coverlets (Strip, Knuckle, 4-Wing), Gauze (Sterile & Non-Sterile), Non-Sterile Gloves, Red Biohazard Bag, Biohazard Solidifier, Small Sharps Container, Hand Sanitizer, Pocket Mask, and small spray bottle of Sanicide. These supplies will be checked before the venue where they are stored is utilized.

Operation considerations

Any spill that could potentially contain bloodborne pathogens must be handled utilizing universal precautions. The size of the potentially bio-hazardous spill dictates the measures that need to be taken. A simple drop of body fluid does not need to be solidified. Whereas a larger spill that cannot be cleaned up with one swipe of a towel or gauze needs to be solidified before attempting to wipe it up.

Location of First Aid/Biohazard Spill Kits in Athletics and Recreation

- 1 Field House Training Room:
- 2 Football & Soccer/Baseball Field Training Room: Fall and spring seasons only
- 3 Field House Weight Room
4. Wrestling Room
5. Athletic Office
6. Swimming Pool: Coaches office
7. Both Team Benches for events
8. Visiting Team Locker rooms for events

Protocol

If the spill is minimal, solidification is not necessary and you may skip the solidification step. However, if the spill amount is great enough not be easily absorbed by the towel or gauze in one swipe, biohazard solidifier must be used.

1. Put on protective gloves
2. Pour the solidifier evenly over the spilled fluid

3. Wait for it to change to semi-solid state
4. Use the plastic scoop provided to scoop up the gelled substance
5. Spray area with Sanicide or other appropriate disinfectant
6. Wipe area dry
7. Place all items used to clean up the spill in a red bio-hazard container or red bio-hazard bag
8. Wash hands with the hand sanitizer provided and / or with soap and water

Other Reminders

Do not rush when cleaning up potentially bio-hazardous spills. Do not sling materials containing potentially bio-hazardous fluids through the air or place them on clean surfaces. Every attempt must be made to limit contamination to other areas or persons.

Training and Testing

Universal precautions will be reviewed yearly. Supplies must be maintained and checked regularly before venue is utilized for interscholastic athletics. All sports medicine staff members must understand what is in these kits and how to use each item properly.

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Munster High School Sports Medicine Policy Statement on Lightning

Chain of Command

The decision to terminate a Munster High School Athletics activity in the event of lightning, severe weather, and/or storms will be made by a member of the Munster High School Sports Medicine Department present at a practice or the Munster High School Game Administrator present at a game in consultation with Munster High School Athletic Department personnel, Munster High School Sports Medicine Department personnel, the head coach and/or his/her designee, game official(s) / umpire(s). Any such decision made for home events will be made to comply with Town of Munster ordinance which relates to the Thor Guard System.

Criteria for Evacuation of the Practice / Game Area-

The policy of the Munster High School Athletic Department will be as follows:

a) A member of the Munster High School Sports Medicine Department and/or a member of the Munster High School Administration will monitor one or more of the following for lightning, severe weather, and/or storms:

- * Thor Guard Warning System
- * SkyScan hand-held lightning detector
- * National Weather Service and/or National Oceanic & Atmospheric Administration (NOAA) local weather radar (www.noaa.gov, www.weatherunderground.com, or www.weather.com);
- * **“flash / bang”** count.

Criteria for Evacuation of the Practice/Game Area continued-

b) When the Thor Guard System warning sounds, the SkyScan indicates a lightning strike within 8-20 miles, and/or the **“flash/bang”** count reaches **30 seconds or less (6 Miles)**, a member of the Munster High School Sports Medicine Department and/or a member of the Munster High School Administration will notify the following persons-

- Munster High School game administrator and/or appropriate member of the Munster High School maintenance department (if applicable).
- An appropriate member of the Munster High School Sports Medicine Department (if applicable)
- The Munster High School head coach and/or his/her designee;
- The game official / umpire (at a break in the action);
- The visiting team’s athletic trainer and/or coach (if applicable); and

At this point, all outdoor game / practice activities are to cease **IMMEDIATELY**, and ALL personnel are to evacuate to a safe structure or location. Additionally, all activities taking place in whirlpools and/or in-ground hydrotherapy pools should cease.

c) A safe structure or location is defined as- **“any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”**. Examples of locations that routinely **DO NOT** meet the criteria include-

- Baseball / softball dugouts;
- Baseball / softball “covered” batting cages;
- Convertible / “soft-top” vehicles;
- Golf carts / John Deere Gator vehicles;
- Outside storage sheds; and/or
- Canopy / awning / tent.

- d) In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle! **Convertible and “soft-top” vehicles and golf carts do not provide a high level of protection and cannot be considered safe from lightning.**
- e) Persons should avoid taking showers and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis, and hot tubs) **and land-line telephones** during a thunderstorm.
- f) If no safe structure or location is within a reasonable distance, personnel should find a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the “lightning-safe” position- a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. **DO NOT LIE FLAT!** Minimize the body’s surface area and minimize contact with the ground.
- g) If unable to reach safe shelter, persons should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field.
- h) In situations where thunder and/or lightning may or may not be present, yet someone feels his/her hair stand on end and skin tingle, **LIGHTNING IS IMMINENT!** Therefore, all persons should assume the “lightning-safe” position as described above.
- i) A cellular and/or portable remote phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.
- j) If the School Town of Munster or Munster High School administration has cancelled classes at the high school due to severe weather, the Munster High School Athletic Department strongly recommends the cancellation of all games, practices, and other activities.
- k) All individuals should have the right to leave a site or activity, without fear of repercussion or penalty, in order to seek a safe structure or location -- if they feel that they are in danger from impending lightning activity.

Criteria for Safe Return to the Practice/Game Area

The decision to return to a Munster High School Athletic Department activity after a period of evacuation will be made by a member of the Munster High School Sports Medicine Department present at a practice or the Munster High School Game Administrator present at a game in consultation with Munster High School Maintenance staff, Munster High School Sports Medicine Department personnel, the head coach and/or his/her designee, game official(s) / umpire(s).

Personnel should not return to the practice/game area until:

- The Thor Guard Warning System has sounded the all clear (three short blasts);
 - Thirty (30) minutes have passed since the “flash/bang” count was 30 seconds; and/or
 - The last lightning flash or the last sound of thunder.
- *Each time the “flash/bang” count goes below 30 seconds, lightning is observed and/or thunder is heard; the “30-minute clock” is to be reset.*

Pre-Hospital Care of Victims of a Lightning Strike

- a) Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and to render medical treatment.
- b) During an ongoing thunderstorm, lightning activity in the local area still poses a deadly hazard for personnel responding to the victim. Personnel should consider his/her own personal safety before venturing into a dangerous situation to render care.
- c) The first priority of personnel is to activate the Emergency Response System (call 911, the use of **cellular phone** is preferred) and move the lightning strike victim to a safe location.
- d) Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED use is initiated as soon as safely possible.
- e) The basic triage principle of “treat the living first” should be reversed in cases involving casualties from a lightning strike. It is imperative to treat those persons who are “apparently dead” first.
- f) Lightning strike victims should be evaluated and treated for hypothermia, shock, fractures, and burns as well.

The “Flash/Bang” Method

This is a simple method used to estimate how far away a lightning flash is.

- a) Begin timing (in seconds) as soon as a lightning flash is seen;
- b) Stop timing as soon as thunder is heard. This number is the “flash/bang” count.
- c) Divide the “flash/bang” count by five (5).
- d) The resulting number is the distance, in miles, from your field to the lightning flash.

Safe Evacuation Structures for athletes, coaches, officials, & other staff:

The following structures are recommended evacuation sites based on the practice/game site.

- a) *Munster Parks Softball Complex – Press Box & Munster High School Fieldhouse*
- b) *Football Field/Track – The “Stable” and outside locker rooms*
- c) *Baseball/Soccer Field – both press boxes and outside locker rooms*
- d) *Centennial Park Golf Course – clubhouse*

Safe Evacuation Structures for Spectators

- a) *Munster High School Commons Area*
- b) *Munster High School Food Court*
- c) *Munster High School Fieldhouse & adjacent corridors*
- d) *Spectator vehicles with hard tops*
- e) *Centennial Park Golf Course Clubhouse*

In Case of a Tornado Warning, do not use a motor vehicle, the press boxes, Munster High School Fieldhouse, or any room with windows. Evacuees should be guided to the nearest interior corridor without windows or to a rest room within the high school building..

Munster High School Sports Medicine - Emergency Action Plan Updated: 8/13/2014

Munster High School Sports Medicine Policy Statement on Concussion

In order to help protect the student athletes of Munster, the School Town of Munster has mandated that all athletes, parents/guardians and coaches follow the IHSAA Concussion Policy and Indiana State Law.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head.

Their severity is difficult to judge and all will disrupt the way the brain normally works. Even though most concussions are relatively mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your player reports any symptoms of concussion, seek medical attention right away.

Symptoms may include one or more of the following:

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or fogginess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance.

Signs observed by teammates, parents and coaches include:

1. Appears dazed, stunned, or disoriented.
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Is unable to recall events prior to or after the hit.

What can happen if an athlete keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play that day until the athlete is evaluated by a medical doctor or doctor of Osteopathy or certified/licensed athletic trainer, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider or professional that states the athlete has not suffered a concussion. If it is determined the athlete has suffered a concussion, the athlete may not return to competition that day under any circumstances and the following protocol will be followed.

1. When concussion is suspected, athlete is not to be allowed to return to game or practice for the remainder of that day. If athletic trainer not present, coach is to call athletic trainer.
 - a. Parents issued instruction sheet & CDC booklet
 - b. Emergency room referral if symptoms do not improve by end of practice/game or immediately with LOC or severe/worsening symptoms (see parents' instruction sheet).
2. ImPACT test the following day or following school day depending on severity of symptoms. If symptoms judged to be too severe by athletic trainer, ImPACT Testing will be deferred. Results shared with
 - a. Parents
 - b. Coach
 - c. Physician
 - d. Guidance Dept.
3. Referral to physician trained in **(per Indiana Code 20-34-7) the evaluation and management of concussion and head injuries** even if seen in Emergency Room on the day of the concussion.
4. If ImPACT is not satisfactory, re-test when symptom-free or in 2 weeks whichever comes first.
5. Upon satisfactory ImPACT test & release by physician (on the IDOE prescribed form on the following page) & symptom-free at rest, the athlete may start a gradual return to sport per the following schedule as outlined in the 2013 Zurich Consensus Statement:
 - a. Light Aerobic exercise
 - b. If symptom-free with light aerobic exercise, then the following day, sport-specific exercise without contact
 - c. If symptom-free with sport-specific exercise, strength training and more complex, sports-specific drills without contract.
 - d. If symptom-free during step c., then the following day, full practice
 - e. If symptom-free in full practice, then the following day, may play in a game.

The one-day minimum per step in the protocol may not be shortened but it may be lengthened if deemed necessary by the athletic trainer and/or head coach given length of time sidelined, overall physical condition of the athlete, and history of previous concussion(s) or other medical condition(s).

CONCUSSION EVALUATION AND RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS

(SECTION ONE: Completed by School Personnel)

Student Name: _____ Date: _____
Sport's Team: _____ Grade: _____ Number of Past Concussions: _____

Brief Description by School Personnel of How Injury Occurred and Why Concussion is Suspected:

(SECTION TWO: Completed by Licensed Health Care Provider)

Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a concussion may not return to play until the student athlete has been evaluated by a **licensed health care provider trained in the evaluation and management of concussions and head injuries**, receives a written clearance to return to play from the health care provider who evaluated the student athlete, and **not less than twenty-four (24) hours have passed since the student athlete was removed from play.**

Health Care Provider Name: _____
License Number: _____ Licensing Board: _____

I have evaluated the above mentioned student athlete and the student athlete is:

_____ **NOT** cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam

_____ Cleared, as of today, to return to all activities, including sports, without restrictions

_____ Cleared to return to all activities, including sports, without restrictions, on the following date* - _____

_____ Cleared to return to sports following the schedule below:

Step 1: May participate in light activity on the following date* - _____
(10 minutes on an exercise bike, walking, or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date* - _____
(Moderate intensity activity on an exercise bike, jogging or weight lifting {reduced time and/or weight than normal})

(*Step 3:* May participate in heavy; non-contact physical activity on the following date* - _____
Sprinting, running, high-intensity exercise bike, and weight lifting; but no contact sports)

Step 4: May return to practice and full contact in a controlled practice setting on the following date* - _____

_____ *Step 5:* May return to full game play on the following date* - _____

_____ Other – please list:

* Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

(Signature of Health Care Provider)

(Date)

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

General Emergency Action Plan

Important Phone Numbers

Emergencies – 911

Football & Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Field House Athletic Training Room – Extension 3332 or (219) 836-3200 x 3332

School Nurse -- Extension 3219 or (219) 836-3200 x 3219

Athletic Office – (219) 836-3206

Head Athletic Trainer Cell – (219) 776-0530

Assistant Athletic Trainer Cell – (219) 378-0464

Athletic Director Cell – (219) 712-1176

School Nurse Cell – (815) 355-1482

Emergency Procedures

- 1) Perform Emergency CPR / AED and First Aid
- 2) Instruct student athletic trainer, coach, or manager to call 911
 - Provide the following information
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions).
 - d) Any additional information
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet the ambulance and direct it to the site
- 3) Contact Head Athletic Trainer/Call Head Athletic Trainer's cell phone.
- 4) Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene.
 - c) Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 1/2/2013

Catastrophic Emergency Action Plan

Definition of Catastrophic Emergency

A catastrophic incident includes: the sudden death of a student-athlete, coach, or staff member at any time (includes accidents and illnesses); and the disabling and/or quality of life altering injuries such as spinal cord injuries or loss of a paired organ.

Catastrophic Incident Management Team

The members of this team or its designees will disseminate all information concerning a catastrophic incident. Pertinent information will be given to family members and the media as permitted under HIPAA. The team members shall include: Head Athletic Trainer, Director of Athletics, Assistant Principal for Student Services, Principal, Superintendent of Schools. NO other person other than the Head Athletic Trainer, Director of Athletics, Assistant Principal for Student Services, Principal, or Superintendent of Schools shall speak publicly about the incident.

The Incident Management Team will attempt to get accurate and current information to family members before the information is released to the media. Family members should not learn of a catastrophic event through the media. A School Town of Munster representative should inform them directly.

Catastrophic Emergency Procedures

- 1) Follow Regular Emergency Action Plan
 - a.) Athletic Trainer will remain with individual to coordinate communication and act as School Town of Munster representative until relieved by member of incident management team
 - b.) Head Coach or other person designated by head coach will act as School Town of Munster representative if athletic trainer not available

- 2) Notify Law Enforcement, if necessary
- 3) Notify Incident Management Team
 - a.) Head Athletic Trainer will notify rest of incident management team

- 4) Family Members Notified by Management Team
- 5) Head Coach and teammates notified, if not involved
- 6) Provide assistance to family members, teammates, and other team personnel, as necessary

Important Phone Numbers

Head Athletic Trainer – John Doherty: (219) 836-3200 x 3332 (Office), (219) 776-0530 (Cell)

Athletic Director – Brian Clark: (219) 836-3206 (Office), (219) 712-1176 (Cell)

Assistant Principal for Student Services – Mike Wells (219) 836-1450 (Office), (219) 746-6395 (Cell)

Principal – (219) 836-3200 x 3203 (Office),

Superintendent – Richard Sopko: (219) 836-9111 (Office)

Munster High School Sports Medicine - Emergency Action Plan Updated: 2/13/2013

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Munster Parks Department Softball Complex

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Cellular phone with SAT, Cellular Phone with Coaches, Cellular Phone with ATC

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football & Baseball/Soccer

Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Team first aid kit, cooler with ice bags; Athletic Training Kit, Biohazard/First Aid Kit, Crutches located on ATC golf cart

AED on golf cart, Alternate AED located outside athletic office.

Additional emergency supplies in Fieldhouse athletic training.

Emergency Procedures:

1) Perform Emergency CPR and First Aid

2) Instruct student athletic trainer, coach, or manager to call 911

-Provide the following information

a) Who you are

b) General information about the injury or situation

c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*).

***Take Columbia Avenue to 35th St. and turn in parking lot entrance between High School and Wilbur Wright Middle School. Proceed to back of parking lot and entrance to softball complex.**

d) Any additional information

e) ***BE THE LAST TO HANG UP***

f) Meet (designate person) the ambulance and direct it to the site

3) Contact Head athletic if not already present

4) Meet ambulance (designate person) and direct to appropriate site

a) Open Appropriate Gates/Doors

b) Designate an individual to "flag down" and direct to scene.

c) Control injury site, limit care providers etc.

5) Assist ATC and/or EMS with care as directed

a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 2/14/12

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Field House Training Room

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Fieldhouse Athletic Training Room Telephones, Cellular phones with ATC, Cellular Phone with Coaches, Fieldhouse locker room telephones

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/
Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, Crutches, Ice machine and ice bags in Field House Athletic Training Room

AED located on north wall by fire extinguisher, between garage door and football equipment room.

Alternate AED located outside athletic office. During winter season only, 2nd alternate AED located in Fieldhouse training room.

Emergency Procedures:

- 1) Perform Emergency CPR and First Aid
- 2) Instruct student athletic trainer, coach, or manager to call 911
 - Provide the following information
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Ave.**
***Take Columbia Avenue to 35th St. and turn in parking lot entrance between High School and Wilbur Wright Middle School. Proceed around pool building to door J1.**
 - d) Any additional information
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet the ambulance and direct it to the site
- 3) Contact the Head Athletic Trainer if not already present.
- 4) Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene.
 - c) Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 2/14/12

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Field House & Adjacent Locker Rooms

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Fieldhouse Athletic Training Room Telephones, Cellular phones with ATC, Cellular Phone with Coaches

Fieldhouse locker room telephones: Boys Varsity Locker Room 836-3200 x 3356, Boys PE x 3221, Girls PE x 3331

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/
Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, Crutches, Ice machine and ice bags in Field House Athletic Training Room

AED located on north wall by fire extinguisher, between garage door and football equipment room.

Alternate AED located outside athletic office. During winter season only, 2nd alternate AED located in Fieldhouse training room.

Emergency Procedures:

1) Perform Emergency CPR and First Aid

2) Instruct student athletic trainer, coach, or manager to call 911

-Provide the following information

a) Who you are

b) General information about the injury or situation

c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Ave.**

***Take Columbia Avenue to 35th St. and turn in parking lot entrance between High School and Wilbur Wright Middle School. Proceed around pool building to Door J, J1, J2 (inside Girls PE locker room), or Door K, (whichever is appropriate).**

d) Any additional information

e) ***BE THE LAST TO HANG UP***

f) Meet the ambulance and direct it to the site

3) Contact the Head Athletic Trainer if not already present.

4) Meet ambulance and direct to appropriate site

a) Open Appropriate Gates/Doors

b) Designate an individual to "flag down" and direct to scene.

c) Control injury site, limit care providers etc.

5) Assist ATC and/or EMS with care as directed

a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Field House Weight Room

Emergency Personnel:

Coaching staff weight room supervisor or Certified Athletic Trainer on site.

Emergency Communication:

Field House weight room telephones (836-3200 x 3220).

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/

Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Biohazard/First Aid Kit

AED located outside athletic office

Additional Emergency Equipment located in Field House Athletic Training Room

Emergency Procedures:

1) Perform Emergency CPR and First Aid

2) Instruct student athletic trainer, coach, or manager to call 911

-Provide the following information

a) Who you are

b) General information about the injury or situation

c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Ave., Munster, IN 46321**

Turn into parking lot in front of High School, enter Door A or proceed to rear of High School & enter Door K.

d) Any additional information

e) ***BE THE LAST TO HANG UP***

f) Meet the ambulance and direct it to the site

3) Contact the Head Athletic Trainer if not already present

4) Meet ambulance and direct to appropriate site

a) Open Appropriate Gates/Doors

b) Designate an individual to "flag down" and direct to scene.

c) Control injury site, limit care providers etc.

5) Assist ATC and/or EMS with care as directed

a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN

Field House Wrestling Room

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Field House in adjoining weight room telephones (836-3200 x 3220).

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/
Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Biohazard/First Aid Kit

AED located outside athletic office

Additional Emergency Equipment located in Field House Athletic Training Room

Emergency Procedures:

- 1) Perform Emergency CPR and First Aid
- 2) Instruct student athletic trainer, coach, or manager to call 911
 - Provide the following information
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Ave., Munster, IN 4632, proceed to rear of High School & enter Door K.**
 - d) Any additional information
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet the ambulance and direct it to the site
- 3) Contact the Head Athletic Trainer if not already present
- 4) Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene.
 - c) Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan 51 Updated: 4/20/2013

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN

Munster High School Aquatic Center - Swimming and Diving

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with WSI and CPR trained coaching staff. Club coaches for senior, age group, and master practices/meets are trained in CPR/First Aid and Safety Training for Swim Coaches. Lifeguards and supervisors on staff are trained in lifesaving, CPR, First Aid, and AED.

Emergency Communication:

Swimming Coaches' Office telephones (All 836-3200: classroom x 3501, girls' coach's ofc. x 3503, boys' coach's ofc. x 3504, timing deck x 3505, control room x 3506), Cellular Phone with Coaches Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/ Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, 4 Spine Boards (Backboards) Safety Equipment = 6 Lifeguard Stands with 6 Ring Buoys, and 8 Rescue Buoys/2 Rescue Poles/4 Shepard Crooks/5 Diving Board Cones/2 Depth Divider Line Buoys/Grounded Bleachers On Deck Crutches (on site or in Field House Athletic Training Room)
AED Located by middle entrance/stairs to pool/spectator balcony

Emergency Procedures:

- 1) Activate Emergency Action Plan and effect water rescue if needed
- 2) Perform Emergency CPR and First Aid
- 3) Instruct student athletic trainer, coach, or manager to call 911 and Get The AED
 - Provide the following information
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Avenue, Entrance I (Between HS and MS By Tennis Courts)**
***Take Columbia Avenue To Gated Entrance (Alternate = Around Building To Back Of School)**
 - d) Any additional information
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet the ambulance and direct it to the site
- 4) Contact the Head Athletic Trainer if not already present
- 5) Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene.
 - c) Control injury site, limit care providers etc.
- 6) Assist ATC and/or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated 2/4/13

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Football Stadium/Track

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Cellular phone with Coaches, Cellular phone with ATC.

Emergency Equipment:

Athletic Training Kit, Emergency Bag, Cooler with ice bags, Biohazard/First Aid Kit, Crutches, Splints, AED in training room or with ATC on site

Emergency Procedures:

- 1) Perform Emergency CPR and First Aid
- 2) Instruct, Coach, MHS staff or ATC to call 911
 - Provide the following information
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Ave., Munster, IN 46321, east side of street. Indicate whether to enter the north or south gate. Instruct EMS/Police/Fire NOT to attempt entering from Fisher St.**
 - d) Any additional information
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet the ambulance and direct it to the site
- 3) Contact the Head Athletic Trainer if not already present
- 4) Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene.
 - c) Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 4/19/2013

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN

Football/Track/Baseball/Soccer Complex Athletic Training Room

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Fieldhouse Athletic Training Room Telephones, Cellular phones with ATC, Cellular Phone with Coaches,

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/
Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Athletic Training Kits, Emergency Bag, Biohazard/First Aid Kit, Spine Board, Crutches
AED or with ATC on site

Emergency Procedures:

- 1) Perform Emergency CPR and First Aid
- 2) Instruct student athletic trainer, coach, or manager to call 911
-Provide the following information
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – – **8808 Columbia Ave., Munster, IN 46321, east side of street. Indicate to enter the north gate. Instruct EMS/Police/Fire NOT to attempt entering from Fisher St.**
 - d) Any additional information
 - e) ***BE THE LAST TO HANG UP***
 - f) Meet the ambulance and direct it to the site
- 3) Contact the Head Athletic Trainer if not already present
- 4) Meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) Designate an individual to "flag down" and direct to scene.
 - c) Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a) Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated 4/19/13

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Baseball/Soccer Field

Emergency Personnel:

Certified Athletic Trainer on site or in direct communication with coaching staff.

Emergency Communication:

Cellular phone with Coaches, Cellular phone with ATC.

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/
Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, Cooler with ice bags
Crutches, Splints, AED with ATC or in training room

Emergency Procedures:

- 1) Perform Emergency CPR and First Aid
- 2) Instruct, Coach, MHS staff or ATC to call 911
 - Provide the following information
 - a. Who you are
 - b. General information about the injury or situation
 - c. Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **8808 Columbia Ave., Munster, IN 46321, east side of street. Indicate whether to enter the north Football Field gate or the 35th Ave. gate.**
 - d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
 - f. Meet the ambulance and direct it to the site
- 3) Contact the Head Athletic Trainer if not already present
- 4) Meet ambulance and direct to appropriate site
 - a. Open Appropriate Gates/Doors
 - b. Designate an individual to "flag down" and direct to scene.
 - c. Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a. Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

MUNSTER HIGH SCHOOL SPORTS MEDICINE EMERGENCY ACTION PLAN Tennis Courts

Emergency Personnel:

Coaching staff or Certified Athletic Trainer on site.

Emergency Communication:

Cellular phone with Coaching staff or Cellular phone with ATC.

Athletic Training Room phone numbers: Fieldhouse – 836-3200 x 3332, Football/Track/
Baseball/Soccer Athletic Training Room – Extension 4104 or (219) 838-2065

Emergency Equipment:

AED in Wilbur Wright Middle School adjacent gymnasium.

Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, Cooler with ice bags
Crutches, Splints, AED with ATC on site or in MHS Field House training room

Emergency Procedures:

- 1) Perform Emergency CPR and First Aid
- 2) Instruct Coach or ATC to call 911
 - Provide the following information
 - a. Who you are
 - b. General information about the injury or situation
 - c. Where you are (Provide: name, address, telephone #, number of individuals injured, specific directions*) – **Munster High Tennis Courts, between the High School and Middle School. Enter between schools on 35th St. Instruct whether to enter gate nearest Middle School or High School.**
 - d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
 - f. Meet the ambulance and direct it to the site
- 3) Contact the Head Athletic Trainer if not present.
- 4) Meet ambulance and direct to appropriate site
 - a. Open Appropriate Gates/Doors
 - b. Designate an individual to "flag down" and direct to scene.
 - c. Control injury site, limit care providers etc.
- 5) Assist ATC and/or EMS with care as directed
 - a. Retrieve Necessary Supplies/Equipment

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

MUNSTER HIGH SCHOOL

PROTOCOL FOR MEDICAL CERTIFICATION REQUIREMENTS

All athletics personnel associated with practices, competition, skills instruction, and strength and conditioning, including all head, assistant, and volunteer coaching staff, must have the following training:

- Red Cross CPR/AED for the First Responder
- Red Cross First Aid for the First Responder
- Prevention of Disease Transmission: Blood Bourne Pathogens annual review
- Emergency Action Plan annual run-through
- Any certifications regarding heat illness, sudden cardiac arrest, and concussion required by IHSAA rule or state law.

All updated copies of certificates/cards will be on file in the athletic director's office.

LOG OF SAFETY CERTIFICATIONS

Sport	Staff Member	CPR exp.	1 st Aid exp.	BBP exp.	IHSAA exp.
Football	Leroy Marsh				
	Brian Vance				
	J. Grunewald				
	Keith Madderon				
	Tom Largus				
	Joe Helmer				
	M. Kalwasinki				
	Josh Herold				
	Ryan Gardner				
	Dan Gelarden				
J. Chrustowski					
Boys' Soccer	J. Prasopoulos				
	T.J. DeGuilio				
Girls' Soccer	Val Pflum				
	Jim Knesek				
Volleyball	Tracy Summers				
	J. Kaniewski				
	Janet Worries				
Boys' XC	Aaron Brown				
Girls' XC	Michelle Duffy				

Sport	Staff Member	CPR exp.	1 st Aid exp.	BBP exp.	IHSAA exp.
Boys' Basketball	Mike Hackett				
	Jake Argenta				
	Greg Luksich				
	Ken Croner				
Girls' Basketball	Matt Backs				
	Mike M.				
	Rick Sluder				
	Patrick Spohr				
Swimming	Matt Pavlovich				
	C. Pavlovich				
	Jelena Gober				
Dance/Poms	Cindy Banas				
Cheerleading	Kristen Szfasz				
Boys Tennis	Steve Lopez				
Girls Tennis	Bill Heuer				
	Penny Heuer				
	Dave Cafmeyer				
Golf	Bill Smitka				
Baseball	Bob Shinkan				
	Jeff Rosen				
	Matt Backs				
	M. Mikolajczyk				
Softball	B. Thornburgh				
	Ron Moore				
	Tom DeGuilio				
	Jennifer Wisser				
Boys Track	John Stamper				
	Mary Conway				
Girls Track	Rick Sluder				
	Tom Barnes				
	Kyleen Nolan				
Wrestling	Dan Gelarden				
	T. Maldonado				
	B. Maldonado				

Munster High School

Emergency Action Plan Run Through

All personnel associated with athletics should be familiar with all relevant venue emergency action plans. Familiarization includes: knowing one's specific role during an emergency situation, knowledge of emergency equipment, and how to appropriately activate the emergency action plan.

Each person who will be working with the school's athletics programs should be given a copy of the emergency action plan annually and sign an agreement that they have read and understand the document.

Additionally, each team before the start and throughout the season should run through scenarios in order to increase the comfort level and efficiency of the emergency action plan. This team should also include the local ambulance services and the fire department. Ensure that all team members are on the same page with athlete care and transport protocols (i.e. helmet removal for equipment-intensive sports such as football and lacrosse or "cool first, transport second" policies for exertional heat illnesses). Run-throughs should also be taken into consideration where ambulance access would take place to determine if any gates or cars would block the entrance during practice/game times and where any keys or relevant equipment will be located.

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

VERIFICATION OF ACKNOWLEDGEMENT OF TRAINING ON THE EMERGENCY ACTION PLAN

Please copy form as needed

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for the student athletes at MUNSTER HIGH SCHOOL must sign this form certifying that the coach or volunteer has completed the training on the emergency action plan. The training must be completed **annually**.

I hereby verify by signing below that I have completed the training on the emergency action plan.

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

THIS FORM IS TO BE KEPT ON FILE IN THE ATHLETIC TRAINING ROOM AND PRESENTED FOR REVIEW UPON REQUEST.

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

VERIFICATION OF ACKNOWLEDGEMENT OF TRAINING ON THE EMERGENCY ACTION PLAN

Please copy form as needed

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for the student athletes at MUNSTER HIGH SCHOOL must sign this form certifying that the coach or volunteer has completed the training on the emergency action plan. The training must be completed **annually**.

I hereby verify by signing below that I have completed the training on the emergency action plan.

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

_____ (signature) _____ (title or position) _____ (date completed)

THIS FORM IS TO BE KEPT ON FILE IN THE ATHLETIC TRAINING ROOM AND PRESENTED FOR REVIEW UPON REQUEST.

Munster High School Sports Medicine - Emergency Action Plan Updated: 04/19/2013

VERIFICATION OF ACKNOWLEDGEMENT OF TRAINING ON THE EMERGENCY ACTION PLAN

Please copy form as needed

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for the student athletes at MUNSTER HIGH SCHOOL must sign this form certifying that the coach or volunteer has completed the training on the emergency action plan. The training must be completed annually.

I hereby verify by signing below that I have completed the training on the emergency action plan.

Form with 18 rows of signature, title, and date fields.

THIS FORM IS TO BE KEPT ON FILE IN THE ATHLETIC TRAINING ROOM AND PRESENTED FOR REVIEW UPON REQUEST.

