

# **Community College of Rhode Island**



## **Sports Medicine Department Emergency Action Plan**

## **Introduction**

Emergency situations may occur at any time during athletic events. Rapid action must be taken to deliver high quality health care to the sport participant whether it be a student athlete, coach, official or spectator. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary. This is to ensure appropriate standards of health care are provided to all sports participants. Athletic injuries can occur at any time during the event and the Sports Medicine Staff must be prepared. This preparation involves creation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies and utilization of appropriate emergency medical personnel. 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 Staff will enable each emergency situation to be managed appropriately. (Korey Stringer Institute)

### **Components of an Emergency Action Plan**

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

### **Emergency Personnel**

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

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic directors, coaches, athletic trainers]. **All coaches are required to have CPR & AED certifications.**

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

The four basic roles within the emergency team are:

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

### **Activating Emergency Medical Services**

1. Call 9-1-1
2. Call CCRI Security on cell phone (Warwick- (401)- 825-2109, Lincoln- (401)- 333-7035)
3. Provide information
  - Name, address, telephone number of caller
  - Nature of the emergency (medical or non-medical)\*
  - Number of athletes
  - Condition of athlete(s)
  - First aid/treatment initiated by first responded
  - Specific directions as needed to locate the emergency scene
  - Other information requested by the dispatcher
  - DO NOT HANG UP FIRST

### **Emergency Communication**

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

### **Medical Emergency Transportation**

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

### **Non-Medical Emergencies**

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

### **Post EAP Activation Procedures:**

#### *Documentation*

Documentation must be done by ATC (or other provider) immediately following activation of the EAP. An injury report form must be filled out.

#### *Debriefing*

A team comprising of the Assistant Athletic Trainer(s), Head Athletic Trainer, Athletic Director, coaches, nurse and one or two other school district employees not involved with the situations must discuss the event within 48 hours. This team must evaluate the effectiveness of the EAP and conduct a staff debriefing. A specific timeline for changes to EAP should be made for promptness.

### **Conclusion**

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

## FLANAGAN CAMPUS

Address: 1762 Old Louisquisset Pike, Lincoln, RI 02865

### Emergency Plan: Soccer Venue

#### 1. Activate the EAP:

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

#### 2. Emergency Personnel:

Community College of Rhode Island Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

#### 3. Emergency Procedures:

- 1) Check the scene
  - a) Is it safe for you to help?
  - b) What happened?
  - c) How many victims are there?
  - d) Can bystanders help?
- 2) Instruct coach or bystander to call 911  
-Provide the following information
  - a) Who you are
  - b) General information about the injury or situation
  - c) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*).
  - d) Any additional information
  - e) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 3) Perform emergency CPR/First Aid
  - a) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
  - b) If athletic trainer is present he/she will stay with athlete and provide immediate care.
  - c) If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
  - d) **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd
- 5) Contact the Athletic Trainer for CCRI if not present on scene

- 6) Meet ambulance and direct to appropriate site
  - a) Open Appropriate Gates/Doors
  - b) Designate an individual to "flag down" and direct to scene
    - Enter field from the walkway next to the field
  - c) Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
  - a) Retrieve Necessary Supplies/Equipment
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief

## Emergency Plan: Gymnasium

### 1. Activate the EAP:

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

### 2. Emergency Personnel:

Community College of Rhode Island Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

### 3. Emergency Procedures:

- 1) Check the scene
  - e) Is it safe for you to help?
  - f) What happened?
  - g) How many victims are there?
  - h) Can bystanders help?
- 2) Instruct coach or bystander to call 911  
-Provide the following information
  - f) Who you are
  - g) General information about the injury or situation
  - h) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*).
  - i) Any additional information
  - j) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 3) Perform emergency CPR/First Aid
  - e) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
  - f) If athletic trainer is present he/she will stay with athlete and provide immediate care.
  - g) If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
  - h) **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd
- 5) Contact the Athletic Trainer for CCRI if not present on scene
- 6) Meet ambulance and direct to appropriate site

- a) Open Appropriate Gates/Doors
  - b) Designate an individual to "flag down" and direct to scene
    - Enter field house through front door
  - c) Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
- a) Retrieve Necessary Supplies/Equipment
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief



## KNIGHT CAMPUS

Address: 400 East Ave Warwick, RI 02886

### Emergency Plan: Vincent A. Cullen Field House

#### 1. Activate the EAP:

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

#### 2. Emergency Personnel:

Community College of Rhode Island Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

#### 3. Emergency Procedures:

- 1) Check the scene
  - i) Is it safe for you to help?
  - j) What happened?
  - k) How many victims are there?
  - l) Can bystanders help?
- 2) Instruct coach or bystander to call 911  
-Provide the following information
  - k) Who you are
  - l) General information about the injury or situation
  - m) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*).
  - n) Any additional information
  - o) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 3) Perform emergency CPR/First Aid
  - i) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
  - j) If athletic trainer is present he/she will stay with athlete and provide immediate care.
  - k) If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
  - l) **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd

- 5) Contact the Athletic Trainer for CCRI if not present on scene
- 6) Meet ambulance and direct to appropriate site
  - a) Open Appropriate Gates/Doors
  - b) Designate an individual to "flag down" and direct to scene
    - Enter fieldhouse through the overhead door on the side of the building
  - c) Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
  - a) Retrieve Necessary Supplies/Equipment
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief

## Emergency Plan: Whitie Fell Field - Baseball

### 1. Activate the EAP:

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

### 2. Emergency Personnel:

Community College of Rhode Island Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

### 3. Emergency Procedures:

- 1) Check the scene
  - m) Is it safe for you to help?
  - n) What happened?
  - o) How many victims are there?
  - p) Can bystanders help?
- 2) Instruct coach or bystander to call 911
  - Provide the following information
    - p) Who you are
    - q) General information about the injury or situation
    - r) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*).
    - s) Any additional information
    - t) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 3) Perform emergency CPR/First Aid
  - m) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
  - n) If athletic trainer is present he/she will stay with athlete and provide immediate care.
  - o) If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
  - p) **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd
- 5) Contact the Athletic Trainer for CCRI if not present on scene
- 6) Meet ambulance and direct to appropriate site

- a) Open Appropriate Gates/Doors
  - b) Designate an individual to "flag down" and direct to scene
    - Enter field through side gate
  - c) Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
- a) Retrieve Necessary Supplies/Equipment
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief

## Emergency Plan: Winslow Field – Softball

Address: 300 Airport Rd, Warwick, RI 02889

### 1. Activate the EAP:

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

### 2. Emergency Personnel:

Community College of Rhode Island Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

### 3. Emergency Procedures:

- 1) Check the scene
  - q) Is it safe for you to help?
  - r) What happened?
  - s) How many victims are there?
  - t) Can bystanders help?
- 2) Instruct coach or bystander to call 911  
-Provide the following information
  - u) Who you are
  - v) General information about the injury or situation
  - w) Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*).
  - x) Any additional information
  - y) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 3) Perform emergency CPR/First Aid
  - q) Check airway/breathing/circulation, level of consciousness, and severe bleeding.
  - r) If athletic trainer is present he/she will stay with athlete and provide immediate care.
  - s) If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
  - t) **Instruct coach or bystander to GET AED!!**
- 4) Designate coach or bystander to control crowd
- 5) Contact the Athletic Trainer for CCRI if not present on scene
- 6) Meet ambulance and direct to appropriate site
  - a) Open Appropriate Gates/Doors

- b) Designate an individual to "flag down" and direct to scene
  - c) Control injury site, limit care providers etc.
- 7) Assist ATC and/or EMS with care as directed
  - a) Retrieve Necessary Supplies/Equipment
- 8) An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
- 9) Document event and debrief

## **Injury/Illness Emergency Action Plans- Knight and Flanagan Campus**

### **Environmental Illness Emergency Plan:**

#### **Heat Illness**

Refer to the recommendations for heat illness management by the National Athletic Trainers' Association.

<http://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07>

#### **Cold Conditions**

Refer to the recommendations for environmental cold injury management by the National Athletic Trainers' Association.

[natajournals.org/doi/pdf/10.4085/1062-6050-43.6.640](http://natajournals.org/doi/pdf/10.4085/1062-6050-43.6.640)

#### **Lighting Safety**

Refer to the recommendations for lighting safety by the National Athletic Trainers' Association.

<http://natajournals.org/doi/pdf/10.4085/1062-6050-48.2.25>

### **Cervical Spine Emergency Plan**

Refer to the recommendations for cervical spine injuries and management by the National Athletic Trainers' Association.

### **Mental Health Emergency Plan**

Refer to the compliance plan for the Community College of Rhode Island on Suicide Prevention and Mental Health.

### **Concussion Protocol**

Each level should take 24 hours with the athlete (asymptomatic free) before moving to the next level in the progression. If any symptoms occur during the progression, the athlete should drop back to the previous level and try to complete that level after a 24 hour rest period.

1. No activity with complete physical and cognitive rest
2. Light aerobic exercise (less than 70% of maximum heart rate)
3. Sport specific exercise (drills specific to athletes sport)
4. Non-contact training drills (more intense sport drills with no contact from other players)
5. Full contact practice (following medical clearance)
6. Return to play (normal game play)

Ideally, the progression should take one week from asymptomatic rest to full competition.