

Emergency Plan for Sports Related Injuries



Barnard School

Barnard School

Fall, 2022

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Introduction

Purpose of the Plan

In 2021, the New Hampshire state legislature passed SB 148-FN, to supplement RSA 200:40, requiring emergency action plans for schools in the case of sports injuries or emergencies. In compliance with the new legislation, the South Hampton School Board adopted Policy JLCJA: Emergency Plan for Sports Related Injuries and Additional Protocols for Athletic Participation. Board policy stipulates the following:

Creation of Plan

No later than August 1, 2022, the Superintendent or his/her designee (in consultation with each building Principal, the Athletic Director, district athletic trainer [if applicable] and school nurse[s]) shall establish a "Sports Injury Emergency Action Plan" (at times referred to in this policy as the "Plan") for responding to serious or potentially life-threatening injuries sustained from sports or other school sponsored athletic activities. The Sports Injury Emergency Action Plan shall:

1. Document the proper procedures to be followed when a student sustains a serious injury or illness while participating in school sponsored sports or other athletic activity;
2. List the employees, team coaches, and licensed athletic trainers in each school who are trained in first aid or cardiopulmonary resuscitation;
3. Identify the employees, team coaches, or licensed athletic trainers responsible for carrying out the emergency action plan;
4. Identify the activity location, address, or venue for the purpose of directing emergency personnel;
5. Identify the equipment and supplies and location thereof needed to respond to the emergency;
6. Identify the location of any automated external defibrillators and personnel trained in the use of the automated external defibrillator; and
7. Document policies related to cooling for an exertional heat stroke victim consistent with guidelines established by the American College of Sports Medicine and the National Athletic Trainers' Association.

Dissemination of Sports Injury Emergency Action Plan

The Sports Injury Emergency Action Plan shall be posted within each school and disseminated to, and coordinated with, pertinent emergency medical services, fire department, and law enforcement.

Annual Review and Update

The Superintendent and/or designee shall assure that the Sports Injury Emergency Action Plan, and all procedures and protocols adopted pursuant to this policy are reviewed no less than annually and updated as necessary. Copies of the updated Plan and procedures should be provided to the Board no later than the start of each school year.

Inclusion of Sports Injury Emergency Action Plan with Emergency Response Plan

The Sports Injury Emergency Action Plan shall be included with each school's annual Emergency Response Plan (see Board policy EBCA).

Barnard School Athletic Emergency Plan

Barnard School is committed to providing a safe environment to students, staff, faculty and visitors.

The Athletic Department welcomes you to become a part of our athletic program. Listed below are all sports programs offered at Barnard School. Please note that start dates may vary for different sports and seasons.

Fall	Winter	Spring
Co-Ed Cross Country	Girls Basketball	Co-Ed Track
	Boys Basketball	
	Cheerleading	

Benefits And Risks Of Sport Participation

Benefits of Sport Participation

Academic, social, career, and physical benefits are the four major benefits of competing in sports. According to the Office of Disease Prevention and Health Promotion, “athletes have higher grade point averages, higher standardized test scores, better attendance, lower dropout rates, and a better chance of going to college;...students who played sports were less likely to have smoked cigarettes or used drugs and were more likely to disapprove of others using them; ...the leadership skills and development of teamwork, hard work, and determination might help prepare students to be leaders at work and in their communities later in life; and most importantly lower rates of diabetes and high blood pressure, as well as improved cardiovascular and pulmonary function.”

Assumption of Risk

Student-athletes, coaches, and spectators knowingly accept the risk of injury and/or physical harm and/or property damage at practices and events. Per the Federal Rules of Civil Procedure, “Assumption of risk refers to a legal doctrine under which an individual is barred from recovering damages for an injury sustained when he or she voluntarily exposed him or herself to a known danger.”

Athletic Health Care Team

Barnard School Director of Athletics: Thomas Schwechheimer

Barnard School Nurses: Kira Hayes¹

Principal: Michelle Witt

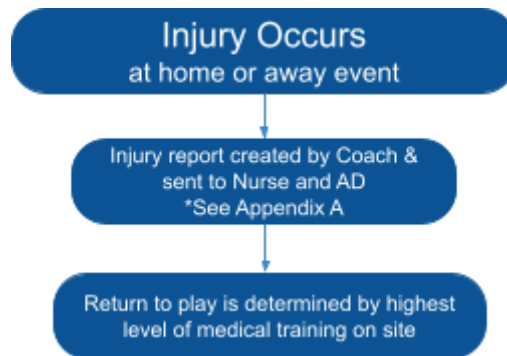
Administrative Assistant: Becky Ford¹

¹ CPR and First Aid Certified

Health Care Team Role Delineation

- Coaches: Responsible for initial first aid and evaluation of injuries and the level of care required. Subsequent reporting to the remainder of the Health Care Team and parents/guardians.
- Health Office: The nursing staff is responsible for administering first aid care, following-up with submitted injury reports, keeping contact open with parents/guardians, and keeping a thorough record of physical examinations. The health office is the first point of contact for student-athletes during the school day.
- Athletic Director: Responsible for the coordination of sporting events, approving eligibility for student-athletes, and handling any athletic issues that may arise throughout the school year.

Emergency Action Flow Chart



Emergency Action Plan (EAP)

Emergency Team Roles (School Administration, Coaches):

1. Acute care provided by the most qualified individual at the scene
2. Emergency equipment retrieval
3. Activation of EMS
4. Meet and direct EMS to the scene (unlock all doors and gates)
5. Head Coaches must make sure there is at least one cell phone accessible at all times. Coaches must also have a two-way radio accessible for all practices and home games.

Emergency Phone Numbers

1. Emergency: 911
2. Principal: 603-394-7744
3. South Hampton Fire/Ambulance: 603-394-0105
4. Rockingham Dispatch/South Hampton Police: 603- 679-2225
5. Athletic Director: 603-394-7744

Additional emergency numbers, including personal cell phone numbers, are distributed to coaching staff annually

Emergency Care of an Athlete

- A. Head coach(es) is present at game or practice
 - a. The coach will respond to the athlete and provide immediate life sustaining care
 - b. Emergency equipment is retrieved by coach or designated athlete

- c. The Head Coach or a designated player will attempt to reach Administration via two-way radio.
 - d. Administration will contact EMS
 - i. If an Administrator is not present nor at Barnard School, a responsible adult will activate EMS
 - e. Information provided to EMS
 - i. Name and phone number of caller
 - ii. Name, age, condition and number of athlete(s) in need of help
 - iii. Treatment given
 - iv. Specific directions to the scene of the injury
 - v. Any other information requested by the dispatcher
 - f. Coordinate EMS arrival
 - i. The Administrator will be responsible for meeting and directing EMS to the site of emergency and will provide direct access. This includes traffic coordination, and opening locked gates or doors.
- B. Immediately following the activation of EMS, Administration or coach will contact the athlete's parents using the phone number(s) provided on their emergency card.
 - C. After the arrival of EMS, care of the injured athlete will be turned over to the qualified persons. At which time the coach or immediate care provider will inform EMS the details involved with the injury/incident.
 - D. A parent/guardian or a member of the coaching staff should accompany the injured athlete(s) to the hospital.
 - E. The athlete's emergency card should be sent with them to the hospital.

Medical Equipment Needs for Coaches

- First Aid Kit - stocked regularly by Nurse
- Athlete Emergency Cards

AED Locations Barnard School

- Entrance to gym
- Outside nurse's office

Local Hospitals and Clinics

- Exeter Hospital
- Anna Jaques Hospital
- Portsmouth Hospital

Practice and Competition Fields/ Facilities

All outdoor sports practice on the fields behind the school building. Indoor sports teams practice in the gymnasium. All outdoor meets are scheduled at other school facilities. All basketball games take place in our gymnasium.

Illness Prevention Strategies

Pre-Participation Physical Examinations

South Hampton School District Physical Examinations Of Students Policy: Students must present evidence of a physical exam from his or her own physician to be eligible for athletics for that school year. This must be done prior to playing or practicing a sport at Barnard School. The exam may be valid for 12 months. Any injured students excused from athletic practice for two or more days while under a physician's care must provide written authorization from a physician to the school nurse to resume practice.

Prior to the start of each season, the School Nurse will send out notifications to those who need an updated physical examination.

NFHS Guidelines

The National Federation of State High School Association states that “Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition. These conditions include skin infections that occur due to skin contact with competitors and equipment. The transmission of infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases such as Influenza can often be greatly reduced through proper hygiene.”

Barnard School encourages adherence to the guidelines outlined below to ensure that our athletes care for themselves and their teammates' overall health.

Universal Hygiene Protocol for All Sports:

- Shower immediately after every competition and practice.
- Wash all workout clothing after each practice.
- Wash personal gear (knee pads and braces) weekly.
- Do not share towels or personal hygiene products (razors) with others.
- Refrain from full body (chest, arms, abdomen) cosmetic shaving.

Infectious Skin Diseases

Strategies for reducing the potential exposure to these infectious agents include:

- Athletes shall be required to notify a parent or guardian, and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional should evaluate any skin lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection.
- Coaches, officials, and appropriate health-care professionals must follow NFHS or state/local guidelines on “time until return to competition.”

Participation with a covered lesion may be considered if in accordance with NFHS, state or local guidelines and the lesion is no longer contagious.

Blood-borne Infectious Diseases

Strategies for reducing the potential exposure to these agents include following Universal Precautions such as:

- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.
- Coaches or other caregivers need to wear gloves and take other precautions to prevent blood or body fluid-splash from contaminating themselves or others.
- In the event of a blood or body fluid-splash, immediately wash contaminated skin or mucous membranes with soap and water.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves when cleaning.

- Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.

Other Communicable Diseases

Means of reducing the potential exposure to these agents include: Appropriate vaccination of athletes, coaches and staff as recommended by the Centers for Disease Control (CDC). During times of outbreak, follow the guidelines set forth by the CDC as well as State and local Health Departments. For more detailed information, refer to the "Infectious Disease and Blood-borne Pathogens" and "Skin Disorders" sections contained in the NFHS Sports Medicine Handbook.

Environmental Conditions

Lightning/Thunder

According to the New Hampshire Sports Medicine By-Law Sect. 10 per NHIAA, "Lightning is the most consistent and significant weather hazard that may affect outdoor activities...The existence of blue sky and the absence of rain are not protection from lightning. See it, flee it. Hear it, clear it." In the event of impending weather, the following safety precautions shall be followed.

- All athletic department staff and game personnel are to monitor threatening weather. Administration, Athletic Director and coaches will monitor via the WeatherBug Spark Lightning application. This provides real time radar and alerts to active lightning strikes in the area.
- If lightning is detected within a 10 mile radius, coaches will be notified of impending weather.
- The school building is our designated safe zone. In the event that an individual can not reach the school in time, they are to seek shelter in a nearby vehicle.
- Do not lie down. Do not stay in an open field. Do not stay in a standing pool of water or under a single tall tree.
- Officials and coaches must wait 30 minutes after the last observed lightning or thunder boom before being able to resume activity. A timer will be utilized by the coaches, Administration, Athletic Director, or Officials, who will in turn notify coaches about resuming activity.
- The Athletic Director or Administration has final say over the determination of game/practice play regarding weather conditions.

Heat

According to the NHIAA Sports Medicine By-Law Sect. 10, knowing both the temperature and humidity is important. The greater the humidity, the more difficult it is for the body to cool itself. Barnard School's Athletic Director, Administration, or coaches will utilize the NHIAA chart that involves knowing the temperature and relative humidity. The chart, below, describes what humidity levels are dangerous and critical based on the concurrent temperature.

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. <u>For Football:</u> players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. <u>For Football:</u> No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

**Excerpt from the NHIAA Policy and Procedures manuals, 2021.*

Treatment of Exertional Heat Illnesses

Per the NATA, the goal for any exertional heat stroke victim is to lower core body temperature to less than 102.5°F within 30 minutes of collapse. Cold water immersion is the most effective way to treat a patient with exertional heat stroke. The water should be 35-59°F and continuously stirred to maximize cooling. An athlete suffering from exertional heat stroke should always be cooled first (via cold water immersion) before being transported by EMS to an emergency facility. An athlete recovering from exertional heat stroke should be closely monitored by a physician or athletic trainer and return to gradual activity.

If immersion is not possible (no tub or no water supply), take the athlete to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible. Maintain airway, breathing and circulation. After cooling has been initiated, activate EMS by calling 911.

Heat Acclimatization

Heat acclimatization is a gradual increase in an athlete’s exposure to the duration and intensity of physical activity in the heat and is necessary to minimize the risk of exertional heat-illness.

Snow/Cold

To prevent cold related injuries, such as frostbite, hypothermia, chilblain, and trench foot, the Athletic Director, Administration and/or coaches will make decisions about practice and game participation due to cold, wet, and

windy temperatures. They will access the temperature and wind chill through the Weather channel and/or WeatherBug applications. They will also check for wind chill advisories, wind chill warnings, and wind chill factor, which will be factored into the “real feel” temperature chart seen below. In the event of school closure, practice/game times are canceled as well.

From the NHIAA:

Cold Weather Policy: If the temperature is below -4 degrees F, for cross country, a competition will be modified, postponed or canceled by the Jury. With difficult weather conditions (e.g., strong wind, high air humidity, heavy snowfall, or high temperature) the Jury may, in consultation with the coaches of the participating teams, modify, postpone or cancel the competition.

Injury Intervention

The coach is the first point of contact when an injury occurs. When an injury is reported or witnessed, the coach will evaluate the athlete, and document via injury report. If the parent/guardian is not present during the time of injury, they will be promptly notified. In the event that the athlete needs further medical attention, they must provide documentation from a physician before beginning return to play protocol. All coaches are required to report any injuries to the Administration and the school nurse, and to fill out an [Athletic Injury Report](#).

Concussion

Per Policy JLCJ, the following concussion protocols are in place. A concussion is an alteration in the brain and mental function that results from a traumatic head injury. Sign and symptoms of a concussion may include but are not limited to:

Headache, Noise Sensitivity, Fatigue, Difficulty Concentrating, Behavioral Changes, Anxiety, Difficulty Breathing, Dizziness, Nausea/Vomiting, Loss of Consciousness, Delayed Reaction Time, Irritability, Drowsiness, Sleeping longer than usual, Light-Sensitivity, Vision Abnormalities, Memory Loss, Altered Attention Span, Depression, Insomnia, Sleeping less than usual.

Concussion in sport can be a very serious injury and often requires a longer healing time.

At Barnard School, in the event that a student-athlete is suspected to have sustained a concussion or head injury, the coach will immediately remove the athlete from all physical activity. If the school nurse is not available, the coach will evaluate the athlete for any signs or symptoms of a concussion. The [Concussion Recognition Tool 5 \(CRT5\)](#) is utilized to assist non-medically trained individuals to recognize the signs and symptoms of possible sport-related concussion and provides guidance for removing an athlete from play/sport and to seek medical attention, it does not diagnose a concussion. If a concussion is suspected, the student-athlete will not return to play, the parent/guardian will be notified and provided with educational material on concussion protocol.

A student-athlete who has been removed from play shall not return to play on the same day, nor until:

- (a) a Return to Learning Plan has been established consistent with paragraph A.3 of Policy JLCJ,
- (b) he/she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider stating the student athlete is symptom free and may return to play, and
- (c) the student-athlete’s parent/guardian provides written permission for the student athlete to return to play.

The District shall limit a student-athlete's participation as determined by the student's treating health care provider, unless, based upon the judgment of the coach or school nurse, greater limitations are appropriate.

If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the coach must immediately remove the student-athlete from play. Depending on previous instructions, the athlete may need to be reevaluated by the healthcare provider or may have to return to the previous step of the return-to-activity program.

Stage	Aim	Activity	Goal of Each Step
1	Symptom-limited activity Light aerobic exercise	Daily activities that do not provoke symptoms. Walking or stationary cycling at a slow to medium pace. No resistance.	Gradual reintroduction of work/school activities. Light cardio activity.
2	Moderate aerobic exercise	Stationary cycling or jogging at a moderate pace, increased heart rate.	Increase heart rate to controlled limit.
3	Sport-Specific exercise	Cycling at a pace to increase heart rate. Running or skating drills. No head impact activities.	Add movement. Increase heart rate.
4	Non-contact training drills	Harder training drills, may begin resistance training. No scrimmaging.	Exercise coordination and increased thinking.
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	Have fun.

Counseling/Education

Athletes, parents, and coaches are encouraged to reach out to the school nurse in regards to nutrition and mental health. Coaches are strongly encouraged to reach out to the school nurse if they would like to stage a discussion with their team regarding proper nutrition or mental health.

In the event that anyone sees, hears, or witnesses someone struggling with their overall health and nutrition, individuals are encouraged to reach out to the school's Health Office, or school administration. All information is kept confidential, unless deemed life threatening or dangerous to oneself or others.

The National Federation of High School Sports also offers courses and handouts for parents on both of these topics. Please go to <http://www.nhcaa.org/sports-medicine> for more information.

Closing

Barnard School views education-based athletics as an extension of the learning experience for student-athletes. The safety and well-being of our students, coaches, and community members is paramount at all our events.

We continue to work in conjunction with Administration, nursing staff, Athletic Director, the NHIAA, and local authorities to create safe and rewarding experiences for student-athletes.

The work to ensure the safety of our athletes is ongoing. As such, with the implementation of the Barnard School EAP emergency drills will be formulated and implemented regularly to help coaches, school personnel, and students be prepared in the case of emergencies. The drills will cover the steps to be taken and the roles needed in an emergency situation.

Appendices

[Athletic Injury Report](#)

[Concussion Recognition Tool 5](#)

[Pre-Participation Physical Exam Form](#)