Bristol Public Schools

Athletic Department

Emergency Action Plan

Revised July 2025

Bristol Athletic Department
Emergency Action Plan

Introduction
The Bristol Athletic Department Emergency Action Plan provides coaches and athletic personnel with the information they need to react appropriately and efficiently when faced with a serious injury. Understanding that a serious injury can occur at any time, it is imperative that all individuals involved with our athletic programs are well versed in the protocol and procedures of dealing with an emergency. This plan explains the process along with specific instructions on how to deal with an emergency situation at all Bristol Public Schools athletic venues.

The health and well-being of the scholar-athletes depends on the expedient action of those in charge. All staff that work with scholars will be required to familiarize themselves with this plan by taking part in offered training sessions.

Components of the Emergency Plan
Every emergency action plan consists of the following three components:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment

Emergency Personnel
Typically, the first responder to an injury is a certified athletic trainer. In his/her absence, the coach in charge assumes first responder responsibilities. For that reason, all members of the Bristol coaching staff will be educated on the emergency action plan and will be expected to review the EAP annually to understand what procedures should be followed. Athletic personnel may play a valuable role in providing accurate information and support. First responders will yield to the more qualified responders: police, EMT's, fire fighters, but shall not leave the athlete or scene until instructed to do so.

Athletic Personnel Responsibilities

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

Emergency Communication
In any emergency situation, communication will play a key role in obtaining appropriate care for the athlete in a prompt manner. With the prevalence of cell phones, knowing the whereabouts of the nearest working landline may not seem important, but it is essential. Coaches will familiarize themselves with the location of a landline in addition to having knowledge of the whereabouts of a charged, available cell phone at all venues (home and away).

Emergency contact information of all members of the team will be kept with the coach at all times. In the event of an emergency, this information should be reviewed, kept nearby, and turned over to emergency medical personnel upon arrival. This form will go to the hospital with the athlete.

Activating the EMS System
Making the Call:
911- Give accurate details and location, place spotters to direct EMS, stay on line.

Providing Information

- Name, address, telephone number of caller
- Nature of emergency, whether medical or non-medical
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by ATC/Physician/Coach
- Specific directions as needed to locate emergency
- Other information as requested by dispatcher

Emergency Equipment

Each season the Athletic Coordinator will provide to each team (one per level) a medical kit that includes the supplies needed for basic first aid. Coaches are expected to have this kit with them on site at every practice and game. Kits are to be easily accessible by any member of the coaching staff. It is the responsibility of the coaching staff to ensure the kit stays stocked. When supplies are low, the kit should be left with the athletic trainer and/or athletic coordinator to be filled. All efforts should be made to keep students from accessing the supplies in the medical kit so a better inventory can be kept.

In the event the athletic trainer is not present, emergency medical services should be contacted and coaches should rely on the equipment they have on hand.

All coaches have received training in Basic First Aid and CPR/AED as a condition of employment. Members of the coaching staff should also be aware of the location of the AED's on site. AED's can be found attached to the wall in proximity to each school's main office. The athletic trainer has an AED with him/her at all times.

Process

All coaches, including volunteer coaches, will review this EAP annually at the pre-season coaches meetings. Thereafter, coaches will review the emergency action plan with their staff and scholar- athletes, providing practice drills each season. Department staff are available to oversee practice drills.

Protocols established within this document will be reviewed annually by members of the Athletic Department, the certified athletic trainer, and the Director of School Security. Additionally, any serious injury or critical incident will be discussed thoroughly and all action taken reviewed by the District Crisis Team.

Conclusion

Understanding emergency situations may arise at any time during athletic practices and games, pre-planning will go a long way in getting you through a stressful situation. The timely response of those in charge could affect the outcome of the emergency. Being effective in communicating and dealing with the situation is a necessary requirement of the position

Using detailed preparation in order to understand and implement the Emergency Action Plan, we ensure the student athletes under our supervision will be provided the best care when an emergency presents itself.

Cera Galluzzo
Director of Athletics
Bristol Public Schools

Contacts & Important Numbers

CONTACT	TITLE	PHONE NUMBERS
Cera Galluzzo	Director of Athletics	860-584-7041 - Office
		860-378-4559 - Cell
TBD	Team Physician	860-582-6603 - Office
		860-620-3595 - Cell
Iris White	Superintendent of Schools	860-584-7002 - Office
		860-378-5144 - Cell
Mary Hawk	Deputy Superintendent of Schools	860-584-7006 - Office
		860-937-4193 - Cell
Stephen Cabelus	Director of School Security	860-584-7085 - Office
		860-329-2286 - Cell
Catherine Volpe, ATC	Athletic Trainer, BCHS	860-589-1881 - Office
	Select Physical Therapy	860-384-4916 - Cell
Briana Montoyo, ATC	Athletic Trainer, BEHS	860-589-1881 - Office
	Select Physical Therapy	570-801-8259 - Cell
Peter Wininger	Principal, BCHS	860-584-7735 x611150 - Office
		860-329-9293 - Cell
Ryan Broderick	Assistant Principal, BCHS	860-584-7735 x611151 - Office
		860-329-9312 - Cell
Geoff Sinatro	Assistant Principal, BCHS	860-584-7735 x611152 - Office
		860-416-3022 - Cell
David Greenleaf	Athletic Coordinator, BCHS	860-584-7735 x611135 - Office
		860-919-2783 - Cell
Richard Brown	Faculty Manager, BCHS	860-584-7735 x611135 - Office
		860-986-9010 - Cell
Cheryl Woodward	School Nurse, BCHS	860-584-7735 x611133 - Office
Mike Nadeau	School Resource Officer, BCHS	860-584-7735 x611154 - Office
		860-248-6266 - Cell
Michael Higgins	Principal, BEHS	860-584-7876 x621715 - Office
		860-329-9751 - Cell
Melanie Vetrano	Assistant Principal, BEHS	860-584-7876 x621730 - Office
		860-378-4719 - Cell
Scott Redman	Assistant Principal, BEHS	860-584-7876 x621726 - Office
		860-384-8376 - Cell
Briana Montoyo	Athletic Coordinator, BEHS	860-584-7876 x621146 - Office
		570-801-8259 - Cell
TBD	Faculty Manager, BEHS	860-584-7876 x621146 - Office
		203-980-1830 - Cell
Sue-Ellen Repeta	School Nurse, BEHS	860-584-7876 x621196 - Office

Nick Travisano	School Resource Officer, BEHS	860-584-7876 x621248 - Office
Mariliz Fiztpatrick	Principal, CHMS	860-584-3881 x514835 - Office
		860-329-7693 - Cell
Amy Bastiaanse	Assistant Principal, CHMS	860-584-3881 x514834 - Office
		860-919-3756 - Cell
Steven Tierinni	Dean of Students, CHMS	860-584-3881 x513880 - Office
		860-863-7490 - Cell
Katie Pepe	Athletic Coordinator, CHMS	860-584-3881 x511608 - Office
		860-997-4519 - Cell
Nicole D'Amato	School Nurse, CHMS	860-584-3881 x513206 - Office
Scott Gaudet	Principal, GHMS	860-584-7822 x501109 - Office
		860-329-6554 - Cell
TBD	Assistant Principal, GHMS	860-584-7822 x501111 - Office
		860-378-9109 - Cell
Erika Coleman	Dean of Students, GHMS	860-584-7822 x501112 - Office
		860-329-1065 - Cell
Kevin Komanetsky	Athletic Coordinator, GHMS	860-538-9494 - Cell
Marie Martone	School Nurse, GHMS	860-584-7822 x501163 - Office
Dan Sonstrom	Principal, NEMS	860-584-7839 x521053 - Office
		860-329-9304 - Cell
Michelle Cantin	Dean of Students, NEMS	860-584-7839 x521054 - Office
Jeremy Sloate	Athletic Coordinator, NEMS	860-584-7839 x521059 - Office
		860-416-1592 - Cell
Michelle LeVasseur	Principal, West Bristol	860-584-7815 x201463 - Office
		860-378-7681 - Cell
Matthew Madruga	Assistant Principal, West Bristol	860-584-7815 x201462 - Office
		860-329-9302 - Cell
Alissa Keane	Dean of Students, West Bristol	860-584-7815 x201461 - Office
		860-877-6741 - Cell
Nadir Samih	Athletic Coordinator, West Bristol	860-584-7815 - Office
		203-917-1155 - Cell
Isabella Castrogiovanni	School Nurse, West Bristol	860-584-7815 - Office
Pete Fusco	Director of Facilities	860-584-7097 - Office
		860-302-0824 - Cell
Andy Ingvertson	Head Custodian BCHS-BEHS	860-302-5389 - Cell

CONTACT	**PHONE NUMBERS**
Emergency: Ambulance, Police, Fire	911
Poison Control	1-800-222-1222
Bristol Police Department	860-584-3011
Bristol Fire Department	860-584-7964
Ambulance - Cathy Jacobs	860-585-3679 - Office
Ambulance Supervisor	860-761-4922
Bristol Hospital	860-585-3000

First Student Bus Company	860-584-2225 - Office 860-637-7157 - Cell
Peter Fusco - Director of Fac	
Bristol Park Department	860-584-6160
Malone Aquatic Center	860-584-3837
Chippanee Country Club	860-589-5645 - Office 860-585-7931 - Pro Shop
Pequabuck Country Club	860-583-9961 - Office
Musco Lighting	1-877-347-3319
Bristol Press	860-584-0501
Hartford Courant	860-525-5555
CIAC	860-250-1111

Bristol School and Facility Addresses
Bristol Central High School - 480 Wolcott St.

Bristol Eastern High School - 632 King St.

Bristol Arts and Innovation Magnet School - 70 Memorial Boulevard

Chippens Hill Middle School - 551 Peacedale St.

Greene Hills School - 718 Pine St.

Northeast Middle School - 530 Stevens St.

West Bristol - 500 Clark Ave.

Southside School - 21 Tuttle Rd.

Offsite Facilities
Casey Field - 130 Middle St.

Chippanee Country Club - 6 Marsh Rd.

Dennis Malone Aquatic Center - 325 Mix St.

Muzzy Field - 2 Muzzy St.

Page Park - 651 King St.

Pequabuck Golf Club - 56 School St. Terryville Ct

Rockwell Park - 238 Jacops St.

Wilson Field - King St.

Sports Played Outdoors
Turf Fields/Track/ All Grass Fields/Tennis Courts

Emergency Action Plan for serious injury

A serious injury is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

Actions:
1) The ATC/Coach will activate the emergency system- call 911 (see below)

2) The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
3) The ATC/Coach will direct assigned coaches and student-athletes to direct EMS/Police to the location of injured athletes and get an AED if needed and available.
4) Briana Montoyo (ATC) 570-801-8259, Kate Volpe 860-384-4916 & Cera Galluzzo (AD) 860-378-4559, if not on site.
5) Coach in charge will present an Emergency Medical Form for injured athletes to EMS personnel.
6) Coach in charge will initiate contact with the parent/guardian (if not present), give them the name of the hospital athlete will be transported to (access Emergency Medical Form).
7) If a parent/guardian is not present, the coach in charge will assign an assistant coach to travel with the athlete to the hospital. If the coach is alone, he/she must stay with the remainder of the team.
8) After the incident has been resolved, an Accident Report and Unusual Incident Report must be completed by the ATC/Coach/Coach in charge who witnessed injury.

Activating the EMS System - Making 911
Call

- Designate responsible adult or scholar athlete to call 911
- 911- Give accurate details and location, place spotters to direct EMS, stay on line.
- Provide the following information:
- Name and telephone number of caller
- Location – name and address of facility – see list in this handbook
- Nature of emergency
- Number of athletes/people involved
- Condition of athlete(s)
- First aid treatment initiated by ATC/Coach/Physician

Lightening/Severe Weather

Key Weather Terms:

- Watch: Threatening weather is likely. Remain alert and be prepared to implement an action plan.
- Warning: Severe weather is occurring or has been indicated. Take immediate action

Actions:

- AD/ATC/Coach should check weather forecast 2 hours before the event for a weather "watch" or warning
- If possible designate an individual to monitor weather activity during a contest. Utilize a cell phone weather app if available.
- When Flash to Bang (F-B) is less than 30 seconds or lightning is reported within 5 miles all individuals involved with the event should seek shelter in an area of refuge such as the school, another building, or the school bus if playing a game away from a building
- Wait 30 minutes following the last sound of thunder or lightning flash or lightning is outside 5 mile range prior to resuming an activity or returning outdoors.

Emergency Action Plan for Serious Injury occurring within the Building

A serious injury is defined as any condition whereby an athlete's life may be in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to: serious bleeding, fractures, head injuries, neck injuries, spinal injuries, heat stress and cardiac arrest.

Actions:

1) The ATC/Coach will activate the emergency system- call 911 (see box below)
2) The ATC/Coach will remain with the athlete to administer CPR/First Aid as needed and will keep the athlete motionless (if applicable) until emergency medical personnel arrive.
3) The ATC/Coach will will direct assigned coaches & student-athletes to go to the entrance by the gymnasium to direct EMS/Police to the location of injured athletes and get an AED.
4) Briana Montoyo (ATC) 570-801-8259, Kate Volpe 860-384-4916 & Cera Galluzzo (AD) 860-378-4559, if not on site.
5) Coach in charge will present an Emergency Medical Form for injured athletes to EMS personnel.
6) Coach in charge will initiate contact with the parent/guardian (if not present), give them the name of the hospital athlete will be transported to (access Emergency Medical Form).
7) Only release an injured student to the EMT or their parents. Once a student is being transported, a coach will stay with the team until they are dismissed to go home and they all have left. If there is a second coach at the scene, a coach will stay with the team. If the parents are not available, a coach will accompany the athlete to the hospital – either in an ambulance or follow by car. If the coach is alone, he/she must stay with the remainder of the team.
8) After the incident has been resolved, an Accident Report and Unusual Incident Report must be completed by the coach in ATC/Coach/Coach in charge who witnessed the injury.

Activating the EMS System

Making the Call:

Designate responsible adult or student athlete to call 911

911- Give accurate details and location, place spotters to direct EMS, stay on line.

Providing Information:

- Name
- Telephone number of caller
- Location

- Nature of emergency
- Number of athletes/people involved
- Condition of athlete(s)
- First aid treatment initiated by ATC/Physician/Coach

Swimming & Diving - Dennis Malone Aquatics Center - 325 Mix St.
Pool Safety Plan: BPRYCS Dennis Malone Aquatics Center Pool Safety Plan

In accordance with the State of Connecticut Public Act No. 13-161, the following guidelines will be adhered to by all Bristol Public Schools Athletics staff in order to comply with the safety regulations set forth by the Senate and House of Representatives of the State of Connecticut regarding pool safety.

In order for any student to participate in an interscholastic athletic activity that makes use of the Dennis Malone Aquatics Center - the following regulations in conjunction with the *Dennis Malone Aquatic Center Pool Safety Plan* will be followed:

1) At no time will any student be allowed in the pool or on the pool deck without a qualified swimming coach and qualified lifeguard supervising the pool area.
2) At no time will a student be allowed in the pool if only one qualified swimming coach, qualified educator, or qualified lifeguard is available.
3) At all times that students are using the swimming pool there will be a qualified swimming coach who is responsible for implementing the provisions of the school swimming pool safety plan and at least one qualified swimming coach and qualified lifeguard whose primary responsibility is to monitor the school swimming pool for swimmers who may be in distress and provide assistance to such swimmers when necessary.
4) Qualified lifeguards will be utilized as pool safety supervisors responsible for monitoring the swimming pool for swimmers who may be in distress and provide assistance to swimmers when necessary.
5) Coaches will have a medical kit available on the pool deck that has been provided by the Athletic Department.
6) All coaches will have their Emergency Action Plan guidelines available in their medical kit.

*AEDS are located in the lobby and on the pool deck of outdoor pools.

All Emergency Action Plan procedures will be reviewed before the season begins and practiced within the first two weeks of the season with the Athletic Trainer and the Supervisor of Athletics.

Injury Action Plan for dealing with Concussions
CONCUSSION MANAGEMENT AND RETURN TO PLAY REQUIREMENTS "WHEN IN DOUBT – SIT IT OUT"

*Public Act No. 10-62 requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred.

If you suspect that a player has a concussion…

1) Immediately remove the athlete from play and seek evaluation from the covering Certified Athletic Trainer (ATC).
2) If there is NO ATC present, observe the athlete for signs and symptoms of a concussion:

Signs Observed by Coach	Symptoms reported by athlete
· Player appears dazed and sometimes with vacant stare · General confusion · Athlete forgets plays · Player seems disoriented · Player seems overly emotional (laughing, crying) · Player demonstrates balance issues and difficulty standing or walking · Loss of Consciousness---CALL 911 · Changes in normal behavior/personality · Repetitive speech or delayed speech · Vomiting by athlete	· Headache · Nausea · Balance Problems or dizziness · Double/blurred vision · Sensitivity to light/noise · Feeling very fatigued · Feeling "foggy" . Concentration/memory problems · Irritability · Sadness · Feeling more emotional

*(based on the National Federation of High School Associations' Sports Medicine Handbook, Third Edition)

3) If any of the signs/symptoms listed above are reported/observed, the athlete is not to return to play. If unsure, keep the athlete out until he/she is evaluated by a medical professional. If an athlete loses consciousness, call 911 immediately.

4) Notify the athlete's parents/guardians of the possible concussion within 24 hours of the incident. Advise the athlete/parents to follow up with the athletic trainer the following day and to seek emergency medical attention should the condition worsen.

5)Notify the ATC about the injury and fill out an Accident Report documenting the injury. This will have to be given to the ATC the next day.

6) NO athlete is to return to play without being cleared by their doctor and then the ATC. A specific return to play protocol is required prior to return to unrestricted play.

Injury Action Plan for dealing with Asthma
Coaches should be aware and have a list of all athletes who have a history of asthma and exercise induced asthma.

All athletes with asthma who require the use of an inhaler should be instructed to carry their inhaler with them at ALL times or keep it in the med kit for the duration of the season.

Signs and Symptoms of Acute Flare-Ups:

- Wheezing or spastic coughing
- Complaints of chest tightness or discomfort
- Rapid heart rate
- Rapid/shallow breathing
- Tripod positioning (leaning over with hands on knees)
- Blue lips/fingernails: if SEVERE

In the event of an Acute Flare-up:

1) Immediately remove the athlete from play and place the athlete in a seated position, leaning forward slightly.
2) Keep the athlete calm.
3) Obtain the athlete's inhaler medication and give it to the athlete to self-administer. DO NOT HAVE ATHLETE USE ANOTHER ATHLETE'S INHALER. If the athlete does not have an inhaler with them then go to step 5.
4) Only help the athlete should he/she have difficulty with self-administration.

Proper Use of an Inhaler:

a. Remove cap and hold inhaler upright
b. Shake the inhaler
c. Instruct athlete to tilt head back slightly and exhale through the mouth
d. Instruct athlete to put mouth around the opening of the inhaler insuring a seal
e. Instruct the athlete to push down once on the inhaler while inhaling deeply
f. Instruct athlete to hold breath for about 10 seconds to get the medication down into the lungs
g. Dosage may be repeated only as directed by the athlete's physician

*(based on the National Federation of High School Associations' Sports Medicine Handbook, Third Edition)

5. Encourage the athlete to breathe "in through the nose, out through the mouth".
a. Instruct athlete to breathe in through the nose for a count of 2
b. Instruct athletes to then breathe out slowly through the mouth for a count of 4 concentrating on using the abdominal muscles to contract while exhaling.
6. Emergency Care is required if the following signs occur:
a. Athlete has increased breathing difficulty (hunched over, gasping for air, cessation of breathing)
b. Lips or fingernails turn blue or gray
7. Notify the athlete's parents should the athlete's condition not improve with inhaler administration or emergency care is needed. Encourage the athlete to follow up with the athletic trainer upon return to school following the incident.
8. Notify the ATC about the incident and fill out an Accident Report documenting the injury. This will have to be given to the ATC the next day.
9. NO athlete is to return to play without being cleared by their doctor (if emergency care required) and then the ATC.

Injury Action Plan for dealing with Anaphylactic Shock

Coaches should be aware and have a list of all athletes who have a history of allergies which require the use of an EPI-PEN.

All athletes with a severe allergy who require the use of an EPI-PEN should be instructed to carry their EPI-PEN with them at ALL times or keep it in the med kit for the duration of the season.

Signs and Symptoms of Anaphylactic Shock:

- Skin reactions including hives and itching, flushed or pale skin (almost always present with anaphylaxis)
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhea
- Dizziness or fainting

*(taken from "Anaphylaxis" from www.mayoclinic.com)

If you suspect an athlete is going into anaphylactic shock…

1) Obtain the athlete's prescribed EPI-PEN and give it to the athlete for self-administration. DO NOT ADMINISTER EPI-PEN FOR THE ATHLETE.
2) Notify the covering ATC of athlete's status
3) Call 911—Inform the dispatcher that you have an athlete going into anaphylactic shock.
4) Notify the athlete's parents of the incident. Follow the Emergency Action Plan specific to the activity location.
5) Notify the ATC about the incident and fill out an Accident Report documenting the injury. This will have to be given to the ATC the next day.
6) NO athlete is to return to play without being cleared by their doctor and then the AT,

Injury Action Plan for dealing with Heat Illness

Prevention of heat illness begins with aerobic conditioning, which provides partial acclimatization to the heat. Student athletes should be exposed to hot and/or humid environment conditions gradually over a week to achieve acclimatization.

In extreme temperatures and conditions all attempts should be made to practice at cooler times of the day.

Hydration should be maintained during training with multiple breaks an hour placed into the schedule.

Signs and Symptoms of Heat Illness: Heat Exhaustion

- Profound weakness
- Exhaustion
- Dizziness/fainting
- Muscle cramping

Treatment

- Rest in cool, shaded environment
- Fluids
- Student athletes should not be allowed to practice or compete for the remainder of that day

Heatstroke

- Very high body temperature
- Hot, dry skin, which indicates failure of the body to cool itself (sweating).
- Possible seizure or coma

Treatment

- Call 911 – Follow Emergency Action Plan for specific location
- Immediate cooling of body by removal of excess clothing
- Immersion in cold water
- Wetting the body and fanning vigorously

Protocol

1) Notify the athlete's parents of the incident.
2) Notify the ATC about the incident and fill out an Accident Report documenting the injury. This will have to be given to the ATC the next day.
3) NO athlete is to return to play without being cleared by their doctor and then the ATC.

Participation Requirement Prior to Each Season

1) Parents and students will electronically sign, through FamilyID, the following documents…

A. A current physical (within the last 13 months) (Must be submitted to the Nurse's Office)
B. Permission to Participate and Permission for Medical Treatment in the Event of an Emergency Form
C. Student and Parent Concussion Education and Consent Form
D. Sudden Cardiac Arrest Education Form
E. Exertional Heat Illness and Annual Review Form

F. Parent/Athlete Acknowledgement Form

2) The Athletic Director will assure that all coaches have completed the legal and required training and have obtained all certifying documents from every coach, including volunteer coaches, prior to any of their athlete's participation. (A list of certifications required of Connecticut coaches is in the CIAC Medical Handbook or can be acquired from the CIAC.)

3) The coaches will have access to emergency contact information and medical history (relevant to sports) through FamilyID. The coaches will keep this information on hand during all instances where they are engaged with their student/athletes. The coach will also keep water, med kit and supplies on hand at all team practices, contests and events.

4) The school district will allocate a budget sufficient to purchase needed athletic medical supplies recommended by the athletic trainer and approved by the athletic director.

5) The school district will designate personnel to make repairs and maintain athletic facilities up to safety standards. The school district will establish a line of communication for making safety repairs in a timely fashion.

6) Coaches will keep the medical kit stocked. Coaches will keep medical kits on hand at all instances where they are engaged with their student athletes.

7) The athletic trainer will keep an inventory of medical supplies and inform the athletic director of supplies that should be ordered before any supplies become exhausted.

8) The Athletic Director will review the Emergency Action Plan with all coaches prior to the start of the first practice of the season. Coaches will sign an electronic verification form upon completion of this training.

9) The Athletic Director will coordinate with the athletic trainer in inspecting all emergency equipment (defibrillators, cold water immersion tubs, spine boards etc.) and they will perform regular inspections of such equipment.

10) Coaches will regularly inspect their playing areas and team equipment. Coaches will inform the Athletic Director immediately if playing areas or equipment falls into disrepair.

11) Coaches will meet with their teams prior to the start of the first practice/try-out and go over the "General Guidelines for Students" as well as specific safety precautions for their sport.

12. The Athletic Director will follow the process in the CIAC Medical Handbook for "Medical Monthly To Do List" or revise the list to suit the specific situation in our school. The importance of a schedule of safety procedures is to have a systematic process for assuring that safety precautions are in place.

General Guidelines for Students

All Coaches should meet with their teams prior to the first day of try-outs/practice and review safety guidelines specific to the sport.

Coaches should go over the following general procedures:

1. Do not start practicing or playing until the coach is present
2. No horseplay of any kind, at any time (bus, locker room etc.).
3. Wear proper clothing and footwear.
4. Dress appropriately for the weather.
5. Tie hair back or wear a cap, keep your hair out of your eyes.
6. Follow all directions from the instructor/coach. The coach will specify safety techniques for the sport. Athletes are expected to follow safety techniques.
7. Drink water frequently. You are always allowed to get water during breaks. Drink water during the day prior to practices/contests. If your facility does not have a water fountain nearby, bring water from home.
8. Keep off equipment unless instructed to go on.
9. Tell the coach if something is wrong. If you feel dizzy, light headed, faint, have chest pains, are overheated or don't feel well for any reason: tell your coach.

10. In the case of an emergency, notify your coach immediately.
11. If you think someone else is in distress, ask them if they are OK and tell your coach.
12. Follow the coaches' instructions during emergency situations

Emergency Equipment Locations Emergency Equipment

• Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit, portable defibrillator will be carried continuously by the athletic trainer.

• First Aid Kit located with a coach for each team

1. AED
    a. Portable AED will be with the athletic trainer for all covered events
    b. An additional AED located outside the main office (maps located in each first aid kit, Athletic Trainer kit, and attached as appendices).
2. Nearest phone
    a. Athletic Trainer's personal cell phone when covering events
    b. Coaches' personal cell phones
    c. A phone is located in the athletic coordinator's office; Dial 8 then the number.
3. Ice machine is located in the athletic trainer's room
4. Cold-water immersion tub located in the storage area, near the turf field. The athletic trainer is responsible for bringing the cold-water immersion tub on warm days to a location that is quickly accessed during an emergency.
5. Rescue Inhaler
    a. Coaches are responsible for each student who brings an inhaler and is responsible for bringing the inhaler with them to all practices/games
    b. Inhaler must be left with a coach (labeled with the student's name) during practices and games (not left in personal bag)
    c. The athletic trainer may be given a backup inhaler by the parent or child to keep as a backup in the med kit.
    d. The student and parent are responsible for bringing the inhaler and replacing it before the expiration date
6. Epipen
    a. Coaches are responsible for each student who brings an epipen and is responsible for bringing their epipen with them to all practices/games
    b. Epipens must be left with the coach (labeled with the student's name) during practices and games (not left in personal bag)
    c. Athletic trainers may be given a backup Epipen by the parent or child to keep as a backup in the med kit. d. The student and parent are responsible for bringing the epipen and replacing it before the expiration date

7. Splints
    a. Splints are kept with the athletic trainer or in the athletic trainer's room.
8. Spine boards/Cervical Collar
    a. Will be provided by EMS upon arrival
9. Biohazard Materials
    a. Red bags – in each med kit and in the athletic trainer room.
    b. Disposal Bin – in the athletic trainer room
10. Pool
    a. Backboard, rescue tubes, rescue poles located on the walls in the pool

Staff Education

1) Each season, every coach will receive an electronic copy of the Emergency Action Plan (EAP) and will sign an electronic verification form upon completion of this training.
2) A copy of the relevant EAP will be in each medical kit which is to be kept with the coach at every practice/event.
3) The athletic trainer and the athletic director will be responsible for reviewing the EAP annually and rehearsing it prior to each sport season.
4) All coaches will be provided the opportunity to ask any and all questions. The athletic trainer will be responsible for ensuring a proper and adequate answer to all questions.

During An Emergency

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

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic director, school nurse, certified athletic trainer, all coaches, etc].

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.

Chain of Command During an Emergency During An Emergency

1. Any Medical Doctor on the scene
2. The Athletic Trainer
3. The EMT
4. School Nurse
5. Police officer or Firefighter
6. Lifeguards
7. The Coach
8. Custodial Staff
9. Other school staff and teachers trained in first aid or CPR
10. Other Persons trained in CPR or First Aid
11. Other bystanders (spectators, students, officials, bus drivers)

Activating the Emergency Action Plan (EAP)

1. The most medically qualified person, as identified in the “Chain of Command” will lead
2. Check the scene for safety. Establish if it is safe to help. If it is, begin immediate care. How many victims are there? Can bystanders help?
3. Is the athlete breathing? Conscious? Pulse? Any loss of consciousness? Spine injury? Dislocation, open fracture, displaced closed fracture? Is there any uncertainty?
4. Activate Emergency Medical Services. This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by anyone on the team.

5. If you need help, ask someone to call 911 – LOOK THE PERSON DIRECTLY IN EYES and make sure they make the call! Tell them to come back and inform you that the call has been placed.

A. Provide Name, location of injured, address, phone number, number of people injured, type of injury, treatment given.
B. STAY ON THE PHONE. BE THE LAST TO HANG UP.

6. Perform emergency CPR/First Aid
7. If severe bleeding – instruct a nearby individual to assist with bleeding control
8. Instruct coach, student or bystander to get the AED if needed.
10. Check airway/breathing/circulation, level of consciousness, and severe
9. Instruct a nearby individual to meet an ambulance to direct to the appropriate site. For example, send a reliable student out of the building to wait outside the entrance for the ambulance and direct the EMT where to go when they arrive.
10. Instruct a coach or officials to stop the practices or contest.
11. Get someone to open doors and/or gates to the facility
12. Instruct another coach or bystander to control crowd
13. Contact the Athletic Trainer if they are not on the scene
14. Meet and direct the ambulance
    a. Get someone to open doors and/or gates to the facility
    b. Designate someone to flag down the ambulance
14. Contact parents
15. Contact Athletic Director
16. Contact Principal/Asst. Principal
17. Only release an injured student to the EMT or their parents. Once a student is being transported, a coach will stay with the team until they are dismissed to go home and they all have left. If there is a second coach at the scene, a coach will stay with the team. If the parents are not available, a coach will accompany the athlete to the hospital – either in an ambulance or follow by car. If the coach is alone, he/she must stay with the remainder of the team.
18. Document the event according to the protocol outlined in this Emergency Action Plan

Medical Emergency Transportation

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

Cool First, Transport Later

In the case of heat related illness, the revised protocol is to cool the athlete first, then transport the individual later. Use the cold-water immersion tub filled with ice water to cool the athlete. If a cold-water immersion tub is not available use ice, water, wet towel or whatever is available to cool the athlete. When the EMT arrives they should make sure that the individual’s temperature has returned to normal prior to transporting them to the hospital.

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.

After An Emergency

1. If it is not possible to contact the nurse's office or an administrator during the emergency, the coach shall notify the nurse, the Athletic Director and a main office administrator as soon after the incident as possible.
2. The coach will contact the parents/guardians of the student involved to explain the circumstances.
3. In the event that the parents/guardians cannot be contacted, the coach should continually call, in a reasonably timely manner, until contact is made. Messages left on answering machines should only suggest the parent/guardian call the coach, athletic trainer or athletic director. ***No specifics regarding the illness or injury should be explained to an answering machine.***

Documentation
1. The Athletic Trainer (or other provider) and the coach must complete documentation immediately following activation of the EAP. Both an accident/injury report and unusual incident report form must be filled out. Submit both forms to the athletics office as soon as possible.
2. The athletic trainer should make a notation of the injury and keep it for their records.
3. The school nurse should note the injury and include it with the student's medical file.

Debriefing
A team composed of the Athletic Trainer, AD and coaches must discuss serious injuries (injuries that require the victim to go to the hospital) within 2 school days. This team must evaluate the effectiveness of the EAP. A specific timeline for changes to EAP should be made for promptness.