



Emergency Action Plan for Athletic Events

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Purpose

The purpose of this Emergency Action Plan (EAP) is to provide coaches, administrators, athletic trainers, and event personnel with procedures to prevent, recognize, and respond to emergencies (injuries, severe weather, etc.) during athletic practices and competitions.

Emergency Personnel

The designated individuals and their roles in an emergency are listed below. In the event that the athletic trainer is not present, the coach will assume the responsibilities of the athletic trainer.

- Athletic trainer (ATC) (or coach): Provides immediate medical care and stabilization for injured athlete(s).
- Coach/administrator: Activates the Emergency Medical System (EMS) by calling 911.
- Designated person: Retrieves necessary emergency equipment such as an AED or medical kit.
- Bystander (if available): Directs EMS personnel to the scene and ensures facility access is clear.
- Administrator/designated person: Notifies the athlete's parents/guardians and school administration.
- Team physician (if available): Provides advanced medical care and decision-making.
- Spectator(s) with medical expertise/training: Provides support as needed and able.

Emergency Communication

Clear and effective communication is essential for a timely and coordinated response.

- Primary communication: Cell phones are the primary mode of communication with everyone involved in the emergency.
- Phone numbers:
 - Great Plains Lutheran High School: 605-886-0672
 - EMS/police/fire: 911
 - Sanford Watertown Hospital: 605-882-7000
 - Police (non-emergency): 605-882-6210
 - Fire (non-emergency): 605-882-5030
 - Poison Control Center: 1-800-222-1222
 - Athletic Trainer DJ Lanke (ATC & EMT): 406-853-6950
 - Athletic Director Matt Bauer: 916-878-8757
- Communication with EMS:
 - Provide caller's name, location, and phone number.
 - Describe the emergency, athlete's condition, and care being given.
 - Give specific directions to the venue and safest access point.
 - Do not hang up until told to do so by the dispatcher.

Emergency Equipment

Having readily accessible and well-maintained emergency equipment is crucial. Location of medical emergency equipment:

- Automated External Defibrillator (AED):
 - At GPL: located in gym commons and down the hall in office commons
 - At home Varsity football games: located in EMS ambulance
- Spine board and immobilization devices: located in EMS ambulance if needed
- Airway management devices: located in EMS ambulance if needed
- First aid kit:
 - At GPL: located at team bench area, additional kits in laundry room, additional supplies in training room
 - At home Varsity football games: located at team bench area and EMS ambulance
- Maintenance: All equipment, especially AEDs, must be regularly inspected and maintained according to manufacturer instructions.
- Personnel are trained in the proper use of all equipment (NFHS Learn First Aid & Safety)

Emergency Medical Transportation

Fast and safe transportation is essential for injured athletes.

- On-site ambulance: If an EMS ambulance is present, ensure a designated location with rapid access and a clear route for entering/exiting the venue.
- Activating EMS ambulance for transportation:
 - When an EMS ambulance is not present, dial 911 for activation of emergency transport.
 - The designated person will meet the EMS ambulance at the designated entrance and guide them to the scene.

- Accompanying the athlete: An assistant coach or designated adult will accompany the athlete to the hospital if parents are unavailable.

Venue Directions and Maps

Providing clear directions to the venue and emergency access points is vital for EMS response.

- GPL address: 1200 Luther Ln NE, Watertown, SD 57201
- Allen Mitchell Athletic Complex address: 1013 3rd Ave. NE, Watertown, SD
- Specific directions: Provide clear and concise directions for EMS to access the venue, including any specific turns, road names, and meeting points.
- Venue maps: Visual maps with highlighted directions are located at the end of this EAP.

General Plan of Action During an Emergency

- Immediate care: The most medically qualified person present will lead the response, staying with the athlete and administering first aid as needed.
- Scene safety: Establish scene safety by removing spectators and other athletes from the injured individual.
- Assess athlete's condition: Check the athlete's breathing, level of consciousness, pulse, and for any signs of spine injury or severe bleeding.
- Activate EMS: If the athlete's condition requires advanced medical attention, activate the EMS immediately.
- Equipment retrieval: The designated person will retrieve necessary emergency equipment.
- Parent/guardian notification: Notify the athlete's parents/guardians as soon as possible. GPL head coaches are equipped with emergency contact information.
- Follow-up care: Ensure appropriate follow-up care is provided after the emergency situation has been addressed.
- File report: Fill out an Athletic Injury Report and share it with the Athletic Director.

Specific Procedures for Potential Injuries

- Suspected spine injury:
 - Do not move the athlete.
 - Stabilize the head and neck.
 - Assume a spine injury exists if the athlete is unconscious.
 - If applicable, remove face mask and helmet only if absolutely necessary for airway management and under supervision with proper training.
- Suspected concussion:
 - Remove the athlete from play immediately.
 - Seek evaluation from the athletic trainer or medical professional.
 - Do not return the athlete to play if concussion symptoms are present or if there is any uncertainty. "When in doubt, sit them out."
 - Notify parents/guardians and ATC within 24 hours.

Severe Weather

- Responsibility:
 - For outdoor practices, it is the head coach's responsibility to be aware of current and forecasted weather conditions and plan accordingly.
 - For outdoor competitions, it is the Athletic Director's responsibility to work with the game officials to determine the best way to proceed with the event.
- Severe weather WARNINGS: Until the warning is removed, outdoor practices need to be moved indoors, postponed, or cancelled.
- If severe weather approaches during an outdoor practice or competition, seek shelter immediately. This may be achieved indoors or in a ditch/low area. Do not seek shelter under a tree.
- Tornadoes: In the event of a tornado warning, seek shelter away from windows in the locker rooms, restrooms, or school hallway. Assume a safe posture by getting low to the ground and covering your head.
- Lightning: Once lightning is seen or thunder is heard, all outdoor activities should be suspended and athletes should take shelter. Play should not resume until 30 minutes after the last lightning flash or thunderclap.
- Heat:
 - Prevention:
 - Monitor weather conditions using the Wet Bulb Globe Temperature (WBGT) whenever available.
 - If WBGT is unavailable, monitor the Heat Index and environmental conditions.
 - Ensure athletes are properly acclimatized.
 - Encourage hydration before, during, and after activity.
 - Schedule frequent water breaks.
 - Modify practice intensity and duration as environmental conditions warrant.
 - Identify athletes at increased risk (illness, obesity, previous heat illness, certain medications, lack of acclimatization).
 - If possible, hold practice during a cooler time of day such as morning or evening.
 - Heat cramps:
 - Signs:
 - Painful muscle cramps
 - Heavy sweating
 - Fatigue
 - Treatment:
 - Stop activity.
 - Stretch affected muscles.
 - Hydrate with fluids containing electrolytes.
 - Return only if symptoms resolve completely.
 - Heat exhaustion:
 - Signs:

- Heavy sweating
- Pale skin
- Weakness
- Headache
- Dizziness
- Nausea
- Rapid pulse
- Core temperature generally below 104°F
- Treatment:
 - Remove athlete from activity.
 - Move to shade or air-conditioned area.
 - Remove excess clothing and equipment.
 - Apply cold towels or ice packs.
 - Begin active cooling.
 - Provide fluids if athlete is alert.
 - Monitor continuously.
 - If symptoms worsen or fail to improve, activate EMS.
- Exertional heat stroke (LIFE THREATENING MEDICAL EMERGENCY):
 - Signs:
 - Central nervous system dysfunction:
 - Confusion
 - Irritability
 - Collapse
 - Altered consciousness
 - Seizures
 - Core body temperature typically greater than 104°F (40°C)
 - Emergency procedures:
 - Stop activity immediately.
 - Activate the Emergency Action Plan.
 - Call 911.
 - Measure core body temperature using a rectal thermometer if available and trained personnel are present.
 - Begin cold-water immersion immediately if possible.
 - Continue cooling until core temperature is below 102°F (38.9°C) or EMS assumes care.
 - Monitor airway, breathing, and circulation.
 - Notify the Athletic Director and parents/guardians.
 - "Cool First, Transport Second" - Current best practice recommends immediate aggressive cooling before transport whenever cold-water immersion can be safely initiated.
- Rapid cooling procedures:
 - Move to a cool place: Get the person out of the heat, into shade or air conditioning.
 - Remove excess clothing and equipment: This helps with cooling.

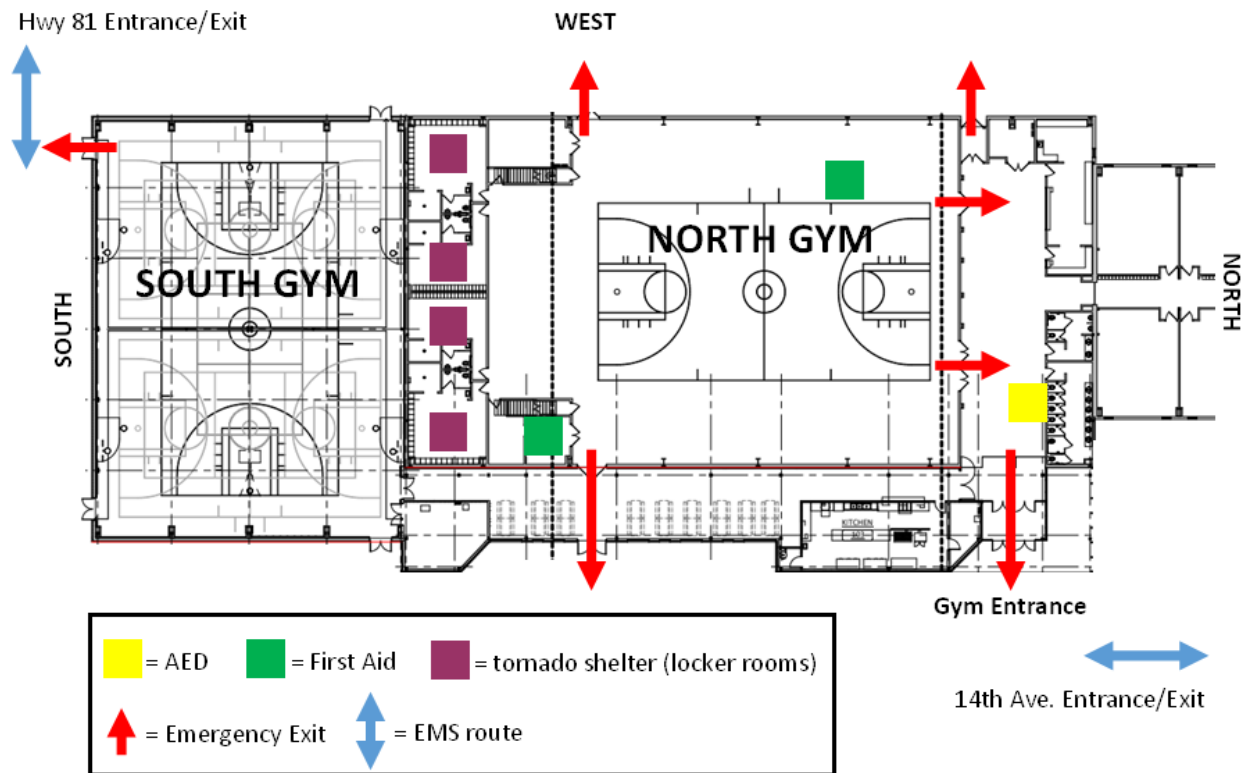
- Initiate rapid cooling:
 - Cold-water immersion: If available, immerse the person in a tub of ice water (35-58°F), stirring and adding ice.
 - If immersion isn't possible: Aggressively douse the body with cold water or use cold, wet towels and ice packs, rotating them frequently.
 - Monitor vital signs: Continuously check temperature and other indicators of well-being.
 - Activate EMS (911) if signs of exertional heat stroke are present.
 - Continue cooling until temperature reaches 101-102°F (38.3-38.9°C): Once the temperature is within this range, stop active cooling and continue to monitor the individual.
- Cold:
 - Prevention:
 - Monitor the National Weather Service forecast.
 - Review current air temperature and wind chill.
 - Consider precipitation, field conditions, and expected exposure time.
 - Ensure athletes are properly dressed in layers.
 - Encourage hydration and adequate nutrition.
 - Schedule warming breaks as conditions warrant.
 - Mild hypothermia:
 - Signs:
 - Persistent shivering
 - Fatigue
 - Poor coordination
 - Difficulty concentrating
 - Slurred speech
 - Response:
 - Remove athlete from participation.
 - Move to a warm location.
 - Remove wet clothing.
 - Cover with blankets.
 - Provide warm fluids if alert.
 - Continue observation.
 - Severe hypothermia:
 - Signs:
 - Confusion
 - Loss of coordination
 - Weak pulse
 - Slow breathing
 - No shivering
 - Loss of consciousness
 - Immediate actions:
 - Activate EMS (911).

- Notify Athletic Director.
 - Move athlete to shelter.
 - Remove wet clothing.
 - Wrap in dry blankets.
 - Warm the core first.
 - Monitor airway and breathing.
 - Do not allow return to activity.
- Frostbite:
 - Common locations: fingers, toes, nose, ears, cheeks
 - Signs:
 - Signs
 - Numbness
 - White, gray, or waxy skin
 - Firm or frozen tissue
 - Loss of sensation
 - Treatment:
 - Remove from cold.
 - Protect affected area.
 - Warm slowly using body heat or warm water (98–104°F).
 - Do not rub or massage tissue.
 - Seek medical evaluation.
- EMS activation - activate EMS immediately for:
 - Altered mental status
 - Loss of consciousness
 - Severe hypothermia
 - Frostbite involving large areas
 - Difficulty breathing
 - Cardiac arrest

Most recent revision: July 2026

Great Plains Lutheran High School Emergency Maps

GPL Gymnasiums (1200 Luther Ln. NE, Watertown, SD)



GPL Football Field (1200 Luther Ln. NE, Watertown, SD)



Allen Mitchell Athletic Complex (FB games)

1013 3rd Ave. NE, Watertown, SD

 INTERMEDIATE SCHOOL

