

HONOKA'A HIGH & INTERMEDIATE SCHOOL

Athletic Emergency Action Plan

45-527 Pakalana St. Honokaa, HI 96727
(808) 313-7000

DRAGON
PRIDE

When To Activate The Emergency Action Plan (EAP)

- Any loss of consciousness
- Possible Neck or Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent of breathing or no pulse
- Any Heat related Illnesses, e.g. heat exhaustion, heat stroke
- If there is an immediate threat to life or safety

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ATHLETIC TRAINING PROGRAM

The purpose of the Emergency Action Plan (EAP) is to guide athletic personnel and emergency medical services in responding to emergency medical situations when they occur at the Honoka'a High & Intermediate School. It is essential that the Athletic Department have a developed emergency plan that identifies the role of the emergency response team, emergency communication, the necessary emergency equipment, and various emergency protocols.

ATHLETIC EMERGENCY RESPONSE TEAM:

HHIS School Office	Office: 775-8800	
Kahea Schuckert, Certified Athletic Trainer	Campus Ext: 313-7062	Cell: (808) 938-3774
Keith Tolentino, Athletic Director (AD)	Campus Ext: 313-7090	Cell: (808) 987-8505
Erika Blanco, TA Principal	Campus Ext: 313-7020	Cell: (808) 640-3478
Ashley DeSilva, TA Vice Principal	Campus Ext:	Cell: (808)
Nathaniel Faggard, Tech Specialist	Campus Ext: 313-7022	Cell: (808) 217-1755
Campus Security		
Sports Coaches		

EMERGENCY PHONE NUMBERS:

Honoka'a Police Department	Main: (808) 775-7533 or 911
Honoka'a Fire Department	Main: (808) 775-7506 or 911
North Hawaii Community Hospital (Waimea)	Main: (808) 885-4444 or (808) 881-4730
Hamakua Health Center (Honoka'a)	Main: (808) 775-7204
Hale Ho'ola Hamakua-ER (Honoka'a)	Main: (808) 932-4116

EMERGENCY COMMUNICATION:

1. Cellular Phones
2. 2-Way Radio, Channel 1 (School Personnel only)
3. Campus Phones
 - a. When using campus phones you must dial 8 to get an outside number followed by the area code (808) then the phone number.
 - i. Example: 8 + 808 - 123 - 4567
 - ii. If calling EMS: 8 + 911

EMERGENCY EQUIPMENT:

During competition, supplies are located on the field or court with the home team and certified athletic trainer. Additional emergency equipment is accessible from the athletic training room P1. Available supplies include: AED, crutches, vacuum splints, first aid kits, and materials that prevent disease transmission (blood borne pathogens).

RESPONDING TO MEDICAL EMERGENCIES

A medical emergency or serious injury is any condition whereby the student-athlete's life may be in danger or risks permanent impairment. These injuries include but are not limited to: asthma, diabetes, cervical spine injuries, head injuries, loss of limb, serious bleeding, shock, serious fractures, heat-related illness, and sudden cardiovascular arrest.

For any illnesses or injuries that require immediate advanced medical attention but are not life threatening, please refer to the Injured Athlete Transfer Protocol.

ROLE OF FIRST RESPONDERS

The primary responsibility is checking scene safety and performing a primary evaluation of the injured person(s). Other responders to the medical emergency may be asked to activate and assist in directing EMS, retrieve emergency equipment, and control bystanders/athletes.

Check the scene for safety

1. Immediate care of the injured or ill student athlete.
 - Check airway, breathing & circulation (ABC's), severe bleeding, and levels of consciousness.
 - Begin Rescue Breathing / CPR if needed or first-aid care.
 - If advanced medical attention is necessary, call 911. If splinting is not possible, stabilize and comfort the athlete until EMS arrives.
 - i. **NOTE:** If cervical injury is suspected and the individual is breathing and/or conscious, and ambulance response time is short, instruct the victim to remain motionless until qualified personnel (EMS) arrive.
2. Activation of Emergency Medical System (EMS)
 - Call 911
 - Be prepared to give your name, address & phone number you are calling from
 - Report the number and condition of injured athletes
 - Report the type of medical treatment being given to the injured
 - Provide the specific location of emergency, (see [Directions](#) on page 11)
 - Provide other information as requested
 - Do not hang up until EMS dispatcher ends the call
3. Direction of EMS to Scene
 - Designate an individual to "flag down" and direct EMS to scene
4. Scene control
 - Limit the scene to first responders and move bystanders away from area

SPORTS LOCATIONS:

Athletic Training Room - Honoka'a High & Intermediate School, Portable Classroom (P1), located on the Hilo side of the Hawaii County Community swimming pool)

Baseball - Honoka'a Sports Complex, Upper field

Basketball - Honoka'a High & Intermediate School, Gymnasium/Armory

Cheer - Honoka'a High & Intermediate School, Field, Auditorium, Gymnasium/Armory

Cross country - Honoka'a High & Intermediate School, Field, Honoka'a Sports Complex Track

Football - Honoka'a High & Intermediate School, Field

Golf* - Practices & Matches are played at various locations around the Big Island

Judo - Honoka'a High & Intermediate School, Varsity Football Locker Room

Paddling* - Practice is at the Kawaihae Harbor and regattas are held at various locations around the Big Island.

Soccer - Honoka'a High & Intermediate School, Field

Softball - Honoka'a Sports Complex, lower field known as the LaLa Epenesa (JR Ballfield)

Swimming - Honoka'a High & Intermediate School, Hawaii County Swimming Pool

Tennis - Honoka'a Sports Complex, tennis courts below the softball field.

Volleyball - Honoka'a High & Intermediate School, Gymnasium/Armory.

Wrestling - Honoka'a High & Intermediate School, Varsity Football Locker Room

* Follow the [Injured Athlete Transport Protocol](#) for Away Games

Alternate Practice Location - Honoka'a Sports Complex Gym located at 45-541 Lehua Street, Honokaa, HI 96727.

AED (Automated External Defibrillator):

There are currently six (6) AEDs on campus. The locations of the AEDs are noted by a blue heart icon on our campus map. Please refer to the school map to familiarize yourself with the locations of the AEDs.

Note: An AED will be available at all HHIS athletic events on and off campus.

Only Certified Athletic Trainer(s) and trained First Responders may operate the AED

EMERGENCY MEDICAL SERVICES (EMS):

*EMS will not be present at Honoka'a home events. The most qualified medical personnel on site will determine if **911** will be called, this usually will be the Certified Athletic Trainer. However, there may be times that school security, coaching staff, the athletic director or other administrative staff may have to make that determination because the certified athletic trainer may not be present or the athletic trainer is tending to the injured athlete.

1. Response time for Primary EMS is approximately 1-3 minutes (from Honoka'a town).
2. Response time for Secondary EMS is approximately 15-20 minutes (from Waimea NHCH).

*Due to the rural setting of Honoka'a High School the response times for EMS are not always known and are given as estimates and not guarantees.

*For emergencies occurring at the Honoka'a High & Intermediate School and/or the Honoka'a Sports Complex, injured athletes will be transported either to Hale Ho'ola Hamakua Emergency Room in Honoka'a or to North Hawaii Community Hospital (NHCH) in Waimea for further evaluation.

INITIAL FIRST AID CARE:

1. Certified Athletic Trainer
2. Athletic Director
3. Assistant Athletic Director(s)
4. Coaching Staff, includes Head Coach & Assistant Coaches

ACTIVATING EMS:For **HOME** Team:

1. Home Certified Athletic Trainer
2. Home Athletic Director (AD)
3. Home Assistant AD or Administrator(s)
4. Home Coaching Staff

For **VISITING** Team:

1. Visiting Certified Athletic Trainer
2. Home Certified Athletic Trainer
3. Home Athletic Director (AD)
4. Home Assistant AD or Administrator(s)
5. Home Coaching Staff

EMERGENCY VEHICLE ACCESS:

All necessary gates and vehicle clearing will be performed by:

1. Home School Security
2. Home Athletic Director (AD)
3. Home Assistant AD or any available school administrator(s)
4. Home Coaching Staff

**All Honoka'a High School coaches are recommended to have First Aid, CPR and AED Training.

INJURED ATHLETE TRANSPORT ON AND OFF CAMPUS PROTOCOL

The following protocol applies to Honoka'a student-athletes who suffer non-life-threatening illnesses or injuries that require immediate advanced medical care. The protocol will also apply to student-athletes of visiting schools without appropriate medical staff or athletic administration present. Visiting schools with existing EAPs, and members of their emergency response team present, will follow their respective protocols.

****Note:** In the event of a suspected spinal cord injury, head trauma or any potential life threatening emergency, DO NOT move the athlete, advise the athlete to remain motionless, and ALWAYS activate EMS.

HOME & AWAY EVENTS

It is essential that remaining student-athletes have proper supervision and access to a certified athletic trainer for the remainder of the event(s).

A. The student-athlete will receive appropriate acute injury care by qualified personnel prior transport.

B. The injured student-athlete will be transported to the nearest hospital or medical facility by:

1. parent or legal guardian
2. an emergency contact, as designated by parent or legal guardian
3. an assistant coach, as determined by the head coach
4. an ATC, if two or more ATCs are present
5. if any of the previously named are unable to transport the injured student athlete and the nature of the non-life-threatening injury warrants immediate medical attention, EMS will be activated

C. Anyone, except a parent/legal guardian, transporting a Honokaa student-athlete should be given a copy of the student-form (available from team head coach).

INCLEMENT WEATHER PROCEDURES

GENERAL POLICY

In the case of inclement weather (i.e. Thunderstorms/Lightning, Hail, Hurricane, Tornado), it will be at the discretion of the on-site certified athletic trainer (ATC), coach and/or on-site athletic director to determine if the practice fields should be evacuated. Prior to athletic events, the ATC and Athletic Director will determine if the event can be completed safely. During athletic events, game officials with input from the ATC and athletic administrator on-site will determine game site safety. Honokaa staff will monitor online and televised weather forecasts on a daily basis to determine the chances of approaching storms.

NFHS GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING OR THUNDER DISTURBANCES

Updated January 2021 (See Next Page)





GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING OR THUNDER DISTURBANCES

National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee (SMAC)

These guidelines provide a default policy to those responsible or sharing duties for making decisions concerning the suspension and restarting of practices and contests based on the presence of lightning or thunder. The preferred sources from which to request such a policy for your facility would include your state high school activities association and the nearest office of the National Weather Service.

PROACTIVE PLANNING

1. Assign staff to monitor local weather conditions before and during practices and contests.
 2. Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area:
 - a. A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus.
 3. Develop criteria for suspension and resumption of play:
 - a. When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
 - b. 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed* prior to resuming play.
 - c. Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
 - d. When independently validated lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning-detection device.
- * – At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.
4. Review the lightning safety policy annually with all administrators, coaches and game personnel and train all personnel.
 5. Inform student-athletes and their parents of the lightning policy at start of the season.

HEAT-RELATED ILLNESSES

It is important that we make ourselves aware of the dangers of high temperatures and high humidity to prevent heat exhaustion and/illness. Measurements via thermometer/psl may be taken before practice or athletic events during periods of extreme heat and humidity.

1. Heat Cramps - after or during activity, an acute, painful, involuntary muscle contraction possibly caused by dehydration, electrolyte imbalance, neuromuscular fatigue or a combination
2. Heat Syncope - dizziness or momentary loss of consciousness upon standing for long periods or standing after rest, usually during acclimatization period caused by peripheral vasodilation, postural pooling of blood, diminished venous return, dehydration, reduced cardiac output or cerebral ischemia
3. Heat Exhaustion - inability to continue exercising due to heavy sweating, sodium loss, energy depletion, pale skin, persistent muscle cramps, urge to defecate, fainting, headache, hyperventilation, nausea, diarrhea, decreased urine output and a fever (97°F to 104°F)
4. Heat Stroke - neurologic change brought about by the overheating of body organs caused by the inability to regulate body heat, or inhibited ability to release excess heat. Elevated heart rate, low blood pressure, sweating (though skin can be bright red and dry), hyperventilation, vomiting, diarrhea seizures and coma, this is a life-threatening condition unless recognized and treated quickly.
5. Hyponatremia - shows usually after four hours of activity, disorientation, altered mental status, headache, vomiting, lethargy, swelling of hands and feet, seizures due to low sodium levels in blood caused by ingesting water well beyond sweat losses, or sodium losses not replaced adequately.

TREATMENT OF HEAT RELATED ILLNESSES:

1. Remove athlete (s) from athletic participation and find cool shaded areas.
2. Assess and Evaluate the athlete.
3. Check core body temperature with a rectal thermometer. If temp is >103.0 F place athlete (s) in an ice bath for approximately 15-20 minutes or until core temperature is < 103.0 F. If an ice bath is not available use any water cool water source available to help cool the athlete.
4. Call 911.
5. Cool First, Then Transport to the nearest Hospital.

NATA HEAT ILLNESS GUIDELINES (See Next Page)

NATA Guidelines

WBGT (°F)	Activity Guidelines and Rest Break Guidelines
<82.0	Normal activities: provide ≥3 separate rest breaks of minimum duration 3 min each during workout.
82.0-86.9	Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks of minimum duration 4 min each.
87.0-89.9	Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks for minimum duration 4 min each.
90.0-92.0	Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.
>92.1	No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.

Source: NATA Position Statement: Exertional Heat Illness, *Journal of Athletic Training* volume 50, number 9 2015, Table 5

Heat Illness and What to Do

⚠ Heat Cramps: Painful, involuntary muscle spasms (usually occurring in the legs) associated with exercise in the heat when athletes have been sweating profusely.

➕ What to do: Stop activity and rest in cool area. Rehydrate.

⚠ Heat Exhaustion: Inability to sustain exercise in the heat due to cardiovascular strain. Signs and symptoms include: fatigue, weakness, nausea, light-headedness, headache, heavy sweating, dehydration, decreased muscle coordination, and chills. Improvement is seen usually within 10-15 minutes.

➕ What to do: Stop activity and rest in cool area. Rehydrate. Remove excess clothing and cool the athlete with ice-wet towels. If exertional heat stroke is suspected, take rectal temperature for differential diagnosis.

⚠ Exertional Heat Stroke: Occurs when (1) the rectal temperature is ≥104°F and (2) there are signs/symptoms of central nervous system dysfunction. Signs and symptoms include: high body temperature (≥104°F), irrational behavior, emotional instability, confusion, nausea, diarrhea, loss of muscle coordination, collapse, dehydration, rapid pulse, low blood pressure, heavy sweating. **This is a medical emergency.**

➕ What to do: Stop activity and aggressively cool the patient using cold water tub. Activate emergency medical service, but always cool first and transport second. Remove excess clothes. Continuously monitor the rectal temperature until it is cooled down to 102°F.

Information provided by the Korey Stringer Institute <http://ksli.uconn.edu>



CONCUSSION MANAGEMENT PROGRAM

The AHCT's Concussion Management Program ensures student athletes return to athletic participation safely. It is governed by the rules and guidelines set by the [National Federation of State High School Association \(NFHS\)](#) and [Hawaii Law](#) (Act 197 Relating to Concussions).

All 9th and 11th grade student athletes participating in collision and contact sports along with 10th and 12th grade student athletes participating in collision and contact sports for the first time will be administered baseline assessments (described below) which will provide the high school AHCT and the student athlete's primary care physician with objective information to compare pre-and-post injury.

- Graded Symptom Checklist baseline assessment
- Cognitive status baseline assessment (Immediate Post-Concussion Assessment and Cognitive Test (ImpACT) or Standard Assessment of Concussion (SAC))
- Postural Stability baseline assessment

After a student athlete takes the cognitive status assessments, the AHCT will collaborate with the student athlete's physician and/or a neuropsychologist to determine if the student athlete is ready to start a Return to Activity Plan (see below). This team approach ensures the health and safety of each concussed student athlete.

RETURN TO ACTIVITY PLAN (RAP) or RETURN TO PLAY (RTP)

Step 1: Complete cognitive rest. This may include staying home from school or limiting school hours and study for several days which would be determined by a physician or AHCT and supported by school administration. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2: Return to school full time. Steps 3-7 Will be supervised by the high school AHCT. (Each step is separated by a minimum of at least 24 hours.)

Step 3: Light exercise. This step cannot begin until student athlete is cleared by the treating physician for further activity. At this point, the student athlete may begin walking or riding a stationary bike.

Step 4: Running in the gym or on the field.

Step 5: Non-contact training drills in full equipment. Weight training can begin.

Step 6: Full contact practice or training.

Step 7: Play in game.

DIRECTIONS

TO NORTH HAWAII COMMUNITY HOSPITAL FROM HONOKA'A HIGH/INTER SCHOOL:

Route 1

1. Turn left out of the high school on to PAKALANA ST (a.k.a. school rd).
2. Stay on PAKALANA ST (a.k.a. school rd) toward MAMALAHOA HWY.
3. Turn right onto MAMALAHOA HWY and go approximately 13.9 miles North to Waimea.
4. As you approach Waimea town follow hospital signs, NHCH will be on the left.

TO NORTH HAWAII COMMUNITY HOSPITAL FROM HONOKA'A SPORTS COMPLEX:

Route 2

1. From tennis courts turn right on PUAKALO ST.
2. Turn right on AKIA ST toward LEHUA ST.
3. Turn right onto LEHUA ST toward PLUMERIA ST (a.k.a. rubbish dump rd)
4. Turn left onto PLUMERIA ST (a.k.a. rubbish dump rd) toward MAMALAHOA HWY.
5. Turn right onto MAMALAHOA HWY and go approximately 13.9 miles North to Waimea.
6. As you approach Waimea town follow hospital signs, NHCH will be on the left.

TO HONOKA'A SPORTS COMPLEX FROM HONOKA'A HIGH/INTER SCHOOL:

Route 3

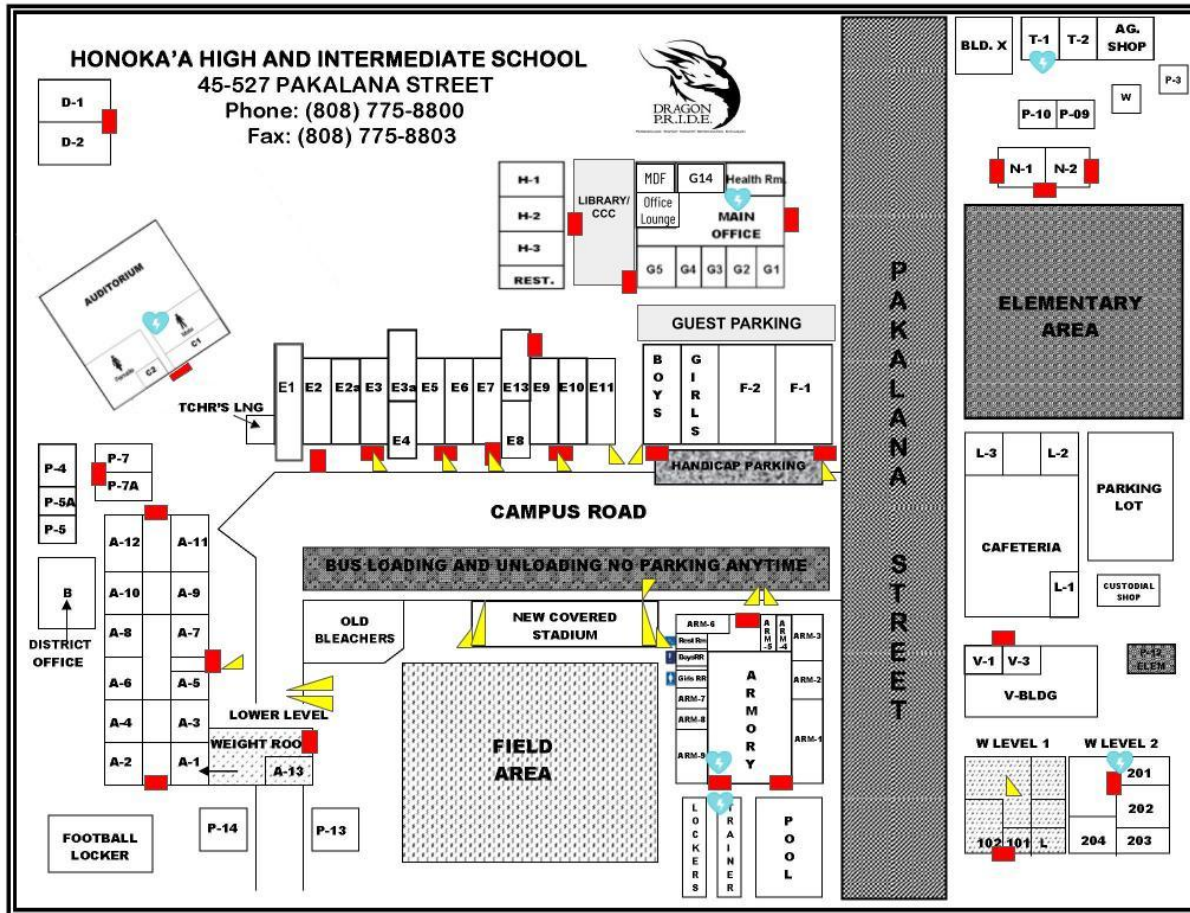
1. Turn right onto PAKALANA ST. (a.k.a. school rd)
2. Turn left onto MAMANE ST.
3. Turn left onto PUAKALO ST.
4. Tennis courts will be on the right side of PUAKALO ST and the softball field will be directly in front of you on the corner of PUAKALO & AKIA ST.

TO HONOKA'A HIGH/INTER SCHOOL FROM HONOKA'A SPORTS COMPLEX:

Route 4

1. Turn right onto AKIA ST.
2. Turn left onto PUAKALO ST.
3. Turn right onto MAMANE ST.
4. Turn right onto PAKALANA ST (a.k.a. school rd), the Athletic Training Room will be on the left side behind the swimming pool

Appendix I - Campus Map



HHIS Emergency Evacuation Map - Routes

Key: ■ = Exits, ▲ = Stairwells, → = Routes, ♥ = AED

Revised: 7/25/2022