

USA Club Rugby Gulf Coast Super Regionals Emergency Action Plan

April 25th-26th

Austin, Tx

4107 Nixon Lane, Austin, Tx 78725

Emergency Personnel

Physician: Dr. Cristin Mathew

Athletic Trainers: **Patrick Malone, ATC**

EMS/Ambulance: No ambulance on standby. Call 911

Emergency Communication

Cell Phone

Physician: Dr. Cristin Mathew (610) 283-6935

Head Athletic Trainer (AT): **Patrick Malone, ATC (504) 355-7396**

Medical Equipment

AED

Medical Tent & Trainer Supplies

Cooler/Ice Dunk Tanks

Medical Emergency Transportation

Venue Directions with Map

If a medical emergency occurs, call 911

Tournament physicians' phone number will be kept in Athletic Trainers Phone for contact.



Concussions

In all instances, the player must be removed immediately from participation and not be allowed to return to play if a concussion is suspected.

The AT must follow State laws, the current USA Rugby Medical Policies for player safety. An MD, DO, NP and/or PA must be notified if a concussion is suspected and the Return To Play (RTP) Protocol must be followed by the AT and supervised by a MD, DO, NP and/or PA.

Medical Plan

Full Emergency Action Plans, including **maps** located in packet.

A medical provider (Physician and or Athletic Trainer), will be present at all official team.

AT is to be at the field 60 minutes prior to the start of practice unless otherwise specified.

They are to be on the field in the medical tent to

Complete pre-game strapping/taping, assessment & treatments.

Set up Medical Station

Bring medical kit and emergency equipment to the field.

If medical assistance is needed the coaching staff/manager should first contact the AT immediately.

If determined to be a medical emergency **contact 911 immediately.**

AT should be on the field if not treating players.

AED should accessible at the administration table at each field (between fields)

Games

AT is to be at medical on game day 1 hours prior.

They are to be on the field when they have completed pre-game strapping and treatment

Medical Time Out will be conducted with all medical staff prior 1 hour prior to the game, just before starting strapping.

ATs will bring medical kit, vacuum splints, and responsible for location and accessibility of AED. AED will be located at the administration table at the 50 meter line.

In case of injury, the procedure will be

If in competition, the first medical staff to the scene will conduct a primary on-field assessment.

If the injury is determined not serious the medical staff will bring the athlete to the sidelines to conduct secondary assessment.

If the injury is determined to be more serious the medical staff will contact the Physician or EMS to help determine if an ambulance is needed for transport.

All treatment of major injuries will be recorded by the medical staff that administered treatment, and the physician will be notified.

If there is a dispute over the medical care of an athlete this must be brought to the attention of the Physician, and the incident will be recorded in writing. Situations such as this will be dealt with on a case-by-case basis.

Ambulance- ALS will not be present. If a player requires urgent transportation, 911 Emergency Service will be activated

Medical Team Emergency Service Contact Information

Role	Name	Phone Number	Email Address
Head Athletic Trainer	Patrick Malone, ATC	(504) 355-7396	pmalone@tulane.edu
Physician	Dr. Cristin Mathew	(610) 283-6935	Cristin.John.Mathew@gmail.com
Coordinator	Kaleb Nelson	(260) 479-7678	kalebnn@gmail.com
Park Manager	Carly Arthur	(985) 626-7997	carlyarthur@pelicanpark.com



Location of AED & Medical Tent &



Emergency Action Plans

A Certified Athletic Trainer (AT) is employed to provide leadership in the health care including the emergency management of injuries/illnesses during athletic participation, under the direction of the team physician(s). ATs are required to be trained and maintain certification CPR and are required to be current with the licensure requirements for their profession.

It is recommended that coaches and other staff supervisors of game management also be First Aid and CPR certified. Their role is to aid the AT as part of the emergency medical team in the event of an emergency.

Review and update of the EAP will be conducted with all athletic personnel so that each member of the emergency care team is aware of their respective role in the event of an emergency.

Immediate Care of the Injured/Ill Athlete: There shall be at least one CPR/First Aid trained individual at games. These individuals include Athletic Trainers (AT's) , Athletic Training Students, Physical Therapists (PT's), Nurse Practitioner/Physician Assistants and Physician(s), coaches, and staff supervisors of game management.

Appropriate emergency first aid steps must be taken in accordance with the level of certification that each trained member of the emergency care team has. **Retrieval of Emergency Equipment:** Appropriate emergency equipment must be retrieved from the designated area at the athletic venue and brought to the scene by a member of the emergency care team.

Activation of EMS: One member of the emergency care team will be directed to utilize the emergency communication device (cellular phone or stationary hard-wired telephone) to contact EMS by dialing 911 and help direct EMS to scene. This individual shall be trained in activating EMS. They must be calm, have a full understanding of the emergency and victim, communicate well, and be able to identify the location of the emergency. They also must be familiar with the use of the emergency communication devices and where they are located if not on their person.

Directing EMS to the Scene: The AT will designate a member of the emergency response team (most likely a coach or facilities management) to take on the primary role of directing the local rescue squad to the emergency scene.

Emergency Communication

A portable two-way radio, cellular phone, or stationary hard-wired telephone is on-site at each athletic practice and competitive event, which allows direct contact with the AT in the event of serious or life- threatening emergencies.

The AT or a staff member will activate EMS. When activating EMS telephone **dial 911**.

Emergency Equipment

Appropriate emergency equipment must be on-hand at all games. All assigned emergency care personnel should be aware of the location and function of all emergency equipment. Training and update on the proper use of said equipment is conducted annually prior to the beginning of the season for all medical staff. The equipment is checked prior to practices and competitive events for proper function and availability.

Indications for AED Use

The AED is intended to be used by personnel who have been trained in its operation. The user should be *qualified by training in basic life support or other physician-authorized emergency medical response*. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing. Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm. If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver therapy. *Apply the AED if: Unresponsive and Not Breathing.

AED is to be present for all games at the administration table.

Transportation

Emergency transportation of an injured/ill athlete is provided via the EMS system for a life/limb threatening injury/illness

An individual of the athlete's choice may provide transportation to a local emergency room for an athlete with a non-life-threatening injury/illness.

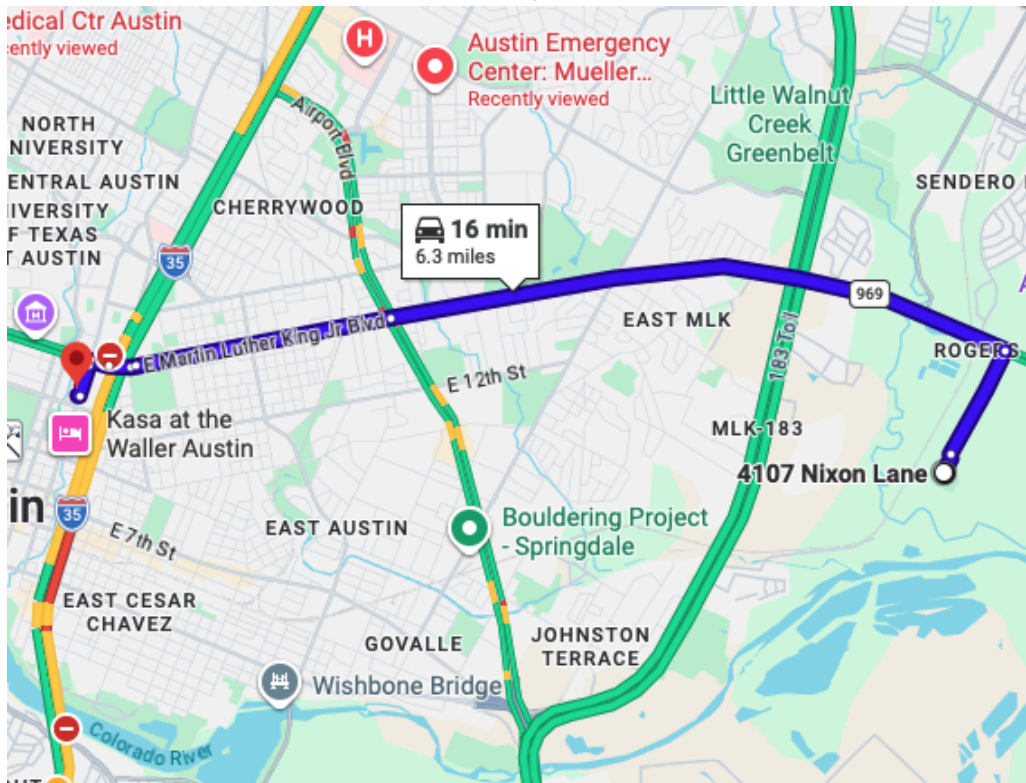
A member of the emergency care team may provide transportation to the emergency room only if adequate emergency care coverage is maintained at the athletic venue.

Miscellaneous

In the event of hospitalization or surgery, medical personnel or the AT will notify the athlete's parent/guardian, spouse, or other emergency medical contact identified as necessary and appropriate. Medical confidentiality will and must be maintained in all cases. In the event of an illness, athletes are advised to update the medical personnel and head coach.

The Physician has the primary responsibility of clearing athletes for return to sport following an illness or injury.

Dell Seton Medical Center at the University of Texas
1500 Red River St, Austin Tx 78701



Take Nixon Ln to FM 969 W/Martin Luther King Blvd E. 3 min (0.8 mi)
Turn Left on FM 969 W and E Martin Luther King Jr Blvd. 14 min (5.5 mi)
Turn Left on Red River St

Lightning EAP

It is the job of the medical team to assist the referee with the safety of players on the field. This can look very different dependent on where the team is playing and the level of support available.

On The Field

There are several levels of monitoring that are coinciding with one another. The facilities manager on duty monitors the weather by radar and alerts are monitored. Medical and Administration is also monitoring the weather when appropriate State Medical Policy.

In the instance that the staff notes lightening (either visually or via a monitoring system) they are to notify the referee on coms with the production crew to ensure that radar is being monitored. The Facility Manager will also be notified.

Information will be relayed via the production crew to ensure that the most accurate and up to date information is utilized to ensure player safety

It is ultimately the medical staff that will determine if play is suspended, unless there is a match commissioner. In this instance, this decision rests with them.

As per USA Rugby & World Rugby Recommendation, when the lightning strike is within 6 miles of the venue (depending on ability to monitor), however local field rules are within 10 miles. It is recommended that players are removed from the field. The speed of sound through air is approximately 0.2 miles per second, so for every 5 seconds of time between the lightning flash and the associated thunderclap, the strike is 1 mile away. The approximate distance (in miles) can be calculated by counting the time (in seconds) between the two events and dividing it by 5.

Recommended safe distances from the lightning event is 6 miles.

Shelter should be sought when there is 30 seconds or less between the flash and the associated thunderclap.

Safe to return to the field of play should be a minimum of 30 minutes after the final flash of lightning or clap of thunder has been seen/heard.

For example, a lightning strike is seen at 12:03pm and the associated thunderclap heard 28 seconds later. This means that the strike was 5.6 miles (28 seconds/0.2 miles per second) away. Action should now be taken to immediately move players to a safe location. The storm continues and the last strike is observed or heard at 12:18pm, return to the field of play should not be permitted until at least 12:48pm.

For spectators, fans are instructed to go to their cars and players/field staff to the cars, busses or locker rooms This is the responsibility of the Facility Manager, and the Medical Staff is not

liable for any non-team personnel (coaches, players, medical staff), which includes and staff (ticketing, merchandise, field crew, etc.).

Safe Locations Include

- Large substantial buildings (with permanent wiring and plumbing to provide safe pathways for current from strikes to go to ground);
- Fully enclosed metal vehicles which are earthed (such as buses) to guide the current around the occupants.

Unsafe Locations Include

- Open spaces, especially where large numbers of people are assembled together;
- Close vicinity to large structures or trees;
- Small permanent and temporary structures and shelters especially metal structures;
- Under a single tree or a small group of trees;
- Close to a large body of water;
- In open areas; Close to antenna towers; Anything that increases a person's height (umbrellas etc.), --Use of any type of telephone.

Management of Storm-Induced Injuries

Individuals that are struck by lightning do not carry residual charge and may be handled without danger to the medical personnel. The medical personnel should do the following:

1. Evaluate whether the scene is safe. Ongoing lightning may still be a threat.
2. Safely move the injured individual to a safe shelter.
3. Apply any first aid necessary.
4. Activate emergency medical response systems if deemed necessary.
The use of a cell phone is recommended during electrical storms.

Recommended Lightning Safety Strategies

The following should be considered when developing a strategy:

1. Multiple means of monitoring weather are encouraged for large athletic events. A longer time to clear the venue should be anticipated due to congestion.
2. Avoid being near the highest point of a particular venue.
3. Individuals who feel their hair stand on end should assume the lightning safety position – crouched on ground, weight on balls of their feet, head lowered, and ears covered.
***Avoid lying flat on the ground.

Mechanisms of Lightning Injury

The following mechanisms of injury may provide more insight on situations/areas to avoid when seeking a safe location during a thunderstorm.

Direct strike- Occurs to the head, current may enter the orifices causing eye and ear injuries. When assuming the lightning-safe position, one can cover their ears to help avoid this type of trauma.

Contact injury- Occurs when the victim is touching an object that is in the pathway of a lightning current.

Side flash- Lightning may strike an object near the victim and then jumps from that object to the victim. The chance of a side flash is increased under a shelter such as a small picnic shelter or next to tree.

Step voltage or ground current- Current from lightning radiates outward from strike point. When assuming lightning safety position, place feet close together to avoid injury.

Blunt injury- Lightning current can create abrupt heating/cooling of air leading explosive/implosive forces that cause injury.

References

National Lightning Safety Institute Web site: www.lightningsafety.com NOAA Lightning Safety Web site: www.lightningsafety.noaa.gov/ 2014-2015 NCAA Sports Medicine Handbook
NATA Position Statement: Lightning Safety in Athletics and Recreation

Heat Guidelines

Heat illness can range from heat exhaustion to heat stroke, with heat stroke being a potentially fatal illness. Heat stroke develops when the rate of heat production by the body exceeds the rate of heat loss and total body temperature rises to a level that leads to organ dysfunction and collapse.

Many factors influence the onset of heat illness and their significance should be recognized when exercise is undertaken in a hot environment. It should however be recognized that it is very difficult to identify with certainty that an individual will suffer heat stroke.

A core body temperature above 38 degrees Celsius (100.4°F) is present when an individual experiences a heat illness. Major factors known to influence the core body temperature of an athlete are listed below.

External Factors

- ambient temperature
- radiant heat – direct sunlight
- humidity
- wind
- exposure time
- clothing, e.g. dark clothing, headgear, shoulder pads
- medication – stimulants such as pseudoephedrine & caffeine have a negative effect

Internal (Player) Factors

- player with past history of heat intolerance
- body structure – heavier athletes
- aerobic fitness
- acclimatization
- hydration levels – pre exercise and during exercise

Important heat stress information

The capacity of each player to cope with heat is variable and dependent on their ability on that day to produce enough sweat, to evaporate sweat, and to adequately replace fluid losses.

It has been reported that in 80 minutes of football in hot humid conditions a player is required to dissipate the heat produced in the body by evaporating between 2 – 3.5 litres of sweat to prevent a dangerous increase in core temperature.

Close monitoring of players, if exercising in a hot environment, is recommended. This should be on the basis of individual assessment. Any player demonstrating signs or symptoms of heat stress should be removed IMMEDIATELY from training or playing.

The following combination of factors is often reported in cases of heat stroke:

- Lack of acclimatization. Acclimatization is a gradual exposure to increasing heat loads and work volumes and is an important factor in reducing a potential heat stroke incident.
- Impaired individual temperature regulation on that day
 - e.g. viral illness, commencing activity
 - dehydrated, use of “adverse” medication e.g. stimulants.
- Extra effort on that day e.g. to make the team, impress the coach or achieve a goal.

Research has not identified a specific temperature and / or humidity when exercise is not recommended.

Critical steps

The following are the critical steps in minimizing heat illness during competition and training:

- Education
- Appropriate scheduling of training and playing
- Acclimatization
- Assessment of extreme conditions
- Implementing Interventions.
- Crises Management.

Education

Players should be advised to

- Report to medical staff previous episodes of heat illness.
- Report to coaching and medical staff, any current viral infection especially if associated with a temperature – this should be re-emphasized to players regularly.
- Avoid using stimulants e.g. pseudoephedrine or caffeine prior to training.
- Always start a training session well hydrated.
- Always drink fluids during a training and playing session.
- Report early the signs of heat stress - cramps, headaches, nausea, vomiting – this should be re-emphasized to players regularly.

Coaching, management and medical staff should:

- Be aware of the early signs of heat stress – cramps, headaches, nausea, vomiting, reduced performance, poor coordination, “abnormal” behavior.
- Implement processes that encourage the reporting of current viral infections. Implement strategies that encourage all players to commence a playing and/or training session fully hydrated e.g. pre and post exercise weigh in, pre-exercise urine specific gravity assessments.
- Recognize and accept the potential seriousness of a severe heat illness, that is, heat stroke.

The following Game Day Interventions should be implemented when the Heat Stress Index is above 150:

Game day interventions

- Provision of dressing room fans if air conditioning not available.
- Provision of side line shade if game played during the day when radiant heat (direct sunlight) is a contributing factor.
- Strategic positioning of towels immersed in ICE water around the ground – supplied in wheeling coolers to be brought out onto field during stoppages and maintained on sidelines during play.
- Breaks will be coordinated based on USA Rugby recommendations and referees determination. The focus of this break should be threefold, a medical assessment of each athlete for signs of heat stress, cooling of athletes and re-hydration. It is suggested that cooling would be best achieved by immediately removing jersey and shoulder pads, application of ICE water to head ± body. Utilizing sideline fans and shade (if game during day) would also be ideal. It should be noted that a 2 minute break has been recommended (as opposed to a 1 minute break) because the focus during this break is primarily medical assessment and cooling.

It should be noted that increasing access of water carriers to the field has not been recommended as it is felt that there is adequate breaks in the course of a game to allow water carrier access and player re-hydration.

Heat Stroke Management

If heat stroke is suspected immediate response is necessary. Upon recognition activate emergency medical system by calling 911.

The first step is to remove the athlete from danger.

Transportation should be with the medical cart if available. The cart will be on the side line at all practices.

Any temperature $>40^{\circ}\text{C}$ (104°F) with neurological symptoms is considered Exertional Heat Stroke and requires immediate cooling. Rapid whole body cooling must take place within 30 minutes. For both games and practices, the primary tub is kept under the bleachers across from the medical room.

The temperature of the water should be between $1.67\text{--}14.44^{\circ}\text{C}$ ($35\text{--}58^{\circ}\text{F}$) and constantly stirred. Cease cooling when temperature reaches $38.3\text{--}38.9^{\circ}\text{C}$ ($101\text{--}102^{\circ}\text{F}$). Continue to monitor vitals while waiting for emergency services.

On days when the ambient temperature is over 30°C (86°F) cold water immersion tubs must be available and prepared before practice or games. Facilities will have tub prepared before players go out to the fields for both games and practices.

Heat Index Action(s)

- Below 80 Proceed with normal approach to hydration and safety
- 80-85 Monitor all personnel; ensure ice water and shade is available
- 85-90 Insert 90 second water/rest breaks every quarter; the break should occur once the next point is scored after 6 minutes into the quarter – effectively halfway through the quarter
- 90-95 Insert 60 second water/rest breaks every quarter; the breaks should occur once the next point is scored after each 4 minute segment of the quarter - effectively three times per quarter.
- 95+ Insert 60 second water/rest breaks every quarter; the breaks should occur once the next point is scored after each 3 - minute segment of the quarter - effectively four times per quarter.

Shaded areas are mandatory for personnel not on the field; athletic trainers should pay extra close attention to everyone on the field

Austin Huns Rugby Facility Emergencies & Lightning Policy

Directions to Field for Emergency Vehicles

Huns Rugby Field is located at 4107 Nixon Lane. Nixon Lane is two miles East of 183 on 969 in East Austin. Huns Rugby Field is at the Southern end of Nixon Lane.

Roles

- Lead Injury Assessment- Licensed Athletic Trainer > Event Coordinator/Director > Huns RFC Representative
- Activate Emergency Response (911)- Huns RFC Representative > Event Coordinator/Director
- Meet EMS on Nixon Lane Outside Gate- Huns RFC Representative > Event Coordinator/Director
- Scene Control (limit area to first responders and move bystanders a safe distance away)- Event Coordinator/Director > Huns RFC Representative

Communication

Huns Rugby Field has full cellular reception.

Contact Chris Hanson about any emergency plan enactment- fields@hunsrugby.com

Lightning or Other Weather Event

In the event of inclement weather and/or lightning, the guidelines below shall be followed during Austin Huns Rugby sanctioned events:

COACHES and PARENTS: If you, or your child, are set to participate in a training session (practice) or a game, please be mindful of the current weather conditions prior to your departure to the Austin Huns Rugby Complex.

COACHES: If the fields are CLOSED, please take immediate action to notify all your players as soon as possible.

PARENTS: With regard to the often-unpredictable weather conditions in Central Texas, your safety ultimately lies with you. While the Austin Huns Rugby Board makes every attempt to ensure everyone plays in a safe environment there is no means pursuant to which safety can be maintained without everyone doing their part, including you. Your adherence to this policy is expected and is mandatory.

If the fields are CLOSED, please respect the decision that has been made in order to provide the safest environment for participants.

Although Board Members, Coaches, Assistant Coaches, Players and Parents may desire that training sessions or games continue without suspension or cancellation, the decision to stop

such activities will be made only after a careful consideration of the latest available weather information and the best interest and safety of everyone involved.

If lightning is detected in the area, all activities will be suspended and are subject to cancellation.

Suspension/Cancellation of Activities

Outdoor activity may be suspended due to rain, sleet or snow at the discretion of the coaching staff and/or the Austin Huns Rugby Board of Directors. Typically, if precipitation is the only weather condition affecting play, training sessions and games will proceed as scheduled. Do not assume that if it is raining, games or training sessions will be canceled. If the precipitation is heavy and it is determined that damage to the fields may occur if activities proceed, the field may be closed and activities canceled.

With regard to LIGHTNING in the area, all outdoor activity must be suspended when lightning is six miles away or less (6 miles is the closest proximity permitted). All lightning should be monitored from the first flash of lightning or bang/clap/sound of thunder.

If lightning is 30 seconds away, it is too close. Clear the field and do not resume play until 30 minutes have elapsed from the time the last lightning flash is seen or the last bang/clap/sound of thunder is heard.

For evaluating whether to suspend activities, follow the 30-second "flash-to-bang" rule. The "flash-to-bang" method is the easiest and most convenient means for determining distance to the lightning flash, which is integral to assessing the need to postpone or suspend an activity:

1. To use the flash to bang method, time the interval between an observed lightning flash and the point at which the bang/clap/sound of thunder is heard. Count, use a watch, use the clock/timer on a smartphone, or use some other timing device and begin counting the seconds starting when a lightning flash is sighted and stopping when the associated bang is heard. The Smart Phone app LightningTrak (free) is a good app to approximate distance.
2. Divide the elapsed time by 5 to determine the distance to the lightning (in miles). Example a count of 30 seconds equates to 6 miles = too close.
3. If the time is less than 30 seconds, the potential for a lightning strike is too high and the lightning is too close. All activities should be suspended immediately.

In the event that play is suspended, all individuals (including athletes, coaches, referees, and spectators) should immediately go indoors or to their cars to wait for the storm to pass. If unable to reach safe shelter, stay away from the tallest trees or objects (such as light poles or flagpoles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields.

Resumption of Activities

Play shall not resume until 30 minutes have passed since the last flash of lightning or clap of thunder.

Taking Action

Coaches and/or Assistant Coaches are the individuals who will be most likely to be on the field with the players. As a result, the coaches are the first individuals needing to take action if lightning or thunder is observed. In a similar fashion, if a parent is present during a training session or game, and lightning or thunder is observed, the parent should notify a coach, assistant coach, field marshal, or board member immediately. Do not sit idly by while a training session takes place or a game proceeds if you see or hear thunder or lightning. The coaches, referees, field marshal and/or board members may be focused on their present task and may not observe the lightning or thunder as quickly as a spectator.

All persons at the Austin Huns Rugby Complex need to do their part to assure that the presence of lightning and/or thunder are brought to the attention of everyone else.

If lightning is seen during a training session or clinic, the coaches are responsible for taking appropriate action, which shall initially consist of immediately suspending the current activity. During training sessions or clinics, coaches will be responsible for making certain that none of their players are on the field if there is lightning within 6 miles of the Austin Huns Rugby Complex. The coaches shall then further direct all individuals in the area to clear the field and to seek shelter in a building or in a hard-topped vehicle. If lightning is seen during a game, the coaches, in concert with the referees, shall take similar action and immediately suspend the game activity and direct all individuals in the area to clear the field and to seek shelter in a building or in a hard-topped vehicle. Once suspended, most games (due to the short overall length) will not resume due to the requirement that Austin Huns Rugby will not permit the resumption of activities until 30 minutes have passed since the last flash of lightning or bang of thunder.

COACHES, PARENTS, and REFEREES: If you own a smartphone, Austin Huns Rugby highly recommends the use of a weather app (WeatherBug(with Spark Lightning detect), NOAA Weather, and The Weather Channel are some examples). There are many weather apps for smartphones. In instances of suspect weather, it is vital that a Coach or Assistant Coach monitor the weather, check for WATCHES or WARNINGS and be prepared to walk off the field in the case of lightning or thunder.