Mount Holyoke College
Club Sports
Health & Safety, Safety Officers Binder

Emergency Action Plan : When EMS is Needed

In Case of Medical Incident

1. Refer to Safety Officers(SO) and/or coach
2. Communication/Documentation: SO or Coach fills out Injury Report Form: https://forms.gle/rwK8TF2uj54gQSfx5

Emergency/Activating EMS.

1. Contact MHC Public Safety and Service (413) 538-2304
    a. Fieldhouse Phone located @ entrance on left behind cement pole. #1911
    b. Equestrian Center main phones: #1911
2. Give the following information:
    a. Location
    b. Your name & position (ex: Rugby manager)
    c. The main issue (ex: who is injured, what is the concern)
    d. The need for an ambulance (If unsure, let Public Safety know that)
3. Team Rep (Manager, Coach, Captain) meet MHC Public Safety and Service at designated location communicated in phone call
    a. Double doors near field house
        i. Outside near double doors for outdoor events
    b. Equestrian center entrance
4. Someone should accompany the athlete to the hospital; in order of preference:
    a. Parent
    b. Assistant coach/another coach
    c. Student
5. Coach/Captain should contact the following people:
    a. Emergency Contact
    b. Health Services (413-538-2121). If after hours, please leave a message as directed x2242.
    c. Injury Report Form
6. Arrange for the athlete's clothes, equipment, etc., to be taken care of.

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PRACTICE SAFETY GUIDELINES

Contact Information and Phone Numbers

- Public Safety and Service-(413) 538-2304
- Health Center (M-F: 8:30 am-4:30 p.m.) x2121 and off-hours-x2242.
- **Ambulance-#** (1)911 (from campus phone). Non-campus phone: #413-538-2304.

If an injury occurs: All injuries of which the coach becomes aware must be reported via the Injury Report Form. Follow these guidelines to determine course of action:

a. **The following conditions are considered serious and need immediate medical attention. These situations may require hospitalization of the athlete:**
   1. Respiratory or Cardiac Arrest, or severe distress/passed out
   2. Severe bleeding; vomiting
   3. Obvious fracture or dislocation
   4. Head injury which results in ANY degree of dizziness, headache, nausea, loss of balance, slurred or slow speech, or mental confusion. Suspect neck or spinal injury with any head injury, even in absence of neck pain.
   5. Neck or Spinal injury-any loss of sensation, motor function, neck pain.
   6. Heat Illness
   7. Severe asthma or allergic reaction

b. **Procedures:**
   1. Activate the EMS system: See page 1

c. **If any of the following signs/symptoms are present the athlete should not continue and should go to the College Health Center at the earliest opportunity (before they may resume participation).**
   1. If within business hours: call 413-538-2121 for further direction / appointment

When in doubt, always err on the side of safety.

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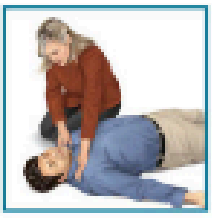
CPR INFO SHEET

If giving breathes, have a MASK or FACE SHIELD as a barrier

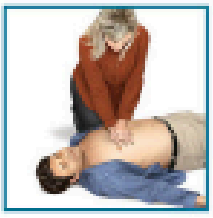
Heartsaver®
Adult CPR AED

American Heart Association®
Learn and Live



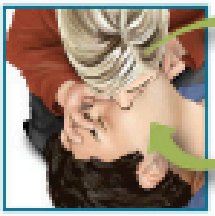
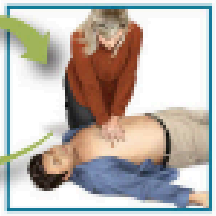

Tap and shout

Yell for help. Send someone to phone 911 and get an AED

Look for no breathing or only gasping

Push hard and fast. Give 30 compressions

Open the airway and give 2 breaths

Repeat sets of 30 compressions and 2 breaths

When the AED arrives, turn it ON and follow the prompts

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COLD WEATHER GUIDELINES

Coaches should utilize www.weather.com or www.noaa.org to get an early read on predicted wind chill temperatures during practice times.

The following guidelines will be used to determine length and make-up of outdoor practice:

- *Wind Chill* of:
  - 20℉ or below: hats, pants, hand wear recommended. Coach should modify the practice plan to include more movement, less inactivity (less "line drills", more conditioning, stations, scrimmaging, etc.)
  - 15℉ or below: Limit outdoor practices to 1.5hours
  - 10℉ or below: Limit outdoor practices to 1 hour
  - 0℉ or below: No outdoor practice
- Discretion will be used if there is precipitation present at any temperature

LIGHTNING GUIDELINES

1. **Criteria for Leaving the Field or Event**.
All outdoor athletic activities should cease at the first sign of lightning or thunder. This is a NATA and National Weather Service recommendation.

2. **Safe Shelter**.
For events on the fields adjacent to Kendall people can seek shelter in the Kendall fieldhouse. Any outdoor team needs to seek the closest safe shelter possible. The riding team will take shelter in the Equestrian Center. In accordance with MA State Law, the indoor pool should be evacuated, but staying on deck is permissible.

3. **Lightning Safety Guidelines**.
If there is no safe shelter within a reasonable distance, crouch in a thick grove of small trees surrounded by taller trees or in a dry gulch. Crouching with only your feet touching the ground and keeping your feet close together, wrap your arms around your knees and lower your head to minimize your body's surface area. Do not lie flat! Stay away from tall or individual trees, lone objects (i.e. light or flag poles), metal objects (i.e. metal fences or bleachers), standing pools of water and open fields. Avoid being the tallest object in a field. Do not take shelter under a single tall tree.

4. **Criteria for Return To Play**.
Allow **30** minutes to pass after the *last* sound of thunder or flash of lightning before resuming any intercollegiate athletic activity.

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Beat the heat

Intense exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Report problems to medical staff immediately.

Protect Yourself and Your teammates:

Know the Signs

- √ Muscle cramping
- √ Decreased performance
- √ Unsteadiness
- √ Confusion
- √ Vomiting
- √ Irritability
- √ Pale or flushed skin
- √ Rapid weak pulse

Report your Symptoms

- √ High body temperature
- √ Nausea
- √ Headache
- √ Dizziness
- √ Unusual fatigue
- √ Sweating has stopped
- √ Disturbances of vision
- √ Fainting

WHAT COACHES NEED TO KNOW

Concussion Safety

What Is a Concussion?

Concussion is a mild traumatic brain injury that results from either a direct blow to the head or an impulsive force to the body that causes significant head motion. Concussion symptoms can result immediately or develop over many hours.

How Can I Tell If an Athlete Has a Concussion?

You may notice the athlete has a change in behavior or balance following a hit or impact, or other manifestations such as:

- Appears dazed or stunned.
- Forgets an instruction.
- Is confused about an assignment or position.
- Is unsure of the game, score or opponent.
- Appears less coordinated, unsteady on feet or wobbly.
- Answers questions slowly.
- Loses consciousness.

The athlete may tell you they are experiencing ...

- A headache, head pressure or that they doesn't feel right following a blow to the head.
- Nausea.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light or noise.
- Feeling sluggish, hazy or foggy.
- Confusion, concentration or memory problems.

What Happens If an Athlete Gets a Concussion and Keeps Practicing or Competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with a concussion have reduced concentration and slowed reaction time. This means they won't be performing at their best.
- Athletes who delay reporting concussion may take longer to recover fully.

What Is the Recovery Time for a Concussion?

- Each athlete is different, but emerging information indicates that most athletes fully recover from concussion.
- Some athletes experience persisting post-concussive symptoms, which are managed with exercise and targeted treatment.
- If an athlete's symptoms persist, they may also have another treatable condition unrelated to their concussion. If the athlete is experiencing any ongoing symptoms, they should seek medical care with a physician.

What Do I Need to Know About Repeated Head Impacts?

- Research into the new concept of repeated head impacts is evolving rapidly.
- Most head impacts in sport occur at low levels well below the force needed to cause a sports-related concussion.
- The medical and scientific community continues to conduct research to determine if long-term exposure to head impacts may be deleterious to brain health.
- While many questions remain unanswered,it is recommended that efforts should be made to reduce head impact exposure in both practice and game settings.

No two concussions are the same. Symptoms may appear several hours after the initial impact or even the next day. Symptoms may also evolve over several days. All possible concussions must be evaluated by a physician (or physician designee).

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Chronic Traumatic Encephalopathy ("CTE")

- In recent years, there has been ongoing research into CTE, and more research is needed to answer important questions.
- According to the Centers for Disease Control website, research-to-date suggests that CTE is associated with long-term exposure to repeated head impacts at levels that would cause brain injury.
- According to the CDC, there is no strong scientific evidence that shows that getting one or more concussions (or other mild traumatic brain injuries) or occasional hits to the head leads to CTE.

More research is needed to better understand:

- The causes of CTE, including the role of repeated head impacts.
- Other potential risk factors for CTE, including the role of a person's sex, genetics, medical history, and environmental and lifestyle factors.
- How the CTE pathology develops, and what symptoms CTE pathology may cause.
- Why some people develop CTE and others do not.

You can find more information on the emerging CTE research at various sources including the **CDC**, **NINDS** and the **Consensus Statement on Concussion in Sport**.

Did You Know?

- Most contact or collision teams have at least one athlete diagnosed with a concussion every season.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit **ncaa.org/concussion**.

What Can I Do to Keep Athletes Safe?

	Preseason	In-Season	Time of Injury	Recovery
What can I do?	Create a culture in which concussion reporting is encouraged and promoted.	Know the signs and symptoms of concussions.	Remove athletes from play immediately if you think they have a concussion and refer them a physician.	Follow the recovery and return-to-sport protocol established physicians.
Why does it matter?	Athletes who don't immediately seek care for a suspected concussion take longer to recover.	The more people who know what to look for in a concussed athlete, the more likely a concussion will be identified.	Early removal from play can mean a quicker recovery and help avoid further, potentially serious injury.	Physicians have the training to follow best practices.
Tips and strategies	Take concussion education material to your team. Tell your team that this matters to you.	Check in a physician if you want to learn more about concussion safety.	Provide positive reinforcement when an athlete reports a suspected concussion.	Tell athletes that health decisions, including clearance for unrestricted return to sport are determined by a physician.

You play a powerful role in setting the tone for concussion safety on your team. Let your team know that you take concussion seriously and reporting the symptoms of a suspected concussion is an important part of your team's values.

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MENTAL HEALTH GUIDELINES

Coaches are in a unique position and relationship with student athletes to identify signs of possible mental health concerns. We hold the athlete's health and safety as priority, as well as their academic success and athletic participation and success.

This policy and related protocols are intended to guide the coach and safety officers to identify concerns, support athletes' mental health in accordance with their role & scope of profession, and link athletes of concern with appropriate resources.

Acute Mental Health Emergency-Protocol
Define/Examples: Active suicidality (reports desire to end life), suicidal behavior (drug overdose, deep cutting, seeking out means); action taken, impaired judgment, high risk behaviors.

1. Call Public Safety and Service; off campus call 911.
2. Call Counseling Service and ask for **"Urgent Care Clinician": #(413)-538-2037**
   - Available 8:30am-5:00 pm
   - After 5:00pm contact the **"Professional Staff On Call"** by calling Public Safety and Service at **# (413) 538-2304**
3. Remain with the athlete until support services arrive
4. Notification of family etc. will follow MHC policy & protocols

Mental Health Urgency-Protocol
Define/Examples: Severe depression, reporting suicidal thinking, severe eating disorder behaviors resulting in risk to health or safety (ie recurrent injuries, passing out, abnormal thought processes)

1. Call Counseling Service and ask for **"Urgent Care Clinician" # (413) 538-2037**
   - Available 8:30am-5:00 pm
   - After that contact **"Professional Staff on Call"** by calling Public Safety and Service at **# (413) 538-2304**
2. Care and Resources website: Submitting a Care and Support Report is a demonstration of your care for the student -- it's a compassionate decision to bring professional care to a person in need when assistance is required beyond that which a friend or faculty/staff member can (or should) provide.

On-Campus Assistance

Counseling Service

- Monday to Friday: 8:30am - 5:00pm, walk in or call 413-538-2037.
- After Hours: call 413-538-2037 and follow the prompts.

Other Resources

- **ULifeline** : This website provides students with links to mental health information.
- **National Suicide Prevention Lifeline** OR Call 988
- **The Steve Fund** : Crisis text line for students of color (text "STEVE" to 741741).
- **The Trevor Project** : Crisis intervention and suicide prevention services to LGBTQI+ youth.
- **National Center for Transgender Equality**

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INJURIES WHICH OCCUR OFF-CAMPUS PROTOCOL

Visiting Another Campus

Safety Officers should always travel with the team first aid kit. If an athletic trainer or EMT is not available, proceed as in practice safety guidelines except that the local Emergency Medical System will be accessed through the host site.

In the event of a serious injury/concussion/trip to the hospital:

- Leave message at Health Center regarding incident with athlete's full name so they can follow up the next day: #413-538-3317.
- Fill out an Injury Report Form.

Off-Campus Practices

The procedures for Practice Safety Guidelines should be followed as closely as circumstances allow. Each Coach and Safety Officer will have to assess the situation beforehand: Where is the nearest phone? Who should be designated to make the appropriate phone calls? Always have your cell phone and first aid kit with you.

- Public Safety and Service #(413) 538-2304
- Health Center (Mon.-Fri.: 8:00am-7:00 p.m.; Sat.-Sun: 10:00 am -5:00 pm)-x2121 and off-hours-x2242.
- Ambulance-# (1)911 (from campus phone).
- Ambulance from non-campus phone: #413-538-2304.

Off-Campus Concussion Management

Athletes/coaches will follow the recommendations made by the host medical professional. If directed by a medical professional, the athlete should be taken to the nearest hospital for prompt evaluation.

- Fill out an Injury Report Form.
- Upon return to campus the athlete should be evaluated at the Health Center or a medical professional as soon as possible.

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DEATH/CATASTROPHIC INJURY PLAN

1. **HOME EVENTS**
    a. If an injury occurs that appears to be life-threatening or permanently disabling, the safety officer, coach, or other appropriate personnel must call Public Safety and Service (Campus phone: #1-911; Cell phone #413-538-2304, Campus 'Blue" phone).
        i. Request an ambulance.
        ii. State SEVERITY of injury.
    b. Public Safety and Service Dispatch will notify by RAVE emergency messaging.
        i. Medical Director, Cheryl Flynn, Physician, Health Center: (H) #; cell # *Will be responsible for contacting Counseling and the Dean on call.
        ii. It will be the discretion of Public Safety and Service whether the Emergency Response Team (ERT) is activated or not.
    c. An MHC representative will accompany the athlete to hospital (i.e. head or assistant coach, safety officer). Communication between the MHC rep and Public Safety is critical. MHC rep should leave their cell phone # with Public Safety and Service Dispatch.
    d. During a competition, a decision must be made as to continue or not. This decision would be made by the administrator on site (if applicable) and the coach.
        i. If the practice/game is discontinued, the team of the injured person should be kept together and moved to the Fieldhouse Lounge in Kendall or other available space (Equestrian Center Lounge if at Equestrian Facility), along with the coach. A therapist from the Counseling Service or members from the CIT (Crisis Intervention Team) will be available as soon as possible.

2. **OFF-CAMPUS (AWAY MATCH OR TEAM TRIP)**
    a. The coach should call Public Safety and Service Dispatch (#413-538-2304) who will notify the same people outlined in I. B. 1. ERT and/or the CIT will be on campus to greet the team upon their return.
        i. The hospital emergency room will take responsibility for parent notification. The coach may want to find out what the hospital's resources are to help them manage the situation.
    b. Van/Bus accidents with multiple casualties, may or may not include fatalities. A member of ERT may travel to the site/hospital depending on location. Crisis intervention will be made available for our athletes back on-campus.
    c. Transportation back to campus or overnight arrangements may need to be made for team members.

3. **NON-ATHLETIC SITUATION (DEATH OF AN ATHLETE)**
    a. A member of the Emergency Response Team would notify Student Involvement and Athletics at the point it became known they were a club athlete. If the coach is notified first (via students) they will immediately contact the Emergency Response Team.

4. **COMMUNICATION**
    a. Communication between all involved is paramount to the successful handling of an emergency. It is recognized that different levels of communication may be operating. The Emergency Response Team should be working closely with Counseling, Deans, Director of Health Center, Communications Office, and the family of the athlete.
    b. Communication with the family of the involved athlete is very important, including what information the family is comfortable sharing with others, and the `others' need to be specified.
    c. Care and Resources website: Submitting a Care and Support Report is a demonstration of your care for the student -- it's a compassionate decision to bring professional care to a person in need when assistance is required beyond that which a friend or faculty/staff member can (or should) provide.