

TUSCARORA HIGH SCHOOL

ATHLETICS EMERGENCY ACTION PLAN 2022-2023 INDOOR FACILITIES



Tuscarora High School

5312 Ballenger Creek Pike #7008, Frederick, MD 21703

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Emergency Action Plan – General Tuscarora High School 2022-2023

Revised: July 15, 2022

Emergency Personal On-Site:

There is a certified athletic trainer (ATC) for all home contests. All coaches are first aid/CPR trained.

Emergency Communication:

Walkie Radios are available for all on site game workers. Cell phones are also used for communication in case of emergency.

Medical emergency Contact: Ivy Vanessa B Baker, LAT, ATC

Other emergencies: Chris O'Connor (Coordinator of Athletic and Facilities)

Inclement Weather will be decided by Athletics Coordinator and/or ATC

Emergency Equipment:

There are a number of AEDs located around Tuscarora High School's campus that are available if a need arises in cardiac emergencies. It is recommended that only those trained in the use of the AED devices use them in emergencies. If a respiratory or cardiac arrest is suspected contact 911, follow CPR and AED guidelines and stay within your personal qualifications until a more qualified person arrives.

Locations of the AED:

1. Two in the cabinet in the Athletic Director's office
2. One in the Stadium building light room besides the men's bathroom
3. One on Main Street beside the school store
4. One outside of the Athletic Director's Office (C109)
5. One with the Athletic Trainer

Each AED has an Opioid Overdose Kit attached. First Aid kits are carried by coaches/teams along with the athletic trainer. Cold water immersion tub is located by the concession stand (refer to Heat EAP).

Roles/Responsibilities:

Certified Athletic Trainer - The athletic trainer will notify the athletic director of the catastrophic incident if he/she is not present. The athletic trainer will also notify the head coach if the incident occurs outside of athletic participation or when the coach may not be present. They will communicate with parents/guardians in regards to any injury or catastrophic incident.

Athletic Director - The athletic director will notify or be notified by the athletic trainer about the injury or catastrophic incident. Following this the athletic director will notify any other Tuscarora High School administrative personnel of the catastrophic event such as the principal. If the incident does not occur during athletic participation, the athletic director may assist the athletic trainer in notifying the head coach of the incident.

Head Coach - The head coach will notify the athletic trainer and the athletic director of the injury or catastrophic event if they are not present and then follow the corresponding emergency action plan set for the location. The head coach will also assist in keeping the other student athletes a safe distance away from the incident and encourage them to be respectful of the injured until a formal release of information is made.

Sports Medicine Assistant (Student) – The SMA will assist the Certified Athletic Trainer and other medical personnel in caring for injured or ill student athlete. Minor athletic injuries include basic first aid and taping techniques that the SMA has performed under the supervision of the AT and has been cleared to perform.

Catastrophic Incident

The following guidelines should be used if any of the following catastrophic incidents occur:

- Sudden death
- An injury resulting in a permanent disability
- Serious head and/or neck injuries
- Temporary or transient paralysis
- Medical conditions which render the effected person unable to make a decision

The management team for a catastrophic incident will include the following:

- Athletic Trainer - Ivy Vanessa B Baker
- Athletic Director – Kevin Lynott
- Head Coach
- Any other personnel deemed appropriate by the management team

Recommended Immediate Emergency Action Plan

1. Determine the severity or extent of the injury/illness and contact necessary medical personnel. Do not attempt to move if a suspected head or neck/back injury has occurred, or a suspected respiratory or cardiac emergency has occurred. Contact 911 immediately.
2. Injured players should be encouraged not to move until medical assistance arrives. Everyone other than medical personnel and members of catastrophic incident team will be kept a safe distance away from the incident to allow medical personnel and the management team to perform their duties without interference.
3. The location's designated emergency action plan should be followed throughout this process.
4. The head athletic trainer or the leader of the management team will notify an administrator that a catastrophic incident occurred unless the athletic director is present.
5. The athlete's parent(s)/guardian(s) will be contacted. Contact information can be found by the athletic director. EMS (Emergency Medical Services) will also be activated immediately using the following steps.

Activating EMS:

1. Ensure the scene is safe, if unsafe call Emergency Medical Services (EMS)
2. Provide any immediate care of injured party:
 1. If ATC is on site, will take responsibility of taking care of injured party and will make appropriate decisions to call EMS
 2. If no ATC available, tend to injured party with appropriate medical care
 3. If/when EMS is called, be as detailed as possible:
 - i. introduce yourself and provide a valid phone number for EMS to have in case the line is disconnected
 - ii. provide specific address/location
 - iii. what care was taken and any information on the injured party
 - iv. stay on the line until EMS hangs up first
3. Coach/bystander/ATC will assist if needed with emergency care and/or will bring other bystanders to appropriate safety and location
4. Game worker/Athletic Director/Coach will assist EMS in access to field/court

Venue Directions

Practice Fields: Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and housing developments will be on the left. Enter at the entrance past the school, drive through the parking lot, and park at the gates that lead to the athletic fields

- **The football practice field will be the first field in front of the gates. It is the field immediately next to the stadium on the left-hand side.**
- **Field hockey/women's lacrosse practice field is the next field on the right on the paved path.**
- **Men's soccer/men's lacrosse practice field is adjacent to field hockey and women's lacrosse field and perpendicular to the football field.**
- **The baseball practice/game field is the last field on the paved path on the left. This is also the practice field for women's soccer.**

Stadium: Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and housing developments will be on the left. Enter at the first entrance; drive past the tennis courts and through the gate to the back of the school. Continue through to the gate on the right opening to the field. Sports playing here include football, men's and women's soccer, indoor and outdoor track, men's and women's lacrosse, and unified track.

Main Gym: Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and housing developments will be on the left. Enter at the second entrance, park in front of the 2nd crosswalk. Enter through the glass doors. Walk down the hallway and enter into the second set of double doors on the right.

Auxiliary/Practice Gym: Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and housing developments will be on the left. Enter at the second entrance, park in front of the 2nd crosswalk. Enter through the glass doors. Walk down the hallway and enter into the first set of double doors on the right.

Ballenger Creek Park: Follow Ballenger Creek Pike towards Tuscarora High School. The park entrance is along Ballenger Creek Pike on the right-hand side, about 1/2 mile before the second school entrance.

Golf: Tuscarora golf practices at the Worthington Manor Golf Course in Urbana, Maryland. The address is 8329 Fingerboard Rd, Urbana, MD 21704.

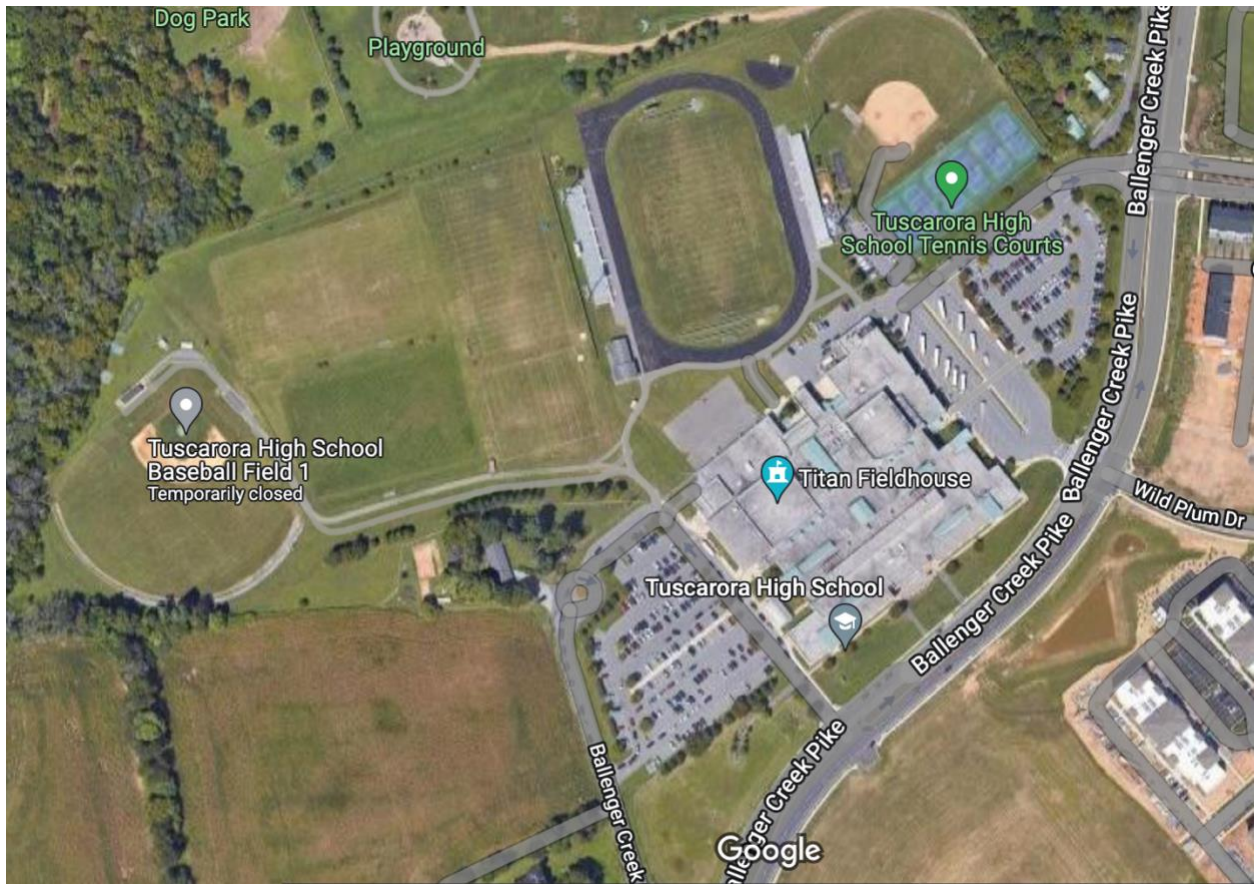
Cafeteria (Cheerleading): Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and cornfields will be on the left. Enter at the entrance past the school, park in front of the 2nd crosswalk. Enter through the glass doors. Walk down the hallway and straight to the double doors at the end. Enter the doors into the cafeteria.

Wrestling (Varsity and JV): Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and housing developments will be on the left. Enter at the entrance past the school, park in front of the 2nd crosswalk. Enter through the glass doors. Follow the hallway and enter the first set of double doors on the left to reach the wrestling (conditioning) practice room.

Swimming (Varsity and JV): Tuscarora swim practice and home meets are held at Middletown HS. The address is 200 Schoolhouse Dr, Middletown, MD 21769.

Tennis (Varsity and JV): Follow Ballenger Creek Pike towards Tuscarora High School. The school will be on the right and housing developments will be on the left. Enter at the first entrance, the tennis courts are the first objects that you will see. There are six all together.

Venue Map



Emergency Action Plan – Spinal Injury Tuscarora High School 2022-2023

Revised: July 15, 2022

Emergency Personnel:

A Certified Athletic Trainer will be present at all games. Paramedics will be present at most games - if not, they will be on call for games and practice. Other personnel that is available are the athletic director, administration and the coaching staff.

Athletics Coordinator: Chris O'Connor

Athletic Trainer: Ivy Vanessa B Baker

Principal: Chris Berry

Emergency Equipment:

- **AED:** The Athletic Trainer will have an AED on them at all times (typically located on the passenger side of the golf cart).
 - **LOCATIONS:**
 - Two in the cabinet in the Athletic Director's office
 - One in the Stadium building light room besides the men's bathroom
 - One on Main Street beside the school store
 - One outside of the Athletic Director's Office (C109)
 - One with the Athletic Trainer
- **Cervical Collar:** In Splint bag
 - Games: In the cart with the athletic trainer during events
 - Practice: If athletic trainer is onsite with them, if athletic trainer is not on-site it is located in the shed on the football field
- **Equipment Removal:** with athletic trainer in back zipper pocket of kit (includes: garden shears, quick release tool, hand screwdriver, electric screwdriver and tongue depressors)

EAP Activation:

If an athlete has any of the following signs or symptoms below activate EAP

- Unconsciousness (or altered consciousness)
- Bilateral neurologic complaints/findings
- Significant cervical spine pain (with or without palpation)
- Obvious spinal column deformity
- Athletic trainer assesses student athlete and states EAP activation is warranted

Roles/Responsibilities of First Responder to Emergency Situations:

1. Ensure the scene is safe, call Emergency Medical Services (EMS)
2. Provide any immediate care of injured party:
 - a. Apply manual cervical spine stabilization throughout the entire process of care.
 - b. Realign cervical spine to neutral if possible, and apply cervical collar (if available)
 - c. Check life threatening conditions
 - i. Level of consciousness – if unconscious call 911 immediately
 - ii. Airway – is airway blocked
 - iii. Breathing – if person is breathing
 - iv. Circulation – does person have pulse
 - v. Bleeding – is person bleeding severely

- d. Remove protective equipment that impedes access to the airway
 - i. If athletic trainer is on-site remove all protective equipment (helmets and shoulder pads) either before EMS arrives or with the help of EMS
 - ii. If one item is removed (e.g. helmet), all equipment must be removed in order to maintain c-spine stabilization (helmet and shoulder pads)
 - iii. Lacrosse helmets should be removed in a suspected c-spine injury due to the unique structure of the helmet.
 - iv. Sports with helmet only equipment should have the helmet removed to establish neutral alignment.
 - e. Monitor vitals/level of consciousness throughout entire process
 - i. Breathing/circulatory status: Normal 10-30 breaths per minute
 - ii. Pulse: quality, rate, and rhythm
 - iii. Neurologic status/level of consciousness
 - f. When EMS arrives move athlete to spine board (3-person log-roll or 6-person lift)
 - g. Have parent, coach, administrator accompany athlete to hospital (if possible)
3. Other responders should contact guardians, help with unlocking proper gates and directing EMS or assisting the first responder (monitoring vitals, helping the athletic trainer with equipment removal, keeping others away from the scene)

Emergency Action Plan – Exertional Heat Illness Tuscarora High School 2022-2023

Revised: July 15, 2022

Exertional Heat Illness Protocol:

Practice or competition in hot and/or humid environmental conditions poses special problems for student-athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare constant surveillance and education are necessary to prevent heat-related problems.

Exertional heat illness includes exercise-associated muscle cramps, heat syncope, heat exhaustion, and exertional heat stroke (EHS). Current best practice guidelines suggest that the risk of exertional heat injuries can be minimized with heat acclimatization and diligent attention to monitoring individuals participating in activities that place them at a higher risk for these types of injuries.¹ In the event an athlete sustains a heat illness, immediate and proper treatment is needed.

National governing bodies, such as the National Federations of High School Associations, National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations, have published guidelines for the prevention, monitoring and treatment of exertional heat illnesses. In addition, national authorities such as the National Athletic Trainers' Association and the Korey Stringer Institute have published research to support best practices in this area. The development of the organization's heat acclimatization guidelines will be based on the current best practice documents.

¹Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*. 2015;50(9):986-1000.

Policy Statement:

This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of exertional heat illnesses for students/athletes, faculty and staff of Tuscarora High School.

This policy will be a living, working document that is continually reviewed and updated yearly as the organization and our community changes.

Prevention of Exertional Heat Illness (EHI):

In addition to monitoring local weather reports/information, regular measurements (and recording) of environmental conditions at the venue are required. Each ATC should specify the monitoring procedure with their staff when advisable, especially during preseason. The covering ATC will notify the coaching staff and/or officials about unsafe conditions and assist in making the decision to delay the practice or contest. The ATC will also assist in deciding what type of clothing and scheduling water breaks would be most appropriate for specific temperature conditions. In addition, sports medicine staff is responsible for adhering to common heat prevention practices such as: discussion at team meetings, identifying susceptible student-athletes, recording body weight (pre/post practice), posting urine charts, encouraging nutrition and hydration, identifying heat illness and providing immediate care

Pre-participation history and physical exam

1. A thorough medical history will be gathered (history of heat illness, sickle cell trait/disease, etc.) All student-athletes are required to have updated PPE completed dated April 1, 2022 or later for 2022-2023 school year, in order to participate in Frederick County Public Schools (FCPS) interscholastic and corollary athletics
2. Individuals with risk factors will be identified and counseled (see table below):

Risk Factors for Heat Illness	
<i>Intrinsic</i>	<i>Strategies to Minimize Risk</i>
High intensity exercise	Gradually phase in exercise and conditioning
Fever or illness	Monitor and remove at risk athletes as necessary
Dehydration	Educate coaches/athletes on proper hydration Provide adequate access to water
Overweight/obesity	Gradually phase in exercise and conditioning
Lack of heat acclimatization	Follow heat acclimatization program
Medications (antihistamines, diuretics, ADHD drugs)	Monitor and remove at risk athletes as necessary
Skin disorder (sunburn or malaria rubra)	Monitor athletes closely
Predisposing medical conditions	Monitor and remove at risk athletes as necessary
<i>Extrinsic</i>	<i>Strategies to Minimize Risk</i>
High ambient temperature, solar radiation or humidity	Avoid exercise in hotter parts of the day
Heavy gear or equipment	Gradually introduce equipment
Poor practice design	Educate coaches regarding strategies to minimize risk

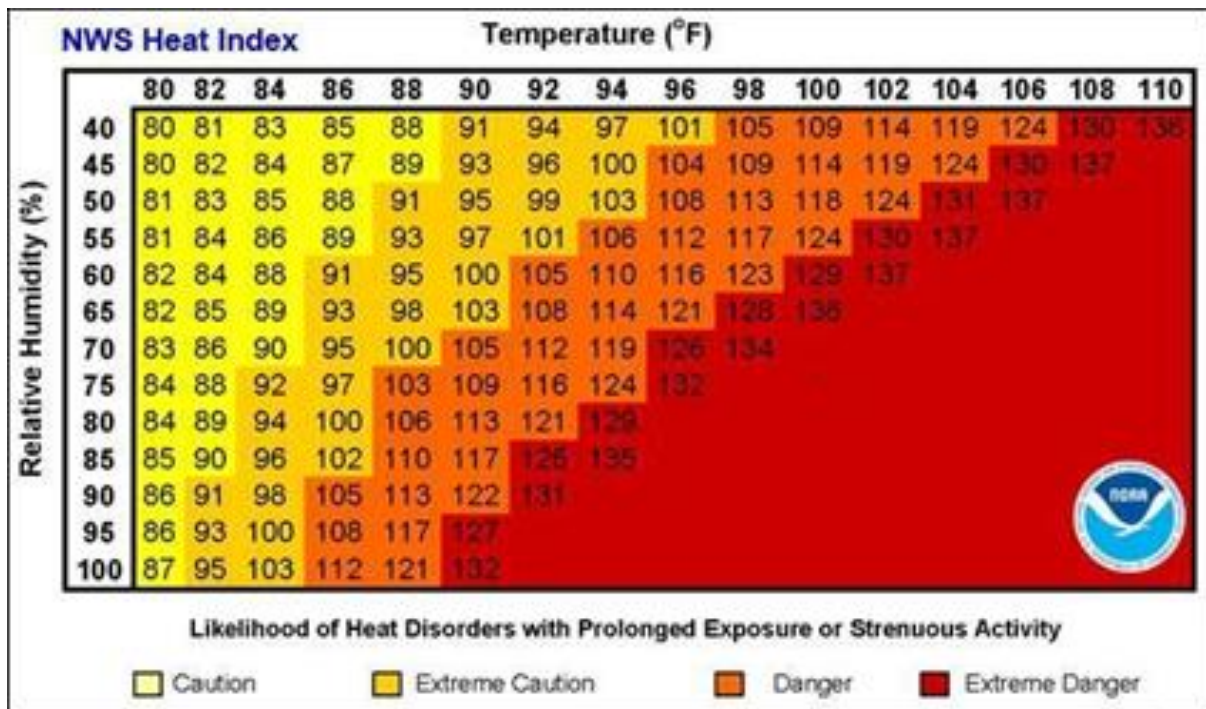
3. When applicable the ATC or persons responsible will be notified of individuals with pre-existing conditions that place the individual at risk of exertional heat illness. Parents and student-athletes should be informing ATC and or coaches of changes in medication or medical conditions that may predispose an individual to an EHI.

Environmental Monitoring and Activity Modification/Cancellation

1. When Athletic Trainer is present environmental monitoring will occur utilizing a WBGT device – GENERAL Heat Index Checker. In the event that the Athletic Trainer is not present the coach, athletic director, school administrator, etc. will base environmental monitoring from the NWS Heat Index.
2. Environmental monitoring will occur any time it is warm outside (i.e. over 70°F)
3. Environmental monitoring and activity modifications may be necessary for certain types of indoor facilities such as the Gymnasium.
4. Monitoring of WBGT/heat index will occur every 30-60 minutes depending on conditions (Green/Yellow ~ 60 min.; Orange/Red ~30 min) beginning at the scheduled practice time
 - a. Ivy Vanessa Baker, LAT ATC will monitor the WBGT/heat index when on campus and will make any modification/cancelation of activity based on the following:

Cat 3	Activity Guidelines
< 82.0	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0	Maximum practice time is 2 h. <u>For Football</u> : players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports</u> : Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9	Maximum practice time is 1 h. <u>For Football</u> : No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports</u> : There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1	No outdoor workouts. Delay practice until a cooler WBGT is reached.

- b. If WBGT is not available and/or Ivy Vanessa Baker is not on campus, all modifications/cancellation decisions will be made based on the NWS Heat Index by the Athletic Trainer, Athletic Directors, School Administration, Coach, etc.



Temperature	Humidity	Air Quality Index	Restrictions
Less than 89 F	Under 70%	Code Green Good Air Quality Control	No Restrictions
80-89 F	70% or more	Code Yellow Moderate Air Quality	Monitor carefully Shortened practice Frequent water breaks Football – minimum pads
90-99 F	70% or less	Code Yellow Moderate Air Quality	Monitor carefully Shortened practice Frequent water breaks Football – minimum pads
90 – 99 F	70% or more	Code Orange Approaching Unhealthy	Monitor carefully Shortened practice Mandatory water and shade every 15 – 20 minutes T- Shirt and shorts only
100+ F	Any Value	Code Red Unhealthy Air Quality	Cancel, postpone, or suspend activities

- c. WBGT will be measured on the Stadium Turf Field, Field Hockey Field, Softball Field, Baseball Field, Practice Soccer Field, Practice Football and Gymnasium – during appropriate practice times. All off campus practices and games will follow the NWS Heat Index Guidelines or that facilities Policies and Procedures regarding Exertional Heat Illness.

Treatment of Heat Illnesses:

Exercise-Associated Muscle Cramps (EAMCs)

Signs and Symptoms:

- Dehydration, thirst, sweating, transient (short term) muscle cramps, and fatigue
- Painful, involuntary muscle spasms (usually occurring in the legs) associated with exercise when athletes have been sweating profusely
- A precursor to the initial onset of cramps involves muscle twitches or fasciculation's. IF this occurs, remove athlete from the heat and encourage rehydration with an electrolyte beverage.

Heat Cramps are often confused with Exertional Sickling, these guidelines can be used to assist in differentiation:

Symptom/Factor	Heat Cramps	Exertional Sickling
Pain	More excruciating pain; can be pinpointed to a location	Pain is strong, however, is more generalized over body
State of Muscles	Muscles "lock-up"; Visibly contracted and rock hard	Muscles are weak; athletes slump, push through instances of collapse
Physical Symptoms	Athletes may writhe or yell in pain	Sickling athletes lie fairly still without yelling
Prodrome of Muscle Twinges	Yes	None
Occurrence during Workout/Session	Occurs during or after intense workouts (after 30 minutes)	Generally occurs within first half hour during intense workouts
Body Temperature	Athlete's core temperature is elevated	Athlete's core temperature is not greatly elevated

Treatment:

- Remove the athlete from the exercise session, workout, or practice and have them rest in the shade or an air-conditioned room; passive static stretching of muscle until cramps decrease
- Massage, icing, or both of the affected muscles that are cramping in its full-length position can relieve discomfort.
- Provide the athlete with cool fluids, such as water or an electrolyte sports drink to replace sweat losses.
- Provide food high in salt content to replenish the electrolytes lost from sweat.

- The use of IV fluids should be considered if the patient is noncompliant or unable to tolerate fluids.

Return to Play:

- Once an athlete has rested and replenished the fluids and electrolytes lost from their sweat, they can usually return to play during that same exercise session or practice at the discretion of the team physician or AT, until signs and symptoms are no longer present.

Heat Syncope

Signs and Symptoms:

- Dizziness, tunnel vision, sweaty skin, decreased pulse rate occurring in unfit or heat-unacclimatized people
- Usually occurs in the first 5 days of unaccustomed heat exposure and in those with heart disease or taking diuretics

Treatment:

- Move the patient to a shaded area, monitor vital signs, elevate legs above heart level, cool skin, rehydrate

Return to Play:

- Once an athlete has rested and replenished the fluids and electrolytes lost from their sweat, they can usually return to play during that same exercise session or practice at the discretion of the team physician or AT, until signs and symptoms are no longer present

Heat Exhaustion

Signs and Symptoms:

- Fatigue, headache, nausea, vomiting, weakness, dizziness, impaired muscle coordination, light headedness
- Minor cognitive changes (i.e. headache, dizziness, confusion)
- Heavy sweating, dehydration, sodium loss, irritability, high skin blood flow
- Occurs most frequently in hot or humid (or both) environments, but can also occur in normal environmental conditions with intense physical activity
- Core (rectal) body temperature be less than 104°F or less than 40°C.

Treatment:

Individuals experiencing heat exhaustion should respond quickly to treatment. If not, exertional heat stroke should be suspected. If the person is experiencing heat exhaustion, the core body temperature should be <104°F. To treat heat exhaustion:

- Remove excess clothing and move the individual to a cool/shaded area
- Elevate legs above heart level to promote venous return, while clinician monitors vital signs
- Cool the individual with fans, rotating ice towels, or ice bags
- Provide oral fluids for rehydration
- If IV fluids are needed or recovery has not improved after 30 minutes of start of treatment, transfer care to physician/activate EMS. Also, rectal temperature should be obtained and if >104°F (40°C) treat for Exertional Heat Stroke.

Return to Play:

- Returning to activity the same day of an episode is not prudent or advised. Individuals should wait at least 24 hours before returning to activity. Medical clearance is recommended to rule out other conditions.
- The following will be monitored at time of incident, prior to RTP, and for 2-5 days after initial RTP:

- Dip stick urine test- monitoring normative values of specific gravity, bilirubin, and ketones
- Monitor urine color
- Monitor diet and hydration

Exertional Heat Stroke (EHS)

Signs and Symptoms:

- The two **main** criteria for diagnosing EHS are **core (rectal) body temperature >104°F to 105°F (>40.0°C to 40.5°C)** immediately post collapse and **significant central nervous system** dysfunction
- Irrational behavior, irritability, emotional instability, aggressiveness, unusual behavior, apathy, hysteria, delirium
- Altered consciousness, coma, disorientation or dizziness,
- Headache, Confusion or just look "out of it", nausea or vomiting
- Diarrhea, Muscle cramps, loss of muscle function/balance, inability to walk
- Collapse, staggering or sluggish feeling
- Profuse sweating, decreasing performance or weakness, dehydration, dry mouth, thirst
- Rapid pulse, low blood pressure, quick breathing
- Other outside factors may include:
 - They are out of shape or obese
 - It is a hot and humid day
 - Practice is near the start of the season, and near the end of practice
 - It is the first day in full pads and equipment

Treatment:

Heat stroke is a medical emergency.

- Remove all equipment and excess clothing.
- Assess core body temperature with rectal thermometer. Immediate treatment is vital; therefore, do not waste time using an alternate and invalid method of body temperature assessment if it's not available. Instead, use other key diagnostic indicators (i.e. CNS dysfunction, circumstances of collapse)
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a [tub/stock tank](#) with ice and water approximately 35–58°F); stir water and add ice throughout cooling process.
 - A Cold Water Immersion Tub will be located by the double doors on the north west side of the building on at the entrance of Ron Engle Court
- If immersion is not possible (no tub or no water supply), move athlete to shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible, or cool via Tarp Assisted Cooling Oscillation (TACO) – All coaches will be trained on TACO method prior to the start of Sports on August 10th, 2022 via Ivy Vanessa Baker, LAT, ATC
 - If practice is in a location that will delay cooling for >5 minutes Athletic Trainer will have a tarp and chest of ice and at least 1- 5 gal cooler of water in order to begin cooling. Coach will notify the athletic trainer of the emergency and begin the cooling method using the tarp provided in medical kit or tarp with Athletic Trainer. Athletic Trainer will be responsible for the head and neck while coaches, assistant coaches and other student-athletes will be delegated to assist with oscillation. Designated student-athletes will be responsible for getting more ice/water for cooling.
 - In the event there is no Athletic Trainer present and practice is in a location that will delay cooling for > 5 minutes, all coaches will be provided a Tarp in their medical kit for use of Tarp Assisted Cooling Oscillation (TACO). Coaches will

have at least 1 5-gal of water and 1 5-gal of ice to use for cooling. At least 6 delegated individuals consisting of assistant coaches and student-athletes will assist in oscillation. All coaches will have been trained on the TACO method of cooling. Previously delegated individuals will be responsible for getting more ice/water for cooling.

- Maintain airway, breathing and circulation.
- **After** cooling has been initiated, activate emergency medical system by calling 911.
- Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure and CNS status every 5-10 minutes if a continuous monitoring device is not available.
- Cease cooling only when rectal temperature reaches 102°F (38.9°C) or less within 30 minutes of collapse and then transport via EMS to nearest medical facility (other temperature measures are not accurate and should not be used).
- Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole-body cold-water dousing) was initiated within 10 minutes of collapse.

Return to Play:

After an EHS episode occurs, there may be physiological changes, such as heat tolerance, that are temporarily, and occasionally, permanently compromised. Long-term complications and morbidity are directly related to the time that the core body temperature remained above the critical threshold. To safely return an athlete to full participation following an EHS, a specific return-to-play (RTP) strategy should be implemented. The following guidelines are recommended for RTP:

- Physician clearance prior to return to physical activity. The athlete must be asymptomatic and lab tests must be normal, specifically monitoring CPK, creatinine, and sodium levels
- The length of recovery time is primarily dictated by the severity of the incident.
- The athlete should avoid exercise for at least one (1) week after the incident.
- The athlete should begin a gradual RTP protocol in which they are under the direct supervision of an appropriate health-care professional such as an athletic trainer or physician.
- The type and length of the RTP program may vary among individuals, but a general program may include:
 - Easy-to-moderate exercise in a climate-controlled environment for several days, followed by strenuous exercise in a climate-controlled environment for several days
 - Easy-to-moderate exercise in the heat for several days, followed by strenuous exercise in the heat for several days
 - If applicable to the individual's sport: easy-to-moderate exercise in the heat with equipment for several days, followed by strenuous exercise in the heat with equipment for several days
- The following will be monitored at time of incident, prior to RTP, and for 2-5 days after initial RTP:
 - Individuals who have expressed signs and symptoms of an exertional heat illness (i.e. headache, dizziness, cramping, confusion, etc) will be monitored via weight loss recording before and after practice(s). If the individual is symptom free and meets the weight gain requirements they may commence with practice. Athlete will be monitored for no less than 3 days.

No Immediate Safety Concern:

Emergency Procedures:

- If student-athlete is present, they should be walked to the counselor for an emergency appointment by member of the Mental Health Emergency Team
- If the counselor isn't on campus, athlete should be referred to Mental Health Walk-in Clinic or call 211

Location: 226 South Jefferson Street, Frederick MD 21701

Hours: Mon-Fri 10am-10pm, Sat-Sun 10am-6pm

Due to the Coronavirus, Walk-in services can be accessed either in person or online. The virtual walk-in service is available online -

<https://fcmha.org/how-we-help/behavioral-health/telehealth>

- If the student-athlete is not there but is willing to receive help they should be contacted via phone and email and directed to the counselor or referred mental health professional.
- If there is a concern of child abuse Child Welfare Services must be contacted within 48 hours of report (Frederick Co.: 301-600-2464)
- Mental Health Emergency Team must alert parents or guardian

Follow Up:

Athletic trainer should follow up with counselor/mental health professional and discuss if/when student-athlete is allowed to return to class/sport and discuss treatment plan moving forward.

Non-Violent Mental Health Guideline

If student athlete shows signs/symptoms of mental health disorder or illness:

- Offer quiet and secure place to talk
- Explain confidentiality
 - Maryland Reporting Requirements
- Show genuine concern
- Avoid judging the student-athlete; provide positive support.
- Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an ATC.
- Help the student-athlete understand that he or she is not alone - others have been through this too.
- Listen to the student-athlete. Allow them to express their thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student athlete.
- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in their head:
 - Can you tell me what is troubling you?
 - Are you thinking of hurting yourself?
 - Is someone hurting you?
 - Have you thought about suicide?
- If the student-athlete is expressing suicidal ideation implement Mental Health EAP
- You may offer positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need."
- Document and communicate your concerns and refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Mental Health Guideline for Disordered Eating

These are some signs and symptoms of disordered eating:

Gastrointestinal issues (constipation, bloating, postprandial distress, abdominal pain, bowel irregularities)	Callus or abrasion on back of hand (from inducing vomiting)
Dehydration	Dry skin, brittle hair, and nails
Muscle cramps	Dental decay
Edema	Pain in pharynx
Hypothermia	Swollen parotid glands
Anemia	Significant weight loss
Hair Loss	Frequent and often extreme weight fluctuations
Low weight despite of eating large volumes	Fatigue (beyond that normally expected)
Muscle weakness	

If student athlete shows signs/symptoms of disordered eating:

- Initial Intervention should be facilitated by an authority figure who has the best rapport with the athlete
 - Approach with sensitivity and respect while adhering to disclosure regulations regarding patient confidentiality
 - Indicate specific observations of concern
 - Expect denial, anger and/or resistance
 - Have expertise readily accessible for consultation and/or timely referral
- Refer to physician for evaluation if suspicions of disordered eating are confirmed
- Alert school counselors (Tuscarora counselors would like to know about disordered eating)

Follow Up:

Athletic trainer should follow up with physician/mental health professional on when student-athlete is allowed to return to class/sport and discuss treatment plan moving forward.

Emergency Action Plan – Lightning/Inclement Weather Tuscarora High School 2022-2023

Revised: July 19, 2022

Lightning

If inclement weather is forecasted or sighted in the area, the onsite certified athletic trainer (ATC) and/or appropriate administrators will inform coaches and athletes. If lightning is seen or if a weather app (THS ATC uses WeatherBug) alerts of a strike within 10 miles of campus all outdoor athletic venues will be cleared.

Safety Guidelines:

Generally speaking, if an individual can see lightning and/or hear thunder, he/she is already at risk. Louder or more frequent thunder indicates that lightning activity is approaching, increasing the risk for lightning injury or death. The Athletic Trainer should work with the coaching staff, officiating staff, and administration when thunderstorms are in the area. The Athletic Trainer is responsible for using resources such as WeatherBug for the final determination with regards to continuation of play during poor weather conditions. Once the Athletic Trainer makes the decision to suspend play, all participants and spectators must evacuate the area and move to a safer place. If participants are unable to completely evacuate the area, they should utilize the venue-specific **safe shelters** listed below.

1. THS Cafeteria
2. THS Gymnasium
3. THS Hallways
4. THS Weight Room
5. Fully Enclosed Cars/Buses

Unsafe Shelters

1. Unsafe locations include most places termed shelters, such as picnic, park, sun, bus, and rain nonmetal shelters and storage sheds
2. Locations with open areas, such as tents, dugouts, refreshment stands, gazebos, screened porches, press boxes, and open garages are not safe from a lightning hazard
3. Tall objects (eg, trees, poles and towers, and elevated areas) are potential lightning targets and should be avoided. Large bodies of water, including swimming pools, are unsafe areas

Criteria for Postponement and Resumption of Activities:

As a minimum, the NFHS, FCPS and the NATA strongly recommend that all individuals have left the athletic site when the distance of lightning is within a ten-mile range. It will be deemed safe to resume activity 30 minutes after the last lightning strike by ATC and/or appropriate administrators.

Cold Weather Policy for Practices and Games

The recommendations below come from the National Athletic Trainers Association Position Statement: Environmental Cold Injuries. It is our opinion that these are the “Best Practices” for conducting practices and games in Cold Environment. The safety of our student athletes, coaches, managers, athletic trainers, administration, and any associated staff should be paramount. Please see the National Athletic Trainers Association (NATA) position statement that is attached should you have any questions please contact the Athletic Training Staff. Reading the NATA position statement and recognizing signs and symptoms of cold related conditions, the management and ultimate treatment of those related conditions are the responsibility of all associated with conducting practices and/ or games.

<https://natajournals.org/doi/pdf/10.4085/1062-6050-43.6.640>

Definitions of Cold Injuries

Hypothermia: defined as a decrease in core body temperature below 95°F (35°C).

Condition	Sign and Symptom
Mild	Core temperature 98.6°F to 95°F (37°C–35°C) Amnesia, lethargy Vigorous shivering Impaired fine motor control Cold extremities Polyuria Pallor Rhinorrhea Typically conscious Blood pressure within normal limits
Moderate	Core temperature 94°F to 90°F (34°C–32°C) Depressed respiration and pulse Cardiac arrhythmias Cyanosis Cessation of shivering Impaired mental function Slurred speech Impaired gross motor control Loss of consciousness Muscle rigidity Dilated pupils Blood pressure decreased or difficult to measure
Severe	Core temperature below 90°F (32°C) Rigidity Bradycardia Severely depressed respiration Hypotension, pulmonary edema Spontaneous ventricular fibrillation or cardiac arrest Usually comatose

Frostbite: Frostbite is actual freezing of body tissues. It is a localized response to a cold, dry environment, yet moisture from sweating may exacerbate frostbite due to increased tissue cooling.

Condition	Sign and Symptom
Mild/Superficial	Dry, waxy skin Erythema Edema Transient tingling or burning sensation Skin contains white or blue-gray colored patches Affected area feels cold and firm to the touch Limited movement of affected area
Deep	Skin is hard and cold Skin may be waxy and immobile Skin color is white, gray, black, or purple Vesicles present Burning aching, throbbing, or shooting pain Poor circulation in affected area Progressive tissue necrosis Neurapraxia Hemorrhagic blistering develops within 36 to 72 hours Muscle, peripheral nerve, and joint damage likely

Chilblain: also known as pernio, is an injury associated with extended exposure (1–5 hours) to cold, wet conditions. Chilblain is an exaggerated or uncharacteristic inflammatory response to cold exposure.

Condition	Sign and Symptom
Chilblain	Red or cyanotic lesions Swelling Increased temperature Tenderness Itching, numbness, burning, or tingling Skin necrosis Skin sloughing