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**Homer Central School District Athletic Department Emergency Action Plan**

**Last Reviewed: 10/18/2022**

The Emergency Action Plan was developed by the Homer Central School District. It is our hope that this comprehensive plan will be a useful tool to all who may have to use it.

**The Following Abbreviations will be used in this Document:**

**AD** – Athletic Director

**ATC** – Certified Athletic Trainer

**EAP** – Emergency Action Plan

**HCSD** – Homer Central School District

**NATA** – National Athletic Trainer’s Association

**NCAA** – National Collegiate Athletic Association

**NYSPHSAA** – New York State Public High School Athletic Association

**Directions to Local Medical Facilities**

**Guthrie Cortland Regional Medical Center**

**134 Homer Avenue**

 **Cortland, NY 13045**

 **(607) 756-3500**

Head to Route 11, travel south, towards Cortland. Turn right onto West Main Street ( just past the KwikFill) and follow the signs to the emergency entrance of the medical center.

**Cayuga Medical Center Convenient Care at Cortland
129 Commons Ave**

**Cortland, NY 13045**

**(607) 756-7200**

Head to Route 281, travel south toward Cortland. It is the first right hand turn past the Main street/281 intersection. Turn right onto Commons Ave. The Convenient Care is located on the corner.

**Upstate University Hospital**

**2nd Fl., East Wing,**

**750 East Adams Street**

**Syracuse, NY 13210**

**(315) 464-5565**

Route 81 North to Exit 18. Take a right off the exit and follow signs to the hospital.

**HOMER CENTRAL SCHOOL DISTRICT ATHLETIC DEPARTMENT**

**EMERGENCY ACTION PLAN**

The risk of injury, catastrophic injury and sudden death are inherent in athletics and must be considered in the overall participation risk and medical coverage needs of the student-athlete. Every school should have an established emergency plan to include all venues and all activities, such as games, practices, strength and conditioning sessions, etc. (NYSPHSAA)

According to the NATA Position Statement on Emergency Action Plans, “preparation for response to emergencies includes education and training, maintenance of emergency equipment and supplies, appropriate use of personnel, and the formation and implementation of an emergency plan. The emergency plan should be thought of as a blueprint for handling emergencies. A sound emergency plan is easily understood and establishes accountability for the management of emergencies. Furthermore, **failure to have an emergency plan can be considered negligence**” (2002).

“Emergencies, accidents, and natural disasters are rarely predictable; however, when they do occur, rapid, controlled response will likely make the difference between an effective and an ineffective emergency response. Response can be hindered by the chaotic actions and increased emotions of those who make attempts to help persons who are injured or in danger. One method of control for these unpredictable events is an emergency plan that, if well designed and rehearsed, can provide responders with an organized approach to their reaction” (Anderson, et al 2000).

**EMERGENCY EQUIPMENT:**

**Standard First Aid equipment** (gloves, gauze, bandages, etc.) is available in all team medical kits as well as in the ATC’s personal medical kits. Additional supplies will be provided to those coaches who need them. Coaches are responsible for maintaining and restocking their medical kits. **Personal cell** phones will be utilized as the primary means of communication with coaches, administration and the medical staff. **AEDs** are located in all buildings and; portable AEDs are available to the coaches for home events.

**Location of AEDs per Building:**

| **Building** | **Locations** |
| --- | --- |
| **High School** | **1st floor- South Wing****2nd Floor- NorthWing****Auditorium Main Lobby****Nurses Office****HTEC****Athletics Hallway by Water fountain** |
| **Jr. High School** | **1st Floor - Outside Gym****Bonne Auditorium Lobby** |
| **Intermediate School** | **By Cafeteria/Gym****Nurse’s office** **1st floor by bathrooms** |
| **Elementary School** | **Nurse’s office** **By Cafeteria,** **By Main Office,****2nd Floor - middle of hallway** |

**EMERGENCY PERSONNEL:**

Anyone on site may be called upon to assist when an emergency occurs. If an ATC is present, s/he will assume control of the situation.  **When the ATC is not present, a coach will assume the primary responsibilities and decide if the EAP should be put into action.**  The following is a review of possible responsibilities if an emergency should occur:

| **Personnel** | **Possible Roles/Responsibilities** |
| --- | --- |
| **Certified Athletic Trainer** | **Acute care, direct others to assist as needed** |
| **Head or Assistant Coach** | **Acute care, call 911, equipment retrieval, open gates for EMS, additional communication to parents/athletic director, crowd control** |
| **Athletic Director or Designated Administrator** | **Acute care, call 911, equipment retrieval, open gates for EMS, additional communication to parents, crowd control** |

**IMPORTANT PHONE NUMBERS:**

| **Title** | **Name** | **Work Phone** | **Cell Phone** | **Email Address** |
| --- | --- | --- | --- | --- |
| Athletic Director | Todd Lisi | (607) 749-1213 | (607) 275-6684 | tlisi@homercentral.org |
| Athletic Trainer | Elyse Moran | (607-252-3580 | (518) 744-9421 | emoran@homercentral.org |
| School Resource Officer | Bob Stockwin | (607) 749-7246 | (315) 313-2963 | bstockwin@homercentral.org |
| Homer Police  | Chief Pittman | (607) 749-2022 |  | rpitman@homerny.org |
| H.S. Nurse | Kristen HallJulie White | (607) 749-1211 | N/A | hsnurse@homercentral.org |
| J.H. Nurse | Sue Thorne | (607) 749-1130 | N/A | jhnurse@homercentral.org |
| Int Nurse | Kim Carmichael | (607) 749-1132 | N/A | innurse@homercentral.org |
| Homer El. Nurse | Janie Connery | (607) 749-1250 | N/A | elnurse@homercentral.org |
| Superintendent | Tom Turck | (607)749-7241 | N/A | tturck@homercentral.org |
| H.S. Principal | Doug VanEtten | (607) 749-1280 | (607) 745-4845 | dvanetten@homercentral.org |
| J.H. Principal | Kara Schneider | (607) 749-1230 | N/A | kschneider@homercentral.org |
| Int. Principal | Stephanie Falls | (607) 749-1240 | (607) 745-6011 | sfalls@homercentral.org |
| Homer El. Principal | Doug Pasquerella | (607) 749-1250 | (914) 388-9793 | dpasquerella@homercentral.org |
| Homer Fire Dept. |  | 607) 749-2112 | N/A | Firechief@homerny.org |

**EMERGENCY SITUATIONS**

For the purposes of HCSD, an emergency is defined as: any condition whereby the victim’s life may be in danger or at risk of permanent impairment. These conditions include, but are not limited to: loss of consciousness, obvious fractures, severe bleeding, cervical spine injuries, environmental stresses, cardiac events, loss of limb, and irreversible shock response. Always err on the side of caution; if you have any doubts about the condition of a victim, activate the EAP by calling **911 first** and then notifying the AD.

In the event of an injury, the ATC or coach will determine the severity of the injury. If the injury is deemed to be an emergency as listed above, 911 should be called and then parents should be contacted. If the injury is not an emergency situation, the parents should be notified and they can be consulted to determine the proper course of action. During all practices and contests, emergency contact information and medical release forms **must** be in the possession of the coach.

The Head coach **must** fill out a Student Athlete Injury Report for any injury needing further medical attention. It does not matter if the athlete is taken by the ambulance or a parent/guardian; the Student Athlete Injury Report must be submitted to the school nurse as soon as possible.

**Dangerous Violence/Act:**

* If an incident occurs, the coach must move quickly to get their team back into the school building and follow all lockdown procedures. Who Reviews this information with coaches?
* If an incident occurs and access to the building is not possible, proceed to rally points:
	+ High School - St. Margaret’s Church Parking Lot or the Homer Fire Department Fire House
	+ Junior High School- Homer Police Station or the Homer Fire Department Fire House

\*\*\*\*What about other areas where there are games/practices? Shouldn’t this be added to the site specific pages?\*\*\*\*

**NON-EMERGENCY SITUATIONS**

In the event that an athlete or spectator suffers an acute injury during a practice or game event when the athletic trainer is not on site, the Head Coach or Assistant Coach will assess the situation. The Head Coach may need to contact the ATC for further direction. If the athlete is able, and the ATC is available, the athlete should be sent to the location of the ATC for an assessment. If the ATC is not available the parent/guardian should be notified.

During all practices and contests, emergency contact information and medical release forms **must** be in the possession of the coach. The Head Coach **must** be sure to fill out a Student Athlete Injury Report and submit it to the school nurse as soon as possible. The school nurse should be notified of injuries early the following day for further assessment if necessary.

**MEDICAL EMERGENCIES AT AWAY CONTESTS**

The coach must be sure to give the athlete’s information to medical personnel that may care for the athlete and also obtain the name, phone number and address of the hospital where the athlete will be transported/ treated by the ambulance/ medical personnel.

A member of the coaching staff **must** go with the athlete if the parent/guardian is not at the away contest. This may result in suspending the contest if only one coach is on site at the time. If this is the case, all athletes should be put on the bus and travel to the local medical facility. If a parent/guardian is present they can assume the care of their child along with medical personnel.

**INJURY FOLLOW-UP FLOW CHART**

|  **EMERGENCY** **NON-EMERGENCY** Coach Coach Parent/Guardian School Nurse  Athletic Director/Administrator Athletic Trainer School Nurse Email Group Athletic Trainer  Email Group Email group could include: School Nurse, School Principal, Athletic Director, Athletic Trainer, School Social Worker,  Guidance Counselor, Supervisor of Buildings & Grounds, District Superintendent, other. |
| --- |

**BLOODBORNE PATHOGEN POLICY**

Personnel will practice universal precautions at all times.

Personnel will wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Personnel will replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised. Never wash or decontaminate disposable gloves for reuse.

Personnel will wash hands immediately or as soon as feasible after removing gloves or other personal protective equipment.

The athletic trainer will dispose of materials with blood or other potentially infectious materials in the appropriate biohazard container located in the nurse’s office.

**EMERGENCY ACTION PLANS PER SITE**

**BUTTS FIELD**

80 South West Road, Homer NY
(Ambulance enter at Center Street, North end of stadium under scoreboard)

**Emergency Action Plan**

**(Field Hockey, Football, Lacrosse, Soccer, Track & Field)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parents/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**CORTLAND COUNTRY CLUB**4514 State Route 281, Cortland, NY

**Emergency Action Plan**

**(Golf)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**HIGH LANES**8 Prospect Street, Homer, NY

**Emergency Action Plan**

 **(Bowling)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

 **HIGH SCHOOL BASEBALL DIAMOND**

**Emergency Action Plan**80 South West Road, Homer NY

(Ambulance use South Parking Lot to get to outfield)

 **(Baseball)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**JUNIOR HIGH SCHOOL BASEBALL DIAMOND**

**Emergency Action Plan
58 Clinton Street, Homer, NY**

 **(Baseball)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**HIGH SCHOOL FITNESS CENTER**80 South West Road, Homer NY
(Entrance 6, bottom of stairs off parking lot )

**Emergency Action Plan**

 **(Aerobics/Zumba, Cheerleading, Various Practices, Weight Lifting)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**HIGH SCHOOL MAIN GYMNASIUM**80 South West Road, Homer NY

(Ambulance use Entrance 1, by the pillars)

**Emergency Action Plan**

 **(Basketball, Cheerleading, Volleyball, Wrestling)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**HIGH SCHOOL SMALL GYMNASIUM**80 South West Road, Homer NY

(Entrance 12, off south parking lot)

**Emergency Action Plan**

 **(Cheerleading, Track & Field, Wrestling)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
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2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parents/guardians.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**HIGH SCHOOL TENNIS COURTS**

80 South West Road, Homer NY
(Ambulance use lower parking lot on Center Street)

**Emergency Action Plan**

 **(Tennis)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**HOMER ELEMENTARY SCHOOL GYMNASIUM**9 Central Park Place, Homer, NY

(Main entrance, off village green/circle)

**Emergency Action Plan**

 **(Basketball, Cheerleading, Volleyball)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**INTERMEDIATE & JUNIOR HIGH SCHOOL INDOOR/OUTDOOR EVENTS**58 Prospect Street, Homer, NY

**Emergency Action Plan**

 **(Baseball, Basketball, Cross Country, Field Hockey, Football, Lacrosse, Soccer, Softball, Volleyball)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**LIME HOLLOW**338 McLean Road, Cortland, NY

**Emergency Action Plan**

 **(Cross Country)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**J M MCDONALD SPORT COMPLEX**

4292 Fairgrounds Drive, Cortland, NY

**Emergency Action Plan**

 **(Ice Hockey)**

**In the Event of a Life-Threatening Emergency**

**Action Plan Protocol:**

1. Designate a person to stay with the athlete. In most situations, this will be the head coach, the assistant coach or the ATC. In any case, a person certified in First Aid/CPR/AED will provide care and stay with the injured until advanced medical care arrives.
2. Assign a person to call 911 and then the AD. Cell phones will have to be used at this location. Provide the following information when you make the call:
* Your name, location, telephone number
* Age and gender of injured
* Number of injured
* Condition of the injured
* Treatment being provided
* Any special circumstances of the situation (equipment being worn by the athlete, allergies)
* Other information as requested by the dispatcher
* **Be the last to hang up!**
1. Designate another person to locate and take the AED (if needed) to the athlete. An AED will be located on the field or with the ATC. The head coach is responsible for bringing the AED to the field before any practice or game.
2. After making the call and delivering the AED, a responsible person will meet and direct the ambulance and medical personnel to the injured.
3. Once advanced medical care arrives, act in any capacity as requested.
4. A coach will travel in the ambulance with the athlete in the absence of a parent. The parent/guardian should be contacted. If a parent/guardian is present they can assume the care of their child along with medical personnel.
5. If the emergency occurs during practice and the coach is the only adult present, a responsible adult will be summoned to supervise those athletes remaining. At that point practice will be over; athletes that are not injured will stay with that adult until all parents have been contacted and have picked up those athletes left.
6. Other injured non-emergency athletes who need further medical attention can be taken to a medical facility by their parent/guardian.

**Follow-up Communication:**

The head coach **must** fill out a Student Athlete Injury Report. That injury report will be hand delivered or emailed to the nurse by the next school day. The school nurse will follow up with the parents, ATC, AD, and other administrators if necessary and decide how to disseminate the information related to the emergency and who should additionally be notified.

If feasible for the student athlete’s family, ask that they contact the head coach for an update that evening/after discharge from hospital. If not feasible, the school nurse will follow up the next school day as outlined above.

**ENVIRONMENTAL**

**CONDITIONS**

**&**

**WEATHER POLICIES**

**ENVIRONMENTAL PROTOCOL: INCLEMENT WEATHER POLICIES**

The HCSD staff **will** abide by the following NYSPHAA Lightning Policy.

1. The potential danger from lightning should not be underestimated. All cautions must be taken to insure student/athlete and spectator safety.
2. School district and site personnel should be aware of the signs indicating thunderstorm development, and a plan for shelter should be set up prior to the start of any contest.
3. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning.
4. Thunder and lightning necessitates that contests and practices be suspended. The occurrence of thunder and/or lightning is not subject to interpretation or discussion; thunder is thunder, lightning is lightning.

**Procedures:**

1. Suspend play and direct participants to go to shelter, ideally a building normally occupied by the public, or if a building is unavailable, participants should go inside a vehicle with a solid metal top (e.g. bus, car, van).
2. Do not permit people to stand under or near a tree; and have all stay away from poles, antennas, towers and underground watering systems.
3. After thunder or lightning has left the area, wait **30 minutes** after the last boom is heard or strike is seen before resuming play or competition.
4. Should the event be cancelled, the rules of the particular sport regarding such cancellations shall apply as to the event becoming official or to be resumed at a later date.

**Chain of Command During Games:**

1. Coaches and game officials are responsible for making the call to stop the contest and to remove individuals from the field.
2. In the event that a game official hesitates in making the decision to stop the contest, the AD, his designee or the ATC can make the decision.

**Chain of Command During Practices:**

1. The Head Coach or the AD is responsible for making the decision to stop practice and to remove individuals from the field.
2. Once activities have been suspended, **wait 30 minutes** after the last boom is heard or strike is seen before resuming play.

**Monitoring Local Weather Forecasts and Warnings:**

1. During electrical storm seasons, the coaches are responsible for monitoring local forecasts and warnings.
2. Coaches should be aware of potential thunderstorms that may form during scheduled events or practices.
3. Coaches should be aware of the National Weather Service issued thunderstorm “watches” and “warnings”, as well as the signs of thunderstorms nearby.
* “Watch” – conditions are favorable for severe weather to develop in the area.
* “Warning” – severe weather has been reported in an area and everyone should take proper precautions.

**Safe Shelters:**

1. The most ideal safe structure is a fully enclosed, substantial building with plumbing, electrical wiring and telephone service, which aids in grounding the structure.
2. In the absence of a sturdy building, any vehicle with a hard metal roof and roll up windows can provide a measure of safety. It is important not to touch any part of the metal framework of the vehicle while inside it during a thunderstorm.
3. Avoid using shower facilities for safe shelter and do not use showers or plumbing facilities during a thunderstorm as the current from a local lightning strike can enter the building via the plumbing pipelines or electrical connections.
4. Avoid taking shelter in an open field, under trees, or near flagpoles, or utility poles.
5. Avoid using corded telephones or headsets during a thunderstorm, due to the danger of electrical current traveling through the telephone line. Cellular and cordless telephones are considered reasonably safe, and can be used to summon help during a thunderstorm.
6. For individuals who may feel their hair stand on end, skin tingle, or hear “crackling” noises they should assume the lightning safe position – crouch on the ground, weight on the balls of the feet, feet together, head lowered and ears covered. Do NOT lie flat on the ground.
7. An acceptable safe shelter should be designated near each field or practice area. In the event that the decision is made to clear the fields, all athletes and spectators should be instructed to proceed to the nearest “safe structure or location”.

**First Aid Procedures for Lightning Strike:**

1. Survey the scene
2. Activate the HCSD EAP
3. If necessary, move the victim with care to a safer location if the victim is safe to touch.
4. Evaluate airway, breathing, and circulation; begin CPR if necessary.

**HEAT CONDITIONS/INJURIES and ILLNESSES**

Coaching staff should be aware of the weather forecast for the days of activity. The weather should be checked by the coach or the AD before and during activity to be able to adjust the practice sessions accordingly.

Heat index is a measure of how hot it really feels when relative humidity is factored with the actual air temperature. For example, if the air temperature is 96°F and the relative humidity is 65%, the heat index—how hot it feels—is 121°F.

The AD or his designee will use the NYSPHSAAprocedures to determine whether or not the existing heat index allows for safe play/practice as follows:

**NYSPHSAA HEAT INDEX PROCEDURES**

**Administration of Heat Index Procedures:**

* Heat index will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 80 degrees (Fahrenheit) or higher.
* The athletic trainer, athletic director, or school designee will use the **weatherbug.com** website to determine the heat index for the area of the contest/practice. Once a person is on the weatherbug.com website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature and the “feels like” temperature (heat index).
* If the heat index is 90 degrees or above, the athletic trainer, athletic director, or school designee must re-check the heat index at halftime or midway point of the contest. If the heat index temperature is 96 degrees (Fahrenheit) or more, the contest will be suspended.

**NYSPHSAA Clarification for Determining Heat Index/Wind Chill in Your Zip Code:**

1. Log onto **weatherbug.com** by using the association website. Once you have entered the zip code for your practice or contest site you will see the home page for the local forecast. DO NOT USE THE TEMPERATURE on this page.
2. Click onto **Hourly Forecast**, and you will be linked to a chart similar to the one below. Please use the current hour feels like temperature for your zip code to take the appropriate action for your practice or contest.

**Refer to the Following Heat Index Chart to Take the Appropriate Actions:**

|  | RealFeel (Heat Index)Under 79 degrees | Full Activity. No restrictions |
| --- | --- | --- |
| **R****E****C****O****M****M****E****N****D****E****D** | Heat Index Caution:RealFeel (Heat Index)**80** degrees to **85** degrees | Provide ample water and multiple water breaks.Monitor athletes for heat illness.Consider reducing the amount of time for the practice session. |
| Heat Index Watch:RealFeel (Heat Index)**86** degrees to **90** degrees | Provide ample water and multiple water breaks.Monitor athletes for heat illness.Consider postponing practice to a time when RealFeel temp is lower.Consider reducing the amount of time for the practice session1 hour of recovery time for every hour of practice (ex. 2 hr practice = 2 hr recovery time.) |
| Heat IndexWarning: RealFeel (Heat Index) **91** degrees to **95** degrees | Provide ample water and water breaks every 15 minutes.Monitor athletes for heat illness.Consider postponing practice to a time when RealFeel temp is much lower.Consider reducing the amount of time for the practice session.1 hour of recovery time for every hour of practice (ex. 2 hr practice = 2 hr recovery time.Light weight and loose fitting clothes should be worn.For practices only football helmets should be worn. No other protective equipment should be worn. |
| REQUIRED | Heat Index Alert:RealFeel (Heat Index)**96 degrees or greater** | No outside activity, practice or contest should be held. Inside activity should only be held if air conditioned. |

**Non-Environmental Risk Factors to Heat Illness:**

It is important to understand that the weather is not the only factor related to heat illness.

* Adequate hydration plays a major role in preventing heat illness; urine should be light yellow in color for proper hydration.
* Proper rest and nutrition will help to prevent heat illness in already healthy individuals. Athletes should be encouraged to eat properly and to rest 6-8 hours in a cooled environment if possible. Rest periods at meal time should allow 2-3 hours before the next practice to allow for digestion and refueling of the body.
* Previous heat illness makes it more likely for another occurrence.
* When the body is weakened by illness, which can also lead to electrolyte imbalances, the risk of heat illness rises; the use of certain drugs and medications also increases the risk.
* Individuals with a Body Mass Index >25 or who are in poor physical condition, or who do not acclimate well are at a greater risk for heat illness.
* Equipment or improper clothing (heavy/dark colors/non-wicking) may predispose some individuals to developing heat illness by not allowing for adequate cooling.
* Overzealous/heroic athletes also put themselves at a higher risk by working harder and increasing core temperature.
* The day after a “high humidity day” poses additional threats to anyone who may succumb to heat illness.

**With Prolonged Exposure and/or Physical Activity**

| **Extreme Danger** | **Danger** | **Extreme Caution** | **Caution** |
| --- | --- | --- | --- |
| Heat Stroke or Sunstroke highly likely | Sunstroke, muscle cramps, and/or heat exhaustion likely | Sunstroke, muscle cramps, and/or heat exhaustion possible | Fatigue Possible |

**Recognition of HEAT EXHAUSTION:**

The most critical criteria for determination of Heat Exhaustion are:

* The athlete has obvious difficulty continuing intense exercise in heat.
* Body temperature of less than 104 degrees Fahrenheit.
* There should be no signs of severe Central Nervous dysfunction (CNS); if any CNS dysfunction is present, it will be mild and symptoms will subside quickly with treatment and as activity is discontinued.
* Physical Fatigue
* Dizziness
* Dehydration and/or electrolyte depletion
* Ataxia (loss of full control of bodily movements),and coordination problems.
* Syncope (temporary loss of consciousness caused by a fall in blood pressure.)
* Profuse sweating
* Pallor (an unhealthy pale appearance)
* Headache
* Nausea/vomiting
* Diarrhea
* Stomach/intestinal cramps
* Persistent muscle cramps

**Emergency Treatment of HEAT EXHAUSTION:**

* Remove the athlete from play and immediately move to an air-conditioned (high school fitness center) or shaded area.
* Remove excess equipment and clothing.
* Cool athlete by giving fluids, using ice bags on head, arm pits and groin area.
* Have athlete lie comfortably with legs propped above heart level.
* If athlete in not nauseated, vomiting, or experiencing any CNS dysfunction, rehydrate orally with chilled electrolyte drink or water.
* ATC (if available) should monitor heart rate, blood pressure, respiratory rate, and CNS status.
* Transport athlete to nearest emergency medical facility if rapid improvement is not noted within 30 minutes of prescribed treatment.

**Recognition of HEAT STROKE:**

* Hyperthermic (rectal temperature >104F) immediately post-incident.
* CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy.)
* Nausea/vomiting
* Diarrhea, headache, dizziness, weakness, hot and wet or dry skin; (important to note that skin may be wet or dry at time of incident.)
* Increased heart rate
* Decreased blood pressure increased respiratory rate
* Dehydration
* Combativeness
* Aggressive and immediate whole-body cooling is the key to optimizing treatment of exertional heat stroke. The duration and degree of hyperthermia may determine adverse outcomes.  **If untreated, hyperthermia-induced physiologic changes resulting in fatal consequences may occur within vital organ systems (e.g. muscle, heart, brain, etc.)**

**Emergency Treatment of HEAT STROKE:**

* Immediate whole-body cooling is the best treatment for exertional heat stroke and should be initiated within minutes post-incident. **The EAP should be put into action if Heat Stroke is suspected.**
* Activate EAP
* Remove equipment and clothing
* Move the athlete immediately to an air-conditioned facility or shaded area.
* Cool the athlete immediately by placing ice bags or ice over as much of the body as possible, cover the body with cold towels (replacing them frequently), fan the body or spray it with cold water; or immerse the athlete in a tub of cold water.
* Monitor the ABC’s, core temperature, and CNS (cognitive, convulsions, orientation, consciousness etc.)
* Assist Advanced Medical Personnel when they arrive on the scene and relay relevant information.

**COLD CONDITIONS/INJURIES and ILLNESSES**

The occurrence of cold-related injuries depends on two factors: low air or water temperatures (or both) and the influence of wind on the body’s ability to maintain a normal body core temperature, due to localized exposure of the extremities to cold air or surfaces.

Early recognition of cold stress is important, however, the key is prevention. Clothing energy and hydration, fatigue, warm-up and improved planning for practices and competitions are key steps in prevention of cold injuries. Coaches should address the basic prevention steps with their athletes but when planning practices and competitions the ambient and wind chill temperature guidelines should be used to determine playability.

The AD or his designee will use the NYSPHSAAprocedures to determine whether or not the existing wind chill index allows for safe play/practice as follows:

According to the 2011-2012 NCAA Sports Medicine Handbook, non-environmental factors could also increase the occurrence of cold injuries such as:

* Previous cold weather injury
* Race
* Geological origin
* Ambient temperature
* Use of medications
* Clothing being worn
* Fatigue
* Hydration
* Age
* Activity
* Body size/composition
* Aerobic fitness level
* Acclimatization (adaptation to a new climate; a new temperature or altitude or environment)
* Low caloric intake
* Alcohol/substance abuse

**Signs & Symptoms of Hypothermia:**

* The “umbles” – stumbles, fumbles, mumbles presented through:
* Confusion
* Bizarre behavior
* Withdrawal from group interaction
* Possible unconsciousness with nearly undetectable breathing and pulse in extreme cases.

**Treatment of Hypothermia:**

* Move athlete to a warm area and prevent further cold exposure.
* Remove wet clothing
* Re-warm gradually by covering with blankets or sleeping bags
* Activate the EAP in unconsciousness is present or if no improvement is made within 15 minutes of re-warming.

**Signs and Symptoms of Frostbite:**

* Skin that is numb
* Skin that turns grey, white or waxy and feels cold and stiff to touch
* Gradually re-warm the area
* Move the athlete to a protected area
* Remove wet or restrictive clothing
* Prevent further exposure to cold

**NYSPHSAA WIND CHILL PROCEDURES**

**Administration of Wind Chill Procedures:**

* Wind Chill will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 39 degrees (Fahrenheit) or lower.
* The athletic trainer, athletic director, or school designee will use the weatherbug..com website to determine the heat index for the area of the contest/practice.
* The weatherbug.com website can be reached through the NYSPHSAA website (<http://www.nysphsaa.org>). Once a person is on the weatherbug.com website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature and feels like temperature (wind chill).
* If the wind chill is 10 degrees or below, the athletic trainer, athletic director, or school designee must re‐check the wind chill at halftime or midway point of the contest.
* If the wind chill temperature is ‐11 degrees (Fahrenheit) or lower, the contest will be suspended.

**Refer to the Following Wind Chill Chart to Take the Appropriate Actions:**

| RealFeel (wind chill) **above 40 degrees**  | Full activity. No restrictions  |
| --- | --- |
| R E C O M M E N D E D  | Wind Chill Caution: Wind chill **36** degrees to **20** degrees  | Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing.  |
| Wind Chill Watch: Wind chill **19** degrees to **10** degrees  | Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss.  |
| Wind Chill Warning: wind chill**9** degrees to **‐10** degrees  | Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss. Consider postponing practice to a time when RealFeel temp is much higher. Consider reducing the amount of time for an outdoor practice session.  |
| REQUIRED  | Wind Chill Alert: wind chill **‐11 degrees or lower**  | No outside activity, practice or contest, should be held.  |

**Special Note: Alpine Skiing will be exempt from this policy and will follow the regulations of the host ski center where the practice or event is being held.**

**CONCUSSION**

**MANAGEMENT**

**CONCUSSION MANAGEMENT**

A concussion is a brain injury that is very serious. A concussion is caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. Concussions can disrupt the way the brain normally works. Most concussion take 7-10 days to resolve, but **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** Even a “ding” or a bump on the head can be serious. A concussion cannot be seen on imaging studies and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or it can take hours or days to fully appear. If any athlete suffers from any of these symptoms of a concussion, or if a coach notices the symptoms or signs of a concussion in an athlete, medical help needs to be sought.

**Symptoms may include one or more of the following:**

| * Headaches
* “Pressure in the head”
* Nausea or vomiting
* Neck Pain
* Balance problems or dizziness
* Blurred, double, or fuzzy vision
* Sensitivity to light or noise
* Feeling sluggish
* Feeling foggy or groggy
* Drowsiness
* Change in sleep patterns
 | * Amnesia
* “Don’t feel right”
* Fatigue or low energy
* Sadness
* Nervousness or anxiety
* Irritability
* More emotional
* Confusion
* Concentration or memory problems
* Repeating the same question
 |
| --- | --- |

 **Signs observed by teammates and coaches include:**

| * Appears dazed
* Vacant facial expression
* Confused about assignment
* Forgets plays
* Is unsure of game, score, or opponent
* Moves clumsily
* Answers questions slowly
* Slurred speech
* Shows behavior or personality changes
* Can’t recall events prior to hit
* Can’t recall events after hit
* Seizures or convulsions
* Any change in typical behavior
* Loses consciousness
 |
| --- |

**Concussion Management Guidelines**

1. Coaches will provide information about concussions to all athletes and parents at the beginning of the season. A baseline ImPACT evaluation may be administered during the season to be utilized in the event of a concussion. Additional resources can also be made available to any athlete or parent at their request.
2. Any athlete that is suspected or reported as having a concussion or symptoms thereof will be removed from all activity until they have been examined by a doctor. If the athlete is diagnosed with a concussion, that athlete will remain removed from all athletic activities until s/he has been cleared by a doctor and has gone through the return-to-play protocol as outlined by the HCSD.
3. The 6 steps involved in the HCSD Return to Play Protocol are:
* Step 1 – No exertional activity until asymptomatic.
* Step 2 – Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
* Step 3 – Sport/activity specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
* Step 4 - Non-contact training/skill drills.
* Step 5 - Full contact training in practice setting.
* Step 6 - Return to competition.

Athletes can only be cleared for participation by the HCSD school nurse in conjunction with the ATC and school doctor. If the athlete is not cleared, s/he cannot participate in any athletic activity.