BARBARA BUSH MS EMERGENCY ACTION PLAN

Athletic injuries are inherent in sports. They can occur at any time and during any activity. Athletic emergencies are rare occurrences. But, when they do occur, advance preparation and communication among all members of the emergency team are vital to ensure a safe outcome. Emergency situations may occur at anytime during athletic events. Proper and expedient action is necessary to provide the best possible care to the student-athletes of Bush Middle School. The development and implementation of an emergency action plan will ensure that the best possible care is provided. The emergency plan should be implemented immediately when necessary to provide appropriate standards of care to all student-athletes. Proper advance preparation will enable each emergency situation to be managed appropriately. The importance of being properly prepared when athletic emergencies arise is vital. The survival of a student-athlete may depend on the training and preparation of the athletic healthcare providers. Time is a critical factor in emergency situations.

Emergency Team Roles

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System
4. Direction of EMS to scene
5. Scene Control

Medical Chain of Command

The Bush coaching staff will always act as the primary care giver at the site of injury (unless high school trainers are on-site) or accident and will manage the situation according to the following rank:

If Training Staff On-Site:

1. Team Physician
2. Head Athletic Trainer – Jamey Howard (210-325-5089)
3. Assistant Athletic Trainer – Joe Martinez (361-227-4880)

In the event that a licensed Athletic Trainer is not on site at the time of injury, the following chain of command should be used:

1. Head Coach
2. Assistant Coach
3. NEISD personnel (police, nurse, teacher, etc.)
4. Fellow Student-Athlete / Student Trainer

The welfare of the injured athlete always comes first and foremost. Therefore, if immediate care in some form is vital, by no means should care wait to be undertaken until a licensed Athletic Trainer arrives on scene. Proceed as judgment dictates until help arrives.

If a severe medical emergency occurs while a licensed Athletic Trainer is not present, immediately call 911 to activate the emergency medical system, and then call the Head Athletic Trainer to notify of the situation.

Emergency Communication

Communication is the key to immediate delivery of appropriate healthcare in an athletic emergency situation. The athletic trainers, emergency medical personnel, and coaches must work together to provide the best possible care to the student-athlete. Communication among all personnel prior to events will help establish roles and improve rapport. If emergency transportation is not available on site of an event, direct communication with the EMS is necessary. Immediate access to the EMS will be available by telephone, mobile telephone, or 2-way radio. All communication equipment may be checked prior to each event to ensure proper working order.

Activation of EMS – Call 911 ***(If calling from school phone dial 9-911)***

1. Caller name and phone number
2. Number of athletes
3. Condition of athletes
4. Emergency first aid initiated
5. Specific directions to location
6. Other information as requested
7. Do not hang up unless told to do so by operator

Emergency Equipment

All emergency equipment will either be on site or quickly accessible. All athletic training personnel and coaches will be familiar with the operation and function of all equipment. Regular training will be provided to all athletic training personnel and coaches. Equipment will be checked on a regular basis and will be in good operating condition. All equipment will be cleaned, maintained, and stored in a controlled and readily available location.

Equipment

1. Ice and wraps
2. Crutches
3. Sling/Splint
4. Immobilizer
5. Blood-Borne Pathogen Kit
6. Automated External Defibrillator (AED)*
7. Wound care supplies

Transportation

Coaching staff and athletic training personnel (when available) will have direct access to the EMS by appropriate communication equipment. In an emergency situation, the primary survey will identify the need for emergency intervention and transportation. All unstable student-athletes will be transported by EMS and not by inappropriate vehicles. This ensures that the student-athlete receives care by trained personnel with necessary equipment. An athletic trainer or coach, when applicable, will accompany the student-athlete to the emergency room. If an athletic trainer is unable to go to the emergency room, the coach is responsible for going along.

Bush Gymnasium and Fields;

Emergency Personnel
Bush Coaches are all CPR and First Aid trained as well as certified in Concussion Protocol
Additional athletic training staff is available in the Reagan High School Athletic Training Room: Head Athletic Trainer – Jamey Howard (210-325-5089)
Assistant Athletic Trainer – Joe Martinez (361-227-4880)

Emergency Communication
Telephone line to the Bush Boys Coaching Office: 210-356- 2932
Telephone line to the Bush Girls Coaching Office: 210- 356-2933

Emergency Equipment
Emergency equipment available at Bush Middle School:

1. Ice and wraps
2. Crutches
3. Splint
4. Immobilizer
5. Blood-Borne Pathogen Kit
6. Automated External Defibrillator (AED)
7. Wound care supplies

Role of First Responders
1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of Emergency Medical System (911), if necessary
4. Direction of EMS to scene
5. Scene control

Emergency Information

1. Caller name and caller's phone number
2. Number of athletes
3. Condition of athletes
4. Emergency first aid initiated
5. Specific directions to location
6. Other information as requested
7. Do not hang up unless told to do so by operator

Venue Directions

To Access the Bush Middle School Fields the first entrance from 281 should be utilized and all emergency vehicles should proceed down the service road

To Access the Gym the second (lower entrance) should be used and all emergency vehicles should pull up curbside nearest gym entrance ramp

1500 Evans Road 78258

Environment Emergencies

Heat Stress

Early fall football and volleyball practices are conducted in very hot and humid weather in South Texas. Due to the amount of equipment worn in football, they are at in increased risk of suffering from heat illness. During hot weather conditions, the athletes are subject to the following:

- Heat Cramps – Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to sweating.
- Heat Syncope – Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heatstroke.
- Heat Exhaustion (Water Depletion) – Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.
- Heat Exhaustion (Salt Depletion) – Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.
- Heatstroke – An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heatstroke victims, contrary to popular belief, may sweat profusely).

It is believed that the above mentioned heat stress problems can be controlled provided certain precautions are taken. The following practices and precautions are recommended:

1. Each athlete must have an **annual physical exam with a medical history** prior to any athletic participation.

2. Coaches should know the **physical condition** of their athletes and set practice schedules accordingly.
3. Implement a **gradual acclimatization to hot weather.**
4. Water must be on the field/court readily available to the athletes at all times. Water breaks should be given every half hour of heavy exercise. **Water should be available in unlimited quantities**.
5. **Salts should be replaced daily**. Modest salting of foods or consumption of a sports drink after practice or games will accomplish this purpose. Salt tablets are not recommended.
6. Know both **temperature and humidity**. The greater the humidity, the more difficult it is for the body to cool itself.
7. In extreme hot and humid weather **reduce the amount of clothing** covering the body as much as possible.
8. Pre and post workout weigh-ins each day and recorded on **weight charts** to ensure athletes are properly replacing weight lost due to sweat.
9. **Observation of athletes** carefully for signs of trouble.
10. **Know what to do in the case of an emergency**. Refer to the emergency action plan and be familiar with immediate first aid practices and prearranged procedures for obtaining medical care, including ambulance service
    a. **Heat Stroke – This is a medical emergency. DELAY COULD BE FATAL.** Immediately cool body to core body temperature of 102º while waiting to transfer to a hospital. Do not transfer before core body temperature reaches threshold of 102º Remove clothing and submerge in cold tub. If cold tub not available place ice bags on neck, axilla (armpit), and groin area.
    b. **Heat Exhaustion –** Obtain medical care at once. Cool body immediately as you would for heatstroke while waiting for transfer to hospital. Give fluids if athlete is conscious and able to swallow.

Cold Weather Illness

Although excessive and prolonged exposure to cold may be an infrequent problem with high school sports in South Texas, the prevention, recognition, and management of cold-related conditions. The human body's mechanisms of heat retention are significantly less efficient than our ability to dissipate heat. Falling temperatures, when coupled with conditions of exhaustion, dehydration, and wet clothing associated with activity can increase the risk of cold-related illness. There are two cold-related illnesses to be aware of:

1. **Hypothermia** – A decrease in the core body temperature to at least 95º. It occurs when the heat loss is greater than the metabolic and heat production. Hypothermia can be categorized in three stages:
    a. Mild Hypothermia – shivering, cold sensation, goose bumps, numb hands.
    b. Moderate Hypothermia – intense shivering, muscle incoordination, slow and labored movements, mild confusion, difficulty speaking, signs of depression, withdrawn.
    c. Severe Hypothermia – shivering stops, exposed skin is bluish and puffy, inability to walk, poor muscle coordination, muscle rigidity, decrease in pulse and respiration rate, unconsciousness.

2. **Frostbite –** A thermal injury to the skin which can result from prolonged exposure to moderated cold or brief exposure to extreme cold. The body area most prone to frostbite are the hands, feet, nose, ears, and cheeks. Frostbite can be classified into three categories:
    a. Frostnip – Only the outer layer of skin is frozen. Skin appears white and waxy or possibly gray or mottled. It may have sensation or may be numb and painful.
    b. Superficial frostbite – Skin appears white, mottled or gray. It feels hard or rubbery on the surface, but deeper tissue is still soft. Skin is insensitive to touch.
    c. Deep frostbite

The best practices to prevent cold related illness are:

- Dress in layers.
- Cover the head if possible to prevent heat loss from the head and neck.
- Stay dry by wearing wicking fabric next to the body and a breathable, water repellent outer layer.
- Stay adequately hydrated
- Eat regular meals
- Avoid alcohol, caffeine, and nicotine.
- Consider cancellation of athletic events if weather conditions warrant.

Lightning

Lightning may be the most frequently encountered severe storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 am and 7:00 pm, which coincides with the hours for most athletic events.

- **NEISD District Policy**
    - Use of district approved weather tracking software. Currently use Weatherbug® mobile app.**
    - If lightning is detected within a 10 mile radius of campus/district venue all outdoor activities will be suspended for 30 minutes.
    - All athletes, staff, spectators, officials should be directed to a safe shelter.
        - A safe shelter is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.
    - **Once activities are suspended, they will not resume until 30 minutes have passed since <u>last recorded lightning strike within 10 miles</u>.**
    - **If Weatherbug® service is not available the Flash to Bang method will be utilized to calculate distance of lightning.
        - Once lightning is spotted the designated person will count the seconds until the audible thunder is heard. The number counted is then be divided by 5. The resulting number is the approximate distance, in miles, the storm is away. Example: Time from lightning spotted to audible thunder = 30 seconds, 30 ÷ 5= 6 miles.

- Bush Middle School Chain of Command
  - Athletic Coordinator
  - Head Coach
  - Assistant Coach
- Bush Middle School Safe Shelters
  - Gymnasium
  - Bush Classrooms
  - Cafeteria

- District Facilities Chain of Command
  - Athletic Administrator
  - Head Athletic Trainer
  - Assistant Athletic Trainer
  - Athletic Coordinator
  - Head Coach
  - Assistant Coach

Map


AT&T LTE
10:31 AM
20%
Barbara Bush
Middle School
Gym
Text
Stone Oak Bible Church
Field
2D
Google
29°38'31"N 98°27'52"W 2,968 ft