GARNER MIDDLE SCHOOL
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 Garner 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 school nurse and athletic coaching staff will always act as the primary care givers at the site of injury or accident (when on-site) and would manage the situation according to the following rank:

In the event that a licensed Athletic Trainer or school nurse 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 (admin., police, teacher, etc.)

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 or school nurse is not present, immediately call 911 to activate the emergency medical system, and then call Principal and/or Assistant Principal to notify of the situation.

Emergency Communication

Communication is the key to immediate delivery of appropriate healthcare in an athletic emergency situation. The athletic coaches, school nurse, and emergency medical personnel 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, 4302 HARRY WURZBACH, 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

Emergency Equipment

All emergency equipment will either be on site or quickly accessible. All athletic coaches' personnel will be familiar with the operation and function of all equipment. 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. Wheel Chair
3. Automated External Defibrillator (AED)*
4. Wound care supplies
5. Ice Bag(s) Full Immersion

*Refer to Map A for locations of AED

Transportation

If an ambulance is not readily available at an event, athletic coaches 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 coach, when applicable, will accompany the student-athlete to the emergency room. Care should be taken so that other coaches will cover the event.

Garner Gymnasium, Football/Soccer, Outdoor Basketball Courts/Tennis, Track & Field

Emergency Communication
EMS 911, North East Police Department: (210-655-6859) Telephone line in boys' coaches' office (210-356-3828), girls' coaches' office (210-356-3829) and main office (210-356-3800).

Emergency Equipment
Emergency equipment available in MacArthur Athletic Training Room and/or on site:

1. Ice and wraps
2. Wheel Chair
3. Automated External Defibrillator (AED)
4. Wound care supplies
5. Ice Bag Immersion

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, 4302 Harry Wurzbach, 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

The Garner Track & Football/Soccer fields and Garner Gymnasium are located on the north east side of the Garner Middle School campus at 4302 Harry Wurzbach, SA, TX 78209. Direct access to these fields/courts should be made from the north east side of the campus by large wrought iron gates by the football field/track, closest traffic light on Harry Wurzbach/John Nance Garner intersection of the campus off of Harry Wurzbach. Refer to Map.

Environmental 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.**
    a. **We will use the WBGT Index for Zone 3 as recommended by the THSCA and NEISD. Along with the Perry Weather App.**
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 Perry Weather 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 Perry Weather 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.
  - Garner Middle School Chain of Command
    - Principal/Assistant Principal
    - Co-Athletic Coordinator

        - Head Coach
        - Assistant Coach

    - Garner Middle School Safe Shelters
        - Gymnasium
        - Boys/Girls Locker rooms
        - Old Orchestra Room
        - Old Choir Room
        - Auditorium
        - Cafeteria
    - District Facilities Chain of Command
        - Principal/Assistant Principal
        - Co-Athletic Coordinator
        - Head Coach
        - Assistant Coach

GARNER MS MAP

WBGT Activity Guidelines		
Class 3	**Class 2**	**Activity Guidelines**
< 82.0	**<79.7**	Normal Activities - Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.0 - 86.9	**79.7 - 84.6**	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each. MANDATORY ONSITE RAPID COOLING ZONE (INCLUDING TUB OR TARP)
87.0 - 90.0	**84.7 - 87.6**	Maximum practice time is 2 hours; **For Football**: 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. **For All Sports**: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each. MANDATORY ONSITE RAPID COOLING ZONE (INCLUDING TUB OR TARP)
90.1 - 92.0	**87.7 - 89.7**	Maximum practice time is 1 hour; **For Football**: No protective equipment may be worn during practice, and there may be no conditioning activities. **For All Sports**: There must be 20 min of rest breaks distributed throughout the hour of practice. MANDATORY ONSITE RAPID COOLING ZONE (INCLUDING TUB OR TARP)
≥92.1	**≥89.8**	No outdoor workouts. Delay practices until a cooler WBGT is reached.

Values in the above chart are WBGT measurements (not temperature or heat index measurements).