

BATON ROUGE SOCCER CLUB
SPORTS MEDICINE PROGRAM
EMERGENCY ACTION PLAN



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I. INTRODUCTION:

Emergency situations can arise at any time during athletic events. Expedient, precise and deliberate actions must be taken in order to provide the best possible and most comprehensive care to the Baton Rouge Soccer Association athletes, coaches, officials, and fans during emergency and/or life threatening conditions. This document will serve as the official Emergency Action Plan (EAP) of the Baton Rouge Soccer Association Sports Medicine Program and those medical and administrative professionals associated with the medical care of Baton Rouge Soccer Association athletes.

As athletic injuries may occur at any time and during any activity, the Sports Medicine Team must be prepared. This preparation involves the formulation of an Emergency Action Plan. Certain aspects of the implementation of an EAP include but are not limited to the proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine, including but not limited to maintaining current cardio-pulmonary resuscitation (CPR) including automated external defibrillation (AED) and basic first aid certifications.

Additionally, all qualified medical professionals that are immediately involved in the implementation of the EAP must fulfill all obligations deemed necessary by their certifying or licensing organizations and agencies to keep such certifications or licenses valid. Through careful pre-participation physical examination (PPE) screenings, adequate medical coverage, safe practice techniques, up to date conditioning techniques and other safety avenues, the potential to avoid emergencies increases.

However, accidents and injuries are inherent with sports participation, and the proper preparation and rehearsal on the part of the Sports Medicine Team will enable each emergency situation to be managed appropriately and effectively. When forming the Sports Medicine Team and ability to handle and manage emergency situations, it is important to adapt the team to each situation or sport. It is advantageous to have more than one individual trained and assigned to each role. This allows those persons responding to an emergency situation to function even though certain members may not always be present.

II. DEFINITION OF TERMS:

A. Team Physician (MD or DO): A Team Physician must be either a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) in good standing and have an unrestricted medical license. They must possess a fundamental knowledge of on-field medical emergency care; is trained in Basic Life Support and has a working knowledge of musculoskeletal injuries, medical conditions, and psychological issues affecting the athlete.

B. Athletic Trainer (AT): BOC certified Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

C. First Responder: Those individuals that have a higher level of Basic Life Support (BLS) training. These individuals are usually first on the scene of an emergency. Examples of first responders include but are not limited to police officers, firefighters, industrial health professionals, and levels of Emergency Medical Technicians (EMT-B, EMT-I, EMT-P).

D. Emergency Action Plan (EAP): An Emergency Action Plan is a predetermined written plan that is used by various institutions (public and/or private) to prepare for potential life threatening and environmental emergencies.

E. Emergency Medical Services (EMS): Emergency medical service is a branch of medicine that is performed in the field and provides pre-hospital care to the sick and injured by paramedics, emergency medical technicians (EMTs) and certified first responders.

F. Sports Medicine Team: Those individuals that have extensive training in the branch of medicine that deals with injuries or illnesses resulting from participation in sports and athletic activities. Such personnel include but are not limited to physicians, athletic trainers, physical therapists, nurses and select para-medical staff.

G. Cardiopulmonary Resuscitation (CPR): A combination of chest compressions (30) and mouth-to-mouth rescue breathing (2) used during cardiac and respiratory arrest to keep oxygenated blood flowing to the brain and other vital organs until advanced life support can be initiated.

H. Automated External Defibrillator (AED): An automated external defibrillator (AED) is a portable electronic device that diagnoses and treats cardiac arrest by reestablishing an effective heart rhythm. This treatment is called defibrillation, which applies an electric shock to the entire heart muscle.

III. EAP EMERGENCY CONTACT PHONE NUMBERS:

Emergency Medical Services		911
Baton Rouge Police Department		(225) 389-2000
Tabitha McReynolds, ATC, LAT	Head Athletic Trainer	(225) 283-7155 office
	Director Sports Medicine	(225) 910-2424 cell
Baton Rouge Orthopedic Clinic	Main Line	(225) 924-2424
Team Physician	Direct Line	(225) 408-7859
Our Lady of the Lake Hospital	Hospital	(225) 765-6565
	Emergency Department	(225) 765-8826

IV. EAP PROCEDURES OF FIRST RESPONDER:

A. The first responder should secure the area by performing a primary survey of the scene. Once it has been determined that the scene is safe the First Responder will render the appropriate care to the athlete. This will be done by the following:

1. First Responder will check ABC's of athlete
 - a. Airway (is airway open and secure)
 - b. Breathing (is the athlete breathing)
 - c. Circulation (does the athlete have circulation to vital organs)
2. Once the ABC's of the athlete have been determined the First Responder will summon more qualified help and is to stay with the athlete until more qualified help arrives.
3. In the event that an athlete is unconscious and/or a head or cervical spine injury is suspected, the First Responder will appropriately stabilize the athletes head.
4. The First Responder WILL NOT MOVE THE ATHLETE unless the situation is deemed unsafe and the loss of life and/ or limb becomes immanent.
5. The Second Responder should then call 911 and give the appropriate information (see information for specific venue) and remain on the line until the EMS dispatcher/operator states that he/she has the necessary information or disconnects the call.
6. The second responder should then contact the Athletic Trainer (see emergency contact list).

V. EAP FOR PROVIDING EMERGENCY INFORMATION:

Information that needs to be provided when calling the Emergency Medical Services:

1. Name, address, and telephone number of caller
2. Number of athletes in need of medical attention
3. Condition of athlete(s)
4. First aid and treatment initiated by first responder
5. Specific directions as needed to locate the emergency scene
6. Other information as requested by dispatcher

VI. COMPONENTS OF EMERGENCY ACTION PLAN:

- A. EAP Personnel
- B. EAP Chain of Command
- C. EAP Roles of Personnel
- D. EAP Emergency Communication
- E. EAP Emergency Equipment
- F. EAP Emergency Transportation
- G. EAP Environmental Conditions
- H. EAP Heat Illness
- I. EAP Exertional Sickling
- J. EAP Sudden Cardiac Arrest
- K. EAP Catastrophic Brain and Neck Injuries

A. EAP Personnel:

It is recognized by the sports medicine team that the risk level of injury increases with certain sports or level of sport. Therefore, sports with a nature of increased injury, contact and risk will have more emergency personnel available. A team physician may not always be present at every organized practice or competition, however, a physician will always remain “on call” if a situation deems itself necessary, as determined by the Head Athletic Trainer.

Additionally, the first responder in some instances may be a coach or other administrative personnel. Certification in cardiopulmonary resuscitation (CPR) including AED is required of all athletic personnel associated with athletic activity.

The emergency personnel team consists of a number of healthcare providers including physicians (MD or DO), emergency medical technicians and/or paramedics (EMT/EMT-P), certified athletic trainers (ATC), coaches, team managers, and possibly bystanders. The most qualified individual associated with the Baton Rouge Soccer Club on the scene should provide acute care in an emergency situation.

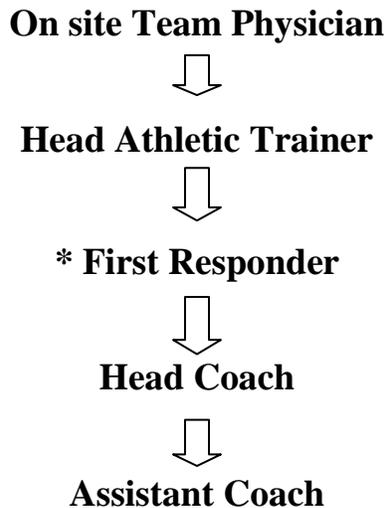
Individuals with lower credentials should yield to the chain of command presented in this document and provide any assistance needed by the individual in charge. Any member of the emergency team may perform the retrieval of emergency equipment. All members should be familiar with the type and location of emergency equipment necessary to sustain life in the event of life or limb threatening situations.

During certain instances, the activation of Emergency Medical Services (EMS) may be warranted. This must be done immediately when the situation is deemed a medical emergency which may involve the loss of life and or limb. Time is the most crucial aspect in such conditions. The personnel heading the chain of command must delegate a person to activate the EMS system. The personnel activating EMS must remain calm under pressure and be able to communicate well on the telephone. This person must be familiar with the location and address

of the venue including being aware of access gates and other possible obstructions. Once at the pre-determined location, the personnel must wait for EMS and direct them to the scene.

B. EAP Chain of Command:

In the event an athlete requires medical care and treatment for an illness and/or injury related to their participation in athletic practice or competition, the EAP chain of command will determine who will be “in charge” of the situation. It is the responsibility of the team physician, athletic trainer, coaches and administrative personnel to be aware of and adhere to this policy.



*Designates First Responder as those outside of the Sports Medicine Team. Examples of such personnel include athletic administrative staff, coaches and bystanders.

C: EAP Roles of Personnel:

During events at which a team physician is present he/she will assume the authority to delegate all final decisions regarding the immediate health care and treatment of the athlete regardless of venue. In the event that a team physician is not present then the responsibilities of the EAP will be conducted and regulated by the highest ranking and/or most appropriate certified/licensed athletic trainer on duty.

The athletic trainer will designate a secondary responder to activate EMS as soon as possible while caring for the athlete. The secondary responder(s) will then assist as a first responder. In the event that an athletic trainer is not present, the first responder becomes the responsibility of either the highest ranking on-site coach. Upon arrival of the EMS, the coach will defer to the EMT/ EMT-P. EMS will assume care and responsibility of the athlete. If accessible a parent, coach, assistant coach, team manager, and/or an individual associated with the Baton Rouge Soccer Club will accompany the athlete in the ambulance to the designated emergency facility.

The athletic trainer and sports medicine staff should be notified by the Baton Rouge Soccer Club administration when an emergency has been appropriately handled in accordance with the EAP. Follow up will be done by the athletic trainer.

D. EAP Emergency Communication:

As in every medical emergency effective communication is the key to quick and effective delivery of emergency care to the injury of athletes and trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes.

Proper communication prior to the event is the best way to establish boundaries and to build rapport between Sports Medicine and Emergency Medical Service professionals. In the event that official emergency medical transportation is not immediately available or on-site during a particular sporting event, the direct communication with EMS at the time of injury or illness is necessary.

Access to a working telephone or mobile device (i.e. cell phone) must be assured. Proper use of walkie-talkies or other communication devices must also be rehearsed. The EAP Emergency Communication system must be checked prior to each practice and/or competition to ensure its proper working order. A back-up communication plan must also be in effect should there be failure of the primary communication system.

The most common method of communication at the Baton Rouge Soccer Club facilities is a cellular phone, although radios are preferred if available. At the athletic venue, whether home or away, it is necessary to know the location of all working phones and/or communication devices. Prearranged access to the phone should be established if it is not easily accessible.

Radio Usage:

1. The Baton Rouge Soccer Club on occasion will have access to 2-way radios as a means of communication during events. These radios are to be used for official Baton Rouge Soccer Club business only. The use of the radios should facilitate a quicker response in an emergency situation.
2. The radios will remain on the channel designated for each event at all times unless otherwise directed.
3. Those individuals assigned will take extra care of the radios and will not leave them unattended.

E. EAP Emergency Equipment:

All necessary emergency equipment must be at the specified site and quickly accessible. EAP personnel must be familiar with the function and operation of each type of emergency equipment in advance. Equipment must be in good operational condition and must be checked on a regular

basis. The proper rehearsal of the use of the specified emergency equipment by the EAP personnel is encouraged on a routine basis. The emergency equipment should be appropriate for the level of training of the emergency medical providers.

In order to ensure its proper working, it is important to know the most effective way to care for and store the emergency equipment. Emergency Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

F. EAP Emergency Transportation:

Emphasis is placed on having an ambulance on site at high risk sporting events. EMS response time is factored in when determining on site ambulance coverage. The sports medicine team determines and coordinates on site ambulances for competitions and for other special events.

Consideration is given to the capabilities of transportation service available (Basic Life Support (BLS) or Advanced Life Support (ALS) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there must be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transportation decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment are available to deliver appropriate care. Emergency care providers must refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

G. EAP Environmental Conditions:

Prior to any athletic activity, if inclement weather is present a consensus will be made from the athletic trainer, the executive director, and the director(s) of the league(s) in season to determine the status of postponement, or cancellations. BRSC will always air on the side of caution when determining if the environment is safe for playing and has the right to suspend any event due to unsafe environments whether the lightning detection system has sounded or not. BRSC also supports the decisions of the referees as the FIFA Appointment Authority of the Game with regards to suspending or abandoning a match due to an unsafe environment.

Lightning:

The following lightning policy is to help minimize the risk of injury from lightning strike to the Baton Rouge Soccer Club athletes, coaches, competitors, support staff and fans.

Burbank Soccer Complex:

Burbank Soccer Complex has installed a state-of-the-art lightning detection system. In the case of lightning detected within an unsafe mileage, 15 mile range, from the complex, a long,

sustained horn will sound and a flashing light will be seen atop the main pavilion. If the system sounds, referees will end games, coaches will end practices, and both will send athletes, fans, and others off the playing fields and pavilions to seek appropriate shelter in vehicles.

THERE ARE NO LIGHTNING SAFE BUILDINGS AT THE BURBANK SOCCER COMPLEX. The pavilions **WILL NOT** provide proper safety or shelter from lightning. The only lightning safe areas at Burbank are fully enclosed metal vehicles.

The lightning system is not a timed system. It will sound the all-clear when the lightning has moved a safe distance, greater than 15 miles, from the fields. The all-clear is a series of three (3) short horn bursts. After the all-clear sounds, you may reenter the playing field. Visible blue sky or absence of rain doesn't indicate that the area is safe from lightning.

Independence Park:

All lightning/inclement weather decisions will be made by the referees in accordance with the athletic trainer's recommendations. When applicable, the athletic trainer on-site will carry a personal lightning detection system and use the Flash Bang method to advise the referees. If lightning is within a dangerous range of the park all games and practices will end and referees and coaches will send athletes, fans, and others off the playing fields to seek appropriate shelter in vehicles.

THERE ARE NO LIGHTNING SAFE BUILDINGS AT INDEPENDENCE PARK. The pavilions **WILL NOT** provide proper safety or shelter from lightning. The only lightning safe areas at Independence Park are fully enclosed metal vehicles.

Heat and Humidity:

The following heat policy is to help minimize the risk of injury from heat illness to Baton Rouge Soccer Club athletes, coaches, competitors, support staff and fans.

Heat Index is determined by the relationship between temperature and humidity. During times when high temperature and high humidity are present it is important to be aware of the dangers of these situations to prevent heat exhaustion and/or illness.

The Heat Index Practice Recommendations are as follows:

Heat Index	Practice Recommendations
<95	Practice times will not exceed 2.5 hours with 5 minute breaks every 20-30 minutes
95-99	Practice times will not exceed 2 hours with 5 minute breaks every 20 minutes
100-105	Practice times will not exceed 1.5 hours with 5 minute breaks every 15 minutes
>105	No practice will take place outdoors

H. EAP Heat Illness:

Prevention of heat illness is critical for the safety of the Baton Rouge Soccer Club athletes due to our climate and seasons of competition. The following are recommended for the prevention of heat illness:

1. Screening for traits that will predispose an athlete to heat illness such as previous history of heat illness should be included in the athlete's Pre-participation Examination.
2. Athlete heat acclimatization steps should be taken at the beginning of each athletic season.
3. Athletes and coaches will be educated on the prevention, recognition, and treatment of heat illnesses.
4. Proper fluid replacement should be recommended to each athlete by their coaches and athletic trainer for rehydration before, during, and after athletic participation.
5. Proper sleep and nutrition should be encouraged for the athlete before and after athletic activity.
6. Environmental conditions should be monitored before and during athletic activity.
7. Rest periods during practices should be based off heat index recommendations.
8. Athletes should have ample amounts of fluids available to them during athletic activity.
9. Ice tub should be available for cold water immersion if needed.
10. Local hospitals and emergency facilities should be notified in advance of any events taking place that may have potential for heat-related illnesses.

In the case of an athlete experiencing heat illness the athlete will immediately be removed from play and the emergency action plan will be activated following this order:

1. Remove athlete from play and move to a cool, shaded or air conditioned area
2. Check vital signs and cognitive function
3. Cool athlete by removing excess equipment and clothing, applying fans, cold towels, ice bags, and cold water emersion if necessary
4. Replace lost fluids and electrolytes
5. If available have a physician administer an IV
6. If necessary Activate EMS

I. EAP Exertional Sickling:

Exertional Sickling is a medical emergency. Screening for Sickle Cell Trait (SCT) results should be included in the athlete's Pre-participation Examination (PPE). Athletes with SCT shall not be denied participation on any BRSC teams or events. Athletes with Sickle Cell Trait will undergo an education program on signs, symptoms, prevention, and immediate treatment of Exertional Sickling. Coaches should be educated in the signs, symptoms, prevention, and treatment of Exertional Sickling. Coaches should also be told which of their athletes have SCT and be able to make adjustments accordingly.

In the case of Exertional Sickling the athlete will immediately be removed from play and the emergency action plan will be activated following this order:

1. Remove athlete from play
2. Check vital signs
3. Activate EMS
4. Cool Athlete
5. If available administer high-flow oxygen, 15 lpm with a non-rebreather face mask
6. If necessary apply and activate AED and monitor for metabolic complications

J. EAP Sudden Cardiac Arrest:

During all athletic events an Automated External Defibrillator (AED) must be on site and able to access within 3 minutes of recognizing its need. All coaches and administrative personnel must be educated on the location, function, and the use of an AED. Any athlete who has collapsed and is unresponsive should be assumed to be in Sudden Cardiac Arrest (SCA) unless another cause is identified. Management of SCA is as follows:

1. Recognition of SCA
2. Immediately Activate EMS
3. Start CPR beginning with chest compressions
4. Activate the AED
5. Transport to an emergency care facility once EMS has arrived

K. EAP Catastrophic Brain and Neck Injuries:

Head and neck injuries are very common in the sport of soccer. It is vitally important that prevention, recognition, and treatment of these injuries are available to properly manage any catastrophic event.

Preventative measures include annual education courses for coaches, parents, athletes, and staff of the causes, sign and symptoms, treatment, and return to play process for concussed athletes. Team physician and athletic trainers will also complete an annual education on the updates in medical care and return to play for concussed athletes. Coaches should also remind athletes throughout the season of proper heading techniques to prevent head or neck injury.

The third edition of the Sport Concussion Assessment Tool (SCAT3) will be used to assess all athletes who are suspected of having a concussion. All athletes who have sustained a concussion will be referred to their Primary Care Physician unless emergency treatment and transportation is deemed necessary. If further treatment is necessary once seen by their primary care physician referral to a sports medicine recommended neurologist will be initiated.

In following procedure will be immediately implemented if an athlete presents with obvious deformity, bilateral neurologic concerns, substantial spinal pain with or without palpation, altered level of consciousness or is unconscious:

1. Recognition of head or neck injury
2. Assessment of cognitive function
3. Stabilize the patient, spine board, and activate EMS
4. If athlete begins to have a cardiopulmonary collapse start CPR beginning with chest compressions and activate the AED
5. Transport to an emergency care facility once EMS has arrived

When a trained medical professional is not present, the patient should be withheld from activity, and the coach, parent, or responsible adult—whoever is present at the time of the injury—should initiate a referral to the patient’s primary care provider or emergency department for timely medical evaluation. No BRSC athlete with a suspected concussion will be permitted to return to a practice, game, or activity on the same day.

VII. Conclusion:

The importance of being properly prepared to respond effectively when athletic emergencies arise is the best way to prevent further injury and trauma and to ensure the safety of all persons involved. An athlete’s survival may depend on how well trained and prepared the Sports Medicine, EMS personnel, and medical providers are. It is prudent to invest BRSC ownership in the emergency action plan by involving the administration and coaches as well as athletic training staff. The emergency action plan should be reviewed at least once a year with all personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency action plan, BRSC helps ensure the athletes will have the best care provided when an emergency situation arises.

BREC Burbank Soccer Complex

Effective 9/12/14

Emergency Personnel:

Athletic Trainer on-site for practices and games, Team Physician/Physicians Assistant on-call (on-site limited basis)

Emergency Communication:

Tabitha McReynolds, Head Athletic Trainer	225-910-2424 cell
EMS	911
Baton Rouge Orthopedic Clinic	(225) 408-7859
Our Lady of the Lake	(225) 765-8826

Emergency Equipment:

Pavilion Field 6: AED, CPR kit

Sports Medicine Trailer: CPR kit, universal precautions, trauma kit, splint kit, various other supplies

Roles of First Responders:

Immediate care of the injured or ill athlete

- 1) Immediate care of the injured or ill athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
 - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
 - Notify Head Athletic Trainer
- 4) Direction of EMS to scene
 - Open appropriate gates
 - Designate individual to “flag down” EMS and direct to scene
- 5) Scene control: limit scene to first aid providers; move bystanders away from area

Venue Location:

The BREC Burbank Soccer Complex is located at 12400 Burbank Drive, Baton Rouge, LA 70810. The emergency unit can enter the complex through the main entrance on the east side of the complex on Burbank Drive.

If the emergency is located on fields 1 through 12 the emergency unit will enter through the main gate and pull into the first parking lot on the left. Straight ahead there is a gate allowing field access. Once on the field, directions to the specific location will be given to the emergency unit by the first responder.

If the emergency is located on fields 13 through 22 the emergency unit will enter through the main gate and drive to the back of the complex. Once the emergency unit crosses the bridge there is a parking lot immediately to its right with a gate allowing field access. Once on the field, directions to the specific location will be given to the emergency unit by the first responder.

Independence Soccer Complex

Effective 9/12/14

Emergency Personnel:

Certified athletic trainer, team physicians/physicians assistants (all limited basis)

Emergency Communication:

Tabitha McReynolds, Head Athletic Trainer	225-910-2424 cell
EMS	911
Baton Rouge Orthopedic Clinic	(225) 408-7859
Our Lady of the Lake	(225) 765-8826

Emergency Equipment:

Location TBD

Roles of First Responders:

- 1) Immediate care of the injured or ill student-athlete
- 2) Emergency equipment retrieval
- 3) Activation of Emergency Medical System (EMS)
 - Call 911: provide name, address, telephone number, number of injured, condition of injured, first aid treatment, directions, and information as requested
 - Notify University Police if they have not already been notified
 - Notify Head Athletic Trainer
- 4) Direction of EMS to scene
 - Open appropriate gates
 - Designate individual to “flag down” EMS and direct to scene
- 5) Scene control: limit scene to first aid providers; move bystanders away from area

Venue Location:

Independence Park is located at 7800 Independence Boulevard, Baton Rouge, LA 70806.

If the injury occurs on fields 2-5 instruct the emergency unit to access the fields through the parking lot off of Independence Boulevard. Once in the parking lot head to the corner closest to the theater for access to the fields.

If the injury occurs on fields 6-8 instruct the emergency unit to access the fields through the parking lot off of East Airport Ave. Once in the parking lot the second responder will direct Emergency Unit to the scene.

