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# EMERGENCY ACTION PLAN FOR KING'S FORK HIGH SCHOOL ATHLETICS



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# KING'S FORK HIGH SCHOOL EMERGENCY ACTION PLAN FOR ATHLETICS

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## **KING'S FORK HIGH SCHOOL EAP OVERVIEW**

### **Introduction**

In the event of emergency situations during any form of athletic participation, the utilization of a well-constructed Emergency Action Plan (EAP) is critical not only to the Certified Athletic Trainer, but coaches and the rest of those involved to help guide and/or provide the best possible care to the sport participant in the event of emergency or life-threatening injury.

It is the duty of every athletic organization to develop an emergency action plan. In the event that an emergency situation arises, it is imperative that all school activity workers be prepared. This includes: Proper time of use of the emergency action plan, proper coverage of events, and proper maintenance of medical equipment including fast and efficient access to said equipment, utilization of appropriate emergency medical personnel, as well as continued learning in the area of emergency medicine, planning and first aid so as to avoid the degradation in one's practical skills.

### **Components of the Emergency Action Plan**

Listed are the key components in every emergency action plan:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Coaches and Administrators
5. Venue Directions with Map
6. Basic Injury Management for Coaches

### **Emergency Plan Personnel**

In athletics, the first responder to an emergency situation is typically the ATC or coach. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency action plan review is required for all athletics personnel associated with practices, games/competition, etc.

The development of an emergency action plan cannot be complete without the formation of an emergency. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team and the athletic venue itself. There are four basic roles within the emergency team. The first is establishing safety of the scene and immediate care of the athlete (triage is important with multiple injured athletes). Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this should usually be done by the athletic director as they typically have keys to all athletic related venues, making it easier for EMS to access the scene.

### **ROLES WITHIN THE EMERGENCY TEAM**

1. Establish scene safety and immediate care of the athlete
2. Activation of EMS
3. Emergency equipment retrieval
4. Direct EMS to scene

### **ACTIVATING THE EMS SYSTEM**

#### **Making the Call:**

911 (all emergencies in Virginia)

#### **Providing Information**

- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical
- number of athletes involved
- condition of athlete(s)
- first aid treatment initiated by ATC/Physician
- specific directions as needed to locate the emergency scene (ex. "Come to the big parking lot adjacent the football field off King's Fork Rd.")
- other information as requested by dispatcher

### **Emergency Communication**

It is absolutely necessary to build a rapport with each member of the Emergency Team. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. Always have a plan setup with each member of the Emergency Team, especially if emergency medical services is present at the venue. It is also useful to have gestures to symbolize what emergency action needs to be taken, whether it's activating the EMS system, calling over emergency medical transportation, or retrieving emergency medical items like an AED, splint kit, or crutches. If emergency medical transportation is not available on site during a particular sporting event, then direct communication with the emergency medical system at the time of injury or illness is necessary.

Before any athletic events also verify that there is a secure line for communication, whether it be a cell phone or landline in the event that EMS needs to be called.

### **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. The school's Athletic Director and Certified Coaches should be trained and educated on the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

### **Medical Emergency Transportation**

Emphasis should be placed at having an ambulance on site at high-risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should 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. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation.



**PART II:  
ATHLETIC POLICIES AND PROCEDURES**

### Reporting Injuries

In the event that an athlete sustains an injury, it is his responsibility to notify the ATC or coach immediately after that injury is sustained. The coach will then evaluate the injury and give treatment instructions to the athlete, which may include seeing the athletic trainer. In most cases, please note that the coaches still want the injured athletes to attend practices as an observer. If an athlete is ill, the athlete or his/her parents should contact the coach of that sport to notify the athletic trainer. **A reminder that there can always be more than one practice or game going on at the same time, so the athletic trainer may not always be present at the time of an injury or may be elsewhere covering another sport at the time. (it is times like these where the EAP is crucial)**

### Physician Referrals

Any athlete who sees a physician for an injury sustained while participating in a sport or activity at King's Fork High School must inform the athletic trainer immediately. Any athlete who does not notify the athletic trainer should not be allowed to resume practice or participate in games.

### On-Field Injuries

If an athlete is injured on the field, no matter what type, he should never be moved if a head or neck injury is suspected. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift, risking more injury to the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should never move an injured athlete. In the case of football and home games for baseball, soccer, basketball, softball, volleyball, track and field, field hockey, wrestling, and tennis, an athletic trainer will always be present. **A reminder that there can always be more than one practice or game going on at the same time, so the athletic trainer may not always be present at the time of an injury, or may be elsewhere covering another sport at the time. (it is times like these where the EAP is crucial)**

### Other Injury Management

It is important to reiterate in the event of an emergency, the 911 system will be utilized for activating emergency transport. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise (CMS) should be considered a "load and go" situation and emphasis placed on rapid evaluation, treatment and transportation. The Health Insurance Portability and Accountability Act (HIPAA) prohibits any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personnel should never release any information about an athlete's injury or condition to any person without expressed consent of the athlete's parent.



**PART III:  
BASIC INJURY MANAGEMENT FOR ATC/SPORTS COACHES**



# BONE INJURIES

## Recognizing Fractures:

When dealing with an open (compound) fracture, the bone will be visibly protruding or piercing through the skin. Treatment typically requires immediate IV antibiotics and urgent irrigation and debridement. It is important to immediately begin wound care, immobilization, and speedy sterilization and transportation as open fractures are direct communication to the external environment and contamination with dirt, debris, and devitalization of the soft tissue, which leads to risk of infection and other complications. It is important to swiftly treat for blood loss, securing the open fracture site and immobilizing externally, without threatening the integrity of the bone itself (immobilizing recklessly can lead to damaging the integrity of the already injured bone, leading to further damage.)

An open fracture will typically be self-evident due to the exposed bone. The following clues suggest you are dealing with a probable closed fracture:

- The athlete felt or heard a bone break or snap;
- The athlete feels a grating sensation (crepitus) when he/she moves a limb or at the initial time of injury;
- One limb appears to be a different length, shape, size, or width than the other, or is improperly angulated; **visually deformed;**
- The athlete may not be able to move a limb or part of a limb. Attempting to move the affected limb produces intense pain;
- Lack or loss of a pulse at the end of the extremity;
- Lack or loss of sensation at the end of the extremity
- Lack or loss of movement throughout the extremity
- Numbness or tingling sensations; “pins and needles”
- Involuntary muscle spasms
- Other unusual pain, such as intense pain in the affected area that radiates with deep breaths or muscle use.
- Ice usually makes it feel worse, typically accompanied with deep, painful throbbing.

## Splinting

**Any suspected fracture should always be splinted before the athlete is allowed to move. Always splint the joint above and below the affected area, being extra cautious in the event of an open fracture.**

## How to Splint:

1. Before splinting always assess the athlete and the point of injury. Tend to any external wounds that may be present. If there are none, immediately assess the athlete’s circulation, motion, and sensation (CMS). Remove clothing from the injured area to get a better look but never force a limb out of clothing if you cannot get it. You may have to cut clothing off using scissors.
2. Place a splint (or boards) on the injured part by keeping the injured limb in the position you find it. If using something hard or rigid to splint, try your best to pad the inside area around the fracture while maintaining a solid immobilization. Make sure the splint is long enough to go past the joints above and below the injury keeping the splint in place with either bandages, straps, compression wraps, or first-aid tape.
3. Once the splint has been secured onto the athlete, re-check the straps or whatever else is securing the splint to the athlete (in the case of vacuum splints always re-adjust the straps once applied to make sure you have a snug but firm fit). Once checked, immediately re-assess CMS first by checking, circulation via capillary refill, motion via distal extremity movement, and sensation.
4. Seek medical care, and don’t allow that athlete to eat or drink anything, in case medication or surgery is needed.

# Concussions

**NEVER MOVE AN ATHLETE WITH A HEAD OR NECK INJURY. IN THE EVENT OF A CATASTROPHIC HEAD OR NECK INJURY, IMMOBILIZE THE HEAD, NECK AND SPINE...CALL 911**

## Dealing with Concussions

Concussions are a form of brain injury caused by a direct, or sometimes indirect, blow to the head or a violent shaking of the head and body, and can be accompanied with or without loss of consciousness. When dealing with a potential concussion, the athlete may report one or many different cognitive symptoms, with headache typically being the symptom most present. Having said this, all people may experience concussion differently and therefore all symptoms reported need to be considered. Glasgow Coma Scales and Symptom checklists are typically the tools most used to assist the evaluator in making the initial decision when dealing with a head injury. Always assess the eyes, ears and nose for a more thorough evaluation.

If a player shows ANY signs or symptoms of concussion, that athlete must be pulled from participation and evaluated immediately. ONLY a physician may clear the athlete for return to play unless the athlete follows up with their school ATC the following day (MUST be within 24 hours of resulting injury) and show no signs or symptoms of a concussion. If no signs/symptoms of a concussion are present within that 24 hour period, the athlete will be taken through a physical exertion test and if still no signs/symptoms following physical exertion, the athlete may be cleared to RTP that day by their ATC. Below is a list of possible symptoms when dealing with concussion:

## Concussion Signs and Symptoms

Headache	"Don't feel right"
Pressure in head	Difficulty concentrating
Neck pain	Difficulty remembering
Nausea or Vomiting	Fatigue or low energy
Dizziness	Confusion
Blurred vision	Drowsiness
Balance problems	Trouble falling asleep
Sensitivity to light	More emotional
Sensitivity to sound	Irritability
Feeling slowed down	Sadness
Feeling like "in a fog"	Nervous or Anxious

An evaluator may also ask for other symptoms such as numbness and tingling, ringing in the ears, seeing "stars", or looking for a vacant stare, however the signs and symptoms listed above are what one may typically see on your average symptom checklist.

**If you suspect that a player has a concussion it is important to continually monitor the level of responsiveness of said athlete. Occasionally check-in on vitals and be on the lookout for exacerbating symptoms or deterioration in one's mental and motor health/status.**

# Wound Care

**NEVER TEND TO ANY SORT OF WOUND, ABRASION, BURN, LACERATION, BLISTER ETC. WITHOUT FIRST PUTTING ON THE PROPER PPE. USE NOTHING LESS THAN STERILE/CLEAN FIRST AID TOOLS/SUPPLIES WHEN DEALING WITH AN OPEN WOUND. ALWAYS HAVE A WAY TO PROPERLY DISPOSE OF ANY CONTAMINATED MATERIALS USED DURING WOUND CARE SUCH AS A SHARPS CONTAINER, BIOHAZARD BAGS OR STERILIZATION SUPPLIES.**

## Lacerations

- Apply direct pressure with gauze to stop bleeding. Keep applying gauze until the bleeding no longer soaks through the gauze;
- Clean the wound thoroughly and irrigate with saline and Betadine if available;
- If the laceration is superficial enough, steri-strips may be applied to aid in closing the laceration and promoting a healthier healing process (be sure that the bleeding has stopped before application);
- Typically, a wound deeper than 1/8" will need to be covered with a pressure bandage and sent to a physician for possible stitches;
- If a dirty object was the cause of the laceration, refer for tetanus;

## Abrasions & Turf Burns

- Clean affected area thoroughly before covering with anything (typically with a peroxide/saline solution to remove bacteria);
- Apply any form of triple antibiotic ointment;
- Depending on the size you may cover with gauze bandage, pre-wrap and soft tape or 2<sup>nd</sup> skin and a Band-Aid so long as the sticky adhesive is far away from the actual scrape;
- Wrap with pre-wrap and soft tape for all athletic participation. After 2 days uncover and air dry to help scab over;

## Blisters

- Clean with saline and Betadine if available;
- Can use petroleum jelly or 2<sup>nd</sup> skin to reduce friction between the blister and the athlete's sock/footwear during practice or games;
- Cover with gauze wrap or a Band-Aid and close with pre-wrap and soft tape;

**Always be on the lookout for signs of infection with all forms of Wounds and Rashes.**

- Expanding redness around the wound;
- Yellow or greenish-colored pus or cloudy wound drainage;
- Red streaking spreading from the wound;
- Increased swelling, tenderness, or pain around the wound;
- Fever;

## Shock

- Don't waste time trying to find a dressing. Use gloved hand and apply direct pressure over the wound;
- Elevate the extremity;
- Keep applying steady, firm pressure;
- Once bleeding is controlled, apply a pressure bandage or dressing;
- Refer to ER for further treatment;

**Remember excessive bleeding can lead to shock**

# Equipment Concerns

## Recommended Procedure for Football Helmet Fitting Session

Coaches have a responsibility to do everything they can to ensure the safety of their players. That begins with making sure their equipment fits properly before they even set foot on the field. Always familiarize yourself with the equipment you will be working with prior to the start of a season. Make sure you have the tools necessary for emergency equipment removal.

- Check to see if player's **ear openings** are in center of helmet ear openings or below center. If the helmet's ear openings are too high, the helmet is too small or possibly the inner liner may be over inflated. If the helmet ear openings are too low, the helmet is too big or the inner liner is under inflated.
- Check to see that the **eyebrows** are approximately 1–1-1/2" below the helmet's front rim. A general rule of thumb is to use 1–1-1/2 finger widths. If there is a gap of more than 1 inch, generally the helmet is too small and if there is less, it is too large.
- Try to **rotate the helmet** side-to-side. There are various ways to do this. One is to ask the player to "bull" his neck. Grab the faceguard in the middle and attempt to move the helmet from side to side. There should be some movement of the forehead skin and hair with the helmet, but it should not slip. Using the center loops on the faceguard as a guide, the nose should stay within a line directly down the center of the helmet and the center of the loop. If the nose moves to the right and left beyond these loops, generally the fit needs to be adjusted or the helmet is still too big.
- Check the **crown adjustment** of the helmet. Again, there are various ways to do this. One method is to request the player to clasp his hands over the crown of the helmet and push straight down. The pressure should be felt on the crown. This test also cross-checks the eyebrow test.
- Check the **forehead pressure** and back-to-front fit. One method to do this is to have the player rotate his hands down to the rear of the helmet from the crown test. Keep the hands clasped together and attempt to push the helmet forward. Usually a gap of a finger width or less between the forehead and front sizer is acceptable.
- Check the **jaw pads** to see that they fit correctly. *They should be neither undersized nor oversized.* They should follow the contours of the cheeks.
- Check the **chin strap** fit. *The function of the chin strap is to hold the helmet in place.* Make sure the cup is centered on the point of the chin and all four straps have the slack taken out. Begin fitting with the back or lower chin strap first. It is important that the high hook-up chin straps go underneath the facemask.
- Check the **faceguard**. There should be adequate spacing between the faceguard and the tip of the nose.
- Check the fit in the **rear of the helmet**. The occipital lobe should be covered by the shell. The rear of the helmet should cradle the neck. It should not chafe from a tight fit, nor leave a large gap from a loose fit.
- Check the player's **vision**, both peripherally, as well as up and down. Peripherally, the player should be able to track a finger about 180 degrees, up and down to about 75 degrees.

- ✓ **CHECK ALL HELMETS REGULARLY (every other day) TO BE SURE THEY HAVE AIR**
- ✓ **CHECK MOUTHGUARDS DAILY**
- ✓ **NEVER ALLOW ATHLETES TO CUT MOUTHGUARDS**
- ✓ **REPLACE WORN DOWN MOUTHGUARDS**

# Environmental Concerns

## Refer to Sentara's Heat, Cold & Lightning policies

### King's Fork Lightning-Safety Protocol:

- I. The chain of command for the decision to make the call to remove individuals from the field or activity is as follows:
  - a. Certified Athletic Trainer
  - b. Athletic Director
  - c. School Administrator
  - d. Head Coach
- II. The designated "weather watcher" who will notify the chain of command will be the Athletic Trainer. When lightning is seen or thunder is heard, or lightning is detected within 10 miles via a weather app, the Athletic Trainer will require that all athletes & spectators seek shelter.
  - a. Monitoring local weather forecast will be through the use of local Doppler radar from the internet as well as TV station broadcasting updates and announcements.
  - b. A battery-operated SkyScan or weather app (i.e. WeatherBug or others) can also be utilized to determine the distance of the storm
  - c. Flash-bang-method: Start counting when lightning flash is sighted, counting stops when associated sound (thunder) is heard. This count is divided by 5 to determine the distance to the lightning distance (miles). Ex: 30 second count equates to a distance of 6 miles.
- III. Safe Locations
  - a. Players- Will be escorted to the locker rooms/or nearest shelter (i.e. outside bathrooms by field hockey field) by coaches.
  - b. Spectators- Will be instructed to leave the athletic venue and seek shelter within their personal motorized vehicles until the athletic venue is safe. Spectators are not permitted anywhere inside the building without permission from an administrator.
  - c. Coaches/Faculty/Administrators- Will remain with either the players or spectators.
- IV. Criteria for Suspension & Resumption of Activities
  - a. 30-30 Rule:
    - i. Suspension- By the time the flash-to-bang count approaches 30 seconds, all individuals should already be inside a safe shelter
    - ii. Resumption- Wait at least 30 minutes after the last sound (thunder) or observation of lightning before leaving the safe shelter to resume activities

### Note:

*All individuals have the right to leave an athletic site or activity, without fear of repercussion or penalty, in order to seek a safe structure of location if they feel they are in danger from impending lightning activity.*

# Other Health Concerns

## Allergic Reactions

- Epinephrine should be administered if the patient exhibits signs and symptoms of a severe allergic reaction (anaphylaxis), including respiratory distress and/or shock or severe asthma.
- Epinephrine is the drug of choice for emergency treatment of severe allergic reactions such as insect stings/bites, foods, drugs or other allergens.
- If the athlete's reaction is minor (hives, itching, irritation), contact parent. In most cases, Benadryl will fix the problem.

## Asthma

- All athletes must receive pre-participation screening evaluations sufficient to identify possible presence of asthma.
- Athletic trainers and coaches should be aware of the major signs and symptoms suggesting asthma as well as the following associated conditions:
  - chest tightness, coughing, prolonged shortness of breath (SOB), difficulty sleeping, wheezing, inability to catch one's breath, physical activities affected by breathing difficulty, use of accessory muscles to breath, breathing difficulty upon awakening in the morning, breathing difficulty when exposed to certain allergens or irritants, exercise-induced symptoms like coughing or wheezing, family history of asthma, personal history of atopy/eczema/hay fever.
- Only athletes diagnosed with asthma should use inhalers. Any athlete diagnosed with asthma should ONLY use their own inhaler.
- Athletes diagnosed with asthma MUST supply their athletic trainer with a backup inhaler for emergency situations.
- If trouble persists, call 9-1-1.

## Dental Issues

In the event that an athlete gets a tooth knocked out, chipped, or broken

- Keep the tooth
- Put the tooth in a liquid such as milk or water
- Have athlete chew gum and put over the exposed tooth in mouth to prevent nerve irritation.
- Send to dentist

## Diabetes

*Symptoms:* rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, seizures, anxiousness.

*Care Plan:*

- Blood glucose monitoring guidelines. Addresses frequency of monitoring and pre-exercise exclusion values.
- Insulin therapy guidelines. Should include the type of insulin used, dosages, and adjustment strategies.
- List of other medications including those used to assist glycemic control.
- Guidelines for prevention, signs, symptoms and treatment of both hypoglycemia and hyperglycemia.
- Emergency contact information. Include parents' and other family contacts, physicians, and consent for treatment (minors)
- Athletes with diabetes should have a medic alert tag with them at all times.

## Seizures

- Have athlete lie down. Remove any objects in hand or nearby, do not surround the athlete clear the area of people.
- Loosen restrictive clothing
- Allow the seizure to finish
- After the convulsions have ended, protect the airway. If athlete is blue, lift chin and tilt head back.



**PART IV:  
KFHS EMERGENCY PROTOCOL BY SPORT**

# King's Fork High School EAP

## Baseball

**Emergency Personnel:** Athletic Trainer, Head Coach, Assistant Coaches, Athletic Director, School Administrators

**Emergency Communication:** The Certified Athletic Trainer and Athletic Director will carry cellular telephones. We recommend the head coach of each of the teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies stored in the Athletic Training Room may include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the ATC.

### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of hot and cold therapy. Rehabilitation should follow physician protocols.

### **Roles of Coaches**

- Direct EMS personnel (ambulance) to scene;
- Unlock and open gate between school and practice fields;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.





### **Roles of Administrative Staff**

- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.





**VENUE MAP: (LOCATED AT KING'S FORK HIGH SCHOOL)**

-  VENUE LOCATION (LOCATED OFF BOUNDARY DR.)
-  EMERGENCY ENTRY POINT
-  AED LOCATION (ATHLETIC TRAINING ROOM – ENTER THROUGH DOOR 15 NEAREST TO FOOTBALL FIELD)
-  AMBULANCE FIELD ACCESS

## **King's Fork High School EAP**

### **Football, Field Hockey, Soccer, Track and Field**

**Emergency Personnel:** Athletic Trainer, Head Coach, Assistant Coaches, Athletic Director, School Administrators

**Emergency Communication:** The Certified Athletic Trainer and Athletic Director will carry cellular telephones. We recommend the head coach of each of the teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies stored in Training Room may include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the ATC. The athletic trainer will always bring out a kit, AED, and a splint bag to the field. Crutches will be located in the athletic training room.

#### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of hot and cold therapy. Rehabilitation should follow physician protocols.

#### **Roles of Coaches**











- Direct EMS personnel (ambulance) to scene;
- Unlock and open any gates as necessary between school and practice fields;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

#### **Roles of Administrative Staff**

- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym/fields/courts;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

**VENUE MAP: (LOCATED AT KING'S FORK HIGH SCHOOL)**



-  VENUE LOCATION (LOCATED OFF BOUNDARY DR.)
-  FOOTBALL PRACTICE FIELD LOCATION
-  FIELD HOCKEY AND SOCCER PRACTICE FIELD LOCATION
-  SOCCER PRACTICE FIELD (SECOND FIELD)
-  EMERGENCY ENTRY POINT
-  AED LOCATION AED LOCATION (ATHLETIC TRAINING ROOM – ENTER THROUGH DOOR 15 NEAREST TO FOOTBALL FIELD)
-  AMBULANCE FIELD ACCESS (FOOTBALL, TRACK, AND SOCCER GAME FIELD ACCESS)
-  AMBULANCE FIELD ACCESS (FOOTBALL PRACTICE FIELD)
-  AMBULANCE FIELD ACCESS (FIELD HOCKEY AND SOCCER PRACTICE FIELD)
-  AMBULANCE FIELD ACCESS (SECOND SOCCER PRACTICE FIELD)

## **King's Fork High School EAP Basketball and Volleyball**

**Emergency Personnel:** Athletic Trainer, Head Coach, Assistant Coaches, Athletic Director, School Administrators

**Emergency Communication:** The Certified Athletic Trainer and Athletic Director will carry cellular telephones. We recommend the head coach of each of the teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies stored in Training Room may include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the ATC. The athletic trainer will always bring out a kit and AED to the court during games. Crutches and splints will be located in athletic training room.

### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of hot and cold therapy. Rehabilitation should follow physician protocols.

### **Roles of Coaches**

- Direct EMS personnel (ambulance) to scene;
- Unlock and open any gates as necessary between school and practice fields;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

### **Roles of Administrative Staff**

- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

**VENUE MAP: (LOCATED AT KING'S FORK HIGH SCHOOL)**



↓ VENUE LOCATION (LOCATED INSIDE ADJACENT TO CAFETERIA)

✚ EMERGENCY ENTRY POINTS (OFF KING'S FORK RD. AND BOUNDARY DR.)

♥ AED LOCATION (ATHLETIC TRAINING ROOM – ENTER THROUGH DOOR 15 NEAREST TO FOOTBALL FIELD)

⚡ ENTRANCE ACCESS TO GYMNASIUM (MAIN ENTRANCE – CIRCULAR PARKING LOT SIDE)

# King's Fork High School EAP

## Softball

**Emergency Personnel:** Athletic Trainer, Head Coach, Assistant Coaches, Athletic Director, School Administrators

**Emergency Communication:** The Certified Athletic Trainer and Athletic Director will carry cellular telephones. We recommend the head coach of each of the teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies stored in Training Room may include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the ATC. The athletic trainer will always bring out a kit, AED, and splint bag for games. Crutches will be located inside athletic training room.

### **Roles of Certified Athletic Trainer (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of hot and cold therapy. Rehabilitation should follow physician protocols.

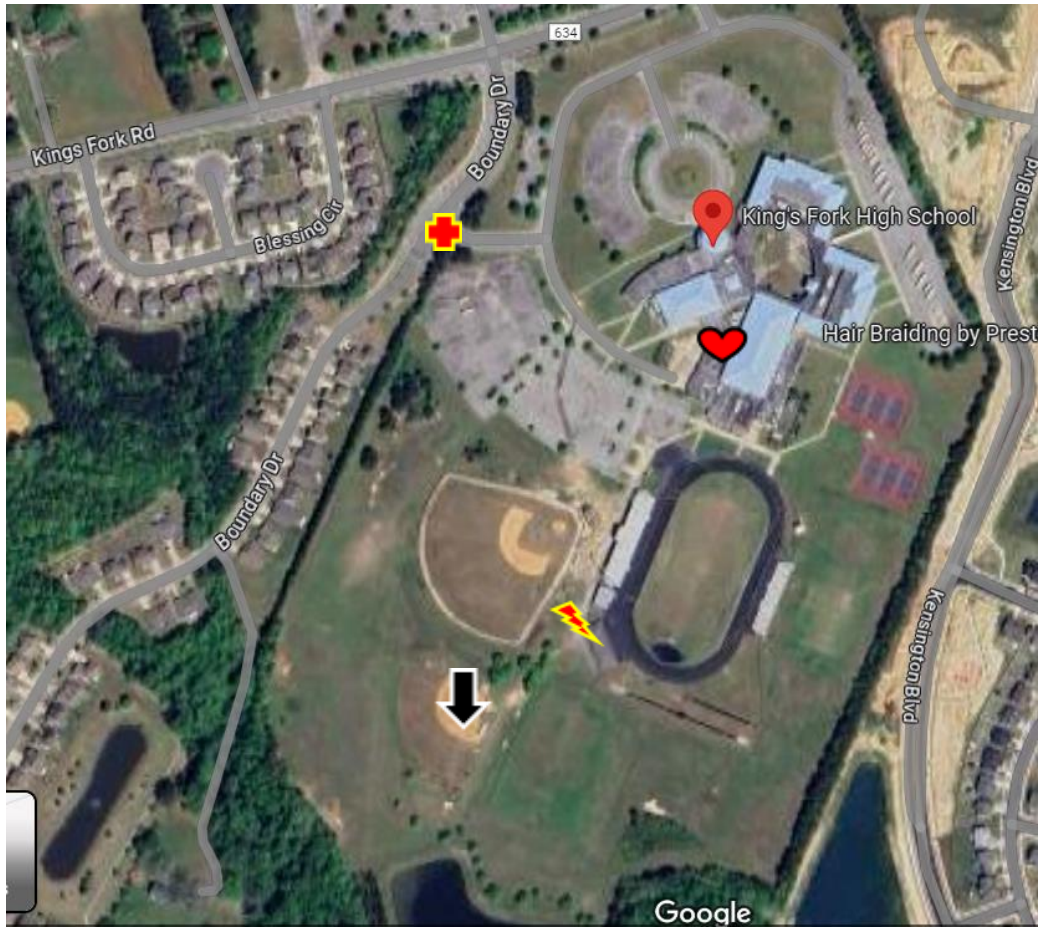
### **Roles of Coaches**

- Direct EMS personnel (ambulance) to scene;
- Unlock and open any gates as necessary between school and practice fields;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

### **Roles of Administrative Staff**

- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym/fields/courts;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

**VENUE MAP: (LOCATED AT KING'S FORK HIGH SCHOOL)**



↓ VENUE LOCATION (OFF BOUNDARY DR.)

✚ EMERGENCY ENTRY POINT

♥ AED LOCATION (ATHLETIC TRAINING ROOM – ENTER THROUGH DOOR 15 NEAREST TO FOOTBALL FIELD)

⚡ AMBULANCE ENTRY POINT

# King's Fork High School EAP

## Tennis

**Emergency Personnel:** Athletic Trainer, Head Coach, Assistant Coaches, Athletic Director, School Administrators

**Emergency Communication:** The Certified Athletic Trainer and Athletic Director will carry cellular telephones. We recommend the head coach of each of the teams carry a cellular phone, in case of emergency.

**Emergency Equipment:** Supplies stored in Training Room may include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the ATC. The athletic trainer will always bring out a kit, AED, and splint bag for games. Crutches will be located inside athletic training room.

### Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of hot and cold therapy. Rehabilitation should follow physician protocols.

### Roles of Coaches

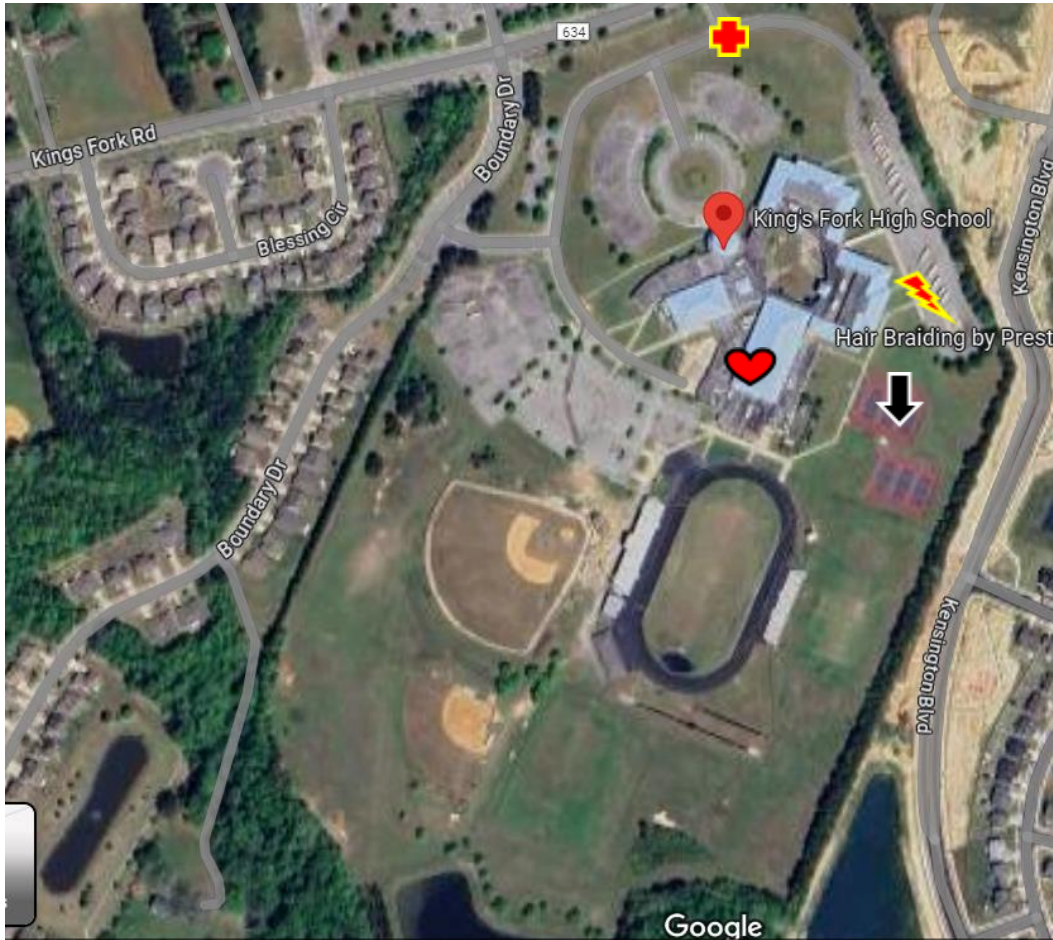
- Direct EMS personnel (ambulance) to scene;
- Unlock and open any gates as necessary between school and practice fields;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

### Roles of Administrative Staff

- Ensure emergency entrance to facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym/fields/courts;
- Direct EMS personnel (ambulance) to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.



**VENUE MAP: (LOCATED AT KING'S FORK HIGH SCHOOL)**



↓ VENUE LOCATION (OFF KING'S FORK RD.)

✚ EMERGENCY ENTRY POINT

♥ AED LOCATION (ATHLETIC TRAINING ROOM – ENTER THROUGH DOOR 15 NEAREST TO FOOTBALL FIELD)

⚡ AMBULANCE ENTRY POINT

# KING'S FORK HIGH SCHOOL EMERGENCY ACTION PLAN FOR ATHLETICS

## EMERGENCY CONTACTS

### Emergency Medical Services

9-1-1

Suffolk Police Department – Dispatch	757-923-2350
Suffolk Fire Department Station 6 (Kings Fork) – Dispatch	757-514-4550
Sentara Obici Hospital – Emergency Department	757-934-4000
Sentara Belleharbour – Emergency Department	757-983-0040
Health Center at Harbour View - Emergency Department	757-673-5800
Randy Jessee, Athletic Director – cell phone	434-882-3150
Dahlia Johnson, Athletic Trainer – cell phone	757-404-7540
King's Fork High School – Main Office	757-923-5240

### **Coaches:**

Baseball: Coach Andrew Riddick	757-610-4179
Softball: Coach Whitney Holland	757-610-6611
Girls' Soccer/Field Hockey: Coach Jasmine Johnson	757-870-6347
Boys' Soccer: Coach Kenitra Bile	757-613-0577
Boys' Basketball: Coach Richard Hite	804-720-2211

### Girls' Basketball: Coach

Girls' Volleyball: Coach Nikka Gatling	757-735-2993
Boys' Volleyball: Coach Angelique Gatling	757-717-9378
Football: Coach Anthony Joffrion	757-272-5104
Swimming: Coach Johanna Morse	757-218-0205
Girls' Tennis: Coach Janice Henderson	757-537-8739

### Boys Tennis: Coach

Golf: Coach Benford Hunter	757-652-4062
Cheer: Coach Azza Harvey	757-541-7091