

Northern Lehigh School District Sports Medicine

**1 Bulldog Lane
Slatington PA, 18080**



Emergency Action Plan

St Luke's

Sports Medicine

**ST. LUKE'S UNIVERSITY HEALTH NETWORK
SPORTS MEDICINE**

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I. INTRODUCTION

The purpose of this document is to provide instructions to members of the Northern Lehigh High School Sports Medicine Staff in the event of a medical emergency regarding Northern Lehigh High School athletes. An emergency is a sudden life threatening injury or illness that requires immediate medical attention. Emergency situations can occur at any time during athletic participation. Expedient action must be taken in order to provide the best possible treatment. This emergency plan will help ensure the best care is provided.

All members of the Northern Lehigh High School organization are required to familiarize themselves with this plan. Throughout the season there is a possibility in which an athletic trainer or other medical professional is not immediately available. This places athletic personnel, most likely coaches, in the position of potentially providing emergency medical services in the form of cardiopulmonary resuscitation and basic first aid. Although CPR and First Aid certification is not mandated for coaches and staff, each Northern Lehigh High School personnel will be given the opportunity to be certified in Lay Person CPR and basic First aid by a certified instructor prior to the start of pre-season camp.

All Northern Lehigh High School personnel should review this policy prior to each pre-season. All sports medicine staff members will rehearse this plan prior to the start of every season. Coaches should discuss the policy in detail with one of Northern Lehigh High School Sports Medicine Staff members. Those with the highest level of medical training such as, a Team Physician, Licensed Athletic Trainer (LAT), Emergency Medical Staff, or Strength and Condition Staff are responsible for the emergency plan at a session or event. If a member of the sports medicine staff is not available at a practice, then the Coach is responsible for the emergency plan. Legal liability is very important to consider, and ALL Northern Lehigh High School personnel should understand this plan.

It is our goal that potential emergencies will be avoided by thorough physical screenings of an athlete prior to participation. Safe practices including, training techniques, and adequate medical coverage should be taken into consideration. However, accidents and injuries are inherent with sport participation; therefore, proper preparation on the part of the entire Northern Lehigh High School organization will enable each emergency situation to be managed appropriately. If you have any questions about the enclosed plan, please contact the Northern Lehigh High School Associate Athletic Trainers, Ms. Kaitlyn Mohl or Mr. Matthew Schwartz, to discuss any issues in advance.

II. Emergency Phone Numbers

Emergency Number: 911

Poison Control: 1-(800)-222-1222

St. Luke's Allentown ER: (610)-628-8384

St. Luke's Bethlehem ER: (484)-526-6272

Team Orthopedist: Dr. Daniel Heckman (610) 526-1735

Team Primary Care Physician: Dr. Michael Jusinski (484) 526-1735

Northern Lehigh High School: (610)-767-9832

Athletic Office: (610) 767-9840

Athletic Director: Bryan Geist

Athletic Training Room: (610)-767-9832 x1505

School Nurse: Melissa DeSocio x1221

Associate Athletic Trainer: Kaitlyn Mohl (908)-616-5700

Associate Athletic Trainer: Matthew Schwartz (205)-447-7482

Ambulance Service: Northern Valley (610)-262-1075

Head of Maintenance: Greg Derr x1010

Northern Lehigh Middle School: (610)-767-9812

III. EMERGENCY PERSONNEL

The type and degree of sports medicine coverage for an athletic event (practice or contest) will vary. In either case, the first responder to an emergency situation will typically be a member of the Northern Lehigh High School Sports Medicine Staff, most commonly a Licensed Athletic Trainer (LAT). A Team Physician will be present approximately 1 hour prior to kick off during home competitions. A Basic Life Support (BLS) EMS team will be present at all home football contests and will be available approximately 15 minutes prior to kick-off. Other members of the emergency team may include Strength and Conditioning coaches, Emergency Medical Technicians, Chiropractor, Physical Therapist, and/or Massage Therapist.

Roles of these individuals within the emergency team may vary depending on various factors such as: number of medical staff members, athletic venue, or the preference of the head athletic trainer. The head athletic trainer will denote responsibilities to each of the emergency personnel at the start of every season. Roles will include:

- A. Immediate Care of the Athlete (highest level of medical training)
- B. Emergency Equipment Retrieval
- C. Activation of Emergency Medical Services
- D. Directions to the Emergency Site (EMS)

A. Immediate Care of the Athlete

The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the *most qualified individual on the scene*. Individuals with lower credentials should yield to those with more appropriate training. This should be determined in advance of each training session.

B. Emergency Equipment Retrieval

The second 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. Emergency equipment is noted in “Emergency Equipment” section of this policy.

C. Activation of Emergency Medical Services (EMS)

The third role, EMS activation, should be done as soon as the situation is deemed an “emergency” or “life-threatening event”. Time is the most critical factor. 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, who communicates well, and who is familiar with the location of the event.

**Steps for activation are noted in the “In Case of Emergency” section below.*

D. Directions to the Emergency Scene

After EMS has been activated, two members of the team will be responsible for “flagging” EMS and directing them to the location of the emergency. This person should be familiar with the location and have an understanding of all entrances and exits to venue.

IV. EMERGENCY COMMUNICATION

A. Activation of Emergency Medical System (EMS)

In the event that an emergency occurs involving a Northern Lehigh High School athlete, a member of the Sports Medicine Staff should promptly contact Emergency Medical Services (EMS). Phone numbers of emergency personnel should be posted in the medical kit. It is the responsibility of the certified athletic trainer or the coach (if an athletic trainer is not present) to bring a cellular phone to the field. A back up communication plan should be in effect if there should be failure of the primary communication system. It is important to note in advance the location of a workable telephone. Prearranged access to the phone should be established if it is not easily accessible. A cellular phone with back up battery is preferred.

B. Contacting the Emergency Medical Services (EMS)

1. If EMT's are at the event, then a signal (single fist overhead) should be given to summon them forward.
2. If EMS is not on site, call **911**.
3. The following information should be provided to the dispatcher:
 - a. Your name
 - b. Exact location where the injury occurred and where you will meet them (if at NLHS: 1 Bulldog Lane, Slatington PA 18080, THEN what field you are on)
 - c. Number you are calling from
 - d. Number of injured athletes
 - e. The condition of the athlete(s)
 - f. The care being provided
 - g. Make sure that you hang up only after the dispatcher has hung up
4. Notify someone from the sports medicine staff. Numbers are enclosed below.
5. As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment from the sidelines.
6. Have the coaches' serve as crowd control and keep other athletes away from victim.
7. Send someone to meet the ambulance at the designated spot. (*see map for details*)
8. A member of the sports medicine staff or coach will accompany the injured athlete to the hospital. The member of the sports medicine staff should bring medical and/or insurance information with them to the hospital if accessible.

9. Head Athletic Trainer will complete the necessary incident report and insurance information.

V. EMERGENCY EQUIPMENT

The majority of emergency equipment will be under the control of a member of the sports medicine staff (i.e. physician, ATC) or EMT's. The highest trained provider at the event should be aware of what equipment is readily available at the venue or event. All necessary emergency equipment should be quickly accessible. Appropriate personnel should be familiar with the function and operation of available equipment. The equipment should be in good condition and checked regularly.

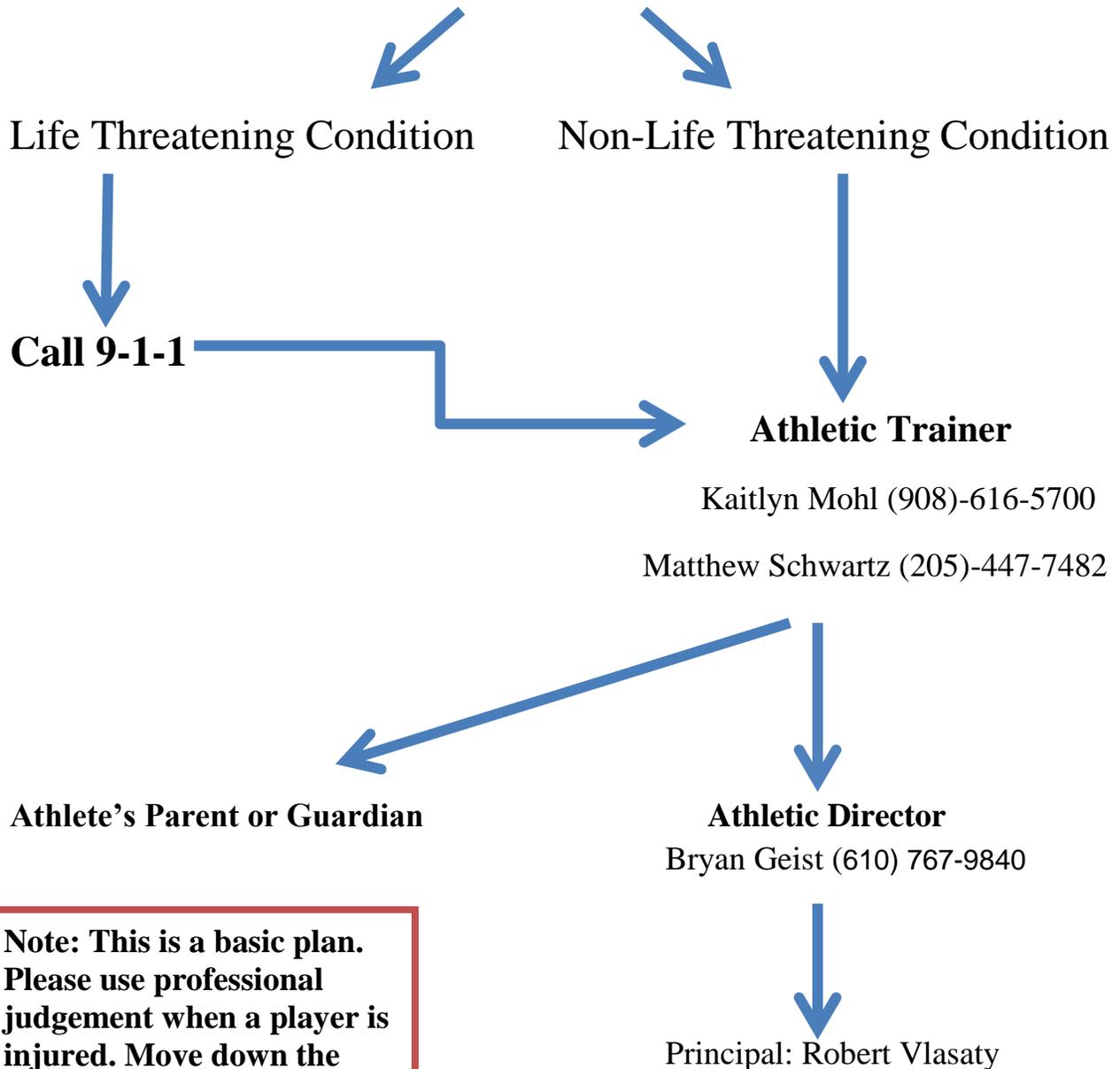
The highest trained member of the staff should determine **in advance** the type and manner in which any equipment is at or to be delivered to the site. Unless immediately available, non-sports medicine staff members should rely on emergency medical services for all equipment.

- ❖ The following is a list of important available emergency equipment; this emergency equipment must be readily accessible during all practices and games to all staff responsible for first aid or medical care of the injured athlete.
 1. Spine board or scoop stretcher- Spine board or scoop stretcher is the responsibility of the EMT, Physician, or LAT.
 - a. Available on the sideline or ambulance.
 2. Emergency Kit – Facemask removal equipment, resuscitation masks, blankets, blood pressure cuff, stethoscope and gloves for universal precautions.
 3. Biohazard/First Aid Kit – Band Aids, Gauze (Sterile, Non-Sterile), Biohazard Bag, Sharps container, Wound care products, Steri-strips.
 - a. Available on the sideline
 4. Splinting Kit – Vacuum splints, Slings, Cervical collar, SAM splints, Knee Immobilizer, Casting supplies
 - a. Available on the sideline
 5. Automated External Defibrillator (AED)
 - a. Available on the sideline
 6. Other Equipment – Crutches, Various braces
 - a. Available on the sideline

Northern Lehigh High School

Emergency Contact Tree

Coach or First Responder at Scene



Note: This is a basic plan. Please use professional judgement when a player is injured. Move down the chart if you are unable to reach the appropriate staff member.

VI. LIGHTNING POLICY

With prevention being the major goal of the Northern Lehigh High School Sports Medicine Team, it is important that strict adherence to the current accepted guidelines of lightning safety be taken very seriously. The sports medicine staff will take the following actions in the threat of lightning.

A. WEATHER WATCHER:

Designate a person or persons to monitor lightning and severe weather each day (in this case the LAT will be the designated weather watcher). The weather watcher will be responsible for the following.

1. Monitor weather watches, and warnings will be monitored throughout the day.
 - a) Weather will be monitored using the National Weather Services website. Additional weather information can be access by The Weather Channel App or the Weather Bug app for smart phones
2. During practices the Weather Watcher will utilize the following tools to determine safety and threat level.
 - a) On-site portable lightning detector
 - b) Smartphone application – Weather Bug® - Spark
 - c) Flash-to-bang rule: The observer begins counting once sighting a lightning flash. Counting is stopped at the sound of related thunder. The count is then divided by five (5) to determine the proximity in miles of the lightning strike. (5 seconds = 1 mile; 50 seconds = 10 miles, etc.).
3. The Weather Watcher will notify the Head Athletic Trainer who will notify the coaching staff of the impending danger and recommendations for continuation or postponement of practices.

B. SAFE LOCATIONS:

1. On Campus fields (Stadium, Tennis courts, Baseball/Softball, Field Hockey practice field, Soccer practice field, and Football practice fields)
 - a) Athletes and all personnel should look for shelter inside of the High School.
2. Off Campus fields
 - a) Inside of a car. **Be sure not to touch any metal inside of the car.**
3. Other practice and competition facilities are deemed safe because they are indoors

C. AREAS TO AVOID:

1. Stay away from tall objects including trees, hill tops and flag poles
2. Stay away from areas/objects that could potentially conduct electricity such as metal fences, bleachers, bats, bicycles, etc.
3. Do not lay flat on the ground during a lightning storm
 - a) Utilize the safe position
 - i. Crouched position standing on the balls of your feet with your arms tucked to your sides

D. THREAT LEVEL 1: Lightning detected within 20 – 30 miles

1. LAT notifies head coach of possible danger and practice postponement.
2. If it appears the thunderstorm is moving toward the site, a 30-minute lead time or more should be considered for protective actions.
3. Protective actions
 - a) **Prepare to leave and find shelter.**
 - b) Consider initiating predetermined evacuation plans
 - c) Ensure staff take action to protect themselves

E. THREAT LEVEL 2: Lightning detected within 10 – 15 miles

1. LAT notifies head coach of imminent danger
2. LAT may recommend practice postponement
3. Protective actions
 - a) **Prepare to leave and find shelter.**
 - b) Initiate predetermined evacuation plans
4. Ensure staff takes action to protect themselves

F. THREAT LEVEL 3: Lightning detected within 3 – 8 miles

1. LAT notifies head coach current danger and must initiate practice field evacuation
2. Protective actions
 - a) **Leave and find shelter.** No place outside is safe if lightning is in the vicinity. Partially enclosed vending areas and picnic shelters are not safe. If a substantial building is not available, fully-enclosed motor vehicles can provide shelter as long as occupants do not touch the metal framework during the thunderstorm. If no protection from lightning is available, direct patrons to stay away from the tallest objects (lifeguard stands, light poles, flag poles), metal objects (fences or bleachers), standing pools of water, and open areas.
 - b) Implement predetermined evacuation plans
 - c) Ensure staff takes action to protect themselves

G. ALL CLEAR:

LAT will continue to monitor thunderstorms and data to make an informed decision, determining the appropriate time to recommend resuming activity. Normal activities may resume after 30 minutes of no detected lightning strikes within a 10 mile radius of venue.

H. LIGHTNING INJURY RESPONSE

1. Ensure scene safety (victims do not carry electrical charge and can be touched)
2. Follow local protocols for trauma injury and triage. If necessary, safe, and appropriate, move the victim to a safe place away from the threat of another lightning strike
3. Heart irregularities, shock, or sudden loss of consciousness are possible. Keep the conscious victim calm and monitor closely
4. Summon an ambulance as needed according to emergency action plan
5. CPR and/or AED may be necessary

VII. HEAT EXPOSURE POLICY

While life threatening situations are rare in athletics, serious consequences can result from heat illnesses. It is important certain safeguards are met to ensure the safety of our athletes.

During times of hot weather, a member of the Sports Medicine Staff will determine air temperature and relative humidity utilizing the sling psychrometer. This device will be used in conjunction with local heat index information available using website resources.

Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

■ Caution
 ■ Extreme Caution
 ■ Danger
 ■ Extreme Danger

“Extreme Caution” – Special observation and consideration should be given to athletes susceptible to heat problems (i.e. overweight, underweight, dehydrated, history of previous heat injury). Cold water should be accessible before, during, and after activity

“Danger” – We strongly recommend several 5-10 minute rest/water breaks for activity lasting over 1 hour (maximum of 30 minutes between breaks). It is recommended practice should be conducted during the coolest part of the day (<10am or >4pm). Practice intensity should be light with athletes wearing loose, light colored clothing.

“Extreme Danger” – We strongly recommend providing unlimited water breaks every 15 minutes. Practice intensity and duration should be decreased. Practice should be conducted in shorts with no equipment. Consider postponing the practice.

A. HEAT ILLNESS MANAGEMENT

When participating in sports during hot weather, individuals can be at risk for developing heat illness. Heat illnesses vary in severity: from mild (cramping) to severe (heat stroke, death). The following guidelines should be utilized to assist in the recovery of heat illnesses.

1. Continue to hydrate yourself with water and/or electrolyte beverage.
 - a. Drink 16oz of cold fluids for every pound that you have lost.
2. DO NOT DRINK caffeinated beverages (e.g. coffee, tea, iced tea, soda, or energy drinks)
3. Drink enough to satisfy your thirst.
4. Eat a good nutritious diet
 - a. High Protein, Moderate Carbohydrate, Limited Fat
 - i. Many fruits and vegetables
 - b. Lightly salt foods to taste
5. Avoid taking any supplements, stimulants, and/or other medications unless prescribed by physician
6. Monitor your urine color & output
 - a. Urine color should be pale yellow to clear
7. Immediately contact your head athletic trainer if any of the following occur
 - a. Cramping, muscle spasms, convulsions
 - b. Nausea and/or vomiting
 - c. Elevated body temperature (>104°F)
 - d. Severe headache, dizziness, confusion or lethargy
 - e. Staggering body control, decreasing level of consciousness
 - f. Urine color that is dark brown (Iced Tea color)

VIII. SPECIAL CONSIDERATIONS

A. SICKLE CELL TRAIT

Sickle cell trait is the inheritance of one gene for sickling red blood cells (RBC) and one gene for normal RBC. The sickle gene is common in people whose origin is from areas where malaria is widespread. This includes but is not limited to, African, Mediterranean, Middle Eastern, Indian, Caribbean, and south and Central American ancestries. During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or “sickle.” The sickle cells can then stick and block the blood vessels and lead to a collapse from ischemia; this can lead to the rapid breakdown of muscles which are starved of blood called rhabdomyolysis. Sickling can begin in 2-3 minutes of any all-out exertion and reach grave levels soon after if an athlete continues to struggle. Therefore, sickling collapse is a medical emergency. (Reference, 2010 NATA Consensus Statement: Sickle Cell Trait and the Athlete)

SICKLING

- No muscle spasm
- Strong, lasting, deep pain
- Slump to the ground
- Lie fairly still, not yelling
- “Weak” muscles
- Muscles look and feel normal
- Faster to recover

HEAT CRAMPING

- Early symptoms of muscle spasm
- Immediate, excruciating pain
- Hobble to a halt
- Yell in pain
- “Locked up” muscles
- Visibly contracted muscles
- Slower to recover

SICKLING COLLAPSE MANAGEMENT

Simple precautions may prevent sickling collapse and enable an athlete with sickle cell trait to thrive in his/her sport.

1. Build up slowly, with longer periods of rest and recovery between repetitions.
2. Set own pace during activity
3. Report any symptoms **immediately** to your athletic trainer, including: FATIGUE, DIFFICULTY BREATHING, LEG or LOW BACK PAIN/CRAMPING
 - a. **Assume you are sickling**
4. STOP all activity with onset of symptoms; MUSCLE CRAMPING, PAIN, SWELLING, WEAKNESS, TENDERNESS, inability to “CATCH BREATH”, FATIGUE
5. Adjust work/rest cycles for environmental heat stress; Emphasize hydration; Control asthma; Watch closely with altitude changes.
6. Inform LAT when feeling sick, asthmatic, or allergy concerns or temperature concerns.
7. Participate in a year-round periodized strength and conditioning program consistent with goals and sport-specific demands. When performing high speed sprints and/or interval training, an athlete will be allowed extended recovery between repetitions noting this type of training poses a risk.

SIGNS & SYMPTOMS OF SICKLING

- Severe Fatigue
- Difficulty Breathing
- Leg/Low Back Pain or Cramping
- Pain
- Swelling in Extremities
- General Weakness
- General Malaise or Tenderness

WHAT TO DO IF AN ATHLETE IS SICKLING

1. Check vital signs
2. Administer high-flow oxygen 10-15 Lpm, with non-rebreather face mask
3. Cool the athlete if necessary
4. If vital signs decline or become “out of it” call 911
5. Administer emergency care based on patients unique presentation and in accordance with EAP

****Have all appropriate emergency equipment for ALL practices and games****

B. ASTHMA

Asthma is defined as a chronic inflammatory disorder of the airways characterized by variable airway obstruction and bronchial hyperresponsiveness. In many patients, this chronic inflammation causes an increase in airway hyperresponsiveness, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, particularly at night or in the early morning and after exercise, especially in cold, dry environments. These episodes are associated with widespread but variable airflow obstruction that is often reversible, either spontaneously or with treatment. This definition implies that asthma has multiple causes, and indeed, it is a complex disorder (Reference, 2005 NATA Position Statement: Management of Asthma in Athletes)

SIGNS AND SYMPTOMS

- Chest tightness or pain
- Coughing (especially at night) that doesn't respond to meds
- Prolonged shortness of breath (dyspnea)
- Wheezing (especially after exercise)
- Inability to catch one's breath
- Use of accessory muscles to breathe

TRIGGERS

- Allergens (e.g. pollen, dust mites)
- Pollutants (e.g. smoke)
- Respiratory infections
- NSAIDs (Motrin, Aleve, Aspirin)
- Inhaled irritants (eg, cigarette smoke, cleaning fumes, chlorine)
- Particulate exposure (eg, ambient air pollutants, ice rink pollution)
- Cold-dry environments
- Exercise

PREVENTION STRATEGY

1. Athletes will be educated on the risks associated with participating with asthma and warning signs/symptoms linked with an asthma attack.
2. Pulmonary function measured by means of spirometry, prior to the start of preseason, to obtain baseline PEF on all individuals diagnosed with asthma.

CLINICAL FEATURES BEFORE TREATMENT

Step 4: Severe persistent

Symptoms: continual symptoms, limited physical activity, frequent exacerbations, frequent nighttime symptoms

Lung function: FEV₁ or PEF ≤60% predicted, PEF variability >30%

Step 3: Moderate persistent

Symptoms: daily symptoms, daily use of inhaled short-acting beta₂-agonist, exacerbations affect activity, exacerbations ≥2 times/wk and may last days, nighttime symptoms >1 time/wk

Lung function: FEV₁ or PEF >60% – <80% predicted, PEF variability ≥30%

Step 2: Mild persistent

Symptoms: symptoms >2 times/wk but <1 time/day, exacerbations may affect activity, nighttime symptoms >2 times/mo

Lung function: FEV₁ or PEF ≥80% predicted, PEF variability 20-30%

Step 1: Mild intermittent

Symptoms: asymptomatic and normal PEF between exacerbations, exacerbations brief (from a few hours to a few days), intensity may vary, nighttime symptoms ≤2 times/mo

Lung function: FEV₁ or PEF ≥80% predicted, PEF variability <20%

WHAT TO DO IF AN ATHLETE IS HAVING AN ASTHMA ATTACK

1. Keep them calm and try to get them to breathe normally
2. Check peak flow
 - a. Mild – PEF >80% baseline
 - b. Moderate – PEF 60 – 80% baseline
 - c. Severe – PEF <60%
3. Give medications as need (inhaler) – should respond in about 15-20 minutes
4. Re-check peak flow periodically
5. Seek emergency medical care if the athlete has any of the following:
 - a. Coughs constantly
 - b. No improvement 15-20 minutes after initial treatment with medication
 - c. Difficulty breathing, stooped body posture, or struggling/gasping
 - d. Lips or fingernails are grey or blue

RETURN TO PLAY GUIDELINES

1. Athlete must be asymptomatic, peak flow at >80% of their baseline
 - a. Athlete may return to participate in monitored low intensity activity
 - b. Athlete may increase intensity at LATs discretion
2. If symptoms return, reevaluate. If athlete continues to decline, initiate EAP.
3. Continue to monitor the athlete at regular intervals

C. DIABETES MELLITUS

Diabetes Mellitus is a condition in which the body registers high levels of glucose due to lack of insulin production, insulin action/reception, or a combination of both. It is necessary to have a recognition and treatment plan in place to manage and prevent any potentially life or limb threatening complications associated with this disease.

Type I diabetes is related to a deficiency with insulin production, and this type is also referred to as insulin dependent. It is normally detected before age 30.

Type II diabetes is a defect in the action of the insulin that is produced (insulin resistance) and is non-insulin dependent. Type II is typically detected after age 40 and increases in risk with obesity and lack of activity. Chronic diabetes can lead to long term dysfunction or failure of the eyes, nerves, kidneys and heart.

HYPERGLYCEMIA

Hyperglycemia occurring from exercise is related to a several factors. Without adequate insulinization, blood glucose levels continue to rise because of exaggerated hepatic glucose production and impairment of exercise-induced glucose utilization. High intensity exercise (70% of VO₂ max or >85% max heart rate) may increase catecholamine, fatty acid, and ketone bodies which all impair glucose utilization and increase glucose levels.

Psychological stress has also been linked to increased glucose levels in the blood. What may not cause hyperglycemia in practice may cause it on games days because of the stress related to those events. Some athletes may feel their glucose levels raise while in hot/humid environments because of a rise in glucose counter-regulatory hormones. If any of these factors are happening at the same time also, it could multiply the effects even further.

HYPERGLYCEMIC

- Nausea
- Dehydration
- Reduced cognitive performance
- Slow visual reaction time
- Sluggishness and fatigue

KETOACIDOSIS

- Rapid breathing
- Fruity odor to breath
- Fatigue/sleepiness
- Loss of appetite
- Increased thirst and urination

TREATMENT

1. Management strategies that work on practice days may result in hyperglycemia on game days because of the effects of added psychological stress on the body.
2. Frequent blood glucose monitoring, small boluses of rapid-acting insulin or a temporary release of basal rate insulin may be required to recover from hyperglycemic episodes.
3. When blood glucose levels exceed the renal glucose threshold (180mg/dL) athletes need to stop activity and increase intake of non-carbohydrate fluids.

INSULIN ADMINISTRATION

- Insulin injections should be administered to subcutaneous tissue of abdomen, upper thigh and arms.
- Heat and cold should be avoided 1-3 hours after injection of rapid-acting insulin and up to 4 hours after fast-acting insulin.
- Insulin pump users should replace the infusion sets every 2-3 days to reduce risk of skin irritation at the infusion site.
- In extreme ambient temperature, athletes with type I diabetes should check glucose levels frequently and replace insulin filled cartridges and infusion sets with any sign of unusual hyperglycemia.

ADA GUIDELINES FOR EXERCISING WITH HYPERGLYCEMIA:

- Fasting blood glucose level >250mg/dL: Test urine or blood for ketones. If ketones present, do not continue exercise.
- Blood glucose level >300mg/dL without ketones: exercise with caution and continue to monitor glucose levels.

HYPOGLYCEMIA

Hypoglycemia is the result of over insulinization during or after exercise. The rate at which insulin is absorbed increases with exercise. Exogenously administered insulin levels do not decrease in an athlete with type I diabetes compared to an athlete without diabetes. Exercise improves insulin sensitivity in skeletal muscles and can last hours to days after competition, causing post-exercise late onset hypoglycemia which may occur during sleep.

AUTONOMIC SYMPTOMS

- Tachycardia or Palpitations
- Sweating
- Hunger
- Nervousness
- Headache
- Trembling
- Dizziness

NEUROGENIC SYMPTOMS

- Blurred vision
- Fatigue
- Difficulty thinking
- Loss of motor control
- Aggressive behavior
- Seizures
- Loss of consciousness

TREATMENT OF MILD HYPOGLYCEMIA

1. Administer 10g-15g of fast acting carbohydrate.
2. Measure blood glucose level; wait 15 minutes and re-measure glucose levels.
3. If levels are still low, administer another 10-15g of carbohydrates and measure the glucose levels in 15 minutes.
4. If the blood glucose is still not at a normal level, activate EMS

TREATMENT OF SEVERE HYPOGLYCEMIA

1. Activate EMS and monitor vital signs
2. Notify EMS that athlete is suffering from severe hypoglycemia.
3. Be prepared to administer advanced care.

Pre-Established Guidelines

On Campus Practices & Contests:

A. Sports Medicine Staff Availability

1. At least one athletic trainer will be available during practice (either directly on-site or by phone contact).
2. A team physician will be present at all home football contests.
3. An athletic trainer will be accessible to the coaching staff during working hours by phone and will be located in the athletic training room or at one of the athletic facilities. Location will be based upon the following criteria:

1st - Football Contests 2nd - Home Contests 3rd – Football Practices

4th – Practices 5th - Away Playoff Contests

4. An athletic trainer will attempt to attend all High School PIAA regular in-season “home” contests, excluding golf and rifle. When there are multiple home contests at the same location, the athletic trainer will make periodic rounds of all contests, provided they are within reasonable distance to the center of activity on any given day. In such cases the athletic trainer will primarily cover the sports with the highest risk of injury:

1st - Collision 2nd – Contact 3rd - Non-Contact

B. Medical Supplies

1. A fully stocked medical kit will be present on the field.
2. Coaches will bring emergency medical information to every practice or contest (home and away).
3. Northern Lehigh High School has two AEDs available for emergency use in the field house. One is inside the hallway of the field house, inside the white box mounted on the wall. The other is a portable that the athletic trainers carry with them out to the fields or to away events.

C. Hydration

1. Adequate water will be provided to the practice fields utilizing a method agreed upon by the athletic department and the athletic training staff.
2. It is the coaches’ responsibility to ensure that equipment is kept clean and in good working order while on the field.
3. Lost or damaged items will need to be replaced or repaired. It is the responsibility of the athletic department to see that this is done in a timely and equitable fashion.

Off Campus Events & Practices

A. Sports Medicine Staff Availability

1. At least one athletic trainer will travel to all varsity football games. For all other away games, teams should utilize the host schools' athletic trainer.
2. For practices and games held at Northern Lehigh High School, an athletic trainer will be available.

B. Medical Supplies & Hydration

1. Please refer to the medical supplies guidelines for on-campus practices and events.

Away Games

A. Sports Medicine Staff Availability

1. At least one athletic trainer will be present at all away varsity football games.
2. When travelling, all other sports should follow the Emergency Action Plan of the host schools.

B. Medical Supplies

1. Coaches are responsible to ensure that a medical kit is brought to every away contest.
2. Coaches will bring emergency medical information to every practice or contest (home and away).

C. Hydration

1. Water will be provided for most outdoor sports to take to away games.
2. It is the coaches' responsibility to ensure the equipment is kept clean and in good working order while on the field.
3. Lost or damaged items will need to be replaced or repaired. It is the responsibility of the athletic department to see that this is done in a timely and equitable fashion.

D. Transportation Injuries

1. All injuries occurring during transportation will be addressed by the transportation department's accident protocol.
2. Coaches are to notify the athletic trainer and the athletic department of any athlete(s) injured during transportation.

Non – Athletic / Out of Season Injuries

A. Injuries to Fans, Bystanders, Non-PIAA Sport Athletes, District Employees & Athletes of Leased Events

1. Care for these individuals is limited to initial first aid and to care for life and limb injuries.
2. All care and professional courtesy will be shown to this group, however all encounters will be referred to the patient's PCP, Hospital, or other specialist.

3. Employees who are injured while at work must follow district protocols regarding injury treatment and reporting.

B. Student Injuries During School or Class

1. Students injured in school must be referred to the school nurse. There are no exceptions.
2. Should a life threatening emergency occur near the training room while the athletic trainer is present, they will respond as if the student was an in-season athlete until EMS or other qualified medical personnel arrive.

C. Transportation Injuries

1. All injuries occurring during transportation will be addressed by the transportation department's accident protocol.
2. Coaches are to notify the athletic trainer and the athletic department of any athlete(s) injured during transportation.

*It should be noted that the school district does not budget for supplies used on patients who are not student-athletes. Therefore, using supplies on this population will reduce the supplies allotted for student-athletes.

IX. Procedures for On-Site Events

The following procedures will be used for injuries/illnesses taking place on-site at Northern Lehigh High School. The Primary Designee will be responsible for completing the steps assigned to them and shall be assisted by the Secondary Designee. If the Primary Designee is unavailable, responsibility will fall to the Secondary Designee.

		Primary	Secondary
1	Assess the situation. If it's unsafe: DO NOT APPROACH the athlete, call for help	Athletic Trainer or Head Coach (if the athletic trainer isn't at that venue)	Head Coach or Assistant Coach. <u>Call the Athletic Trainer if they are not present at that venue</u>
2	Provide medical care at the level to which you have been trained	Athletic Trainer	Head Coach
3	Determine if it's a medical emergency	Athletic Trainer	Head Coach
	YES: Call 9-1-1	AD or Game Manager	Assistant Coach
	NO: Refer to AT for follow-up care. No need to follow the rest of this EAP		
4	Continue providing medical care (to the level you are trained) until EMS arrives	Athletic Trainer	Head Coach
5	Get emergency information ready	Assistant Coach	Head Coach
6	If possible, complete any appropriate paperwork to be sent with the athlete to the Emergency Room	Athletic Trainer	
7	Inform Parents	AD or Game Manager	Head Coach
8	Meet the ambulance and open any locked gates/doors	AD or Game Manager	Assistant Coach
9	Communicate all information to EMS & transfer care	Athletic Trainer	Head Coach
10	If parents are off-site: travel with the student to the hospital	Assistant Coach or family member (may ride along or follow in car)	

A. Northern Lehigh Bulldog Stadium (1) / Field House (2)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: There are two entrances to the stadium at the north and south ends of the complex on the home bleacher side accessible via Bulldog Lane. The most easily accessible entrance is the North entrance and has access to the field through double gates at the North end of the field.



Emergency Personnel:	Field House Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1505
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment relevant to each sport will be on site when an ATC is present and will otherwise be available the Field House Athletic Training Room (2).

Access: Keys and access codes to the gate and facility are held by maintenance, custodians, coaches, Athletic Director and Athletic Trainer.

AED: Located in Field House (2) hallway between Janitor's closet and Athletic Trainer's Room on the right hand side.

Phone: Located in the Field House (2) athletic training room, Coach's Office and Weight Room.

EMS: Located at south corner of home bleachers for football games. EMS Access for all other events through main gate and field access through double gates at the north end of the field. Additional access through south end of home bleachers.

Weather: In case of severe weather (lightning etc.), all athletes will go to the field house (2) for shelter. Fans should return to their vehicles.

Emergency Exit: Through main gate at the north end of the stadium complex (1) or at the south corner of the home stands

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

B. Field House Athletic Training Room (2) / Weight Room (2)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: The Athletic Training room is in the Bulldog Stadium field house. Enter through the main entrance. Athletic Training Room is the second door on the right.

Venue Directions: Weight Room is located the Bulldog Stadium field house. Enter the field house through the main entrance. Weight room is at the end of the hallway on the left hand side through the double doors.



Emergency Personnel:	Field House Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1505
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Access: Keys and access codes to the gate and facility are held by maintenance, custodians, coaches, Athletic Director and Athletic Trainer.

AED: Located in Field House (2) hallway between Janitor's closet and Athletic Trainer's Room on the right hand side.

Phone: Located in the Field House (2) athletic training room, Coach's Office and Weight Room.

EMS: Access through Bulldog Stadium (1) Main entrance. Field House (2) double doors and straight through hallway.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

C. Junior High Football Practice Field (9) / Throwers Area (9)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: Open access bulldog Lane via dirt road behind the maintenance building or gate located to the west of the field house.



Emergency Personnel:	Field House Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1505
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment relevant to each sport will be on site when an ATC is present and will otherwise be available the Field House Athletic Training Room (2).

Field Access: Keys and access codes to the gate and facility are held by maintenance, custodians, coaches, Athletic Director and Athletic Trainer.

AED: Located in Field House (2) hallway between Janitor's closet and Athletic Trainer's Room on the right hand side.

Phone: Located in the Field House (2) athletic training room, Coach's Office and Weight Room.

EMS: Access from dirt road, via Bulldog Lane, behind maintenance building.

Weather: In case of severe weather (lightning etc.), all athletes will go to the field house (2) for shelter.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

D. Baseball Field (3) / Football Practice Field (4)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: Access from bulldog Lane. Open Area Facility. No fenced in area. No Keys need. No codes needed



Emergency Personnel:	Field House Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1505
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment relevant to each sport will be on site when an ATC is present and will otherwise be available the Field House Athletic Training Room (2) or High School Athletic Training Room (6) depending on sport and/or season.

Field Access: Open Area Facility. No fenced in area. No Keys need. No codes needed.

Facility Access: Keys and codes to the Stadium (1), Field house (2), and High School (6) facilities are held by maintenance, custodians, coaches, Athletic Director, Athletic Trainers and select coaches.

AED: Located in Field House (2) hallway between Janitor's closet and Athletic Trainer's Room on the right hand side.

Phone: Located in the Field House (2) athletic training room, Coach's Office and Weight Room.

EMS: Access from Bulldog Lane and Stadium (1) Parking lot.

Weather: In case of severe weather (lightning etc.), all athletes will go to the field house (2) for shelter.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

E. Soccer / Softball Field (5)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: Access from bulldog Lane or from staff Parking lot located adjacent to tennis courts (7) and behind the school. Accessible from Bulldog Lane.



Emergency Personnel:	High School Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1225
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment relevant to each sport will be on site when an ATC is present and will otherwise be available in the Field House Athletic Training Room (2) or High School Athletic Training Room (6) depending on sport and/or season.

Field Access: Open Area Facility. No fenced in area. No Keys need. No codes needed.

Facility Access: Keys and codes to the Stadium (1), Field house (2), and High School (6) facilities are held by maintenance, custodians, coaches, Athletic Director, Athletic Trainers and select coaches.

AED: From the main entrance of the High School (6) turn right. AED is located on the right wall, adjacent to the main office. Additional AED located in Field House (2) hallway between Janitor's closet and Athletic Trainer's Room on the right hand side.

Phone: In hallway between ramp entrance and Main entrance of High School, Athletic Training Room, Boy's PE office, Girl's PE office, Wrestling room, Main Office.

EMS Access: Through bulldog Lane or through staff parking lot located adjacent to tennis courts (7) and behind the school. Accessible from Bulldog Lane.

Weather: In case of severe weather (lightning etc.), all athletes will go to the High School for shelter. Avoid windowed areas if high winds are expected. Locker rooms will be available.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

F. High School Gym (6) / Wrestling Room (6)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: Enter through the main entrance of High School. After entering the schools go left towards double doors. Wrestling room is located through the main entrance, continue straight through hallway and left around corner. Wrestling room is on the right hand side before entering the gym.



Emergency Personnel:	High School Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1225
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment relevant to each sport will be on site when an ATC is present and will otherwise be available the High School Athletic Training Room (6).

Facility Access: Keys to the main entrance are held by maintenance and custodians. Keys to rooms inside the school are held by the Athletic Director, Athletic Trainers, and select coaches.

AED: From the main entrance of the school turn right. AED is located on the right wall, adjacent to the main office.

Phone: In hallway between ramp entrance and Main entrance of High School, Athletic Training Room, Boy's PE office, Girl's PE office, Wrestling room, Main Office.

EMS: Through main entrance of the high school to the left through double doors. Wrestling emergency access through ramp entrance in back of school. Access to ramp from staff parking behind the high school, access from bulldog Lane.

Emergency Exit: Through the double doors to the right of the of the gymnasium entrance. Emergency exit from wrestling room through ramp entrance.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

G. High School Athletic Training Room

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: The Athletic Training room is located through the High School (6) main entrance, continue straight through hallway and left around corner. Athletic Training Room is on the left hand side before entering the gym.



Emergency Personnel:	High School Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1225
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment will be located in the High School Athletic Training Room (6).

Facility Access: Keys to the main entrance are held by maintenance and custodians. Keys to rooms inside the school are held by the Athletic Director, Athletic Trainers, and select coaches.

AED: From the main entrance of the school turn right. AED is located on the right wall, adjacent to the main office.

Phone: In hallway between ramp entrance and Main entrance of High School, Athletic Training Room, Boy's PE office, Girl's PE office, Wrestling room, Main Office.

EMS: Access through ramp entrance in back of school. Staff parking lot behind the high school and adjacent to the Tennis courts (7), access from bulldog Lane.

Emergency Exit: Through the double doors to the right of the of the gymnasium entrance. Emergency exit from wrestling room through ramp entrance.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

H. Field Hockey / Soccer Grass Field (8)

Address: 1 Bulldog Lane, Slatington PA, 18080

Venue Directions: Access from bulldog Lane or from North Centre Street.



Emergency Personnel:	High School Athletic Training Room	Fixed Telephone Line	(610) 767-9832 Ext. 1225
	Licensed Athletic Trainer	Matthew Schwartz	C: (205) 447-7482
	Licensed Athletic Trainer	Kaitlyn Mohl	C: (908) 616-5700
Emergency Communication:	Team Physician	Michael Jusinski	(484) 526-1735
	Athletic Director	Bryan Geist	(610) 767-9840
	School Nurse	Melissa DeSocio	(610) 767-9832 Ext. 1221

Emergency Equipment: Emergency equipment relevant to each sport will be on site when an ATC is present and will otherwise be available in High School Athletic Training Room (6).

Field Access: Open Area Facility. Fenced in area. No Keys need. No codes needed.

Facility Access: Keys to the High School (6) and storage trailer facilities are held by maintenance, custodians, coaches, Athletic Director, Athletic Trainers and select coaches.

AED: From the main entrance of the High School (6) turn right. AED is located on the right wall, adjacent to the main office. Additional AED located in Field House (2) hallway between Janitor's closet and Athletic Trainer's Room on the right hand side.

Phone: Closest phone access is located in the Middle School. Additional phone access in the High School.

EMS Access: Through bulldog Lane or through staff parking lot located adjacent to tennis courts (7) and behind the school. Accessible from Bulldog Lane.

Weather: In case of severe weather (lightning etc.), all athletes will go to the storage trailer located adjacent to the field for shelter. If the threat from weather is significant shelter should be taken in the Middle School. Windowed areas should be avoided if high winds are expected.

Role of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
 - a. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
 - b. Activate phone tree
3. Emergency equipment retrieval
4. Direct EMS to scene (if not on site for game)
 - a. Open appropriate gates
 - b. Designate individual to "flag down" EMS and direct to scene
 - c. Scene control: limit scene to first aid providers and move bystanders away from area