

# RCX sports

## Emergency Action Plan (EAP)



### EMERGENCY ACTION PLAN

During typical athletic practice or competition, the first responder to an emergency is typically a member of the Athletic Staff, most commonly a Coach. It is highly recommended to have on-site staff or coaches who are CPR/First Aid Certified.

Will there be personnel onsite with CPR/First Aid Training? YES \_\_\_\_\_ NO \_\_\_\_\_

If so:

Name of Personnel: _____	Cell Phone Number: _____
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### ROLES OF THE FIRST RESPONDERS

In the formation of an emergency action plan, a diverse emergency team comprising healthcare providers, coaches, managers, and bystanders is essential. These individuals play crucial roles in ensuring the safety and immediate care of athletes during emergencies. The roles within the emergency medical team typically include:

**Immediate Care and Scene Safety:** The foremost responsibility is to secure the scene and provide immediate care to the athlete. The most qualified individual present should administer acute care, with those possessing lower credentials deferring to those with more appropriate training.

**EMS Activation:** If emergency transportation is not readily available, activating Emergency Medical Services (EMS) is imperative. This should occur promptly upon recognizing the situation as an emergency or life-threatening event. The designated person should be composed under pressure and proficient in telephone communication, knowing the event's location and address.

**Equipment Retrieval:** Any team member familiar with the required equipment can retrieve it. Coaches and managers often excel in this role due to their familiarity with equipment types and locations.

**Directing EMS to the Scene:** One team member should guide emergency medical personnel upon their arrival at the scene. This individual should have keys to unlock any barriers hindering access. Coaches or managers are suitable for this role.

**Notification of Designated Individuals:** Finally, it's essential to inform individuals listed in the Emergency Contact Roster, typically located in the Team Book within the Coach's Bag, about the situation.

### 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 available should be appropriate for the level of training for the emergency medical providers.

### EMERGENCY COMMUNICATION

Effective communication is essential for prompt emergency response. Athletic staff and medical personnel must collaborate, with established contact information like a telephone tree for pre-planned emergency situations. Prior communication helps set boundaries and foster rapport between these professionals. In the absence of on-site emergency medical transportation, direct communication with the emergency medical system at the time of an incident is crucial. Ensuring access to functional telecommunication devices, whether fixed or mobile, is imperative. Regular checks of the communication system before practices or competitions should be conducted to confirm its proper functioning. A backup communication plan should be in place in case the primary system fails. Typically, cellular phones serve as the primary method of communication, so knowing the location of a working telephone at any athletic venue, and arranging access to it if necessary, is vital.

### EMERGENCY CONTACT INFORMATION

Name	Phone Number	Role

### ACTIVATING THE EMS SYSTEM

#### Making the Call:

Call 911

Call Other Numbers:

- Nearest Police Department \_\_\_\_\_
- Nearest Fire Department \_\_\_\_\_
- Nearest Hospital \_\_\_\_\_
- Nearest Ambulance \_\_\_\_\_

#### Providing Information:

- Name, address of venue, telephone number of caller
- Nature of emergency, whether medical or non-medical
- Number of athletes injured
- Condition of athletes (breathing, not breathing, pulse, no pulse, bleeding, conscious, unconscious)
- First Aid treatment initiated by first responder (blood control, rescue breathing, CPR, etc)
- Specific directions as needed to location of injured athlete (see individual venue info)
- Other information requested by dispatcher

### CONCUSSION PROTOCOL

#### What is a Concussion?

A concussion is a type of traumatic brain injury - or TBI - caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

Medical providers may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

#### Concussion Signs and Symptoms:

Athletes who show or report one or more of the signs and symptoms below, or that say they just "don't feel right" after a bump, blow, or jolt to the head or body, may have a concussion.

Concussion Signs Observed	Concussion Symptoms Reported
Can't recall events prior to or after the hit or fall	Headache or "pressure" in head
Appears dazed or stunned	Nausea or vomiting
Forgets an instruction, is confused about a position, or unsure of game, score or opponent	Balance problems or dizziness, or double or blurry vision
Moves clumsily	Bothered by light or noise
Answers questions slowly	Feeling sluggish, hazy, foggy, or groggy
Loses consciousness (even briefly)	Confusion or concentration or memory problems
Shows mood, behavior, or personality changes	Just not "feeling right" or "feeling down"

#### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body. Call 9-1-1 immediately, or take the athlete to the emergency department if they have one or more of the following danger signs:

Dangerous Signs & Symptoms of a Concussion
One pupil Larger than the other
Drowsiness or inability to wake up
A headache that gets worse and does not go away
Slurred Speech, weakness, numbness, or decreased coordination
Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
Unusual behavior, increased confusion, restlessness, or agitation
Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

### RESPONDING TO A CONCUSSION

#### Immediate Action:

If a concussion is suspected during an event, coaches, staff, and trainers must promptly remove the athlete from play. The guiding principle is: "When in doubt, sit them out."

#### Rest and Assessment:

Keep the athlete from play on the day of the injury until they can be evaluated by a qualified provider experienced in concussion management. Returning to play too soon increases the risk of repeat concussions, which can be more severe.

#### Return to Play Process:

Only allow the athlete to return to competition with a signed statement from a healthcare provider, indicating medical clearance and the date of return.

Begin the return to play protocol under the supervision of a trained medical professional.

#### Gradual Return Steps:

**Back to Regular Activities:** Athlete resumes regular activities after clearance for the return-to-play process.

**Light Aerobic Activity:** Incrementally increase heart rate with light aerobic exercises like walking, light jogging, or stationary biking (5-10 minutes).

**Moderate Activity:** Introduce moderate activities such as jogging, brief running, or moderate intensity weightlifting (less than usual routine).

**Heavy, Non-Contact Activity:** Incorporate heavy non-contact physical activities like sprinting, high-intensity biking, or regular weightlifting.

**Practice & Full Contact:** Athlete may participate in controlled practice sessions before returning to full-contact play.

### CARDIAC ARREST RESPONSE

Staff, Coaches, and Cardiac Emergency Response Team (CERT) must be ready for prompt action during a cardiac emergency.

Consider arranging on-site ambulance coverage for high-risk youth events and identify the nearest facility equipped for advanced cardiac care.

#### Immediate Action Response Steps:

##### 1. Recognize Signs:

- Look for signs like lack of movement, unresponsiveness, irregular breathing, or seizure-like activity.
- Note: Blunt chest trauma can also cause cardiac arrest.

##### 2. Facilitate Medical Help:

- Dial 9-1-1 immediately and provide precise location and patient condition details. Stay on the line.
- Alert CERT members and direct them to the scene.
- If part of CERT, proceed to the emergency scene and retrieve the AED.

##### 3. Start CPR:

- Initiate continuous chest compressions and retrieve the AED.
- Press hard and fast on the chest, following dispatcher instructions if provided.

##### 4. Use AED:

- Power on the AED, attach pads as directed, and follow audio and visual prompts.

##### 5. Transition to EMS:

- Continue CPR until the patient responds or professional help arrives.
- Hand over care to EMS upon their arrival for advanced support.

##### 6. Administrative Actions:

- Confirm patient location and condition.
- Activate CERT and ensure 9-1-1 has been called.
- Direct EMS to the scene and manage crowd control.
- Notify other staff and the patient's emergency contacts.
- Ensure continuous medical coverage at the event if staff accompanies the victim to the hospital.
- Copy patient's emergency info for EMS.

## FACILITY LOCATION INFORMATION

Facility Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Facility Emergency Phone #: \_\_\_\_\_

Cross Streets: \_\_\_\_\_

AED Location: \_\_\_\_\_

AED Location: \_\_\_\_\_

AED Location: \_\_\_\_\_

AED Location: \_\_\_\_\_

## **ADDITIONAL RESOURCES**

- **Weather Contingency Best Practices**
- **Emergency Action Plan Training Video**
- **Athlete Safety Guidelines**
  - Jr. NBA/Jr. WNBA Leagues
  - MLS GO
  - NFL FLAG
  - NHL STREET