

Palatine High School

Sports Medicine



Emergency Action Plan

2022-2023

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Palatine High School Sports Medicine

Mission

The Palatine High School Athletic Training Staff is committed to provide the highest quality sports medicine services to its student athletes by providing injury prevention, assessment, and treatment as well as rehabilitation and emergency services

Athletic Training Staff

Name	Title	Season
Nichole Greening	Head Athletic Trainer	F, W, S, Summer
Athletico Employee	Assistant Athletic Trainer	F, W, S
Jennifer Garofalo	Assistant Athletic Trainer	F
Athletico Employee	Assistant Athletic Trainer	W, S

Team Physicians

Barrington Orthopedics

Team Physical Therapists

Athletico Physical Therapy

Policies

Practice for Injured Athletes

Athletes will be encouraged to attend practice after their treatment/rehabilitation. When possible, athletes will participate in modified activity during practice.

Physician Referral

Athletes with orthopedic injuries needing evaluation by a physician will be referred to an orthopedic specialist. Athletes must return a note from their physician to the athletic training staff prior to any return to participation or treatments/rehabilitation in the athletic training room.

Pre-Participation Physical Exams

Student athletes are required to have a pre-participation physical on file with the school nurse.

Heat Illness

The Athletic Training staff will monitor and discuss scheduled water breaks with the coaching staff. Education of proper nutrition and acclimatization will be provided to all student athletes.

Concussion

Baseline ImPACT testing will be required for football, cross country, volleyball, swimming & diving, tennis, gymnastics, water polo, golf, wrestling, basketball, bowling, track, badminton, soccer, lacrosse, softball, baseball, dance team and cheerleading. All student athletes will be baseline tested the first season of participation and two years following. Baseline ImPACT testing must occur prior to the first competition. Injuries will follow the concussion and head injury policy and procedure.

Communication of Injured Athletes

Student athlete injuries will be communicated to coaches by email, phone, PHS athletic training room notes or faceto

should have contact information such as telephone established as a part of planning for emergency situations. Communication prior to the event is a good way to establish and to build rapport between both groups of professionals. 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 illness is necessary.

Access to a working telephone or other telecommunications devices, whether fixed or mobile, should be assured. The communication system should be checked prior to each practice or competition to ensure proper working order. A backup communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone, however, a cellular phone is preferred if available. At any athletic venue whether home or away, it is important to know the location of a workable telephone. Prearranged access to the phone should be established if it is not easily accessible.

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 a good operating condition, and personnel must be trained in advance to use it properly. The emergency equipment available should be appropriate for the level of training for the emergency medical provider. The school's Certified Athletic Trainers should be trained and responsible for 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 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 not 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

Non-Medical Emergencies

For the nonmedical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan checklist and follow instructions.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to establish “athletic department ownership” in the emergency plan by involving the athletic administration and sports coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Palatine High School helps ensure that athletes will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the Palatine High School Emergency Plan for Athletics

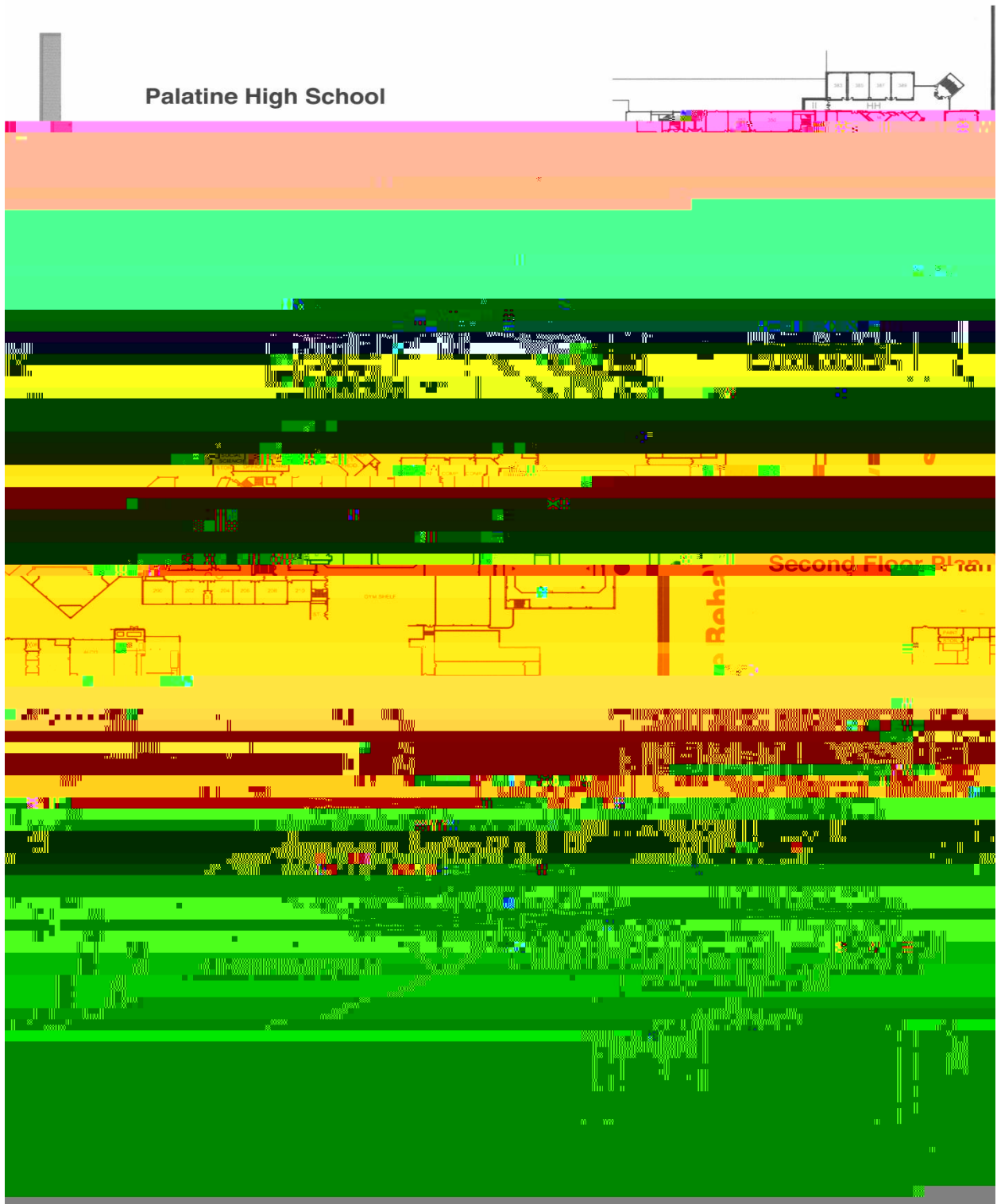
- Approved by: _____
 Palatine High School Team Physician Date
- Approved by: _____
 Palatine High School Athletics Director Date
- Approved by: _____
 Palatine High School Head Athletic Trainer Date
- Approved by: _____
 Palatine High School Asst. Athletic Trainer Date
- Approved by: _____
 Palatine High School Asst. Athletic Trainer Date

Emergency Contact List

On Campus Office	Phone Number
Athletic Training Room	(847) 755 1790
Athletic Office	(847) 755 1770
Main Office	(847) 755 1600
Nurse's Office	(847) 755 1662

Title	Name	Office	Cell
Athletic Director	Luis Arroyo	(847) 755 1770	(708) 639 2929

Indoor Campus Map



Outdoor Campus Map



Mounted AED Locations

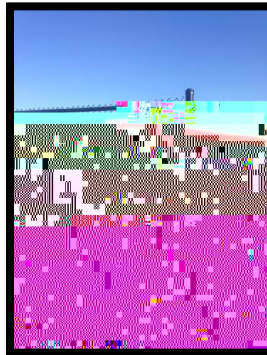
Indoor:

Outdoor:

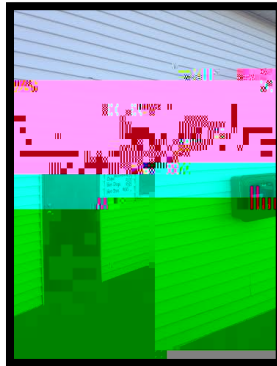
- 4) Field B: On outside wall of East Gym



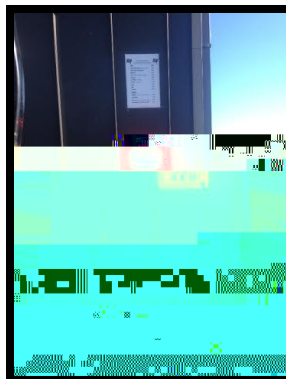
- 5) Varsity Softball: On baseball left field fence, between softball and baseball fields



- 6) Stadium: Outer wall of visitor concussion stand



- 7) Stadium: Outer wall of home concussion stand



Gymnasium EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through entrance 6 on the south side of the school. Follow the hallway down past the first set of doors and turn right through the next set of doors.

Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office inside the athletic training room. Athletic Training Room:
(847) 755

North Shelf EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through Entrance 6 near main gymnasium. Follow the hallway down past the main gymnasium. There will be a set of stairs on the right side. Take the stairs all the way up and enter the north shelf through a set of double doors.

Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office inside the athletic training room. Athletic Training Room: (847) 755

South Shelf EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through Entrance 6 near main gymnasium. Follow the hallway down through the first set of double doors. Take the stair case to the right after entering the school. Follow the stairs all the way up and through the door to the south shelf.

Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a

Gymnastics Room EAP

Address: 1111 N. Rolling Road, Palatine, IL 60074

Venue Directions: Venue is accessible through Entrance 6 on the south side of Palatine High School. Follow the hallway down past the first set of doors and turn right through the next set of doors towards the main gymnasium. ~~Pass~~ through the main gymnasium and through two sets of double doors. Turn left into the back hallway. Follow the back hallway all the way down to entrance 7. The gymnastic room will be on the right side.

Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office ~~in~~ the athletic training room. Athletic Training Room: (847) 7551790. Athletic Trainer will be present at all competitions and radio will be at the scorer's table during competition.

Emergency Equipment:

AED is located ~~outside~~ of the athletic training room. Another AED is located Athletic Training room. Other emergency equipment is located inside the athletic training room. For contests there will be an AED with Athletic Trainer.

Role of First Responder:

1. Immediate care of injured or ill student athlete.
2. Activation of emergency medical services (EMS)
 - a. Call 9 1 1
 - b. Activate phone tree

Swimming Pool EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through swimming pool entrance near the south side of Palatine High School. Follow the circle drive way to the swimming pool entrance.

Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office inside the athletic training room. Athletic Training Room: (847) 7551790. Athletic Trainer will be present at all competitions and radio will be (847) 3612 7922 792 re

Stadium EAP

Address:

Field A EAP

Address:

Field 2 EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through the main school entrance off of Rohlwing Road. Pass through the main parking lot to the back entrance gate.

Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office inside the athletic training room. Athletic Training Room: (847) 7551790. Athletic Trainer will be present at all competitions and radio will be at the scorer's table during competition.

Emergency Equipment:

There is a mounted AED on the outside wall of the East Gymnasium. An AED will be available for all practices and competitions. All other emergency equipment is located inside the athletic training room.

Field D EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through the main school entrance off of Rohlwing Road. Pass through the main parking lot to the gate near tennis courts. Drive around baseball fields.



Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office inside the athletic training room. Athletic Training Room: (847) 7551790. Athletic Trainer will be present at all competitions and radio will be at the scorer's table during competition.

Emergency Equipment:

There is a mounted AED on the fence of the varsity baseball field. An AED will be available for all practices and competitions. All other emergency equipment is located inside the athletic training room.

Role of First Responder:

1. Immediate care of injured or ill student athlete.
2. Activation of emergency medical services (EMS)

Field 3 EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through the main school entrance off of Rohlwing Road. Field 3 is also accessible by parking along Rohlwing road.

Softball/Baseball EAP

Address: 1111 N. Rohlwing Road, Palatine, IL 60074

Venue Directions: Venue is accessible through the main school entrance off of Rohlwing Road. Pass through the main parking lot to the gate near tennis courts. Drive around baseball fields.



Emergency Personnel: Certified athletic trainer

Emergency Communication: Each certified athletic trainer will have a radio on them. There is a fixed, landline telephone in the office inside the athletic training room. Athletic Training Room: (847) 7551790. Athletic Trainer will be present at all competitions and radio will be at the scorer's table during competition.

Emergency Equipment:

There is a mounted AED on the fence of the varsity baseball field. An AED will be available for all practices and competitions. All other emergency equipment is located inside the athletic training room. e W* n BT /F1 12 Tf 1 0 0 1 71 [(E 0165 Q q 0.00000912 0 612 7.00000912 0116S

Asthma Policies and Procedure

Introduction

Asthma is a chronic inflammatory disorder of the airways characterized by variable airway obstruction and bronchial hyperresponsiveness. Airway obstruction can lead to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. Asthma currently affects over 300 million individuals worldwide and 20 million Americans, with 5 million being under the age of 18 years. Asthma is the cause of 5,200 American deaths per year. The majority of patients with asthma and patients with allergies will have exercise-induced bronchospasm (EIB). EIB usually occurs during or minutes after vigorous activity. EIB reaches its peak 5 minutes after stopping the activity and usually resolves in another 20 minutes.

Recognition of Asthma

A patient suffering from asthma will present with a peak flow meter less than 80% of their normal value. They can also present with wheezing, chest tightness, respiratory rate greater than 25 breaths per minute, pulse greater than 120 beats per minute, forced expiratory volume in the first second less than 40%, weak breath sounds, confusion, sweating, drowsiness, low level of oxygen saturation, use of accessory muscle for breathing, cyanosis, coughing, hypotension, bradycardia or tachycardia, mental status changes, inability to lie supine, inability to speak

Sudden Cardiac Arrest Policies and Procedure

Introduction

Sudden Cardiac Arrest (SCA) is the leading cause of death in young athletes. Athletes are considered the healthiest members of our society, and their unexpected death during training or competition is a catastrophic event with widespread implications. The incidence of sudden cardiac death in high school athletes is estimated to be 1:100,000 to 1:200,000. Cardiopulmonary resuscitation (CPR) is critical to maintaining the supply of oxygen to vital organs, but the single most effective treatment for SCA is defibrillation. Access to early defibrillation and an automated external defibrillator (AED) should be part of standard emergency planning for coverage of athletic activities.

The American Heart Association (AHA) uses four links in a chain (the "Chain of Survival") to illustrate the important time-sensitive actions for victims of SCA.

Early recognition of the emergency and activation of the EMS or local emergency response system: "phone 911"

Early bystander CPR: immediate CPR can double or triple the victim's chance of survival from ventricular fibrillation (VF) SCA

Early delivery of a shock with a defibrillator: CPR plus defibrillation within 3 to 5 minutes of collapse can produce survival rates as high as 49% to 56%

Early advanced life support followed by post-resuscitation care delivered by health care providers

Recognition of SCA

Recognition of SCA in athletes may be difficult

Exertional Heat Illness Policies and Procedure

Introduction

References

1. Anderson, J., Courson, R.W., Kleiner, D.M., & McLoda, T.A. (2002). *Association Position Statement: Emergency Planning in Athletics*. *J Athl Train*, 37(1), 99-104.
2. Casa, D.J. (2012). *Preventing sudden death in sport and physical activity*. Sudbury, MA: Jones & Bartlett Learning.
3. University of Georgia Sports Medicine (2007). *Exertional heat illness protocol*. University of Georgia Emergency Action Plan.

Orthopedic Emergency Policies and Procedure

Initial Evaluation

The primary goals of the initial orthopedic evaluation are to determine whether or not a true orthopedic emergency is present, begin appropriate treatment, and determine the mode of transport. Evaluation of neurovascular status is the first step in the initial evaluation. Distal pulse, motor, sensation, and capillary refill (PMSC) should be assessed with any deficiencies and/or changes noted. Visual inspection for deformity and palpation for deformity and point tenderness should be performed followed by evaluation for gross joint instability. Clinical tests for suspected long bone fractures such as torque, compression and percussion may be utilized as appropriate by the athletic trainer. Application of Initial Evaluation splints for fracture or gross joint instability is the final step prior to transport. If splints are applied to an extremity injury, PMSC should be evaluated both before and after placement of splints.



Return to Play Guidelines

1.0 Introduction

The purpose of these guidelines is to provide a framework for the safe return to play for athletes who have been injured or ill. These guidelines are intended to be used in conjunction with the appropriate medical advice and the discretion of the athlete's healthcare provider.

2.0 Return to Play Process

The return to play process is a gradual and individualized process. It should be guided by the athlete's healthcare provider and should take into account the nature and severity of the injury or illness, the athlete's current health status, and the athlete's goals for return to play.

3.0 Return to Play Criteria

Before returning to play, an athlete must meet the following criteria:

- 3.1 The athlete must be free of all symptoms and signs of the injury or illness.
- 3.2 The athlete must have regained their normal range of motion and strength.
- 3.3 The athlete must be able to perform their sport-specific activities without pain or discomfort.
- 3.4 The athlete must have received clearance from their healthcare provider.

4.0 Return to Play Protocol

The return to play protocol should be a step-by-step process that allows the athlete to gradually increase their level of activity. The protocol should be tailored to the athlete's specific injury or illness and should include the following steps:

- 4.1 Rest and recovery.
- 4.2 Gradual increase in low-impact activities.
- 4.3 Gradual increase in sport-specific activities.
- 4.4 Gradual increase in intensity and duration of activities.
- 4.5 Gradual increase in competition.

5.0 Return to Play Considerations

When returning to play, athletes should be aware of the following considerations:

- 5.1 Athletes should be aware of their own limitations and should not push themselves beyond their capabilities.
- 5.2 Athletes should be aware of the risk of re-injury and should take appropriate precautions.
- 5.3 Athletes should be aware of the importance of proper technique and should seek guidance from their coaches and healthcare providers.
- 5.4 Athletes should be aware of the importance of adequate rest and recovery.
- 5.5 Athletes should be aware of the importance of proper nutrition and hydration.

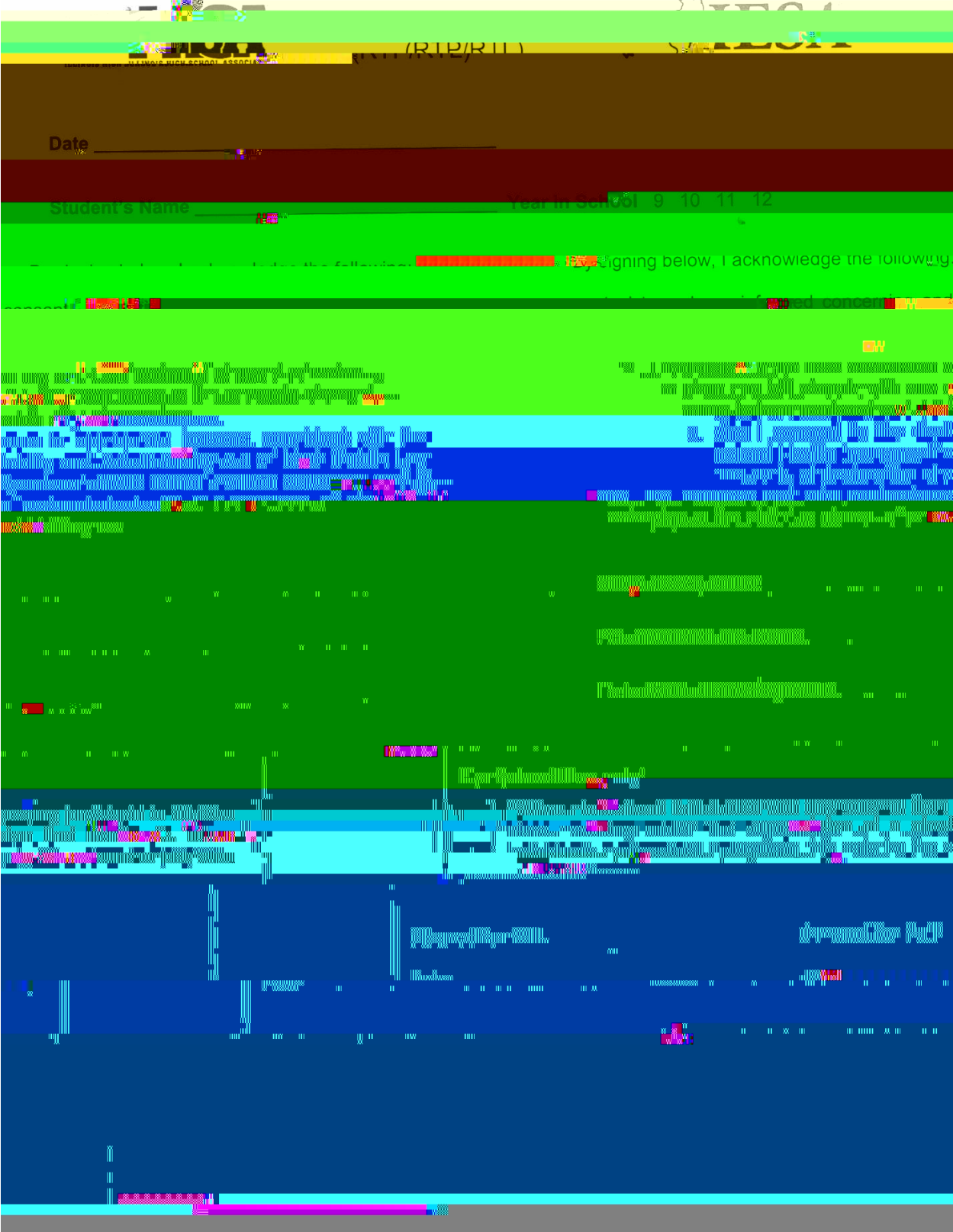
6.0 Return to Play Support

The Township Health Unit District 211 is committed to providing support and resources for athletes who are returning to play. This support includes:

- 6.1 Education and training on injury prevention and return to play.
- 6.2 Access to healthcare services and resources.
- 6.3 Access to sports medicine and rehabilitation services.
- 6.4 Access to mental health services and resources.

7.0 Return to Play Summary

The return to play process is a gradual and individualized process that should be guided by the athlete's healthcare provider. Athletes should be aware of their own limitations and should take appropriate precautions to avoid re-injury. The Township Health Unit District 211 is committed to providing support and resources for athletes who are returning to play.



80.0-84.5 degrees F (YELLOW ZONE) 1. All sports

1. Water should always be available and student-athletes should be able to take in as much water as they desire.

a. Optional water breaks every 30 minutes for 10 minutes in duration. Coordinate breaks with assigned contest officials.

b. A cooling station (ice, towels, shaded areas, etc.) will be made available.

c. Watch/monitor student-athletes carefully for necessary action.

2. Contact sports information for necessary

87.6-89.9 degrees F (RED ZONE) 1. All sports

a. Water should always be available and student-athletes should be able to take in as much water as they desire.

2. Coaches and officials are encouraged to take a 10-minute break every 30 minutes of training or competition.
- 3.

Food Allergy Action Plan

Blank

- Call 911 immediately for ANY symptoms if the allergen was **not** eaten.
- If child is **not** eating, do not give anything by mouth.

SKIN: Many hives over body

asthma

*Antihistamines & inhalers & corticosteroids
not to be depended upon

Oral or GI symptoms from different body areas.