## THE PROVIDENCE DAY SPORTS MEDICINE EMERGENCY ACTION PLAN

Providence Day employs 3 certified athletic trainers.

In the case of a medical emergency the PDS Sports Medicine Team will carry out the following procedures:

1. The certified athletic trainer on site is in charge. If an athletic trainer is not present the coach is the person responsible and should initiate the procedures outlined below. In addition the coach or designee should call for the athletic trainer if one is present on the campus. If on the PDS campus this can be done by using the radios (channel 4) at the following locations.

Outside fields: At the water cooler provided for you Tennis Courts: On the wall next to the drinking fountain Mosack Athletic Center: Outside training room door

Ridenhour Gymnasium: On the right of the stage as you are facing it

Mini Gym: On the right window sill (as you are facing the wrestling room) looking into the

wrestling room

The certified athletic trainers may also be reached by phone at the following numbers.

John Erb: cell# 704-989-8797 training room# 704-887-6086 Carlie Mankin: cell# 513-532-6393 training room #704-887-7089 Stephanie Davis: cell# 704- 840-9797 office# 704- 887-7060

- 2. The certified athletic trainer will assess the situation and initiate care as indicated. An athlete should not be moved unless it is necessary for the safety of the individuals involved or to provide adequate care; in the event of a suspected head or neck injury, the athletic trainer will make the decision as to when or if the helmet and shoulder pad will be removed.
- 3. The athletic trainer will assign an appropriate individual (another athletic trainer or coach) to call 911 (9-911 if dialing from a school phone).

## Notifying 911-

Dial "9-911" from any campus phone or "911-send" from a mobile.

State your name and title and where you are calling from:

Providence Day School at the corner of Sardis & Sardis Rd.

Give the following information about the victim:

Level of Consciousness of victim

Breathing, Pulse, other necessary vital signs

First Aid being administered and by whom

Give the following additional information:

Tell dispatch that you are calling for an emergency transport or a non-emergency transport

Tell them the exact location of the victim and how to enter the campus

Tell them that someone will meet them at the entrance (preferably security) and escort them

Tell them the phone # you are calling from, indicate landline or mobile phone.

## HANG UP LAST or ASK IF IT IS OK TO HANG UP BEFORE DISCONNECTING.

4. If on the PDS campus, notify PDS Security of the situation and that you are requesting an escort for emergency personnel. This can be done by using the radio channel 1 or by cell phone (704-562-4924).

Send a student trainer, manager, or coach to meet emergency personnel if security is unavailable.

Emergency vehicle access to various areas on campus:

- A. **Upper field** by west lot
- B. **Ridenhour Gym/mini gym** by exit drive to left of Ridenhour gym
- C. **Fine Arts Foyer** by the ferry boat
- D. MAC/Tennis courts/West field/baseball & softball fields/Overcash stadium by taking a left at stop sign and going down drive towards the back gate (access to Mosack field is by drive at the end of the stadium stands)
- 5. The athletic trainer will assign someone (another athletic trainer or coach) to obtain the closest AED. AED's are found in the following locations:

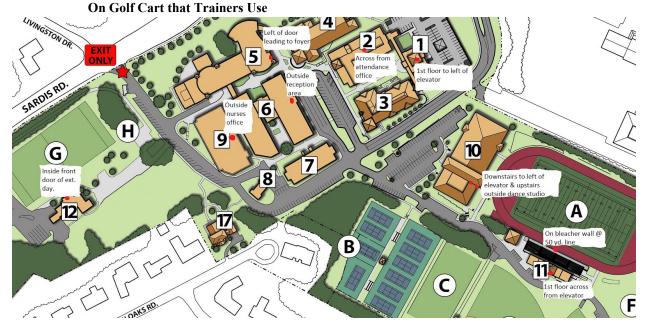
Lower level of the Mosack Athletic Center: across from the elevator Upper Level of the Mosack Athletic Center: outside of dance studio

Mosack Field: Mounted on home stands wall @ 50 yard line.

Field House: lower level across from the elevator

Extended Day House: in room off the back entrance from the play ground Fine Arts Foyer: next to exit doors facing Dickson-Hemby building Admissions: in the hallway right outside of the admissions lobby

Academic Center: accross from attendance office Gateway Building: first floor to left of elevator Ridenhour gym: right outside nurses office



6. The athletic trainer or designee will notify athletic administration that there is a medical emergency and the emergency action plan is being followed. This can be done by using the following numbers.

Nancy Beatty	843-670-3116 (c)	704-887- 6067 (o)
Sue Fitzgerald	704-651-8650(c)	704-887- 7081 (o)
C.D Cater	704-451-1028 (c)	704-887-7052 (o)
Ed Prisco	704-915-5173(c)	704-887-7017 (o)

The athletic administrator will determine what other school administrators need to be contacted and make that contact

- 7. Make available athlete's Magnus 911 information to appropriate medical personnel (accessed online by the trainer or with the head coach).
- 8. If an athlete is transported to the hospital, the athlete's parent(s) or designated PDS personnel should accompany the athlete to the hospital.
- 9. Communicate with the athlete's parents the nature of emergency and action taken if parents are not present.
- 10. If a coach is in charge, notify a PDS athletic trainer of the emergency as soon as appropriate and document the details of the injury and action taken.
- 11. Refrain from making specific comments as to the nature of the injury to non-family members.

The following conditions are some examples of life threatening or potentially life threatening conditions and, therefore, should be handled as an *emergency* situation.

- 1. Obstructed airway; respiratory distress
- 2. Absence of breathing and/or pulse
- 3. Hemorrhage severe external bleeding
- 4. Internal organ injury
- 5. Shock
- 6. Anaphylactic reactions
- 7. Seizures
- 8. Heat stroke
- 9. Head and/or neck injury
- 10. Unconsciousness
- 11. Obvious gross deformity fracture and/or dislocation

## PDS SPORTS MEDICINE ACTION PLAN FOR MEDICAL NON-EMERGENCIES

In the case of athletic injuries that are **not** life-threatening, the PDS Sports Medicine Team will carry out the following procedures:

- 1. The certified athletic trainer on site is in charge. (if they are not at the specific site they can be reached by radio channel 4)
- 2. The certified athletic trainer will assess the situation and he/she will initiate care as indicated for the specific injury.
- 3. The athlete will be moved from the playing field, court, or surface when the athletic trainer deems it safe and with proper assistance as needed.
- 4. The athletic trainer will proceed with a sideline evaluation of the injury and transport the athlete into the training room for further evaluation if necessary.
- 5. The athletic trainer will assess the injury, give appropriate first aid, and develop a follow-up plan and doctor referral as needed.
- 6. The athletic trainer will communicate with the coach the athlete's playing status and nature of injury.
- 7. The athletic trainer will communicate with the athlete's parents the nature of the injury and recommendations for follow up.
- 8. The athletic trainer will communicate with the other sports medicine staff about the injury and plan for follow up.
- 9. The athletic trainer will write an injury report which includes their evaluation, assessment, and plan for the
- 10. Refrain from making specific comments as to the nature of the injury to non-family members.

If an athletic trainer is not present on site, the coach will be the person in charge and should follow the procedures outlined below:

- 1. Perform first aid as appropriate and as you are able (Remember RICE Rest, Ice, Compression, Elevation)
- 2. When in doubt do not return an athlete to play

- 3. Report injury to a PDS certified athletic trainer for follow-up after event (preferably the same day). Phone numbers for all PDS athletic trainers can be found above.
- 4. Communicate with the athlete's parent's action taken and refer any questions and follow-up procedures to the PDS certified trainers.
- 5. No athlete should return to play that day after sustaining a head or neck injury with **ANY** of the following signs and symptoms: headache, confusion, disorientation, dizziness, nausea, vomiting, tingling or numbness, visual disturbance of any kind (blurry vision, double vision, etc.), observable balance and coordination deficits, memory deficits, any loss of consciousness, slurred or incoherent speech, delayed verbal and motor responses, emotions out of proportion to circumstance. Or there is any other reason the coach suspects a concussion.

The following conditions are some examples of non-life threatening emergencies but require medical attention:

- 1. Lacerations that may or may not require sutures
- 2. Possible fractures
- 3. Musculoskeletal injuries such as sprains and strains