

Maureen Joy Charter School

Athletic Department Emergency Action Plan 2017/18

Introduction………………………………………………………….Page 2

Plan for Acute Care in EMS…………………………………Pages 3-13

Heat Hydration & Humidity Guidelines………………Pages 14-23

Lightning Guidelines………………………………………….Pages 23-26

Concussion Treatment Guidelines………………………Pages 27-34

Spinal Cord Injury Treatment Guidelines……………Pages 34-38

Directions for Emergency Vehicles to MJCS…………Pages 38-40

Campus Acknowledgement Form………………………..Page 40

TABLE OF CONTENTS

2

Introduction

Participation in athletics benefits student-athletes by complementing an education program, teaching valuable lessons for practical situations, and fostering success in later life. However, many of these activities involve the risk of injury. As a result, approximately 715,000 sport-related and recreation- related injuries occur in US school settings each year. Although most of these injuries are minor, serious injuries can happen suddenly and without warning regardless of the type of activity and level of performance. When these emergent situations happen during any athletic event, appropriate and timely response must be implemented to provide the best possible outcome for the student.

Here at Maureen Joy Charter School, we take the responsibility of providing the best possible care to our student athletes. This Emergency Action Plan was developed to help ensure that student-athletes receive consistent and appropriate care while participating in sporting events. This plan includes identifying essential emergency personnel, training in cardiopulmonary resuscitation (CPR) and Automatic Electrical Defibrillator (AED) use, having a communication plan in place, and coordinating efforts with the local Emergency Medical System (EMS).

Although the information in this plan is structured for the athlete at Maureen Joy Charter School, it can also be used to treat/resuscitate spectators, administration or coaching staff.

3

PLAN FOR ACUTE CARE IN EMERGENCY SITUATIONS EMS AND EMERGENCY TRANSPORTATION GUIDELINES

The Athletic Director will communicate with Durham County EMS and Durham County Fire Department concerning Athletic Action Plan. In the event of immediate emergency the Durham County emergency 911 will be called as quickly as possible.

When an athlete has been severely injured or requires activation of the EMS system, it is recommended that parent(s) is immediately contacted if they are not present at athletic event, and the athlete be transported by EMS to a local hospital. Information regarding hospital of choice for treatment is located on the athlete’s sports examination form. When the athlete’s parents/guardians are present, they may choose alternate transportation. In severe emergencies, the student may be taken to the closest hospital for stabilization or a hospital recommended by EMS.

AED LOCATIONS

On the Maureen Joy Charter School Campus, there is 1 AED.

Direction to AED:

In the main office as you walk around the counter, you will proceed to the far back window to your left behind Transportation Director’s Desk. AED is securely mounted on the wall. (Athletic Director, Head Coaches and Administration Staff are AED trained/certified.)

LAND LINE/DIRECT LINE LOCATIONS

Maureen Joy Charter School Campus emergency phones:

The main office- 919-493-6056

Athletic Director Direct- 919-475-0754

Operation Manager-919-908-1602

PLAN FOR ACUTE CARE- continued ACTION PLAN

First qualified responder will lead the efforts to resuscitate/treat the student. This person will be referred to as the FIRST RESPONDER in this plan.

The FIRST RESPONDER should be designated before each sporting event.

This person should be a coach, athletic trainer, or administrator trained in the American Heart Association Basic Life Support (CPR) and the use of an AED.

Head and Assistant Coaches need to know and familiarize themselves with the location of the closest AED and telephone. This can be a cell phone but signal and amount of charge remaining would need to be checked prior to the event.

All coaches are recommended to have current certification in CPR, AED training, first aid, blood-borne pathogens and disease transmission training.

In the case that a physician is among the first responders, they can assume the role of leading the CPR but school personnel familiar with the emergency plan should remain in the team leader role.

When in doubt, call 911 and initiate the EMS. Time is essential in a true emergency.

Once EMS has arrived on the scene, they are in charge of the athlete’s care.

First Responder Responsibilities:

1. Assess athlete following American Heart Association Basic Life Support algorithm (CAB’s) and Red Cross First Aid skills. Obtain student medical history and emergency treatment consent form kept in each coach’s first aid kit or bag. If a student has collapsed and is not responsive, assume Sudden Cardiac Arrest (SCA) and follow attached algorithm on page 7.
2. Identify person to activate Emergency Medical System (call 911or notify EMS if present).
   1. Maureen Joy Charter School Athletic Director shall communicate with Durham County EMS and Fire Rescue concerning Emergency Action Plan.

2.Identify person to retrieve emergency equipment such as an AED or other first aid supplies if needed.

1. Lead/coordinate CPR efforts if appropriate until EMS personnel are present to assume care.
2. Identify person to direct EMS to the scene.
3. Identify person to do crowd control. Only persons involved in the care of the athlete should be present.
4. Identify person to contact parents. This person should retrieve students’ emergency information that all coaches are required to have on hand. They should also share this information with the person designated to call EMS.

Person activating Emergency Medical System responsibilities:

1. Call 911 immediately.

2. Be prepared to give as much information as possible including such as:

1. Your name, address, telephone number of caller
2. Why you are calling (student collapsed while practicing soccer)
3. Condition of athlete (breathing, pulse, level of consciousness, etc.)
4. Any treatment initiated by first responder
5. Location of athlete (sport specific)
6. Directions if needed.
7. Other information requested by dispatcher

3.

After ending call, report back to FIRST RESPONDER that EMS has been called and is on the way.

5

Person retrieving Emergency Equipment responsibilities:

1. Retrieve AED first and return to scene. Notify FIRST RESPONDER that the AED is present.  
2. All teams have a first aid kit but additional supplies can be obtained from the Athletic Director Office inside the Athletic Office on the MJCS campus on the basement level.

Person directing EMS to scene responsibilities: (Assistant Coach, Administrator, Athletic Director)

1. If more than one person is needed, request additional help.  
2. Go to entrance of area. Be sure area is accessible. If area is not easy to locate, you may want to have several people to get into strategic areas to “flag down” EMS personnel and direct them to the scene. Person doing crowd control responsibilities: (SRO, Assistant Coach, Administrator, Athletic Director)

1.Limit scene to necessary people. Move bystanders away from area.  
2.If CPR is in progress, there will need to be several people available to do chest compressions, etc. Determine a couple of people trained in CPR that can assist with this. Have them stand to the side a few feet behind the person doing chest compressions.  
3.If the parents/family are present, have someone stand with them for support. Do not try to remove the family but try to prevent them from hindering care.

4.Person that will contact the parent responsibilities: (Assistant Coach, Administrator, Athletic Director)

1.Obtain information to relay to parents. Emergency contact information and emergency treatment forms are kept in the training kit or head coaches bag.  
Information needed to share may include:

1. Your name
2. Brief description of event leading to student’ emergency. (John collapsed during football practice)
3. Current condition (He is awake and talking)
4. Any treatment received
5. Other pertinent information. (EMS is here and has started an IV)
6. Which hospital the student will be transported to.

2. Be prepared to give parents directions to hospital if needed.

OFF-CAMPUS SPORTING EVENTS Instructions for Off-Campus Sports (Basketball, Soccer, Track & Field and Volleyball)

1. When arriving at off-campus site, check to see if site has AED. If so, know location of AED.
2. Check for location of land telephone line. Cell phones may be used for emergency contact if needed. Cell phones need to be assessed for signal and full charge.
3. Know location of safe shelter in case you need to evacuate due to inclement weather.

6

SUDDEN CARDIAC ARREST ALGORITHM

Athlete with witnessed collapse

Check Responsiveness

Tap shoulder and ask, “Are you all right?”

UNRESPONSIVE  
Not breathing or has gasping breaths  
If unresponsive, maintain high suspicion of SCA

Activate EMS (phone 911) Obtain AED  
First Responder-Begin CPR

Apply AED and turn on for rhythm analysis immediately in any collapsed and unresponsive athlete.

CHECK PULSE

No more than 10 seconds

Pulse present

NO PULSE PRESENT

Continue with Rescue Breathing

BEGIN CHEST COMPRESSIONS

Give cycles of 30 compressions to 2 breaths Push hard; push fast (at least 100/minute) Depress Sternum 2 inches  
Allow for complete chest recoil Continue until AED arrives Minimize interruptions in chest compressions

Second Rescuer should open airway during first cycle of compressions.  
2 Breaths should be given at the end of each 30 compressions

AED ARRIVES

Apply and check rhythm

Shock Advised

No Shock Advised

Give 1 shock and resume CPR immediately beginning with Chest compressions Recheck rhythm every 5 cycles of CPR. Minimize interruptions in chest compressions Continue until EMS or advance life support providers take over or victim starts to move.

Resume CPR immediately

Recheck rhythm every 5 cycles of CPR. Minimize interruptions in chest compressions Continue until EMS or advance life support providers take over or victim starts to move.

7

HEAT AND HUMIDITY GUIDELINES  
HEAT, HUMIDITY AND HYDRATION GUIDELINES

During summer, early fall and late spring high temperatures and high humidity can be present. It is important that we are aware of the dangers of this situation to prevent heat illness. Many cases of exertion or heat illness are preventable and can be successfully treated if such conditions are properly recognized and appropriate care is given in a timely manner.

Maureen Joy Charter School will follow both the recommendations made by the county and the National Athletic Trainers Association. Coaching staff(s) have the authority to alter work/rest ratios, practice schedules, amounts of equipment and withdrawal of individuals from participation in sports, based on heat conditions and/or athletes’ medical conditions as long as they exceed these recommendations and guidelines listed.

GUIDELINES FOR HYDRATION

Appropriate hydration before, during and after exercise is important for all athletes. Dehydration can compromise the athlete’s performance and increase the risk of heat illness. The American College of Sports Medicine recommends the following guidelines for hydration:

Drink 16 ounces of fluid before exercise  
Drink another 8-16 ounces 15 minutes before exercise  
During exercise, drink 4-16 ounces of fluid every 15-20 minutes  
After exercise, drink 24 ounces of fluid for every pound lost during exercise to achieve normal fluid status within 6 hours.  
All fluids should be served cold to promote gastric emptying.

WHAT TO DRINK DURING EXERCISES

Water-For most exercising athletes, the ideal fluid for pre-hydration and re-hydration would be water. Water is quickly absorbed, well tolerated, an excellent thirst quencher and cost effective.  
Traditional Sports Drinks-with appropriate carbohydrates and sodium may prove beneficial in some situations and for some individuals.

O Situations that may benefit  
▪Prolonged continuous activity of greater than 45 minutes ▪Extremely intense exercise with risk of heat injury  
▪Extremely hot and humid conditions

O Individuals that may benefit  
▪Poor hydration prior to participation  
▪Increased sweat rate  
▪Poor caloric intake prior to participation ▪Poor acclimation to heat and humidity

8

HEAT, HUMIDITY AND HYDRATION GUIDELINES-continued GUIDELINES FOR PRACTICES

1. Outdoor practice- All athletic teams\* and extracurricular organizations are restricted to practices indoors on days where the temperature is 95 degrees or above. These guidelines include pre-season and all practices after school starts. Prior to the start of school and on Saturdays, teams and organizations may practice in the morning as long as the temperature does not reach 95 degrees or higher during the time of practice.
2. Indoor practice- All athletic teams and extracurricular organizations e may practice indoor at any time as long as the practice area is air conditioned or practice area is equipped with fans to keep the temperature below 95 degrees during the practice session.
3. Games/Scrimmages—Maureen Joy Charter Schools’ Athletic Director, Coaches and School Administration will use the NCHSAA heat and humidity guidelines as well as temperature and weather forecasts and predictions to make decisions on all games and scrimmages.
4. NCHSAA Heat and Humidity Guidelines---Coaches should observe these guidelines at all times.
5. Scheduling practice—factors such as time of day, intensity of practice, equipment worn and environmental conditions should be considered.
6. Water should be made available in unlimited amounts and at any time during practice.
7. Designated breaks should be scheduled during practice.

9

HEAT, HYDRATION AND HUMIDITY GUIDELINES-continued

Accessed from www.nchsaa.org Inclement/Hot Weather Guidelines.

10

HEAT, HYDRATION AND HUMIDITY GUIDELINES-continued

Symptoms and Treatment Strategies for Exertion or Heat Illnesses:

DEHYDRATION

When athletes do not replenish lost fluids, they become dehydrated.

Signs and Symptoms:

Dry mouth  
Thirst  
Being irritable or cranky  
Headache  
Seeming bored or disinterested  
Dizziness  
Cramps  
Excessive fatigue  
Unable to run as fast or play as well as usual

Treatment:

Move athlete to a cool environment and rehydrate.  
Maintain normal hydration (as indicated by baseline body weight).  
Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.  
Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy.  
Hydrate throughout sports practice to minimize dehydration and maximize performance.  
Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.

Return-to-Play Considerations:

If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable with appropriate re-hydration.

11

HEAT, HYDRATION AND HUMIDITY GUIDELINES-continued

HEAT EXHAUSTION

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

Signs and Symptoms:

Athlete finds it hard or impossible to keep playing Loss of coordination, dizziness or fainting Dehydration  
Profuse sweating or pale skin

Headache, nausea, vomiting or diarrhea Stomach/intestinal cramps or persistent muscle cramps

Treatment:

Remove athlete from play and immediately move to shaded or air-conditioned area. Remove excess clothing and equipment.  
Cool athlete until rectal temperature is approximately 101°F (38.3°C)  
Have athlete lie comfortably with legs propped above heart level.

If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink. If athlete is unable to take oral fluids, seek medical attention to implement intravenous infusion of normal saline.  
Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status.

Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

Return-to-Play Considerations:

Athlete should be symptom free and fully hydrated; recommend physician clearance; rule out underlying condition that predisposed him/her for continue problems; and avoid intense practice in heat until at least the next day.

12

HEAT, HYDRATION AND HUMIDITY GUIDELINES-continued

HEAT CRAMPS

Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players.

Signs and Symptoms:

Intense pain (not associated with pulling or straining a muscle) Persistent muscle contractions that continue during and after exercise

Treatment:

Reestablish normal hydration status and replace some sodium losses with a sports drink or water some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity.  
Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

Return-to-Play Considerations:

Athletes should be assessed to determine if they can perform at the level needed for successful participation.

13

HEAT, HYDRATION AND HUMIDITY GUIDELINES-continued

EXERTIONAL HEAT STROKE

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

Signs and Symptoms:

Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when athlete falls ill Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity  
Nausea, vomiting or diarrhea

Headache, dizziness or weakness  
Hot and wet or dry skin  
Increased heart rate, decreased blood pressure or fast breathing Dehydration  
Combativeness

Treatment:

Activate Emergency Medical System (call 911)  
Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc.). Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment for EHS and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available.

Return-to-Play Considerations:

The athlete’s physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified health care professional.

14

LIGHTNING GUIDELINES

Over the past century, lightning has consistently been 1 of the top 3 causes of weather-related deaths in this country. It kills approximately 100 people and injures hundreds more each year. Lightning is an enormous and widespread danger to the physically active population. Due in part to the prevalence of thunderstorms in the afternoon to early evening during the late spring to early fall.

The National Athletic Trainers’ Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher and establishing a chain of command.

Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or more after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed.

Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms.

GUIDELINES FOR MJCS

The game official, athletic director or principal will make the official call to remove individuals from the game field.  
The athletic director, coach or assistant coach will make the call to remove individuals from practice fields. Spectators will also be instructed to leave the area and seek shelter until the danger has passed.  
Thirty minutes time will be given for the storm to pass.  
The athletic director, coach or an assistant coach will be the designated weather watcher, actively looking for signs of threatening weather.  
The athletic director or coach will monitor weather through the use of a Sky Scan, local forecast, or www.weather.com.

CRITERIA FOR SUSPENDING ACTIVITIES

The criteria for postponement and resumption of activities will be the thirty-second flash-to-bang method. After the first flash (lightning) seen, a count will commence. Counting is ceased when the associated thunder (bang) is heard. If the count is less than or equal to 30, activity should be stopped and individuals should be moved to a safe shelter.

When divided by five, the resulting number will determine the distance in miles from the venue.

SAFE SHELTERS AT MJCS

Inside main building front  
o Spectators should go to the main lobby or auditorium space o Teams should report to the changing rooms and or/ holding space. Basketball if at alternative site report locker room, spectators remain gymnasium.

Inside main building back  
o Soccer and track teams should report to open walk space to side of staircase, access both exit doors on Kindergarten and 2nd/3rd Grade hallway.

Activity bus with doors and windows closed. This should only be used as a second option. (Only on away game\*)

CARE FOR LIGHTNING VICTIMS

Survey scene for safety  
Activate EMS (call 911)  
Only move victim if necessary. (May need to move to safe shelter)  
Refer to PLAN FOR ACUTE CARE IN EMERGENCY SITUATIONS for further guidance

15

CONCUSSION TREATMENT GUIDELINES

The term concussion describes a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in a loss of consciousness. It can occur from a fall, a blow to the head or a blow to the body that causes your head and your brain to move quickly back and forth. The use of protective headgear can dramatically decrease the risk of concussion when practicing or participating in contact sports such as football. All coaches should be able to recognize the symptoms of a concussion and take appropriate actions if this should occur to an athlete. If it is suspected that a student-athlete has received a concussion, they must be removed from participation immediately, contact a parent and/or refer them to the appropriate medical personnel immediately.

It is recommended that all coaches take the National Federation High School (NFHS) online concussion course to increase their knowledge of this injury. Maureen Joy Charter School Athletic Director has been trained in Concussion protocol via NFHS.Learn center.

There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering

Difficulty thinking clearly Feeling slowed down Difficulty concentrating

Difficulty remembering new information

Physical

Emotional/Mood

Irritability Sadness

More emotional than normal

Feeling nervous or anxious

Sleep

Headache  
Fuzzy or blurry vision Nausea/Vomiting Dizziness  
Balance Problems

Sensitivity to noise or light

Sleeping more than usual Sleeping less than usual Trouble falling asleep

Table from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion)

Additional Concussion Symptoms

Loss of consciousness after any trauma to the head  
Confusion  
Headache  
Loss of short-term memory (you may not remember the actual injury and the events some time before or after the impact)

Perseverating (repeating the same thing over and over, despite being told the answer each time, for example, "Was I in an accident?")

A student should be directed to call their physician in the following situations:

A person struck a hard object with the head (for example: tile floor, ice, bathtub) but did not lose consciousness

Mild dizziness or nausea after a head injury  
Loss of memory of the event (amnesia) for just a few minutes Mild headache with no vision disturbances

Go to an emergency department by ambulance in the following situations. For people with less severe injuries not requiring ambulance transport, a car may be taken to the hospital.

Severe head trauma, i.e., a fall from more than the height of the person or a hard fall onto a hard surface or object with resulting bleeding or laceration. Severe trauma can be a child that loses consciousness as the result of a head injury.  
Prolonged loss of consciousness (longer than two minutes)

16

CONCUSSIONS-continued

Any delayed loss of consciousness (for example, the injured person is knocked out only momentarily, then is awake and talking, then loses consciousness again)  
Vomiting more than once  
Confusion that does not go away quickly

Extreme drowsiness, weakness, or inability to walk  
Severe headache  
Loss of memory of the event (amnesia)  
Perseverating (saying the same thing over and over)  
Someone who takes warfarin (Coumadin) for a medical problem suffers and suffers a significant blow to the head.

If the person fails to regain consciousness after two minutes, or the injury is very severe even if two minutes have not passed, DO NOT move athlete. Prevent movement of the neck, which may cause spinal injuries. If the person needs to vomit, carefully roll the person onto his or her side without turning the head.  
Call 911 immediately for help.

If you are unsure of the severity of the injury, take the person to the emergency department immediately.

Side Effects

A person with a single, isolated concussion generally has a very good outcome with few long-term side effects.

Short-term side effects

Post concussive syndrome: The main symptom of post concussive syndrome is persistent headache for one to two weeks, lasting up to months after the injury. Anywhere from 20-90% of patients develop at least one symptom of post concussive syndrome within the first month following injury, and about 40% have at least three symptoms by three months post-injury.  
Post concussive syndrome is more common after a serious concussion than after a mild one.  
Symptoms usually are relieved with mild pain relievers such as acetaminophen (Tylenol) or ibuprofen (Motrin, Advil).  
Sometimes people with post concussive syndrome will have dizziness, difficulty concentrating, or problems doing certain types of activities such as reading.  
Nausea and vomiting may occur.  
Post concussive syndrome usually will dissolve on it's own with time. Some people may have symptoms that do not go away, even after months. In this situation, contact a doctor. Sometimes tests (such as an MRI or cognitive function testing) or consultations with a neurologist can better assess this problem.

Long-term side effects

Concussions are known to be cumulative. That is, each time you have a concussion it is easier to get another concussion in the future.  
Repeated concussions can lead to long-term memory loss, psychiatric disorders, and other neurologic problems.

If you have had a number of concussions, your physician likely will advise you to avoid the activities that may put you at risk for future head injuries and to discontinue contact sports. Professional athletes are particularly prone to the effects of cumulative concussions.

17

CONCUSSIONS- continued

Return to play considerations

The Gfeller-Waller Concussion Clearance ■ NCHSAA Return to Play Form must be completed and signed by a physician before the student-athlete can return to play. This form can be found on the NCHSAA website at http://www.NCHSAA.org.

Parental/student education

According to the Gfeller-Waller Concussion Awareness Act passed in June 2011, all coaches are responsible for providing parents and students with education and awareness of concussions. This is to be done during the pre-season parent meeting of each sport. Completion of the student Education and Statement form by the student and the Adult (parent/coach/volunteer/school nurse/first responder) Education & Statement Form by the parent are evidence of this education in compliance with this law.

18

SPINAL CORD INJURY TREATMENT GUIDELINES

General Guidelines

Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.  
The athlete’s airway, breathing, circulation, neurological status and level of consciousness should be assessed.

The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization. This should only be done when personnel is trained to care for the athlete with a spinal cord injury.

Do not allow other players or other unauthorized persons to move a teammate who is lying immobile on the field.

Activate the Emergency Medical Services system.

Football Specific Guidelines Face Mask Removal

O the facemask should be removed prior to transportation regardless of current respiratory status (leave helmet in place)

O Have tools for face mask removal readily available (they are located in the first aid kit).

Football Helmet Removal

The athletic helmet and chinstrap should only be removed:  
o if the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not also immobilize the head  
o if the design of the helmet and chin strap is such that, even after removal of the face mask, the airway

Can not be controlled nor ventilation provided,  
o if the face mask cannot be removed after a reasonable period of time  
o if the helmet prevents immobilization for transportation in an appropriate position o Spinal immobilization must be maintained while removing the helmet.

The helmet and the shoulder pads elevate the athlete’s trunk when in supine position.  
Should either the helmet or shoulder pads be removed-or if only one of these are present-appropriate spinal alignment must be maintained.  
The front of the shoulder pads can be opened to allow for CPR and defibrillation.

Return to play considerations

Any student removed from practice/play with a suspected spinal cord injury will not be allowed to return to practice/play until cleared by a physician.  
If the doctor places limitations on the return (such as no contact) the note must specify length of time that the limitation is in effect.

If the physician does not specify length of time for restrictions/limitations, the restrictions/limitations must be followed until another note is received extending the restrictions or clearing the athlete to return to practice/play.  
If the restrictions/limitations prohibit the athlete from participating, then the athlete will not be allowed to return to play/practice until cleared by the physician for practice/play.

19

DIRECTIONS FOR EMERGENCY VEHICLES To Maureen Joy Charter School Campus

Via NC 147 N

NC-147

Head northwest on NC-147 N

0.9 mi

Take exit 13 for Chapel Hill St

0.1 mi

Turn right onto W Chapel Hill St

0.1 mi

Turn left onto the NC-147 S/Durham S ramp to Res. Tri. Pk./Airport/Raleigh

0.2 mi

Merge onto NC-147 S

2.4 mi

Take the Briggs Ave N exit

0.3 mi

Merge onto S Briggs Ave

0.1 mi

Keep left to continue on Briggs Ave

164 ft.

Turn left onto E Pettigrew St

0.2 mi

Turn right onto S Driver St

Destination will be on the right

0.4 mi

107 S Driver St, Durham, NC 27703

Via I-85 S and US-70 –E

I-85

Head southwest on Intercross Rd toward Glenn School Rd

0.2 mi

Take the ramp onto I-85 S

0.2 mi

Merge onto I-85 S

1.6 mi

Take exit 178 for US-70 E toward RDU Airport/Raleigh

0.6 mi

Continue onto US-70 E

2.2 mi

Turn right

0.3 mi

Turn right toward S Miami Blvd

59 ft.

Turn left onto S Miami Blvd

0.4 mi

Turn left onto E Main St

0.8 mi

Turn left onto S Driver St

Destination will be on the left

253 ft.

107 S Driver St, Durham, NC 27703

Via N Roxboro St and NC 55 East

N Roxboro St

Head southeast on N Roxboro St toward E Rockway St

1.5 mi

Slight left onto Avondale Dr.

0.9 mi

Turn right onto N Alston Ave

0.9 mi

Turn left onto Liberty St

0.4 mi

Turn right onto N Driver St

Destination will be on the left

0.5 mi

107 S Driver St, Durham, NC 27703

Road South Stokes School Road Hwy 8🡪

ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the Maureen Joy Charter School Athletic Department Emergency Action

Plan and understand the procedures in handling athletic injuries, illnesses or other emergencies covered within this plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date