



Emergency Action Plan

Tri-City Storm

Viaero Event Center

609 Platte Road Kearney NE, 68847

Purpose of EAP:

To provide Tri-City Storm with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or game. ATC, coaches, and others involved must constantly be on guard for potential injuries, and although life-threatening emergencies are not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Need for EAP:

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.

Emergency Contacts:

Fixed phones are not available at the Viaero Event Center. Cell phones are carried by ATC, coaches, and athletic staff and even spectators if necessary. The following is a list of important phone numbers needed in case of emergency:

Colt Graf ATC	308-293-1186
Dr. Brad Rodgers (Team Physician)	
New West Sports Medicine	
Kearney Clinic	
Bush Family Dentistry (Team Dentist).	
Ambulance, Fire, Police.	911

Emergency Personal:

A Certified Athletic Trainer will be present at all practices and games. Team physician and paramedics will be present at all games and on call for practice. Other personal that is available are the student athletic trainers and the coaching staff.

Chain of Command:

ATC is in charge of emergency until EMS arrives. Doctors will assist if summoned by ATC. Coaches and student AT are also available to assist, but only if asked. The only exceptions are the visiting ATC, who is responsible for their team.

Emergency Qualifications:

It is required that ATC and student athletic trainers, are all trained in CPR and first aid. The Viaero Event Center staff is also certified in CPR/AED. It is strongly required that the coaching staff is also certified. Student athletic trainer's may be onsite at competitions and practice as well as coaches to assist in providing emergency first aid as the ATC sees fit. EMS will not be on site for practices, but will be at all games. Visiting teams will also be informed of EAP procedures.

Responsibilities of Emergency Team Members:

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, an assistant coach or a scratched player will accompany athlete to hospital.

Equipment and Supplies:

1. Immediate emergency supplies
 - a. Vacuum or rigid splints – **In Tunnel**
 - b. Spine board – **In Tunnel**
 - c. Cervical collars – **in vacuum splint bags in Tunnel**
 - d. CPR masks – **on individual athletic trainers**
 - f. Fully stocked first aid kits – **Training Room**
 - g. AED- **Tunnel Outside Training Room**
2. Secondary emergency supplies:
 - a. Crutches / Knee Immobilizers- **Training Room**
 - b. Arm Sling- **Training Room**
 - c. Ice and ice bags- **Training Room**
 - d. Elastic wrap- **Training Room**

The AT room is located at the west end of the arena, in the tunnel where the players enter the ice. (See map). Go through the tunnel, and take your first right. The Door is the first door on your right side labeled Training Room. The paramedics will also be in the tunnel for any assistance. The physician covering the game will be located in the suite above section B. The physician is directed to come down to the training room any time a

player leaves the ice during play. Keys for AT room are held by ATC and the maintenance guy (Jim) during the games.

Emergency Care:

Apply basic emergency care as situation requires. Care might include:

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
 - a. AED, spine board, cervical collar, first aid kit
4. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar
 - e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - f. Treat for Shock – if necessary
5. Any other emergency procedures as necessary
6. Other things to consider during emergency situation:
 - a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

Emergency Signs

1. Arms form X above head: **Doctor**
2. Arms form X over chest: **Spine board**
3. Arms Extended Horizontally to the Side: **Ambulance**
- 4 Both arms held up with both hands in a fist: **AED**
5. Arm held up with hand in a fist: **Vacuum splints**

Emergency Situations

Blood Borne Pathogens:

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or OPIM are considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc.

Hand Washing

Handwashing facilities are available in the locker room and bathroom if exposure occurs. If handwashing facilities are not around use sanitation whips located in the training room and in the medicine kit. Once hand sinks are available wash hands with soap and warm water.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as possible in the sharps container. The sharps container is located in the training room on the counter.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

Contaminated Equipment

All contaminated equipment is to be disposed of in the biohazard containers. These containers are located in the locker room and in the athletic training room.

Personal Protective Equipment

Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Once the personal equipment is used, it is to be disposed of in the biohazard containers.

Housekeeping

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as possible after any spill of blood or other potentially infectious materials, and at the end of the treatment. We will also look at the biohazard bins to see if they need emptied at the end of each day.

Laundry Procedures

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments.

Spine boarding:

- 1.) If any athlete is thought to have a spine injury, spine mobilization should be maintained
 - 2.) Check victim's Airway, Breathing, Circulation, and Pulse.
 - 3.) If victim is not breathing, access airway using jaw thrust maneuver
 - 4.) The victim is not to be moved until mobilized unless access to airway is needed ASAP. Victim must be placed in a supine position while maintaining spine mobilization.
 - 5.) Activate the EMS
- If possible, a correctly sized rigid cervical collar should be placed on athlete prior to moving.
 - When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. Lift and slide maneuver should be used to place the athlete on the long spine board. It is ideal that at minimum three (3) rescuers with preferably five to six (5-6) be in place to perform the procedure.
 - The rescuer controlling c-spine stabilization will be in command of the lift and slide maneuver and long spine board immobilization.
 - Once positioned onto long spine board, the athlete's torso and legs should first be secured using speed clips. While using the speed clips, 5 straps should be applied: 2 crossing chest from shoulder to opposite axilla, one across chest under axilla, 1 across pelvis, and 1 across distal thighs. Athlete's arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access. Athlete's wrists may be secured together in front of the body with Velcro strap or tape once secured to long spine board.
 - Once torso and legs are secured, the head should be secured. The Spine board comes with foam padding to place around the head. First make sure the side pieces are snug around the athlete's head. Once this is done, then strap the head in with the straps across the forehead and the chin. Then transport the athlete to the hospital

Stitching/Wound Treatment

Any injury that results in the need of sutures during a game will be done in the Athletic Training room. The doctor will be called down from suite B to do stitches. All the supplies needed for stitching are located in the cabinet in the Training room. Once done all the supplies used during the process are to be thrown away in the sharps container. The ATC and student trainer will be in the room to assist the doctor if needed. If an injury happens during practice the athlete will be transported to the doctor. First the athlete must be covered before transport.

Cardiac Arrest

Check Responsiveness

Tap and Shout
If unresponsive/no pulse then assume cardiac arrest

CPR

- 1.) 1 Rescuer 30 compressions 2 breaths
- 2.) 2 Rescuers 15 compressions 2 breaths

One Rescuer

- 1.) Activate EMS/ Call 911
- 2.) Obtain AED (Tunnel Hallway)
- 3.) Begin CPR

Two Rescuers

- 1.) Rescuer 1 begin CPR
- 2.) Rescuer 2 Activate EMS/Call 911
- 3.) Rescuer 2/3 obtain AED (Tunnel Hallway)

AED Arrives

- 1.) Attach Pads (Upper Right/Lower Left)
- 2.) Turn AED On
- 3.) Let AED Analyze
- 4.) Stop CPR/Stay Clear

Shocked Advised:

Give one shock then resume CPR starting with chest compressions. Recheck Rhythm every 5 minutes. Continue until advanced life support arrives or victim starts to move.

Shock Not Advised:

Resume CPR right away beginning with chest compressions. Recheck rhythm every 5 minutes. Continue until advanced life support arrives or victim starts to move

