



# Emergency Action Plan

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# Emergency Action Plan

## **Introduction**

The University of Nebraska at Kearney (UNK), the Department of Intercollegiate Athletics, and the Sports Medicine department recognize that emergencies may arise at any time during athletic events, including practices, competition, and other University sponsored activities. Expedient action must be taken in order to provide the best possible emergency care for any athlete or department personnel who suffers a catastrophic and/or life-threatening condition or injury. The development and implementation of this emergency plan will help to ensure that the best possible care will be provided to UNK athletes and/or personnel.

The UNK Sports Medicine department has developed this Emergency Action Plan (EAP) in order to ensure immediate implementation of appropriate standards of health care to all athletic participants in the event of a catastrophic or life-threatening situation. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment/supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Potential emergencies may be avoided through; (physician directed) Pre-Participation Physical Exams (PPE's), adequate practice and event coverage, and the implementation of safe practice and training techniques. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency to be managed appropriately.

## **Components of the Emergency Plan**

1. Emergency personnel
2. Emergency communication
3. Emergency equipment

## **Emergency Plan Personnel**

During intercollegiate athletic practice and competition, the first responder to an emergency is typically a member of the sports medicine staff, most commonly a Certified Athletic Trainer (ATC). A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as, the specific sport or activity, the setting of the activity, and the type of training or competition being performed. The first responder in some instances may be coach or other institutional personnel. Certification in Cardio-Pulmonary Resuscitation (CPR), first aid, prevention of disease transmission, and EAP review is required for all athletic personnel including coaches, administrative, and support staff.

The development of any EAP cannot be complete without the formation of an emergency response team. The emergency response team may consist of a number of healthcare providers including physicians, emergency medical technicians (EMT), Certified Athletic Trainers, athletic training students, coaches, equipment managers, and possibly bystanders. The roles of these individuals within the emergency response team may vary depending on the preferences of the Medical Director, the Head Athletic Trainer, and specific nature of the situation.



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## **Roles Within the Emergency response team**

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

There are four basic roles with the emergency response team. The first, and most important role, is providing immediate care to the athlete or individual. The most qualified individual on the scene should provide acute care in an emergency. Individuals with lower credentials should yield to those with more advanced training. The second role, emergency equipment retrieval, may be done by anyone on the emergency response team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, managers, and coaches are appropriate choices for this role. The third role, activation of Emergency Medical Service (EMS), may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor during emergencies. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the specific venue. The fourth role within the emergency response team should be that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive to the specific venue. Depending on ease of access, this person should have keys to any locked gates and/or doors that may slow the arrival of medical personnel. A student athletic trainer, manager or coach may be appropriate for this role.

## **Activating the EMS System**

Making the call:

- 911
- UNK campus police will automatically be notified by EMS

## **Providing Information:**

- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene (“come to south entrance of coliseum”)
- Other information as requested by the dispatcher



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When forming the emergency response team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency response team to function even though certain members may not always be present.

## **Emergency Communication**

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries 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 or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect, should there be a 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. Pre-arranged access to the phone should be established if it is not easily accessible.

## **Emergency Equipment**

All necessary emergency equipment will be stored at or brought to the practice/competition venue prior to any activity. Personnel should be familiar with the function and operation of each piece of emergency equipment. Equipment should be maintained in good operating condition, and emergency response personnel will be trained in proper usage. Emergency equipment will be checked on a regular basis and emergency personnel will rehearse usage. The emergency equipment available should be appropriate for the level of training of the emergency medical providers. UNK Sports Medicine staff will ensure that all emergency equipment will always be properly maintained and stored. Equipment will be stored in a clean and environmentally controlled area. It should be readily available should any emergency arise.

## **Transportation**

Emphasis will be placed on having a dedicated ambulance from CHI Hospital on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The UNK Sports Medicine department will coordinate on site ambulances for competition in football. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or NCAA regional or championship events. EMS transportation for non-dedicated events will be provided by CHI Hospital and will be activated via phone call in adherence to EMS activation protocol. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

If at any time during the primary evaluation of any injury, it is determined that emergency care requiring critical intervention is required, EMS will be activated, and the athlete may be transported via ambulance to CHI Hospital or Kearney Regional Hospital. Emergency care providers should refrain from transporting unstable



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athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in order to transport the athlete.

## **Roles of First Responders**

1. Immediate care of injured or ill athlete. If student is first on site, basic first aid will be provided (check A, B, C's). Certified will be summoned immediately and take charge of the scene.
2. Call 911- Activation of emergency medical system (EMS) 911 call (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher.)
  - a. Campus police will intercept 911 calls and will also arrive to assist emergency personnel.
3. Emergency equipment retrieval if necessary. CPR masks are located in medical kit.
4. Directions of EMS to scene
  - a. Designate individual to meet EMS and direct to scene.
  - b. Open cable gate if needed to allow EMS unit to drive on to field.
  - c. Scene control: limit scene to first aid providers/EMS and move other players and bystanders away from the scene.



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## 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 invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport 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 re-certification training. Through development and implementation of the emergency plan, the UNK Athletic Department and Department of Sports Medicine helps ensure that all athletes will have the best possible care provided for them should an emergency situation arise.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
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UNK Medical Director

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## **Mental Health**

### **PURPOSE:**

The following procedures are designed to assist the UNK Athletic Department staff in responding to a student athlete who is exhibiting signs of psychological distress. Core elements of these procedures come from the Substance Abuse and Mental Health Services Administration's (SAMSHA), [Core Elements in Responding to Mental Health Crises](#).

Situations that are considered a mental health EMERGENCY are ones where a student athlete presents with symptoms or behaviors such as:

- Suicidal and/or homicidal ideation
- Sexual assault
- Highly agitated or threatening behavior, acute psychosis, or paranoia
- Acute delirium/confused state
- Acute intoxication or overdose

### **Recognizing an emergency:**

Any "yes" answer should be considered an emergency:

- Am I concerned the student athlete will harm themselves?
- Am I concerned the student athlete will harm someone else?
- Am I concerned the student athlete is being harmed by someone else?
- Did the student athlete make verbal or physical threats?
- Is the student athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the student athlete have access to a weapon?
- Is there a potential for harm or danger in the future?

### **Management:**

Effective management of any mental health emergency requires all personnel to:

- Remain calm- maintain calm body language and tone of voice.
- Listen to the student athlete. Allow them to express their thoughts and emotions. Provide them with an opportunity to be heard.
- Avoid judging the student athlete; provide positive support.
- Keep yourself safe- do not attempt to intervene if there is imminent threat of harm or violence.



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## **PROCEDURES:**

### **I. SUICIDAL AND/OR HOMICIDAL IDEATION, HIGHLY AGITATED OR THREATENING BEHAVIOR, ACUTE PSYCHOSIS, OR PARANOIA, OR ACUTE DELIRIUM/CONFUSIONAL STATE**

#### **On- campus:**

1. For any mental health emergency, please contact the sports medicine staff (Athletic Trainer) and inform them of the situation. The sports medicine staff will follow the action steps below. If a sports medicine staff member is not readily available, please proceed to step #2.
2. Call the UNK Police Department, at 308-865-8911 to assess the student's safety.
3. Do not leave the student athlete alone (or if by phone, stay on the phone with student) until the police arrive, unless you have been instructed to do so by a mental health provider.
4. When contacting EMS, be prepared to provide the following information (give as much information as possible):
  - a. Name, title, and phone number of person calling
  - b. Name of student athlete
  - c. The student's current location
  - d. Condition of the student athlete
  - e. Student Athlete's phone number
5. If police decide to transport student to the hospital for further assessment, please notify:
  - a. Associate Athletic Director of Sports Medicine – Bill Murphy
6. The Associate Athletic Director of Sports Medicine will contact:
  - a. the Associate Director/licensed mental health practitioner at the UNK Counseling Center – Kiphany Hof to coordinate follow-up mental health support.
  - b. Student athlete's emergency contact found in Sportsware
7. The sports medicine staff (athletic trainer) working with the student athlete/team will document the emergency referral in the student athlete's medical record.
8. Post emergency: Within 3 days after the emergency, the sports medicine staff, coach, Associate Athletic Director of Sports Medicine and Kiphany Hof, will meet to discuss a plan to support the student athlete and review the procedures following during the emergency.
  - a. The plan may include appropriate referral(s)

#### **If in doubt, call 911 or 988 (mental health emergency)**

**NOTE:** After hours consultation is available by calling the UNK Counseling Center, option #2 to connect with an on-call counselor.





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## Off-campus/Travel:

1. For any mental health emergency, please contact the sports medicine staff (Athletic Trainer) traveling with the team and inform them of the situation. The sports medicine staff member will take the action steps below. If a sports medicine staff member is not readily available, please proceed to step #2.
2. Call the local Police Department, wherever the student is located, to assess the student athlete's safety. If in Kearney but not on the UNK campus, please call the Kearney Police Department at (308) 237-2104.
3. Do not leave the student athlete alone (or if by phone, stay on the phone with student) until the police arrive, unless you have been instructed to do so by a mental health provider.
4. When contacting EMS, be prepared to provide the following information (give as much information as possible):
  - a. Name, title, and phone number of person calling
  - b. Name of student athlete
  - c. The student's current location
  - d. Condition of the student athlete
  - e. Student Athlete's phone number
5. If police decide to transport student to the hospital for further assessment, please notify:
  - a. Associate Athletic Director of Sports Medicine – Bill Murphy
6. The Associate Athletic Director of Sports Medicine will contact:
  - a. the Associate Director/licensed mental health practitioner at the UNK Counseling Center – Kiphany Hof to coordinate follow-up mental health support.
  - b. Student athlete's emergency contact found in Sportsware
7. The sports medicine staff (athletic trainer) working with the student athlete/team will document the emergency referral in the student athlete's medical record.
8. Post emergency: Within 3 days after the emergency, the sports medicine staff, coach, Associate Athletic Director of Sports Medicine and Kiphany Hof, will meet to discuss a plan to support the student athlete and review the procedures following during the emergency.
  - a. The plan may include appropriate referral(s)

## **If in doubt, call 911 or 988 (mental health emergency)**

**NOTE:** After hours consultation is available by calling the UNK Counseling Center, option #2 to connect with an on-call counselor.



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## II. VICTIM OF SEXUAL ASSAULT

1. Determine if student athlete requires any medical attention. If needing medical attention, assist student in transportation to the nearest emergency room or if in Kearney, contact UNK Student Health at (308) 865-8218. If it is after normal business hours, assist student in seeking medical attention at the nearest emergency room.
2. Determine if the student athlete feels safe. If the student feels their safety is in immediate danger, take the necessary steps to remove the student from the dangerous situation or from the person posing a potential threat to the student. Enlist help from the local police department if needed.
3. Provide empathy for student- refrain from asking student athlete details of the situation (only get details necessary to assess safety and medical needs) to avoid re-traumatization.
4. If it is after normal business hours and the student would like to talk with a professional immediately, the student can contact the Crisis Hotline number at the S.A.F.E. Center: 877-237-2513 or the UNK Counseling Center, 308-865-8248, option #2.
5. Contact the Title IX officer- it is the responsibility of all UNK employees to contact the UNK Title IX Officer and inform them a student athlete is reporting they have been sexually assaulted (provide the name of the student athlete to the Title IX officer).

*\* Licensed professional mental health counselors and clergy are the only exceptions to notifying the Title IX officer.*

6. Inform the student athlete of your duty to notify the UNK Title IX officer.
7. The Associate Athletic Director of Sports Medicine – Bill Murphy will contact the Associate Director/licensed mental health practitioner at the UNK Counseling Center – Kiphany Hof to coordinate follow-up mental health support.

## III. ACUTE INTOXICATION OR OVERDOSE

1. Call 911 immediately for transportation to the nearest emergency room.
2. Notify:
  - a. Associate Athletic Director of Sports Medicine – Bill Murphy
3. The Associate Athletic Director of Sports Medicine will contact:
  - a. Associate Director/licensed mental health practitioner at the UNK Counseling Center – Kiphany Hof to coordinate follow-up mental health support.
  - b. Student athlete's emergency contact found in Sportsware



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## NON-EMERGENCY MENTAL HEALTH ISSUES

If you believe a student athlete needs mental health support and it is not an immediate emergency, please contact the UNK Sports Medicine staff assigned to the team as soon as possible and share your concerns with them about the student. The Sports Medicine staff will consult with the Associate Director of the UNK Counseling Center – Kiphany Hof about appropriate resources, assessments, and referrals.

### **Contact Information:**

Bill Murphy: 308-440-8320  
*Football, Golf*

Whitney Ryan: 308-293-0858  
*Men's Basketball, Men's Tennis*

John Duff: 303-921-9502  
*Football, Wrestling*

Micah Stall: 308-440-1792  
*Volleyball, Softball, Cheer, Dance*

Kinzee Goehring: 307-287-2652  
*Soccer, Women's Basketball*

Spencer Scheer: 402-570-3541  
*Football, M/W Tennis*

Doug Cooper: 785-543-7751  
*M/W Cross Country/Track, Swim*

UNK Police: 308-865-8911

Kearney PD: 308-237-2104

UNK Counseling Center: 308-865-8248; #2 if after hours

UNK Student Health: 308-865-8218

S.A.F.E. Center Crisis Hotline: 877-237-2513

## Hot Weather Policy

### *Purpose of policy:*

Exertional heat illness includes exercise-associated muscle cramps, heat syncope, heat exhaustion, and exertional heat stroke (EHS). Current best practice guidelines suggest that the risk of exertional heat injuries can be minimized with heat acclimatization and diligent attention to monitoring individuals participating in activities that place them at a higher risk for these types of injuries.<sup>1</sup> In the event an athlete sustains a heat illness, immediate and proper treatment is needed.

National governing bodies, such as the National Federations of High School Associations, National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations, have published guidelines for the prevention, monitoring and treatment of exertional heat illnesses. In addition, national authorities such as the National Athletic Trainers' Association and the Korey Stringer Institute have published research to support best practices in this area. The development of the organization's heat acclimatization guidelines will be based on the current best practice documents.

<sup>1</sup>Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*. 2015;50(9):986-1000.

### *Policy statement:*

This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of exertional heat illnesses for students/athletes, faculty and staff of The University of Nebraska Kearney.

### *Definitions:*

- *Acclimatization* – The process of gradually increasing the intensity of activity in a progressive manner that improves the body's ability to adapt to and tolerate exercise in the heat.
- *Wet Bulb Globe Temperature* – The WBGT is a measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a comprehensive measure that can be used to monitor environmental conditions during exercise. WBGT is different than heat index, as it is a more comprehensive measurement of environmental heat stress on the body.
- *Non-Practice Activities* – Activities that include meetings, injury treatment, and film study.
- *Practice* – the period of time that a student-athlete engages in coach-supervised, school approved sport or conditioning related-activity. Practice time includes from the time the players report to the field until they leave.
- *Walk Through* – A period of time where players are reviewing positional strategy and rehearsing plays. Players do not experience contact and thus they do not wear equipment and the intensity of the activity is minimal often involving walking. This period of time shall last no more than one hour. It is not considered part of the practice time regulation. It may not involve conditioning or weight room activities. Players may not wear protective equipment during the walk through.

- *Recovery Time* – This period of time is defined as non-activity time outside of practices or games. NO ACTIVITY, including non-practice activity, can occur during this time. Proper recovery should occur in an air-conditioned facility, when possible and usually is a minimum of 3 hours in duration.
- *Rest Breaks* – This period of time occurs during practice, and is a non-activity time that the student-athlete has access to water.
- *Exertional Heat Stroke (EHS)*– Defined as having a rectal temperature over 104°F-105°F (40.5°C), and central nervous system dysfunction (e.g. irrational behavior, confusion, irritability, emotional instability, altered consciousness, collapse, coma, dizzy, etc.).
- *Cooling Zone*- An area out of direct sunlight with adequate air flow to assist in cooling. A cold-water or ice tub and ice towels should be available to immerse or soak a patient with suspected heat illness This may be outdoors or indoors depending on proximity to field.
- *Qualified Health Care Professional (QHP)* - As defined by the American Medical Association (AMA), “is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.”
- *Hypohydration*- (reduced hydration status) is a deficit of body water that is caused by acute or chronic dehydration.
- *Central Nervous System dysfunction*- includes any sign or symptom that the central nervous system is not working properly, including: dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, hysteria, apathy, aggressiveness, delirium, disorientation, staggering, seizures, loss of consciousness, coma, etc.

## **Scope:**

This policy applies to all staff members (e.g., athletic trainers, physicians, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of The University of Nebraska Kearney who are associated with activities where heat illness poses a risk, including but not limited to, outdoor and indoor activities where high temperature and specifically high humidity environmental risks are present.

## **Procedures:**

### **Prevention**

#### *Pre-participation history and physical exam*

1. A thorough medical history will be gathered (history of heat illness, sickle cell trait/disease, etc.).
2. Individuals with risk factors will be identified and counseled.
3. The supervising Athletic Trainer or persons responsible will be notified of individuals with pre-existing conditions that place the individual at risk of exertional heat illness.
4. Coaches will also be notified of individuals at higher risk.

#### *Environmental Monitoring and Activity Modification/Cancellation*

1. Environmental monitoring will occur utilizing a WBGT device: MxVision WeatherSentry.



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2. Environmental monitoring will occur any time it is warm outside (i.e. over 70°F).
3. Environmental monitoring and activity modifications may be necessary for certain types of indoor facilities.
4. Monitoring of WBGT will occur every 30 minutes beginning at the scheduled practice time.
  - a. The on-site athletic trainer will monitor WBGT with MxVision WeatherSentry on their phone.
  - b. The on-site Athletic Trainer will make the modification/cancelation of activity.
  - c. WBGT will be measured in the middle of the playing surface.
    - i. Cross Country will be measured in an open space with no obstructions.
5. Modifications will be made in accordance with the best practice guidelines for our region. We are in category 2, therefore we will follow the activity guidelines for that region.
  - a. *The table below shows the specific modifications that will be made for each flag zone (green, yellow, orange, red, black).*
6. Modifications are meant to be fluid, meaning if the environment gets more oppressive, the modifications get stricter. However, if environmental conditions improve, the modifications will be in line with the new environmental conditions.

Cat 2	Activity Guidelines
<b>WBGT &lt; 79.7</b>	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
<b>79.9 &lt; WBGT &lt; 84.6</b>	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
<b>84.7 &lt; WBGT &lt; 87.6</b>	Maximum practice time is 2 h. <u>For Football</u> : players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports</u> : Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
<b>87.8 &lt; WBGT &lt; 89.6</b>	Maximum practice time is 1 h. <u>For Football</u> : No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports</u> : There must be 20 min of rest breaks distributed throughout the hour of practice.
<b><u>WBGT &gt; 89.8</u></b>	No outdoor workouts. Delay practice until a cooler WBGT is reached.

## Acclimatization

1. Pre-season will begin with a seven-day acclimatization period per NCAA regulations.
2. Days 1 through 7 of the heat acclimatization period consists of the first 7 days of formal practice. During this time, athletes may not participate in more than 1 practice per day.

- A. If a practice is interrupted by inclement weather or heat restrictions, the practice will recommence once conditions are deemed safe. Total practice time will not exceed 3 hours in a single day.
- B. A 1-hour maximum walk-through is permitted during days 1–7 of the heat acclimatization period. However, a 3-hour recovery period will be inserted between the practice and walk-through (or vice versa).
3. During days 1–2 of the heat acclimatization period, in sports requiring helmets or shoulder pads, a helmet and spider pads shall be the only piece of protective equipment student-athletes may wear.
4. During days 3–5, only helmets, spider pads, and shoulder pads will be worn. Beginning on day 6, all protective equipment may be worn and full contact may begin.
  - A. Football only: On days 3–5, contact with blocking sleds and tackling dummies may be initiated.
  - B. Full-contact sports: 100% live contact drills will begin no earlier than day 6.
5. For sports that can have a double-practice day, neither practice will exceed 3 hours in duration, and student-athletes will not participate in more than 5 total hours of practice. Warm-up, stretching, cool-down, walk-through, conditioning, and weight room activities are included as part of the practice time.
  - A. The 2 practices will be separated by at least 3 continuous hours of rest in a cool environment.
6. Because the risk of exertional heat illnesses during the preseason heat acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during, and after all practices.

## *Hydration*

1. Proper hydration is the best safeguard against heat illness.
2. Everyone will be made aware of the main signs and symptoms of dehydration:
  - a. Thirst
  - b. Cramps
  - c. Nausea
  - d. Headache
  - e. Weakness
  - f. Dizziness
  - g. Dark colored urine (similar to apple juice)
  - h. Acute body weight loss >2%

## *Fluid Replacement:*

3. Water breaks will be provided based on the policy on environmental-condition guidelines using work to rest ratios.
  - a. Water or other palatable fluids will be easily accessible before, during and after activity. Cool and flavored beverages are often preferred by athletes and will be made available when possible for optimal rehydration.
4. When possible, diet and rehydration beverages will include sufficient sodium (enough to replace losses) to prevent imbalances that may occur as a result of sweat and urine losses.



Treatment in the event of hypohydration (potential medical emergency if severe):

5. If moderate (2%-5%) or severe (greater than 5%) hypohydration is identified, oral fluids will be administered.
6. If severe hypohydration is present with vomiting or diarrhea, EMS will be activated.

### *Signs & Symptoms of Heat-Related Injuries*

<p><b>Exercise-Associated Muscle Cramps</b></p> <ul style="list-style-type: none"> <li>• Intense pain/cramping</li> <li>• High sweat rate</li> <li>• Dehydration/Thirst</li> <li>• Fatigue</li> </ul>	<p><b>Heat Syncope</b></p> <ul style="list-style-type: none"> <li>• Dizziness/lightheadedness/syncope</li> <li>• Fatigue</li> <li>• Tunnel Vision</li> <li>• Pale, sweaty skin</li> <li>• Bradycardia</li> </ul>
<p><b>Exercise (heat) Exhaustion</b></p> <ul style="list-style-type: none"> <li>• Core temp (97.0 – 104.0°F)</li> <li>• Dehydration</li> <li>• Dizziness/lightheadedness/syncope</li> <li>• Headache</li> <li>• Nausea</li> <li>• Intestinal cramps/diarrhea</li> <li>• Profuse Sweating</li> <li>• Cool, pale, clammy skin</li> </ul>	<p><b>Exertional Heat Stroke</b></p> <ul style="list-style-type: none"> <li>• Core temp (&gt;104.0°F)</li> <li>• Dizziness</li> <li>• Irrational behavior</li> <li>• Confusion/disorientation</li> <li>• Altered level of consciousness</li> <li>• Hot Skin</li> <li>• Tachycardia (100-120bpm)</li> <li>• Hypotension</li> <li>• Hyperventilation</li> <li>• Vomiting</li> </ul>
<p><b>Exertional Hyponatremia</b></p> <ul style="list-style-type: none"> <li>• Core temp (&lt;104.0°F)</li> <li>• Excessive fluid consumption</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Swelling of extremities</li> <li>• Progressive headache</li> <li>• Confusion/disorientation</li> <li>• Altered level of consciousness</li> </ul>	<p><b>Exertional Sickling</b></p> <ul style="list-style-type: none"> <li>• Muscle cramping</li> <li>• Pain</li> <li>• Swelling</li> <li>• Weakness</li> <li>• Inability to catch one's breath</li> <li>• Fatigue</li> </ul>

### **Monitoring**

1. Monitoring of student-athletes safety will be continuous during any physical activity.
2. Athletic trainers, coaches, administrators and other athletics personnel will be educated on the signs and symptoms of exertional heat illness.
  - a. These signs and symptoms include (but are not limited to) the table above in the signs and symptoms of heat-related injuries section.
  - b. Coaches and administrators will be educated annually.





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## Treatment in the event of an exertional heat stroke (medical emergency)

### Recognition

1. Any athlete with signs of central nervous system dysfunction during exercise in the heat should be suspected to be suffering from EHS.
2. Any athlete with multiple signs and symptoms from the above list of heat-illness signs and symptoms will also be considered a medical emergency.

### Management of Heat-Related Injuries

1. If a certified athletic trainer is NOT PRESENT:
  - a. Assist that patient to the best of your ability.
  - b. Activate EMS if deemed necessary.
  - c. Call the Associate A/D of Sports Medicine – Bill Murphy and or the athletic trainer assigned to that specific sport.
2. If a certified athletic trainer is PRESENT:
  - a. Determine if EMS needs to be activated. If so, designate another individual to activate the EAP.
  - b. Treat the individual according to current medical practices per table below.
  - c. Ensure notification of the Associate A/D of Sports Medicine – Bill Murphy.
3. Any student-athlete that is treated for a heat – related illness MUST follow up with the University of Nebraska Kearney team physician for clearance PRIOR to returning to activity.

<p><b>Exercise – Associated Muscle Cramps</b></p> <ul style="list-style-type: none"> <li>• Replace lost fluids w/ high sodium drink</li> <li>• Mild stretching &amp; massage</li> <li>• Consider IV fluids, as available through physician</li> </ul>	<p><b>Heat Syncope</b></p> <ul style="list-style-type: none"> <li>• Move athlete to shaded area</li> <li>• Monitor vital signs</li> <li>• Elevate legs above head</li> <li>• Rehydrate</li> </ul>
<p><b>Exercise (heat) Exhaustion</b></p> <ul style="list-style-type: none"> <li>• Move athlete to shaded area</li> <li>• Remove excess clothing</li> <li>• Cool athlete w/ fans, ice towels, or ice bags</li> <li>• Consider referral to physician if recovery is not rapid</li> </ul>	<p><b>Exertional Heat Stroke</b></p> <ul style="list-style-type: none"> <li>• Activate EMS</li> <li>• Assess cognitive function</li> <li>• Lower core temp quickly (cold water immersion 35-59°F)</li> <li>• EMS transport</li> </ul>
<p><b>Exertional Hyponatremia</b></p> <ul style="list-style-type: none"> <li>• Rule out heat stroke and heat exhaustion</li> <li>• Refer for treatment with IV fluids</li> </ul>	<p><b>Exertional Sickling</b></p> <ul style="list-style-type: none"> <li>• Monitor vital signs</li> <li>• Consider referral to physician or activation of EAP if vital signs decline or recovery is not rapid</li> <li>• Sickling collapse should be treated as a medical emergency</li> </ul>



# Emergency Action Plan

## *Cooling- Water Submersion*

1. Cold – water submersion (35-59°F) is the most effective way of cooling the body if heat stroke is suspected.
  - a. Wrap a towel across the chest and beneath both arms to prevent the athlete from sliding into the tub.
  - b. Ice shall cover the surface of the water at all times.
  - c. Water shall be continuously and vigorously stirred to maximize cooling.
  - d. An ice towel will be placed over the head/neck and rewet and replaced every 2 minutes.
2. Cold Water Immersion Tubs.
  - a. Must be set up:
    - i. UNK will set up cold water immersion tubs for fall pre-season, and during competitions that the WBGT is over 85.
    - ii. UNK will set up a cold water immersion tub under the west bleachers for fall pre-season and next to the home locker rooms during competitions.
  - b. Proper set up includes:
    - i. A tub filled with water.
    - ii. Two ice chests with ice next to the tub ready for treatment.
    - iii. Available bed sheet or large towels.
    - iv. Cold Towels for placement over the head and neck.
    - v. Completion of set up prior to the start of practice/competition/event site.

NOTE: Cool First, Transport Second.

## *Return to Play after Exertional Heat Stroke*

Patients who have suffered an exertional heat illness must complete a rest period and obtain clearance from a physician before beginning a progression of physical activity under the supervision of a qualified medical professional. The following is the suggested protocol:

1. Activity should first begin in a cool environment.
2. Once patient has shown success with exercise in a cool environment, patient should then complete the heat acclimatization protocol (above) for progression back into exercise in a warm environment.
3. Body temperature monitoring may be recommended during the first 1-2 weeks for those returning from EHS episode.



# Emergency Action Plan

## Cold Weather Policy

The following policy guides decision making for student-athlete safety regarding environmental cold injuries. Exposure to cold presents an inherent risk of injury. It is important to note that the following guidelines for activity and associated limitations apply only in the absence of precipitation. Precipitation, most notably rain and snow, will affect the risk of environmental cold injury. It is unclear in the literature at exactly what rate of rain or snow fall, in conjunction with the air temperature and wind rate, conditions become unsafe. However, it is clear that precipitation significantly increases the risk of environmental cold injury. Therefore, in circumstances involving precipitation, decisions about participation restrictions will be made by the Sports Medicine Staff on an individual basis based upon the current conditions.

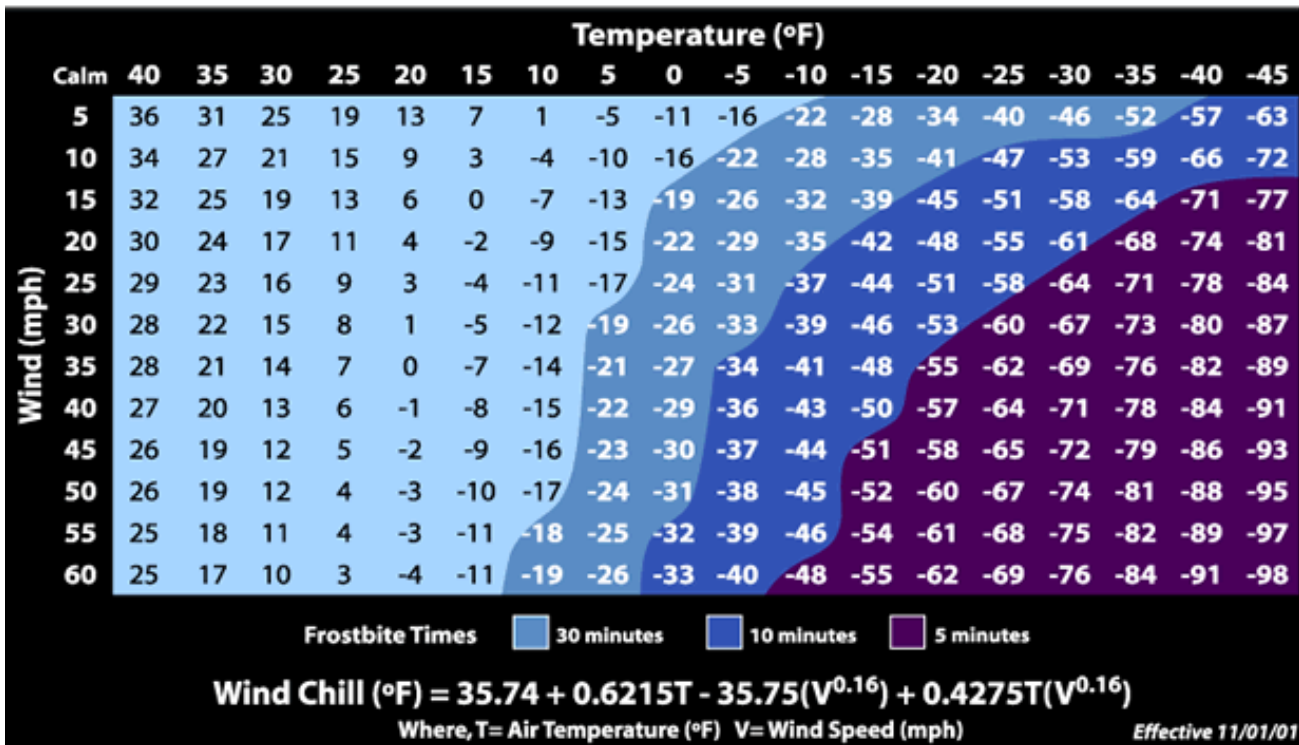
All outdoor athletic events at the University of Nebraska Kearney operate under the guidelines in the following table. The certified athletic trainer is responsible for communicating to all athletic personnel and employing these guidelines. Please note the following temperature ranges account for wind-chill.

Temperature	Guidelines/Restrictions
< 30°F	Be aware of the potential for cold injury and notify appropriate personnel of the potential.
<25°F	Provide additional protective clothing; cover as much exposed skin as practical; provide opportunities and facilities for re-warming.
<15°F	Consider modifying activity to limit exposure or to allow more frequent chances to re-warm.
<0°F	Terminating practice or activity should be strongly considered.

- If the temperature is 15 degrees with the wind chill factored in, practice time is limited to 1 hour outside with a minimum 20 minute warm up period indoors before practice can resume.
- If the temperature is 7 degrees with the wind chill factored in, practice time is limited to 30 minutes outside with a minimum 20 minute warm up period indoors before practice can resume.
- If the temperature is below 0 degrees with the wind chill factored in, practices will be limited to indoor only.



## NWS Windchill Chart



- The temperature will be taken by the Sports Medicine Staff with MxVision WeatherSentry and will be passed along to the coaches in a timely manner if practice alterations need to be discussed.
- Proper attire will be worn by student-athletes and staff during practices and events. This includes hats, gloves, long sleeves (a sweatshirt with a hood preferred), and leg coverings.
- Athletes will make sure to have extra clothing and layers to change into during breaks in practice and post practice to prevent rapid cooling.

### *Recognition of Cold-Related Injuries*

Recognizing early signs of cold-induced stress may prove to be important in preventing cold-related injuries. The following signs and symptoms are considered to be early warning signs:

- Shivering
- Dysesthesia at the distal extremities (e.g. numbness, pain or burning sensation)
- Disorientation
- Slurred speech

*Signs and Symptoms of Cold-Related Injuries*

<p><b>Mild Hypothermia</b></p> <ul style="list-style-type: none"> <li>• Vigorous shivering</li> <li>• Increased blood pressure</li> <li>• Fine motor skill impairment</li> <li>• Lethargy</li> <li>• Apathy</li> <li>• Mild amnesia</li> </ul>	<p><b>Frostbite</b></p> <ul style="list-style-type: none"> <li>• Edema</li> <li>• Erythema</li> <li>• Stiffness</li> <li>• Tingling or burning</li> <li>• Mottled or gray skin appearance</li> <li>• Tissue that feels hard and does not rebound</li> <li>• Vesicles</li> <li>• Numbness or anesthesia</li> </ul>
<p><b>Moderate/Severe Hypothermia</b></p> <ul style="list-style-type: none"> <li>• Cessation of shivering</li> <li>• Depressed vital signs</li> <li>• Impaired mental function</li> <li>• Slurred speech</li> <li>• Unconsciousness</li> <li>• Gross motor skill impairment</li> </ul>	<p><b>Chilblain/pernio</b></p> <ul style="list-style-type: none"> <li>• Small erythematous papules</li> <li>• Edema</li> <li>• Tenderness</li> <li>• Itching</li> </ul> <p><b>Immersion (trench) foot</b></p> <ul style="list-style-type: none"> <li>• Burning, tingling, itching</li> <li>• Loss of sensation</li> <li>• Cyanotic/blotchy skin</li> <li>• Swelling</li> <li>• Blisters</li> <li>• Skin fissures</li> </ul>

Any situation where an individual has been exposed to cold-weather and would like to lay down and rest should be considered a medical emergency and necessitate activation of the EAP.

*Management of Cold-Related Injuries*

- If a certified athletic trainer is NOT PRESENT:
  1. Assist the student-athlete to the best of your ability.
  2. Activate EMS if deemed necessary.
  3. Call Associate A/D of Sports Medicine – Bill Murphy and or the athletic trainer assigned to that specific sport.
- If a certified athletic trainer is PRESENT:
  1. Determine if EMS needs to be activated. If so, designate another individual to activate the EAP.
  2. Treat the individual according to current medical practices per table below.

3. Ensure notification of the Associate A/D of Sports Medicine – Bill Murphy.
- Any student-athlete who is treated for a cold-related illness MUST follow up with the University of Nebraska Kearney team physician for clearance PRIOR to returning to activity.

<p><b>Mild Hypothermia</b></p> <ul style="list-style-type: none"> <li>• Treat for any life-threatening conditions.</li> <li>• Assess and monitor rectal temperature.</li> <li>• Remove wet or damp clothing. Insulate with warm dry fabrics (including covering the head), and move to a warm environment, if possible.</li> <li>• Apply heat to trunk, axilla, chest wall, and groin.</li> <li>• Avoid applying friction massage.</li> </ul>	<p><b>Frostbite</b></p> <ul style="list-style-type: none"> <li>• Rule out hypothermia.</li> <li>• Tissue plasminogen activators may be used to prevent amputation in severe cases.</li> <li>• Immerse area in warm water (98.0-104°F).</li> <li>• Protect area.</li> <li>• If tissue sloughing involved, infection control warranted.</li> </ul>
<p><b>Moderate/Severe Hypothermia</b></p> <ul style="list-style-type: none"> <li>• Treat for any life-threatening conditions.</li> <li>• Remove wet or damp clothing, insulate with warm dry fabrics (including covering the head).</li> <li>• If signs of cardiac arrhythmia are present, move with extreme caution to avoid paroxysmal ventricular fibrillation.</li> <li>• Apply heat to trunk, axilla, chest wall, and groin.</li> <li>• Avoid applying friction massage.</li> </ul>	<p><b>Immersion (trench) foot</b></p> <ul style="list-style-type: none"> <li>• Clean and dry area.</li> <li>• Apply warm packs or soak in warm water (102-110°F).</li> <li>• Replace with dry sock and footwear.</li> </ul> <hr/> <p><b>Chilblain/pernio</b></p> <ul style="list-style-type: none"> <li>• Remove wet or constrictive clothing.</li> <li>• Wash and dry the area gently.</li> <li>• Elevate the affected area and cover with warm, loose, dry fabrics.</li> <li>• Do not disturb blisters, do not apply friction massage, do not apply creams or lotions, do not use high levels of heat, and do not allow weight bearing on affected area.</li> </ul>



# Emergency Action Plan

## **Lightning Safety**

### ***Detecting Lightning***

If inclement weather is forecasted or sighted in the area, the Associate A/D of Sports Medicine, Head Athletic Trainer and/or the on-site athletic trainer (ATC) will use both the MxVision WeatherSentry Online updates and the flash-to-bang method to monitor for lightning strikes. The Associate A/D of Sports Medicine, Head Athletic Trainer and/or the supervising athletic trainer on site will be the designated person to make the call when to remove individuals from the field. The supervising athletic trainer will involve coaches and game officials should lightning appear during a game or match. Coaches and game officials will be alerted when lightning occurs withing the Advisory Range (30 miles out), Caution Range (15 miles out) and suspension of activity will occur at the Warning Range (8 miles out).

All certified athletic trainers on site will be designated weather watchers (a person who actively looks for signs of inclement weather and notifies chain of command if severe weather may become dangerous). This may include phone contact to the athletic training facility to obtain more information via the internet or tv/radio. The supervising athletic trainer in the athletic training room at this point will continue to monitor approaching weather and will assist the on field supervising athletic trainer by providing more information on the possibility of inclement weather.

1. MxVision WeatherSentry will send mobile updates to the on-site athletic trainer via mobile phone when lightning is present in the area. If MxVision WeatherSentry is not available to the on-site athletic trainer or coach, the flash-to-bang method will be used.
  - a. MsVision WeatherSentry can be accessed via cell phone, tablet, desk top computer.
  - b. To access on desktop go to <https://weather.dtn.com/dtnweather/>
    - i. Athletic Trainers have username and password.
2. To use the flash-to-bang method, the observer begins counting when a lightning flash is sighted. Counting is stopped when the associated bang (thunder) is heard. Divide this count by 5 to determine the distance of the lightning flash in miles.

### ***Safe Shelters***

If lightning is in the immediate area, the on-site ATC will notify the head coach as to the status of the inclement weather and of need to take shelter. The ATC shall monitor the progress of the weather or in the event that there is not an ATC on site the Head Coach will be designated a weather “watcher”.

1. Safe shelter for Awarri Golf Course – Club House.
2. Safe shelter for Foster Field – North Fieldhouse.
3. Safe shelter for Grass Practice Field – Hallways of apartments to the north of the field.
4. Safe shelter for Harmon Park – Rec Building.
5. Safe shelter for Kearney Country Club – Club House.
6. Safe shelter for Kearney High Track – High school.



## 7. Safe shelter for Patriot Park – Indoor Batting Cages.

A safe structure is any building normally occupied or frequently used by people, e.g., a building with plumbing and/or electrical wiring that acts to electrically ground the structure. Avoid the shower, plumbing facilities, contact with electrical appliances and open windows and doorways during a thunderstorm. If no safe shelter is within a reasonable distance, then other safe areas include: enclosed buildings, fully enclosed metal vehicles with window up (no convertibles or golf carts). It is important if you take shelter in a fully enclosed metal vehicle not to touch the framework of the vehicle. Unsafe shelter areas include: water, open fields, dugouts, golf carts, metal objects (bleachers, fences, etc.), individual tall trees, light poles. Avoid being the highest object in an open field. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

### *Suspension and Resumption of Athletic Activities*

As a minimum, the UNK, NCAA and National Severe Storms laboratory (NSSL), strongly recommend that all individuals have left the athletic sites and reach a safe shelter by the flash-to-bang count of 30 seconds (6 miles). However, lightning can strike as far as 10 miles and it does not have to rain for lightning to strike. Activities at UNK will be terminated at the 40 seconds or 8 miles. Activity may resume once the on-site ATC gives the all-clear. It will be deemed safe to resume activity 30 minutes after the last lightning strike as occurred or once MxVision WeatherSentry Online shows no lightning in the area.

### *Managing Care of Lightning Strike Victims*

Observe the following basic first aid procedures in managing victims of a lightning strike:

1. Activate local EMS by dialing 911 and grab the AED. Lightning victims do not “carry a charge” and are safe to touch. If necessary, move the victim with care to a safer location.
2. Evaluate airway, breathing, and circulation, and begin CPR if necessary.
3. Evaluate and treat for hypothermia, shock, fractures, and/or burns.

### *Mechanisms of Lightning Injury*

1. Direct Strike: Occurs to the head, current may enter the orifices causing eye and ear injuries. When assuming the lightning-safe position, one can cover their ears to help avoid this type of trauma.
2. Contact Injury: Occurs when the victim is touching an object that is in the pathway of a lightning current.
3. Side Flash: Lightning may strike an object near the victim and then jumps from that object to the victim. The chance of a side flash is increased under a shelter such as a small picnic shelter or next to a tree.
4. Step Voltage or Ground Current: Current from lightning radiates outward from strike point. When assuming lightning safety position, place feet close together to avoid injury.
5. Blunt Injury: Lightning current can create abrupt heating/cooling of air leading to explosive/implosive forces that cause injury.





# Emergency Action Plan

## AED Locations

<b>Building and Address</b>	<b>Quantity</b>	<b>Location</b>
Cushing Coliseum 1410 W 26 <sup>th</sup> Street Kearney, NE 68849	1	Wall Mounted outside the south doors of the indoor track.
	1	Room 166 Athletic Training Lab, in drawer marked AED under wound care.
Health and Sports Center 2501 15 <sup>th</sup> Ave Kearney, NE 68849	1	Wall mounted in the north hallway east of concessions between the men's bathroom doors.
	2	Wall mounted inside the north doors of the athletic training room (taping side of athletic training room).
Ron and Carol Cope Stadium North Fieldhouse 2708 12 <sup>th</sup> Ave Kearney, NE 68849	1	Wall mounted in the hallway of the North Fieldhouse just outside the door of the athletic training room.



# Emergency Action Plan

## **Cushing Coliseum, Indoor Track and HPER Gym**

### **Emergency Personnel:**

Track: UNK Track Coach on site for practice must be current in First Aid and CPR; Track Meets: Certified Athletic Trainer, Athletic Training Students.

Softball: UNK Softball Coach on site for practice must be current in First Aid and CPR, Certified Athletic Trainer for in season practice.

Basketball: UNK Basketball Coach on site for practice must be current in First Aid and CPR, Certified Athletic Trainer on site for in season practice.

Football: UNK Football Coaches on site for practice must be current in First Aid and CPR, Certified Athletic Trainer, Athletic Training Students for in season practice.

Soccer: UNK Soccer Coach on site must be current in First Aid and CPR, Certified Athletic Trainer for in season practice.

### **Emergency Communication:**

Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

Doug's Cell: 785-543-7751

### **Emergency Equipment**

Health and Sports Center: emergency equipment (AED, medical kit, splint bag, spine board) located within Athletic training facility, located on lower level. AED located outside the south doors of the indoor track.

### **Roles of First Response:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
  - b. Campus police will intercept 911 calls and will also arrive to assist emergency personnel.
3. Emergency Equipment retrieval if necessary.
4. Direction of EMS to the scene.



# Emergency Action Plan

- a. Open appropriate doors.
- b. Designate individual to “flag down” EMS and direct to scene: Wait in hallway of HSC near the double doors on the east side of the building.
- c. Scene control: limit scene to first aid providers and move bystanders away from area.

## **Venue Directions:**

Address: 2501 15<sup>th</sup> Ave, Kearney, NE

1. Leave hospital going south on Avenue A, and then west on 31<sup>st</sup> Street
2. Go south on 2<sup>nd</sup> Avenue to 29<sup>th</sup> St.
3. Go west on 29<sup>th</sup> to University Drive to east side of Health and Sports Center, enter East main entrance.
4. Go down hall and turn where Cushing hallway meet HSC and continue to Field House entrance just opposite student weight room
5. To HPER gym continue until the end of main hallway and through the glass double doors
6. Entrance to gym is on the right in the entry way
7. Designated individual will meet EMS



# Emergency Action Plan

## **FOSTER FIELD—Football/Women’s Soccer**

### **Emergency Personnel:**

Football Practices: Certified Athletic Trainer; Athletic Training Students; (HSC Personnel are Present).

Football Games: Team Physicians; Certified Athletic Trainers; Athletic Training Students; EMS personnel on site.

Soccer Practices/Games: Certified Athletic Trainer; Athletic Training Student.

### **Emergency Communication:**

Certified Athletic Trainers will always carry cellular phones

Bill’s Cell: 308-440-8320

Whitney’s Cell: 308-293-0858

John’s Cell: 303-921-9502

Micah’s Cell: 308-440-1792

Kinzee’s Cell: 307-287-2652

Spencer’s Cell: 402-570-3541

### **Emergency Equipment:**

On Field: emergency equipment (AED, splint bag, medical kit, spine board) medical cart parked adjacent to the sideline.

Additional Supplies: located in Athletic Training Room located in the North End Zone building at Foster Field.

### **Roles of First Responders:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
  - b. Campus police will intercept 911 calls and will also arrive to assist emergency personnel.
3. Emergency Equipment retrieval if necessary.
4. Direction of EMS to the scene (during games they are located at NW gate of field).
  - a. Open appropriate gates.
  - b. Designate individual to “flag down” EMS and direct to scene.
  - c. Scene control: limit scene to first-aid providers and move bystanders away from the area.

**Venue Directions:** Field located at Northwest side of the UNK campus

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> street
3. Go south on 2<sup>nd</sup> Ave to 29<sup>th</sup> St. and turn right
4. Continue to go west on 29<sup>th</sup> until you come around a curve (University Dr) and enter
5. NW parking lot on main entrance side and enter NW gates to the field. Gates will be unlocked on game days.
6. Designated individual will meet EMS and direct to injury site
7. Practice at Foster Field is same instruction as game day.





# Emergency Action Plan

## **Golf Course Venues**

### **Emergency Personnel:**

UNK Golf Coach on site for practice and competitions. Must be current in First Aid and CPR.

### **Emergency Communication:**

Cell phone carried by Coach or fixed phone line in clubhouse.

### **Emergency Equipment:**

Basic First Aid kit, AED located in the course clubhouse.

### **Roles of First Responders:**

1. Immediate care of the injured or ill student athlete.
2. Activation of Emergency Medical Services (EMS).
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Directions of EMS to the scene.
  - a. Open appropriate gates.
  - b. Designate individual to "flag down" EMS and direct to the scene.
  - c. Scene control: Limit scene to first aid providers and move bystanders away from area.



# Emergency Action Plan

## Venue Directions:

Meadow Lark Hills GC  
3300 30<sup>th</sup> Ave.  
Kearney Ne, 68847

1. Go south on 2<sup>nd</sup> Ave. to 25<sup>th</sup> St.
2. Turn right (west) onto 25<sup>th</sup> St/Hwy 30
3. Continue past University To 30<sup>th</sup> Ave.
4. Turn right (north) onto 30<sup>th</sup> Ave.

Kearney CC  
2800 19<sup>th</sup> Ave.  
Kearney Ne, 68847

1. Go south on 2<sup>nd</sup> Ave.
2. Turn right (west) onto 29<sup>th</sup> St.
3. Continue on 29<sup>th</sup> St as it turns into University Dr.
4. Turn right (north) onto 19<sup>th</sup> Ave., which is also the entrance to country club

Awarii Dunes  
592 S Rd.  
Axtell, Ne, 68924

1. Travel South on Second Ave in Kearney onto Hwy. 44 approximately 4 miles to:
2. 524 South Road, Axtell Ne 68924



# Emergency Action Plan

## Grass Practice Fields

### **Emergency Personnel:**

Soccer / Football Practice: Certified Athletic Trainer and Athletic Training Student.

Health and Sports Center: Certified athletic trainers and Athletic Training Students will be on site in athletic training facility, located on the lower level, in northwest corner of the HSC.

### **Emergency Communication:**

Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Soccer/Football Practice: emergency equipment (AED, splint bag, medical kit, spine board) maintained on motorized medical cart.

Health and Sports Center: emergency equipment (AED, medical kit, splint bag, spine board) located within Athletic training facility, located on lower level. Additional emergency equipment is also available at this site.

### **Roles of First Responders:**

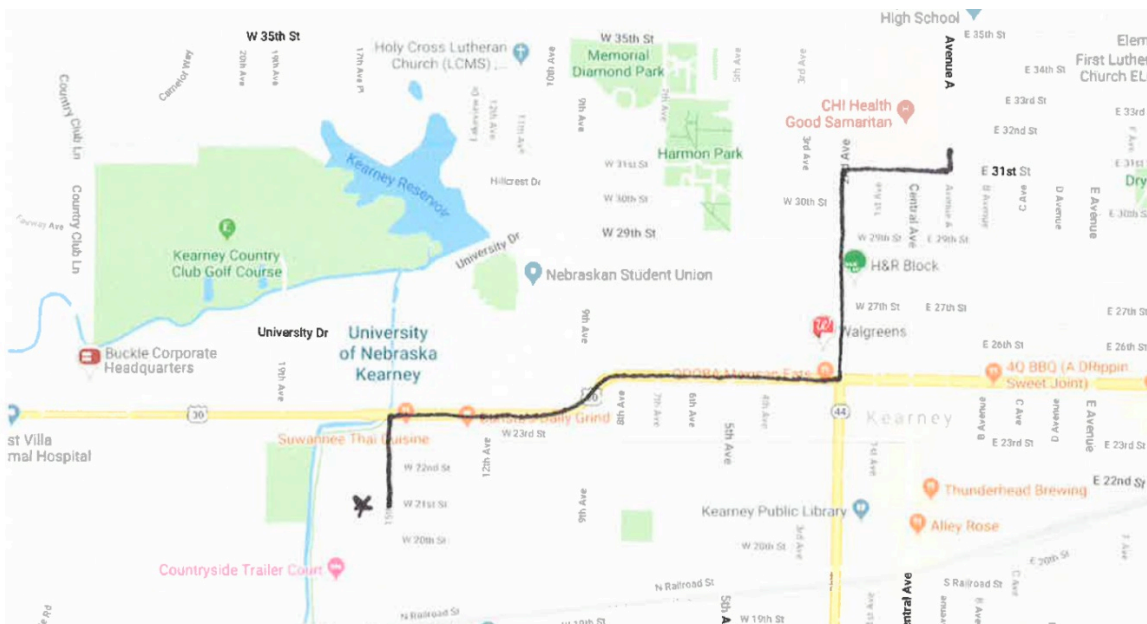
1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
  - b. Campus police will intercept 911 calls and will also arrive to assist emergency personnel.
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open cable gate if needed to allow EMS unit to drive on to field.
  - b. Designate individual to meet EMS and direct to the scene.
  - c. Scene control: limit scene to first aid providers/EMS and move bystanders and other players away from the scene.



## Venue Directions:

Soccer / Football Practice Field: Approximately 1.5 blocks south of Health and Sports Center facility. Traveling west on 25<sup>th</sup> street to 15<sup>th</sup> Avenue. Turn left (go south 1.5 blocks and turn right into small dirt parking lot of the practice field); there is an opening to the field.

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> Street
3. Go South on 2<sup>nd</sup> Ave. to 25<sup>th</sup> St. turn right
4. West on 25<sup>th</sup> Street to 15<sup>th</sup> Avenue
5. Turn left and head south
6. Turn right into dirt parking lot; access is through an opening
7. Designated individual will direct EMS to injury site on field





# Emergency Action Plan

## **Health and Sports Center Buckle Court, Athletic Weight Room, and Athletic Training Room**

### **Emergency Personnel:**

Certified Athletic Trainers, Athletic Training Students (located northwest corner and lower level of arena). Athletic Training Facility is adjacent to Weight room.

Volleyball Practice/Games: Certified Athletic Trainer, Athletic Training Students.

Basketball Practice/Games: Certified Athletic Trainer, Athletic Training Students.

Wrestling Meets: Certified Athletic Trainer, Athletic Training Students.

Physicians available From New West during scheduled game competition.

### **Emergency Communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Health and Sports Center: emergency equipment (AED, medical kit, splint bag, spine board) located within Athletic training facility, located on lower level. Emergency equipment located behind home bench during games.

### **Roles of First Responder:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
  - b. Campus police will intercept 911 calls and will also arrive to assist emergency personnel.
3. Emergency equipment retrieval if necessary.
4. Directions of EMS to HSC. East side of HSC to elevators next to entryway.
  - a. Open appropriate doors.
  - b. Designate individual to "flag down" EMS and direct to the scene; they will wait upstairs by the doors near the elevator. Should call the elevator up so it's ready when they arrive.
  - c. Scene control: limit scene to first aid providers and move bystanders away from the area.



# Emergency Action Plan

## **Venue Directions:**

Address: 2501 15<sup>th</sup> Ave, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> street
3. Go south on 2<sup>nd</sup> Ave. to 29<sup>th</sup> St. Turn Right (west).
4. Take 29<sup>th</sup> until University Drive. Enter the east side of Health and Sports Center, parking lot 10, by Fine Arts Building.
5. Someone will be waiting at doors and escort the Paramedics to the elevator
6. Go to lower level via elevator to main arena. Training room and weight room located in the NW lower level
7. Designated individual will meet EMS



# Emergency Action Plan

## **Kearney High School Swimming Pool**

### **Emergency Personnel:**

Swim Practice: UNK Swim Coach on site for practice must be current in First Aid and CPR.

Swim Meet: Certified Athletic Trainer.

### **Emergency Communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

Doug Cell: 785-543-7751

Additional phone (land line) is also located in the athletic training room at Kearney High just east of track (308) 698-8102.

### **Emergency Equipment:**

Swim Practice: Emergency kit with scissors, tape, bandages, inhalers, meds, AED located inside by athletic training room.

Swim Meets: emergency equipment (AED, splint bag, medical kit).

### **Roles of First Responses:**

1. Immediate care for the injured or ill athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Directions of EMS to the scene.
  - a. Open appropriate doors.
  - b. Designate individual to "flag down" EMS and direct to scene.
  - c. Scene control: limit scene to first aid providers and move bystanders away from area.



# Emergency Action Plan

**Venue Directions:** On the east side of Kearney High School

Address: 2702 W. 11<sup>th</sup> Street, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> Street
3. Going south on 2<sup>nd</sup> Avenue
4. Turn west (left) on 11<sup>th</sup> Ave street until you see track on the east side of the school
5. Enter the campus on the east side and respond to east facing double doors with "Swimming Pool" label.
6. Designated individual will meet EMS



# Emergency Action Plan

## **Kearney High School Track**

### **Emergency Personnel:**

Track Practice: UNK Track Coach on site must be current in First Aid and CPR.

Track Meets: Certified Athletic Trainer, Athletic Training Students.

### **Emergency Communication:**

Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

Doug Cell: 785-543-7751

Additional phone (land line) is also located in the athletic training room at Kearney High just east of track (308) 698-8102.

### **Emergency Equipment:**

Track Practice: Emergency kit with scissors, tape, bandages, inhalers, meds, AED located inside by athletic training room.

Track Meets: emergency equipment (AED, splint bag, medical kit, spine board), medical cart located under bleachers

### **Roles of First Responses:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency Equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate gates.
  - a. Designate individual to "flag down" EMS and direct to scene.
  - b. Scene control: limit scene to first aid providers and move bystanders away from area.



# Emergency Action Plan

**Venue Directions:** On the east side of Kearney High School

Address: 2702 W. 11<sup>th</sup> Street, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> Street
3. Going south on 2<sup>nd</sup> Avenue
4. Turn west (left) on 11<sup>th</sup> Ave street until you see track on the east side of the school
5. Enter the campus on the east side and travel to the south end of the track
  - a. Possibly have to respond to west side of the campus for Track throwing events. Directions will be given during emergency call.
6. Designated individual will meet EMS



# Emergency Action Plan

## **Softball - Dryden Park**

### **Emergency Personnel:**

Softball Practice: Certified Athletic Trainer, Athletic Training Students.

Softball Games: Certified Athletic Trainer, Athletic Training Students.

### **Emergency Communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Emergency equipment (AED, medical kit, splint bag).

### **Roles of First Responder:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate gates.
  - b. Designate individual to "flag down" EMS and direct to scene.
  - c. Scene control: limit scene to first aid providers and move bystanders away from the area.

### **Venue Directions:**

Address: 601 E. 31<sup>st</sup> Street, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go east on 31<sup>st</sup> Street
3. Dryden Park will be on the right.





# Emergency Action Plan

## **Softball - Patriot Park**

### **Emergency Personal:**

Softball Practice: Certified Athletic Trainer, Athletic Training Students.

Softball Games: Certified Athletic Trainer, Athletic Training Students.

### **Emergency Communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Emergency equipment (AED, medical kit, splint bag).

### **Roles of First Responder:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate gates.
  - b. Designate individual to "flag down" EMS and direct to scene.
  - c. Scene control: limit scene to first aid providers and move bystanders away from the area.



# Emergency Action Plan

## **Venue Directions:**

Address: 4511 East 56<sup>th</sup> Street, Kearney, NE

1. Leave hospital heading north on Avenue A
2. Turn right onto E. 39<sup>th</sup> Street
3. At the traffic circle, take the 3<sup>rd</sup> exit onto NE-10/Kearney East Exp
4. Turn right onto E. 56<sup>th</sup> street
5. Take the first right, leading to the Patriot Park parking lots
6. Follow the road all the way to the southern most parking lot
7. At the southeast end of the parking lot there are batting cages, go around these to enter the field on the home 3<sup>rd</sup> base dugout
8. Designated individual will meet EMS



# Emergency Action Plan

## **Tennis Courts- Harmon Park**

### **Emergency Personnel:**

Tennis Practice: UNK Tennis Coach on site for practice must be current in First Aid and CPR.

Tennis Match: Certified Athletic Trainer.

### **Emergency communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Emergency equipment (AED, medical kit, splint bag).

### **Roles of First Responders:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate gates.
  - b. Designate individual to "flag down" EMS and direct to the scene.
  - c. Scene control: Limit to first aid providers and move bystanders away from area.

### **Venue Directions:**

Address: 3100 5<sup>th</sup> Ave, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> street
3. Turn right (north) onto 5<sup>th</sup> Ave.
4. Tennis courts will be on left (west) side of the street
5. Designated individual will meet EMS



# Emergency Action Plan

## **Tennis - Ernest Grundy Tennis Center**

### **Emergency Personnel:**

Tennis Practice: UNK Tennis Coach on site for practice must be current in First Aid and CPR.

Tennis Match: Certified Athletic Trainer.

### **Emergency communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Emergency equipment (AED, medical kit, splint bag).

### **Roles of First Responders:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate gates.
  - b. Designate individual to "flag down" EMS and direct to the scene.
  - c. Scene control: Limit to first aid providers and move bystanders away from area.



# Emergency Action Plan

## **Venue Directions**

Address: 1930 University Dr, Kearney, NE 68845

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> Street
3. Go south on 2<sup>nd</sup> Ave. to 25<sup>th</sup> Street
4. Turn West on 25<sup>th</sup> Street to 15<sup>th</sup> Ave
5. Turn south on 15<sup>th</sup> Ave to Railroad Street
6. Turn west on Railroad Street to University Drive
7. Turn north on University Drive and then turn west into the parking lot
8. Go towards the south side of the parking lot and enter the doors on the southeast side of the building.  
The garage door next to the entrance doors is also an option.
9. You will enter directly onto the tennis courts.



# Emergency Action Plan

## **Wrestling Room: Blessing Wrestling Facility**

### **Emergency Personnel:**

Wrestling Practice: Certified Athletic Trainer and Athletic Training Student.

### **Emergency Communication:**

Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Med-kit, tray-kit, emergency equipment (AED, splint bag, medical kit, spine board) and all other accessible equipment can be found in the Athletic Training Room adjacent to the wrestling room.

### **Role of First Responders:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
  - b. Campus police will intercept 911 calls and will also arrive to assist emergency personnel.
3. Emergency Equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate doors.
  - b. Designate individual to "flag down" EMS and direct to scene.
  - c. Scene control: limit scene to first-aid providers and move bystanders away from the area.



# Emergency Action Plan

## **Venue Directions:**

Address: 2501 15<sup>th</sup> Ave, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> Street
3. Go south on 2<sup>nd</sup> Ave. to 29<sup>th</sup> St.
4. Go west on 29<sup>th</sup> to University Drive to east side of Health and Sports Center (parking lot 10) – to the south end of the parking lot
5. Enter southeast doors directly into wrestling room (next to the Blessing Wrestling Facility sign)
6. Wrestling meets are held either in HSC Arena, Indoor track, or Fairgrounds. Plan accordingly
7. Designated individual will meet EMS



# Emergency Action Plan

## **Wrestling – Buffalo County Fairgrounds**

### **Emergency Personnel:**

Wrestling Meets: Certified Athletic Trainer, Athletic Training Students, Team Physician on call.

### **Emergency Communication:**

Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Emergency equipment (AED, splint bag, medical kit, spine board, mat trays), additional AED located in main hallway.

### **Role of First Responders:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency Equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate overhead doors.
  - b. Designate individual to "flag down" EMS and direct to scene.
  - c. Scene control limit scene to first-aid providers and move bystander away from the area.





# Emergency Action Plan

## **Venue Directions:**

Address: 3807 Ave. N, Kearney, NE

1. Leave hospital going north on Avenue A
2. Go east onto 39<sup>th</sup> street to Ave N
3. Turn right on Ave N or stay on 39<sup>th</sup> street to the north entrance of the fairgrounds
4. Off Ave N turn left into the main Fairgrounds entrance OR Off 39<sup>th</sup> street turn right to the north entrance to the Fairgrounds
5. Proceed to designated North or South overhead doors.
6. Designated individual will meet EMS



# Emergency Action Plan

## **XC Meet at Kearney Country Club**

### **Emergency Personnel:**

Certified Athletic Trainers, Student Athletic Trainers, Physicians, EMS personnel on site.

### **Emergency Communication:**

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Emergency equipment (AED, medical kit, splint bag, spine board), and Med-cart.

### **Roles of First Responder:**

1. Immediate care of injured or ill student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Open appropriate gates.
  - b. Designate individual to "flag down" EMS and direct to scene.
  - c. Scene control: limit scene to first aid providers and move bystanders away from area.

### **Venue Directions:**

Address: 2800 19<sup>th</sup> Ave, Kearney, NE

1. Leave hospital going south on Avenue A
2. Go west on 31<sup>st</sup> street
3. Go south on 2<sup>nd</sup> Ave.
4. Turn right (west) onto 29<sup>th</sup> St.
5. Continue on 29<sup>th</sup> St as it turns into University Dr.
6. Turn right (north) onto 19<sup>th</sup> Ave., which is also the entrance to country club
7. Designated trainer will meet EMS



# Emergency Action Plan

## **XC Practice (Off Campus)**

### **Emergency Personnel:**

XC coach on site should follow athletes as they run their course. Must be current in First Aid and CPR. Carry cell phones for emergencies.

### **Emergency Communication:**

Cell phone carried by coach.

All times: Certified Athletic Trainers will always carry cellular phones

Bill's Cell: 308-440-8320

Whitney's Cell: 308-293-0858

John's Cell: 303-921-9502

Micah's Cell: 308-440-1792

Kinzee's Cell: 307-287-2652

Spencer's Cell: 402-570-3541

### **Emergency Equipment:**

Basic first aid kit.

### **Roles of First Responder:**

1. Immediate care of ill or injured student/athlete.
2. Activation of EMS.
  - a. Call 911 (provide name, sex, age, address, telephone number you are calling from, condition of injured, first aid treatment being provided, specific directions; other information as requested by the dispatcher).
3. Emergency equipment retrieval if necessary.
4. Direction of EMS to the scene.
  - a. Designate individual to "flag down" EMS and direct to scene.
  - b. Scene control: limit scene to first aid providers and move bystanders away from the area.

### **Venue Directions:**

Will vary depending on site of injury. Coach should be aware of course and able to give directions accordingly.

## Exposure to Blood/Body Fluids

**Purpose:** To ensure that each certified professional and/or student member of the UNK Sports Medicine / Athletic Training Program is aware of the actions they should take to minimize the possibility of exposure to blood and body fluids; as well as outline the procedures to be followed in the event that any exposure to blood/body fluids occurred; both for their own benefit and if they are involved in the immediate management of exposed workers.

**Policy:** It is the policy of the UNK Sports Medicine / Athletic Training to:

- Ensure that staff are aware of the appropriate procedures to minimize the risk of exposure incidents.
- Ensure that appropriate action is taken immediately in the event of a significant exposure to reduce to a minimum the possible health risk associated with exposure to blood borne viruses.
- Recognize the uncertainties which may be associated with a significant exposure incident and the consequent psychological effects to provide staff with necessary information, advice, and counseling.
- Investigate all significant exposure incidents to identify causes and contributing factors and initiate appropriate remedial action.

**Procedure:** Exposures to blood and body fluids can be prevented / minimized through use of Standard and Universal Precautions (using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected) and by using safer techniques (for example, not recapping needles by hand, disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries). This procedure covers the immediate actions to be taken following percutaneous or mucocutaneous exposure to blood and body fluids.

Body fluids that may transmit blood borne viruses

- Blood
- Vaginal fluid
- Semen
- Exudate or tissue / fluid from burns / wounds
- Any other body fluid if visibly blood stained

What is meant by exposure?

- Percutaneous injuries e.g., from used needles, bites and other wounds from sharp items.
- Mucocutaneous exposure e.g., splashes into the mouth, eyes etc., or splashes onto broken skin (e.g., existing cuts, eczema etc.)

Exposure to low risk body fluids e.g., urine, vomit, feces, sputum and saliva is not normally considered a risk unless visibly stained with blood. Exposure of unbroken skin to blood and body fluids has not been associated with blood borne virus transmission.

If you are exposed to the blood or body fluids of a patient, it is recommended to do the following:

1. Immediately following an exposure:
  - a. Thoroughly wash needlestick or sharps induced injuries and cuts with disinfectant soap and water.
  - b. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile irrigation.
2. Immediately inform your supervisor:

Prompt reporting is essential because, in some cases, post exposure testing and treatment may be recommended, and it should be started as soon as possible. The employee who sustains occupational exposure should access post exposure services within hours as opposed to days, after the exposure. If stuck with a contaminated needle, or otherwise subjected to contamination by bodily fluids from a patient, there is a small but very real risk of acquiring a serious infection from the host. If such an incident does occur, you are automatically excused from whatever you are doing. Remember that your health comes first.
3. Complete an incident report. It is to your benefit to report all incidents both verbally and in writing because, if necessary, you will need to prove that you were exposed / infected during work in order to file a worker's compensation or disability claim.

The University's Workmen's Compensation program is self-insured. This means that the State of Nebraska pays all hospital and medical expenses resulting from an injury or occupational disease while on the job or in the course of employment. To receive this benefit, it is necessary to report all accidents immediately, no matter how slight, so that an accident report may be prepared recording the details. This report provides the basis for preparing a Workmen's Compensation report which must be submitted if an injured employee is to receive benefits. The UNK Workers' Compensation Incident Report is located on SAPHIRE.

[http://sapphire.nebraska.edu/standard/Business\\_forms.asp?Campus=UNK&Want=Forms&Heading=Human%20Resources](http://sapphire.nebraska.edu/standard/Business_forms.asp?Campus=UNK&Want=Forms&Heading=Human%20Resources)

Human resources (HR) should be notified, and all paperwork and medical bills should be submitted to HR.

Medical attention for blood/body fluid exposure is recommended and will include *cleansing and treating any wound, obtaining both your blood and the source patient's blood for testing, and the provision of counseling on follow-up treatment and testing.*

For your own information and for patients who ask, it is important to differentiate between confidential and anonymous testing. Confidential testing is done at a medical institution, and the results become part of the medical record, which is available to insurance companies and may affect future insurability. Anonymous testing is done by "neutral" organization like UNK Health Care, Choice Family Health Care and state / county health agencies, and only the patient will know the result. Consider this issue before being tested.

The employee has the option of receiving medical attention, testing, treatment, counseling and / or follow-up at any facility / clinic of their choice.

The source patient will be questioned to determine whether the source's HIV, HBV and HCV status are known. If the patient's status is not known, consent for testing will be requested. The law requires obtaining informed consent before testing a person for HIV. In addition, the person being tested must receive pre and post-test counseling. If the patient lacks legal capacity to consent, counseling must be provided to the health care agent, guardian, or other person lawfully authorized to make health care decisions for the patient. The injured healthcare worker should not carry out the pre-test discussion.

Source Patient pre-test discussion (includes HIV antibody) – points to be covered.

1. Advise source patient:
  - a. Of the nature of the exposure incident and of the difficulties in the Healthcare Worker's situation, either missing the opportunity for treatment or being given unnecessary treatment. Explain that the test is voluntary.
  - b. Policy and procedure which you are following and the aims of enabling a risk assessment to be undertaken, so that appropriate positive action can be taken.
  - c. That the proposed tests are the same as those carried out routinely on blood donors and that they are not being approached on the basis of perceived risk.
  - d. Of the implications should any blood tests prove positive, offering specialist assessment and counseling if required.
  - e. Of their right to decline:
    - i. To co-operate with answering specific questions.
    - ii. To consent for blood to be taken for immediate serological testing.
    - iii. To consent for blood to be taken for storage and possible future testing.
2. Provide information about the blood-borne viruses – Offer the source patient information brochure "HIV fast facts – Testing". The discussion should include:
  - a. The different viruses.
  - b. Modes of transmission.
  - c. Difference between HIV and AIDS.
3. Risk Activities – do they want to discuss this? "Window period" When was their last risky activity? (They do not need to say what). Risk activities are:
  - a. Unsafe sex
  - b. Intravenous drug abuse
  - c. Recipient of blood products before 1985 (HIV) or 1991 (HCV)
  - d. Tattooing
  - e. Occupation
  - f. Overseas travel with high risk activities
4. Discuss advantages and disadvantages of testing from the viewpoint of the source patient.
  - a. Advantages – if found to be infected, allows:

- i. Appropriate medication and prophylactic care e.g. retroviral treatment, prophylaxis against some diseases, contraindicated vaccines.
    - ii. Interventions to prevent onward transmission.
    - iii. To make decisions regarding the future.
  - b. Disadvantages
    - i. Psychological complications – how would they cope with a positive result, who would they tell?
    - ii. Adverse effect on relationships.
    - iii. Restrictions on travel and insurance if positive – for life insurance they should only be asked about a positive test, for other insurance they may be asked about whether they have had any test, leading to further questions about risk factors.
5. Discuss test procedure and how results will be communicated, including:
  - a. What happens if there is a positive result – including further confirmatory testing, but that delay in results does not necessarily indicate a positive result.
  - b. Significance of a negative result – does NOT indicate immunity.
  - c. Confidentiality – will not be disclosed to another healthcare professional unless failure to disclose would put that person at risk, advantages of informing primary care provider.
6. Provide source patient the opportunity to ask questions to clarify their understanding of the situation.
7. Present the source patient with the Consent Form asking them to read it carefully and to respond and sign it. If patient refuses consent or it is considered detrimental or inappropriate to ask, this should be recorded in the patient's notes.
8. Sign and ate Consent Form appropriately
9. Take blood specimens for serology or storing. Test performed should include HepBsAg, HCV, HIV1, and ALT.
10. Document details of exposure incident, of discussions with patient and outcome of serology (unless anonymous testing requested) in the patient's medical record.
11. Make arrangements for source patient to obtain further results of blood tests and arrange for any follow up required following test results.

Recommended follow up testing for the employee if the source patient is positive include:

- 6 week HIV
- 3 month HIV
- 6 month HIV, HCV (if source positive), ALT
- 12 month HIV

CDC recommendations for Post exposure Prophylaxis (PEP) to blood borne Pathogens. The CDC Department of Public Health Services publishes guidelines that include detailed information for postexposure prophylaxis called, *“Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis”*

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>) and *“Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for*



*Postexposure Prophylaxis*” (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.html>). Please review for detailed recommendations.

- A. Recommended post – exposure management for exposure to HIV – Post Exposure treatment is not recommended for all occupational exposures to HIV because most exposures do not lead to HIV infection and because the drugs used to prevent infection may have serious side effects. You should discuss the risks and side effects with a health care provider before starting post exposure treatment of HIV.
- B. Recommended post – exposure management for exposure to hepatitis B virus – If you have not been vaccinated, then hepatitis B vaccination is recommended for any exposure regardless of the source person’s hepatitis B status. HBIG and / or hepatitis B vaccine may be recommended depending on your immunity to hepatitis B and the source person’s infection status.
- C. Recommended post – exposure management for exposure to hepatitis C virus – Currently there is no recommended post exposure treatment that will prevent HCV infection. The following are recommendations for follow- up occupational HCV exposures:
  - a. For the person exposed to an HCV – positive source: Baseline testing for anti HCV and ALT activity; and perform follow – up testing (e.g., at 4-6 months) for anti – HCV and ALT activity (if earlier diagnosis of HCV infection is desired, testing for HCV RNA may be performed at 4-6 weeks). Confirm all anti – HCV results reported positive by enzyme immunoassay using supplemental anti – HCV testing (e.g., recombinant immunoblot assay (RIBA). IG and antiviral agents are not recommended for PEP after exposure to HCV positive blood. Be aware that specific guidelines for administration of therapy during the acute phase of HCV infection is controversial. However, limited data indicate that antiviral therapy might be beneficial when started early in the course of HCV infection. When HCV infection is identified early, the person should be referred for medical management to a specialist knowledgeable in this area. Source: MMWR, June 29, 2001 / 50 (RR11); 1-42.
- D. Precautions to be taken during the follow – up period.
  - a. HIV: During the follow – up period, especially the first 6-12 weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include not donating blood, semen, or organs and not having sexual intercourse, if you choose to have sexual intercourse, using a condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should consider not breast-feeding infants during the follow – up period to prevent exposing their infants to HIV in breast milk.
  - b. HBV: If you are exposed to HBV and receive post exposure treatment, it is unlikely that you will become infected and pass the infection on to others. No precautions are recommended.
  - c. HCV: Because the risk of becoming infected and passing the infection on to others after exposure of HCV is low, no precautions are recommended. (Information Network: 1-800-342-AIDS P.O. Box 6003 Spanish: 1-800-344-SIDA Rockville, Maryland 20849-6003 Deaf: 1-800-243-7889 or 1-800-458-5231).





# Emergency Action Plan

## **Sideline Personnel During Serious Sideline Injury**

Only authorized personnel are allowed on the field, as deemed necessary by the Associate A/D of Sports Medicine or supervising Certified Athletic Trainer.

Players and coaches must go to, and remain in, the team bench area. Direct all players and coaches accordingly. Always ensure that adequate lines of vision between the medical staff and all available emergency personnel are maintained.

Attempt to keep players a significant distance away from the seriously injured players.

Do not allow a player to roll an injured athlete over or assist an injured player off the field. Especially if there is a possibility of spinal injury or head injury.

Do not allow players to assist a teammate who is lying on the field by removing the helmet or chin strap or attempting to assist breathing by elevating waist.

Do not allow players to pull an injured teammate or opponent off of a pile.

Once the medical staff begins to provide care for an injured player, all members of the officiating crew should control the total playing field environment and team personnel and allow the medical staff to perform services without interruption of interference.

Players and coaches should be appropriately controlled to avoid attempting to influence the care being provided by the certified athletic trainer, team physicians, and / or emergency medical personnel.



# Emergency Action Plan

## Catastrophic Injury Plan

- Contact Staff Physician and Associate A/D of Sports Medicine.
  - Work with medical specialists assisting athlete.
- Contact University Administration.
  - Athletics Director, in turn contact University President.
  - Sports Information Director, in turn contact Associate University Spokesman.
- Designate Athletics Administrator as point person.
- Contact / update sport staff not yet familiar with situation.
- Contact family by appropriate individual (assist as needed).
- Hold meeting with athletes to discuss situation.
  - No outside discussion with media.
- Contact catastrophic / malpractice insurance providers.
- Complete documentation of events (with signatures) from everyone involved in incident.
- Collect and secure all equipment / material involved.
- Construct detailed timeline of events related to incident.
- Involve appropriate counseling / ministerial personnel.
- Assign athletics staff member to be with family at all times upon arrival; protect from outside persons.
- Critical incident stress debriefing / counseling as necessary for individuals involved in incident.

## EMERGENCY CONTACT INFORMATION

MEDICAL STAFF	OFFICE	HOME	CELL
Team Physician	237-2273	627-4874	627-4874
Associate A/D of Sports Medicine	865-8015	440-8320	440-8320
Associate Head ATC	865-8015	293-0858	293-0858
ADMINISTRATION	OFFICE	HOME	CELL
Athletic Director	865-8332		
Sports Info Director	865-8334		
University Chancellor	865-8208		
University President	402-472-8636		
SUPPORT STAFF	OFFICE	HOME	CELL
Compliance Office Rep.	865-8863		
Hospital Liaison			
Chaplin	234-2311	388-5122	
Travel Coord.	865-8028		
Counselor- Kiphany Hof			
University Risk Mana.	865-8426		
University Ins. Coordinator	865-1563		
NCAA Amer. Specialty	800-245-2744		



# Emergency Action Plan

In the event of a catastrophic incident (CI) involving UNK student-athlete(s), staff, or support personnel, a number of steps should be followed to provide optimum care for all involved. As with the UNK emergency action plan, advance preparation is critical. Individuals involved in management events after a catastrophic incident should be aware of their specific roles and responsibilities. UNK has established a Catastrophic Incident Management Team (CIMT) to coordinate these steps.

The UNK catastrophic incident guidelines will be activated when any of the following CIs occurs.

## Definition of Catastrophic Incident

### *Sudden Death of a Student – Athlete, Coach, or Staff Member*

- Death during competition, practice or conditioning.
- Death during travel: UNK official business, personal (e.g. automobile, airline accidents).
- Nonathletic accidents (e.g., falls at home).
- Unknown medical conditions (e.g., heart attack, stroke, illness).
- Victim of a crime (e.g., homicide).
- Suicide.

### *Disability / Quality – of – life Altering Injuries*

Either during UNK participation or travel during nonathletic activities, the sustaining of a disability; where there is loss, or impairment of physical or mental fitness, or a life-threatening injury. Disabilities or quality – of – life altering injuries include but are not limited to:

- Spinal – cord injury resulting in partial or complete paralysis.
- Loss of paired organ.
- Severe head and neck trauma.
- Injuries resulting in severely diminished mental capacity or other neurological injury that results in inability to perform daily functions (e.g., coma).
- Irrecoverable loss of speech, hearing (both ears), or sight (both eyes); both arms or both legs; or one arm and one leg.

### Catastrophic – Incident Management Team (CIMT)

- Director of Athletics
- Associate Athletic Director of Sports Medicine
- Associate Head Athletic Trainer
- Head sport coach for involved student – athlete
- Head team physician
- Emergency services CHI Hospital
- Additional personnel as deemed appropriate by CIMT



# Emergency Action Plan

## **Immediate Action Plan**

The management of a catastrophic incident entails the appropriate application of the following steps:

- Respect the dignity of the individuals involved.
- Immediate communication within the CIMT.
- Have coordinated plan of notification of parents / guardians; this might involve the director of athletics, head coach of sport, associate athletic director of sports medicine and / or sport athletic trainer, and counseling/ministerial support; a liaison from UNK should be designated to maintain communication with family and help update information and coordinate travel arrangements if necessary.
- Meetings should be conducted with sport coaches, student-athletes, and others (i.e., athletic training students, student managers, etc.) who might have witnessed or were involved somehow with CI to review incident and provide information. These individuals should be instructed not to speak to anyone regarding the incident other than CIMT and law enforcement. Counseling or ministerial support should be made available to these individuals in a timely manner.
- Accurately document all events, making sure to list all participants and witnesses.
- Collect and secure any or all available materials or equipment involved.
- Only members of the CIMT or designated individuals are to speak about the incident to family members, media, other staff members, student-athletes, or coaches. No one else has clearance to speak about the incident.
- Any communication with the media is handled through the UNK Sports Information Department and / or the University of Nebraska Kearney spokesperson. All information deemed appropriate for release to the media will be determined by UNK. Gather all pertinent facts regarding the incident accurately and expeditiously.

## **Chain of Command and Areas of Action**

After being informed of a CI during UNK participation or travel or during non-UNK activities, the director of athletics and associate athletic director of sports medicine should be notified to commence their responsibilities.

### *Director of Athletics*

- Notifies or is notified by the associate athletic director of sports medicine of CI.
- Coordinates plan for notification of parents / guardians if not yet done (might involve head coach of sport, associate athletic director of sports medicine, counseling / ministerial support as applicable).
- Designates athletic-administration contact person.
- Notifies university president.
- Enacts any CI procedures for the university and notifies legal counsel as applicable.
- Notifies senior staff (or designates other individual(s) to perform notification).
- Notifies CNAA faculty representative.
- In the event that the CI is nonathletic, the director of athletics notifies head coach of sport.



# Emergency Action Plan

## *Associate Athletic Director of Sports Medicine*

- Notifies director of athletics, head team physician, sports medicine staff, and medical insurance coordinator.
- Notifies head coach if incident occurred during nonpractice participation or if coach was not present (e.g. conditioning).
- Coordinates along with head team physician, communication with any physicians involved in the CI medical care.
- Communicates with legal counsel as applicable; secures documentation of events from everyone involved in the incident.
- Communicates with sports-information office.
- Along with medical insurance coordinator, provides applicable insurance information.
- Notifies counseling services.
- Notifies ministerial services: FCA chaplains, Campus and/or local ministerial support as applicable.
- Notifies insurance carriers: NCAA CI services insurance carrier, UNK CI carrier, Malpractice insurance carrier if applicable.

## *Head Coach of Sport*

- Notifies director of athletics and associate athletic director of sports medicine of CI if they are not yet aware.
- Assists in notifying parents/guardians in coordination with other CIMT as applicable.
- Notifies assistant coaches.
- Notifies team members and helps coordinate team meeting: Encourages student-athletes to not discuss incident until cleared to do so by UNK. Supports student-athletes and facilitates CIMT guidelines as outlined.
- Assigns coaching staff member to be with family at all times on arrival; assists family as needed; protects from outside persons.

## *Head Team Physician*

- Communicates with director of athletics and associate athletic director of sports medicine on medical facts and events.
- Communicates with any local medical personnel, hospital, or medical facilities regarding medical facts of CI.
- Works with associate athletic director of sports medicine and medical insurance coordinator in providing information for NCAA insurance and catastrophic insurance carriers.



# Emergency Action Plan

## *Sport Athletic Trainer*

- With an athletic related CI, provides immediate medical care and activates UNK emergency action plan.
- Notifies associate athletic director of sports medicine ASAP regarding incident, who assists in coordinating athletic training support as indicated: Provides assistance at hospital, arranges for coverage of site for other participants.
- Notifies head sport coach regarding follow-up (information updates, meeting with student-athletes, as well as any other individuals involved).

## *UNK Administrative Staff*

- Director of business services/travel coordinator: coordinates any travel plans and housing for parents, staff, coaches, or team.
- Associate athletic director of compliance: provides guidance regarding payment of incidental expenses and interpretative support relating to any NCAA regulations.
- Human resources director: provides guidance regarding benefits/insurance if incident involves UNK staff member(s).
- All athletic administration available to assist in process as assigned by CIMT.

## *Vice President, Office of Student Affairs*

- Coordinates communication with athletic department and student-affairs activities.
- Helps facilitate efforts of UNK.
- Assists in coordination of counseling services as needed.

## *Counseling Services*

- Activates catastrophic-incident stress-management team to provide immediate grief counseling to student-athletes, coaches, and staff.
- Provides any follow-up counseling post incident to student-athletes, coaches, or staff.

## *Chaplain Services/Ministerial Support*

- Offers immediate assistance as appropriate.
- Notifies suitable clergy as appropriate.
- Arranges for any on-campus memorial services in coordination with dean of student affairs.

## *Faculty Representative*

- Notifies professors of incident and impact on classes/grades.
- Serves as a faculty liaison to campus for UNK.



# Emergency Action Plan

## *Medical Insurance Coordinator*

- Communicates with health-insurance procedure information as needed.

## Criminal Circumstances (Assault, homicide, Suicide)

- Public safety notified immediately of CI involving possible criminal activity.
- Director of public safety notified.
- Public safety communicates with Kearney Police Department.
- Public safety communicates information as appropriate to CIMT.

## Away Contests – Coaches, Administrators, and Staff Members

- Immediately notify director of athletics, and associate director of sports medicine of CI.
- Work with local hospital, sports medicine staff, athletic department, or police to assist in process and gather information to update the director of athletics and/or associate athletic director of sports medicine.
- The sport team athletic trainer or designated individual remains on-site after team departs to coordinate communication and arrangements with University of Nebraska Kearney administration until relieved by a university representative. Based on individual circumstances, a sport coach, and/or administrator might also need to remain on-site.
- For medical conditions involving long-range medical transport, a referral will be made with the discretion from CHI Hospital.

## Catastrophic-Incident Stress-Management (CISM) Team

CI's can cause those involved to experience emotions that are usually strong and that might interfere with their ability to function. CISM is a comprehensive program to deal with stress management. The CISM process should ideally take place within 24-72 hours of a CI. CISM should include anyone involved in the incident. A CISM team of peer counselors and mental-health professionals would meet with these individuals for debriefing and further follow-up as indicated. The CISM team is composed of:

- Head Team Physician
- Associate Athletic Director of Sports Medicine
- Associate Head Athletic Trainer
- Counselor
- Paramedic/EMTs CHI Hospital