

PONAGANSET HIGH SCHOOL

EMERGENCY ACTION PLAN



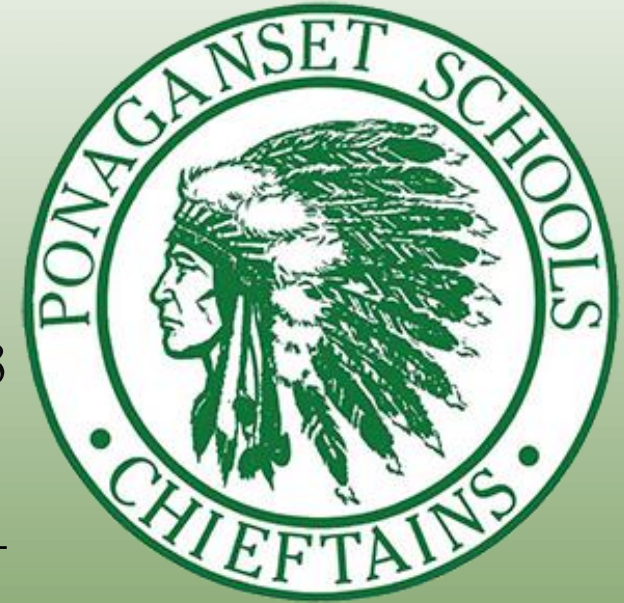
PERTINENT INFORMATION

SCHOOL ADDRESS:

- 137 Anan Wade Rd, North Scituate, RI 02857
- 7 Rustic Hill Rd, North Scituate, RI 02857

TELEPHONE NUMBERS:

- Emergency Medical Services.....911
- Glocester Police.....(401) 568-2533
- Sal Palermo Athletic Trainer.....(401) 481-5035
 - Email: spalermo@performancepatri.com
- Tom Marcello Athletic Director.....(401) 862-6364
 - Email: tmarcello@fgschools.com
- Hasbro Children's/RI Hospital ER.....(401) 444-4000



AED LOCATIONS:

- **Field House: Main** exit (glass entrance side)
- **Athletic Training Room**
- **Athletic Director's office**

IMPORTANT NOTES:

- Football/Wrestling/Lacrosse will maintain small portable AED at all times
- Second portable AED (weather proof case) will be with Athletic Trainer AT ALL TIMES
- Fixed AED will remain in the field house anchored to the wall near the main exit (glass entrance side)

PERTINENT INFORMATION CONTINUED

On Campus Designations:

MAIN GAME FIELD:

FOOTBALL, SOCCER, LACROSSE, TRACK, XC

PRACTICE FIELDS:

- SOFTBALL, BASEBALL, XC, FOOTBALL, TRACK

TENNIS COURTS

- TENNIS

CROSS COUNTRY TRAILS

- XC, RECREATIONAL USE, VARIOUS TEAM PRACTICES

FIELD HOUSE:

- BASKETBALL, VOLLEYBALL, WRESTLING

AUXILLARY GYM:

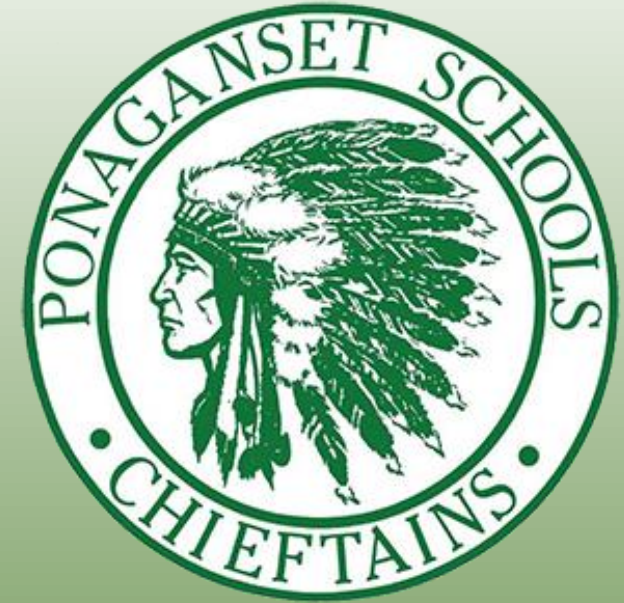
- CHEERLEADING, XC, BASKETBALL

SOUTH SMALL GYM:

- WRESTLING (PRACTICE ONLY)

PMS GYM:

- BASKETBALL



TRANSPORT GUIDELINES

TRANSPORT ATHLETE VIA AMBULANCE IF

- Athlete loses consciousness
 - Including decrease in level of consciousness (fading)
- Any signs or symptoms of spine or skull fracture
- Compound/Displaced Fracture
- Arterial hemorrhage
- Any Dislocation
- Decrease or irregularity in respirations
- Decrease or irregularity in pulse
- Unequal, dilated or unreactive pupils
- Fluid (clear or blood) from the eyes, ears, nose or mouth
- Mental status changes
 - Lethargy, difficulty maintaining arousal, increasing confusion or emotion



MAIN GAME FIELD EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****Immediately ensure gate #1 and #2 are unlocked for EMS access****

*****EMS enters via SOUTH entrance → take first LEFT → take second LEFT → proceed to rear of school → enter gate 1 to access fields → enter gate 2 to access main game field (SEE MAP)*****

STEP #3: Provide EMS w/ information:

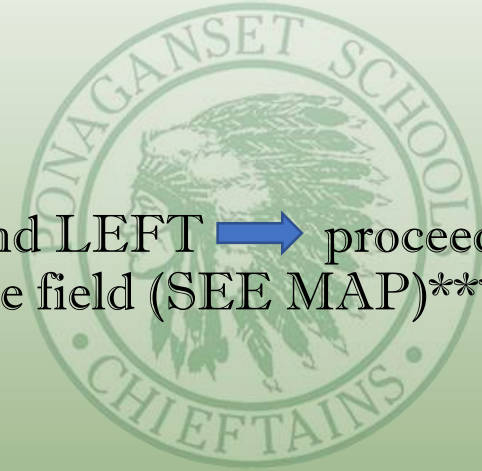
- name, address, telephone number of caller
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP #4: Provide care to athlete until EMS arrives

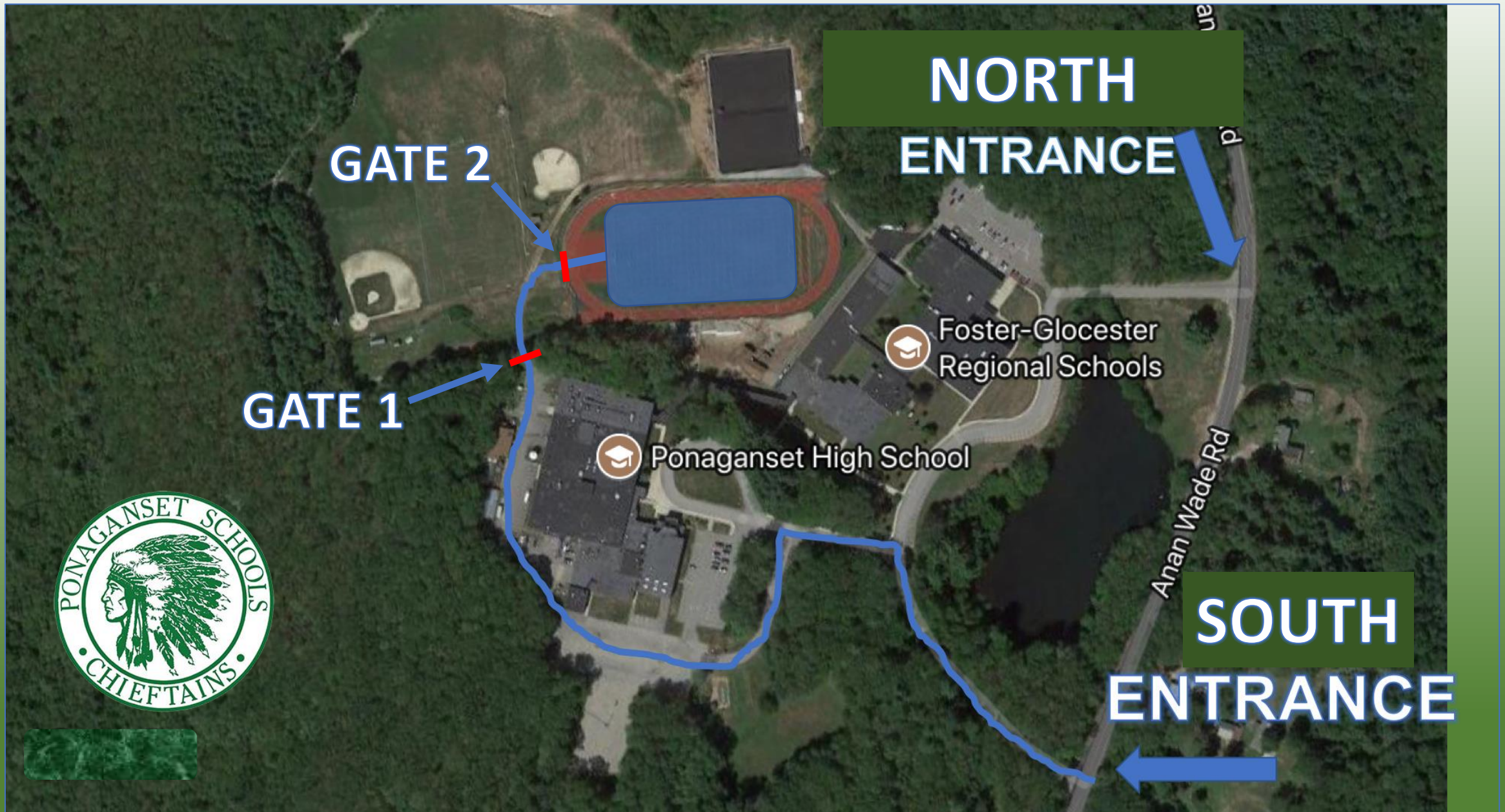
- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports



MAIN GAME FIELD E.A.P. MAP



SOFTBALL/BASEBALL/PRACTICE FIELD EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****Immediately ensure gate #1 is unlocked for EMS access (SEE MAP)****

*****EMS enters via SOUTH entrance → take first LEFT → take second LEFT → proceed to rear of school → enter practice fields through gate 1 (SEE MAP)*****

STEP #3: Provide EMS w/ athlete information:

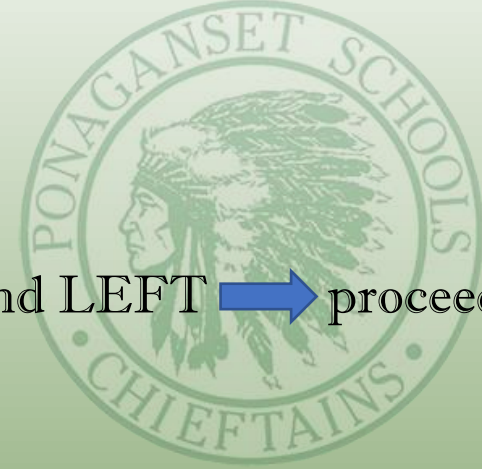
- name, address, telephone number of caller
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP #4: Provide care to athlete until EMS arrives

- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports



SB/BB/PRACTICE FIELD E.A.P. MAP



TENNIS COURTS EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****Immediately ensure gate #3 is unlocked for EMS access****

*****EMS enters via NORTH entrance → stay right → proceed through athletic lot → enter complex through gate 3 → stay right proceed to tennis courts (SEE MAP)*****

STEP #3: Provide EMS w/ athlete information:

- name, address, telephone number of caller
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP 4: Provide care to athlete until EMS arrives

- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports



TENNIS COURTS E.A.P. MAP



CROSS COUNTRY TRAILS EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus/XC trails

****IMMEDIATELY ENSURE GATE 1, 3, and access point #6 are UNLOCKED for EMS access****

- **GATE 1:** Unlock for entrance to access points #2-7
- **GATE 3:** Unlock for entrance to access main access point #1
- **ACCESS POINT #6:** Gated entry provides access to entire back loop of trail

*****IF south entrance: proceed to rear of school → designated person directs EMS to specific access point (#2-7)*****

*****IF north entrance: stay right at stop sign → designated person directs EMS to specific access point (#1)*****

STEP #3: Provide EMS w/ athlete information:

- name, address, telephone number of caller
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP 4: Provide care to athlete until EMS arrives

- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports

CROSS COUNTRY TRAILS E.A.P. MAP



FIELD HOUSE EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****Immediately ensure glass field house entrance is unlocked for EMS****

*****Enter via NORTH entrance → stay right → enter field house via glass field house entrance (SEE MAP)*****

STEP #3: Provide EMS w/ athlete information:

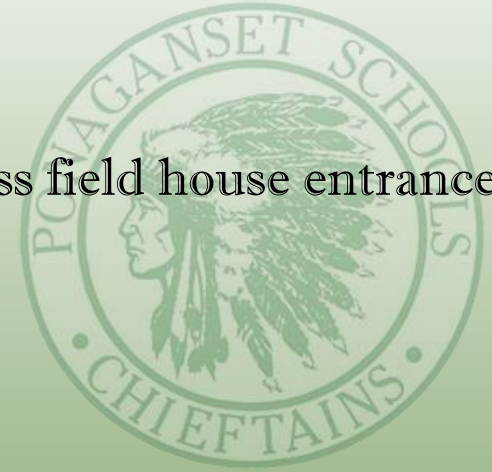
- name, address, telephone number of caller
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP 4: Provide care to athlete until EMS arrives

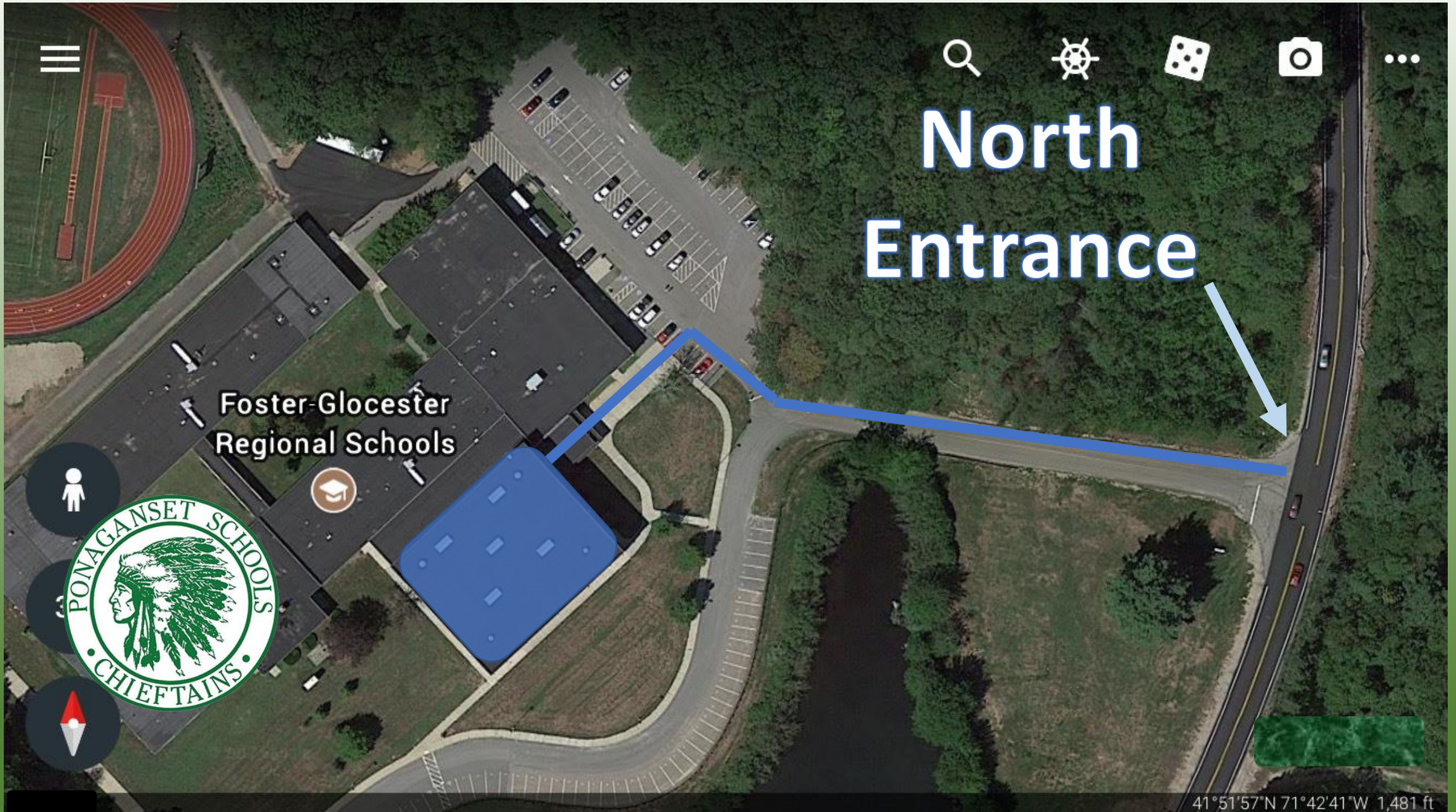
- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports



FIELD HOUSE E.A.P. MAP



AUXILLARY GYM EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****IMMEDIATELY ENSURE** auxiliary gym parking lot entrance is unlocked for EMS access******

*****Enter via NORTH entrance → stay right → enter auxiliary gym via parking lot entrance (SEE MAP)*****

STEP 3: Provide EMS w/ athlete information:

- name, address, telephone number of called
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

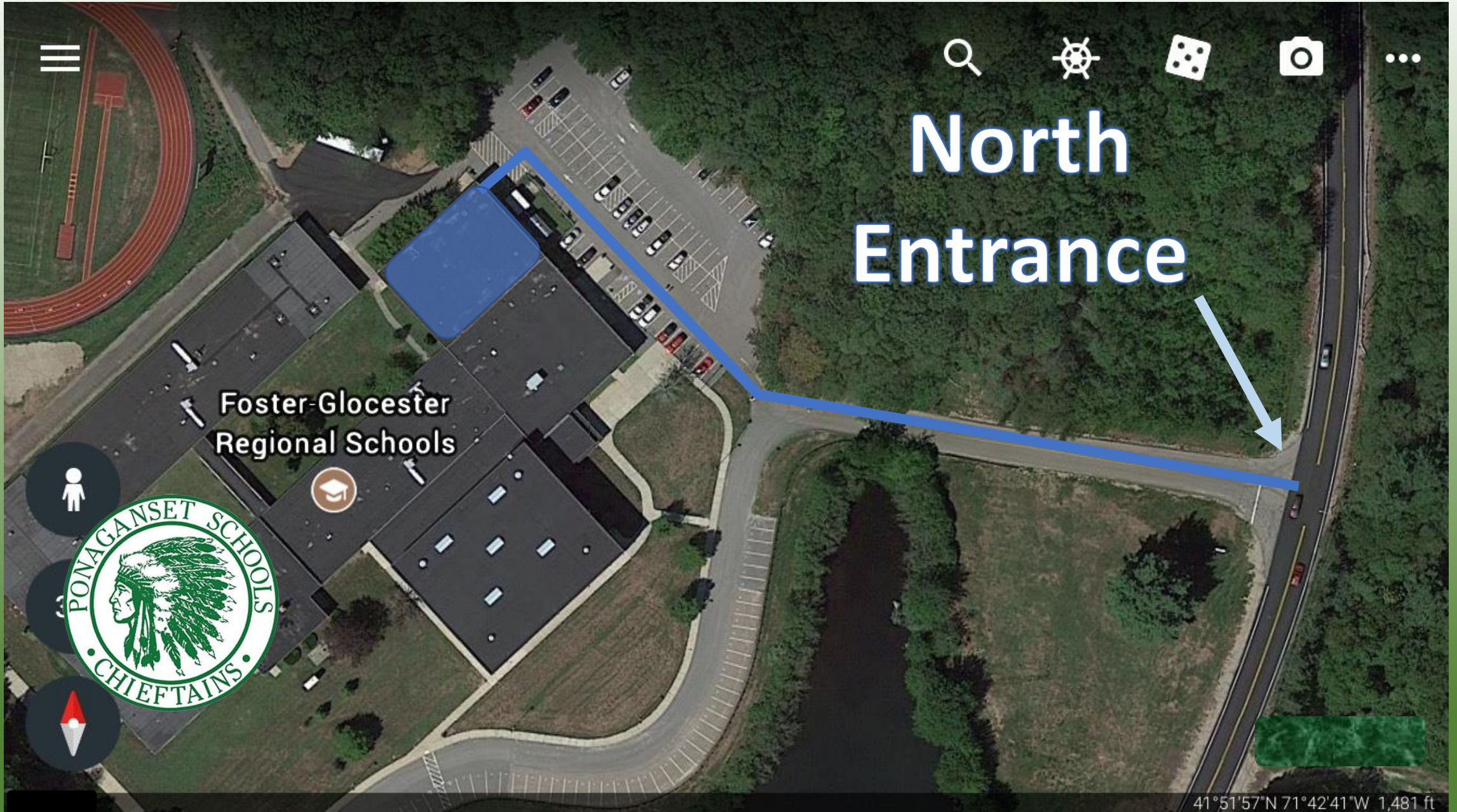
STEP 4: Provide care to athlete until EMS arrives

- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports

AUXILLARY GYM E.A.P. MAP



SOUTH SMALL GYM EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****Immediately ensure main school entrance is unlocked for EMS access****

*****Enter via SOUTH entrance → take first LEFT → stay RIGHT in circle → enter school via main entrance → designated person greets EMS and directs to south small gym (SEE MAP)*****

STEP 3: Provide EMS w/ athlete information:

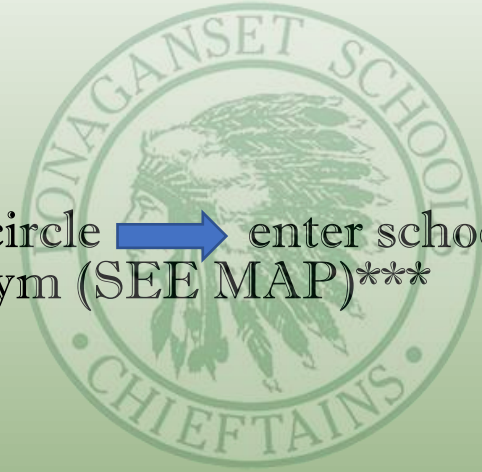
- name, address, telephone number of called
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP 4: Provide care to athlete until EMS arrives

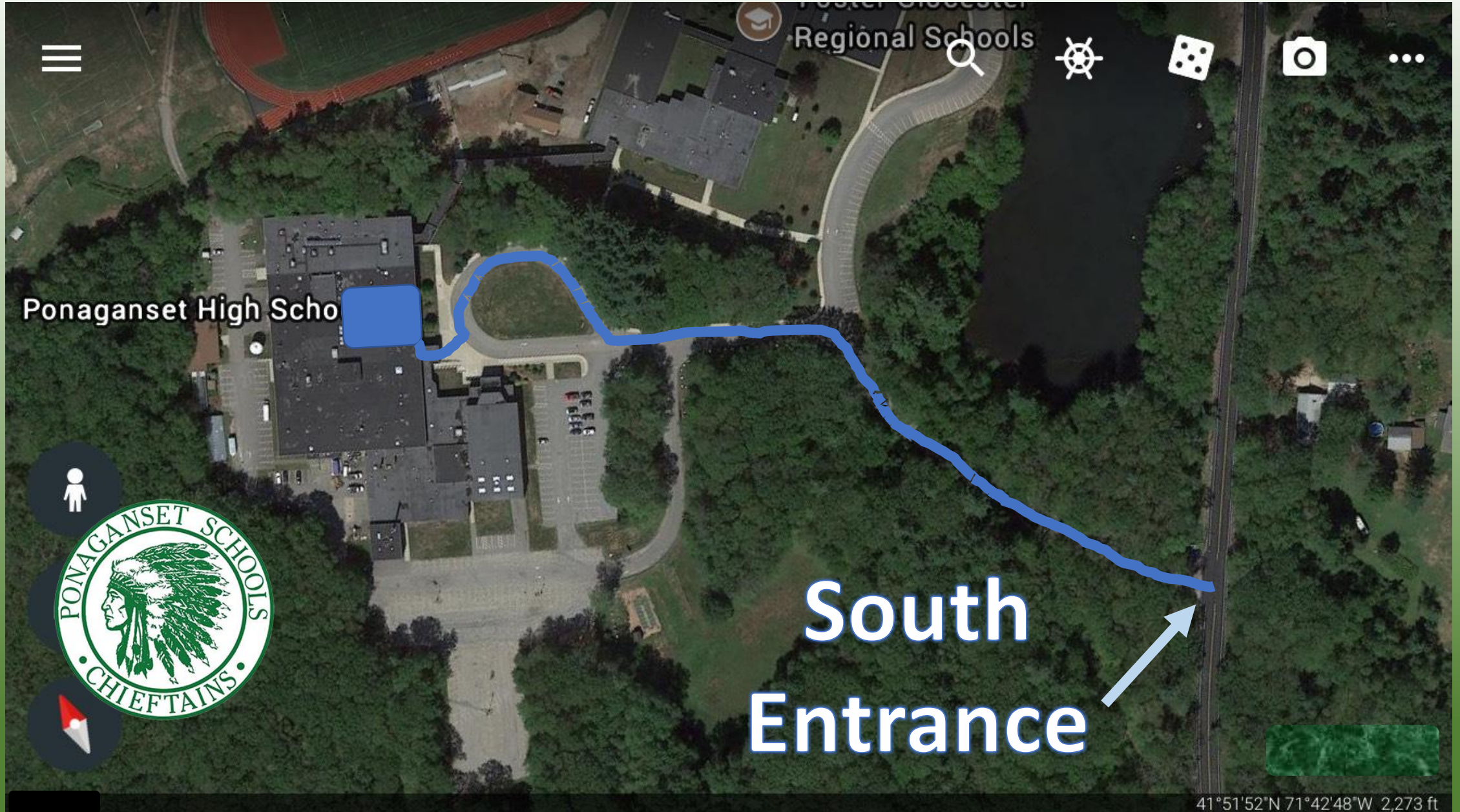
- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports



SOUTH SMALL GYM E.A.P. MAP



PMS GYM EMERGENCY PROTOCOL

STEP #1: 1st responder (usually athletic trainer) designates someone to dial 911

****Or GLOCESTER POLICE: (401) 568-2533****

STEP #2: Notify dispatcher of exact location on campus

****Immediately ensure back school entrance is unlocked for EMS access****

*****Enter via entrance → go around the building until reaching back entrance → enter school via back entrance → designated person greets EMS and directs to south small gym (SEE MAP)*****

STEP 3: Provide EMS w/ athlete information:

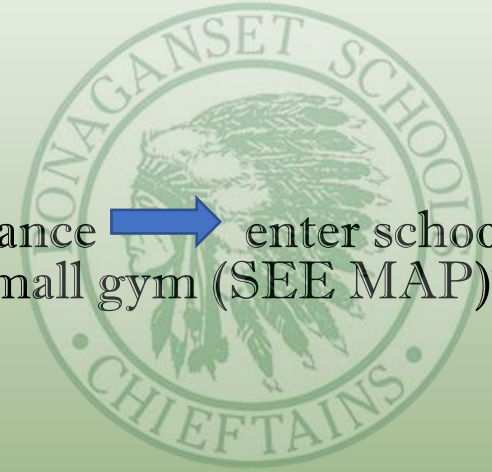
- name, address, telephone number of called
- number of victims/condition
- first-aid/treatment initiated
- specific instructions for location
- other info that dispatcher may request

STEP 4: Provide care to athlete until EMS arrives

- stabilize C-spine
- provide CPR/AED intervention
- encourage athlete to breathe and stay calm
- control hemorrhage
- splint the area
- take vital signs
- keep athlete warm (if hypothermic)
- keep athlete cool (if hyperthermic)

IMPORTANT NOTES:

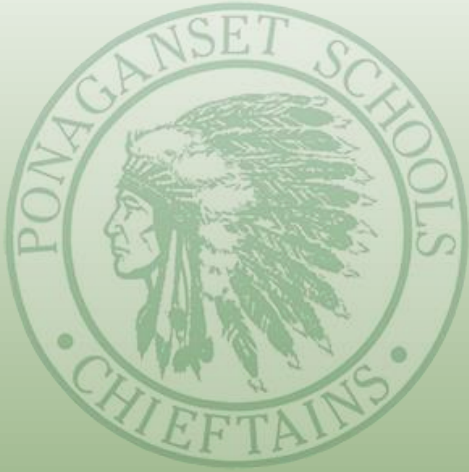
- 1st responder (usually athletic trainer) will designate someone to direct EMS to exact location on site
- 1st responder will also designate someone to obtain AED/assist in CPR in warranted circumstances
- Upon EMS arrival provide EMTs with pertinent information, assist as indicated
- 1st responder will designate someone to accompany athlete on the ride to the hospital
- notify parents/coaches/AD as soon as possible
- complete appropriate injury/incident reports



PMS GYM E.A.P. MAP



Other PHS Protocols

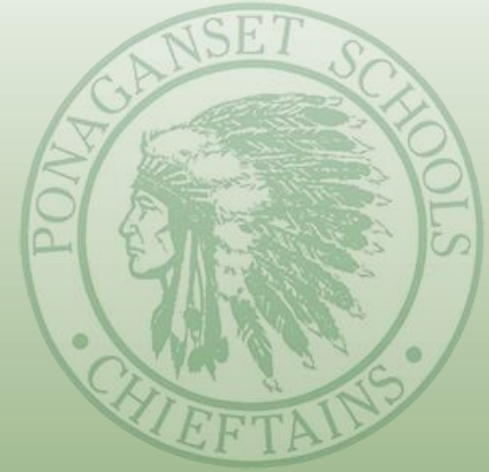


HEAT ILLNESS

COLD ILLNESS

LIGHTNING

CONCUSSION



Heat Risk Guidelines

Table 1
Wet Bulb Globe Temperature Risk Chart

WBGT	Flag Color	Level of Risk	Comments
<65°F (<18°C)	Green	Low	Risk low but still exists on the basis of risk factors
65°-73°F (18°-23°C)	Yellow	Moderate	Risk level increases as event progresses through the day
73°-82°F (23°-28°C)	Red	High	Everyone should be aware of injury potential; individuals at risk should not compete
>82°F (>28°C)	Black	Extreme or hazardous	Consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert. Take steps to reduce risk factors (e.g., more and longer rest breaks, reduced practice time, reduced exercise intensity, access to shade, minimal clothing and equipment, cold tubs at practice site, etc.).

The WBGT can be measured with a WBGT meter. The calculation for the determination of WBGT is: $WBGT = .7 (\text{Wet Bulb Temperature}) + .2 (\text{Black Globe Temperature}) + .1 (\text{Dry Bulb Temperature})$.

This table was originally printed in Roberts WO. Medical management and administration manual for long distance road racing. In: Brown CH, Gudjonsson B, eds. *IAAF Medical Manual for Athletics and Road Racing Competitions: a Practical Guide*. Monaco: International Association of Athletics Federations;1998:39-75.

❖ Use Wet Bulb Globe Temperature (WBGT) to determine appropriate precautionary measures

Source: <https://www.nata.org/sites/default/files/inter-association-task-force-exertional-heat-illness.pdf>

Dehydration

Recognition

- ❖ Dry mouth
- ❖ Thirst
- ❖ Irritability
- ❖ General discomfort
- ❖ Headache
- ❖ Apathy
- ❖ Weakness
- ❖ Dizziness
- ❖ Cramps
- ❖ Chills,
- ❖ Vomiting, nausea
- ❖ Head or neck heat sensations,
- ❖ Excessive fatigue
- ❖ Decreased performance

Treatment

- ❖ **Athletes should have convenient access to fluids throughout practice and be allowed to hydrate in addition to prescribed breaks**
- ❖ A nauseated or vomiting athlete should seek medical attention to replace fluids via an intravenous line
- ❖ Move to a cool environment and rehydrate.
- ❖ urine color can help with hydration assessment if an athlete is suspected to be dehydrated
 - ❖ Dark yellow-dehydrated, Light yellow-slightly dehydrated, Clear-hydrated
- ❖ Athletes should begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete
- ❖ Hydrating with a sports drink containing carbs and electrolytes (sodium and potassium) before/during exercise is optimal to replace losses and provide energy
- ❖ A flavored sports drink may promote an increase in the quantity of fluids consumed
- ❖ Replacing lost sodium after exercise is best achieved by consuming food in combination with a rehydration beverage

Return To Play

- ❖ Athlete should be symptom free/fully hydrated.
- ❖ If the degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable. The athlete must maintain hydration status and should receive periodic checks from onsite athletic trainer

Heat Exhaustion

Recognition

- ❖ Core body temp <104°F (usually around 100-103°F)
- ❖ **Lack of** severe central nervous system dysfunction (see exertional heat stroke slide)
- ❖ Physical fatigue
- ❖ Dehydration
- ❖ Coordination problems
- ❖ Syncope
- ❖ Dizziness
- ❖ Profuse sweating
- ❖ Pallor (paleness)
- ❖ Headache, nausea, vomiting
- ❖ Stomach/intestinal cramps
- ❖ Muscle cramps
- ❖ Rapid recovery with treatment

Treatment

- ❖ Immediately move athlete to a shaded or air-conditioned area
- ❖ Remove excess clothing and equipment
- ❖ Cool athlete until core body temperature is approximately 101°F
- ❖ Have athlete lie comfortably with legs propped above heart level
- ❖ If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink
- ❖ If athlete is unable to take oral fluids, implement intravenous infusion of normal saline
- ❖ Monitor heart rate, blood pressure, respiratory rate, rectal temperature and CNS status
- ❖ Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

Return To Play

- ❖ Athlete should be symptom free/fully hydrated.
- ❖ Must gain physician clearance
- ❖ Rule out any underlying condition
- ❖ Avoid intense practice for AT LEAST one day
 - ❖ *Severe cases >1 day*
- ❖ If underlying cause was lack of acclimatization and/or fitness level, correct this problem before athlete returns to full-intensity training in heat (especially in sports with equipment).

Exertional Heat Stroke

Recognition:

- ❖ Core body temp >104°F
- ❖ Altered consciousness
- ❖ Coma
- ❖ Convulsions
- ❖ Disorientation
- ❖ Irrational behavior
- ❖ Decreased mental acuity
- ❖ Irritability
- ❖ Emotional instability
- ❖ Confusion
- ❖ Hysteria
- ❖ Apathy
- ❖ Nausea, vomiting, diarrhea
- ❖ Increased HR
- ❖ Decreased BP

IMMEDIATE ACTION REQUIRED

1st responder designates someone to active EMS

****FULL BODY COLD WATER IMMERSION****

Stir water (35-58°F) continuously and keep immersed for 10-15 minutes or until core temperature is below 102°F.

- If immersion is not possible, activate transport immediately
- While waiting use alternative cooling strategies
 - Cold soaking wet towels (replace towels frequently)
 - Spraying body with ice cold water
 - Fans
 - Ice bags/ice over as much of the body as possible
- Monitor airway, breathing, circulation, core temperature, and CNS status (cognitive, convulsions, orientation, consciousness, etc.) at all times.
- Cease aggressive cooling when core temperature reaches approximately 101°-102°F or EMS arrives and takes over

Exertional Heat Stroke Continued

Return To Play Protocol

❖ Phase 1:

Easy-to-moderate exercise in a climate controlled environment for several days, followed by strenuous exercise in a climate-controlled environment for several days.

❖ Phase 2:

Easy-to-moderate exercise in heat for several days, followed by strenuous exercise in heat for several days.

❖ Phase 3:

(If applicable) Easy-to-moderate exercise in heat with equipment for several days, followed by strenuous exercise in heat with equipment for several days.

Other Considerations

- ❖ Physiological changes may occur after an episode of EHS.
 - ❖ Heat tolerance may be temporarily or permanently compromised. To ensure a safe return to full participation
- ❖ Physician clearance is necessary before returning to exercise.
- ❖ Athlete will avoid all exercise until 100% asymptomatic
 - ❖ all laboratory tests must be normal.
- ❖ The athlete should avoid exercise for the **minimum** of 1 week after release from medical care.

Cold Risk Guidelines

- Evaluate immediate and projected weather information, including air temperature, wind, chance of precipitation or water immersion, and altitude.
- Identify activity intensity requirements and clothing requirements for each individual.
- Have alternate plans in place for deteriorating conditions and activities that must be adjusted or cancelled.
- The following guidelines can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly reevaluated for change in risk, including the presence of precipitation:
 - 30°F (−1.11°C) and below: Be aware of the potential for cold injury and notify appropriate personnel of the potential.
 - 25°F (−3.89°C) and below: Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming.
 - 15°F (−9.44°C) and below: Consider modifying activity to limit exposure or to allow more frequent chances to rewarm.
 - 0°F (−17.78°C) and below: Consider terminating or rescheduling activity.

Wind Chill Chart

		Temperature (°F)																		
		Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
Wind (mph)	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63	
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72	
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77	
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81	
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84	
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87	
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89	
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	45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93	
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95	
	55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97	
	60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98	

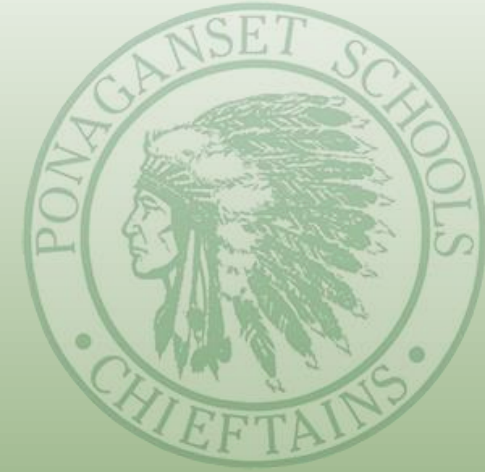
Frostbite Times  30 minutes  10 minutes  5 minutes

$$\text{Wind Chill (°F)} = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})$$

Where, T= Air Temperature (°F) V= Wind Speed (mph)

Effective 11/01/01

PONAGANSET SCHOOLS
CHIEFTAINS



Lightning Protocol

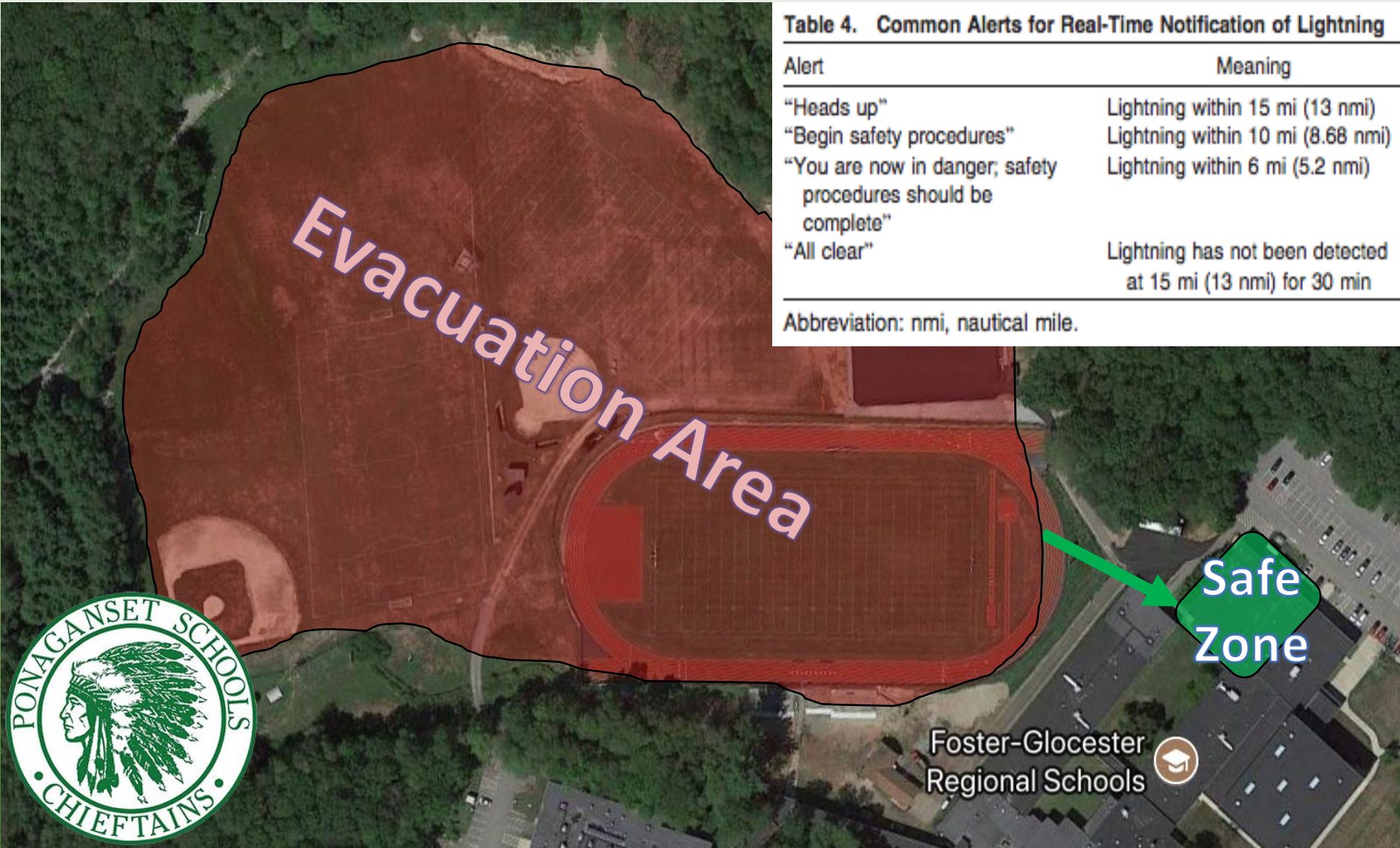


Table 4. Common Alerts for Real-Time Notification of Lightning

Alert	Meaning
"Heads up"	Lightning within 15 mi (13 nmi)
"Begin safety procedures"	Lightning within 10 mi (8.68 nmi)
"You are now in danger; safety procedures should be complete"	Lightning within 6 mi (5.2 nmi)
"All clear"	Lightning has not been detected at 15 mi (13 nmi) for 30 min

Abbreviation: nmi, nautical mile.

Flash to Bang Method:

*****When lightning is observed count the number of seconds until thunder is heard then divide by 5*****

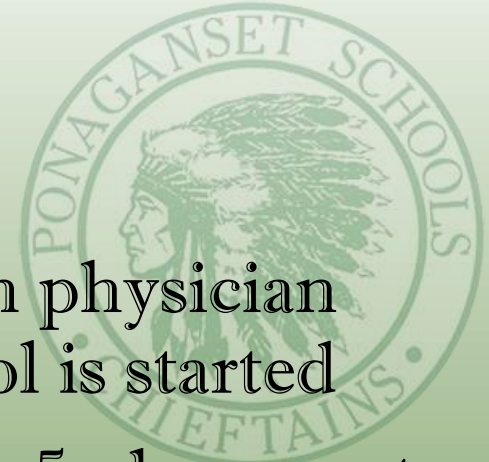
- ❖ Estimates the approximate mileage of lightning strikes from your area

Considerations (Table 4)

- ❖ Lightning within 15 miles
 - ❖ Be aware
- ❖ Lightning is within 10 miles
 - ❖ Begin precautions
- ❖ Lightning is within 6 miles
 - ❖ Everyone proceed to the auxiliary gym (safe zone)
- ❖ Lightning has not been seen for 30 minutes
 - ❖ Resume play

Concussion Guideline

1. Athlete sustains direct blow to head on or off field
2. Evaluated by athletic trainer
3. If a concussion is suspected it is mandatory to gain physician clearance before the 5 phase return to play protocol is started
4. Once MD clears the athlete they MUST complete 5 phase protocol
5. If at any point during the RTP protocol the athlete experiences any signs or symptoms they will restart that phase of protocol.
Ex. Headache, nausea, vomiting, sensitivity to light, diplopia, mood swing, fatigue, dizziness, foggy etc.
6. Once protocol is complete athlete may return to full participation with the permission and final approval of the supervising athletic trainer



5 Phase Post-Concussion Return to Play Protocol

❖ Phase 1: Light physical activity

- ❖ Ex. jogging, biking, elliptical, target below 50% max heart rate (limited to 20 minutes)
 - ❖ **Symptoms present:** stop exercise and rest for 24 hours. Repeat phase 1 after 24 hours of rest. If symptoms persist rest again for 24 hours or until athlete is 100% symptom free.
 - ❖ No symptoms: continue to Phase 2

❖ Phase 2: Moderate physical activity

- ❖ Ex. running, jumping, plyometrics, light agility drills, target below 70% max heart rate
 - ❖ **Symptoms present:** stop exercise and rest for 24 hours. Repeat phase 2 after 24 hours of rest. If symptoms persist rest again for 24 hours and return to phase 1.
 - ❖ No symptoms: start Phase 3

❖ Phase 3: Heavy physical activity

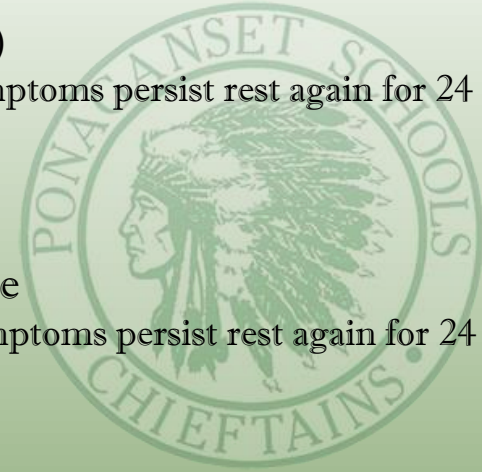
- ❖ Non-contact work at practice. Ex. Drills, walk through plays, conditioning.
 - ❖ **Symptoms present:** stop exercise and rest for 24 hours. Repeat phase 3 after 24 hours of rest. If symptoms persist rest again for 24 hours and return to phase 2.
 - ❖ No symptoms: start Phase 4

❖ Phase 4: Controlled Practice

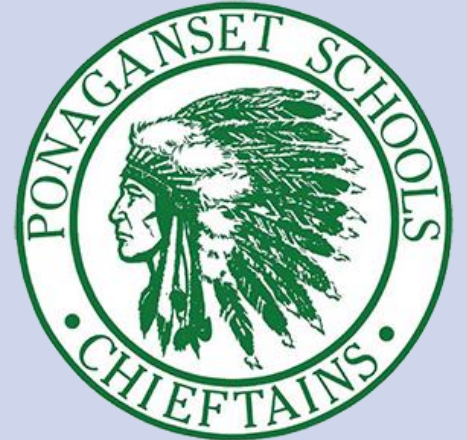
- ❖ Contact practice allowed. Ex. Hitting drills, running full court, catching/throwing, weight training.
 - ❖ **Symptoms present:** stop exercise and rest for 24 hours. Repeat phase 4 after 24 hours of rest. If symptoms persist rest again for 24 hours and return to phase 3.
 - ❖ No symptoms: start Phase 5

❖ Phase 5: Full Practice

- ❖ One full contact practice is needed before participation in live competition is allowed.
 - ❖ **Symptoms present:** stop exercise and rest for 24 hours. Repeat phase 5 after 24 hours of rest. If symptoms persist rest again for 24 hours and return to phase 4.
 - ❖ No symptoms: Return to full participation in competitive play



Multiple Concussion Protocol

	1 st Concussion	2 nd Concussion	3 rd Concussion
No Loss of consciousness OR Symptoms clear less than 30 minutes after impact	Return to play <ul style="list-style-type: none"> Return in 1 week w/ clearance and completion of 5 phase RTP protocol 	Return to play in 2 weeks <ul style="list-style-type: none"> one full week of cognitive rest MD clearance completion of 5 phase RTP protocol 	Season is terminated May return next season if <ul style="list-style-type: none"> symptom free MD clearance completion of 5 phase RTP protocol
Loss of consciousness less than 1 minute OR 30+ min memory loss OR Symptoms last less than 7 days	Return to play: <ul style="list-style-type: none"> Must be asymptomatic for 1 full week THEN <ul style="list-style-type: none"> MD clearance and completion of 5 phase RTP protocol 	Out for a minimum of 1 month May return if <ul style="list-style-type: none"> Asymtomatic MD clearance 5 phase RTP protol Consider terminating season	Season is terminated May return next season if <ul style="list-style-type: none"> symptom free MD clearance completion of 5 phase RTP protocol
Loss of consciousness greater than 1 minute OR 24+ hours of memory loss OR Sign/symptoms last more than 7 days	Out for a minimum of 1 month Return to play: <ul style="list-style-type: none"> Must be asymptomatic Cleared by MD Complete 5 phase RTP protocol 	Season is terminated May return next season if <ul style="list-style-type: none"> symptom free MD clearance completion of 5 phase RTP protocol 	

Source: <http://www.momsteam.com/health-safety/concussion-expert-revises-return-play-guidelines>