

# West Irondequoit CSD Emergency Action Plan (EAP)

Updated 2022

Approved

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## Disclosures

- This EAP is written in regards to an athlete being injured. This EAP will be applied in the same manner in the event of other individuals being injured, e.g. coaches, spectators, or event staff.
- When an athletic trainer is present, the athletic trainer will assume the role of first responder. The athletic trainer will be the lead personnel in rendering appropriate care to the injured athlete. EMS will take over this lead role on arrival.
- When an athletic trainer is NOT present, the head coach will assume the role of first responder. The head coach will be the lead personnel in rendering appropriate care to the injured athlete. EMS will take over this lead role on arrival.
- This EAP is meant to serve as a guideline for emergency situations. This EAP is not a rigid plan. It is meant to be flexible to the changing demands of emergency situations.
- In the event of EMS transportation of an athlete, an adult must accompany the athlete. If the parents/guardians of the athlete are not present, then the athletic trainer, head coach, assistant coach, or athletic director must accompany the athlete with EMS.
  - Athletes are minors and must remain under the supervision.
  - Other present adults may accompany the athlete if the athlete's parent/guardian gives consent for this adult to accompany their child.

# **Part 1**

## **Venues**

**Venue:** Baseball – Varsity Field **Address:** 260 Cooper Road, Rochester, NY 14617 **Map:** A

**Venue Supplies:** AED Location: (1) Concession Stand, on wall inside of side door.

Emergency Communication: (1) Cell Phone (2) Landline in High School

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

Key for lock on vehicle entrance gate.

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Straight enter East Entrance to High School, park at main entrance to baseball field- Field access in outfield of away dug out, if needed

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park at main entrance to baseball field- Field access in outfield of away dug out, if needed

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Baseball – JV Field

**Map:** B

**Address:** 123 List Ave, Rochester, NY 14617 (Listwood Elementary)

**Venue Supplies:** AED Location: (1) Concession Stand, on wall inside of side door.

Emergency Communication: (1) Cell Phone (2) Landline in High School

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, left/ right on Gardham, right on Hoover Rd, left on List Ave, left into Listwood entrance, park at JV Baseball Field on right

**Secondary:** From Cooper Rd, take right/ left Biltmore Drive, right on List Ave, turn right into Listwood Entrance, park at JV Baseball Field on Right

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Fitness Center (Irondequoit High School Weight Room)  
**Address:** 260 Cooper Road, Rochester, NY 14617

**Map:** H

**Venue Supplies:** AED Location: (1) located outside front (west) entrance in case on wall (2) Athletic Training Room  
Emergency Communication: (1) Cell Phone (2) Landline telephone located at back (east) entrance on wall  
Emergency Equipment: AED, Fitness Center Medical kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Enter East Entrance to High School, park at High School Entrance #4, gymnasium on the right

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park at High School Entrance #4

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Gym – Irondequoit High School

**Map:** C

**Address:** 260 Cooper Road, Rochester, NY 14617

**Venue Supplies:** AED Location: (1) End of Home Bench with Athletic Trainer (2) outside gymnasium southeast entrance (to left and across hall) in case on wall.

Emergency Communication: (1) Cell Phone (2) Landline in Coaches office and Athletic Training Room

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Event Staff- Scoreboard Staff (5) Athletic Director (6) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Enter East Entrance to High School, park at Pool Entrance door #5, gymnasium on the right

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park at Pool Entrance door #5, gymnasium on the right

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.



**Venue:** Gym – Dake Junior High School **Address:** 350 Cooper Road, Rochester, NY 14617 **Map:** D

**Venue Supplies:** AED Location: (1) outside gymnasium main (north) entrance in case on wall  
Emergency Communication: (1) Cell Phone (2) Landline is located in main (north) entrance entryway (payphone)  
Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Event Staff- Scoreboard Staff (5) Athletic Director (6) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Enter East Entrance to High School, park and enter building at gymnasium’s back door (labeled on outside of school as Dake Gym 210 E).

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park and enter building at gymnasium’s back door (labeled on outside of school as Dake Gym 210 E).

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Gym – Iroquois Middle School **Address:** 150 Colebrook Drive, Rochester, NY 14617 **Map:** E

**Venue Supplies:** AED Location: (1) outside gymnasium entrance, through doors leading to outside, in case on wall.

Emergency Communication: (1) Cell Phone (2) Landline located inside classrooms

Emergency Equipment: AED, Team Med kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) EMS

**Facility Access Route:**

**Primary:** From Cooper Ave, take a right Colebrook, take left into Iroquois Entrance, Park in front of Iroquois Middle School

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Iroquois Middle School Outdoor Fields

**Map:** E

**Address:** 150 Colebrook Drive, Rochester, NY 14617

**Venue Supplies:** AED Location: (1) AED located through door 8, in case on wall, inside middle  
Emergency Communication: (1) Cell Phone (2) Landline located inside classrooms  
Emergency Equipment: AED, Team Med kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) EMS

**Facility Access Route:**

**Primary:** From Cooper Ave, take a right Colebrook, take left into Iroquois Entrance, Park in front of Iroquois Middle School

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Lakeshore Hockey Arena (Offsite from High School)  
**Address:** 123 Ling Road, Rochester, NY 14612

**Map:** No Map

**Venue Supplies:** AED Location: (1) Home Bench with Athletic Trainer (2) located in snack bar of hockey arena, as marked by signage  
Emergency Communication: (1) Cell Phone (2) Landline is located in main office of hockey arena  
Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Athletic Trainer (2) Head Coach and Staff (3) Event Supervisor (4) Lakeshore Arena Staff (5) Athletic Director (6) EMS

**Facility Access Route:**

**Primary:** From Greenleaf, take a left on Ling Road, take a left into Lakeshore Hockey arena, Park at Main Entrance

**Secondary:** From Dewey Ave, take right onto Ling Road, take a right onto Lakeshore Hockey Arena Entrance, Park at Main Entrance

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Non-Venue Sports:** Cross Country, Indoor Track, Golf, Bowling, Nordic Ski

**Map:** No Map

If medical staff are available at event, this staff will lead the response efforts to any emergency. Coaches are advised to have an understanding of the offsite venues' Emergency Action Plan. Coaches are advised to follow the Emergency Action Plan of the venue in favor over this West Irondequoit Athletics Emergency Action Plan.

**Venue Supplies:** AED Location: (1) In possession of the head coach or venue staff member  
Emergency Communication: (1) Cell Phone  
Emergency Equipment: AED, Team Med kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Event Staff (3) Event Supervisor (4) Venue Medical Personnel, if provided by event (5) EMS (6) Athletic Director (7) Athletic Trainer, if available

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Pinegrove Fields (Helmer's Nature Center)  
**Address:** 154 Pinegrove Ave, Rochester, NY 14617

**Map:** F

**Venue Supplies:** AED Location: (1) Large brown shed (located between East and West fields)  
Emergency Communication: (1) Cell Phone (2) Located in brown shed (located between East and West fields)  
Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff  
**\* Key to brown shed (located between East and West fields)**

**Emergency Team Members:** (1) Athletic Trainer (2) Head Coach and Staff (3) Event Supervisor (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Cooper Rd, Take Right onto Pinegrove Ave, Take Left and park in Pinegrove Parking Lot

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Pool – Irondequoit High School **Address:** 260 Cooper Road, Rochester, NY 14617 **Map:** C

**Venue Supplies:** AED Location: (1) Pool deck in case on wall, clearly marked with sign  
Emergency Communication: (1) Cell Phone (2) Landline located on Pool Deck Wall and Pool Office  
Emergency Equipment: AED, Pool Med kit, Spine Board, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Lifeguard (2) Head Coach and Staff (3) Event Supervisor (4) Athletic Director (5) EMS (6) Athletic Trainer, if available

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Enter East Entrance to High School, park at Pool Entrance door #5, pool located on the right

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park at High School Entrance Door #5, pool entrance located on the right inside

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly. Spine boarding as indicated by lifeguard staff.

**Venue:** Rogers Middle School    **Address:** 219 Northfield Road, Rochester, NY 14617

**Map:** I

**Venue Supplies:** AED Location: (1) Located outside of Gymnasium (2) Outside of Health Office

Emergency Communication: (1) Cell Phone (2) Landline

Emergency Equipment: AED, Team Med kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) EMS

**Facility Access Route:**

**Primary:** From Titus, Take a left Seneca Ave, Take a Left on Northfield Road, Park near fields to the left of the middle school

**Secondary:** From St. Paul Blvd, Take left on Rogers Pkwy, Turn right on Seneca Ave, Take a Left on Northfield Road, Park near fields to the left of the middle school

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.



**Venue:** Softball – Varsity Field **Address:** 260 Cooper Road, Rochester, NY 14617

**Map:** A

**Venue Supplies:** AED Location: (1) Concession Stand, on wall inside of side door.

Emergency Communication: (1) Cell Phone (2) Landline in High School

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

Key for lock on vehicle entrance gate.

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Straight enter East Entrance to High School, park at main entrance to Softball field- Field access along first baseline near home dug-out, if needed

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park at main entrance to baseball field- Field access in outfield of away dug out, if needed

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Sproule Field House     **Address:** 221 Cooper Road, Rochester, NY 14617

**Map:** G

**Venue Supplies:** AED Location: (1) Field House entrance hallway (across from office, outside gymnasium entrance) in case on wall.

Emergency Communication: (1) Cell Phone (2) Landline in Main Office of High School

\*NO LANDLINE IN FIELD HOUSE\*

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

Key for lock on vehicle entrance gate.

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Cooper, Turn left in Field House parking lot, Park in parking lot, and enter main entrance of Field House

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Sproule Field House Outdoor Fields

**Map:** G

**Address:** 221 Cooper Road, Rochester, NY 14617

**Venue Supplies:** AED Location: (1) Field House entrance hallway (across from office, outside gymnasium entrance) in case on wall.

Emergency Communication: (1) Cell Phone (2) Landline in Main Office of High School

\*NO LANDLINE IN FIELD HOUSE\*

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

Key for lock on vehicle entrance gate.

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Cooper, Turn left in Field House parking lot, Park in parking lot near fence

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Tennis Courts (High School)

**Address:** 260 Cooper Road, Rochester, NY 14617

**Map:** A

**Venue Supplies:** AED Location: (1) Concession Stand, on wall inside of side door.

Emergency Communication: (1) Cell Phone (2) Landline in High School

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Athletic Director (5) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Straight enter East Entrance to High School, park at main entrance to Tennis Court

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park at main entrance to Tennis Court

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Track/Grass Field (High School)

**Map:** B

**Address:** 123 List Ave, Rochester, NY 14617 (Listwood Elementary)

**Venue Supplies:** AED Location: (1) Located with Athletic Trainer in Golf Cart (2) Concession Stand, on wall inside of side door.

Emergency Communication: (1) Cell Phone (2) Landline in High School

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Athletic Trainer (2) Head Coach and Staff (3) Event Supervisor, if available (4) Event Staff (5) Athletic Director (6) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, left/ right on Gardham, right on Hoover Rd, left on List Ave, left into Listwood entrance, park in parking lot next to track field, Field Access- Directly below flag pole.

**Secondary:** From Cooper Rd, take right/ left Biltmore Drive, right on List Ave, turn right into Listwood Entrance, park in parking lot next to track field, Field Access- Directly below flag pole.

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Turf Field (High School) **Address:** 260 Cooper Road, Rochester, NY 14617

**Map:** A

**Venue Supplies:** AED Location: (1) Located with Athletic Trainer in Golf Cart (2) Concession Stand, on wall inside of side door.

Emergency Communication: (1) Cell Phone (2) Landline in High School (3) Walkie-talkie between turf field and event staff

Emergency Equipment: AED, Team Med kit, Athletic Trainer Kit, ice/water supplied by coaching staff

Key for lock on vehicle entrance gate.

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) Event Supervisor, if available (4) Event Staff (5) Athletic Director (6) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Gardham, Straight enter East Entrance to High School, park near scoreboard- Field Access far side of field off Gardham Rd

EMS will be onsite for Varsity Football games. During Varsity Football games, EMS will be located at the vehicle entrance area.

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park near scoreboard- Field Access far side of field off Gardham Rd

**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

**Venue:** Wrestling Room (2<sup>nd</sup> Floor, High School)  
**Address:** 260 Cooper Road, Rochester, NY 14617

**Map:** H

**Venue Supplies:** AED Location: (1) Located with Coaching Staff (2) Athletic Training Room  
Emergency Communication: (1) Cell Phone (2) Landline in Classrooms and Athletics Office  
Emergency Equipment: AED, Team Med kit, ice/water supplied by coaching staff

**Emergency Team Members:** (1) Head Coach and Staff (2) Athletic Trainer, if available (3) EMS

**Facility Access Route:**

**Primary:** From Titus Ave, Left/ right on Cooper Rd, Right into Irondequoit High School entrance, Park in "Bus Loop" near Door #4

**Secondary:** From Cooper Rd, take right/ left on Dake Jr. High Entrance, drive around to back of building, park in "Bus Loop" near Door #4

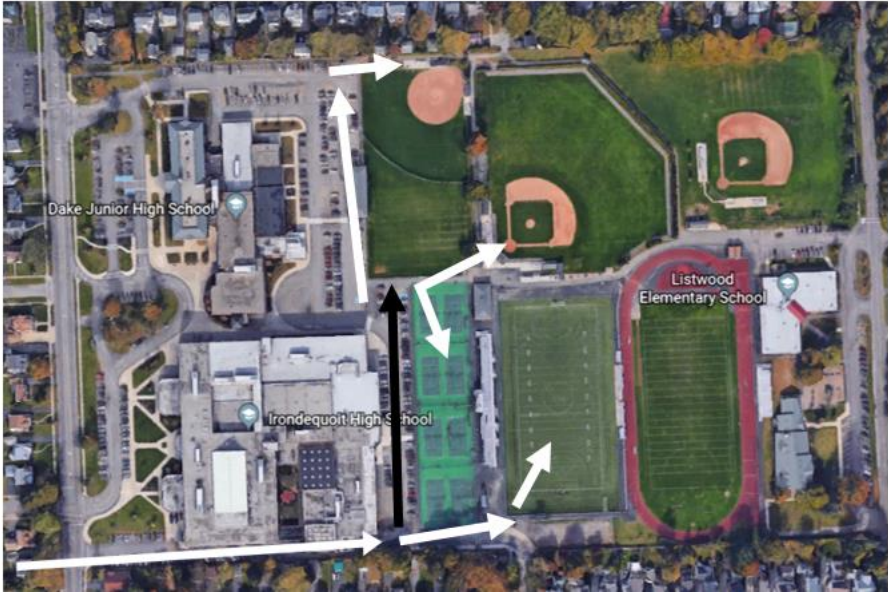
**Injury Assessment:** Ensure the scene is safe to enter. Lead Emergency Team Member will assess athlete to determine if injury is life threatening or non-life threatening. If life threatening, they will activate EMS by dialing 911 from cell phone. The lead will stay with the athlete and begin to render care accordingly.

## **Part 3: Further Information**



# Maps

A – V Baseball, V Softball, Tennis, Turf Field



B – JV Baseball & Track/Grass Field



C – High School Gym & Pool



D – Dake Gym



E – Iroquois Gym & Outdoor Field



F – Pinegrove Fields



**G – Sproule Field House Gym & Fields**



**H – Wrestling Room & Fitness Center**



# I - Rogers Middle School



## AED Locations:

Athletic Trainer will have an AED with them at all times. In the event that the Athletic Trainer is not at event/practice, AED's are located:

High School	<ul style="list-style-type: none"> <li>• Front Hallway of High School</li> <li>• Hallway outside High School Pool and Pool Deck</li> <li>• Hallway outside of Main Entrance</li> <li>• Hallway outside gym side entrance</li> <li>• Outside Nurse's Office in Main Corridor</li> <li>• Athletic Training Room</li> </ul>
Stadium Field/Baseball/Softball/Track and Field Venues	<ul style="list-style-type: none"> <li>• Inside doorway of Concession Stand</li> </ul>
Pinegrove Fields	<ul style="list-style-type: none"> <li>• Inside equipment shed at Pinegrove field (brown shed located between East and West fields)</li> <li>• Inside the Nature Center</li> </ul>
Dake Jr. High	<ul style="list-style-type: none"> <li>• Hallway outside of gymnasium</li> <li>• Directly across from Nurse's Office</li> </ul>
Field House	<ul style="list-style-type: none"> <li>• Inside Field House to the right of the entrance</li> </ul>
Iroquois	<ul style="list-style-type: none"> <li>• Outside gymnasium</li> <li>• Nurse's Office</li> </ul>
Rogers	<ul style="list-style-type: none"> <li>• Located outside of Gymnasium</li> <li>• Outside of Health Office</li> </ul>

*\*Blood Spill kit is located in the athletic training room, and nurse's office. Emergency supplies, including crutches and backboards, are located in cabinet in rear of stadium concession building.*

## EMS Information

Based on previous experiences with EMS, the following information is provided.

- Most likely EMS provider = Monroe Ambulance
- Most likely estimated time of arrival = 5 to 10 minutes

This information is based off past emergencies of Irondequoit High School, which have taken place during the school day and after school hours. Therefore, it is not a guarantee that the above information will be accurate for every emergency.

## Heat Index Procedures (per NYSPHSAA, 5/1/2010)



### HEAT INDEX PROCEDURES

#### Administration of Heat Index Procedures:

- Heat index will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 80 degrees (Fahrenheit) or higher.
- The athletic trainer, athletic director, or school designee will use the [accuweather.com](http://accuweather.com) website to determine the heat index for the area of the contest/practice. The [accuweather.com](http://accuweather.com) website can be reached through the NYSPHSAA website. Once a person is on the [accuweather.com](http://accuweather.com) website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature as well as the RealFeel temperature (heat index).
- If the RealFeel temperature (heat index) is 90 degrees or above, the athletic trainer, athletic director, or school designee must re-check the RealFeel (heat index) at halftime or midway point of the contest. If the RealFeel (heat index) temperature is 96 degrees (Fahrenheit) or more, the contest will be suspended.

#### Please refer to the following chart to take the appropriate actions:

	RealFeel (Heat Index) under 79 degrees	Full activity. No restrictions
R E C O M M E N D E D	Heat Index Caution: RealFeel (Heat Index) 80 degrees to 85 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider reducing the amount of time for the practice session.
	Heat Index Watch: RealFeel (Heat Index) 86 degrees to 90 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time).
	Heat Index Warning: RealFeel (Heat Index) 91 degrees to 95 degrees	Provide ample water and water breaks every 15 minutes. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is much lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time). Light weight and loose fitting clothes should be worn. For Practices only Football Helmets should be worn. No other protective equipment should be worn.
<b>REQUIRED</b>	Heat Index Alert: RealFeel (Heat Index) 96 degrees or greater	No outside activity, practice or contest, should be held. Inside activity should only be held if air conditioned.

Approved May 1, 2010

Wind Chill Procedures (per NYSPHSAA, 7/27/2016)



**WIND CHILL PROCEDURES**

Administration of Wind Chill Procedures:

- Feels Like Temperature (Wind Chill) will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 39 degrees (Fahrenheit) or lower.
- Download WeatherBug app to your phone or log into [www.weatherbug.com](http://www.weatherbug.com).
- Enter zip code or city and state in the location section of the app or on-line.
- If the Feels Like temperature (wind chill) is 10 degrees or below, the athletic trainer, athletic director, or school designee must re-check the Feels Like (wind chill) at halftime or midway point of the contest. If the Feels Like (wind chill) temperature is -11 degrees (Fahrenheit) or lower, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:

	Feels Like Temp (wind chill) above 40 degrees	Full activity. No restrictions
R E C O M M E N D E D	Wind Chill Caution: Feels Like Temp (wind chill) 39 degrees to 20 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing.
	Wind Chill Watch: Feels Like Temp (wind chill) 19 degrees to 10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss.
	Wind Chill Warning: Feels Like Temp (wind chill) 9 degrees to -10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss. Consider postponing practice to a time when the Feels Like temp is much higher. Consider reducing the amount of time for an outdoor practice session.
<b>REQUIRED</b>	Wind Chill Alert: Feels Like Temp (wind chill) -11 degrees or lower	No outside activity, practice or contest, should be held.

Special Note: Alpine Skiing will be exempt from this policy and will follow the regulations of the host ski center where the practice or event is being held.

Approved May 1, 2010  
Updated July 27, 2016



## Thunder & Lightning Policy (per NYSPHSAA, effective 10/25/04, revised October 20, 2008)

Applies to regular season through NYSPHSAA Finals:

- 1) Thunder and lightning necessitates that contests be suspended. The occurrence of thunder and/or lightning is not subject to interpretation or discussion - thunder is thunder, lightning is lightning.
  - a) With your site administrator, set up a plan for shelter prior to the start of any contest.
- 2) When thunder is heard and/or when lightning is seen, the following procedures should be adhered to:
  - a) Suspend play and direct participants to go to shelter, a building normally occupied by the public or if a building is unavailable, participants should go inside a vehicle with a solid metal top (e.g. bus, van, car).
  - b) Do not permit people to stand under or near a tree; and have all stay away from poles, antennas, towers and underground watering systems.
  - c) After thunder and/or lightning have left the area, wait 30 minutes after the last boom is heard or strike is seen before resuming play or competition.

### West Irondequoit CSD Thunder & Lightning Plan

- An air horn will be used to signal the presence of thunder and lightning.
  - The athletic trainer will signal the air horn, when on site
  - 2 long blasts from air horn – Signals the presence of thunder and lightning. Everyone must enter a shelter.
  - 1 long blast from air horn – Signals 30 minutes have passed, and it is now safe to resume outdoor activities.
- **It is important to be aware that the athletic trainer is not always onsite, and therefore will not always have the ability to signal the presence of thunder and lightning.**
  - **Coaches are responsible for monitoring changing weather conditions and abiding by this thunder and lightning policy.**
  - **Referees and Umpires should also have an awareness of changing weather conditions and an understanding of this thunder and lightning policy.**
- The decision to delay or cancel games and practices will be made by the athletic director, coaches, and referees/umpires. The athletic trainer is not responsible for this decision.

Event Location	Shelters
<ul style="list-style-type: none"> <li>• Main Campus –               <ul style="list-style-type: none"> <li>○ Turf, Track</li> <li>○ Grass Field</li> <li>○ Varsity Baseball Field</li> <li>○ Varsity Softball Field</li> <li>○ JV Baseball Field</li> <li>○ Tennis Courts</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• High School Building</li> <li>• Concessions Stand</li> <li>• Personal Vehicles</li> <li>• If it is unsafe to move to the high school, use the following as <b>temporary</b> shelter until it is safe to move to one of the above shelters.               <ul style="list-style-type: none"> <li>• Varsity softball &amp; baseball dug-outs, storage shelters</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Pinegrove Fields</li> </ul>	<ul style="list-style-type: none"> <li>• Call security &amp; they will come to unlock building</li> <li>• Personal vehicles</li> <li>• Brown shelter between east and west fields can be used as <b>temporary</b> shelter while waiting for security</li> </ul>
<ul style="list-style-type: none"> <li>• Iroquois Outdoor Fields</li> </ul>	<ul style="list-style-type: none"> <li>• Iroquois Middle School</li> </ul>

# Emergency Management of the Cervical Spine Injured Athlete

## Prevention:

1. Individuals responsible for the emergency care of athletes should be familiar with sport-specific causes of catastrophic cervical spine injury and understand the acute physiologic response of the spinal cord to injury.
2. Those responsible for the emergency care of athletes should be familiar with safety rules enacted for the prevention of cervical spine injuries and should take actions to ensure that such rules are followed.
3. Persons responsible for the emergency care of athletes should be familiar with pertinent protective equipment manufacturers' recommendations and specifications relative to fit and maintenance. Maintaining the integrity of protective equipment helps to minimize the risk of injury.
4. Individuals responsible for the emergency care of athletes should educate coaches and athletes about the mechanisms of catastrophic spine injuries, the dangers of head-down contact, and pertinent safety rules enacted for the prevention of cervical spine injuries.

## Planning and Rehearsal:

5. Those responsible for the care of athletes should be familiar with the National Athletic Trainers' Association position statement on emergency planning in athletics
6. Planning in advance of events carrying a risk of cervical spine injury should include preparation of a venue-specific emergency action plan. Components of the emergency action plan include appointing a team leader and acquiring appropriate equipment to facilitate stabilization, immobilization, and removal of treatment barriers (i.e., sporting equipment). The emergency action plan should also incorporate communication with local emergency medical services and identification of the most appropriate emergency care facility to receive the injured athlete. These groups should be involved in creating the emergency action plan.
7. All individuals responsible for the care of athletes should be involved in regular (at least annual) rehearsals of the emergency action plan, as well as training and practice in the special skills inherent to managing a cervical spine injury. Skills requiring training and regular practice may include manual head and neck stabilization techniques, the multiple methods of transferring injured athletes (e.g., log-rolling, lift-and-slide techniques), equipment management (e.g., gaining access to the airway or chest), and immobilization methods (e.g., long spine board, cervical collar application)

## Assessment:

8. During initial assessment, the presence of any of the following findings, alone or in combination, heightens the suspicion for a potentially catastrophic cervical spine injury and requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurologic findings or complaints, significant midline spine pain with or without palpation, and obvious spinal column deformity.

## Stabilization:

9. When a potential spine injury is suspected, rescuers should ensure that the cervical spine is in a neutral position and should immediately apply manual cervical spine stabilization. This will minimize motion during the management of the injury.

10. Rescuers should not apply traction to the cervical spine, as this may cause distraction at the site of injury. Traction in a cervical spine with ligamentous injury can result in excessive distraction and subluxation that can further compromise the spinal cord.
11. If the spine is not in a neutral position, rescuers should realign the cervical spine to minimize secondary injury to the spinal cord and to allow for optimal airway management. However, the presence or development of any of the following, alone or in combination, represents a contraindication for moving the cervical spine to neutral position the movement causes increased pain, neurologic symptoms, muscle spasm, or airway compromise; it is physically difficult to reposition the spine; resistance is encountered during the attempt at realignment; or the patient expresses apprehension.

**Airway:**

12. Rescuers should immediately attempt to expose the airway, removing any existing barriers (e.g., protective face masks).
13. If rescue breathing becomes necessary, the individual with the most training and experience should establish an airway and commence rescue breathing using the safest technique
14. During airway management, rescuers should cause as little motion as possible.
15. The jaw-thrust maneuver is recommended over the head-tilt technique, which produces unnecessary motion at the head and in the cervical spine. Advanced airway management techniques (e.g., laryngoscope, endotracheal tube) are recommended in the presence of appropriately trained and certified rescuers; these methods have been shown to cause less motion and, therefore, are less likely to worsen neurologic status.

**Transfer and Immobilization:**

16. Manual stabilization of the head should be converted to immobilization using a combination of external devices (e.g., cervical collars, foam blocks), and stabilization of the cervical spine should be continued until a destabilizing injury has been ruled out using appropriate diagnostic testing (imaging). Whenever possible, manual stabilization should be resumed after the application of external devices.
17. Individuals responsible for the emergency care of athletes with cervical spine injuries should be prepared to immobilize these athletes with a long spine board or other full-body immobilization device.
18. Although the traditional spine board represents the most common device used for full-body immobilization, devices such as the full-body vacuum splint are more comfortable for athletes, reduce superficial irritation and sores over bony prominences, and may be used in appropriate situations.
19. For the supine athlete, a lift-and-slide technique (e.g., 6-plus-person lift, straddle lift and slide) of transferring the athlete to an immobilization device has been reported to produce less motion at the head and in the cervical spine than the log-roll technique and should be used in appropriate situations.
20. For the prone athlete, all potential rescuers must be familiar with the log-roll method of transferring to an immobilization device.

### **Equipment Laden Athletes:**

21. Because removal of athletic equipment such as helmet and shoulder pads may cause unwanted movement of the cervical spine, removal of helmet and shoulder pads should be deferred until the athlete has been transported to an emergency medical facility, except under specifically appropriate circumstances. The first exception is if the helmet is not properly fitted to prevent movement of the head independent of the helmet. This is imperative, because when the helmet is left in place, it is responsible for securing the head, and, as such, immobilization of the helmet necessarily results in immobilization of the head. The second exception is if the equipment prevents neutral alignment of the cervical spine or airway access. This exception is further addressed in the following recommendations
22. Independent removal of the helmet or shoulder pads in American football and ice hockey is not recommended, because removing one and not the other compromises spinal alignment. Removal of the helmet and shoulder pads in these sports should be considered an all-or-nothing endeavor.
23. No general recommendation regarding removal of equipment can be made for other sports that require a helmet (with or without shoulder pads) because of considerable variation in the capacity of that equipment to maintain a neutral cervical spine or immobilize the head. The primary acute treatment goals in these sports are to ensure that the cervical spine is properly aligned and that the head and neck are immobilized. Upon observation, if the equipment being worn does not permit the cervical spine to rest in neutral or does not adequately immobilize the head, then removal of one or more pieces of equipment in a safe manner is advisable to achieve neutral alignment or adequate stabilization (or both).
24. If the athletic helmet is dislodged during the injury or removed (by either the medical team or the athlete) or if the shoulder pads cannot be easily removed, care must be taken to place padding beneath the head to maintain neutral cervical spine alignment.
25. A rigid cervical immobilization collar should be placed on the athlete before transfer to a spine board. In equipment-laden sports, this may be difficult or impossible, although a cervical vacuum immobilization device has been shown to limit cervical spine range of motion in the fully equipped football player.
26. Individuals responsible for the emergency care of athletes in equipment-laden sports should be familiar with their team's equipment (external defibrillators) and the tools and techniques required for removal of barriers to treatment (e.g., airway management).
27. Face masks that interfere with the ability to access the airway should be completely removed from the helmet.
28. Face-mask removal should be initiated once the decision to immobilize and transport has been made.
29. Rescuers should be aware of, and well trained in, established face-mask removal techniques. The face mask should be removed with the tool and technique that perform the task quickly and with minimal movement and difficulty. A powered (cordless) screwdriver is generally faster, produces less head movement, and is easier to use than cutting tools; it should be the first tool used in attempting to remove a face mask attached with loop straps that are secured with

screws. Because it may be impossible to remove the screws, a backup cutting tool, specifically matched to the sport equipment used, should be available. This is referred to as a *combined-tool approach*.

30. To increase the likelihood that all 4 screws can be successfully removed from a football helmet face mask using a cordless screwdriver, athletic trainers, coaches, and equipment managers should ensure that corrosion-resistant hardware is used in the helmet, that helmets are regularly maintained throughout a season, and that helmets undergo regular reconditioning and recertification.
31. If the face mask cannot be removed in a reasonable amount of time, then the helmet should be removed from the athlete in the safest manner possible. Helmet style will dictate the technique necessary to safely remove the helmet. A neutral cervical spine position should be preserved during and after this process by removing additional pieces of equipment (e.g., shoulder pads) or by placing an object underneath the head (e.g., towel, padding) to maintain neutral

# Protocol and Procedures for Management of Sports-Related Concussion

West Irondequoit Central School District seeks safe return to play for all sick or injured athletes. Recent research in sport related concussion has increased awareness in both the medical community and the general public. This valuable new knowledge forces us to rethink our approach to concussion recognition and management. The following recommendations are in part extracted from the National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion, and adapted for West Irondequoit Central School District.

These adapted recommendations provide guidelines of concussion recognition, management, and safe return to play for the athletic department staff and other school personnel. Academic assistance, medical monitoring, and counseling may be necessary during the school day for an athlete with this injury. Appropriate school personnel will be contacted on a case by case basis.

This protocol will be reviewed annually by the University Sports Medicine medical staff. Any changes or modifications will be reviewed and given to the athletic department staff and appropriate school personnel in writing.

## Recognition of Concussion

The term "ding" should not be used to describe a sport-related concussion. Use of this term diminishes the seriousness of the injury. A sport-related concussion usually involves a blow to the head either direct or indirect. The following are common signs and symptoms of sport-related concussion.

Common signs and symptoms of sport-related concussion:

- Amnesia (e.g., decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (e.g., sleeping more or less than usual)

These signs and symptoms are indicative of probable concussion. Other causes for any of these signs/symptoms should also be considered.

### **Immediate Referral Guidelines for All Staff**

1. An athlete with a witnessed loss of consciousness (LOC) of any duration requires immediate activation of EMS and transfer to the appropriate hospital via EMS. The athlete should be immobilized and, upon EMS arrival, spine boarded.
2. An athlete who has symptoms of a concussion and is not stable (condition is rapidly deteriorating), requires immediate activation of EMS and transfer to the appropriate hospital via EMS.
3. An athlete who exhibits any of the following signs is unstable and requires immediate activation of EMS and transfer to the appropriate hospital via EMS.
  - Headaches that worsen
  - Seizures
  - Looks drowsy and/or cannot be awakened
  - Repeated vomiting
  - Slurred speech
  - Unable to recognize people or places
  - Weakness or numbing in arms or legs, facial drooping
  - Unsteady gait
  - Dilated or pinpoint pupils, or change in pupil size of one eye
  - Significant irritability
  - Any loss of consciousness
  - Suspicion of skull fracture: blood draining from ear, or clear fluid from nose
4. An athlete who is symptomatic but stable, (meaning not showing any of the unstable signs listed above), may be transported by his or her parents. The parents/guardian should be advised to contact a preferred physician and/or neuropsychologist qualified to medically manage sports-related concussion, or seek care at the nearest emergency department, within 24 hours.
5. If the parents/guardian are unavailable, a responsible individual may be allowed to transport the athlete home if the individual understands the home care instructions and is able to monitor the athlete. Efforts should continue to contact the parents/guardian.
6. Always give parents/guardian the option of emergency transportation, even if you do not feel it is necessary.

### **Guidelines for the Certified Athletic Trainer (ATC)**

1. The ATC will assess the injury, or provide guidance to the coach if unable to physically attend to the athlete.
  - The ATC will use standard emergency management principles and give particular attention to excluding a cervical spine injury.
  - The ATC will perform serial assessments following recommendations in the NATA Position Statement, using the Sport Concussion Assessment Tool 5 (SCAT5).
  - Immediate referral to the hospital will be made when medically appropriate.
2. The ATC will notify the athlete's parents/guardian of the injury as soon as possible and offer the appropriate medical referral and follow up care.
  - The ATC will encourage follow up with a preferred physician and/or neuropsychologist qualified to medically manage sports-related concussion

- Written and verbal home care instructions will be given to the parents/guardian by the ATC.
  - Follow up care instructions will be given to the parents/guardian by the ATC.
  - The ATC will maintain communication with the parents/guardian regarding the athlete's status including return to play until athlete is completely recovered.
3. The ATC will notify the school nurse of the injury as soon as possible. The school nurse will then initiate appropriate follow-up in school immediately upon the athlete's return to school.
    - The ATC will continue to coordinate care of the athlete with the school nurse.
    - The school nurse will communicate with the athlete's guidance counselor regarding the athlete's neurocognitive and recovery status, if needed. The ATC will communicate with the athlete's guidance counselor, if needed.

### **Guidelines for Coaches**

1. Any athlete who exhibits signs or symptoms of a concussion should be removed immediately and should not be allowed to return to activity that day. All coaches should be familiar with the signs and symptoms of concussion.
2. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.
  - If the athletic trainer is not present, coaches should fill out the provided concussion assessment sheet. This sheet should be in the team's medical kit. This sheet must be given to the athletic trainer. This sheet helps the athletic trainer understand the athlete's status immediately following the event of injury and how this status may have changed by the time the athletic trainer is able to personally assess the athlete.
  - If the athletic trainer is not present, the coach should give the athlete and their parent/guardian the West Irondequoit CSD provided concussion information sheet. This sheet should be in the team's medical kit.
3. Refer the athlete for medical evaluation.
4. Coaches should report all head injuries to the certified ATC as soon as possible for medical assessment, management, home instructions, and follow-up care.
5. Coaches should seek assistance from the host site ATC if at an away contest.
6. If the certified athletic trainer is unavailable, the coach is responsible for notifying the athlete's parents/guardian of the injury.
  - The coach should contact the parents/guardian, inform them of the injury, and make arrangements for the parents to pick the athlete up at school. The coach is to remain with the athlete until the parents/guardian arrive.
  - The coach should encourage the parents/guardian to follow up with a preferred physician and/or neuropsychologist qualified to medically manage sports-related concussion. The coach should instruct the athlete to report directly to the school nurse the day he or she returns to school after the injury.
  - The coach should give the athlete and their parent/guardian the West Irondequoit CSD provided concussion information sheet. This sheet should be in the team's medical kit.



- The coach should contact the certified athletic trainer and provide the athlete's name and home phone number so follow-up can be initiated.
7. In the event that an athlete's parents/guardian cannot be reached and the athlete is able to be sent home (rather than directly to MD)
    - The coach should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understands the home care instructions, before allowing the athlete to go home.
    - The coach or ATC should continue efforts to reach the parents/guardian.
    - If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, ATC, or designated school administrator should accompany the athlete and remain with the athlete until the parents arrive.
    - Athletes with suspected head injuries should not be permitted to drive home.
  8. **Irondequoit Central School District accident report form must be completed and given to the athletic director/school nurse as soon as possible.**

#### **Follow-up Care of the Athlete during the School Day**

1. Responsibilities of the school nurse after notification of student's concussion – The athlete will be instructed to report to the school nurse upon his or her return to school. The school nurse will:
  - Re-evaluate the athlete utilizing a graded symptom checklist.
  - Provide an individualized health care plan based on both the athlete's current condition, and initial injury information provided by the ATC or parent.
  - Notify the student's guidance counselor and teachers of the injury immediately via the individualized health care plan form.
  - Notify the student's physical education teacher immediately that the athlete is restricted from all physical activity until further notice.
  - If the school nurse receives notification of a student-athlete who has sustained a concussion from someone other than the ATC (athlete's parents/guardian, athlete, physician note), the ATC should be notified as soon as possible.
  - Monitor the athlete on a regular basis during the school day.
2. Responsibilities of the student's guidance counselor
  - Monitor the student athlete closely and recommend appropriate academic accommodations to the student athlete's teachers.
  - Communicate with the school nurse on a regular basis any changes made to the student athlete's individual education plan.

#### **RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION**

1. Returning to participate on the same day of injury
  - As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, any loss of consciousness, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should also be held out of activity.
  - When in doubt, hold the athlete out.

2. Return to play after concussion – The athlete must meet all of the following criteria in order to progress to activity:
  - Asymptomatic at rest and with progressive mental exertion (in school, must be able to complete full day of school symptom free) for at least 24 hours AND:
  - Have written clearance from a preferred physician and/or neuropsychologist qualified to medically manage sports-related concussion (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician). This clearance note allows the athlete to begin the return to play steps; this note does not allow immediate and full return to activities.
3. If there is a discrepancy between the physician’s medical release to play and the school’s policy, the school’s physician will have the final say.
4. Once the above criteria are met, the athlete may be progressed back to full participation under the supervision of the ATC and with clearance from a preferred physician and/or neuropsychologist qualified to medically manage sports-related concussion. The ATC will keep all pertinent parties informed regarding the status of the athlete.
5. Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include
  - Previous history of concussion
  - Duration and type of symptoms
  - Age of the athlete
  - Sport/activity the athlete will return to
6. Graduated progression:
  - 1) Symptom Limited Activity- Daily activities that do not provoke symptoms (Gradual reintroduction to school/work) Progress to step 2 when asymptomatic
  - 2) Light aerobic exercise – walking, stationary bike, 10 minutes. No resistance training.
  - 3) Sport-specific training (e.g., skating in hockey, running in soccer)
  - 4) Non-contact training drills
  - 5) Full-contact training
  - 6) Return to play after clearance from School Medical Director

Note: If the athlete experiences post-concussion symptoms during any phase, the athlete drops back to the previous asymptomatic level and resumes the progression after 24 hours of being symptom free.

7. The ATC and athlete will discuss appropriate activities for the day. The athlete will be given verbal and written instructions regarding permitted activities.
8. The athlete should see the ATC and/or school nurse daily for re-assessment and instructions until progressed to unrestricted activity, and given a written report from the ATC. The ATC will continue to monitor the athlete after full participation for recurrence of signs or symptoms the next few days.

## COVID-19 Screening Procedure/ Return to Play

Due to the COVID-19 pandemic, the District has put the following process in place when screening student athletes:

**Screening Procedures:** All student athletes will complete a COVID-19 screening in the Activity Scheduler daily health screening app. This is in addition to the daily Upstate screening being used by the District. If students have not completed their screening at the time of your event (practice, workout, game, etc.) coaches will complete the screening with each student individually.

If the athlete answers NO to all the screening questions, **they are cleared** to participate in the activity.

If an athlete does answer YES to any of the screening questions, is displaying symptoms, or has a temperature of 100 degrees or more, the following procedure should be followed:

- The athlete must be isolated from the team. Parents need to be notified for prompt pick up of child.
- For on-campus athletes: Athletic Trainer, Brittany Bamann, will come supervise the athlete until a parent/ guardian arrives , if she is unavailable have student isolate away from team until parent is able to come pick student up.
- For Off Campus Athletes: Contact Athletic Trainer, Brittany Bamann at 585-397-5000 as soon as possible; coach will supervise athlete from at least a 6 feet distance until parent/guardian arrives. In the event you are unable to reach Brittany, please contact Kim Schon, AD at 585-353-3302
  - Athletic Trainer will contact the school nurse, athletic director, and maintenance department of possible COVID-19 case.
- The **nurse** will follow up with the athlete and will follow the Return to School District Guidelines before the athlete will return to sport. She will issue a note of return.
  - Documentation from a health care provider following evaluation
  - Negative COVID-19 diagnostic test result
  - 24-hour symptoms free or release from isolation, if COVID positive

Screening information provided by students is considered private health information and is confidential. Please remember to be mindful of this when screening students and/or when you receive information about a student's health status. Please communicate any Covid-19 related information that a student or family reports to you immediately via email to me.

If an athlete or family contacts you *for any reason related to COVID-19* (family member tests positive, possible exposure, etc...) please email Mary Piston and myself immediately so that we can follow-up with tracking and communication to family. The nurse will be the primary communicator with families. The expectation for you as coaches for you to you is to give us the information families or students provide to you in a timely manner and then wait for clearance

from our health office indicating the athletes return. When in doubt or if you have not received correspondence on a decision, have the athlete stay home from practice or contest.

**NEW: Return to Play Protocol for any athlete who has tested positive for Covid-19.**

1. Release to return to play completed by primary care physician. This should be directly submitted to the health office. Once the school nurse has received it, coach will be granted okay to begin return to play.
2. Coaches should document dates, and specific training that follows the return to play phasing, and monitor athlete. Athletic trainer can be used as a support in this process.

**Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less:** Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

**Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

**Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less-** Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes -**Normal training activity - intensity no greater than 80% maximum heart rate.

**Stage 5: Day 7 - Return to full activity/participation (ie, - Contests/competitions).**

3. Upon completion of day 6, submit documentation to school nurse for final approval indicating athlete can return to play on stage 5 (day 7).

# Documentation and Communication

## Documentation

1. All venue emergency action plans (EAPs) will be posted at the venues.
  - Posting of EAPs will be accessible to home and visiting coaches and athletes. Posting will be accessible to all team member involved in an emergency, including event supervisors and event staff.
  - A record of where venues EAPs have been posted will be kept. The athletic trainer will maintain this record.
  - Venue postings should be checked before every game, to ensure that visiting teams have access. Venue postings must be checked at the start of every season.
2. All documentation regarding coaching staff's certifications (AED, COR, first aid, etc.) will be managed by the athletics office.
  - Coaches are required to maintain certification in AED, CPR, and First Aid, as well as completing the NYS mandated concussion training every 2 years.
  - The athletics office is responsible for ensuring that all coaches have the required certifications. The athletics office is responsible for maintaining a record of coaches' certifications.
3. The dispersal of this EAP to coaches and other pertinent personnel will be documented.
  - Coaches will provide signature with date as verification that they received this EAP and will review all areas relevant to their sport.
  - A record of dispersal with signatures will be kept. The athletic trainer will maintain this record.
4. All trainings completed for emergencies will be documented.
  - The EAP will be reviewed and rehearsed annually, at a minimum.
  - Documentation of this will include who was present and the date(s) it was completed on.
5. Following an emergency, documentation of the emergency must be completed.
  - An accident reports must be filled out by coaching staff and given to the school nurse.
  - In the event that EMS is activated, a record of all events leading to the emergency incident, all steps taken during the emergency event, and all events following the emergency event must be created. The following information must be included in this:
    - Name of athlete (or other individual) injured
    - Names of everyone who assisted in caring for the athlete
    - Names of everyone who assisted in executing any part of the EAP
    - All actions taken by the above mentioned people
    - Events leading to injury
    - Times of injury and EMS arrival
    - Any unexpected difficulties that occurred while carrying out EAP and how these difficulties were managed → to be used for improving EAP
    - All communications following emergency (see below)
  - Records completed following the emergency will be given to the athletic trainer, school nurse, and athletic office. All three parties will save these records.
  - The athletic trainer will use records of the emergency to improve upon the EAP.

## Communication

1. If the athletic trainer is not onsite, coaches will immediately contact the athletic trainer immediately following the emergency.
2. Coaches and the athletic trainer will communicate with the parents/guardians of the athlete, if not onsite.
3. If the athletic trainer is onsite, following the emergency they will immediately notify the athletic director (if not onsite). If the athletic trainer is not onsite, then the coaches will immediately notify the athletic director following the emergency.
  - If the athletic trainer is not onsite, then as soon as the athletic trainer receives notification of the emergency, they will establish contact with the athletic director.
4. The athletic trainer will notify the school nurse within 24 hours of the emergency. Coaches will bring the nurse the accident report, allowing them to also communicate with the nurse if needed.
5. The athletic director will notify any other pertinent parties.
6. The athletic director will manage all communications to outside organizations and to parties not directly involved in the emergency (i.e. news organizations, West Irondequoit CSD community members, etc.).
  - No other personnel will share any information regarding the emergency, unless given permission to do so from the athletic director.
  - The athletic director may designate other personnel who are allowed to share information regarding the emergency. The athletic director may designate the extent of what information may be shared by these other personnel.
7. All communications listed above will be documented (as stated in the above documentation section).
  - The chain of communication following an emergency will be documented.
  - Any information shared with outside organizations will be documented. Who the information is shared with will be documented.