Panther Valley

Sports Medicine

EMERGENCY ACTION PLAN

St Luke's Sports Medicine

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I. INTRODUCTION

The purpose of this document is to provide instructions to members of the Panther Valley High School Athletics Staff in the event of a medical emergency. An emergency is a sudden life-threatening injury or illness that requires immediate medical attention. Emergency situations can occur at any time during athletic participation. This emergency plan will help ensure the best care is provided.

All members of the Panther Valley High School organization are required to familiarize themselves with this plan. Throughout the season there is a possibility in which an athletic trainer or other medical professional is not immediately available. This places athletic personnel, in the position of potentially providing emergency medical services in the form of cardiopulmonary resuscitation and basic first aid.

All Panther Valley High School personnel should review this policy prior to each pre- season. All sports medicine staff members will rehearse this plan prior to the start of every season. Coaches should discuss this policy in detail with one of Panther Valley High School Sports Medicine Staff members. Those with the highest level of medical training such as, a Team Physician, Licensed Athletic Trainer (LAT), Emergency Medical Staff, or Strength and Conditioning Staff are responsible for the emergency plan at a session or event. If a member of the sports medicine staff is not available at a practice, then the coach is responsible for the emergency plan. Legal liability is very important to consider, and ALL Panther Valley High School personnel should understand this plan. If you have any questions about the enclosed plan, please contact the Panther Valley High School Head Athletic Trainer, Dylan Bradley, to discuss any issues in advance.

II. Emergency Phone Numbers

Emergency number: 9-1-1

St. Luke's Miners Campus Emergency Department: 570 – 645 - 2132

Lansford Police Department: 570 – 657 - 5844

Poison Control: 1 – 800 – 222 - 1222

Staff:

Athletic Trainer: Dylan Bradley, 610 – 349 - 8614

Team Primary Care Sports Medicine Physician: Dr. Richard Sirard

Athletic Director: Kristin Black, 570 – 657 - 6143

Ambulance Service: Lehighton Ambulance ALS, 610 – 377 - 5155

Panther Valley High School: 570 - 645 - 2171

Panther Valley Intermediate School: 570 - 645 - 2175

III. EMERGENCY PERSONNEL

The type and degree of sports medicine coverage for an athletic event (practice or contest) will vary. In either case, the first responder to an emergency situation will typically be a member of the Panther Valley High School Sports Medicine Staff, most commonly a Licensed Athletic Trainer (LAT). Other members of the emergency team may include Strength and Conditioning coaches, Athletic Director, and/or Physical Therapist. Roles of these individuals within the emergency team may vary depending on various factors such as: number of medical staff members, athletic venue, or the preference of the head athletic trainer. The head athletic trainer will denote responsibilities to each of the emergency personnel at the start of every season.

- The role of the head athletic trainer/associate athletic trainer consists of the oversight and implementation of the EAP during an emergency.
- If a physical therapist/S & C coach is present, their role will be to assist the athletic trainer(s) in equipment retrieval (B.) and/or provide directions to EMS to the emergency site (D.)
- If a team physician/advanced medical provider is present, their licensure and skills trump the on-site athletic trainer, and will provide services/clinical decision making within their scope.
- Support staff (athletic director, security, coaches) can work to control patrons/bystanders, meet EMS at the appropriate site per the athletic trainer(s), and/or assist in activation of emergency skills within their training.
- On-Site EMS shall be utilized as soon as possible, if necessary.

Roles include:

A. Immediate Care of the Athlete

The first and most important role is immediate care of the athlete. Acute care in an emergency situation should be provided by the *most qualified individual on the scene.* Individuals with lower credentials should yield to those with more appropriate training. This should be determined in advance of each training session.

B. Emergency Equipment Retrieval

The second role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Emergency equipment is noted in "Emergency Equipment" section of this policy.

C. Activation of Emergency Medical Services (EMS)

The third role, EMS activation, should be done as soon as the situation is deemed an "emergency" or "life-threatening event". Time is the most critical factor. Activating EMS may be done by anyone on the team. ***Steps for activation are noted in the "In Case of Emergency" section below.***

D. Directions to the Emergency Scene

After EMS has been activated, a member of the team will be responsible for "flagging" EMS and directing them to the location of the emergency. This person should be familiar with the location and understand all entrances and exits to the specific venue.

IV. EMERGENCY COMMUNICATION

A. Activation of Emergency Medical System (EMS) In the event that an emergency occurs, a member of the emergency action plan team should promptly contact Emergency Medical Services (EMS). Phone numbers of emergency personnel will be posted in the medical kit. It is the responsibility of the certified athletic trainer or the coach (if an athletic trainer is not present) to bring a cellular phone to the field. A back up communication plan should be in effect if there should be failure of the primary communication system. It is important to note in advance the location of a workable telephone. Prearranged access to the phone should be established if it is not easily accessible.

B. Contacting the Emergency Medical Services (EMS)

1. If EMS is at the event, then a signal (single fist overhead) should be given to summon them forward.
2. If EMS is not on site, call **911**.
3. The following information should be provided to the dispatcher:
    A. Your name
    B. Exact location where the injury occurred and where you will meet them (if at PVHS: 912 Coal Region Way, Lansford, PA. 18229; THEN what field you are on)
    C. Number of patient(s)
    D. The condition of the patient(s)
    E. The care being provided
4. If AT's are NOT on scene, please notify someone from the sports medicine staff as soon as possible. Numbers are enclosed below.
5. As EMS is being dispatched, make sure someone is designated to retrieve any needed emergency equipment available.
6. Have the coaches' serve as crowd control and keep others away from the victim(s).
7. Send someone to meet the ambulance at the designated spot. *(see maps for details)*
8. A member of the sports medicine staff or coach will accompany the patient to the hospital. The member of the sports medicine staff should bring medical and/or insurance information with them to the hospital if accessible.
9. Athletic Trainer(s) shall complete the necessary incident report and insurance information.

V. EMERGENCY EQUIPMENT

The majority of emergency equipment will be under the control of a member of the sports medicine staff (i.e. physician, ATC) or EMS. The highest trained provider at the event should be aware of what equipment is readily available at the venue /event and its function. All necessary emergency equipment should be quickly accessible. The equipment should be in good condition and checked regularly.

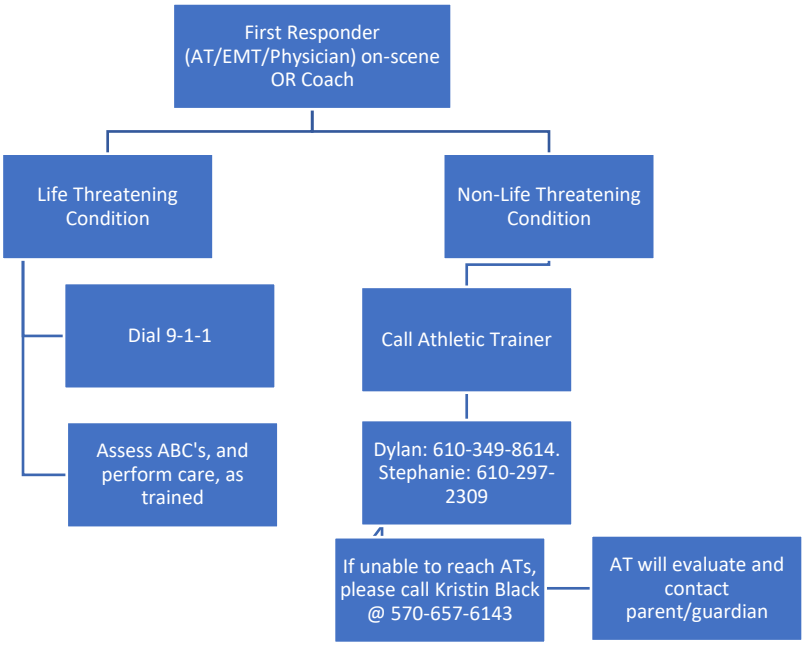
The highest trained member of the staff should determine in advance the type and manner in which any equipment is at or to be delivered to the site. Unless immediately available, non-sports medicine staff members should rely on emergency medical services for all equipment.

❖ The following is a list of important available emergency equipment; this emergency equipment must be readily accessible during all practices and games to all staff responsible for first aid or medical care of the injured athlete.

1. Spine board or scoop stretcher- will be provided by EMS, if warranted.

2. Emergency Kit – Facemask removal equipment, resuscitation masks, blood pressure cuff, stethoscope and gloves.
3. Biohazard/First Aid Kit – Band Aids, Gauze, Biohazard Bag, Sharps container, wound care products.
    a. Available on the sideline/courtside
4. Splint Kit – Vacuum splints, Slings, Cervical collar, SAM splints, knee Immobilizer.
    a. Available on the sideline/courtside
5. Automated External Defibrillator (AED)
    a. Available on the sideline/courtside
6. Other Equipment – Crutches, braces, towels, thermometer
    a. Available as needed

VI. EMERGENCY CONTACT TREE



Note: This is a basic plan. Please use professional judgement when a person is injured.

VI. LIGHTNING POLICY

The sports medicine staff will take the following actions in the threat of lightning:

A. WEATHER WATCHER:

A person or persons will be designated to monitor lightning and severe weather each day. The weather watcher (AT) will be responsible for the following:

1. Monitor weather throughout the day.

    a) Weather will be monitored using the National Weather Service website, The Weather Channel App, and Weather Bug app.

2. During practices, the weather watcher will utilize the following tools to determine safety and threat level:

    a) On-site portable lightning detector

    b) Smartphone application – Weather Bug® - Spark

    c) Flash-to-bang rule: The observer begins counting once sighting a lightning flash. Counting is stopped at the sound of related thunder. The count is then divided by five (5) to determine the proximity in miles of the lightning strike. (5 seconds = 1 mile; 50 seconds = 10 miles, etc.).

3. The weather watcher will notify the on-site Athletic Trainer (if not present), who will notify the coaching staff of the impending danger and recommendations for continuation or postponement of event(s).

B. SAFE LOCATIONS:

1. Off Campus Football stadium

    A) Inside of the locker room(s), athletic training room, and/or restrooms.

    B) Inside of a car. **BE SURE TO AVOID METAL INSIDE OF THE CAR.**

2. Intermediate and high school buildings, including internal hallways, gymnasium, and cafeterias.

C. AREAS TO AVOID:

1. Outdoor practice fields/temporary shelters such as: baseball/softball, football, track and field, dugouts, metal storage shed, and/or all-terrain vehicles.

2. Tall objects including trees, hill tops and flag poles.

3. Areas/objects that could potentially conduct electricity such as metal fences, bleachers, bats, bicycles, etc.

    A) Do not lay flat on the ground during a lightning storm.

    B) Utilize the safe position: Crouched position standing on the balls of your feet with your arms tucked to your sides, if no safe shelter is available.

D. THREAT LEVEL 1: Lightning detected within 20 – 30 miles

1. AT notifies head coach of <u>POSSIBLE</u> danger and practice postponement.

2. If it appears the thunderstorm is moving toward the site, a 30-minute lead time or more should be considered for protective actions.

3. Protective actions

    A) Prepare to leave and find shelter.

B) Consider initiating predetermined evacuation plans

C) Ensure staff acts to protect themselves and team

E. THREAT LEVEL 2: Lightning detected within 10 – 15 miles

1. AT notifies head coach of imminent danger
2. AT may recommend practice postponement
3. Protective actions

A) Prepare to leave and find shelter.

B) Initiate predetermined evacuation plans

4. Ensure staff acts to protect themselves and team

F. THREAT LEVEL 3: Lightning detected within 3 – 8 miles

1. AT notifies head coach of current danger and must initiate field evacuation.
2. Protective actions

A) **Leave and find shelter**. No place outside is safe if lightning is in the vicinity. Partially enclosed vending areas and picnic shelters are not safe. If a substantial building is not available, fully-enclosed motor vehicles can provide shelter as long as occupants do not touch the metal framework during the thunderstorm. If no protection from lightning is available, direct patrons to stay away from the tallest objects (lifeguard stands, light poles, flag poles), metal objects (fences or bleachers), standing pools of water, and open areas.

B) Implement predetermined evacuation plans

- Football stadium procedures: cheerleaders and band members shall report back to the buses they arrived on until the threat is cleared. Both home and away football teams shall report to their assigned locker rooms. Medical staff and officials shall report to their respected locations. All fans shall be instructed to leave the bleachers, and report back to their vehicles. The athletic director will coordinate with the AT for logistics.
- Baseball/Softball/Football/Track and Field procedures: all players and coaching staff shall report into the high school at the nearest entrance, door # 14, and wait in the cafeteria, until the threat is cleared. No player or coaching staff member shall remain in a dugout, storage shed, or on the field at any time.

C) Ensure staff acts to protect themselves and team

G. ALL CLEAR:

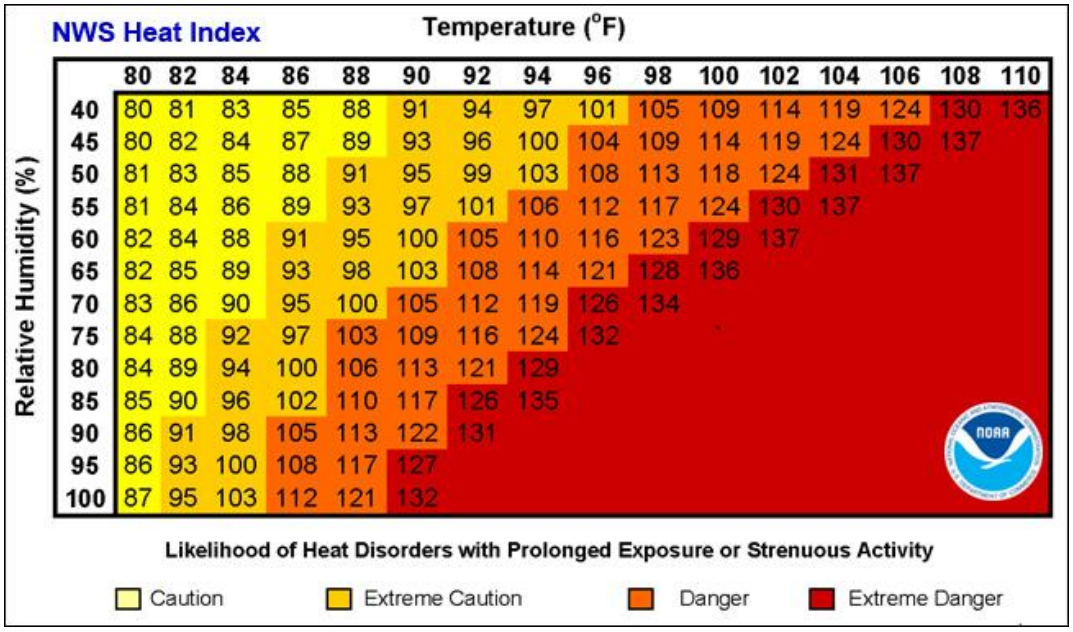
AT will continue to monitor thunderstorms and data to make an informed decision, determining the appropriate time to recommend resuming activity. Normal activities may resume after 30 minutes of no detected lightning strikes within a 10-mile radius of the specific venue. This timeframe will reset if lightning is detected.

H. LIGHTNING INJURY RESPONSE

1. Ensure scene safety (victims do not carry electrical charge and can be touched).
2. Follow local protocols for trauma injury and triage. If necessary, safe, and appropriate, move the victim to a safe place away from the threat of another lightning strike.
3. Heart irregularities, shock, or sudden loss of consciousness are possible. Keep the conscious victim calm and monitor closely.
4. Summon EMS, as needed.
5. CPR and/or AED may be necessary.

VII. HEAT EXPOSURE POLICY

During times of hot weather, a member of the Sports Medicine Staff will determine air temperature and relative humidity utilizing the OSHA: Heat Index app. This app will be used in conjunction with local heat index information available.



Relative Humidity (%)	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

'Caution' – Avoid prolonged exposure. Fatigue can occur towards end of activity. Cold water and shade should be accessible.
'Extreme Caution' – Special observation and consideration should be given to athletes susceptible to heat problems (i.e. overweight, underweight, dehydrated, history of previous heat injury). Cold water should be accessible before, during, and after activity
'Danger' – We strongly recommend several 5-10 minute rest/water breaks for activity lasting over 1 hour (maximum of 30 minutes between breaks). It is recommended practice should be conducted during the coolest part of the day (<10am or >4pm). Practice intensity should be light with athletes wearing loose, light colored clothing.
'Extreme Danger' – We strongly recommend providing unlimited water breaks every 15 minutes. Practice intensity and duration should be decreased. Practice should be conducted in shorts with no equipment. Consider postponing the practice.

A. HEAT ILLNESS MANAGEMENT: When participating in sports during hot weather, individuals can be at risk for developing heat illness. Heat illnesses vary in severity: from mild (cramping) to severe (heat stroke, death). The following guidelines should be utilized to assist in the recovery of heat illnesses:

1. Continue to hydrate yourself with water and/or electrolyte beverage.
    A) Drink 16oz of cold fluids for every pound that you have lost. Athletes participating in intense activity shall monitor and document their weight before and after team events (practice, game, tournament).
2. DO NOT DRINK caffeinated beverages (e.g. coffee, tea, iced tea, soda, or energy drinks)
3. Eat a good nutritious diet
    A. High protein, moderate carbohydrate, limited fat

i. Many fruits and vegetables

B. Lightly salt foods to taste

4. Avoid taking any supplements, stimulants, and/or unprescribed medications without consulting your primary care physician.

5. Monitor your urine color & output

A. Urine color should be pale yellow to clear

B. Football athletes are expected to weigh-in and weigh-out after each practice. Athletes that have lost more than 3% of their body weight shall be monitored by the sports medicine staff, and specific guidelines may be implemented as warranted.

6. Immediately contact the athletic trainer if any of the following occur:

A. Cramping, muscle spasms, convulsions

B. Nausea and/or vomiting

C. Elevated body temperature (>104°F)

D. Severe headache, dizziness, confusion or lethargy

E. Staggering body control, decreasing level of consciousness

F. Urine color that is dark brown (Iced tea color)

7. In the event of a heat related emergency, practice standards recommend the process of 'cooling' the athlete FIRST, then 'transporting' them via EMS.

A. Patients can be cooled through cool water immersion, rotating wet ice towels over entire body, dousing with cold water, and/or fanning patient. The sports medicine professional shall deem what method is MOST appropriate for the situation at hand.

B. Steps to Perform when treating an individual with **heat stroke**:

1. Remove all equipment and excess clothing.

2. Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (35 - 38°F) – stir water continuously.

3. Maintain airway, breathing, and circulation

4. EMS shall be activated if any/all of the following symptoms are present:

1. Core body temp. of 105°F or higher

2. Increased heart rate

3. Seizures

4. Rapid breathing

5. Signs of nervous system dysfunction (confusion, aggression, and loss of consciousness)

6. Red, dry skin

5. Monitor vital signs (HR, BP, RR, CNS function, and rectal thermometry)

1. If possible, a rectal/core temperature shall be obtained and monitored throughout the cooling process.

6. If a rectal/core temperature is unable to be assessed, the patient shall be cooled immediately for 15 minutes.

7. Patient shall be removed from cooling once their temperature reaches 102°F

1. Continue to monitor the patient's temperature, ABC's, and vitals[1].

(Korey Stringer Institute, 2019. Emergency Conditions: Heat Stroke Treatment. Accessed from: https://ksi.uconn.edu/emergency-conditions/heat-illnesses/exertional-heat-stroke/heat-stroke-treatment/

VIII. SPECIAL CONSIDERATIONS: SICKLE CELL TRAIT

Sickle cell trait is the inheritance of one gene for sickling red blood cells (RBC) and one gene for normal RBC. The sickle gene is common in people whose origin is from areas where malaria is widespread. This includes but is not limited to, African, Mediterranean, Middle Eastern, Indian, Caribbean, and south and Central American ancestries. During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or "sickle." The sickle cells can then stick and block the blood vessels and lead to a collapse from ischemia; this can lead to the rapid breakdown of muscles which are starved of blood called rhabdomyolysis. Sickling can begin in 2-3 minutes of any all-out exertion and reach grave levels soon after if an athlete continues to struggle. **THEREFORE, SICKLING COLLAPSE IS A MEDICAL EMERGENCY.** (Reference, 2010 NATA Consensus Statement: Sickle Cell Trait and the Athlete).

SICKLING

- No muscle spasm
- Strong, lasting, deep pain
- Slump to the ground
- Lie fairly still, not yelling
- "Weak" muscles
- Muscles look and feel normal
- Faster to recover

HEAT CRAMPING

- Early symptoms of muscle spasm
- Immediate, excruciating pain
- Hobble to a halt
- Yell in pain
- "Locked up" muscles
- Visibly contracted muscles
- Slower to recover

SICKLING COLLAPSE MANAGEMENT: Simple precautions may prevent sickling collapse and enable an athlete with sickle cell trait to thrive in his/her sport. Guidelines are below:

1. Build up slowly, with longer periods of rest and recovery between repetitions.
2. Set own pace during activity
3. Report any symptoms **IMMEDIATELY** to your athletic trainer, including: FATIGUE, DIFFICULTY BREATHING, LEG or LOW BACK PAIN/CRAMPING
   A. **Assume you are sickling**
   B. STOP all activity with onset of symptoms; muscle cramping, pain, swelling, weakness, tenderness, inability to "catch breath", and/or fatigue
4. Adjust work/rest cycles for environmental heat stress, emphasize hydration, control asthma, monitor altitude changes.
5. Inform AT when feeling sick, asthmatic, or allergy concerns or temperature concerns.
6. Participate in a year-round periodized strength and conditioning program consistent with goals and sport-specific demands. When performing high speed sprints and/or interval training, an athlete will be allowed extended recovery between repetitions noting this type of training poses a risk.

SIGNS & SYMPTOMS OF SICKLING:

- Severe Fatigue
- Difficulty Breathing
- Leg/Low Back Pain or Cramping
- Pain
- Swelling in Extremities
- General Weakness/ Tenderness

WHAT TO DO IF AN ATHLETE IS SICKLING:

1. Check vital signs.
2. Administer high-flow oxygen 10-15 L/PM, with non-rebreather face mask.
3. Cool the athlete if necessary.
4. If vital signs decline or if the patient's level of consciousness changes, CALL 911.
5. Administer emergency care based on patient's needs and in accordance with EAP.

IX. SPECIAL CONSIDERATIONS: ASTHMA

Asthma is defined as a chronic inflammatory disorder of the airways characterized by variable airway obstruction and bronchial hyperresponsiveness. In many patients, this chronic inflammation causes an increase in airway hyperresponsiveness, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, particularly at night or in the early morning, as well as after exercise, especially in cold, dry environments. These episodes are associated with widespread but variable airflow obstruction that is often reversible, either spontaneously or with treatment. This definition implies that asthma has multiple causes, and indeed, it is a complex disorder (Reference, 2005 NATA Position Statement: Management of Asthma in Athletes).

SIGNS AND SYMPTOMS:

- Chest tightness or pain
- Coughing (especially at night) that doesn't respond to meds
- Prolonged shortness of breath (dyspnea)
- Wheezing (especially after exercise)
- Inability to catch one's breath
- Use of accessory muscles to breathe

TRIGGERS:

- Allergens (e.g. pollen, dust mites) or pollutants (e.g. smoke)
- Respiratory infections
- NSAIDs (Motrin, Aleve, Asprin)
- Inhaled irritants (e.g. cigarette smoke, cleaning fumes, chlorine)
- Particulate exposure (e.g. ambient air pollutants, ice rink pollution)
- Cold-dry environments
- Exercise

WHAT TO DO IF AN ATHLETE IS HAVING AN ASTHMA ATTACK:

1. Keep them calm and try to get them to breathe normally (diaphragmatic breathing).
2. Check peak flow.
   A. Mild – PEF >80% baseline B. Moderate – PEF 60 – 80% baseline C. Severe – PEF <60%
3. Give prescribed medications as needed (inhaler).
4. Re-check peak flow periodically.
5. Seek emergency medical care if the athlete has any of the following:

A. Coughs constantly, no improvement 15-20 minutes after initial treatment with medication, difficulty breathing, stooped body posture, struggling/gasping, or lips or fingernails are grey or blue

RETURN TO PLAY GUIDELINES:

1. Athlete must be asymptomatic, peak flow at >80% of their baseline.
   A. Athlete may return to participate in monitored low intensity activity.
   B. Athlete may increase intensity at ATs discretion.
2. If symptoms return, reevaluate. If athlete continues to decline, initiate EAP.
3. Continue to monitor the athlete at regular intervals.

X. SPECIAL CONSIDERATIONS: DIABETES MELLITUS

Diabetes Mellitus is a condition in which the body registers high levels of glucose due to lack of insulin production, insulin action/reception, or a combination of both.

Type I diabetes is related to a deficiency with insulin production, and this type is also referred to as insulin dependent. It is normally detected before age 30.

Type II diabetes is a defect in the action of the insulin that is produced (insulin resistance) and is non-insulin dependent. Type II is typically detected after age 40 and increases in risk with obesity and lack of activity. Chronic diabetes can lead to long term dysfunction or failure of the eyes, nerves, kidneys and heart.

HYPERGLYCEMIA: Occurs from exercise and is related to several factors. Without adequate insulin, blood glucose levels continue to rise because of exaggerated hepatic glucose production and impairment of exercise-induced glucose utilization. High intensity exercise (70% of VO2 max or >85% max heart rate) may increase catecholamine, fatty acid, and ketone bodies which all impair glucose utilization and increase glucose levels.

Psychological stress has also been linked to increased glucose levels in the blood. What may not cause hyperglycemia in practice may cause it on games days because of the stress related to those events. Some athletes may feel their glucose levels raise while in hot/humid environments because of a rise in glucose counter-regulatory hormones. If any of these factors are happening at the same time also, it could multiply the effects even further.

HYPERGLYCEMIC

- Nausea
- Dehydration
- Reduced cognitive performance
- Slow visual reaction time
- Sluggishness and fatigue

KETOACIDOSIS

- Rapid breathing
- Fruity odor to breath
- Fatigue/sleepiness
- Loss of appetite
- Increased thirst and urination

TREATMENT

1. Frequent blood glucose monitoring, small boluses of rapid-acting insulin or a temporary release of basal rate insulin may be required to recover from hyperglycemic episodes.
2. When blood glucose levels exceed the renal glucose threshold (180mg/dL) athletes need to stop activity and increase intake of non-carbohydrate fluids.

INSULIN ADMINISTRATION

- Insulin injections should be administered to subcutaneous tissue of abdomen, upper thigh, or upper arm.
- Heat and cold should be avoided 1-3 hours after injection of rapid-acting insulin and up to 4 hours after fast-acting insulin.
- Insulin pump users should replace the infusion sets every 2-3 days to reduce risk of skin irritation at the infusion site.
- In extreme ambient temperature, athletes with type I diabetes should check glucose levels frequently and replace insulin filled cartridges and infusion sets with any sign of unusual hyperglycemia.

ADA GUIDELINES FOR EXERCISING WITH HYPERGLYCEMIA:

- Fasting blood glucose level >250mg/dL: Test urine or blood for ketones. If ketones present, do not continue exercise.
- Blood glucose level >300mg/dL without ketones: exercise with caution and continue to monitor glucose levels.

HYPOGLYCEMIA - the result of over insulinization during or after exercise. The rate at which insulin is absorbed increases with exercise. Exogenously administered insulin levels do not decrease in an athlete with type I diabetes compared to an athlete without diabetes. Exercise improves insulin sensitivity in skeletal muscles and can last hours to days after competition, causing post-exercise late onset hypoglycemia which may occur during sleep.

AUTONOMIC SYMPTOMS

- Tachycardia or Palpitations
- Sweating
- Hunger
- Nervousness
- Headache
- Trembling
- Dizziness

NEUROGENIC SYMPTOMS

- Blurred vision
- Fatigue
- Difficulty thinking
- Loss of motor control
- Aggressive behavior
- Seizures
- Loss of consciousness

TREATMENT OF MILD HYPOGLYCEMIA

1. Administer 10g-15g of fast acting carbohydrate.
2. Measure blood glucose level; wait 15 minutes and re-measure glucose levels.
3. If levels are still low, administer another 10-15g of carbohydrates and measure the glucose levels in 15 minutes.
4. If the blood glucose is still not at a normal level, activate EMS.

TREATMENT OF SEVERE HYPOGLYCEMIA

1. Activate EMS and monitor vital signs.
2. Notify EMS that athlete is suffering from severe hypoglycemia.
3. Be prepared to administer advanced care.

XI. SPECIAL CONSIDERATIONS: ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction to a product (food, weather, animal), and can result in serious injury, including death. It's important to be aware of one's allergies and have the necessary supplies on hand to ensure a prompt response for that individual. An individualized plan shall exist.

A. Symptoms of a Suspected Anaphylaxis Episode:

a. Quick onset of illness which involves changes to the skin, mucosal tissue, or both with at least on the following:
b. Breathing difficulty or breathing complications
c. Reduced blood pressure
d. Sudden and rapid onset of signs and symptoms
e. Breathing complications: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, trouble swallowing, itchy mouth/throat, nasal stuffiness/congestion
f. Circulation compromise: pale/blue color, low pulse, dizziness, lightheadedness//passing out, low blood pressure, or shock
g. Skin/gastrointestinal reaction: hives, pain/cramps, vomiting, diarrhea
h. Other: anxiety, itchy/red/watery eyes, headache

B. Management of Anaphylaxis:

a. Check ABCs.
b. Activate EMS.
c. Remove triggers of allergic reaction, if possible.
d. Administer epinephrine, if qualified to do so. Document time and dosage of admin.
    i. A second dose may be needed within 5 – 15 minutes of initial dose.
e. Place patient in comfortable position (supine with legs elevated).
f. Monitor vitals until EMS arrives.
g. Send epi-pen with EMS for record. **IF USED, PATIENT MUST GO WITH EMS.**

XII. SPECIAL CONSIDERATIONS: PSYCHOSOCIAL CONDITIONS

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders defines a mental health disorder as: "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom."

A. It's important to understand that mental health emergencies can arise at any time, and require immediate attention. The primary goal of the Panther Valley Sports Medicine staff is to ensure the safety and well-being of all athletes. This protocol has been developed by SLUHN.

B. Emergency Situations:
    a. Thoughts of suicide/attempting suicide
    b. Sexual assault
    c. Displaying signs of agitation or threatening behaviors to themselves and/or others
    d. Acute psychosis and paranoia
    e. Self-harm
    f. Anxiety/panic attack
C. Please refer to the 'Mental Health Referral Protocol' for specific steps and contact information.

XIII. SPECIAL CONSIDERATIONS: OPIOID OVERDOSE

A growing number of opioid overdoses has been seen across the country, with prescription drug abuse and illegal substances. In fact, opioid overdoses have sky rocketed so much, that they are currently the leading cause of accidental deaths, as of 2015, according to the American Society of Addiction Medicine (ASAM). Athletic populations are not exempt from experiencing overdose situations, and shall be prepared to handle a situation in which one does occur.

A. During an overdose, breathing can be severely reduced or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs may include:
    a. Small, constricted "pinpoint pupils"
    b. Falling asleep, extreme drowsiness, or loss of consciousness
    c. Slow, shallow breathing
    d. Choking or gurgling sounds
    e. Limp body
    f. Pale, blue, or cold skin
B. Often times it's difficult to isolate the difference between an overdose and a high; if unsure, treat the victim like an overdose victim.
C. Steps to follow in the event of an overdose victim:
    a. Activate EMS immediately
    b. Administer naloxone (Narcan), if available (intranasally or intramuscular)
    c. Try to keep the person awake and breathing
    d. Position the patient on their side to prevent choking (CDC).
    e. Remain with the patient until EMS arrives.

XIV. SPECIAL CONSIDERATIONS: CONCUSSION/ HEAD INJURY

CONCUSSION: A concussion is a brain injury defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Other key defining features of concussions include:

A. Occur from forces applied directly or indirectly to the skull, face, neck, shoulder, and other parts of the body that result in the rapid acceleration and deceleration of the brain.
B. Result in the rapid onset of temporary clinical and neurological symptoms. A loss of consciousness does not always occur, but may occur with a concussion. In some cases, signs and symptoms may evolve over a number of minutes to hours.
C. May result in neuropathological changes; however, the acute clinical symptoms largely reflect a functional disturbance rather than a gross structural injury. In such cases, no abnormality may be seen on standard structural neuroimaging studies.

D. Resolution of the clinical and neurological symptoms typically follow a sequential course. However, in some cases this may be prolonged[2]

MANAGEMENT:

1. **Acute Management:**
   A. Any student-athlete who exhibits any signs and/or symptoms of a concussion while participating in a school sponsored athletic event will be removed from activity for the day and not allowed to perform any activities that may increase the severity of the signs and/or symptoms. Coaches are responsible for immediate recognition and referral to the AT.
      a. If an athletic trainer and/or team physician are on site, the student-athlete will be referred to that individual for an immediate concussion evaluation (SCAT-5).
   B. Return to participation on the same day will only be allowed if the team physician and/or athletic trainer determine no concussion or other brain injury has occurred and the student-athlete is otherwise in good health.
   C. If a physician or athletic trainer is not present at the event, the head coach for the team will be responsible for keeping the student-athlete out of play for the day and must contact the athletic trainer and the parent/guardian of the student-athlete. A coach is not responsible for administering an evaluation and should follow guidelines for strict adherence.
2. **Monitoring and Emergent Referral:**
   A. Following a suspected concussion, the AT shall perform serial monitoring every 15 – 30 minutes for signs of cognitive or neurological deterioration, as warranted.
   B. Any deterioration or display of the following symptoms will warrant an immediate emergency referral:
      a. Loss of consciousness
      b. Deterioration of neurological function
      c. Decreasing level of consciousness
      d. Abnormally unequal, dilated, or unreactive pupils
      e. S/S of associated head/neck/back injury, spine or skull fractures, or bleeding
      f. Changes in mental status
      g. Slurring of speech
      h. Headache(s) that are worsening over time
      i. Inability to recall new events after the injury
      j. Seizure
      k. Repetitive vomiting
   C. Parents/guardians shall be notified as soon as the student-athlete is stabilized.
   D. Student-athletes will be withheld from vigorous activity until cleared by a physician.
3. **Plan of Care:**
   A. Student-athlete shall be referred to a physician trained in the evaluation and management of concussions. **Students cannot be cleared by an ExpressCare or CareNow facility.**
      a. The physician shall provide recommendations for return to school/activity.
      b. The athletic trainer will be responsible for communication with coaches.
      c. The student-athlete shall complete a neuropsychological test (ImPACT) prior to return to play, unless noted by the supervising physician.
      d. The concussion management team shall work in collaboration with each other to ensure the student receives modifications for school and exercise, as warranted.
4. **Return to Play:**
   A. Various factors are involved in allowing a student-athlete to return to play, such as: return to academics, ImPACT sores, physician clearance, graded symptom checklists, and past medical history of concussion(s) or other brain injuries.

B. The student-athlete must be asymptomatic at rest, in the classroom, and with exertion and obtain written clearance from a physician prior to beginning return-to-play protocol.
C. The athletic trainer(s) have the final say in return-to-play.
D. Notes from outside physicians will **NOT** be used to override the St. Luke's protocol, per St. Luke's concussion policy.
E. Student-athletes will utilize a graduated return to play protocol. Each step shall occur no less than 24 hours apart from each other, unless documented by a St. Luke's physician.
F. Utilization of the Berlin Consensus Statement from the 5th International Congress on Concussion in Sport will occur. The statement provides the 6-step RTP protocol.
    a. If symptoms occur while performing a step, the student-athlete shall remain activity free for 24 hours before repeating the level that the athlete completed without S/S.
    b. Step 1: Athlete remains symptom free, off medication, for a 24-hour period. If no return of symptoms, progress to the next step.
    c. Step 2: Light aerobic exercise, 15 – 40 minutes in length, intensity <70% max predicted HR. Main objective: increase HR. if no return of symptoms, progress to next step.
    d. Step 3: Sport specific drills, 15 – 40 minutes in length. Drills should be individual, and exclude head impact activities. If no return of symptoms, progress to next step.
    e. Step 4: Non-contact training drills, individual or with the team. Can include sport specific skills/ progressive resistance training. If no return of symptoms, progress to next step.
    f. Step 5: Unrestricted participation in practice or normal training activities. The student-athlete may participate in all team drills, including contact, in practice only. Step 5 CANNOT be a live event. If no return of symptoms, progress to final step.
    g. Step 6: Return to play involving normal exertion or game/competition activity.

McCrory P, Meeuwisse W, Dvorak J, et al. Consensus Statement on concussion in sport-the 5th international conference on concussion in sport held in Berlin, October 2016. *Br J Sports Med.* 2017; 51(11):838-847. Doi:10.1136/bjsports-2017-097699.

XV. SPECIAL CONSIDERATIONS: CERVICAL SPINE

Injuries to the cervical spine can range from serious to catastrophic, and can be a cause of death for student-athletes participating in contact or non-contact sports. Cervical spine injuries are the result of deformation to the cervical spine column that can cause damage to the spinal cord. In the event of a cervical spine injury, follow the steps below:

A. Presence of any of these 4 clinical indicators warrants activation of management protocol:
    a. Unconsciousness (or altered level of consciousness).
    b. Bilateral neurological complaints/findings.
    c. Significant cervical spine pain (with or without palpation).
    d. Obvious spinal column deformity.
B. In the event that any/all of these clinical indicators are present, the primary responder shall:
    a. Activate EMS and monitor vitals.
    b. Apply manual cervical spine stabilization.
    c. Attempt to realign cervical spine to neutral, if possible, and apply a cervical collar.
    d. Remove protective equipment that hinders access to airway (facemask).
    e. In order to remove helmet AND shoulder pads, there must be a sufficient number of trained providers available. The athletic trainer and/or team physician on-site will make the decision based on patient's status and available staff.

f. Continue to monitor patient until EMS arrives.
g. Once on-site, EMS shall assist in stabilizing the patient on a spineboard or stretcher.

C. The patient shall not be moved from the initial injury location site, until placed onto a stabilizing device, or if the scene became unsafe for the patient and responders. Games/practice shall be halted until EMS is able to safely remove the patient from the playing area.
D. In the event of a cervical spine injury, the person with the highest training shall be responsible for maintaining inline stabilization of the spine, and lead the group in the next steps.

XVI. SPECIAL CONSIDERATIONS: CARDIAC ARREST

Sudden cardiac death (SCD) is the number one cause of exercise related death in young athletes. SCD is present in all sports, but primarily in basketball and football. Men are more likely to suffer from this condition, as well as athletes of the African-American ethnicity (KSI, 2019). SCD is frequently preventable with proper education and medical supplies (AED/CPR).
Pre-participation examinations (PPE)are crucial to help screen student-athletes for family history of cardiovascular disorders. Per PIAA regulations, all student-athletes must undergo a pre-participation exam prior to participating in a PIAA organized sport. Student-athletes may require additional clearance based on findings at their PPE.

A. Symptoms of suspected myocardial infarction (if untreated, can lead to SCA):

Men	**Women**
Chest and/or neck/ear pain	Center chest pain, comes and goes
Severe headache	Lightheadedness
Excessive breathlessness	Shortness of breath
Vague malaise	Uncomfortable pressure/squeezing
Dizziness/palpitations	Nausea/vomiting
Increasing fatigue	Cold sweat
Indigestion/Heartburn/GI symptoms	Pain/discomfort one/both arms/back/jaw

B. Symptoms of Sudden Cardiac Arrest:
   a. NO pulse, NO breathing visible/present, NO response to verbal/pain stimuli
C. Management of Sudden Cardiac Arrest:
   a. Assess vitals – if in cardiac arrest, the patient will **not** have a pulse, will **not** be breathing, and will **not** be responsive to pain/verbal stimuli.
   b. Activate EMS, and check for medical tags/bracelets
   c. Remove tight restrictive clothing, and begin CPR
      i. CPR: 30 compressions; 2 breaths. PUSH HARD, PUSH FAST
      ii. Hands positioned in between nipples, arms extended. Patient should be on a flat, firm surface with chest exposed. Hands only CPR permitted for untrained person
   d. Attach AED to patient's bare chest ASAP.
   e. Allow AED to analyze patient, and deliver a shock, if advised.
   f. Provide patient supplemental oxygen @ 15L/min via non-rebreather mask, if available.
   g. Do not stop CPR until instructed to do so by the AED, or until someone with equal/higher training is able to take over.

Korey Stringer Institute. 2019. Sudden Cardiac Death: How to Prevent and Treatment. Accessed from: https://ksi.uconn.edu/emergency-conditions/cardiac-conditions/sudden-cardiac-death/

XVII. PRE-ESTABLISHED GUIDELINES

1. On Campus Practices & Contests:

A. Sports Medicine Staff Availability

1. At least one athletic trainer will be available during practice (either directly on-site or by phone contact).
2. A team physician or their representative will be present at all home football contests.
3. An athletic trainer will be accessible to the coaching staff during working hours by phone and will be located in the athletic training room or at one of the athletic facilities.
4. Location will be based upon the following criteria:

1st - Football Contests 2nd - Home Contests 3rd – Football Practices 4th – Practices 5th - Away Playoff Contests

5. An athletic trainer will attempt to attend all High School PIAA regular in-season "home" contests. When there are multiple home contests at the same school location, the athletic trainer will make periodic rounds of all contests, provided they are within reasonable distance to the center of activity on any given day.

A. In such cases the athletic trainer will primarily cover the sports with the highest risk of injury: 1 - Collision → 2 – Contact → 3 - Non-Contact

B. Medical Equipment

1. A stocked medical kit will be present on the field.
2. Coaches will bring emergency medical information to every practice or contest (home and away). This information will be provided by the ATs.
3. Panther Valley High School has two portable AEDs for emergency use. The AD has one AED that will be present at each event she is present at. The second portable AED will be with the AT at the covered event. AEDs are located in the intermediate school for the utilization of basketball, volleyball, and wrestling matches. The AED within the high school located in the main hallway outside of the practice gymnasium is accessible for indoor practice. An additional AED is present within the weight room/wrestling room facility, which can be found within the Athletic Department building adjacent to the high school and softball field. The school nurse's office also contains 1 AED.

2. Off Campus Events & Practices

A. Sports Medicine Staff Availability

1. At least one athletic trainer will travel to all varsity football games.
2. For all other away games, teams should utilize the host schools' athletic trainer, and follow their written plan in the event of an emergency.
3. For practices and games held onsite, an athletic trainer will be available.

B. Medical Supplies & Hydration – at the discretion and responsibility of the AT and coaching staff. Team managers shall assist the ATs in set-up/clean-up of coolers and supplies.

3. Away Games

A. Sports Medicine Staff Availability

1. At least one athletic trainer will be present at all away varsity football games.
2. A physician or their representative (PA-C or CRNP) will be present on the home team sidelines for football contests only, approximately 30 minutes before kick-off.

B. Medical Supplies

1. Coaches are responsible to ensure that a medical kit is brought to every away contest. The medical kit is the responsibility of the coach.
2. Coaches will bring emergency medical information to every practice or contest (home and away). Information shall remain confidential per HIPAA guidelines.

C. Hydration

1. Water will be provided for all outdoor sports to take to away games.
2. It is the coaches' responsibility to ensure the equipment is kept clean and in good working order while on the field. Lost or damaged items will need to be replaced.

D. Off-Site Injuries

1. The host athletic trainer shall be responsible for the management of any emergency situation related to a Panther Valley athlete will on their facilities. It is the coach's responsibility to notify the PVHS athletic trainer, if any injuries occur. Athletes that sustain a traumatic brain injury (concussion), and are withheld by the host team's physician or physician representative, must adhere to their guidelines until cleared by the team physician or their representative for Panther Valley Sports Medicine.

E. Transportation Injuries

1. All injuries occurring during transportation will be addressed by the transportation department's accident protocol.
2. Coaches are to notify the athletic trainer and the athletic department of any athlete(s) injured during transportation.

4. Non – Athletic / Out of Season Injuries

A. Injuries to Fans, Bystanders, Non-PIAA Sport Athletes, and District Employees

1. Care for these individuals is limited to initial first aid and to care for life and limb injuries.
2. All care and professional courtesy will be shown to this group, however all encounters will be referred to the patient's PCP or Hospitalist as warranted.
3. Employees who are injured while at work must follow district protocols regarding injury treatment and reporting.

B. School Related Injuries (in-school session)

1. Students injured in school must be referred to the school nurse first.
2. Should a life-threatening emergency occur near the training room while the athletic trainer is present, they will respond as if the student was an in-season athlete until EMS or other qualified medical personnel arrive.

XVIII. Procedures for On-Site Events

The following procedures will be used for injuries/illnesses taking place on-site at Panther Valley JrSr High School. The Primary Designee will be responsible for completing the steps assigned to them and shall be assisted by the secondary designee(s). If the primary designee is unavailable, responsibility will fall to the secondary designee. The primary designee shall be the athletic trainer(s). Secondary designees can include, but not limited to, PVJrSrHS approved coaches/staff, athletic director, EMT/Paramedic, SLUHN PT/PTA. No designee shall perform skills outside of their training and should refer to their code of ethics and standards of practice for further guidance.

Panther Valley High School Football Stadium
99 Cortright Street, Lansford, PA. 18232

A. Directions to Site:

Stadium is located on the corner of W. Patterson and Cortright St. EMS shall enter the stadium via W. Patterson St., adjacent the home bleachers. Upon entering to W. Patterson Street, EMS shall travel through the double gates and onto the field for emergency management.

B. Emergency Contact(s):

EMERGENCY: 9-1-1

C. Emergency Equipment:

1. Medical supplies, including wound care, vacuum splints, and bandages will be with the athletic trainer(s) on site, located on the sideline and in the athletic training room.

2. AED – located on the sidelines during the game, or in the athletic training room next to the main entrance during warm-up/clean-up.

The 'red cross' symbols the location of the AED during a game.

3. The blue star symbols the location of EMS access.

D. Phone Access:

1. Primary access – on-field cell phone via the athletic trainer(s)
2. Secondary contact access – cell phone use via the athletic trainer(s) or head coach.

E. Facility Access:

1. In the event of an emergency before kick-off or post-game, EMS shall enter the stadium on W. Patterson St. within the 'blue star' region adjacent the home bleachers.

2. An available coach will unlock the gate at the entrance, and "flag" EMS to the appropriate access point.

F. If the athletic trainer is not the primary responder, a secondary designee shall activate EMS and call the athletic trainer(s) immediately.

G. During a game, EMS is on-site approximately 15 minutes prior to the start of kickoff, and are located within the blue circle region adjacent the home bleachers. A medical timeout will occur before each home game. A raised clenched fist in the air during an on-field assessment will summon EMS to the field.

1. The secondary designee(s) can assist in the process of crowd control/field access.

Panther Valley High School Football Practice Field/Track and Field

912 Coal Region Way, Lansford, PA. 18232

A. Directions to Site:

Once on campus, keep left before the high school to access the practice field. EMS shall be aware that this field is located past the bus parking lot, down a rocky pathway.

B. Emergency Contact(s):

EMERGENCY: 9-1-1

C. Emergency Equipment:

1. Medical supplies, including wound care, vacuum splints, and bandages will be with the athletic trainer(s) during practice/competition.

2. AED – located with the athletic trainer(s) while on-site (practice coverage).

The red cross indicates location of the closest AED when AT is present.

4. The blue star symbols the location of EMS access.

D. Phone Access:

1. Primary access – cell phone use via the athletic trainer(s) or head coach.
2. Secondary contact access – landline use via the athletic director's office.

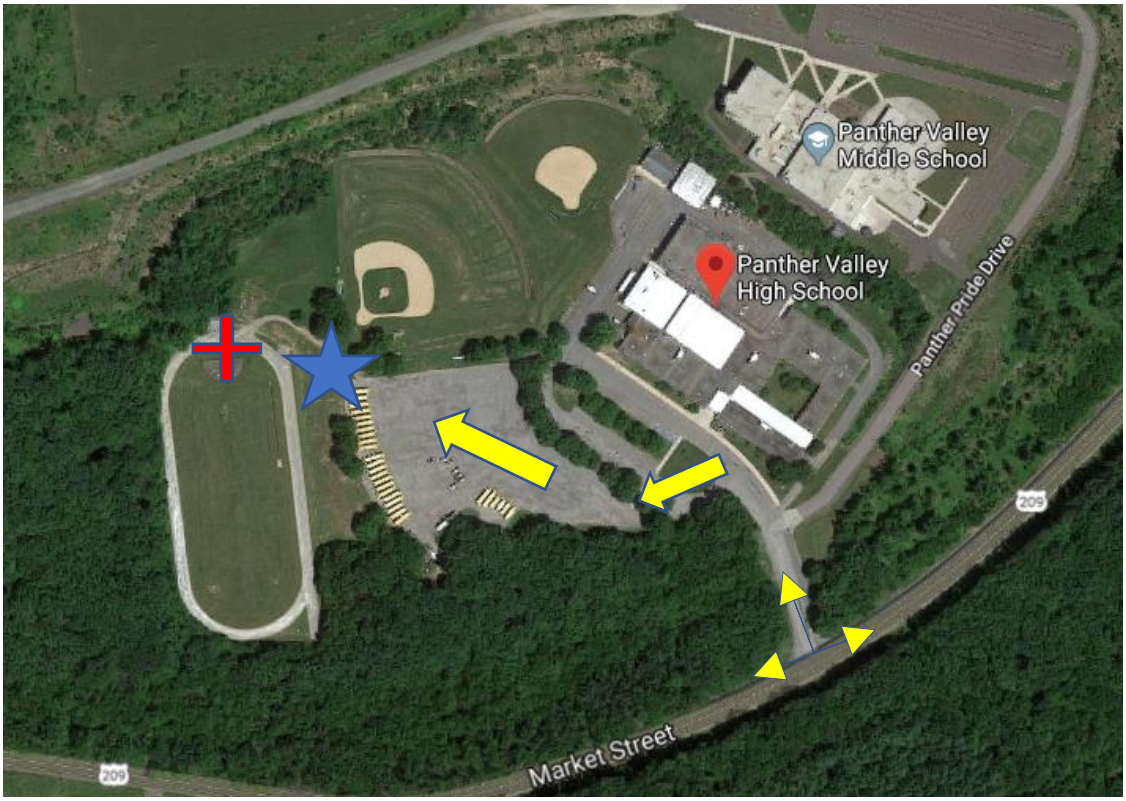
E. Facility Access:

1. In the event of an emergency, EMS shall enter off of Market St. to Coal Region Way. EMS shall stay left and drive through the bus parking lot and access the field closest to the baseball field.

The BLUE STAR indicates EMS access point at specific field.

2. An available coach shall stand at the field's entrance to direct EMS to the appropriate access point.

F. If the athletic trainer is not the primary responder, a coach or AD shall activate EMS and call the athletic trainer(s) immediately after.



Panther Valley High School Baseball/Softball Fields

912 Coal Region Way, Lansford, PA. 18232

A. Directions to Site:

Once on-site, direct EMS to drive straight past the main entrance of the high school, and turn right. The baseball field is directly to the left; the softball field is located directly adjacent the baseball field, closest to the garage.

The yellow arrows provide directional support for EMS.

B. Emergency Contact(s):

EMERGENCY: 9-1-1

C. Emergency Equipment:

1. Medical supplies, including wound care, vacuum splints, and bandages will be with the athletic trainer(s) in the high school athletic training room, or with the athletic trainer(s) on-site during a game/tournament. Basic medical supplies will be in the medical kit located at the entrance of the weight room on the left-hand side.

2. AED – located on-site during a game/tournament, or in the athletic department office, on the immediate left-hand side, upon entering the building.

The red cross indicates location of the closest AED, unless during a game.

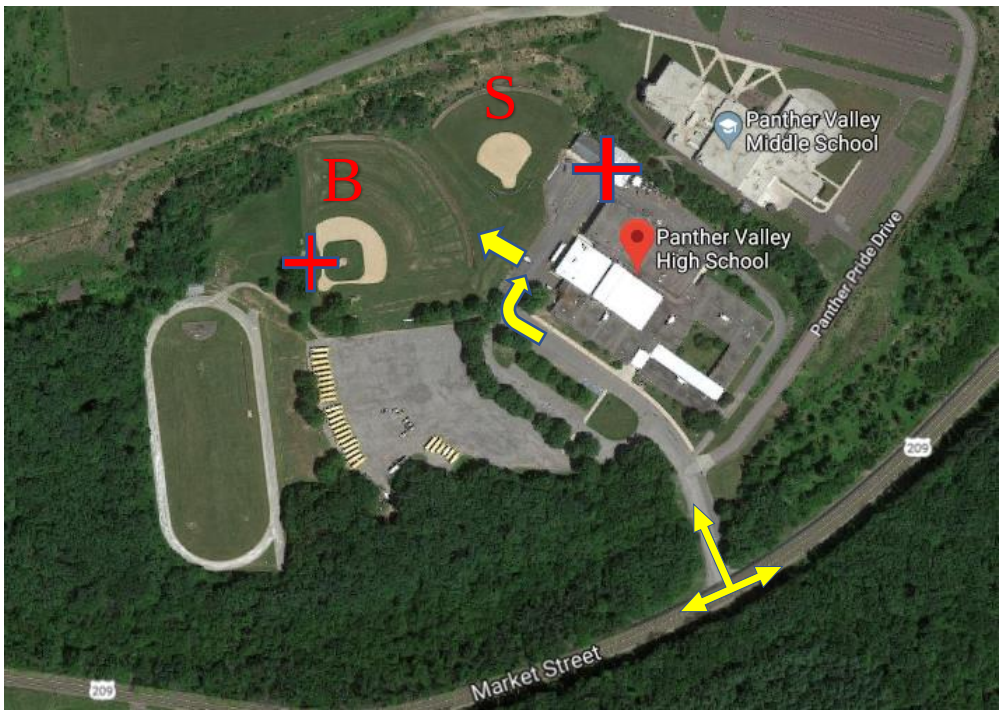
D. Phone Access:

1. Primary access – landline phone in the athletic director's office
2. Secondary contact access – cell phone use via the athletic trainer(s) or head coach.

E. Facility Access:

1. In the event of an emergency, EMS shall be instructed to follow the directions listed under section 3.A. for access to the baseball/softball fields.
2. An available coach shall stand outside of the field fencing to direct EMS to the appropriate access point.

F. If the athletic trainer is not the primary responder, the head coach or AD shall activate EMS and call the athletic trainer(s) immediately after.



Panther Valley JrSr High School Gymnasium
912 Coal Region Way, Lansford, PA. 18232

A. Directions to Site:

Once on-site, direct EMS to the main entrance of the H.S. by driving straight ahead on Coal Region Way. **PLEASE USE DOOR #8 TO ACCESS THE GYMNASIUM.**

The yellow arrows provide directional support for EMS.

B. Emergency Contact(s):

EMERGENCY: 9-1-1

C. Emergency Equipment:

1. Medical supplies, including wound care, vacuum splints, and bandages will be with the athletic trainer(s) in the high school athletic training room, or courtside.
2. AED – outside of the gymnasium, in the main lobby hallway.
3. **The blue star symbols the location of EMS access.**

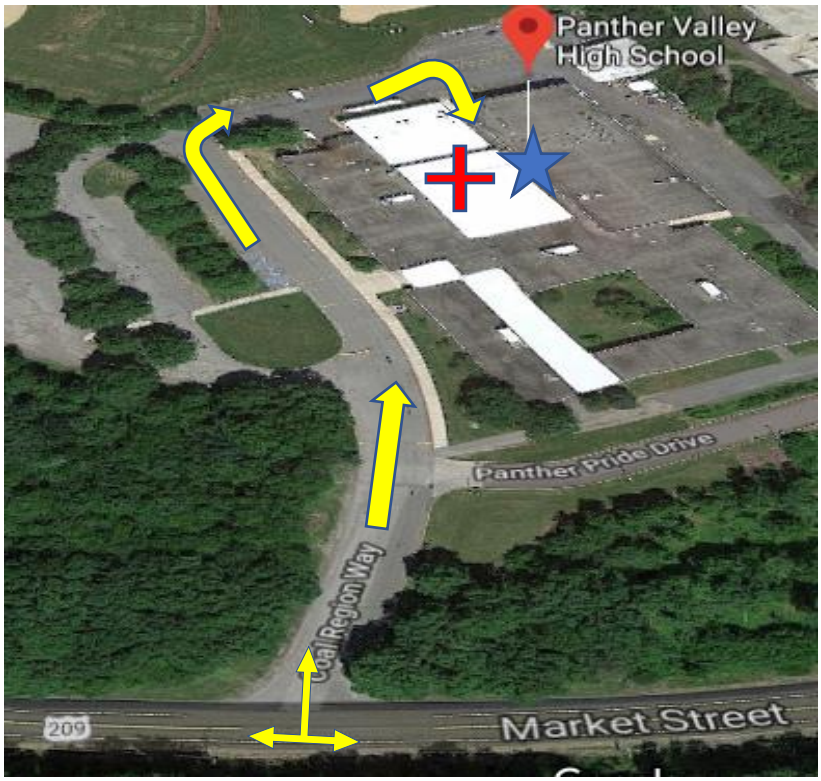
D. Phone Access:

1. Primary access – landline phone in the athletic director's office
2. Secondary contact access – cell phone use via the athletic trainer(s) or head coach.

E. Facility Access:

1. In the event of an emergency, EMS shall enter the campus off of Route 209 to 912 Coal Region Way.
2. An available coach shall stand outside of the high school to direct EMS to the appropriate access point.

F. If the athletic trainer is not the primary responder, a coach or AD shall activate EMS and call the athletic trainer(s) immediately after.



Panther Valley Intermediate School Gymnasium

678 Panther Pride Drive, Lansford, PA. 188232

A. Directions to Site:

Upon entering the campus, follow signs for the intermediate school, and travel to the administration building. Turn left at the FIRST intersection, and drive directly forward. **Enter through door #: 9**. The gymnasium is located straight ahead through the doors.

B. Emergency Contact(s):

EMERGENCY: 9-1-1

C. Emergency Equipment:

1. Medical supplies, including wound care, vacuum splints, and bandages will be with the athletic trainer(s) on site, located courtside, and in the athletic training room.
2. AED – located in the main lobby of the intermediate school. Upon entering the school, the AED is located on the right-hand side of the lobby
3. The 'red cross' symbols the location of an AED.
4. **The blue star symbols the location of EMS access.**

D. Phone Access:

1. Primary access – Landline phone located in the gymnasium adjacent the ATR.
2. Secondary contact access – on-court cell phone via the athletic trainer(s)

E. Facility Access:

1. An available coach will meet EMS at door #: 9, and "flag" EMS to the appropriate access point.

Facility doors will remain unlocked while in use.

F. If the athletic trainer is not the primary responder, a coach or AD shall activate EMS and call the athletic trainer(s) immediately.

G. During a game/tournament, EMS will be contacted via an athletic trainer or athletic department personnel member.

1. The AD and coaching personnel can assist in the process of crowd control.

H.S.

I.M.S. Main Entrance

Panther Valley High School Wrestling/Weight Room Facility
912 Coal Region Way, C/O Athletic Department, Lansford, PA. 18232

A. Directions to Site:

Once on-site, direct EMS to drive straight past the main entrance of the high school, and turn right. The athletic department is located directly ahead, with exterior labels.

B. Emergency Contact(s):

EMERGENCY: 9-1-1

C. Emergency Equipment:

1. AED – located on the wall in the 'AED' box located at the entrance of the weight room on the left-hand side.

2. The blue star symbols the location of EMS access.

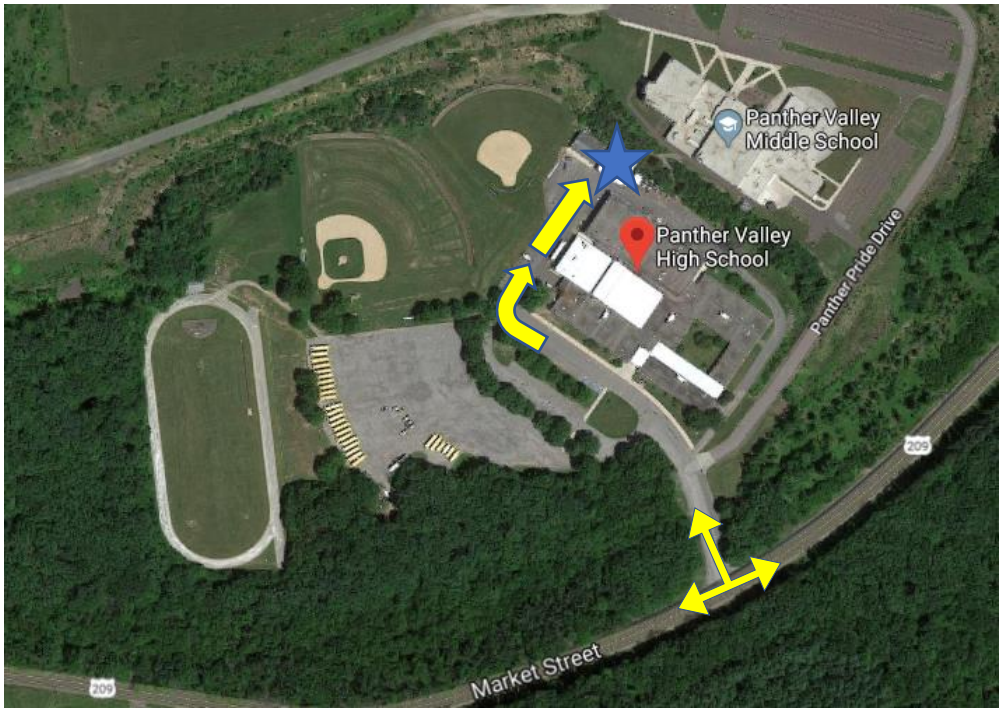
D. Phone Access:

1. Primary access – landline phone in the athletic director's office or weightroom.
2. Secondary contact access – cell phone use via the athletic trainer(s) or head coach.

E. Facility Access:

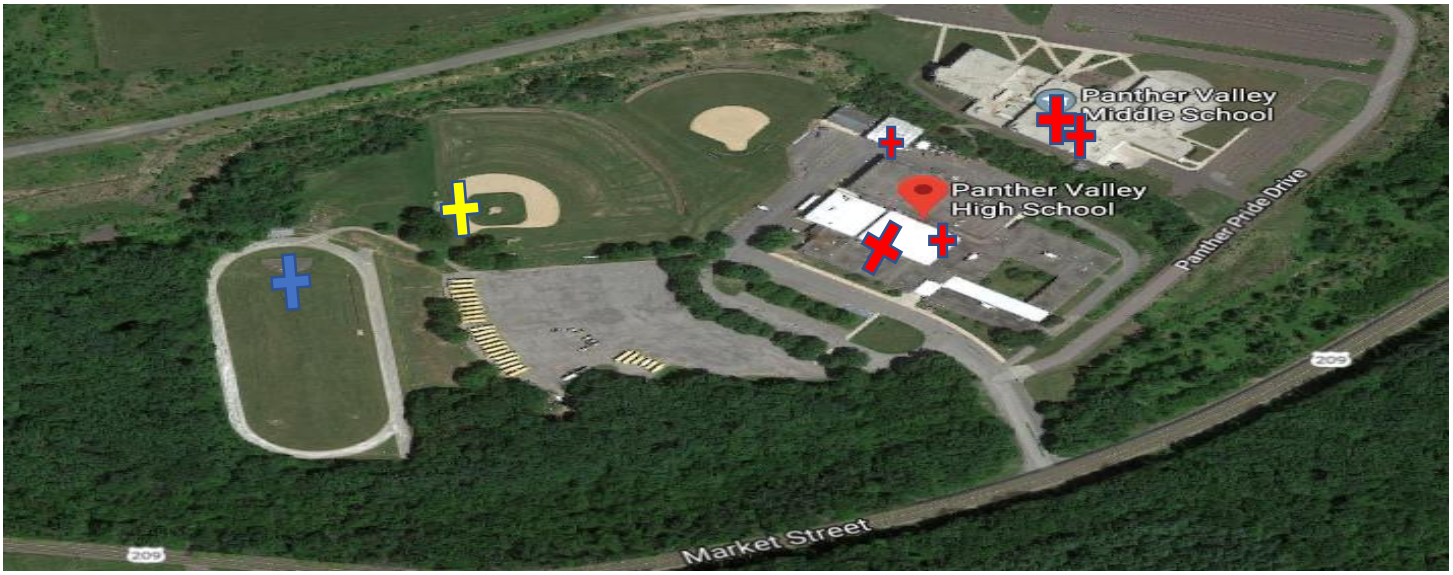
1. In the event of an emergency, EMS shall enter the campus off of Market Street (Rt. 209) to Coal Region Way. The department's door will remain unlocked during usage.
The yellow arrows provide directional support for EMS.
The blue star indicates the location of the athletic department building.
2. An available coach shall stand outside of the athletic department's building to direct EMS to the appropriate access point.

F. If the athletic trainer is not the primary responder, a coach or AD shall activate EMS and call the athletic trainer(s) immediately after.



Panther Valley Sports Medicine

Emergency Medical Equipment Locations



JrSr High School: (JrH Basketball/Baseball/Softball/Speed&Agility)

1. Athletics' Department, weight room, located directly inside the door on the left-hand side.

2. High school gymnasium, located directly outside of the gymnasium near the trophy cases.

3. JrSr Wing Elevators, located directly across from the elevators on the 1st floor.

4. Nurses office, located w/ emergency equipment.

Intermediate School: (Volleyball/Basketball/Special Events)

5. Intermediate school, 1st floor lobby, located next to the nurse's office.

6. Intermediate school, 3rd floor outside the elevator.

Outdoor Athletics: (Football/Spring sport games)

7. MOBILE: Head athletic trainer, located with Dylan.

'Blue cross' indicates location of an **AED** during a football practice.

'Yellow cross' indicates location of an **AED** during a baseball/softball game, in-season.