



Park High School Handbook/Emergency Action Plans

The following emergency plan is a general outline for Park High School. An emergency is any sudden life threatening injury or illness that requires immediate medical attention. Emergency situations can occur at any time during athletic participation. Expedient action must be taken in order to provide the best possible care. This emergency plan will help ensure the best care is provided.

Athletic personnel should review the policy at the beginning of the year. Athletic Trainer (ATC), Athletic Director (AD), all coaches, etc. should discuss the policy in detail. Those with highest level of health training such as Physician, Athletic Trainer, or Strength and Conditioning Staff are responsible at a session or event. If there is not a sports medicine member present at a practice, then the Coach is responsible for the emergency plan.

Accidents and injuries are inherent with sports participation. Therefore, proper preparation on the part of the athletic staff will enable each emergency situation to be managed appropriately.

Emergency Action Plan (EAP):

Following protocol is a guide to activate and respond to a medical emergency situation and identified the roles of personnel whom may be involved

Emergency:

An emergency is the need for Emergency Medical

When to call EMS:

- Loss of consciousness
- Suspected neck or spinal injury
- Athletic not breathing
- Eye or face injury
- Dislocation
- Open fracture in which bone has punctured through the skin
- Severe bleeding that can't be stopped
- Heat related illness
- Any injury/illness resulting in deteriorating vital signs (i.e. Decreased blood pressure, weak pulse, shock)

Emergency Personnel

The certified athletic trainer (ATC) is the designated person in charge during medical emergencies which includes management of injuries/illnesses during participation in school sponsored activities. A Team Physician may also be present at some high-risk events (i.e. Football). Other members of the emergency team that may be present at events are Strength and Conditioning, Emergency Medical Technicians (EMT), and Coaches. Individuals included are a part of the emergency personnel are encouraged to provide assistance to the ATC during the medical emergency and trained in CPR/First Aid but is not mandatory.

Chain of Command



A. Immediate Care of the Athlete

First and most important role is immediate care of the athlete. Acute care is an emergency situation should be provided by most qualified individual on the scene. An ATC will be on school ground throughout after school activities. Hours of operation, location, and best number to be reached will be posted outside Athletic Training Room for convenience. Game coverage for each sport and level varies in accordance to the contract between Park High School and Summit Orthopedics. Additional coverage will be provided by a casual ATC when needed or a conflict among schedule arises. Level of emergency medical training of coaches, event supervisors, etc. will vary and their action must be in accordance with level of certification. Individuals with lower credentials should yield to those with more appropriate training.

B. Emergency Equipment Retrieval

Second role is equipment retrieval, and may be done by anyone on emergency team who is familiar with the types (i.e. AED, crutches, splint) and location of specific equipment needed. Coaches and equipment personnel are good members of this role. Appropriate equipment will be available for all activities, and for the other remainder of the time will be located in the Athletic Training Room. Important emergency equipment is noted below

C. Activation of Emergency Medical Services (EMS)

The third role is EMS activation and should be done as soon as the situation is deemed an “emergency or “life-threatening event.” The most critical factor in these situations is time. Activating EMS system may be done by anyone on the team. Person who performs this duty should be calm under pressure, communicates well, and familiar with location of sporting event, and this person can be chosen by individual in command. Another individual can be selected to meet and direct EMS, unless security personnel are present. STEPS FOR ACTIVATION ARE NOTED BELOW.

EMERGENCY COMMUNICATION

A. Activation of EMS

In the event of an emergency occurs involving a student athlete, member of the emergency team should promptly contact EMS. Phone numbers of emergency personnel should be posted by phone or in medical kit. It is the responsibility of the ATC, AD, or the coach (if ATC is not present) to bring a cellular phone to be available at practices and events. Back up communication should also be available, for example the school land-line or a two-way radio.

B. Contacting the EMS

1. If EMT's are at the event, then a signal should be discussed in advance and should be used to summon them forward.
2. If EMS is not on site, call 911.
3. Following information should be provided to the dispatcher:
 - a. Your name
 - b. Exact location where injury occurred and where you will meet them
 - c. Number you are calling from
 - d. Number of injured athletes
 - e. Condition of the athlete(s)
 - f. Care being provided
 - g. Make sure that you hang up only after the dispatcher has hung up
4. Notify the ATC or emergency personnel
5. As EMS is being dispatched, make sure someone is designated to retrieve and needed emergency equipment from the sidelines
6. Coaches can serve as crowd control and keep athletes away from victim
7. Send someone to meet ambulance at designated spot

EMERGENCY PHONE NUMBERS

- Emergency Medical Services (EMS) _____ **911**
- Athletic Trainer Matt Frericks _____ **(507)-304-3856**
- Activities Director Phil Kuemmel _____ **(651)-357-4833**

Transportation in an Emergency:

Life-threatening injuries/illnesses will be transported to the hospital via activated EMS ambulance (if situation warrants). For non-life threatening injuries/illness, student-athlete's parent/guardian will be notified of incident and asked to provide transportation to appropriate hospital/clinic. A member of emergency personnel (coach, etc.) may provide transportation if the parent/guardian are not in attendance or available. If more than one PHS coach is at an event when a student needs to be transported to the ER and student's parent(s)/guardian(s) are not in attendance, it is required that one PHS coach is designated to ride with the student to the ER.

Students and Student Aids may NOT transport athletes

If the situation arises where an injury/illness of a student-athlete and needs to be transported while participating in a school sponsored event off campus, these directions should be applied:

1. Notify parent(s)/guardian(s) of situation and refer to location/hospital
2. It is the responsibility of the hospital/ER to notify the athlete's parents(s)/guardian(s) with latest and most accurate information concerning their child's condition

EMERGENCY EQUIPMENT

Majority of emergency equipment will be under the control of emergency personnel (ATC, physician) or EMT's. Highest trained provider at event should be aware of equipment that is readily available at venue or event. All necessary emergency equipment should be quickly accessible. Appropriate personnel should be familiar with function and operation of available equipment. Equipment should be in good condition and checked regularly.

Highest trained member should determine in advance the type and manner in which any equipment is at or to be delivered. Following is a list of important available equipment and location:

- 1) Spine board: EMT will have a spine board on hand
- 2) Splints: Available in Athletic Training Rooms or on site with ATC which will be handled by ATC or physician
- 3) Automatic Electronic Defibrillators (AED's): Available in all EMS trucks and emergency vehicles. ATC will also bring an AED to each practice or event when they are present
 - a. An AED also located in the Activity Center

Injury/Illness Protocol

Following procedures are to be implemented and carried out by ATC. In event that an ATC is not available, head coach or designated individual is to perform the duties listed within their scope:

Home Participation

I. Medical Emergency:

- a. Perform emergency CPR and First Aid
- b. Instruct coach/AD/staff member to call **911** or and provide the following information:
 - i. Who the caller is
 - ii. Identify victim and problem (name/age/sex/condition/what happened/care being provided)
 - iii. Location
 - iv. Any additional information
 - v. ****BE THE LAST TO HANG UP****
- c. Notify AD/Athletic trainer (if not on site) **FIRST**, followed by Athlete's Emergency Contact
- d. Meet EMS and direct
 - i. Designate individuals to "flag down" and guide to scene
- e. Continue to assist with care and assess vitals as needed
- f. Designate a coach (if more than one) to ride with student if parent/guardian is not in attendance
- g. Complete an Injury/Illness Report/ Accident Report (if ATC not present)

II. Non-Emergency:

- a. Provide appropriate First Aid
- b. Notify Athletic Trainer of situation
 - i. If unable to connect with ATC and/or unsure of severity of injury/illness, notify student-athlete's emergency contact
- c. Send athlete to suitable medical facility (i.e. Athletic training room or clinic/hospital)
 - i. Only send to clinic/hospital if cannot reach ATC after multiple attempts and/or unsure of severity of injury/illness
- d. Complete an Injury/Illness Report/ Accident Report (if ATC not present)
- e. Provide follow-up care as necessary

Away Participation

I. Medical Emergency:

- a. Perform emergency CPR and First Aid
- b. Ask host School for ATC
 - i. Follow host institution's emergency action plan
- c. If transportation is necessary, find out name and location of facility and directions
- d. Designate a coach (if more than one) or team parent to ride with student if parent/guardian is not in attendance
 - i. Having a coach stay with the rest of the team is a priority
- e. Notify Athlete's Emergency Contact/Parent(s)/Guardian(s) of situation and refer to the location of the emergency facility/hospital
 - i. It is the responsibility of the hospital/emergency facility to notify the athlete's parent(s)/guardian(s) with the latest and most accurate information concerning their child's condition
- f. Complete an Injury/Illness Report/ Accident Report as necessary

NOTE: When a team practices or hosts contests at Home sites which are located off-campus, the **same** guidelines as outlined above should be followed. It is imperative that the ATC, or in the absence of the ATC, the head coach locate the nearest accessible telephone on-site prior to beginning the practice or contest. In the event of a medical emergency, dial 911 (or appropriate emergency telephone number) to summon EMS personnel and follow Medical Emergency Plans listed above. If injury appears to be non-emergent, make arrangements to have the athlete transported back to the Athletic Training Room for further assessment and treatment as soon as possible, but provide necessary first aid immediately on-site.

III. Non-Emergency:

- a. Provide appropriate First Aid
- b. Notify Athletic trainer
- c. Upon return to WHS, follow non-emergency protocol established for Home events
- d. Complete an Injury/Illness Report/ Accident Report (if ATC not present)
- e. Provide follow-up care as necessary

Miscellaneous:

- f. In the event of hospitalization or surgery, hospital personnel or ATC would notify the athlete's parent(s)/guardian(s) as necessary and appropriate
 - i. Medical confidentiality will and MUST be maintained in all cases
- g. Athletes who have been referred to a health care provider will not be allowed to return to participation until the attending health care provider has given the appropriate clearance

Heat Illness & Acclimation:

Types of Heat Illness

I. Exercise-Associate Muscle Cramps (Heat Cramps)

A condition that presents during or after intense exercise sessions as an acute, painful, involuntary muscle contraction. Proposed causes include fluid deficiencies (dehydration), electrolyte imbalances, neuromuscular fatigue, or any combination of these factors.

II. Heat Syncope

Orthostatic dizziness can occur when an individual is exposed to high environmental temperatures and is attributed to peripheral vasodilation, postural pooling of blood, diminished venous return, dehydration, reduction in cardiac output, and cerebral ischemia. Heat syncope usually occurs during the first 5 days of acclimation, before the blood volume expands, or in persons with heart disease or taking diuretics. It often occurs after standing for long periods of time, immediately after cessation of activity, or after rapid assumption of upright posture following resting or being seated.

III. Exercise Heat Exhaustion

The inability to continue exercise associated with any combination of heavy sweating, dehydration, sodium loss, and energy depletion. It occurs most frequently in hot, humid conditions. At its worst, it is difficult to distinguish from exertional heat stroke without measuring rectal temperature. Other signs and symptoms include pallor, persistent muscular cramps, urge to defecate, weakness, fainting, dizziness, headache, hyperventilation, nausea, anorexia, diarrhea, decreased urine output, and core-body temperature that generally ranges between 97° to 104° F.

IV. Exertional Heat Stroke

An elevated core temperature > 104° F associated with signs of organ system failure due to hyperthermia. The central nervous system neurologic changes are often the first marker of exertional heat stroke due the body inability to thermoregulate and can progress to complete failure. This is a life threatening condition and can be fatal unless promptly recognized and treated. Signs and symptoms include tachycardia, hypotension, sweating, hyperventilation, altered mental status, vomiting, diarrhea, seizures, and coma. The risk of morbidity and mortality is greater the longer an individual's body temperature remains above 106° and is significantly reduced if body temperature is lowered rapidly.

V. Exertional Hyponatremia

A relatively rare condition defined as a serum-sodium level less than 130 mmol/L. Usually occurs when activity exceeds 4 hours and proposed: water or low-solute liquids ingested well beyond sweat loss or sweat sodium losses are not adequately replaced. Affected athletes present with a combination of disorientation, altered mental status, headache, vomiting, lethargy, and swelling of the extremities (hands and feet), pulmonary edema, cerebral edema, and seizures. Exertional hyponatremia can result in death if not treated properly. This condition can be prevented by matching fluid intake with sweat and urine losses and by rehydrating with fluids that contain sufficient sodium.

Early Warning Signs of Heat Illnesses:

Headache	Lightheadedness
Thirsty	Fatigue
Dizziness	Profuse sweating
Muscle Cramping	Nausea
Decreased in athletic performance	

The key to management is **early recognition** of signs and symptoms, effective treatment, and referral. Symptoms of heat illness represent a continuum, and can dramatically escalate, if proper care is not rendered. If heat illness is suspected, immediate actions include:

- Cease activity
- Removal of athlete from the sun/heat at first signs and symptoms
- Assist with cooling the athlete's body
 - Ice packs placed behind neck, under armpits, and groin area
- Encourage fluids especially cold water or low-sugared sports drinks
- Monitor vitals (i.e. Pulse, skin color, breathing etc.)

**UNDER NO CIRCUMSTANCES SHOULD AN ATHLETE EXPERIENCING
SIGNS & SYMPTOMS OF A HEAT RELATED ILLNESS BE ALLOWED TO
RETURN TO ACTIVITIES THE **SAME DAY****

Best management of heat related illnesses is PREVENTION!

- Ensure student-athletes are well hydrated prior to the start of activity
 - Before, during, & after activity
- Educate coaches, parents, and athletes regarding the prevention, recognition, and treatment of heat related illnesses
- Gradual increase in activity in the heat over a 10-14 day period will allow for adequate acclimation
- Encourage healthy sleeping habits and proper nutrition
- Avoid scheduling activity during the hottest hours of the day (10am-5pm) to avoid radiating heat from direct sun light
- Allow for unrestricted and frequent water/rest breaks that is adequate for environmental conditions and activity intensity
 - The higher the heat index=more frequent/ longer breaks, decreased intensity, and/or shorter participation durations
- Encourage light-weight and light-colored clothing during participation
- Ensure proper fluids are readily available to maintain hydration
- Have a plan in place when elevated humidity and temperatures arise

TREATMENT OF HEAT ILLNESS:

Exercise-Associated Muscle (Heat) Cramps:

- Student-athlete should stop activity, replace lost fluids, and begin mild stretching and massage of muscle
- Instruct student-athlete to lie down, may increase blood flow to cramping muscle

Exercise (Heat) Exhaustion:

- Assess cognitive function and vital signs, core temp if possible
- Assist and transport athlete to cool and/or shaded environment, remove excess clothing, fluid replacement, and cool student-athlete (fans, ice towels/bags in armpits, neck, and groin)
- If symptoms start to get worst (cognitive function, loss of consciousness), contact EMS

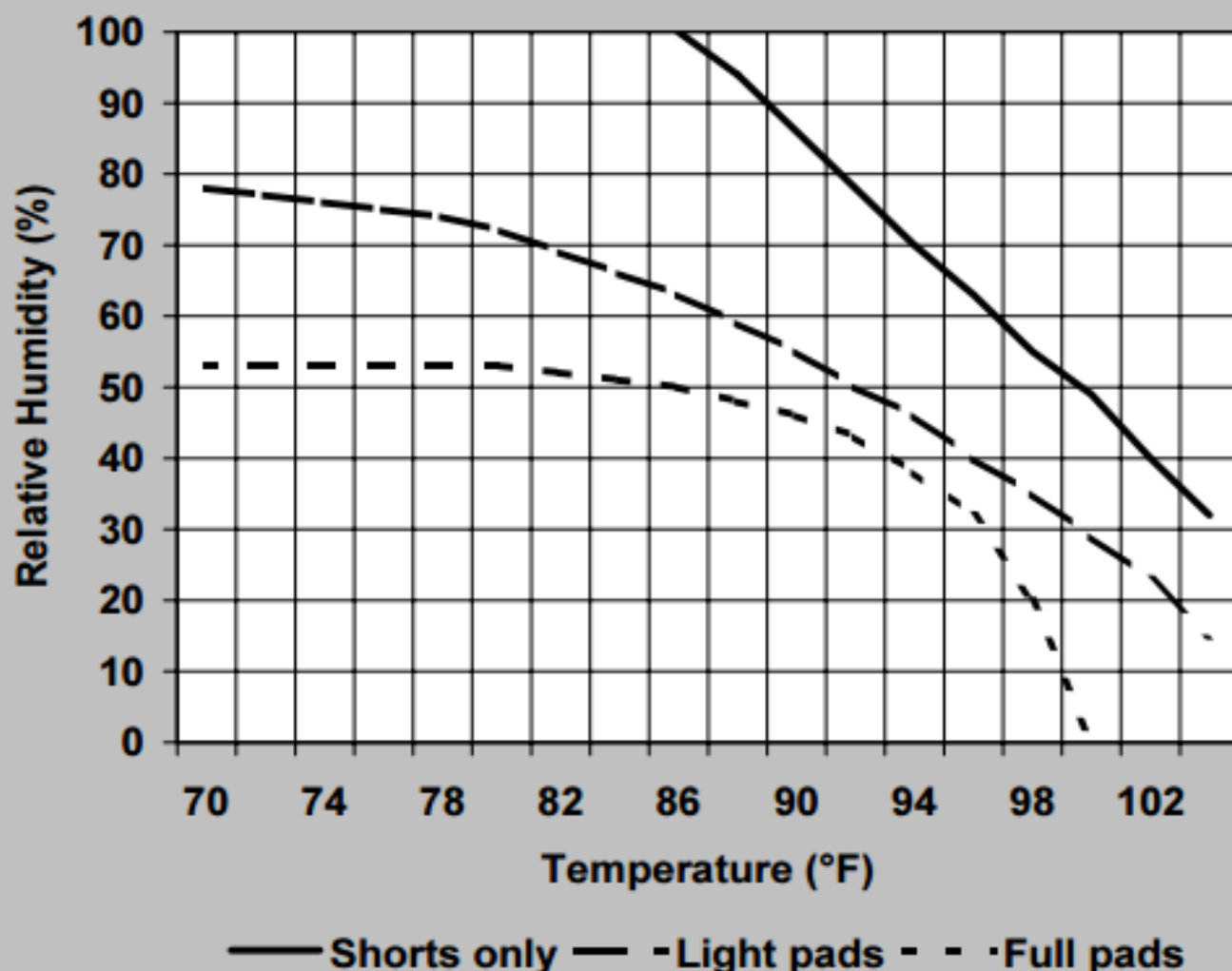
Exertional Heat Stroke

- Activate EMS
- Assess cognitive function and vital signs, rectal temp if feasible (if student-athlete is conscious, permission will be given) to differentiate between heat exhaustion and heat stroke (104 or higher)
- Lower core temperature as quickly as possible by removing excess clothing and immersing body into tub of cold water (35-59) while checking temp every 5-10 min. When student-athlete temp reaches 101-102, remove them from water
- After removal, use cooling methods explained for heat exhaustion to keep decreasing core temp

RETURN-TO-PLAY AFTER EXERTIONAL HEAT STROKE

- A student-athlete who survives exertional heat stroke should be fully evaluated by a team physician prior return-to-play.
- Prior to return-to-play the individual who suffered exertional heat stroke should demonstrate the ability to tolerate exercise in the heat.
- Student-athletes who suffered exertional heat stroke likely had a predisposing factor at the time of their injury. Predisposing factors should be identified and remediated before returning an athlete to activity.
- Return-to-play should be gradual and medically monitored throughout. When medically cleared, exercise should begin at a low intensity in a temperate environment. The student-athlete can progress intensity in a temperate environment if no complications persist. The athlete should then perform the same progression of intensity in a hot environment before they are allowed to full return.

COMPETITION INDEX FOR HEAT



Heat Stress Risk Temperature and Humidity Graph

Reprinted with permission from Kulka TJ, Kenney WL. Heat balance limits in football uniforms: how different uniform ensembles alter the equation. *Phys Sportsmed* 2002;30(7):29-39.

- - - - - LINE: Regular practices with full practice gear can be conducted for conditions that plot to the left of the - - - - line.
- ——— LINE: Cancel all practices when the temperature and relative humidity plot to the right of the ——— line; practices may be moved into air-conditioned spaces.
- BETWEEN ——— AND ———— LINES: Increase rest to work ratio with breaks every 20 minutes and all protective equipment should be removed to practice in shorts only when the temperature and relative humidity plot between the ——— and ———— lines.
- BETWEEN ———— AND - - - - LINES: Increase rest to work ratio with breaks every 30 minutes and wear shorts with helmets and shoulder pads only when the temperature and relative humidity plot between the ———— and - - - - lines.
- Heat risk rises with increasing heat and relative humidity. Fluid breaks should be scheduled for all practices and increased as the heat stress rises.
- Add 5 degrees to temperature between 10 AM & 4 PM from mid May to mid September on bright, sunny days.
- Practices should be modified to reflect the conditions for the safety of the athletes.

Minnesota North and South Region Activity and Rest Break Guidelines

Normal Activities: Provide at least 3 separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.

Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least 3 separate rest breaks each hour with a minimum duration of 4 minutes each.

Maximum practice time is 2 hours:

For Football: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts.

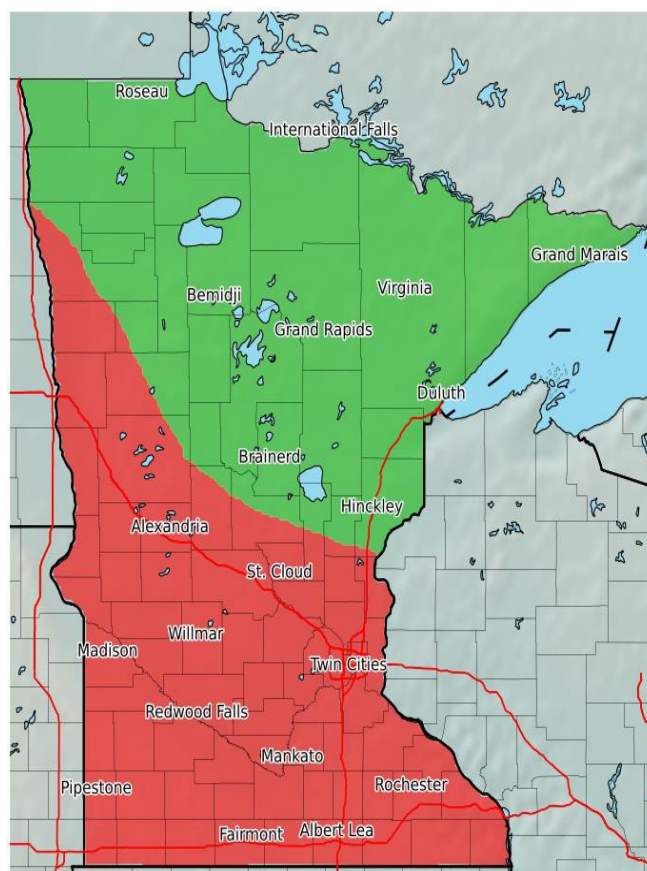
For All Sports: Provide at least 4 separate rest breaks each hour with a minimum duration of 4 minutes each.

Maximum practice time is 1 hour:

For Football: no protective equipment may be worn during practice, and there may be no conditioning activities.

For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.

No outdoor workouts. Delay practice until a cooler WBGT level is reached.



WBGT** Range (°F)	Practice Recommendation	All Sports Changes	Additional Football Changes
South < 77.1 North < 73.5	Normal Activities	Provide at least 3 separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.	
South 77.1 - 82 North 73.5 - 78.4	Caution for intense or prolonged exercise	Watch at-risk players carefully. Provide at least 3 separate rest breaks each hour with a minimum duration of 4 minutes each.	
South 82.1 - 85 North 78.5 - 81.4	Maximum practice time is 2 hours	Provide at least 4 separate rest breaks each hour with a minimum duration of 4 minutes each.	Players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts.
South 85.1 - 87.1 North 81.5 - 83.5	Maximum practice time is 1 hour	20 minutes of rest breaks distributed throughout the hour of practice.	No protective equipment may be worn during practice, and there may be no conditioning activities.
South > 87.1 North > 83.5	No outdoor workouts or non-air conditioned indoor workouts	Delay practice until a cooler WBGT level is reached.	

Wet Bulb Globe Temperature (WBGT) from Temperature and Relative Humidity	
Relative Humidity (%)	Temperature (°C)
	20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
0	15 16 16 17 18 18 19 19 20 20 21 22 22 23 23 24 24 25 25 26 27 27 28 28 29 29 30 31 31 32 32
5	16 16 17 18 18 19 19 20 21 21 22 22 23 24 24 25 26 26 27 27 28 29 29 30 31 31 32 33 33 34 35
10	16 17 17 18 19 19 20 21 21 22 23 23 24 25 25 26 27 27 28 29 30 30 31 32 32 33 34 35 36 36 37
15	17 17 18 19 19 20 21 21 22 23 23 24 25 26 26 27 28 29 29 30 31 32 33 33 34 35 36 37 38 39
20	17 18 18 19 20 21 21 22 23 24 24 25 26 27 27 28 29 30 31 32 32 33 34 35 36 37 38 39
25	18 18 19 20 20 21 22 23 24 24 25 26 27 28 28 29 30 31 32 33 34 35 36 37 38 39
30	18 19 20 20 21 22 23 23 24 25 26 27 28 29 29 30 31 32 33 34 35 36 37 39
35	18 19 20 21 22 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
40	19 20 21 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
45	19 20 21 22 23 24 25 26 27 27 28 29 30 32 33 34 35 36 37 38
50	20 21 22 23 23 24 25 26 27 28 29 30 31 33 34 35 36 37 39
55	20 21 22 23 24 25 26 27 28 29 30 31 32 34 35 36 37 38
60	21 22 23 24 25 26 27 28 29 30 31 32 33 35 36 37 38
65	21 22 23 24 25 26 27 28 29 31 32 33 34 36 37 38
70	22 23 24 25 26 27 28 29 30 31 33 34 35 36 38 39
75	22 23 24 25 26 27 29 30 31 32 33 35 36 37 39
80	23 24 25 26 27 28 29 30 32 33 34 36 37 38
85	23 24 25 26 28 29 30 31 32 34 35 37 38 39
90	24 25 26 27 28 29 31 32 33 35 36 37 39
95	24 25 26 27 29 30 31 33 34 35 37 38
100	24 26 27 28 29 31 32 33 35 36 38 39

Note: This table is compiled from an approximate formula which only depends on temperature and humidity. The formula is valid for full sunshine and a light wind

Using the heat guidelines

The heat stress graph is designed to give a competition safety estimate in hot, humid conditions. It is most relevant for long distance running and prolonged high intensity events like soccer, football, and tennis. The ranges also apply to indoor activities when there is no air conditioning in the practice or competition facility. It should be applied to practices and games.

Using a weather radio or local radio station, collect the air temperature and relative humidity data every hour during the event and plot it on the relative humidity vs air temperature chart.

The decision to cancel or postpone an event should be made when the heat stress moves into the danger range.

Although competition can be continued in the other ranges for increased heat stress risk, coaches and athletes should be aware that exertional heat stroke can occur in the lower risk ranges. Track and cross country runners should stay out of the heat between events and stay well hydrated. A rest break should be provided in activities that require continuous activity like soccer and tennis.

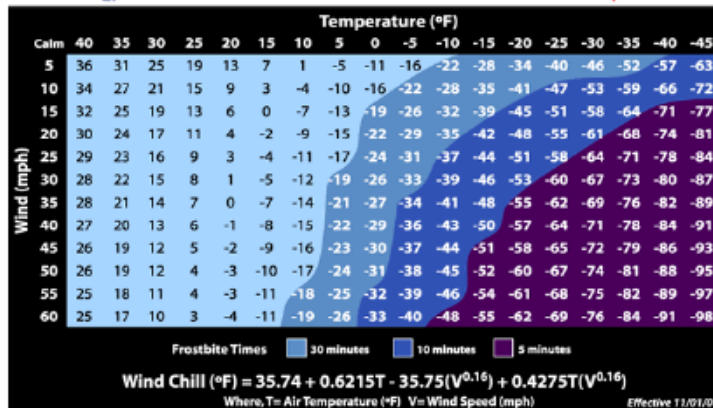
** WBGT = Wet Bulb Globe Temperature = 0.7 (Wet Bulb Temperature) + 0.2 (Black Globe Temperature) + 0.1 (Ambient Temperature)

Hypothermia & Cold Climate Conditions:

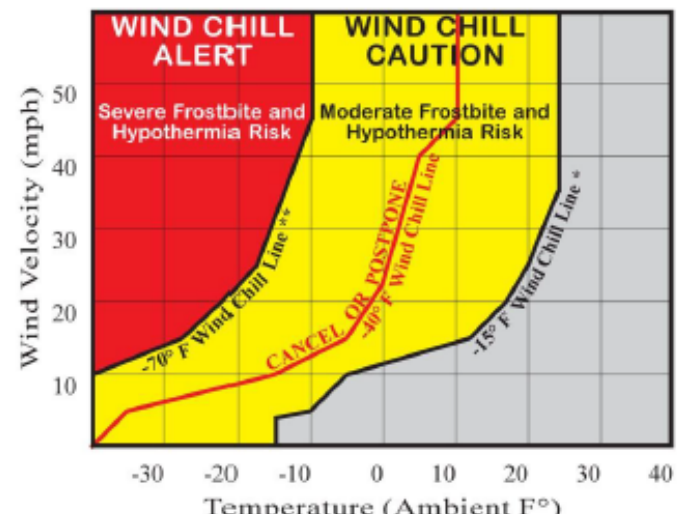
When extreme cold weather does arise, athletes participating in outdoor activities are at increased risks for cold related conditions including several degrees of frostbite and hypothermia. The wind chill can be the most detrimental factor in determining outdoor exposure. Monitoring ambient temperatures and wind chill can be used to regulate/limit amount of exposure and prepare for weather conditions, all to decrease the chances of cold related conditions.



NWS Windchill Chart



PART 2 – COMPETITION INDEX FOR COLD



CANCEL OR POSTPONE:

- Competition >1 minute duration at -4°F
- All Activity at -20°F for or at -40° Wind Chill

NOTES:

- * -15°F or greater Wind Chill – Exposed flesh can freeze in 1 minute
- ** -70°F or greater Wind Chill – Exposed flesh can freeze in less than 30 seconds

CURRENT STANDARD FOR ALPINE SKIING

> -3 degrees F – (Ambient Temperature)	Check for frostbite on exposed skin.
-4 degrees F - (Ambient Temperature) to -10 degrees F – (Ambient Temperature)	Severe frostbite and hypothermia risk. No metal jewelry. Eye protection for frostbite. Windscreen for genitalia. Modify pre race protocol to limit athletes' cold exposure to <30 minutes in duration total time.
< -10 degrees F - (Ambient Temperature) or -40 degrees F wind chill	Recommended lower limit for practice and training. Extreme frostbite and hypothermia risk. No exposed skin. Attempt to reschedule event. If competition cannot be rescheduled, a no strip rule will be enforced with all competitors wearing extra layers that include a wind shell for entire body. Modify pre race protocol to limit athletes' cold exposure to <20 minutes in duration total time.
< -40 degrees F wind chill	Postpone/cancel competition

CURRENT STANDARD FOR NORDIC SKIING

Blue	< -4 degrees F - (Ambient Temperature)	FIS** — No competition limit. Severe frostbite and hypothermia risk. No metal jewelry. Eye protection for frostbite. Windscreen for genitalia. Cancel events which are > 1 minute in duration or produce speeds > 10 MPH or if wind is > 10 MPH.
Black	< -20 degrees F - (Ambient Temperature) or < -40 degrees F wind chill	Recommended lower limit for practice and training. Extreme frostbite and hypothermia risk. No exposed skin. Extra layers. Wind shell for entire body.

PART 1 – LIGHTNING/THREATENING WEATHER

Prior to the start of a contest, the host school is responsible for determining whether or not the conditions present a threat to the safety of participants and spectators and will determine whether or not the contest will begin. Once the contest begins, the officials have the authority to postpone or suspend a contest due to unsafe weather conditions -- that decision may not be overruled. School officials also still have this authority.

On-site medical professionals should also be consulted and included in the decision-making process. The Superintendent or his/her designee may overrule an official and suspend or postpone a contest once it has begun. In other words, once a contest has begun either the officials or school authorities may postpone or suspend a contest and cannot be overruled by the other party. When in doubt, err on the side of safety.

While lightning on the horizon should warn of potential danger, lightning associated with thunder or thunder alone means that there is immediate danger to athletes, officials, and spectators. The adage — "If you can hear it, clear it" — should be used to make decisions to postpone or cancel the activity. Lightning can strike 10 miles ahead of or behind the storm front and thunderhead clouds.

When considering resumption of an athletic activity, the MSHSL recommends that everyone should wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field or activity.

Additional lightning-safety guidelines have been developed with the assistance of the National Severe Storms Laboratory (NSSL) and are listed below:

1. As a minimum, NSSL staff strongly recommend that by the time the monitor obtains a flash-to-bang count of 30 seconds (equivalent to six miles), all individuals should have left the athletics site and reached a safe structure or location. Athletic events may need to be terminated.
2. The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.
3. If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground because lightning current often enters a victim through the ground rather than by a direct overhead strike. **MINIMIZE YOUR BODY'S SURFACE AREA AND MINIMIZE CONTACT WITH THE GROUND! DO NOT LIE FLAT!** If unable to reach safe shelter, stay away from the tallest trees or objects (such as light poles or flag poles), metal objects (such as fences or bleachers), individual trees, standing pools of water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.
4. A person who feels his or her hair stand on end or skin tingle should immediately crouch, as described in item 3.
5. Avoid using the telephone except in emergency situations. People have been struck by lightning while using a land-line telephone. A cellular phone or a portable remote phone is a safe alternative to land-line phones if the person and the antenna are located within a safe structure or location and if all other precautions are followed.
6. People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning-strike victims who show signs of cardiac or respiratory arrest need emergency help quickly. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes.



Concussion Protocol

Purpose: Provide a systematic comprehensive post-concussion care procedure that will directly assist with the implementation of the most appropriate treatment plan; which will promote a more effective recovery, provide educational resources related to concussion management, and reduce the risk of sustaining a more significant brain injury from occurring.

1. Pre-Season Baseline Neurocognitive Testing & Education:

- Schedule pre-season team ImPACT testing.
- Educate student-athletes in recognizing the potential symptoms of a concussion and to seek medical attention immediately.
- Educate student-athletes in the risks of continuing to play while experiencing any symptoms that may be associated with a concussion.
- Provide educational resources for parents to assist with the recognition of concussions and protocol for care.
- Ensure that all coaches have completed concussion education.

2. Identification, Diagnosis, & Evaluation of Concussions:

- Early recognition of the signs & symptoms observed by a student-athlete that may be associated with a concussion.
- If no medical personnel are available, it is the coach's responsibility to immediately remove any student-athlete suspected of sustaining a concussion from competition or practice. The student athlete may not be allowed to return until evaluated by athletic trainer or team physician.
- If ATC is on site they will provide an appropriate sideline evaluation utilizing concussion assessment tools; such as a SAC (Standard Assessment of Concussion) or BESS (Balance Error Scoring System) to assist with the diagnosis and to determine the most appropriate plan of care.

- No student-athlete should Return to Play (RTP) or practice the same day of a concussion (24 Hours), and may not return until evaluated and cleared by a medical provider (MD or ATC) to begin a graduated return to activities.

3. **Post-Injury Management & Treatment Plan:**

- Acute Injury:
 - i. The student-athlete should not be allowed to return to play in the current game or practice. **“When in doubt, sit them out.”**
 - ii. The student-athlete should not be left alone, and regular monitoring for deterioration is important over the initial few hours post injury.
 - iii. The student-athlete should be medically evaluated after the injury.
 - iv. Refer for immediate medical care if symptoms are indicating a possible concussion or symptoms are worsening.
- Follow up Treatment Plan:
 - i. ATC continues to coordinate ongoing care with between student- athlete, parents, MD, teachers, and coaches throughout the recovery process.
 - ii. Student-athletes who have been diagnosed with a concussion require physical and cognitive rest to prevent a more prolonged recovery.
 - iii. The medical provider will contact student-athlete’s teachers, coaches, school health staff, AD, and provide recommendations for the implementation of Academic Accommodations (Physical & Cognitive).
 - iv. Post-Injury Neurocognitive Testing (ImPACT) will be administered to assist with the most appropriate plan of continued post-concussion care.
 - v. If prolonged recovery is indicated by continued post-concussion symptoms lasting for more than 10-14 days a referral to Bethesda Concussion Clinic is recommended to determine the most appropriate therapy needed to assist with a more effective recovery.

4. **Return to School Activities: Academic & Sports**

- When a student-athlete presents without symptoms, at rest, for a 24 hour period the medical provider(s) may indicate that he/she can begin a graduated return to activities.
- Student-athletes should be monitored by staff members (ATC, Teachers, Coaches, and Parents) following each progressive physical or cognitive task to identify any return of symptoms associated with their concussion.

- The student-athlete may progress to the next level of cognitive and physical activities if they do not present with any return of symptoms for a 24 hour period; otherwise, they need to drop back to the previous level of activity and re-start the progression.
- The medical provider(s) may implement a more gradual progression of activities if indicated by an individual's duration of post-concussion symptoms (physical & cognitive), concussion history, or any other circumstances that may indicate it is in the best interest of the health and safety of the individual.

MSHSL Return to Play Protocol:

1. No Activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light, aerobic exercise such as walking or stationary cycling. No resistance training.
3. Sports Specific Exercise (e.g. skating in hockey, running in soccer). Progressive addition of resistance training at steps 3 or 4.
4. Non-contact training drills
5. Full contact training after medical clearance.
6. Game play.

Note: The final return to competition decision is based on clinical judgment and the student-athlete may return only with written permission from a medical provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice. The athletic trainer at each respective school has the authority to extend the length of time for the RTP if they deem it in the best interest of the student-athlete, and having the final clearance of returning the student-athlete to activity.



Concussion Management- Home Care Instructions

I believe _____ sustained a concussion on _____.

To make sure he/she recovers, please use the following important recommendations as a guide to proper care. If any of the signs or symptoms below develops before the follow-up visit, please call 911, local emergency medical services, or your family physician.

Observable Red-Flag Signs or Symptoms That Warrant Immediate Referral to the Emergency Department:

- Decreasing level of consciousness
- Increasing confusion
- Increasing irritability
- Loss of or fluctuating level of consciousness
- Numbness in the arms or legs
- Pupils becoming unequal in size
- Repeated vomiting
- Seizures
- Slurred speech or inability to speak
- Inability to recognize people or places
- Worsening headache

It is OK to:	There is no need to:	DO NOT:
• Use Tylenol (acetaminophen) • Use an ice pack to head/neck • Eat a light meal • Go to sleep	• Check eyes with a light • Wake up every hour • Stay in bed	• Consume alcohol • Text or play video games • Drive a car • Use aspirin, Aleve, Advil, or other NSAIDs.

Recommendations provided to: _____

Please feel free to contact me if you have any questions. I can be reached at _____.

Please follow up in the athletic training room on _____ (date).

Recommendations provided by: _____

Signature: _____ Date: _____



MSHSL RETURN TO PLAY PROTOCOL: CONCUSSIONS

Return-to-play decisions are complex. A student-athlete may be cleared to return to competition when the student-athlete is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a student-athlete can return to competition.

- Each step requires a minimum of 24 hours.
- The student-athlete can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level.
- If any symptoms or signs recur, the student-athlete drops back to the previous level.
- After a concussion has been diagnosed by an Allied Health Care Professional, only a physician can authorize a subsequent return to play.

The return-to-play after a concussion is a step-wise process.

EACH STEP REQUIRES A MINIMUM OF 24 HOURS.

Date	✓	Step-Wise Process Description; MUST Be Done in Sequence
		No Activity: complete rest until all symptoms have resolved.
		Light: aerobic exercise such as walking or stationary cycling, no resistance training
		Sport Specific Exercise: i.e. skating in hockey, running in soccer, progress with aerobic/anaerobic resistance training
		Non-contact: training drills
		Full-contact: training after medical clearance
		Game Play



Academic Accommodations Post-Concussion

Patient Name: _____

Date of Birth: _____

Students-athletes recovering from concussions often exhibit cognitive symptoms that make attending school and learning difficult. They may not be able to attend school or only partial days. Some symptoms that could affect performance in the classroom include: sensitivity to light and noise, headache, trouble focusing, concentrating, or remembering, and difficulty looking at a screen. The accommodations below often help reduce the symptoms and allow them to return to school quicker. Compliance with these accommodations allows the brain to recover more quickly even if it appears the student-athlete is symptom free.

Attendance Restrictions:

_____ No School. Date: _____ to _____.

_____ Modified Days. Date: _____ to _____.

_____ Full Days as Tolerated.

Academic Testing:

_____ No tests or quizzes. Please reschedule.

_____ Allow extra time to complete test(s).

_____ Administer test(s) in a quiet environment.

Other Accommodations:

_____ Allow student to wear sunglasses/hat in school

_____ Allow pre-printed notes

_____ Limit exposure to computer screens

_____ Allow breaks if symptoms worsen (refer to nurse or ATC).

_____ Change classroom seating if necessary

_____ Avoid noisy/busy environments.

Thank you for your assistance in helping the concussed student-athlete with the above school accommodations.

Medical Provider: _____

Date: _____



Park High School Emergency Action Plan

Wolfpack Stadium
8040 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

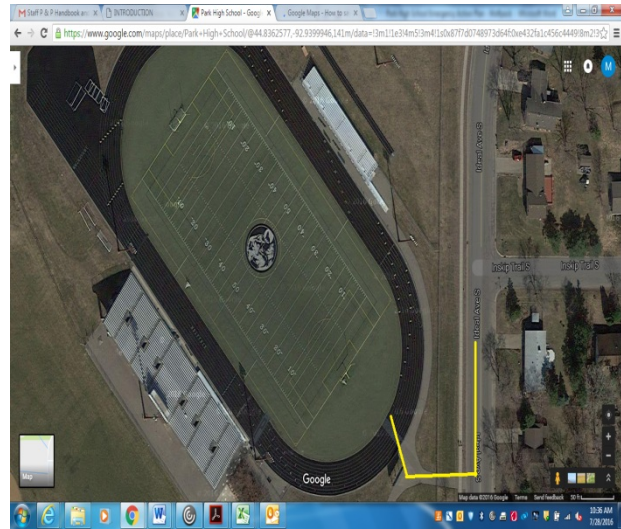
- **Emergency Medical Services (EMS):** 911
- **Athletic Director Phil Kuemmel** (651)-357-4833
- **Athletic Trainer Matt Frericks:** (507)-304-3856
- **Park High School (Main Line):** (651)-425-3700

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency



Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - a. Who you are
 - b. Identify victim and problem (name/age/sex/condition/what happened/ care being provided)
 - c. Location

Park High School, Wolfpack Stadium, 8040 80th Street South, Cottage Grove, MN 55016

****Enter at south side road or stadium off South Ideal St****

- d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) **FIRST**, followed by Athlete's Emergency Contact
 4. Desired member will open gate and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - a. Designated coach will ride with student if parent/guardian not in attendance



Park High School Emergency Action Plan

Girls' Softball Field
7830 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

- | | |
|-------------------------------------|----------------|
| • Emergency Medical Services (EMS): | 911 |
| • Athletic Director Phil Kuemmel | (651)-357-4833 |
| • Athletic Trainer Matt Frericks: | (507)-304-3856 |
| • Park High School (Main Line): | (651)-425-3700 |

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC

Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - a. Who you are
 - b. Identify victim and problem (name/age/sex/condition/what happened/ care being provided)
 - c. Location

Park High School, Softball Field 7830 80th Street South, Cottage Grove, MN 55016

****Turn into lot behind Crestview off Hinton Ave S and drive on trail/grass to field ****

- d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - f. Designated coach will ride with student if parent/guardian not in attendance





Park High School Emergency Action Plan

Main Gym

8040 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

- | | |
|-------------------------------------|----------------|
| • Emergency Medical Services (EMS): | 911 |
| • Athletic Director Phil Kuemmel | (651)-357-4833 |
| • Athletic Trainer Matt Frericks: | (507)-304-3856 |
| • Park High School (Main Line): | (651)-425-3700 |

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC

Medical Emergency Procedure:

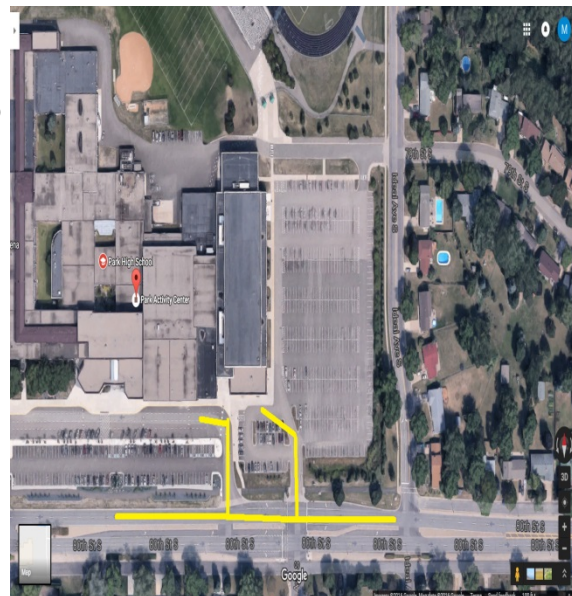
(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - a. Who you are
 - b. Identify victim and problem (name/age/sex/condition/what happened/ care being provided)
 - c. Location

Park High School, Main Gym, 8040 80th Street South, Cottage Grove, MN 55016

****Instruct ambulance to go to front or back entrance****

- d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - f. Designated coach will ride with student if parent/guardian not in attendance





Park High School Emergency Action Plan

JV Football Field/Practice Field

8040 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

- **Emergency Medical Services (EMS):** 911
- **Athletic Director Phil Kuemmel** (651)-357-4833
- **Athletic Trainer Matt Frericks:** (507)-304-3856
- **Park High School (Main Line):** (651)-425-3700

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC



Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - a. Who you are
 - b. Identify victim and problem (name/age/sex/condition/what happened/ care being provided)
 - c. Location

Park High School, JV Football Field/Practice Field 8040 80th Street South, Cottage Grove, MN 55016

****Instruct ambulance to go behind school via Ideal Ave S ****

- d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - a. Designated coach will ride with student if parent/guardian not in attendance



Park High School Emergency Action Plan

Girls' Soccer Field
8020 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

- **Emergency Medical Services (EMS):** 911
- **Athletic Director Phil Kuemmel** (651)-357-4833
- **Athletic Trainer Matt Frericks:** (507)-304-3856
- **Park High School (Main Line):** (651)-425-3700

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC

Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - b. Who you are
 - c. Identify victim and problem (name/age/sex/condition/what happened/ care being provided
 - d. Location

Park High School, Girls Soccer/Softball Field 8020 80th Street South, Cottage Grove, MN 55016

****Instruct ambulance to go to lot behind ice arena and get on the trail or drive on field ****

- e. Any additional information
 - f. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - g. Designated coach will ride with student if parent/guardian not in attendance





Park High School Emergency Action Plan

Cottage Grove Ice Arena

8020 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

- Emergency Medical Services (EMS): 911
- Athletic Director Phil Kuemmel (651)-357-4833
- Athletic Trainer Matt Frericks: (507)-304-3856
- Park High School (Main Line): (651)-425-3700

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC

Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - h. Who you are
 - i. Identify victim and problem (name/age/sex/condition/what happened/ care being provided
 - j. Location

Cottage Grove Ice Arena, Park High School, 8020 80th Street South, Cottage Grove, MN 55016

****Ambulance should arrive at front or side (prefer) of Ice Arena ****

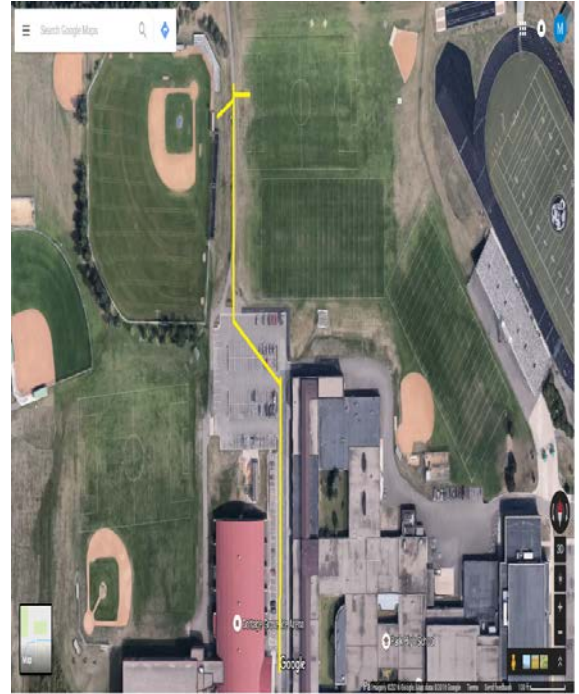
- k. Any additional information
 - l. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - m. Designated coach will ride with student if parent/guardian not in attendance





Park High School Emergency Action Plan

Boys' Soccer Field
8040 80th Street South
Cottage Grove, MN 55016



Emergency Phone Numbers:

- **Emergency Medical Services (EMS):** 911
- **Athletic Director Phil Kuemmel** (651)-357-4833
- **Athletic Trainer Matt Frericks:** (507)-304-3856
- **Park High School (Main Line):** (651)-425-3700

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC

Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - n. Who you are
 - o. Identify victim and problem (name/age/sex/condition/what happened/ care being provided
 - p. Location

Park High School, Boys Soccer Field 8040 80th Street South, Cottage Grove, MN 55016

****Instruct ambulance to turn in between Ice arena and school, then go to NW corner and take trail to the field****

- q. Any additional information
 - r. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - s. Designated coach will ride with student if parent/guardian not in attendance



Park High School Emergency Action Plan

Baseball Field
8040 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

- **Emergency Medical Services (EMS):** 911
- **Athletic Director Phil Kuemmel** (651)-357-4833
- **Athletic Trainer Matt Frericks:** (507)-304-3856
- **Park High School (Main Line):** (651)-425-3700

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC

Medical Emergency Procedure:

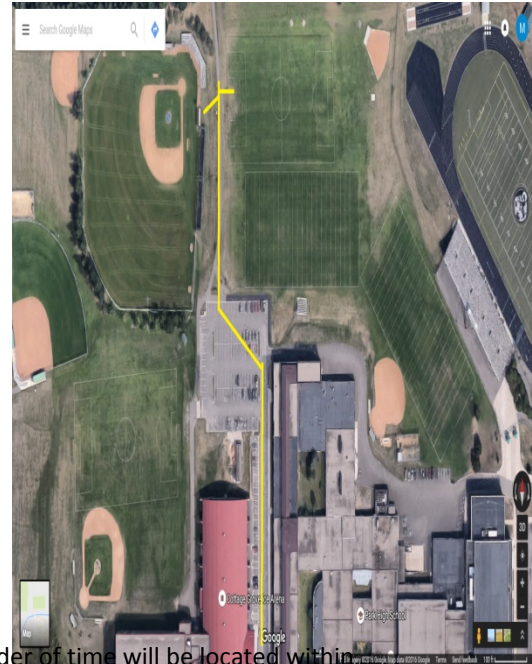
(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - t. Who you are
 - u. Identify victim and problem (name/age/sex/condition/what happened/ care being provided
 - v. Location

Park High School, Baseball Field 8040 80th Street South, Cottage Grove, MN 55016

****Instruct ambulance to turn in between Ice arena and school, then go to NW corner and take trail to the field****

- w. Any additional information
 - x. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - y. Designated coach will ride with student if parent/guardian not in attendance





Park High School Emergency Action Plan

Activity Center
8040 80th Street South
Cottage Grove, MN 55016

Emergency Phone Numbers:

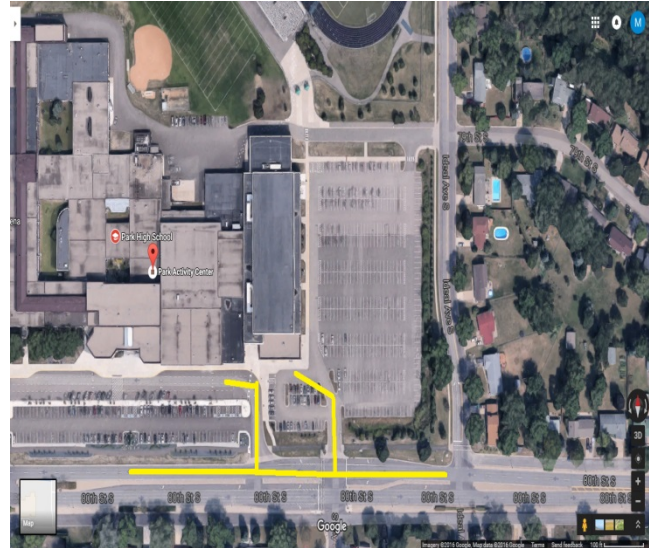
- | | |
|-------------------------------------|----------------|
| • Emergency Medical Services (EMS): | 911 |
| • Athletic Director Phil Kuemmel | (651)-357-4833 |
| • Athletic Trainer Matt Frericks: | (507)-304-3856 |
| • Park High School (Main Line): | (651)-425-3700 |

Emergency Communication:

- Cellular phone on site with ATC/AD/Coaches
- Landline telephone within Park High School

Emergency Equipment:

- First Aid Kit for all practices/games
- Appropriate equipment will be available for all home games and remainder of time will be located within Athletic Training Room in case of an emergency
- AED located inside AC



Medical Emergency Procedure:

(No breathing/loss of consciousness/fracture/dislocation/heat related illness/severe bleeding/suspected neck or spinal injury/other injury/illness resulting in poor or deteriorating vital signs including shock/cardiac related conditions)

1. Perform emergency CPR and first aid
2. Instruct coach/AD/staff to call **911** and provide following information:
 - a. Who you are
 - b. Identify victim and problem (name/age/sex/condition/what happened/ care being provided
 - c. Location

Park High School, Activity Center, 8040 80th Street South, Cottage Grove, MN 55016

****Ambulance should arrive at front of Activity Center ****

- d. Any additional information
 - e. ***BE THE LAST TO HANG UP***
3. Notify AD/ATC (if not on site) FIRST, followed by Athlete's Emergency Contact
 4. Desired member will open doors and meet EMS and direct if EMS not on-site already
 5. Assist with care as needed
 - Designated coach will ride with student if parent/guardian not in attendance

The above emergency action plan and procedures was adopted from previous plan from the University of Northern Iowa.

I hereby understand the roles and

Matthew E. Frericks MS, ATC, ATR

Head Athletic Trainer

Park High School

Summit Orthopedics

Bielenberg Sports Complex

4123 Radio Drive | Woodbury | MN | 55129

Phone c: (507) 304-3856 | o: 651-968-5270

www.summitortho.com



Experience the highest level of care.

Contacts:

Matthew E. Frericks

PHS Athletic Trainer

mfrericks@summitortho.com

(507)-304-3856

Phil Kuemmel

PHS Activities Director

pkuemmel@sowashco.org

(651)-425-3758

Park High School

8040 80th Street S.

Cottage Grove, MN 55016

(651)-425-3700

Summit Orthopedics-OrthoQuick

Woodlake Clinic

2090 Woodwinds Dr.

Woodbury, MN 55125

(651)968-5806

Local Hospitals:

Regions Hospital

640 Jackson St.

St. Paul, MN 55101

(651)254-3456

Allina Hospital

8675 Valley Creek Rd.

St. Paul, MN 55125

(651)501-3000