2017 AYL Emergency Action Plan

The purpose of this document is to provide instructions to athletic trainers, coaches, and parents in the event of a medical emergency regarding Arizona Youth Lacrosse (AYL) athletes. **A SERIOUS INJURY IS ANY CONDITION WHEREBY THE ATHLETE'S LIFE MAY BE IN DANGER OR RISKS PERMENANT IMPAIRMENT.** THESE INJURIES INCLUDE BUT ARE NOT LIMITED TO: CERVICAL SPINE INJURIES, HEAD INJURIES, LOSS OF LIMB, SERIOUS BLEEDING, SHOCK, SERIOUS FRACTURES, HEAT STRESS AND CARDIOVASCULAR ARREST.

Emergency situations can occur at anytime during athletic participation. Expedient action must be taken in order to provide the best possible treatment. This emergency plan will help ensure the best care is provided. All athletic trainers and coaches who work directly with AYL athletes are required to familiarize themselves with this plan.

1. Emergency personnel

A. Immediate care of an injured athlete should be given by the licensed athletic trainer (AT) on site.
   1) If an AT is not present, anyone trained in basic life support/first aid on scene may provide care.

B. Activation of the Emergency Medical System (EMS)
   1) EMS will be activated for any suspected life threatening injury or illness incurred by a lacrosse participant or coach. This may include, but is not limited to; cardiac arrest, difficulty breathing, suspected spinal injury, serious exertional heat illness, possible unstable fracture, etc...

C. Emergency equipment retrieval (AED if on site)
   1) A coach will retrieve the AED ASAP from the designated holder of the device.

D. Direction of EMS to the scene
   1) To be performed by the coach calling EMS.
   2) He shall assign another coach/adult to the entrance of the venue to meet EMS upon arrival and guide them to the injured/ill athlete.

2. Communication

A. Primary Method of Communication is cellular phone
   1) Caller will Dial 911 and describe the nature of emergency, number of victims and their condition, what treatment has been initiated, and specific directions to the scene.
   2) This should be performed by one of the head coaches or parents at the scoring table on the field.
B. The individual responsible for calling 911 shall assign another coach or individual to meet the EMS professionals at the nearest entrance to the field.
C. A coach or other parent will contact the injured athlete's parents if they are not on site.

3. Emergency Equipment

A. The contracted Athletic Trainer for the league, or an assigned member of the AYL board, should have the AED on site each weekend for the jamboree format league play.
B. Athletic trainers will have splints, ice, wraps, crutches, and other first aid supplies on site each weekend for the jamboree format league play.
C. Each program involved with the AYL is expected to have a minimal first aid kit on site at practices to manage potential wounds and provide basic first aid.

4. Emergency Transportation

A. Any athlete in a life threatening situation will be transported by an offsite ambulance assigned by EMS. EMS will be instructed to meet a coach at the nearest entrance upon arrival.
B. Any athlete with a non-life threatening injury who is in need of prompt medical attention may be transported by a parent or guardian at the Athletic trainer's discretion. E.g. stable orthopedic injuries w/o signs of shock

5. Additional Considerations

A. Helmet Removal Policy

1. In the case of a suspected cervical spine injury helmet removal should ONLY take place if: a) The helmet does not fit properly and does not provide adequate immobilization of the cervical spine or b) Neutral spine cannot be obtained due to size of the helmet vs. shoulder pad.
2. In the event of a cervical spine injury where the helmet is to be removed the shoulder pads are to be removed with it.

3. If the helmet is to stay on the facemask should be removed for airway access en route to the ER.

B. Lightning Policy

1. Flash to Bang method will be utilized by AT and/or coaches.
   a. If <30 sec passes b/n "flash and bang" lightning and thunder, then all lacrosse players, parents, and coaching staff will be removed from the field of play and retreat to a safe shelter. (Car or enclosed building)
   b. All people should remain entirely inside a safe building or vehicle until at least 30 minutes have passed since the last lightning strike or the last sound of thunder.

C. Injured Athlete Policy

1. Evaluation should be done by Athletic Trainer on site and an injury report form shall be filled out if an athlete is removed from play and/or a medical referral is necessary.

2. If medical referral is deemed necessary the parents of the injured athlete shall be contacted by the AT and given the information regarding our Team Physicians:
   a. South Region- Dr. Anastasi 480-222-3384 office
      Ian Mcloud PAC 480-222-3384 office
      480-518-5802 cell
   b. North Region/East Valley Dr. Hill 480-558-3744 office
      706-799-7554 cell

D. Concussion Policy

1. Any athlete with a suspected concussion should be removed from play, medically assessed, monitored for red flags signaling a serious closed head injury.
2. If a coach has any suspicion of an athlete with a concussion they shall first attempt to refer the athlete to the athletic trainer on site for evaluation. If an athletic trainer is not on site they should error on the side of caution and remove the athlete from play. The coach or athlete's parents may call Mike McKenney at 602-386-7673 for follow up instructions for non-life threatening conditions.

a. ***Any athlete suspected of concussion will be removed from play/practice that day!*** Coaches should refer to the pocket Concussion tool (Appendix A) for signs and symptoms of a suspected concussion.

3. Any athlete removed from play for a suspected concussion may be referred to either University Sports Medicine or ASMC to be evaluated by one of our team physicians, including Dr. Anastasi, Ian Mcloud PAC, or Dr. Hill. If the athlete's parents choose another provider they have that right.
4. Once a concussed athlete has been cleared by one of our team physicians for an exertional return to play progression, they will follow the following protocol as return to play criteria. The athlete must remain asymptomatic for 24 hours to advance to the next stage of criteria.
    a. Stage 1: Warm Up Flex/Stretch, Pass and Catch standing, and Jog 5 laps around the field
    b. Stage 2: Warm up Flex/Stretch, Pass and Catch drills, Ground ball drills, and 10 x 100 yd striders
    c. Stage 3: Warm up Flex/Stretch, Full practice except for Contact Drills
    d. Stage 4: Full practice, caution used in contact drills
    e. Stage 5: Return to full participation

E. Exertional Heat Illness

1. **Exertional Heat stroke** is an extremely serious illness that can result in death unless quickly recognized and properly treated. Signs and symptoms include an increase in core body temperature (usually above 104°F/40°C); central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity; nausea, vomiting, or diarrhea; headache, dizziness, or weakness; increased heart rate; decreased blood pressure or fast breathing; dehydration; and combativeness.

What to do: It's very important that treatment for exertional heat stroke be both aggressive and immediate, provided adequate medical personnel are on site. Key steps to take when exertional heat stroke is identified include immediate whole-body cooling, preferably through cold-water immersion,

followed immediately by medical treatment in an emergency room or trauma center.

2. **Heat exhaustion** is a moderately serious illness resulting from fluid loss or sodium loss in the heat. Signs and symptoms include loss of coordination; dizziness or fainting; profuse sweating or pale skin; headache, nausea, vomiting or diarrhea; stomach/intestinal cramps or persistent muscle cramps.
   What to do: Heat exhaustion patients should immediately be transported to a cool, shaded environment with feet elevated, and fluids should be replaced. If their condition worsens or does not improve within minutes, they should be transported to the emergency room for evaluation and treatment. ***Those suffering from heat exhaustion should avoid intense activity in the heat until at least the next day.*** NATA also recommends a trip to the doctor to rule out any underlying conditions that predispose them to heat exhaustion.
3. **Heat cramps** are often present in those who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players. Signs and symptoms include intense pain (not associated with pulling or straining a muscle) and persistent muscle contractions that continue during and after exercise.
   What to do: People suffering from heat cramps should cease activity, consume high sodium food and stretch the affected muscle. They should also be assessed by an athletic trainer to determine if they can return to activity. If cramping progresses in severity or number of muscle groups, patients should be transported to the emergency room for more advanced treatment.

Appendix A

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

Appendix B

AYL Individual Program Emergency Action Plan

Team Name_____

Head Coach: _____ Phone: _____

Assistant Coach: _____ Phone: _____

Program Lead: _____ Phone: _____

EMS Protocol: When you call EMS, provide your name and title or position, current address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.

Scene control: Limit scene to first aid providers and move bystanders away from area.

Emergency Task Assignments:	Assigned to:
Immediate Care of the injured or ill participant	_____
Emergency Equipment retrieval	_____
Call EMS	_____
Meet EMS on the Scene (rendezvous point here)	_____
Notify Parent	_____

Practice Facility Address:

Nearest Urgent Care Address: