# **Orchard Park Soccer Club**



**Emergency Action Plan** 

## What is an Emergency Action Plan (EAP)?

An Emergency Action Plan is an established process and system to address medical, environmental and security emergencies related to sporting activities. An EAP should address situations including cardiac arrest, head and neck injuries, asthma, heat and cold related issues, allergic reactions and environmental and security risks as they impact the safety of their athletes and personnel.

## What is the goal of an EAP?

The goal of an Emergency Action Plan is to provide a comprehensive and practical response to an emergency as it may impact personnel, fields/venues. If a certified athletic trainer (ATC) is a part of your organization, he or she should assist leadership in EAP development.

## **Emergency Action Plans Best Practices Check List**

- Every organization, club or team should develop an EAP to address medical emergencies or threats to personnel health and safety.
- The EAP should address high risk incidents such as cardiac, heat and other staff and athlete safety matters.
- The EAP should be reviewed by local emergency services and shared with on-site medical personnel, safety officials and organization administrators.
- The written EAP should be distributed to ALL staff members (coaches etc.).
- EAPs should be specific to the venue and include all healthcare providers who may be providing coverage on site including Certified Athletic Trainers ATC or EMS providers.
- Available emergency equipment on-site should be listed with location site.
- EAPs should include contact information for local EMS, the club/venue director and venue/location.
- The EAP should be reviewed, updated, and rehearsed annually by all staff members.

http://www.recognizetorecover.org/#us-soccers-comprehensive-player-health-and-safety-program

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# **Game Day Procedure**

- 1. Arrive 45 minutes before the start of your game
- 2. Unlock Lost and found room and locate first aid kit and AED machine
- 3. Unlock bathrooms
- 4. Remove corner flags for your game, located in lost and found room.
- 5. Return corner flags and lock up lost and found room and bathrooms.

# Orchard Park Soccer Complex – 6909 Milestrip Rd. OP, NY 14127

AED Machine: Located in Lost and Found Room First Aid Kit: Located in Lost and Found Room

Every team should have a basic first aid kit in addition to the first aid kit at the Orchard Park Soccer Complex.

# **Emergency Contacts**

| zmergency contacts              |                            |
|---------------------------------|----------------------------|
| Orchard Park Police Department  | 716-662-6444               |
| Orchard Park Fire Department    | 716-662-5774               |
| Mercy Hospital of Buffalo       | Bertrand Chaffee Hospital  |
| 565 Abbott Rd.                  | 224 E. Main St.            |
| Buffalo, NY 14220               | Springville, NY 14141      |
| 716-826-7000                    | 716-592-2871               |
|                                 |                            |
| Orchard Park Soccer Club        | Dave Kreger 716-713-3240   |
|                                 | Scott Maclean 716-523-3365 |
|                                 | Tom Hanlon 716-912-6258    |
| Town of Orchard Park Recreation | 716-662-6450               |
| Department                      |                            |
| Dial 911 to activate the EMS if |                            |
| necessary.                      |                            |
|                                 |                            |
|                                 |                            |

# **Medical Emergency Procedure**

• In the event of a medical emergency activate EMS by calling 911

# WHEN YOU CALL EMERGENCY SERVICES:

#### State:

- 1) Your name
- 2) "There has been a suspected (type of injury) at (location)"
- 3) "Please send an ambulance to (the location). I will meet the ambulance there."
- 4) Ask the projected time of arrival
- 5) Give them your phone number if possible

There are four key components to an EAP:

- 1) Access to phones
- 2) Directions
- 3) Player Information
- 4) EAP Personnel Charge Person (usually head coach) and Call Person (usually asst. coach or team manager), as well as alternates

## **Fields Locations**

| Orchard Park Soccer Complex 6909 Milestrip Rd. | Brush Mountain Park<br>4500 California Rd. |
|--|--|
| Orchard Park, NY 14127                         | Orchard Park, NY 14127                     |
|  |  |
| Baker Road Soccer Fields                       | Orchard Park High School                   |
| 3330 Baker Rd.                                 | 4040 Baker Rd                              |
| Orchard Park, NY 14127                         | Orchard Park, NY 14127                     |
|  |  |
| Eggert Road Elementary School                  | Ellicott Elementary School                 |
| 3580 Eggert Rd.                                | 5180 Ellicott Rd.                          |
| Orchard Park, NY 14127                         | Orchard Park, NY 14127                     |
|  |  |
| S. Davis Elementary                            | Windom Elementary School                   |
| 51 S. Davis St.                                | 3870 Sheldon Rd.                           |
| Orchard Park, NY 14127                         | Orchard Park, NY 14127                     |
|  |  |

# **Procedures**

### The Call Person will:

- 1. Keep a record of emergency phone numbers
- 2. Make the telephone call for assistance
- 3. Provide all necessary information to dispatch (including location, nature of injuries, description of First Aid that has been done)
- 4. Report back to the Charge Person
- 5. Clear any traffic from the entrance/access road before ambulance arrives
- 6. Wait by the driveway entrance to guide the ambulance when it arrives.

## **EMERGENCY ACTION PLAN CHECKLIST**

- Access to Phones
- Cell Phones and battery well charged
- Check for the correct emergency number
- Directions: Accurate directions to all sites as well as specific field locations (ie: for practices, home games, away games, etc.)
- Player Information
- Player Medical Information Forms containing emergency contacts and any known medical conditions about players must be on hand at all times
- Knowledge of pre-existing medical conditions might be required and should be readily available to medical / EMS staff EAP Personnel
- Charge Person is identified
- Call Person is identified
- Alternates (charge person and call person) are identified
- The Player Medical Information Forms must be up to date and kept in the file folder located in the First Aid bag
- A First Aid Kit must be accessible at all times and must be checked regularly

# PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

| Player's Name:  |  | Date of Birth:   |
|---|--|--|
|   |  |  |
| City:   | State:   | Zip:   |
| EMERGENCY INFORMATION   | ON Parent/Guardian N   | Name:  |
| Home Phone:   | Work Pho   | one:   |
| Parent/Guardian Name:   |  | Home Phone:  |
| Work Phone:   | In an emerge   | ency, when parents/guardians cannot be   |
| reached, please contact: Name   | :  |  |
| Home Phone:   | Work Pho   | one:   |
| Name:   |  |  |
| Home Phone:   | Work Phone   | x:   |
| Allergies:  |  |  |
| Other Medical Conditions:   |  |  |
| Player's Physician:   |  | Office Phone:  |
| Medical and/or Hospital Insur   | ance Company:  |  |
| Phone:  | Policy Holder  | ·<br>·   |
| Policy #:   |  |  |
| THIS FORM PARENT/GUAI Recognizing the possibility of inj US Youth Soccer accepting my s Youth Soccer and its members (the Programs. Further, I hereby releas organizations and sponsors, their fields and facilities utilized for the as a result of my son's/daughter's Programs. I hereby authorize the son/daughter has received a physically capable of participatin submitted in conjunction with this or ailment, in addition to what is participation in the Programs. I g | RDIAN CONSENT A jury or illness, and in co on/daughter as a player he "Programs"), I consense, discharge, and other employees, associated player programs, against any aparticipation in the Protransportation of my social examination by a ling in the sport of soccer. Is release and attached he specified above, that my ive my consent to have er with medical assistant | in the soccer programs and activities of US nt to my son/daughter participating in the wise indemnify US Youth Soccer, its member personnel, and volunteers, including the owner of claim by or on behalf of my player son/daughter grams and/or being transported to or from the n/daughter to or from the Programs. My player censed medical doctor and has been found I have provided written notice, which is ereto, setting forth any specific issue, condition, y child has or that may impact my child's an athletic trainer and/or licensed medical doctor ce and/or treatment and agree to be financially |
| Danant Cianatura  |  | Data   |

# **PLAYER INJURY REPORT FORM**

| Date: Time:                                      |               |
|--|---------------|
| Player's Full Name:                              |               |
|  | own, etc.):   |
| List Injuries:                                   |               |
| Describe Incident:                               |               |
|  |               |
| Emergency Medical Services Called? YES N         | NO            |
| Hospital / Clinic (where player being transporte | d):           |
|  |               |
|  |               |
| Parents / Guardians Advised: YES NO              |               |
| Team Information                                 |               |
| Team Name:                                       |               |
| Opposing Team:                                   |               |
| Name of Team Official completing this form:      |               |
| Team Official Position:                          | ·             |
| Signature:                                       | ·             |
| Witness Name:                                    | Phone Number: |
| Witness Name:                                    | Phone Number: |

## **Weather Related Emergency**

In the event of a weather-related emergency shelter in place under and/or inside of the pavilion until the situation is safe.

Contact club and/or emergency personnel and activate the EMS system if necessary.

# **Thunder and Lightning Procedures**

- No place outside is safe when thunderstorms are in the area. All activity should be suspended, even if lightning or thunder has not yet been observed, and everyone should get indoors. Communicate this information completely and quickly to all participants.
- Consult the National Weather Service, the Storm Prediction Center or local media outlets for severe weather watches and warnings. Alerts can even be sent directly to your mobile device while you are on the field.
- Safe locations should be available with enough capacity to hold all who may need safe shelter. A primary location would be a fully enclosed building with wiring and plumbing. A fully enclosed vehicle with a solid metal roof, like a school bus, would be a safe secondary option. Open fields and opensided shelters are not safe. If there are no adequate safe shelters close to the field, play must be stopped well in advance of the storm to allow everyone to travel to a safe place or their home.
- If it's been half an hour since thunder, it's safe to go outdoors. Outdoor
  activity may resume 30 minutes after the last sound of thunder or flash of
  lightning. The 30-minute clock restarts every time lightning flashes or
  thunder sounds.

## **Concussion Fact Sheet**

#### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION? If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

#### SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

#### SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

DANGER SIGNS Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination

- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

#### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
- 2. KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

#### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

# HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION? Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

## **Heat Related Illness Fact Sheet**

Slowly getting used to the heat is the biggest prevention method.

During the first 10 to 14 days of heat exposure, athletes should gradually increase the duration and intensity of their exercise or activity. This is especially important for children and teens who may be out of shape and/or considered overweight (<u>BMI over 25</u>). The National Athletic Trainers' Association suggests a 14-day period in its <u>high school-specific guidelines for preseason heat acclimatization</u>.

It's also important to understand that heat-related illness isn't confined to hot days. Individuals are also susceptible on days with moderate temperatures and high humidity.

## **Drink Plenty of Water**

Staying hydrated is one of the easiest ways to help prevent heat-related illness. Coaches and parents need to make sure unlimited amounts of water are available for athletes during practices and games, but it is also important for them to stress that athletes need to drink water before and after activity as well. Not doing so could have severe consequences and be life-threatening given the right conditions. Learn about the signs of <a href="dehydration and heat stroke">dehydration and heat stroke</a>.

### **Early Recognition and Cooling**

Quick recognition of a heat-related illness is paramount to survival because the signs and symptoms are generally nonspecific:

- Disorientation
- Dizziness, weakness
- Unusual behavior
- Headache
- Vomiting
- Be proactive. If you see someone struggling, pull them out of the game or practice, ask them how they are feeling, give them some water and cool them down. Cold compresses or ice should always be kept on hand for circumstances that require immediate cooling.
- If a child athlete is not behaving typically and the conditions are right for heatrelated illness, you should investigate. Parents, coaches and trainers know the children the best and can often recognize when something doesn't seem right.