

## **Bear River High School**

### **Emergency Action Plan**

Updated Spring 2014

The purpose of this plan is to educate everyone involved with athletics at Bear River how to properly care for injured people and the procedures that need to be followed to insure safe treatment of an injured person.

*Personnel:* Certified Athletic Trainer, Athletic Training Student and Coaching Staff.

*Chain of Command:* The Certified Athletic Trainer is responsible for assigning tasks to the Athletic Training Students, any Coaching Staff and other EMS staff as needed to help the injured athlete.

*Emergency Equipment:* Spine board, stretcher and AED are in the athletic training room, located behind the door on the wall. An additional AED is located in the teachers lounge. Keys for the AT Room are kept by Teresa and any member of the coaching staff. Any emergency medication is kept in the Athletic Trainer's kit, which is kept by the side lines during competitions and in the AT Room during practices. A list of medication and the names of the athlete it belongs to as well as uses and guides to administration of the medication will be attached at the end of this EAP.

*Phone Numbers:* Use a cell phone or a fixed phone line in AT Room.  
Using campus phone dial 9899-911, cell/off campus phone dial 911  
Contact Athletes emergency contact numbers (located in athletic training room).

*Role of First Responder:* Immediate care of an ill or injured athlete.  
Assigning tasks to other bystanders for aid  
Retrieving Emergency Equipment  
Activating EMS: give your name, location, give number of people injured, type of injury, your phone number, first aid treatment given and any information requested, make sure you are the last person to hang up.  
Give EMS directions: 1450 S Main Street, Garland.  
Gym - enter the main doors on East of building.  
Football Practice field – enter North gate  
Football Game field – enter North East gate  
Baseball field – enter South gate  
Soccer field - east of high school enter field on north side

*Sports Medicine Staff and Phone Numbers:* Teresa Ingram (435) 279-3926

## **Training**

Training for emergency situations will be given at the first of the school year by the Athletic Trainer. Training will consist of skill reviews, guidelines for emergency care for specific injuries and locations, review of emergency contacts and phone numbers, roles of each staff member, location of supplies and practices and games that the Athletic Trainer will attend.

## **Guidelines for Specific Injuries**

### *Spinal injury:*

Do not attempt to move the Athlete.  
Check air way, breathing, and circulation administer CPR as needed.  
Have someone call EMS and other necessary phone numbers.  
Support cervical spine with hands; do not leave this position until informed by EMS personnel to do so.  
Keep the athlete calm.

### *Fracture:*

Do not attempt to reduce the fracture.  
Keep the athlete calm.  
Apply splint, make sure the athlete has a distal pulse.  
Treat athlete for shock.  
Transport athlete to a hospital

### *Dislocation:*

Do not attempt to reduce the dislocation.  
Treat athlete for shock.  
Apply basic first aid and splint; make sure the athlete has a distal pulse.  
Transport athlete to a hospital.

### *Cardiac Problems:*

Check airway, breathing and circulation. Apply CPR or AED as needed.  
Activate EMS.  
Make sure athlete is in a comfortable position continue monitoring until EMS arrives.  
Treat for shock.

### *Heat Illness:*

Remove athlete from heat and remove any excess clothing.  
Determine severity of illness.  
Check airway, breathing and circulation  
Attempt to cool the athlete  
Monitor the athlete's ABCs.  
Contact the nearest ATC.

### *Lightning:*

If the lightening flash is with in 30 seconds of the sound of thunder all athletes and staff must leave the field and retreat to a safe structure. A safe structure is an in-closed building normally and frequently used by people and has some type of “grounding” mechanism. If such a structure is not available then use an in-closed car. They may resume play 30 minutes after last sound/flash of lightening has been heard/seen.

### *Other Medical Emergency:*

Check airway, breathing and circulation.  
Apply basic first aid and treat for shock.  
If uncertain activate EMS

### *Multiple Victims:*

Move athletes who can walk on their own to a safe area for evaluation.  
Quickly assess remaining victims-check ABC's  
Label victims accordingly: immediate care – must be transported immediately in order to sustain life or unconscious.  
delayed care – is stable however unable to move due to spinal injury or broken bones.  
minor – non life threatening injuries.  
dead – for those who are dead.

### **Guidelines during a Serious On-Field Player Injury:**

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
2. Players, parents and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
3. Players or non-medical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field (i.e. removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull on an injured teammate or opponent from a pile-up.
6. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the athletic trainer or team physicians or taking up their time to perform such services.

### **Documentation**

Each emergency situation will be documented by recording: date, time, location, name of athlete, age, gender, injury, care given and any other relevant medical information.

### **Signals for EMS**

If the ATC is in need of assistance s/he will signal the coaching staff by waving her arm. At this time the coach will come on to the field to assist the ATC. The signal for the athletic training student she will point to the location of where the student is (at the end of the bench by the medical bag). If EMTs are present at the game they will be signaled on to the field by a straight arm and closed fist.

## Venue Locations:

**Bear River High School:** 1450 S Main Street, Garland, UT

**Athletic Training Room:** Located in the main high school building. Enter through the main entrance and turn down the left hall. Take the first right hallway after this and the athletic training room is next to both gyms.

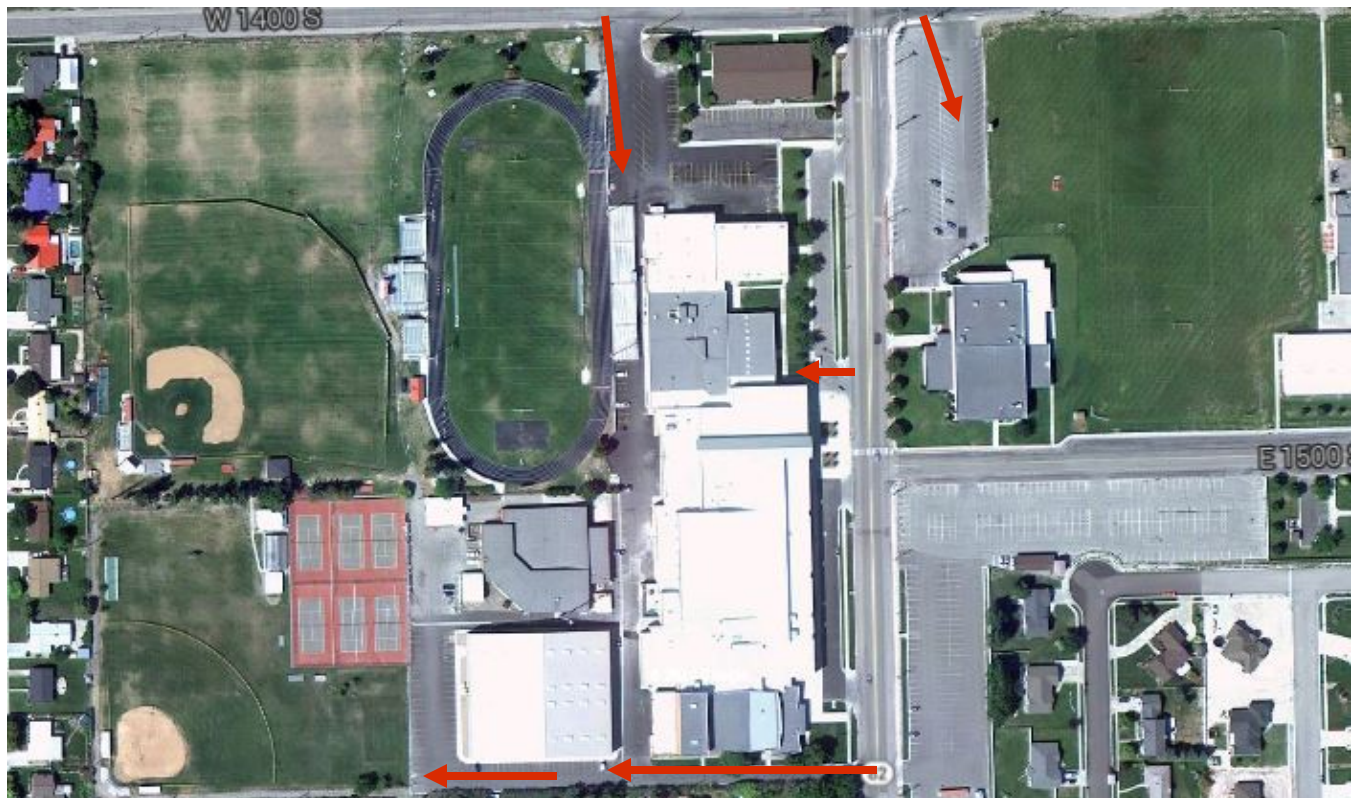
**Gymnasiums:** Located in the main high school building. Enter through the main entrance and turn down the left hallway. Take the first right hall and the small and large gyms are at the end of this hallway.

**Indoor football/track facility:** This building is located west of the main high school building and can be accessed from highway 82 or 1400 S.

**Football Field/Track:** Located northwest of the campus next to the main high school building. EMS can enter from 1400 S.

**Baseball, Softball, Tennis:** Located on the west end of campus. Enter through the South gate or 1400 S

**Soccer Field:** Located East of the high school building. EMS should enter on North end of the field.



# Weber State University Bloodborne Pathogens Post-Exposure Procedures & Forms

## Introduction

This information is designed to:

1. Assist WSU personnel and health care interns to respond correctly after an occupational exposure to human blood
  2. Ensure compliance with the OSHA Bloodborne Pathogens Standard
  3. Facilitate timely resolution of workers compensation claims resulting from exposures
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## What is an occupational bloodborne pathogen exposure?

An occupational bloodborne pathogen exposure is contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

## What are the possible exposure methods?

**Methods of exposure:** An occupational exposure to human blood other potentially infectious material occurs in one or more of the following ways:

1. A stick with a contaminated sharp object (i.e., needle)
  2. A splash to the eyes, nose, or mouth (i.e., mucous membrane)
  3. A contact with non-intact skin (i.e., cut on hand)
  4. Prolonged contact with intact skin
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## Post Exposure Procedures

Involving a needle stick or other potential exposure to a bloodborne pathogen by an employee, student intern, or assigned volunteer

Revised August 2003

1. **Cleanse the wound** and surrounding area with soap and water (for a needle stick), or flush eyes, nose or mouth with copious amounts of tap water (for a splash to the face).
2. **Inform your supervisor or clinical instructor to call the appropriate infection control/blood exposure triage staff on duty**, and alert them to expect you for immediate evaluation and treatment. (Evaluation must be completed within two hours of exposure. If the Health Care practitioner has any questions about the course of action or evaluation of the exposure potential, refer them to Dr. Chris Baliga, an infectious disease physician at McKay Dee Hospital. Dr. Baliga's 24-hour telephone number is (801) 387-7900.)
3. **Report to the hospital triage staff according to where the exposure occurs:**

- **On campus or in McKay-Dee Hospital:**  
Report to the McKay-Dee Hospital Emergency Room, 4401 Harrison, and ask for the Health Coordinator, Natalie Kovack. Telephone (801) 387-7726.
  - **Off campus exposure or in any other hospital:**  
Report to the nearest hospital, and ask for the Blood Exposure Triage Staff.
4. **Tell the triage staff you experienced an occupational blood exposure covered by WSU's Workers Compensation Insurance.**(Refer billing questions to the EH&S workers compensation coordinator at (801) 626-7547, 8:00 a.m. through 5:00 p.m., Monday through Friday.)
  5. **Request the source individual** to complete the Consent or Refusal (By source individual) for HIV, HBV, and HCV Infectivity Testing form, if appropriate. (Once the source individual gives consent for testing, your department is responsible for coordinating blood testing.)
  6. **Inform the EH&S Specialist** of your exposure as soon as possible at (801) 626-7823.
  7. **Complete the WSU Occupational Bloodborne Pathogens Exposure Incident form** within 24-hours of your exposure, and send a copy to WSU EH&S, MC 3002.

**If hospital triage personnel determine the risk is low, you may request follow up treatment IHC WorkMed (387-6151).**

Follow up treatment should begin within 48 hours following exposure, and includes initial screening; counseling concerning risk, health, and relationships; and follow up testing.

Direct questions about these procedures to WSU's Environmental Health and Safety Specialist, Telephone (801) 626-7823; fax (801) 626-8530; address: 3002 University Circle, Ogden, UT 84408-3002.

IHC WorkMed is WSU's preferred Workers Compensation provider.

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### What are the exposed bloodborne individual's responsibilities?

The exposed individual is responsible for:

1. Becoming familiar with post-exposure procedures before an exposure occurs
2. Obtaining medical treatment and follow up. (See "Post Exposure Procedures" above)
3. Completing necessary forms
4. Notifying his/her supervisor or clinical instructor of your exposure

### What are the responsibilities of the department?

The department is responsible for:

1. Disseminating post exposure information to faculty, staff, and interns who are at risk for exposures to human blood
2. Coordinating blood testing of the source individual once consent is given

## What are the responsibilities of the supervisor?

The supervisor or clinical instructor is responsible to:

1. Becoming familiar with these procedures before an exposure occurs
  2. Knowing the location of the nearest health care provider able to perform post-exposure evaluation and treatment
  3. Having available rapid access to the health care provider's telephone number
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## Forms

Forms are available for download at <http://www.weber.edu/ehs/>

- Supervisor's Report of Incident  
The supervisor or instructor of the exposed individual must complete and submit this form to EH&S within 24 hours following an occupational exposure to human blood or other bio-hazardous material.
- Incident Information Form  
The exposed individual must complete and submit this form to EH&S within 24 hours following an occupational exposure to human blood or other bio-hazardous material.
- Source Individual's Consent or Refusal for Infectivity Testing Form  
The individual whose blood or bio-hazardous material was involved in the occupational exposure (not the exposed individual) must complete and sign this form before submitting to testing.
- Refusal of Post-Exposure Medical Evaluation Form  
The exposed individual must complete this form only if refusing post-exposure medical evaluation by a health care professional.
- A printable copy of the information on this page.