Dominion Sports Medicine Services LLC

EMERGENCY ACTION PLAN

Director of Operations / Point of Contact:
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ATHLETIC TRAINERS

-Dominion Sports Medicine Services will have certified athletic trainers (ATC) onsite to deal with athletic training /sports medicine issues that participants may suffer from while attending the event/tournament.
-The ATC will be on-site to deal with athlete's medical needs during the event day, especially tend to any athletic injury during the day. Any needs such as injury evaluation, taping, icing, referrals, and other related needs will be dealt with by the on-site ATC.
-The ATC's medical impression is not a medical diagnosis, but rather a highly qualified consideration of the injury. A legal medical diagnosis must come from a state licensed physician.
-The ATC will advise any injured athlete on continuation or disqualification for the event. If the injured athlete can continue to play and is at risk for further injury, the return to play decision would come from the parents. If the injury is such that the ATC doesn't feel comfortable clearing the athlete, return to play clearance will be determined by a state licensed physician.

Roles of Certified Athletic Trainers / First Responders

1. Immediate care of the injured athlete – Dominion Sports Medicine Services ATC
2. Medical equipment retrieval – Assigned by on-site ATC
3. Activation of emergency medical system 911 (EMS) – Assigned by ATC
    1. callers name
    2. address
    3. telephone number
    4. possible injury
    5. age of injured
    6. detailed direction/location
    7. other information as requested by dispatcher

Steps to take in a medical emergency:

1. ***If an ambulance is needed, call 911.***
2. ***Notify the nearest event staff member*** that EMS has been activated.

General Emergency Guidelines

a. *STAY CALM.*
b. The ATC should be notified immediately if they had not yet aware of emergency or injury. Tournament/ Event Staff should also be notified immediately of any emergency on site.

c. Activate EMS immediately and follow Emergency Action Plan. This includes loss of consciousness for ANY reason, uncontrollable bleeding, gross bone fractures or dislocations, seizure, and/or any suspected spinal injury.
d. Care should only be given by ATC or staff members that are CPR/AED and First Aid certified. NEVER attempt to provide care beyond your training!

e. *Follow the Emergency Action Plan, however it might have to be adjusted depending on the situation.*

Concussion Protocol

Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research into sports-related concussion. Dominion Sports Medicine Services has followed this protocol to provide education about concussion for our partners, coaches, parents and volunteers. This protocol outlines procedures for, all of our ATC's to follow in management of head injuries, and outlines policy as it pertains to return to play issues after concussion. In order, too effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care and are fully recovered prior to returning to activity.

I. Recognition of concussion

A. *Common signs and symptoms of sports-related concussion*

1. Signs (observed by others):
    - Athlete appears dazed or stunned
    - Confusion (about assignment, plays, etc.)
    - Unsure about game, score, opponent
    - Moves clumsily (altered coordination)
    - Balance problems
    - Personality change
    - Responds slowly to questions
    - Forgets events prior to hit
    - Forgets events after the hit
    - Loss of consciousness (any duration)
2. Symptoms (reported by athlete):
    - Headache
    - Fatigue
    - Nausea or vomiting
    - Double vision, blurry vision
    - Sensitive to light or noise
    - Feels sluggish
    - Feels "foggy"
    - Problems concentrating
    - Problems remembering
3. These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

B. *Cognitive impairment (altered or diminished cognitive function)*

1. General cognitive status can be determined by simple sideline cognitive testing.
    a. ATC may utilize SCAT5 (Sports Concussion Assessment Tool) , SAC, sideline ImPACT, or other standard tool for sideline cognitive testing.

II. Management and Referral Guidelines for All Staff

A. *Suggested Guidelines for Management of Sports-Related Concussion*

1. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
2. Any athlete who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest Emergency Dept via emergency vehicle.
3. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.

a. deterioration of neurological function
b. decreasing level of consciousness
c. decrease or irregularity in respirations
d. decrease or irregularity in pulse
e. unequal, dilated, or unreactive pupils
f. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
g. mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
h. seizure activity
i. cranial nerve deficits

4. An athlete who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department, on the day of the injury.

a. ALWAYS give parents the option of emergency transportation, even if you do not feel it is necessary.

III. Procedures for the Certified Athletic Trainer (ATC)

A. The ATC will assess the injury or provide guidance to the coach if unable to personally attend to the athlete.

1. Immediate referral to the athlete's primary care physician or to the hospital will be made when medically appropriate.
2. The ATC will perform serial assessments following recommendations in the NATA Statement, and utilize the SCAT (Sport Concussion Assessment Tool), or sideline ImPACT, if available.

a. The ATC will notify the athlete's parents and give written or verbal home and follow-up care instructions.

Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.

IV. Guidelines and procedures for coaches:
RECOGNIZE, REMOVE, REFER

A. **Recognize** concussion

- All coaches should become familiar with the signs and symptoms of concussion.

B. **Remove** from activity

- If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.

C. **Refer** the athlete for medical evaluation

- Coaches should immediately report all head injuries to the ATC for medical assessment and management, and for coordination of home instructions and follow-up care.

  -The ATC working for Dominion Sports Medicine Services can be reached by notifying the event staff or at the medical tent.

  -Dominion Sports Medicine Services and its ATC's will be responsible for contacting the athlete's parents and providing follow-up instructions.

If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach or responsible team parent should accompany the athlete and remain with the athlete until the parents arrive.
*****Any athletes with suspected head injuries should not be permitted to drive home.***

V. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

Returning to participate on the same day of injury

- As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
- "When in doubt, hold them out."

Return to play after concussion

- The athlete must meet all of the following criteria in order to progress to activity:
  -Asymptomatic at rest and with exertion (including mental exertion in school)
  AND:
  -Have written clearance from primary care physician or specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).

**Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process, preferably under the supervision of licensed sports medicine provider.*

Enviromental Policies

Guidelines on Handling Tournament during Lightning Disturbances

If there is threatening weather conditions forming before and during an events, the certified athletic trainer will advise the tournament officials and monitor the situation, through the use of the lightning detector, Doppler radar, and observation of the sky. The ATC will notify tournament director and notify officials to clear all fields and, at that time seek appropriate shelter.

1.
   a. *Thunderstorm Watch*- means conditions are favorable for severe weather to develop in the area.
   b. *Thunderstorm Warning*-means that a severe weather in the area has been reported and for everyone to take proper precaution.

2. Evacuation plan for any athletic venue need to identify an appropriate nearby shelter.
   - Enclosed indoor building preferably
     - Not under awning or open pavilions/ concession stands
   - Private vehicles, or team bus
     - Stay inside vehicle with windows up
   - Away from trees and bleachers

3. Criteria for suspension and resumption of play;
   - When a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning and *indication of lightning detector* is within 0-3 miles. Play will be suspended and take shelter immediately.
   - **Thirty Minute Rule**. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play.
   - Any subsequent thunder or lightning after the beginning of the 30 minute count reset the clock and another 30 minute count should begin.

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Tornado Safety and Procedure

Two stages of tornados:

- ***Tornado Watch***: A watch will be issued for our area if weather conditions are capable of developing a tornado.

- ***Tornado Warning***: A warning will be issued if a tornado has actually been reported, or strongly indicated via Doppler radar.

Be alert to your environment

Some things that may be present are:

- A sticky greenish, black color to the sky
- A strange quiet that occurs within or shortly after thunderstorm
- Clouds traveling at a fast pace, especially in a rotating pattern or converging toward one area of the sky
- A sound like waterfall or rushing air at first, but turning into a roar as it gets closer. (Tornado sounds has been compared to a train or jet)
- An obvious "funnel-shaped" cloud that is rotating
- Peak Time for tornadoes is usually 3:00- 7:00 pm

What to do if there is a funnel cloud:

If Outside:

- Seek structured shelter immediately, vehicles are not proper shelter
- Crouch down and make as small of a target as possible
- Cover your head on way to shelter
- If no proper shelter is possible
    - Stay away from trees and power lines
    - Find a low lying ditch and lay completely flat, covering your head

TORNADO POLICY AND PLAN (Recommended)

-In the event of inclement weather coming in during games, the athletic trainers and tournament director will monitor weather conditions via Weather Radio and/or www.weather.com or via another weather application on a smartphone device at all times.

-In the event of a Tornado Watch, the athletic trainers and tournament director will advise coaching staff, visiting programs and participants to prepare for evacuation if needed.

• In the event of Tornado Warning or Tornado Siren:

• *The Event Staff / Dominion Sports Medicine Services ATC* will clear all fields and evacuate facility.

HEAT RELATED ILLNESS

Heat-related illnesses, such as heat exhaustion and exertional heat stroke (EHS), can be serious and potentially life-threatening conditions which can be brought on or intensified by physical activity. Recognizing the signs and symptoms as early as possible allows for treatment and rapid recovery with hydration and cooling down the individual.

Recognition
Heat-related illnesses are typically classified, in increasing order of severity, as heat cramps, heat syncope, heat exhaustion and heat stroke:
Heat Cramps
- ✓ Painful cramping of abdominal and extremity muscles
- ✓ Elevated body temperature

Heat Exhaustion/Heat Syncope
(Can progress rapidly to heat stroke unless managed properly)
- ✓ Exhaustion, nausea, vomiting and dizziness
- ✓ Weakness, fatigue and fainting
- ✓ Elevated body temperature

Heat Stroke
- ✓ Acute medical emergency due to thermoregulatory failure
- ✓ Nausea, seizures, disorientation and possible unconsciousness or coma
- ✓ Hot, dry skin and high body temperature (105°F)

Preventing heat related illness is the best medicine. It may become important to adjust training, match play and hydration breaks when playing in warmer climates and during extreme temperature conditions.

• Frequently monitor environmental conditions using Wet Bulb Globe Temperature (WBGT) device or Heat Index and make practice modifications (e.g., increase in the number and duration of hydration breaks, shortening practice, postponing practice/competition until cooler parts of the day)

• Follow heat acclimatization guidelines (below) during preseason practices and conditioning

• Ensure appropriate hydration policies are in place with athletes having unlimited access to water during competition, especially in warm climates.

• Educate staff on the signs and symptoms of heat related illness and early management

WBGT GUIDELINES

As it was mentioned above, WBGT can be used to establish guidelines for activity modifications during physical activity in the heat.

When establishing WBGT guidelines for physical activity, the guidelines must be region (geographic) specific. For example, an athlete's in Louisiana may be accustomed to warm environmental conditions, unlike an athlete from Maine. A player playing in 90°F temperatures in Louisiana could be comfortable whereas a player playing in the same conditions in Maine could be experiencing the worst conditions they have felt all year, which would increase the risk of heat illness.

To find what region your state/organization is in, please read the Grundstein et al. Regional heat safety thresholds for athletes in the contiguous United States. Appl. Geography. 2015.pdf. The authors have scientifically identified three regions for the United States.

Below is a heat safety table modeled off the Georgia High School Athletics Association guidelines for environmental modifications. This table, also adopted from Grundstein et al. Regional heat safety thresholds for athletes in the contiguous United States. Appl. Geography. 2015.pdf, provides a guideline for modification of activity based on the environmental conditions in your region.

Fig. 2. Heat safety regions.

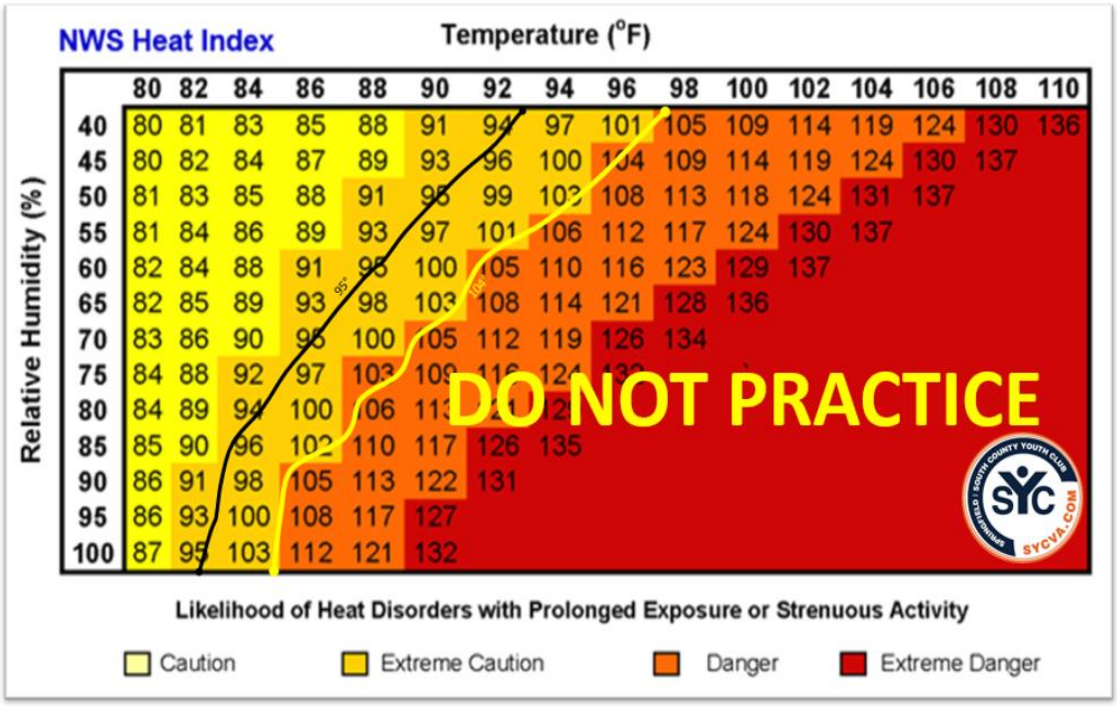
FIND THE WET BULB GLOBE TEMPERATURE (WBGT) Measure the temperature and humidity at your site. Find the estimated WBGT corresponding below.

CANCELLATION OF TRAINING Depending on your region category, recommend cancellation of training or delay until cooler when WBGT for Cat 1 >86.2°F Cat 2 >89.9°F Cat 3 >92.0°F

MATCH PLAY HYDRATION BREAKS: WBGT OF 89.6°F Provide hydration breaks of 4 minutes for each 30 minutes of continuous play (i.e., minute 30 and 75 of 90 minute match)

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. 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 four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	**No outdoor workouts. Delay practice until a cooler WBGT is reached.**

Heat Index



At/Below 94° Heat Index – Practice may occur
Between 95° - 104° Heat Index – Limitations per Guide
Above 104° Heat Index - DO NOT PRACTICE

Common Sense Rule
Applies in all heat related conditions

Classification	Heat Index	Effect on the body
Caution	80°F - 90°F	Fatigue possible with prolonged exposure and/or physical activity
Extreme Caution	90°F - 103°F	Heat stroke, heat cramps, or heat exhaustion possible with prolonged exposure and/or physical activity
Danger	103°F - 124°F	Heat cramps or heat exhaustion likely, and heat stroke possible with prolonged exposure and/or physical activity
Extreme Danger	125°F or higher	Heat stroke highly likely

Cold Weather Issues

The effects of cold weather can impact health and safety during practices and games. The definition of “cold stress” varies across the United States, depending on how accustomed people are to cold weather. A player from Minnesota will have a much different threshold for cold than a player from Florida. This should serve as a guide for match play and participant safety during extreme temperature conditions.

Layering Technique for Effective Dressing in the Cold:

- Inner Layer 1: wicking layer (wool or polyester)
- Middle Layer 2: insulated layer (fleece or wool)
- Outer Layer 3: water and wind proof layer

COLD WEATHER SAFETY TIPS Dressing for the cold When temperatures drop and wind increases, the body loses heat more rapidly. It is important to dress appropriately when training or playing in cold weather. This also means to not overdress.

Allow players to wear additional clothing, like gloves, sweatshirts, sweat pants and/or hats or headbands. Also, avoid sweating before going outside because your body will cool too quickly.

Stay Dry Wet and damp conditions add to the risk of injury or illness during cold weather. Players, coaches and referees should recognize these factors and use additional caution to watch for potential cold injuries.

Wind Chill Pay attention to the wind chill temperature (WCT) Index. (see chart below) Even prolonged exposure in relatively mild temperatures can lead to frostbite. The National Weather Service wind chill chart can serve as a guide to safe play in cold weather.

DETERMINE WIND CHILL TEMPERATURE

The effects of cold weather can impact health and safety during practices and games. The definition of “cold stress” varies across the United States, depending on how accustomed people are to cold weather. A player from Minnesota will have a much different threshold for cold than a player from Florida.

WIND CHILL TEMPERATURE (WCT) INDEX TEMPERATURE IN DEGREES FAHRENHEIT													
WIND SPEED	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57
45	27	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60

FIND YOUR ALERT LEVEL

Use this chart to determine the alert level at your location based on the wind chill temperature.

ALERT LEVEL	WCT (F)	EVENT CONDITIONS	RECOMMENDED ACTION
BLACK	< 0	Extreme Conditions*	Cancel or attempt to move activities indoors. Frostbite could occur
RED	1-15	High Risk for Cold Related Illness*	Consider modifying activity to limit exposure and allow for more frequent chances to rewarm
ORANGE	16-24	Moderate Risk for Cold Related Illness*	Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming
YELLOW	25-30	Less than Ideal Conditions*	Be aware of the potential for cold injury and notify appropriate personnel of the potential
GREEN	>30	Good Conditions	Normal activities

* In wet environments with colder conditions, the following situations are accelerated. Use additional caution to recognize potential cold injuries. (NOTE: These WCT guidelines were adapted from the NATA position statement: Environmental Cold Injuries by Cappaert et al. 2008.)

Hypothermia Hypothermia is the result of your internal body temperature dropping to 95 degrees Fahrenheit (35 degrees Celsius) or less. It can be fatal if not detected promptly and treated properly.

Hypothermia typically begins with feelings of intense cold, shivering and behavior which are more quiet and disengaged than normal. As the condition worsens, the individual seems confused, sleepy and may begin slurring speech. To begin treating hypothermia, start by

warming the center of the individual’s body first. Make sure they are dry and cover them with layers of blankets, clothing, towels or whatever else is around to contain their body heat. Warm nonalcoholic beverages may also help increase body temperature. If hypothermia is suspected, get the on-site medical provider or call 911.

Recognize • Shivering vigorously or suddenly not shivering • Increased blood pressure • Lethargy • Impaired mental function • Slurred speech

Recover • Remove damp/wet clothing • Apply heat to the trunk of the body, not limbs • Provide warm fluids and food • Avoid applying friction massage to tissues

*If symptoms persist seek medical attention from a physician or Emergency department

HIPAA Rules and Regulations: Security

The Security Standards were issued on February 20, 2003 but went into effect on April 21, 2003 with a compliance date of April 21. The Privacy Rule pertains to all Protected Health Information (PHI) including paper and electronic, the Security Rule deals specifically with Electronic Protected Health Information (ePHI). HIPAA Rules and Regulations lay out three types of security safeguards required for compliance: administrative, physical, and technical. For each of these types, the Rule identifies security standards, and for each standard, it names both required and addressable implementation specifications. Required specifications must be adopted and administered as dictated by the Rule. Addressable specifications are more flexible. Individual covered entities can evaluate their own situation and determine the best way to implement addressable specifications. The HIPAA Rules and Regulations standards and specifications are as follows:

- Administrative Safeguards – Policies and procedures designed to clearly show how the entity will comply with the act

- Covered entities must adopt a written set of privacy procedures and designate a privacy officer to be responsible for developing and implementing all required policies and procedures.
- The policies and procedures must reference management oversight and organizational buy-in to compliance with the documented security controls.
- Procedures should clearly identify employees or classes of employees who will have access to electronic protected health information ePHI. Access to ePHI must be restricted to only those employees who have a need for it to complete their job function.
- The procedures must address access authorization, establishment, modification, and termination.
- Entities must show that an appropriate ongoing training program regarding the handling of PHI is provided to employees performing health plan administrative functions.
- Covered entities that out-source some of their business processes to a third party must ensure that their vendors also have a framework in place to comply with HIPAA requirements. Companies typically gain this assurance through clauses in the contracts stating that the vendor will meet the same data protection requirements that apply to the covered entity. Care must be taken to determine if the vendor further out-sources any data handling functions to other vendors and monitor whether appropriate contracts and controls are in place.
- A contingency plan should be in place for responding to emergencies. Covered entities are responsible for backing up their data and having disaster recovery procedures in place. The plan should document data priority and failure analysis, testing activities, and change control procedures.
- Internal audits play a key role in HIPAA compliance by reviewing operations with the goal of identifying potential security violations. Policies and procedures should specifically document the scope, frequency, and procedures of audits. Audits should be both routine and event-based.
- Procedures should document instructions for addressing and responding to security breaches that are identified either during the audit or the normal course of operations.

- Physical Safeguards – controlling physical access to protect against inappropriate access to protected data:

- Controls must govern the introduction and removal of hardware and software from the network. When equipment is taken out of service it must be disposed of properly to ensure that PHI is not compromised.

- Access to equipment containing health information should be carefully controlled and monitored.
- Access to hardware and software must be limited to properly authorized individuals.
- Required access controls consist of facility security plans, maintenance records, and visitor sign-in and escorts.
- Policies are required to address proper workstation use. Workstations should be removed from high traffic areas and monitor screens should not be in direct view of the public.
- If the covered entities utilize contractors or agents, they too must be fully trained on their physical access responsibilities.

- Technical Safeguards – controlling access to computer systems and enabling covered entities to protect communications containing PHI transmitted electronically over open networks from being intercepted by anyone other than the intended recipient.

- Information systems housing PHI must be protected from intrusion. When information flows over open networks, some form of encryption must be utilized if deemed appropriate and possible. If closed systems/networks are utilized, existing access controls are considered sufficient and encryption is optional.
- Data integrity must be maintained, including the use of check sum, double-keying, message authentication, and digital signature may be used to ensure data integrity.
- Covered entities must also authenticate entities with which they communicate to include: password systems, two or three-way handshakes, telephone callback, and token systems.
- Covered entities must make documentation of their HIPAA practices available to the government to determine compliance.
- In addition to policies and procedures and access records, information technology documentation should also include a written record of all configuration settings on the components of the network s.
- Documented risk analysis and risk management programs are required. Covered entities must carefully consider the risks of their operations as they implement systems to comply with the act.