Woodbury High School Emergency Action Plan

Emergency situations may occur at any time in which the necessary action must be taken in order to provide the best possible care for an individual experiencing a life threatening condition. The development and implementation of the following emergency action plan will help ensure the best care will be provided.

Emergency Action Plan (EAP):

The following protocol is a guide to adequately activate and respond to a medical emergency situation and identifies the roles of personnel who may be involved.

Emergency:

An emergency is the need for Emergency Medical Services (EMS) to provide further medical attention and/or transport a student-athlete experiencing a life-threatening injury/illness.

When to call EMS:

- Athlete not breathing
- Loss of consciousness
- Suspected neck or spinal injury
- Eye or face injury
- Dislocation
- Open fracture in which bone has punctured through the skin
- Severe bleeding that cannot be stopped
- Heat related illnesses
- Any other injury/illness resulting in deteriorating vital signs (ie. decreased blood pressure, weak pulse, or signs of shock)

**** When in doubt, call EMS****

Non-Emergencies:

Non-emergent conditions are **NON-LIFE THREATENING** injuries/illness and do not necessarily require the activation of EMS; however, do require appropriate care and attention by a trained and qualified individual.

Includes, but not limited to:

- Ligament Sprains
- Muscular Strains
- Concussion w/o loss of consciousness
- Illness
- Abrasions/minor cuts
- Bruises
- Heat Cramps

Emergency Personnel:

The certified athletic trainer (ATC) is to be the designated person in charge/provide leadership during medical emergencies. This includes management of injuries/illnesses during participation in school-sponsored activities. Individuals included a part of the emergency personnel are encouraged to provide assistance to the ATC during the medical emergency and be trained in first aid and CPR; currently, not mandatory.

Chain of Command

I. *Immediate Care:*

A certified athletic trainer will be on school grounds throughout after school activities. Hours of operation, location, and number to best be reached at will be posted outside the Athletic Training Room for convenience. Game coverage for each sport and level will vary in accordance to the contract with Woodbury High School and Summit Orthopedics. Additional coverage will be provided by a casual athletic trainer when needed or conflict in schedules arises. The level of emergency medical training of the coaches, security personnel, and event supervisors will vary and their action must be in accordance with their level of certification.

II. *Emergency Equipment:*

Appropriate equipment will be available for all activity participation and remainder of the time will be centrally located within the Athletic Training Room in case of an emergency. Emergency personnel should be adequately educated on the location of equipment and proper use. A fully stocked first aid kit will be issued to each team at the beginning of the season and is required to be with the team at all times. It is the responsibility of each coach to make sure supplies are used in an appropriate manner and notify the athletic trainer at any time throughout the season more supplies are needed. In case of an emergency, the appropriate emergency equipment (ie. AED, crutches, splint) will be brought to the scene by the designated member of the emergency team, if not already on site.

III. *Activation of EMS and Directing to the Scene*

One member of the emergency personnel will be designated to call EMS by the individual in command. Other members with knowledgeable background of the campus and venue will be instructed to various locations to meet and direct EMS to the scene; unless security personnel are present (that is their primary role).

Emergency Communication:

In case of an emergency, cellular phones, school land-line, or a two-way radio will be available throughout practices and games to contact EMS when handling a life-threatening or serious injury. In the event that an athletic trainer is not present, the head coach or another designated individual will have access to a two-way radio, cellular phone, or close access to the school's land-line for emergency situations. When calling from the school land-line, be sure to **dial 9** first.

Emergency Phone Numbers:

- **Emergency Medical Services (EMS):.....911**
- **Woodbury Police & Fire:.....(651)714-3600**
- **Activities Director Jodi Loeblein-Lecker:.....(612)802-6707**
- **Activities Assistant *Kari Tschida*:.....(651)425-4420**
- **Athletic Trainer *Sara Rock*:.....(612)366-9587**
- **Woodbury High School (Main Line):.....(651)425-4400**

Transportation in an Emergency:

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

__Students and Student Aids may NOT transport athletes__

In the event that a student-athlete is injury/ill and needs to be transported while participating in a school sponsored event **off campus**, the following directions should be applied:

I. Notify parent(s)/guardian(s) of situation and refer to the location/hospital
II. 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

Injury/Illness Protocol:

The following procedures are to be implemented and carried out by a certified athletic trainer. In the event that an ATC is not available, the head coach or designee is to perform the duties listed below, as the scope of their training allows.

Home Participation

I. Medical Emergency:
   a. Perform emergency CPR and First Aid
   b. Instruct coach/AD/staff member to call **911** 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. Where you are
      iv. Any additional information
      ****BE THE LAST TO HANG UP****
   c. Notify Athlete's Emergency Contact **FIRST,** followed by AD/Athletic trainer *(if not on site)*
   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
      ii. ATC shall assume appropriate care and contact parent/guardian if necessary
   c. Send athlete to suitable medical facility (ie. 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

AED Locations

- On the wall above water fountains, outside of the Activities Center
- Pool Deck
- 2 Portable inside the Athletic Training Room
- Outside the Nurse's office
- On the wall next to the Men's Restroom, in the cafeteria
- On the wall across from the Account's Office

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 the incident 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

Athletic Equipment and Proper Management:

I. Athletic Equipment:

a. Athletic participation may require proper equipment that can be supplied by either the Woodbury High School Athletics program or the individual participant.

i. Participating without appropriate equipment or equipment that is not properly fitted/worn or altered in any way as originally issued by the manufacture exposes participants to an increased risk of injury/illness.

ii. Coaches, parents, athletic staff as well as medical personnel are responsible for ensuring athletic equipment is appropriate, meets the National Operating Committee on Standards for Athletic Equipment (NOCSEA) safety standards, and properly fit in accordance to the manufacture's equipment manual.

a. Qualified athletic administration and coaches are responsible for equipment maintenance as directed in the manufacture's manual and annual reconditioning that is supplied by WHS.

Concussion Management: (Summit Orthopedics' Concussion Protocol/MSHSL)

I. Concussion:

a. A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly. This movement can cause the brain to bounce around inside the skull, creating chemical changes to the brain that can sometimes cause damage to the brain cells (CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

II. Identification, Diagnosis, & Evaluation of Concussions:

a. Coaches and officials have necessary training in identifying a potential head injury.

i. Student-athlete will be removed from activity immediately and referred to an Appropriate Health Care Provider (AHCP) for further evaluation.

b. Medical personnel on site will provide an appropriate evaluation utilizing concussion assessment tools that may include, but not limited to;

i. Standard Concussion Assessment Tool- 5th Edition (SCAT5), Balance Error Scoring System (BESS), Vestibular/Ocular-Motor Screening (VOMS)

c. If medical personnel is not readily available, coaches/officials will prohibit the student-athlete from participating for the durations of the event. The student athlete will be required to follow up with an appropriate healthcare professional before returning to play.

d. Parents/Guardians will be notified following the initial injury.

e. If a student-athlete is diagnosed with a concussion, he/she must be removed from participation and may not return to play for a minimum for 24-hours. The athlete may not return until cleared by an AHCP for a gradual return to play protocol as lined out by the MSHSL.

III. Post-Injury Management and Treatment Plan:

a. **Acute Injury:**
   i. Once a student-athlete has been diagnosed with a concussion, he/she will be removed from athletic participation immediately and will not be allowed to return to play. **"When in doubt, sit them out."**
   ii. Student-athlete will be monitored regularly.
      1. Medical personnel will routinely monitor signs and symptoms for duration of the event.
         a. If necessary, medical personal will determine if student-athlete should seek immediate emergency medical care.
      2. Before being discharged by the medical personnel, parent/guardian/coach will be provided with information necessary to monitor signs and symptoms including red flags indicating need to seek emergency care.
         a. If necessary, the onsite medical personnel will reach out to the appropriate health care provider of the student-athlete to facilitate continuation of care.

b. **Traumatic Injury:**
   i. If a student-athlete starts to exhibit red flag signs and symptoms including deteriorating level of consciousness/vital signs or is unresponsive, emergency medical care will immediately be warranted with the activation of the emergency action plan.

c. **Follow-up Treatment Plan:**
   i. AHCP will continue to coordinate ongoing care between student-athlete, parents/guardians, MD, teachers/counselors, school health office, and coaches throughout the recovery process.
   ii. Student-athletes who have been diagnosed with a concussion require physical and cognitive rest to ensure an effective and efficient recovery.
      1. If recovery is prolonged, for more than 10-14 days, the student-athlete will be referred to a concussion specialist.
         a. An educational plan (IEP and/or 504) may be needed if prolonged symptoms lasting >3 months, if interfering with academic performance.

IV. Return to Activities:

a. **Academics:**
   i. Once the student-athlete is symptom free for a minimum of 24-hours at rest, academic accommodations will be decreased until granted activity clearance.

b. **Athletics:**
   i. Once the student-athlete is symptom free for a minimum of 24-hours at rest, the AHCP will begin return to play protocol indicated by MSHSL
   ii. The athletic trainer at each respective school has the authority to extend the length of time for the return to play if they deem it in the best interest of the student-athlete.
   (See MSHSL RTP Protocol Steps)

(See Summit Orthopedics/MSHSL Concussion Protocol for further information)

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	Perfuse sweating
Muscle Cramping	Nausea

Decreased in athletic performance

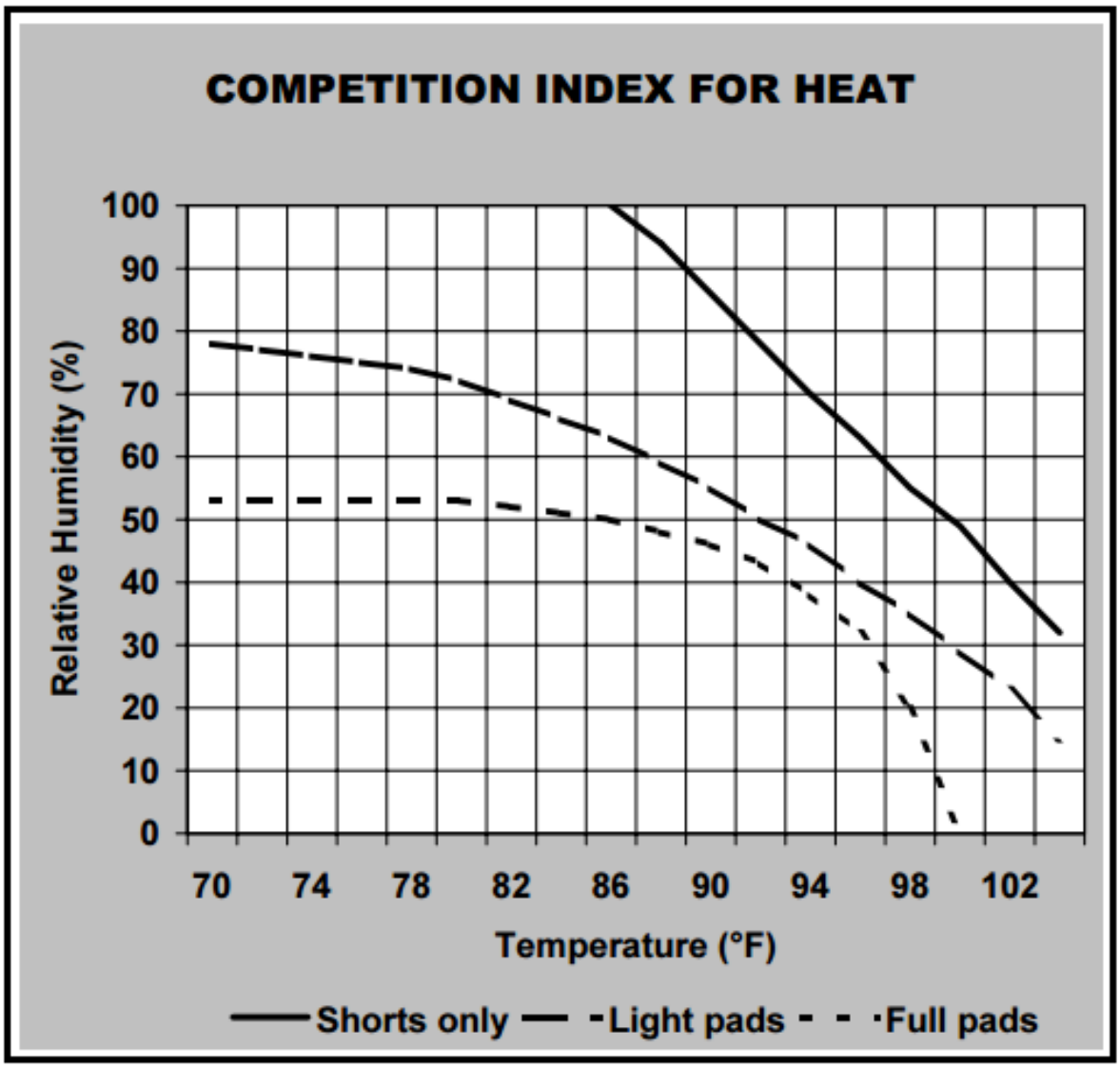
The key to management is **early recognition** of signs and symptoms, effective treatment, and referral. Symptoms of heat illness represent a continuum, and can dramatically escalate, if proper care is not rendered. If heat illness is suspected, immediate actions include:

- 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 (ie. 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



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.

Hypothermia & Cold Climate Conditions:

When participating in cold, wet, and windy outdoor weather conditions, athletes are at an increased risk of cold injuries including frostbite and hypothermia. The wind chill can be the most detrimental factor in determining outdoor exposure and warrants precautionary measures and recognition of cold injuries/illnesses. Monitoring ambient temperatures and wind chill can be used to regulate/limit amount of exposure and prepare individuals for weather conditions.

Types of Cold Injuries & Illness

I. Hypothermia

A drop in core body temperature below 95◦ F along with other various signs and symptoms causes changes to the neurologic central nervous system due to the body's inability to sustain thermoregulation in extended exposure to cold, wet, and/or windy conditions. Hypothermia can be classified from mild, moderate, to severe, depending upon the signs and symptoms an individual presents. This can be a life threatening condition and potentially fatal unless promptly recognized and treated. Signs and symptoms include bradycardia, decreased respiration and pulse, lethargic, cessation of shivering, pallor, cold extremities, cyanosis, impaired motor control and mental function, rigidity, and coma. The risk of morbidity and mortality is greater the longer an individual's body temperature remains below 95◦ F and is significantly reduced if body temperature is elevated by moving to a warm environment, removing wet or damp clothing, covering with warm dry blankets/clothing, and apply heat to trunk.

Mild Hypothermia	95◦F-98.6◦F
Moderate Hypothermia	90◦F -94◦ F
Severe Hypothermia	Below 90◦F

II. Frostbite and Frostnip:

This condition is the actual freezing of the body tissues due to the localized vascular response of the body's ability to thermoregulate in a cold, dry environment. Frostbite varies in stages, delineated by depth of tissues affected and resulting in frostnip, mild frostbite, or severe frostbite. By recognizing the first signs and symptoms of frostnip, individuals can prevent frostbite.

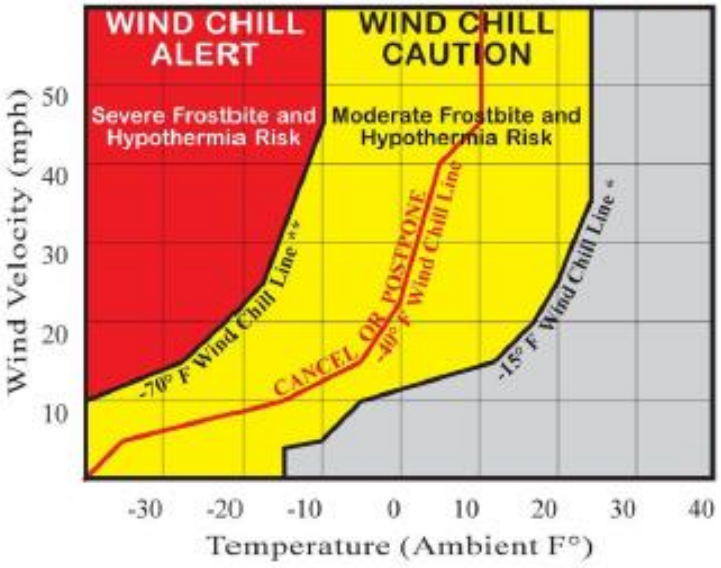
III. Chilblain

AKA Pernio, is the prolonged (1-5 hours) inflammatory response causing constriction of blood flow to the skin resulting in tissue inflammation and death. Extremities appear black and blue especially on fingers and toes.

IV. Immersion (Trench) Foot:

Most commonly developed from wearing wet socks and/or footwear for 12 hours-4 days and affects never and blood flow to the soft tissue. Feet appear wrinkly with signs of cyanosis.

PART 2 – COMPETITION INDEX FOR COLD



NWS Windchill Chart

Wind (mph) \ Temperature (°F)	Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5		36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10		34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15		32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20		30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25		29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30		28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35		28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40		27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45		26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50		26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55		25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60		25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times: 30 minutes | 10 minutes | 5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75($V^{0.16}$) + 0.4275T($V^{0.16}$)

Where, T= Air Temperature (°F) V= Wind Speed (mph) Effective 11/01/01

CANCEL OR POSTPONE:

- Competiton >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 fless 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.

Lightening:

A member of the emergency care team will be designated to monitor threatening weather conditions. If conditions do present a threat to the safety of the participants and spectators, that individual has the authority to make the decision to suspend and evacuate the venue or event. Once a contest has begun, officials and school officials may determine postponement or suspension of the participation—this may not be overruled.

KEEP AN EYE ON THE SKY

Blue sky and the absence of rain does not always mean protection from lightening—it does NOT have to rain for lightening to strike! Lightening can strike 10 miles ahead or behind a storm front and thunderhead clouds. It is imperative to monitor the weather conditions and lightning occurring within the area, especially within a 10 mile radius. Check local weather forecasts prior to events or practice, use active weather radars and apps to get up-to-date information, and/or manage storm/lightening detectors.

Flash-to-Bang Method:

By counting the seconds between an immediate flash of lightening and the sound of thunder, the distance (in miles) of the lightening can be determined by dividing the seconds by 5. When the count reaches **30 seconds or less,** lightening within a **6 mile** radius of location, all participants, coaches, spectators, and officials should be moved to safety immediately.

Return to Play

Guidelines recommend a wait period of **at least 30 minutes** should pass following the LAST flash of lightning or thunder under for participation to resume. School officials and game officials can rule as to whether or not to cancel or end a game early due to threatening weather.

The above emergency action plan and procedures was adopted from Woodbury High School's previous plan from the University of Southern Main. Edits and additions were also adopted from the University of Tennessee at Chattanooga and Wake Forest University.

Guidelines and procedures reflect the National Athletic Trainers' Association positional and consensus statements for emergency action planning, heat related illnesses, and inclement weather conditions. They as well comply with those of the Minnesota State High School League rules and regulations.

I hereby understand the roles and regulations set forth by the NATA and MSHSL in regards to the implementation of emergencies and dangerous weather conditions if they shall arise.

Sara Rock MS, LAT,ATC
Head Athletic Trainer
Woodbury High School

Summit Orthopedics
HealthEast Sports Center
4123 Radio Drive|Woodbury|MN|55129
www.summitortho.com

SUMMIT ORTHOPEDICS

Experience the highest level of care.

Contacts:

911
Emergency Medical Services

Woodbury Police & Fire Dept.
City of Woodbury
(651)714-3600

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(612)366-9587

Jack Skendzel MD
WHS Team Physician
Summit Orthopedics
(651)968-5360

Jodi Loeblein-Lecker
WHS Activities Director
jloeblei@sowashco.org
(651)425-4421

Local Hospitals:

Woodwinds Health Campus
HealthEast ER
1925 Woodwinds Dr.
Woodbury, MN 55125
(651)232-0228

Regions Hospital
Health Partners
640 Jackson St.
St. Paul, MN 55101
(651)254-3456

Children's Hospitals and Clinics of MN
Emergency Room
345 Smith Ave. N.
St. Paul, MN 55102
(651)220-6911

Local Urgent Cares:

Summit Orthopedics-OrthoQuick
Woodlake Clinic
2090 Woodwinds Dr.
Woodbury, MN 55125
(651)968-5806

Allina Health-Urgent Care
Woodbury 1st Floor
8675 Valley Creek Road
Woodbury, MN 55125
(651)241-3000

The Urgency Room
Woodbury Village
7030 Valley Creek Plaza
Woodbury, MN 55125
(651)789-7000

HealthPartners- Urgent Care
Woodbury Clinic
8450 Seasons Parkway
Woodbury, MN 55125
(651)853-8800

Tria Orthopedic Center-Urgent Care
155 Radio Drive
Woodbury, MN 55125
(952)831-8742

Twin Cities Orthopedics-Urgent Care
4040 Radio Drive
Woodbury, MN 55129
(651)439-8807

WHS EMERGENCY ACTION PLAN

SCHOOL ADDRESS:

WOODBURY HIGH SCHOOL
2665 WOODLANE DIVE
WOODBURY, MN 55125

EMERGENCY PHONE #:

911	EMS
651-714-3600	WOODBURY POLICE & FIRE
612-802-6707	JODI LOEBLEIN-LECKER
612-366-9587	ATHLETIC TRAINER-SARA

INJURED ATHLETE

LIFE THREATENING INJURY:

I.e. Non breathing/severe bleeding/suspected neck or spinal injury/ fracture/ dislocation/heat related illness/loss of consciousness/other injury or illnesses resulting in poor or deteriorating vital signs/heart related condition

Implement EAP:

- STAY CALM
- Do NOT move injured Athlete unless in immediate danger
- Check for Pulse / Breathing
- Call **911**
- Preform emergency CPR/First Aid
- Stay with athlete until EMS arrives & takes over
- Call ATC/AD/Emergency contact

NON-LIFE THREATENING INJURY:

I.e. Ligament sprains/muscular strains/ concussion without loss of consciousness/ general illness/ abrasions/minor cuts/bruises/ heat cramps

Implement EAP:

- Provide First Aid
- Refer athlete to appropriate facility for further medical evaluation and care
  - Athletic Training Room
  - OrthoQuick/Urgent Care
  - Physician's Clinic
- Notify legal parent/guardian

Closest Hospitals & Clinics

- **Woodwinds Health Campus**| *HealthEast ER*|(651)232-0228| 1925Woodwinds Dr., Woodbury, MN 55125
- **Regions Hospital**|*Health Partners*|(651)254-3456|640 Jackson St., St. Paul, MN 55101
- **Children's Hospitals and Clinics of MN**|*ER*|(651)220-6911| 45th Ave. N., St. Paul, MN 55102
- **Summit Orthopedics OrthoQuick**|Woodlake Clinic|(651)968-5806| 2090 Woodwinds Dr., Woodbury, MN 55125
- **Allina Health Urgent Care-Woodbury**|*AllinaHealth*|(651)241-3000|8675 Valley Creek Rd, Woodbury, MN 55125
- **HealthPartners-Urgent Care**|*Woodbury Clinic*|(651)853-8800| 8450 Seasons Parkway, Woodbury, MN 55215
- **The Urgency Room-Woodbury**| *Woodbury Village*|(651)789-7000|7030 Valley Creek Plaza, Woodbury, MN 55125
- **Twin Cities Orthopedics-Urgent Care**| *Woodbury Clinic*|(651)439-8807| 4040 Radio Dr, Woodbury, MN 55129
- **TRIA Orthopedics-Urgent Care**| *Woodbury Clinic*|(952)831-8742| 155 Radio Dr, Woodbury, MN 55125

Updated 7/22/2020