

Appendix E

Emergency Action Plan

Given that there is an element of risk in all physical activity, an encounter with an injury or medical condition is highly possible. Recognizing this fact, it is necessary to establish a plan of action. The key to the Emergency Action Plan is getting professional care to the injured/ill student as quickly as possible. For that to happen efficiently and effectively, you must be prepared with an Emergency Action Plan. The following is a sample Emergency Action Plan adapted from information found in: *Ministry of Tourism/Recreation booklet "Exercise Caution, Prevent Sport Injuries"*.

SAMPLE EMERGENCY ACTION PLAN

A. Preparation

You should know the following information:

1. Location and access to the first aid kit.
2. Location and access to a telephone.
3. Emergency telephone number of ambulance and hospital (911).
4. Directions and best access routes to the nearest hospital.
5. The whereabouts of a suitable and available means of transportation.
6. Identity of students with medical conditions (e.g., asthma, life-threatening allergies, diabetes).
7. Location of medication (e.g., epinephrine auto injector, asthma reliever)
8. Emergency communication procedures (e.g., cellular phone) for off-site activities.

B. When an injury/medical condition occurs:

1. Initially, when coming in contact with the injured/ill student, take control and assess the situation. Exercise universal precautions related to blood/bodily fluids (see Appendix K).
2. Keep in mind the cardinal rules of injury care:
 - a. **Do not move the injured student.**
 - b. **If a student cannot start a movement by himself/herself, do not move the body part for him/her.**
3. Stay calm. Keep an even tone in your voice.
4. Instruct any bystanders to leave the injured/ill student alone.
5. Do not remove the student's equipment if there is a risk of further injury.
6. Evaluate the injury/condition. Once you have assessed the severity, decide whether or not further assistance is required or medication is needed.
7. For students with an identified medical condition, administer medication as per Board Policy (e.g. asthma inhaler).
8. If an ambulance is not needed, then decide what action is to be taken to remove the injured/ill student from the playing surface.
9. Because physical activity is a common trigger for many sudden cardiac deaths, it is important for teachers to recognize possible symptoms/warning signs.
 - fainting or seizure during physical activity
 - fainting or seizure resulting from emotional excitement, emotional distress or being startled (e.g. a sudden loud noise such as a school fire alarm system)

School response:

- Immediately call 911.
- Inform parents and provide information about SADS - www.sads.ca
- The student is not to participate in physical activity until cleared by a medical assessment and documentation is provided to the school administrator/designate.

Refer to Appendix M - Sudden Arrhythmia Death Syndrome - SADS for school and parent information and responsibility and a sample form to be completed for return to activity after a fainting episode.

10. In any of the following emergency situations, call 911:
 - a. Loss of consciousness (including fainting) - altered level of consciousness or lack of awareness of surroundings
 - b. Uncontrolled bleeding
 - c. Anaphylactic reaction, asthma or any other phenomenon that compromises the airway and/or ability to breathe
 - d. Other life-threatening injuries
 - e. If the patient cannot be transported legally in a passenger vehicle
11. If an ambulance is required:
 - a. Request assistance from the other person (e.g., teacher/administrator/parent).
 - b. Have this person call an ambulance with the following information:
 - i. the nature of the emergency;
 - ii. the location and closest cross-streets; and
 - iii. the telephone number from where you are placing the call;
 - c. Have the other person report back to the in-charge person to confirm that the call was made and give the estimated time of ambulance arrival
 - d. Have the other person go to the access entrance and wait for the ambulance.
12. Once the call has been placed, observe the student carefully for any change in condition and try to reassure him/her until professional help arrives.
13. Do not be forced into moving the student unnecessarily.
14. In the case of dehydration, move the student to a cooler environment and provide small amounts of water (100ml) every 5 minutes until symptoms resolve. However, do not provide an injured student with food or drink if:
 - a. The student is showing signs of decreased level of consciousness;
 - b. The student has sustained a significant head injury;
 - c. You anticipate an operation will be necessary e.g., broken leg.
15. When ambulance attendants arrive, inform them of what happened, how it happened and what you have done. If aware, you can inform them about any medical-related problems or past injuries of the student.
16. The in-charge person must designate a responsible adult (e.g. teacher, parent, volunteer) to accompany the injured student to the hospital to help reassure the student and give the relevant medical history and injury circumstances to the physician.
17. The parents/guardians of the injured/ill student must be contacted as soon as possible.
18. Complete an accident report and file with the appropriate school board official and school administrator.