Queens College Sports Medicine
Emergency Action Plan
Revised 9/4/07

Introduction
Emergency situations may arise at anytime during athletic events. In order to provide the best possible care to the sport participant during emergency and/or life threatening conditions quick and expedient action must be taken. The development and implementation of an emergency action plan will help ensure that the best care will be provided. As emergencies may occur at anytime during an activity, the sports medicine staff and athletic department must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan
1. Emergency Personnel
2. Emergency communication
3. Emergency equipment
4. Roles of first responder
5. Venue directions with map
6. Emergency action plan checklist for non-medical emergency

Emergency Plan Personnel
During a typical athletic practice or competition, the first responder to an emergency situation is usually a member of the sports medicine staff, most commonly a certified athletic trainer (ATC). A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. Copies of training certificates and/or cards are maintained in the sports medicine facility.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers
including physicians, emergency medical technicians, certified athletic trainers, coaches; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the director of sports medicine/head athletic trainer.

There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A Coach may be appropriate for this role.

**Roles within the Emergency Team**

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

**Activating the EMS system**

**Making the call:**

- 9-911 (if available)
- notify campus police at 718-997-5912 (7-5912, 7-5911 if calling from campus phone)
- telephone numbers for local police, fire department, and ambulance service

**Providing Information:**

- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical *
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by first responder
- specific directions as needed to located the emergency scene
- other information as requested by dispatcher

* if non-medical, refer to the specific checklist of the emergency action plan

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.
Emergency Communication
The key to quick emergency response is communication. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as part of pre-planning for emergency situations. Communication prior to the event is a good way to establish protocols and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Direct access to a working telephone or other telecommunication device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be implemented should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment
All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operation condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. It is recommended that a few members of the emergency team be trained and responsible for the care of the equipment. It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Medical Emergency Transportation
Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or NCAA regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. New York Queens Medical
Center typically provides a service of stationing an ambulance. In the event of an emergency, the 911 system (9-911) on campus will still be utilized for activating emergency transport. In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a **“load and go”** situation and emphasis placed on rapid evaluation, treatment and transportation.

**Non-Medical Emergencies**
For the following non-medical emergencies: fire, bomb threats, severe weather, violent or criminal behavior, refers to the CUNY Queens College Public Safety emergency action plan checklist and follows the instructions

**Conclusion**
The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, the athletic department helps ensure that the athlete will have the best care provided when an emergency situation does arise.
Emergency Action Plan Fitzgerald Gym (Practice/Game)

During an athletic event or practice, an emergency situation can arise. 

**Emergency Personnel:** Certified Athletic Trainers and/or student athletic trainer(s) and equipment staff if needed, and Fitzgerald Gym employees who have access to keys to the gates.

**Director of Sports Medicine/Head Athletic Trainer:** Drew Dillon, ATC, EMT (7-2782)

**Head Athletic Trainer:** Daniel Unverzagt, ATC (7-2743)

**Graduate Assistant Athletic Trainer:** Rod Joseph, ATC (7-2779)

**Emergency communication:** A designated Certified Athletic trainer or Student trainer will use a cell phone/campus phone.

**Emergency equipment:** Equipment used will be brought to the practice and any needed from paramedics/EMT’s. Listed are some pieces of equipment that may be used but not limited to:

- Cell Phone
- Spine Board
- Crutch bag
- AED
- Trainer’s Medical kit
- Splint bag
- CPR / air way mask(s).

**Roles for First Responder:** Maintain composure and Professionalism

1. **Control the scene and immediate care for the injured athlete and**
2. Emergency equipment retrieval.
3. Activation of emergency medical system (EMS)
   a. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
4. Direction of EMS to scene
   a. Open appropriate gates. To gain access direct them to.
   b. Designate individual to flag down EMS and direct to scene
   c. Continue scene control: limit scene to first aid providers and move bystanders away from area.
5. Emergency vehicles will gain access through the Reeves Avenue gate.
Emergency Plan: Fitzgerald Gym Pool

Emergency Personnel: A certified athletic trainer (ATC) will be present during all aquatic rehabilitation/workouts.matches/meets to supervise athletes. There will also be a student lifeguard(s) on duty at all times during the use of the pool. All ATC’s as well as the student lifeguards are American Red Cross CPR/FPR and first aid certified, with the lifeguards being certified in American Red Cross lifeguard water rescue.

Emergency Communication: There is an emergency telephone located directly behind diving blocks in the office at deep end of the east pool. Also, a cellular phone could be brought to the pool for all workouts.
The Aquatic Director should be notified as soon as possible.
Alicia Lampasso- Dillon (7-2767)

Emergency Equipment: Life preservers/rescue tubes are located around perimeter of pool line and there is a spine board located at the west and east ends of the pool. An AED (s) is located inside the athletic training room (adjacent to pool, gate closest to athletic training room should be unlocked for easy access to athletic training room).

Roles of First Responders
1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical system (EMS)
   a. 9-911 call (provide name, address, telephone number; number of individuals injured; condition of injured athlete; first aid treatment; specific directions; other information as requested
   b. notify campus police 718-997-5912
3. Emergency equipment retrieval
4. Direction of EMS to scene
   a. Open appropriate gates
   b. Designate individual to wait in front of entrance to “flag down” EMS and direct to scene
   c. Scene control: limit scene to first aid providers and move bystanders away from area
5. Emergency vehicles will gain access through the Reeves Avenue gate.
Emergency Action Plan: Baseball Field (Practice/Game)

During an athletic event or practice, an emergency situation can arise.

**Emergency Personnel:** Certified Athletic Trainers and/or student athletic trainer(s) and equipment staff if needed, and Fitzgerald Gym employees who have access to keys to the gates.

**Emergency communication:** A designated Certified Athletic trainer or Student trainer will use a cell phone. **Emergency equipment:** Equipment used will be brought to the practice and any needed from paramedics/EMT’s. Listed are some pieces of equipment that may be used but not limited to:

- Cell Phone, Spine Board, Crutch bag, AED, Trainer’s Medical kit, Splint bag, CPR/airway-mask(s).

**Roles for First Responder:** Maintain composure and Professionalism

1. **Control the scene and immediate care for the injured athlete and**
2. Emergency equipment retrieval.
3. Activation of emergency medical system (EMS)
   a. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
4. Direction of EMS to scene
   a. Open appropriate gates. To gain access direct them to.
   b. Designate individual to flag down EMS and direct to scene
   c. Continue scene control: limit scene to first aid providers and move bystanders away from area.
5. Emergency vehicles will gain access through the Reeves Avenue walkway entrance gate.
Emergency Action Plan: Soccer Field / Track (Practice/Game)

During an athletic event or practice, an emergency situation can arise.

**Emergency Personnel:** Certified Athletic Trainers and/or student athletic trainer(s) and equipment staff if needed, and Fitzgerald Gym employees who have access to keys to the gates.

**Emergency communication:** A designated Certified Athletic trainer or Student trainer will use a cell phone/campus phone. **Emergency equipment:** Equipment used will be brought to the practice and any needed from paramedics/EMT’s. Listed are some pieces of equipment that may be used but not limited to:

- Cell Phone, Spine Board, Crutch bag, AED, Trainer’s Medical kit, Splint bag, CPR / airway-mask(s).

**Roles for First Responder:** Maintain composure and Professionalism

1. **Control the scene and immediate care for the injured athlete and**
2. Emergency equipment retrieval.
3. Activation of emergency medical system (EMS)
   a. Call 911 (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
4. Direction of EMS to scene
   a. Open appropriate gates. To gain access direct them to.
   b. Designate individual to flag down EMS and direct to scene
   c. Continue scene control: limit scene to first aid providers and move bystanders away from area.
5. Emergency vehicles will gain access through the Reeves Avenue gate and follow roadway along tennis courts, thru parking garage to soccer / track areas.