



Emergency Action Plan (EAP)

Activate the EAP if suspected:

- Any loss of consciousness
- Possible spine injury
- Dislocation, open fracture, displaced closed fracture
- Difficulty or absent breathing or pulse
- Exertional collapse
- Uncertainty of if you have a medical emergency

Emergency Personnel:

Center Grove Bantam Football League (CGBFL) EMT, Paramedic, Athletic Trainer, or other Qualified Healthcare Provider (QHP) will be on site for **all game events held at the complex**. During an emergency that occurs when no games are scheduled and/or when an EMT/Paramedic/AT/QHP is not present, EMS will need to be contacted immediately by an adult who is first-to-respond to the emergency, likely a member of the coaching staff or a League Leader, such as an Officer of the Day (OOD).

Roles & Responsibilities (these are the primary individuals with responsibility during an emergency, but other appointed adults may assist with tasks as necessary)	
<i>Role</i>	<i>Responsibility</i>
Contracted EMS Professional (EMT, Paramedic, ATC) or Sports Medicine professional (PRESENT ON GAME DAYS ONLY)	Primary Provider of Medical Care
Contracted EMS provider, OOD, or Member of Coaching Staff	Calls 9-1-1
OOD, Member of Coaching Staff, or Appointed Adult	Retrieves Emergency Equipment
OOD, Member of Coaching Staff, or Appointed Adult	Meets EMS at gate
OOD or Member of Coaching Staff	Crowd Control
OOD, Member of Coaching Staff, or Appointed Adult	Contacts Stakeholders
Parent/Legal Guardian or their appointee	Accompanies Patient to Hospital

Emergency Contacts:

Emergency Contacts	Phone Numbers
Bargersville Emergency	911
White River Township Fire Department	(317) 888-8337
Greenwood Fire Department	(317) 882-2599
Greenwood Police & Johnson Co. Sheriff (non-emergency dispatch)	(317) 346-6336
Indiana Poison Control Center	(800) 222-1222

Nearest Medical Facilities:

Name	Address and Phone Number
Community South Hospital	1402 East County Line Indianapolis, IN 46227 (317) 887-7000
Johnson Memorial Hospital	1125 W Jefferson St Franklin, IN 46131 (317) 736-2601
Franciscan Express Care	1703 W. Stones Crossing Rd Greenwood, IN 46143 (317) 528-2141
OrthoIndy Center Grove Urgent Care	1579 Olive Branch Parke Ln Greenwood, IN 46143 (317) 802-2000
Community Health MedCheck	489 S. State Rd Suite F Greenwood, IN 46142 (317) 887-7640

Emergency Equipment:

EQUIPMENT	LOCATION(S)
AED	One stationed in concession stand or on cart with Medic; One stationed beside the door to CGBFL Office (inside building with the bathrooms)
Spine Board	CGBFL Equipment Barn
Splints/Crutches/Ambulatory Aids	With Medic
Emergency Medical Kit	With Medic
Thermometer	With Medic
Cold-water immersion tub	CGBFL Garage
Airway Management	With Medic
Albuterol	With Medic
Epipen	With Medic
Glucometer	With Medic
Equipment removal tools (shears, power drill, and screwdriver)	CGBFL Office and with Medic
Pulse oximeter	With Medic
Blood pressure Cuff	With Medic
Stethoscope	With Medic
Supplemental oxygen	With Medic
Biohazard Materials	With Medic
Ice	Concession stand and/or CGBFL Garage

IMPORTANT NOTE: EMERGENCY RESPONSE PROCEDURES FOR CONTRACTED EMS PROVIDERS IS OUTLINED IN THE CENTER GROVE BANTAM FOOTBALL EMS PROTOCOLS DOCUMENT.

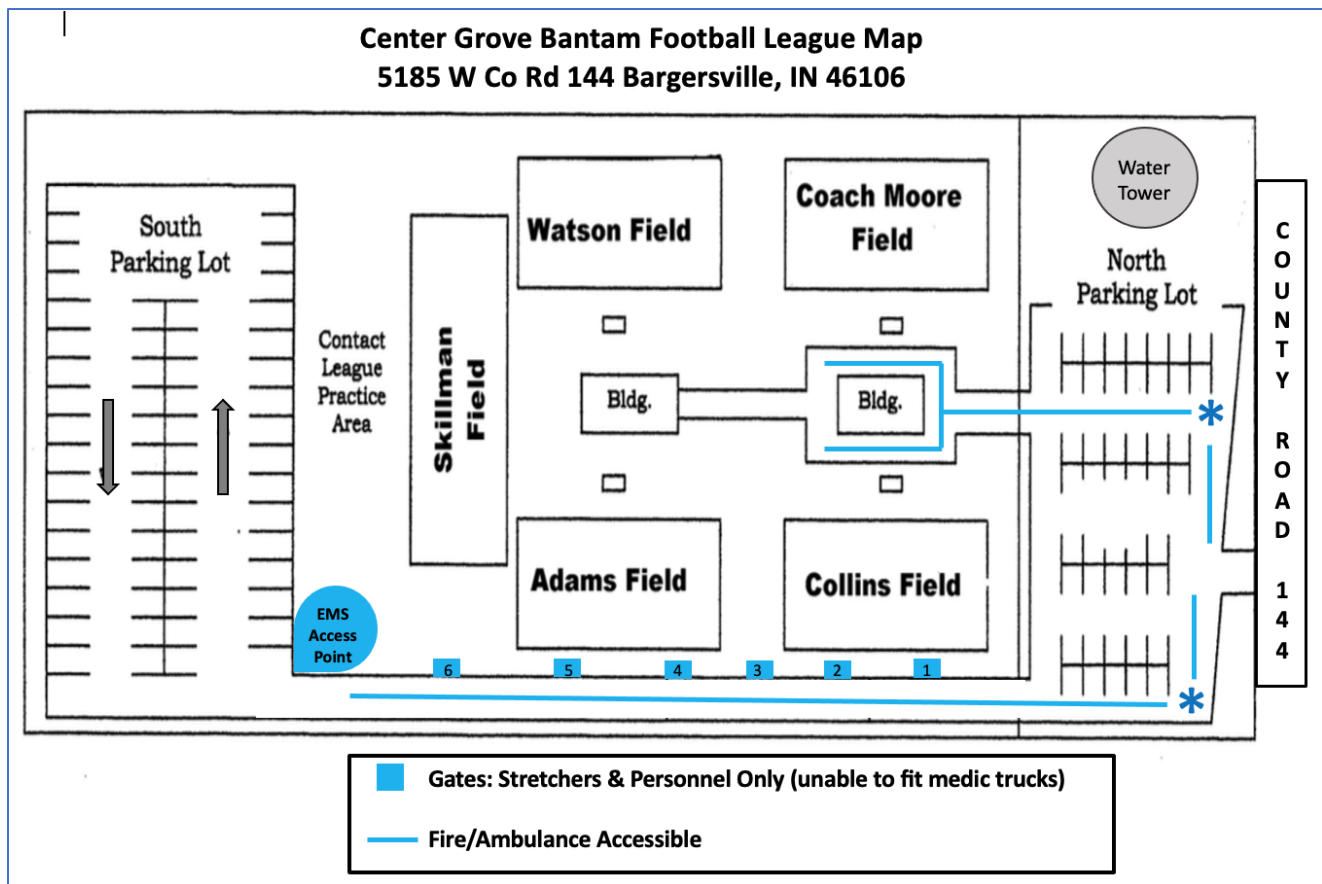
Below are emergency response procedures for OOD, Coach, Parent, League Volunteer Personnel:

- 1) Check the scene
 - a) Is it safe for you to help?
 - b) What happened?
 - c) How many victims are there?
 - d) Can bystanders help?
- 2) Triage → i.e. To the best of your ability, identify the severity of injury and presence of vitals
 - a) Check for circulation/airway/breathing, level of consciousness, and severe bleeding
- 3) If triage indicates a life-threatening condition and Medic is on-duty, call 911, then summon for on-site Medic by utilizing OOD walkie talkie, requesting announcement from tower, texting/calling OOD, or soliciting walkie-talkie announcement from concession stand staff—provide level of acute care within your scope of skills until Medic arrival.
- 4) If triage indicates needing emergency medical services (EMS) and no Medic is on-duty or Medic is already activated elsewhere in the facility, the individual first-to-respond (i.e., coach or OOD) must call EMS by dialing 911 or appoint a qualified individual to do so. Provide the following information to emergency dispatch:
 - a) Who you are
 - b) General information about the injury or situation
 - c) Where you are (Provide: name, location of downed patient, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions if necessary)

Center Grove Bantam Football Complex
5185 W. St. Rd. 144
Bargersville, IN 46106
 - d) Any additional information requested by dispatch
 - e) ***STAY ON THE PHONE WITH DISPATCHER, BE THE LAST TO HANG UP***
- 5) Individual first to respond (likely a coach or OOD) should begin immediate care if no Medic is present and/or awaiting EMS arrival.
- 6) Perform immediate care that is within your scope of knowledge and training (this might include CPR, AED application, First Aid, Cold-water immersion, etc.)
- 7) Individual first-to-respond should appoint a qualified adult to secure relevant emergency equipment (i.e., AED, first aid supplies, emergency kit)
- 8) Individual first-to-respond should designate a qualified adult to control crowd.
- 9) Individual first-to-respond must instruct a qualified adult to meet EMS at the main/front gate of the CGBFL Complex to direct them toward appropriate site within the facility upon their arrival.
 - a) Contact OOD if main gate is closed.
- 10) Transition care to EMS once they arrive. Step back and DO NOT interfere with their delivery of care unless they direct you to do something.
- 11) A parent or legal guardian will accompany the patient to the hospital or follow in a separate vehicle if not allowed in ambulance.
- 12) Contracted/on-duty Medic will document event using their medical records process.

EMS Accessibility Routes:

- 1) Appointed adults who meet EMS at front/main gate of CGBFL Complex should direct EMS to use the optimal route appropriate to access the victim depending on the location of the victim. Each area of the facility can be effectively accessed via the highlighted routes below.



Important Definitions

- *Emergency Action Plan (EAP)* – A written document outlining the steps and procedures to carry out in the event of an emergency injury or sudden illness.
- *Emergency Medical Service (EMS)*: An emergency service that provides emergency care and transportation for those in need of extended life support or suffering a limb threatening injury.
- *Automated External Defibrillator (AED)*: A life-saving device used to restore a normal sinus rhythm to a victim suffering from sudden cardiac arrest.
- *Cardiopulmonary Resuscitation (CPR)*: A life-saving technique in which the rescuer provides effective chest compressions and breaths to the victim of sudden cardiac arrest.
- *Officer of the Day (OOD)*: The OOD is the member of the CGBFL Board of Directors who is “on duty” at the complex during practice and/or game events. The OOD is responsible for supporting and guiding the operations of events at the complex. At times, there may be multiple OODs on duty.
- *CGBFL Complex*: The site where CGBFL activities occur (football and cheer); located at **5185 W. St. Rd. 144, Bargersville, IN 46106**
- *Loss of Consciousness (LOC)*: When a patient cannot respond to stimulation, verbally or with movements.
- *Airway, Breathing, and Circulation (ABCs)*: This is the order the rescuer should check for signs of life from the victim.
- *Qualified Healthcare Professional (QHP)* - As defined by the American Medical Association (AMA), “is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.”
 - *CGBFL considers the health professionals (EMTs, Paramedics, Athletic Trainers, Physicians, etc.) it contracts to provide emergency care oversight at the facility to be its QHPs (often referred to as Medics in this document).*
 - *Individuals present at the complex who might be credentialed healthcare professionals, but are not contracted by the CGBFL, are not considered QHPs by the CGBFL. Such individuals should not attempt to forcibly overtake the provision of medical care during emergent and/or non-emergent situations unless permitted to do so by a member of the CGBFL Board of Directors.*

EAP Disclaimer

The EAP is reviewed, practiced, and updated annually. This is not an all-inclusive plan of emergency, but a plan for league leaders (coaches, board members) and volunteers to follow in the event of an emergency. It is subject to change under the discretion of the CGBFL Board of Directors. **Note—Detailed Emergency Response Procedures for Contracted EMS Providers is outlined in the Center Grove Bantam Football EMS Protocols document.**



Sport Safety Policies and Procedures

Lightning Policy and Procedure

Education regarding lightning danger and having a pre-planned, evidence-based procedure to follow when there is a threat of lightning can lessen the likelihood of lightning-related casualties. The CGBFL mandates all league leaders including board members and rostered coaches to appreciate the threat of lightning hazards, learn the league's lightning-safety guidelines, act prudently, and encourage safe behavior in others (i.e., their players, assistant coaches, and team families). Each person should also ensure his or her own safety when a lightning hazard is present. Below is the procedure CGBFL will follow when the threat of inclement weather involving lightning is a threat:

1. The officer of the day (OOD) present at the Complex is responsible for monitoring for inclement weather.
2. The threat of lightning danger will be monitored using the "lightning map/radar" feature within a commercial weather app (Weather Bug, My Lightning Tracker, or any other commercial weather app with the lightning detection feature) on the OOD's smart phone.
3. The following chain-of-command will be followed—
 - a. The OOD is responsible for making the decision to delay or cancel activities due to the threat of lightning.
 - b. The OOD is responsible for ensuring that decision is promptly communicated to other league leaders, coaches, and families by sounding the "air horn signal," then announcing it via the complex's intercom system, then posting the alert via social media.
 - c. Coaches are responsible for immediately disseminating the OOD's decision to their team.
4. Criteria for suspending activity will be when lightning is detected within 6-miles of the CGBFL complex. Activity will initially be suspended for 30-minutes, this is intended to allow the storm cell to pass. This 30-minute clock, however, restarts for each lightning flash within 6-miles. During the delay period(s), the OOD will continuously re-check the lightning map for evidence of it remaining in the 6-mile range. The process of monitoring for lightning strikes within 6-miles and delaying for 30-minute periods will continue until lightning is no longer detected within the 6-mile range for 30-minutes, or until the OOD determines the delays will be ongoing and inhibit activities from restarting within an appropriate timeframe. At that point, the OOD may decide to cancel all activities at the facility for that day.
5. Activity may resume once lightning is no longer detected within a 6-mile radius of the complex for an entire 30-minute period.
6. During lightning delays, all individuals should evacuate and take cover within designated safe spaces. Those include fully enclosed motor vehicles or inside substantial buildings (equipment barn, concession stand kitchen, restroom/office building). The equipment shed near the practice fields, concession stand patio, and awning areas are not designated safe spaces.

Heat Acclimatization Policy and Procedure

The body's physical responses and ability to function during exposure to heat is influenced by its acclimatization to hot environments. There are a host of complex adaptations that lead to someone's body becoming acclimated to function in hot environments, and those adaptations can be supported by a proper heat acclimatization process over the course of 7 to 14 days. The following information represents guidelines for optimal heat acclimatization for CGBFL football coaches to follow when planning and delivering the first two weeks of practices. These guidelines have been developed based on recommendations from the Korey Stringer Institute of the University of Connecticut and USA Football.

AREA OF PRACTICE MODIFICATION	PRACTICES 1-5		PRACTICES 6-14
	Days 1-2	Days 3-5	
# of Practices Permitted Per Day	1		2, only every other day
Equipment	Helmets only	Helmets & Shoulder Pads	Full Equipment
Maximum Duration of Single Practice Session	2 hours	3 hours	3 hours (a total maximum of 5 hours on double session days)
Permitted Walk Through Time (not included as practice time)	1 hour (but must be separated from practice for 3 continuous hours)		
Contact	No Contact	Contact only with blocking sleds/dummies	Full, 100% live contact drills

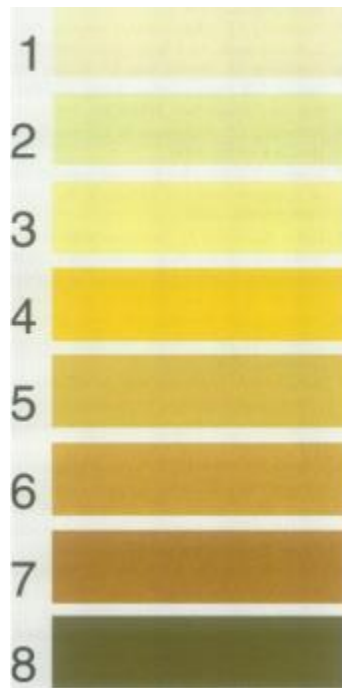
Important notes for understanding the table:

- *Practice* is defined as time on the football field (including warmup, stretching, break time, cool down, and any conditioning time), and it should never exceed 3-hours.
- During the first 5 days, practices should be limited to 2-hours.
- A *walkthrough* is defined as time dedicated to reviewing plays and field positions and should not exceed 1-hour.
- Heat acclimatization days should be continuous if possible, meaning few days off. However, if your practice schedule is only a few days a week, note that the days between your practices (the days off) do not count towards acclimatization days. As such, it will take longer to acclimatize in situations like this.

Hydration Policy and Procedure

Monitoring the hydration status of athletes before, during, and after bouts of exercise is crucial for optimizing sport performance and safety. Factors such as the availability of fluids, exercise intensity, and environment (e.g., heat and humidity) can influence athletes' hydration levels. As such, below are guidelines for CGBFL coaches to follow in their efforts to optimize hydration of their athletes. These guidelines have been developed based on recommendations from the Korey Stringer Institute of the University of Connecticut and USA Football.

Step 1: Encourage athletes (with support from their parents/legal guardians) to monitor their hydration status. Although there are many modes of doing so, the “urine chart” below may be most resourceful for CGBFL coaches, parents, and athletes.



Important notes for understanding the urine chart: Urine color can be assessed and compared with the urine color chart (as seen above). This is the easiest measure of hydration for most people because it is easy to assess and does not need additional equipment to do so. The higher the number or darker the color, the greater degree of dehydration. Urine color 4 or greater indicates dehydration.

Important notes about using “sensation of thirst” as a measure of dehydration: Thirst develops once dehydration has already set in (~1-2% of body mass loss) and is considered to work best during rest or exercising at lower intensities for less than one hour in cooler conditions. To that end, “sensation of thirst” works well as a measure of hydration *only at rest*, not during athletic activities.

Step 2: Encourage athletes to properly hydrate before, during, and after exercise and football activities.

Before exercise: Encourage athletes to hydrate with at least 16-24 oz. of water; Consider including a sports drink IN ADDITION TO water in the pre-exercise hydration plan, especially if the exercise is planned to last more than 1-hour.

During exercise: Ensure athletes have unlimited access to water and are allowed to drink as much as they want during exercise; Encourage athletes to consume sports drinks if the exercise/football activity lasts beyond 1-hour and/or if the environment is intensely hot/humid; schedule predetermined water breaks every 15-minutes; consider always bringing extra fluids in case athletes have forgotten or consumed their fluids.

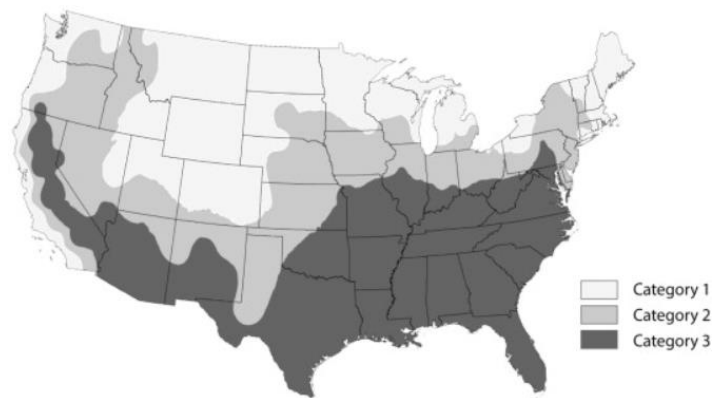
After exercise: Rehydration should occur within 2-hours post exercise to assure optimal rehydration; encourage athletes to consume 1 liter of fluid for every 2.2 lbs of body weight lost from sweating (this is a best practice but would require them to have measured their body weight before and immediately after the bout of exercise); Encourage athletes to consume 1 liter of sports drink, ideally one with 6% carbohydrate, per 1-hour of exercise completed.

Heat Stress Management Policy and Procedure

Purpose: To provide and communicate proper procedures for environmental monitoring and activity modification/cancellation in response to dangerously hot/humid weather conditions.

Procedure:

1. Environmental monitoring will occur utilizing an appropriate WBGT device.
2. Environmental monitoring will occur any time it is warm outside (i.e. over 70°F).
3. The President, Vice President, and Director of Safety will be responsible for monitoring indicators of heat stress.
4. Monitoring of WBGT will occur every 30-minutes beginning approximately 1-hour before scheduled practice/game times.
5. The President, Vice President, and Director of Safety will be responsible for making the decision regarding modification/cancellation of activity.
6. Communications about activity modification/cancellation of activity will be made as timely and efficiently as possible. Communications with coaches will occur, at a minimum, through the coaches group message threads (e.g., commonly GroupMe).
7. Modifications will be made in accordance with the best practice guidelines for our region. Central Indiana is in **Category 2** (see figure below from Grundstein et al., 2015), therefore we will follow the activity guidelines for that region.



The table below shows the specific modifications that will be made for each flag zone (green, yellow, orange, red, black). The CGBFL Safety Team may add or amend activity modifications to better suit the resources and attributes of the league at any time. For example, when the activity guidelines are in the Orange, the league may replace a typical restriction of wearing padded football pants, to restricting helmets and shoulder pads instead. Both activity modifications are in the spirit of the guideline (i.e., wearing less gear to support body cooling), but one may better serve teams' abilities to engage in full contact practice activities later in a practice when the WBGT guided activity restrictions are often lifted/no longer relevant.

Cat 1 WBGT (F)	Cat 2 WBGT (F)	Cat 3 WBGT (F)	Activity Guidelines
< 76.1	< 79.7	< 82.2	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
76.2 - 81.1	79.8 - 84.6	82.3 - 87.0	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
81.2 - 84.1	84.7 - 87.6	87.1 - 90.0	Maximum practice time is 2 h. <u>For Football:</u> 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. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
84.2 - 86.0	87.7 - 89.6	90.1 - 92.0	Maximum practice time is 1 h. <u>For Football:</u> No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 86.1	≥ 89.7	≥ 92.1	No outdoor workouts. Delay practice until a cooler WBGT is reached.

8. Modifications are meant to be fluid, meaning if the environment gets more oppressive, the modifications get stricter. However, if environmental conditions improve, the modifications can be modified to be in line with the new environmental conditions.
9. During game events, when the WBGT is in the Orange or Red, activity modifications will be made including (a) athletes are to remove helmets while on sidelines, (b) Officials will stop play at approximately 4:00 mark for additional water breaks, and (c) extended break time will be provided by Officials

Concussion Policy and Procedure

Definition: Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged. The field of sports medicine's understanding of sports-related concussions is continually advancing, but it is now recognized that young athletes are especially at risk for the effects of a concussion. What was once seen as a minor "ding" to the head is now understood to have the potential to cause various short- and long-term changes in brain function, and in rare cases, even death.

Education: CGBFL families are provided with information pertaining to the signs and symptoms of concussion, what to do if an injury is suspected, and appropriate return to play procedures via the CGBFL website. All coaches are educated on player safety and concussions via the USA Football certification process annually.

Recognition: Contracted medics providing service to CGBFL are trained and prepared to properly recognize and manage patients with potential brain injury. The medics' protocols are outlined in their EMS Protocols and approved by their medical director. In some instances, athletes might suffer a suspected concussion when contracted medics are not present and only non-medically trained adults are present. In the absence of medic or other appropriate medical provider, any athlete with a suspected concussion should be immediately removed from play and should not return until cleared by an appropriate medical provider with concussion specific training.

Post-Concussion Management and Return-to-Participation (RTP). If present, CGBFL contracted medics will counsel the athlete and parents/guardians to consult with their licensed healthcare provider, a sports medicine trained physician, or similarly trained medical provider, for proper management and return-to-participation decisions. Concussion management and return-to-play decisions are not within the professional scope of the CGBFL, its Board of Directors, or volunteers. Parents/guardians are highly encouraged to avoid returning their athlete to participation without clearance provided by an appropriate medical provider with concussion specific training.

CONCUSSION RECOGNITION TOOL-6 (CRT6)

(BELOW)

CRT6™



Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

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CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:





CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms

Headache
 "Pressure in head"
 Balance problems
 Nausea or vomiting
 Drowsiness
 Dizziness
 Blurred vision
 More sensitive to light
 More sensitive to noise
 Fatigue or low energy
 "Don't feel right"
 Neck Pain

Changes in Emotions

More emotional
 More Irritable
 Sadness
 Nervous or anxious

Changes in Thinking

Difficulty concentrating
 Difficulty remembering
 Feeling slowed down
 Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

"Where are we today?"

"What event were you doing?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional