

EMERGENCY ACTION PLAN (EAP)

An Emergency Action Plan (EAP) is a plan coaches design to help them respond to emergency situations. Preparing such a plan in advance will help you respond in a responsible and clear-headed way if an emergency occurs.

An EAP should be prepared for the facility or site where you normally hold practices and for any facility or site where you regularly host competitions. For away competitions, ask the host team or host facility for a copy of their EAP.

An EAP can be simple or elaborate. It should cover the following:

- Designate in advance who is **in charge** if an emergency occurs (this may be you).
- Have a cell phone** with you and make sure the battery is fully charged. If this is not possible, find out the exact location of a telephone you can use at all times. Have spare change in case you need to use a pay phone.
- Have **emergency telephone numbers** with you (facility manager, superintendent, fire, police, ambulance), as well as athletes' contact numbers (parents/guardians, next of kin, family doctor).
- Have on hand a **medical profile for each athlete** so that this information can be provided to emergency medical personnel. Include in this profile signed consent from the parent/guardian to authorize medical treatment in an emergency.
- Prepare **directions** for Emergency Medical Services (EMS) to follow to reach the site as quickly as possible. You may want to include information such as the closest major intersection, one-way streets, or major landmarks.
- Have a **first-aid kit** accessible and properly stocked at all times (all coaches are strongly encouraged to pursue first-aid training).
- Designate in advance a **call person**: the person who makes contact with medical authorities and otherwise assists the person in charge. Be sure that your call person can give emergency vehicles precise directions to your facility or site.

When an injury occurs, the EAP should be activated immediately if the injured person:

- Is not breathing
- Does not have a pulse
- Is bleeding profusely
- Has impaired consciousness
- Has injured the back, neck, or head
- Has a visible major trauma to a limb

Note: See Appendices 1 through 4 for a number of EAP-related forms and checklists.

Emergency Action Plan Checklist

Access to telephones



- Cell phone, battery well charged
- Training venues
- Home venues
- Away venues
- List of emergency phone numbers (home competitions)
- List of emergency numbers (away competitions)
- Change available to make phone calls from a pay phone

Directions to access the site

- Accurate directions to the site (practice)
- Accurate directions to the site (home competitions)
- Accurate directions to the site (away competitions)

Athlete information

- Personal profile forms
- Emergency contacts
- Medical profiles

Personnel information

- The person in charge is identified
- The call person is identified
- Assistants (charge and call persons) are identified

- The medical profile of each athlete should be up-to-date and be in the first-aid kit.**
- A first-aid kit must be accessible at all times and must be checked regularly.**

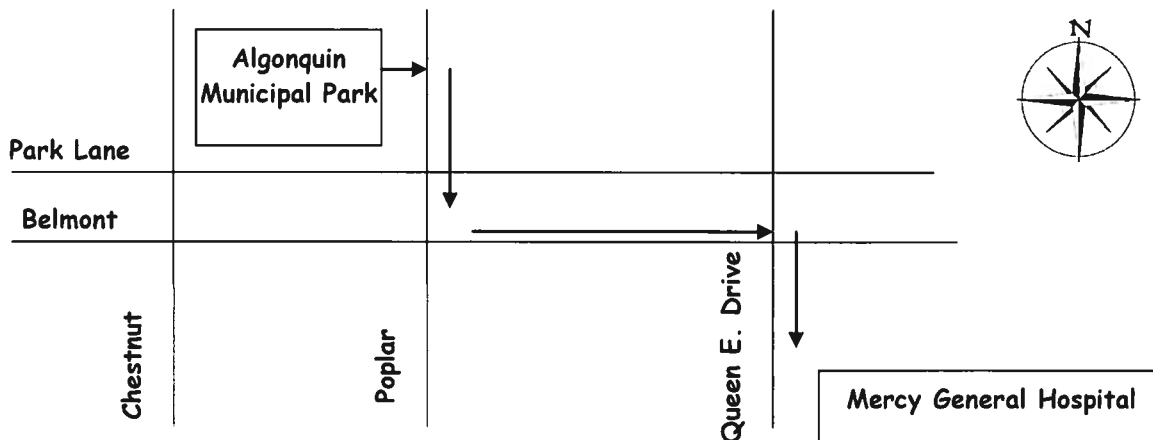
Sample Emergency Action Plan

Contact Information

Attach the medical profile for each athlete and for all members of the coaching staff, as well as sufficient change to make several phone calls if necessary. The EAP should be printed two-sided, on a single sheet of paper.

Emergency phone numbers:	9-1-1 for all emergencies
Cell phone number of coach	(xxx) xxx-xxxx
Cell phone number of assistant coach:	(xxx) xxx-xxxx
Phone number of home facility:	(xxx) xxx-xxxx
Address of home facility:	Algonquin Municipal Park 123 Park Lane, between Chestnut St. and Poplar St. City, Province/Territory, Postal Code
Address of nearest hospital:	Mercy General Hospital 1234 Queen Elizabeth Drive City, Province/Territory, Postal Code
Charge person (1 st option):	Suzy Chalmers (coach)
Charge person (2 nd option)	Joey Lemieux (assistant coach)
Charge person (3 rd option):	Angela Stevens (parent, nurse, usually on site)
Call person (1 st option):	Brad MacKenzie (parent, cell xxx-xxxx)
Call person (2 nd option)	Sheila Stevens (parent, cell xxx-xxxx)
Call person (3 rd option):	Stefano Martinez (parent, cell xxx-xxxx)

Directions to Mercy General Hospital from Algonquin Municipal Park



Sample Emergency Action Plan (cont'd)

Roles and Responsibilities

Charge Person

- Reduce the risk of further harm to the injured person by securing the area and sheltering the injured person from the elements
- Designate who is in charge of the other athletes. If nobody is available for this task, cease all activities and ensure that athletes are in a safe area.
- Protect yourself (wear gloves if in contact with body fluids such as blood)
- Assess ABCs (check that the airway is clear, breathing is present, a pulse is present, and there is no major bleeding)
- Wait by the injured person until EMS arrives and the injured person is transported
- Fill in an accident report form

Call Person

- Call for emergency help
- Provide all necessary information to dispatch (e.g. facility location, nature of injury, description of first aid that has been done, allergies and other medical problems for that athlete)
- Clear any traffic from the entrance/access road before ambulance arrives
- Wait by the driveway entrance to the facility to direct the ambulance when it arrives
- Call the emergency contact person listed on the injured person's medical profile

Steps to Follow When an Injury Occurs

Note: It is recommended that emergency situations be simulated during practice to familiarize coaches and athletes with the steps below.

Step 1: Control the environment so that no further harm occurs

- Stop all athletes
- Protect yourself if you suspect bleeding (put on gloves)
- If outdoors, shelter the injured athlete from the elements and from any traffic

Step 2: Do an initial assessment of the situation

If the athlete:

- Is not breathing
- Does not have a pulse
- Is bleeding profusely
- Has impaired consciousness
- Has injured the back, neck, or head
- Has a visible major trauma to a limb
- Cannot move his or her arms or legs or has lost feeling in them

 **Activate
EAP!**

If the athlete does not show the signs above, proceed to Step 3

Step 3: Do a second assessment of the situation

- Gather the facts by talking to the injured athlete as well as anyone who witnessed the incident
- Stay with the injured athlete and try to calm him or her; your tone of voice and body language are critical
- If possible, have the athlete move himself or herself off the playing surface; do not attempt to move an injured athlete.

Step 4: Assess the injury

- Have someone with first-aid training complete an assessment of the injury and decide how to proceed.
- If the person trained in first aid is not sure of the severity of the injury or no one present has first-aid training, activate EAP.
- If the assessor is sure the injury is minor, proceed to Step 5.

 **Activate
EAP?**

Step 5: Control the return to activity

Allow an athlete to return to activity after a minor injury only if there is no:

- Swelling
- Deformity
- Continued bleeding
- Reduced range of motion
- Pain when using the injured part

Step 6: Record the injury on an accident report form and inform the parents

HEAD INJURIES AND CONCUSSIONS

Concussion Questions and Answers

There is a lot to know about concussions and their proper management. This section deals in depth with the most common issues associated with concussions. Read on to learn:

- What is a concussion?
- What actually happens?
- How do concussions occur?
- Who should the athlete tell?
- What are the signs and symptoms of a concussion?
- How are concussions diagnosed?
- When can the athlete return to normal activity?
- How can the athlete cope with the symptoms of concussion?
- How can the athlete manage emotions after a concussion?
- How can athletes prevent concussion?

What is a Concussion? — Definition

A concussion is a common form of brain injury and can be caused by a direct or indirect hit to the head or body (for example, a check to the boards, a hit to the head, or a car crash). This causes a change in the brain function, which results in a variety of symptoms. With a concussion, there is no visible injury to the structure of the brain, meaning that tests like MRI or CT scans usually appear normal.

What Actually Happens? — Definition

When a person suffers a concussion, the brain suddenly shifts or shakes inside the skull and can knock against the skull's bony surface. A hard hit to the body can result in an acceleration and/or deceleration injury when the brain brushes against bony protuberances inside the skull. Such force can also result in a rotational injury in which the brain twists, potentially causing shearing of the brain nerve fibres. It is not yet known exactly what happens to brain cells in a concussion, but the mechanism appears to involve a change in chemical function. In the minutes to days following a concussion, brain cells remain in a vulnerable state. New research emphasizes that the problem may not be the structure of the brain tissue itself, but how the brain is working. The exact length of this change is unclear. During this time period, the brain does not function normally on a temporary basis, and is more vulnerable to a second head injury.

How Do Concussions Occur? — Definition

Most concussions occur as a result of a collision with another object while the object or person is moving at a high rate of speed. Forces such as these (and others) can result in deceleration and rotational concussive injuries.

Who Should the Athlete Tell?

It is extremely important to seek medical advice immediately upon receiving a blow to the head or body that results in signs or symptoms of a concussion. Often, concussions can go untreated (and even unnoticed by others) because few symptoms are visible to casual observers. Many times, the symptoms of a concussion may not be identified until the athlete recovers to the point where increased exertion causes symptoms to worsen. In fact, 4 out of 5 professional athletes do not even know that they have been concussed (Delaney et al, CJSM 2001).

Although symptoms may not be immediately apparent, it is important to be aware of possible physical, cognitive, and emotional changes. You can never be too careful! Symptoms may actually worsen throughout the day of the injury or even the next day. Without proper management, a concussion can result in permanent problems and seriously affect one's quality of life.

It is important for athletes to tell a family member, friend, co-worker, teammate, employer, trainer, or coach if they think they have had a concussion. Because a concussion affects the function of the brain and can result in symptoms such as memory loss or amnesia, it is important that others be aware of the signs and symptoms of concussions to help identify the injury in others. If athletes think they have had a concussion, they should immediately remove themselves from the current activity whether it is sports, work, or school. They should not drive and should seek medical attention immediately.

What are the Signs and Symptoms of a Concussion? — Definition

Following a concussion, athletes may experience many different signs and symptoms. A symptom is something athletes will feel, whereas a sign is something athletes' friends, family, or coach may notice. It is important to remember that some symptoms may appear right away and some may appear later. Just as no two people are the same, no two concussions are the same and so the signs and symptoms may be a little different for everyone. Some may be subtle and may go unnoticed by injured athletes, as well as their co-workers, friends, and family.

Contrary to popular belief, most concussions occur without a loss of consciousness (LOC).

How are Concussions Diagnosed?

With a concussion, there is no visible injury to the structure of the brain, meaning that tests like MRI or CT scans usually appear normal.

Concussions typically resolve fully with proper rest and management in about a week or two, but concussions which are not diagnosed can lead to long-term and more serious health implications. The first and most important step is to consult a doctor, preferably one familiar with concussion management.

There are many potential factors which may help to inform individual diagnosis, concussion management, and recovery, although many of these are still being researched to find the exact link. For example, severity is probably impacted by a number of factors such as the athlete's history of previous head injuries, including number of past concussions, length of recovery time, timing between past concussions, age, and style of play. Factors such as this may lead to a different, slower recovery, which is why concussion history should always be monitored.

Return to activity while still concussed and symptomatic can lead to an increased risk for another concussion, more intense symptoms, and a prolonged recovery.

Diagnosing a concussion may take several steps. The athlete's doctor may ask questions about the concussion and work/ sport history, the most recent injury, and will conduct a neurological

exam. This can include checking the athlete's memory and concentration, vision, coordination, and balance.

The athlete's doctor may request further tests including a CT scan or MRI; these tests can be important to assess for other skull or brain injury but they do not inform concussion diagnosis. In the majority of concussions, there will not be any obvious damage found on these tests.

Neuropsychological testing: Sometimes the role of neuropsychological testing is important in identifying subtle cognitive (i.e., memory, concentration) problems caused by the concussion and may at times help to plan return to pre-injury activity. In addition, balance testing may be required. Usually these are arranged by the concussion expert.

When Can the Athlete Return to Normal Activity? — Return to Play

Athletes should not return to activity or play until they have completed the 6 Steps to Return to Play and have been cleared by their doctor. A concussed athlete should be removed from activity immediately and should be assessed by a medical doctor. Given that symptoms may worsen later that night and the next day, athletes should not return to their current activity. When athletes are concussed, their ability to assess their situation may be impaired. Post-concussive symptoms may intensify with an increase in activity, so it is important that return to activity is gradual and monitored/supervised by a medical professional.

The 6 Steps to Return to Play include:

1. No activity, mental and physical rest until symptom free
2. Light aerobic activity like walking or stationary cycling
3. Sport-specific activity like skating or running
4. Training drills without body contact
5. Training drills with body contact — only once cleared by a physician
6. Game play

These steps do not correspond to days, though each step should take a minimum of one day. If symptoms return during this process, athletes should stop the activity and return to rest until symptoms resolve before they try any activity again. A physician should be consulted if symptoms persist.

For more detailed information about returning to play, please see the Return to Play Guidelines (pages 63-64 in this document).

How Can the Athlete Cope with the Symptoms of Concussion? — Emotions

The best medical management for a concussion is rest, both physical and mental. An athlete who has suffered a concussion may often feel lethargic and tired. It is important for athletes to admit this fatigue to themselves. The brain is telling the athlete that he or she needs rest and it is extremely important that the athlete listen to it. If the athlete continues pushing himself or herself and struggling on, it is likely to make the symptoms worse.

The first thing to fail when athletes get tired is concentration. If there is something important to get done, it is best for athletes to complete it when they are fresh after resting. When their attention starts to fade, they may need to stop, rest again, and write down the important things for later.

Many athletes who have suffered a concussion often complain of being very irritable. Athletes may find that things that would not normally annoy them suddenly do. Athletes sometimes find

themselves losing their temper, snapping at family members or friends, and being very annoyed over things. This may be because athletes' own self-control needs a fresh, working brain as well. In order to cope with this, athletes need to be aware of emotions. Some athletes have learned personal relaxation methods such as imagery and progressive relaxation methods to optimize their coping skills.

Other symptoms such as dizziness and clumsiness appear because the brain is reacting slowly and less efficiently. Concussions can upset balance organs in the ear, resulting in vertigo. One way to deal with these types of symptoms is to take special care in actions and movements, which means walking slowly and being aware of one's surroundings.

Other problems such as noise sensitivity and visual changes are also the result of a concussion. Putting up with noise and bright lights needs brain energy, and athletes may find that they do not have the energy level to do so. Athletes may be around a loud radio, bright lights, or a stimulating environment and find themselves suffering from bad headaches. One answer to coping with this is to avoid loud noise and bright lights as much as possible. Many people find it helpful to wear sunglasses everywhere, even indoors.

When dealing with other symptoms, it is crucial for athletes to take only medications that their doctor has prescribed or approved of. Also, athletes should not drink alcohol or take any drugs not prescribed by a medical doctor, as it may hinder recovery and can put athletes at risk for further injury. Although symptoms resolve spontaneously in most cases, usually in a couple of weeks, the process of healing from a concussion may take considerably more time. It is important for athletes to pace themselves and increase activity gradually, as well as to consult with their family or friends before making any important decisions.

How Can the Athlete Manage Emotions after a Concussion? — Emotions

When coping with a concussion, it is not uncommon for athletes to become overwhelmed by a variety of emotions. Often athletes feel concerned, anxious, and sometimes depressed. The first part of the healing process is to understand that these emotions are normal. After an injury, most people go through an initial stage of denial. Athletes may refuse to believe that they are injured or unable to participate in their selected work, activity, or sport. It is extremely tough for athletes to realize that after sustaining a concussion, their body may not be able to respond as it did before.

Other emotions such as anger and depression are also common when suffering a concussion. Athletes may find themselves being angry, displaced, and blaming others for their injury. It is quite common to become very angry at co-workers, family, and friends. As athletes continue to become more aware about the extent of their injury, depression may set in. This may include self-pity, crying, insomnia, etc. When athletes are unable to work, play, and participate in their normal life, they may become doubtful of their personal abilities and struggle with their personal worth. They may worry that if they are out of the "loop", somebody will take their spot or permanent position. They may suffer a blow to their ego and it is not uncommon for athletes to isolate or alienate themselves.

With time, most athletes learn to accept the injury. It is important to allow themselves to mourn, be sad, and then move on. Attempting to be mad or tough and find blame for an injury is a waste of time. It is important to leave the "should haves" or "would haves" out of the picture and focus on the future. The reality is that the athlete has suffered a concussion and has to deal with it. This may include setting goals for himself or herself and maintaining a positive attitude. The athlete may also weigh the pros and cons of his or her future. Dealing with a serious concussion is very demanding and can result in economic loss and emotional burden for the athlete and his

or her family. A positive, optimistic outlook can help to speed up the healing process and lessen the emotional pain, while thinking negatively discourages everyone around the athlete.

It is also important for athletes to take an active role in their recovery and seek out the resources available to them. Athletes should also continue to participate in daily functions and activities, as their step-wise recovery allows. Athletes should not isolate themselves.

Lastly, it is important to be patient. Concussion can result in permanent damage and seriously affect one's quality of life. Athletes must not rush their recovery, because it will only lead to negative results. Athletes should follow the advice of their doctor and trust in the healing process.

How Can Athletes Prevent Concussion?

It is important to take a preventative approach when dealing with concussions. This is especially true with recent concussions as the brain is still very vulnerable at that time. Prevention of concussion and head injury is most successful when workers and athletes are properly educated and the safety rules of the working and sporting environment are enforced.

Concussions are an invisible injury, making it important for athletes to share information with the people surrounding them. This will help them understand athletes' situations and educate them for the future.

Protective equipment can reduce the risk and severity of injuries to the face and skull, but there is no concussion proof helmet, nor is there research to support that mouth guards prevent concussions.

Source: Modified/adapted from Parachute. *Concussion Questions and Answers*. Available at parachutecanada.org (www.parachutecanada.org/active-and-safe/item/concussion-questions-and-answers).

Concussion Action Plan

CONCUSSION ACTION PLAN



To make sure concussions are managed properly, put in place an action plan that your coaches, trainers, athletes and parents are all involved in.

- Identify safety people who can assist managing the health of the athlete. Make sure that the safety person is knowledgeable about concussions, knows about the action plan and what to do when a concussion is suspected.
- Always have a concussion card and SCAT2 Pocket Card at practices and games so that you have all the information about signs, symptoms and first steps to take when a concussion is suspected.
- Provide athletes and families with concussion handouts so everyone knows what to look for to keep athletes safe.

If you suspect a concussion has occurred:

1. Remove the athlete from play.
2. Do not leave the athlete alone. Monitor signs and symptoms and do not administer medication.
3. Make sure the athlete is evaluated by a medical professional as soon as possible. If your doctor's office is closed, go to the Emergency Room.
4. Inform the athlete's parents or guardians about the known or suspected concussion.
5. Follow up with the athlete to ensure that if he/she is diagnosed with a concussion, he/she is following a medically supervised 6 Step Return to Play plan. These athletes should return to play only when they have been cleared by their doctor.
6. **When in Doubt, Sit Them Out!**
The athlete must not return to play in that game or practice.

If there is loss of consciousness - Initiate the Emergency Action Plan and call an ambulance. Assume possible neck injury. Continue to monitor airway, breathing and circulation.

www.parachutecanada.org



Source: Modified/adapted from Parachute. *Concussion Action Plan*. Available at parachutecanada.org (www.parachutecanada.org/downloads/programs/activeandsafe/Concussion_ActionPlan.pdf).

Guidelines for Return to Play after a Concussion

GUIDELINES FOR RETURN TO PLAY AFTER A CONCUSSION



A concussion is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Each step must take a minimum of one day but could last longer, depending on the player and his or her specific situation.

STEP 1: NO ACTIVITY, ONLY COMPLETE REST.

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step wise return to play process.

STEP 2: LIGHT AEROBIC EXERCISE.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

SYMPTOMS? Return to rest until symptoms have resolved.
If symptoms persist, consult a physician.

NO SYMPTOMS? Proceed to **Step 3** the next day.

STEP 3: SPORT SPECIFIC ACTIVITIES.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

SYMPTOMS? Return to rest until symptoms have resolved.
If symptoms persist, consult a physician.

NO SYMPTOMS? Proceed to **Step 4** the next day.

STEP 4: BEGIN DRILLS WITHOUT BODY CONTACT.

SYMPTOMS? Return to rest until symptoms have resolved.
If symptoms persist, consult a physician.

NO SYMPTOMS? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

STEP 5: BEGIN DRILLS WITH BODY CONTACT.

SYMPTOMS? Return to rest until symptoms have resolved.
If symptoms persist, consult a physician.

NO SYMPTOMS? Proceed to **Step 6** the next day.

STEP 6: GAME PLAY.

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GUIDELINES FOR RETURN TO PLAY AFTER A CONCUSSION



NEVER RETURN TO PLAY IF YOU STILL HAVE SYMPTOMS!

A player who returns to active play before full recovery from the first concussion is at high risk of sustaining another concussion, with symptoms that may be increased and prolonged.

HOW LONG DOES THIS PROCESS TAKE?

These steps do not correspond to days! It may take many days to progress through one step, especially if the concussion is severe. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. The only way to heal a brain is to rest it.

HOW DO I FIND THE RIGHT DOCTOR?

When dealing with concussions, it is important to see a doctor who is knowledgeable in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor maybe required to submit a referral to see a specialist. Contact the Canadian Academy of Sport and Exercise Medicine (CASEM) to find a sports medical physician in your area. Visit www.casm-acms.org for more information. You can also refer your doctor to parachutecanada.org for more information.

WHO DO THESE GUIDELINES APPLY TO?

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF MY SYMPTOMS RETURN DURING THIS PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed, and needs more rest. If any signs or symptoms return during the Return To Play process, they should stop the activity and rest until symptoms have resolved. The player must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!

www.parachutecanada.org



Source: Parachute. *Guidelines for Return to Play after a Concussion*. Available at parachutecanada.org (<http://www.parachutecanada.org/downloads/programs/activeandsafe/returntoplayguidelines.pdf>).

