



Sports Medicine

Football Camp Emergency Action Plan

Emergency Phone Numbers:

Chris Stipe, Athletic Trainer: 985-789-4105

Abbie Duhe, Athletic Trainer: 205-307-9990

Kenny Sears, Head Football Coach: 985-966-1143

Thibodaux Regional Medical Center: 985-447-5500

- Venue:** Nicholls State University
906 E. 1st St.
Thibodaux, LA 70310
(985) 446-8111
- Personnel:** Certified Athletic Trainer, Chris Stipe, on site; Head Football Coach, Kenny Sears, on site; Emergency Medical Services, EMS via 911 if necessary; nearest emergency room, Thibodaux Regional Medical Center, if necessary.
- Equipment:** Heat illness supplies (ice, ice immersion bath, fans, tables, tents, stretchers, cervical collars) centrally located on site at athletic trainer's station daily; athletic trainer's kit (any other medical supplies, including AED) centrally located on site at athletic trainer's station or in golf cart with athletic trainer daily.
- Responders' Roles:**
1. Immediate care of the injured or ill student athlete. (Keep the athlete calm and/or motionless until the athletic trainer arrives on site.)
 2. Call/send for the athletic trainer immediately or, if necessary, activate EMS by calling 911. (Provide name, address, telephone number, number of individuals injured and condition of the injured, first aid being administered, specific directions and any other needed information.)
 3. Direction of EMS to scene, open appropriate gates, designate individual to flag down EMS and direct them to the scene, scene control (limit scene to first aid responders and athletic trainer only, all others should move away from area.)
 4. All injuries/illness MUST be referred to the athletic trainer.

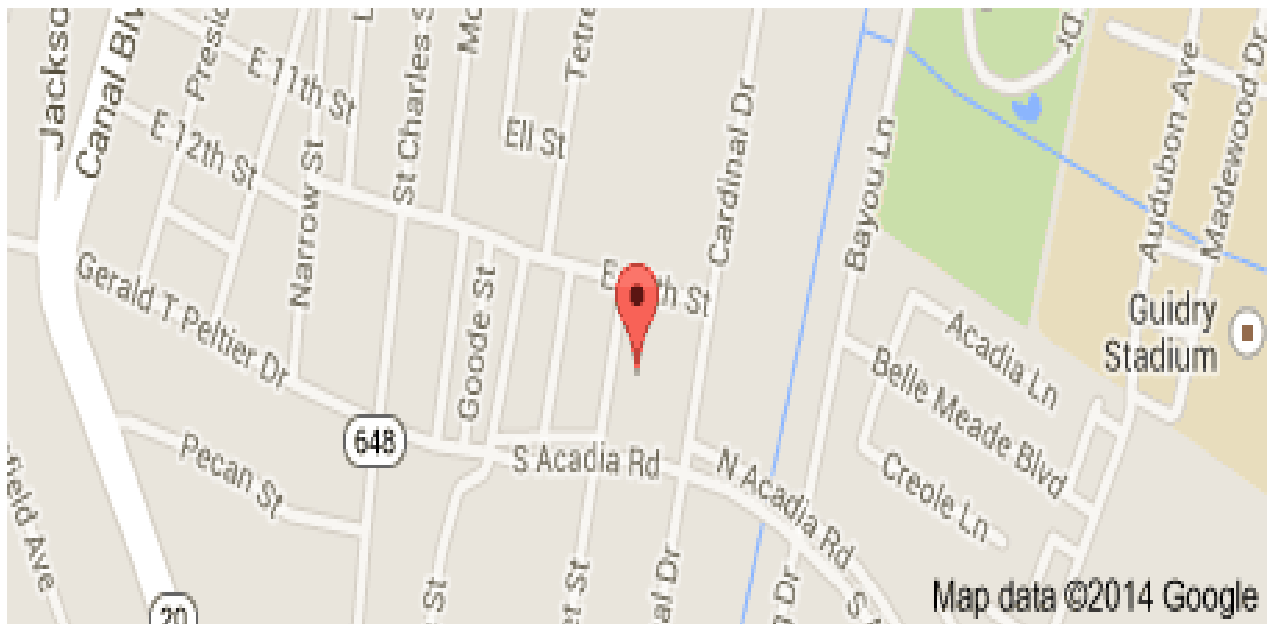
Directions:

1. Take Causeway Toll Bridge South towards Metairie.
2. Merge onto I-10 W toward Baton Rouge.
3. Merge onto I-310 S via Exit 220 toward Boutte/Houma.
4. Merge onto US-90 W toward Houma.
5. Take the LA-1 exit toward Lockport/Thibodaux.
6. Turn left onto Hwy One/LA-1 N.
7. End at 906 E 1st St – Thibodaux, LA 70310

Hospital Address:

Thibodaux Regional Medical Center
602 North Acadia Road Thibodaux, LA 70301
Thibodaux, LA 70302
SEE LOCATION BELOW

Maps:





Produced by tonnhaus design for Nicholls State University, November 2003 Rev. 02/09

- 1. Ayo Hall
- 2. Ayo Swimming Pool
- 3. Babington Hall
- 4. Band Practice Field
- 5. Baptist Student Center
- 6. Barker Hall and Annex
- 7. Beauregard Hall
- 8. Bollinger Student Union
- 9. Bookstore
- 10. Calecas Hall
- 11. Candies Hall
- 12. Cotillion Ballroom

- 13. Didier Field (Baseball)
- 14. Elkins Hall
- 15. Ellender Hall
- 16. Ellender Memorial Library
- 17. Family and Consumer Sciences
- 18. Family Housing
- 19. Family Service Center
- 20. Football Practice Field
- 21. Galliano Hall (Cafeteria)
- 22. Gouaux Hall
- 23. Greenhouse
- 24. Guidry Stadium

- 25. Historical Research Center D.H.T.
- 26. James Alumni House
- 27. La Maison du Bayou
- 28. Lindsley Hall (Music Annex)
- 29. Scholars Hall
- 30. Maintenance Buildings
- 31. Residence Hall B
- 32. Residence Hall C
- 33. Peltier Hall
- 34. Picciola Hall
- 35. Polk Hall
- 36. Post Office

- 37. Powell Hall
- 38. President's Residence
- 39. Pupil Appraisal Center L.P.S.B.
- 40. Safety and Environmental Building
- 41. St. Thomas Aquinas Center (Chapel)
- 42. Shaver Gymnasium
- 43. SLEC / Region III Service Center
- 44. Soccer Field
- 45. Softball Field
- 46. Stopher Gymnasium
- 47. Student Publications & Printing
- 48. Talbot Hall

- 49. Tennis Courts
- 50. University Police (Information Center)
- 51. White Hall
- 52. Chabert Hall
- 53. Continuing Education Building

NICHOLLS
STATE UNIVERSITY

St. Paul's School

Heat Safety Protocol

Purpose of policy:

Exertional heat illness includes exercise-associated muscle cramps, heat syncope, heat exhaustion, and exertional heat stroke (EHS). Current best practice guidelines suggest that the risk of exertional heat injuries can be minimized with heat acclimatization and diligent attention to monitoring individuals participating in activities that place them at a higher risk for these types of injuries.¹ In the event an athlete sustains a heat illness, immediate and proper treatment is needed.

National governing bodies, such as the National Federations of High School Associations, National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations, have published guidelines for the prevention, monitoring and treatment of exertional heat illnesses. In addition, national authorities such as the National Athletic Trainers' Association and the Korey Stringer Institute have published research to support best practices in this area. The development of the organization's heat acclimatization guidelines will be based on the current best practice documents.

¹Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*. 2015; 50(9):986-1000.

Policy statement:

This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of exertional heat illnesses for students/athletes, faculty and staff of St. Paul's School. This policy will be a living, working document that is continually reviewed and updated yearly as the organization and our community changes.

Definitions:

- *Acclimatization* – The process of gradually increasing the intensity of activity in a progressive manner that improves the body's ability to adapt to and tolerate exercise in the heat.
- *Wet Bulb Globe Temperature* – The WBGT is a measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a comprehensive measure that can be used to monitor environmental conditions during exercise. WBGT is different than heat index, as it is a more comprehensive measurement of environmental heat stress on the body.
- *Non-Practice Activities* – Activities that include meetings, injury treatment, and film study.
- *Practice* – the period of time that a student-athlete engages in coach-supervised, school approved sport or conditioning related-activity. Practice time includes from the time the players report to the field until they leave.
- *Walk Through* – A period of time where players are reviewing positional strategy and rehearsing plays. Players do not experience contact and thus they do not wear equipment and the intensity of the activity is minimal often involving walking. This period of time shall last no more than one hour. It is not considered part of the practice time regulation. It may not involve conditioning or weight room activities. Players may not wear protective equipment during the walk through.

- *Recovery Time* – This period of time is defined as non-activity time outside of practices or games. NO ACTIVITY, including non-practice activity, can occur during this time. Proper recovery should occur in an air-conditioned facility, when possible and usually is a minimum of 3 hours in duration.
- *Rest Breaks* – This period of time occurs during practice and is a non-activity time that is in a ‘cool zone’ out of direct sunlight.
- *Exertional Heat Stroke (EHS)*– Defined as having a rectal temperature over 104°F-105°F (40.5°C), and central nervous system dysfunction (e.g. irrational behavior, confusion, irritability, emotional instability, altered consciousness, collapse, coma, dizzy, etc.).
- *Cooling Zone*- An area out of direct sunlight with adequate air flow to assist in cooling. A cold-water or ice tub and ice towels should be available to immerse or soak a patient with suspected heat illness. This may be outdoors or indoors depending on proximity to the field.
- *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.”
- *Hypohydration*- (reduced hydration status) is a deficit of body water that is caused by acute or chronic dehydration.
- *Central Nervous System dysfunction*- includes any sign or symptom that the central nervous system is not working properly, including: dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, hysteria, apathy, aggressiveness, delirium, disorientation, staggering, seizures, loss of consciousness, coma, etc.

Scope

This policy applies to all staff members (e.g., QHPs, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of St. Paul’s School who are associated with activities where heat illness poses a risk, including but not limited to, outdoor and indoor activities where high temperature and specifically high humidity environmental risks are present (e.g., athletics, intramurals, course instruction, marching band).

Procedures

Prevention

Pre-participation history and physical exam

- 1. A thorough medical history will be gathered (history of heat illness, sickle cell trait/disease, etc.).
- 2. Individuals with risk factors will be identified and counseled (see table below).

Risk Factors for Heat Illness	
<i>Intrinsic</i>	<i>Strategies to Minimize Risk</i>
High intensity exercise	Gradually phase in exercise and conditioning
Fever or illness	Monitor and remove at risk athletes as necessary
Dehydration	Educate coaches/athletes on proper hydration Provide adequate access to water
Overweight/obesity	Gradually phase in exercise and conditioning
Lack of heat acclimatization	Follow heat acclimatization program
Medications (antihistamines, diuretics, ADHD drugs)	Monitor and remove at risk athletes as necessary
Skin disorder (sunburn or malaria rubra)	Monitor athletes closely
Predisposing medical conditions	Monitor and remove at risk athletes as necessary
<i>Extrinsic</i>	<i>Strategies to Minimize Risk</i>
High ambient temperature, solar radiation or humidity	Avoid exercise in hotter parts of the day
Heavy gear or equipment	Gradually introduce equipment
Poor practice design	Educate coaches regarding strategies to minimize risk

- 3. When applicable the Athletic Trainer or persons responsible will be notified of individuals with pre-existing conditions that place the individual at risk of exertional heat illness.
- 4. As necessary, coaches are notified of individuals at higher risk.

Environmental Monitoring and Activity Modification/Cancellation

- 1. Environmental monitoring will occur utilizing a WBGT device.
- 2. Environmental monitoring will occur any time it is warm outside (i.e. over 70°F).
- 3. Environmental monitoring and activity modifications may be necessary for certain types of indoor facilities.
- 4. Monitoring of WBGT will occur every 30 minutes beginning at the scheduled practice time
 - a. The Athletic Trainer will monitor the WBGT and notify the athletic director and coach via text message.
 - b. The Athletic Trainer, in conjunction with the athletic director and coach, will make the decision for modification/cancelation of activity.
 - c. WBGT will be measured on the field.
 - i. All environmental monitoring will be recorded and shared with in-season head coaches and the athletic director every 30 minutes.
 - ii. Any non-compliance by a head coach will be recorded and shared with the athletic director. The head coach will be advised that the athletic trainer will no longer be present and he (the head coach) now assumes responsibility.

Per Grundstein et al. Regional heat safety thresholds for athletes in the contiguous United States. Applied Geography, 2015 manuscript

(https://ksi.uconn.edu/wpcontent/uploads/sites/1222/2018/08/RegionalWBGT_2015_AppliedGeography.pdf)

Cat 3	Activity Guidelines
< 82.0	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
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.
90.1 - 91.9	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.

Acclimatization

1. This acclimatization protocol applies to ALL sports.
2. Days one (1) through five (5) of the heat acclimatization periods consists of the first five (5) days of formal practice. During this time, athletes may not participate in more than one (1) practice per day.
 - a. If a practice is interrupted by inclement weather or heat restrictions, the practice will recommence once conditions are deemed safe. Total practice time will not exceed three (3) hours in a single day.
 - b. A one (1)-hour maximum walk-through is permitted during days one (1) – five (5) of the heat acclimatization period. However, a 3-hour recovery period will be inserted between the practice and walk-through (or vice versa).
3. During days one (1) – two (2) of the heat acclimatization period, in sports requiring helmets or shoulder pads, a helmet will be the only protective equipment permitted (goalies, as in the case of field hockey and related sports, will not wear full protective gear or perform activities that would require protective equipment).
4. During days three (3) – five (5), only helmets and shoulder pads will be worn. Beginning on day six (6), all protective equipment may be worn, and full contact may begin.

- a. Football only: On days three (3) – five (5), contact with blocking sleds and tackling dummies may be initiated.
 - b. Full-contact sports: 100% live contact drills will begin no earlier than day six (6).
5. Beginning no earlier than day six (6) and continuing through day fourteen (14), double-practice days must be followed by a single-practice day. On single-practice days, one (1) walk-through is permitted, separated from the practice by at least three (3) hours of continuous rest. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.
 6. On a double-practice day, neither practice will exceed three (3) hours in duration, and student-athletes will not participate in more than five (5) total hours of practice. Warm-up, stretching, cool-down, walk-through, conditioning, and weight room activities are included as part of the practice time.
 - a. The two (2) practices will be separated by at least three (3) continuous hours of rest in a cool environment.
 7. Because the risk of exertional heat illnesses during the preseason heat acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during, and after all practices.

Hydration

1. Hypohydration represents a continuum from both a clinical perspective (mild = 1% to 5%, moderate= 5% to 10%, and severe= 10% body mass deficit) and an athletic perspective (mild= 1-3%, moderate=3-5% and severe=5% deficit).
2. Assessing Hydration Status: To ensure that athletes are hydrated prior to exercise a pre- and post-activity, measurement of bodyweight will be recorded whenever possible.
 - a. Hydration before exercise will be maintained within + or - 1% of body mass compared to baseline values. A pre-activity hydration status of >3% body mass loss is associated with increased risk for heat illness therefore, if an individual is moderately dehydrated >3% body mass loss the individual will not be allowed to practice.
 - b. Post exercise body mass should be <2% and athletes should not gain body mass >2%.
3. In addition to body mass loss, when feasible, first morning urine specific gravity (USG) increases the validity of hydration status assessment. Generally, a USG value >1.020 is considered hypohydrated. Also, personal cues of thirst sensation, urination frequency, and urine color are valuable indicators to consider.
4. Everyone will be aware of the main signs and symptoms of hypohydration listed below;
 - a. Thirst
 - b. Dark colored urine (similar to apple juice)
 - c. Acute body weight loss >2%

5. Hypohydration is a predisposing factor for exertional sickling and those with sickle cell trait or disease will receive targeted education and hydration monitoring.
 - a. Fluid Replacement: Water breaks will be provided based on the policy on environmental-condition guidelines using work to rest ratios. Water or other palatable fluids will be easily accessible before, during and after activity. Cool and flavored beverages are often preferred by athletes and will be made available when possible for optimal rehydration.
6. When possible, diet and rehydration beverages will include sufficient sodium (enough to replace losses) to prevent imbalances that may occur as a result of sweat and urine losses.
7. When needed, individualized hydration plans will be developed and sweat rate (see equation below);
 - a. Environment, acclimatization state, body size, exercise duration, exercise intensity, and individual fluid preference and tolerance will be considered when calculating sweat rate.
 - b. Sweat Rate Equation:
 - $\text{Sweat loss (L)} = \text{Body mass before exercise (kg)} - \text{Body mass after exercise (kg)} + (\text{Volume of fluid consumed during exercise [L]} - (\text{Urine volume, if any [L]})$
 - $\text{Sweat rate (L/h)} = \text{Sweat loss (L)} / \text{Exercise duration (h)}$
8. When possible, fluid replacement will be optimized to prevent decreased performance. Core temp is 0.2°C to 0.25°C higher and heart rate is 3-5 bpm higher for every 1% increase in body mass loss.
9. If moderate (2%-5%) or severe (greater than 5%) hypohydration is identified, oral fluids will be administered.
10. If severe hypohydration is present with vomiting or diarrhea, EMS will be activated.

Monitoring

1. Monitoring of student-athletes safety will be continuous during any physical activity.
2. Athletic trainers, coaches, administrators and other athletics personnel will be educated on the signs and symptoms of exertional heat illness (see training/retraining in section 6).
 - a. These signs and symptoms include (but are not limited to) the table below:

Rectal temperature greater than 104 (40°C) at time of incident.	Rapid pulse, low blood pressure, quick breathing
Headache	Dehydration, dry mouth, thirst
Confusion or just look "out of it"	Decreasing performance or weakness
Disorientation or dizziness	Profuse sweating
Altered consciousness, coma	Collapse, staggering or sluggish feeling
Nausea or vomiting	Muscle cramps, loss of muscle function/balance, inability to walk
Diarrhea	Irrational behavior, irritability, emotional instability

- b. Coaches and administrators will be educated annually.
 - i. See training/retraining in section 6.

Treatment in the event of an exertional heat stroke (medical emergency)

Recognition

1. Any athlete with signs of central nervous system dysfunction during exercise in the heat should be suspected to be suffering from EHS until a rectal temperature confirms or refutes this diagnosis.
2. Patients with suspected EHS will have a temperature obtained via rectal thermometer by a QHP.
 - a. Rectal thermometers may include a traditional thermometer (e.g. small, discrete), electronic thermometers with a rigid end (e.g. hand-held digital thermometer) or a thermistor (e.g. long, flexible thermistor).
 - b. It is important to reiterate that during and following intense exercise in the heat, temporal, aural, oral, skin, axillary and tympanic temperature are not valid and should **never** be utilized in evaluating a potential exertional heat stroke.
3. *If a QHP is not available/present, cooling will begin immediately, and EMS will be called.*
4. Steps to obtain a rectal temperature:
 - a. Remove the athlete from the playing field, to a shaded area.
 - b. Drape the patient accordingly (with towels and sheets) for privacy.
 - i. Note: It is encouraged that the medical professional asks a coach or other adult to witness the temperature measurement.

- c. Position the patient on their side with their top knee and hip flexed forward.
- d. Make sure the thermometer is cleaned with isopropyl alcohol.
- e. Make sure the probe is plugged into the thermometer (when applicable).
- f. Turn the thermometer on.
- g. Insert the probe 10-15cm past the anal sphincter.
- h. If you meet resistance while inserting, stop and remove the probe and then try again.
- i. Replace the patient's clothing.
- j. Temperature duration:
 - i. For use of a traditional thermometer or a hand-held digital thermometer, insert the probe for initial temperature. If the temperature is at or above 104°F, initiate the cooling protocol. See directions for continued monitoring in cooling protocol.
 - ii. For use of a flexible thermistor, leave the probe in for the duration of the treatment.
- k. After the treatment has ended, remove the probe gently.

Cooling

1. If rectal temperature is between 102°-104°F, initiate cooling via rotating cold wet towels.
2. If rectal temperature is at or above 104°F, initiate the exertional heat stroke treatment protocol and contact EMS services immediately.
3. The patient must be moved to a cooling zone, begin appropriate treatment and continuously monitor the patient.
 - a. For use of a traditional thermometer or a hand-held digital thermometer (any thermometer with a rigid end), obtain initial temperature, remove device, and calculate cooling rate (approximately 1°F every 3-5 minutes when using cold water immersion). When the QHP believes the temperature is within a safe range, remove the patient from the tub, and re-insert the probe to confirm temperature. If temperature is not within the safe range, cooling will continue. Repeat procedure until temperature is confirmed to be within the safe range.
 - b. For use of a flexible thermistor, keep the probe in for the duration of treatment.
4. Excess clothing shall be removed to aid cooling.
 - a. If removal of clothing and/or equipment would cause delays of 5+ minutes, do not remove and initiate cooling.

5. Place the patient in a cold-water (35-59°F) tub up to the neck.
 - a. Wrap a towel across the chest and beneath both arms to prevent the athlete from sliding into the tub.
 - b. Ice shall cover the surface of the water at all times.
 - c. Water shall be continuously and vigorously stirred to maximize cooling.
 - d. An ice-cold towel will be placed over the head/neck and rewet and replaced every 2 minutes.
 - e. Cooling shall cease when body temperature reaches 102°F.

6. Cold Water Immersion (CWI) Tub

- a. Must be set up:
 - i. CWI will be set up on all days where heat/humidity is high.
 - ii. CWI will be set up on site for all practices during high heat/humidity times.
- b. Proper set-up includes:
 - i. A tub filled with water.
 - ii. Two chests filled with ice next to the tub ready for treatment.
 - iii. Available bed sheet or large towels.
 - iv. Towels for placement over the head and neck.
 - v. Completion of set-up within 5-10 minutes prior to the practice/competition/event site.

7. Cool First, Transport Second

- a. When a patient is diagnosed with EHS, the principle of Cool First, Transport Second will be used.
 - i. Note: EMS should not transport the patient until they reach 102°F due to the inability to continue vigorous cooling in the ambulance if QHP are on site. If QHP is not on site cool until medication transport arrives.

Vital sign monitoring

1. The QHP will monitor vital signs including core body (rectal) temperature, heart rate, blood pressure and other vital signs.
2. Vital signs will be monitored in times deemed to be a possible medical emergency every 15 minutes.

EMS

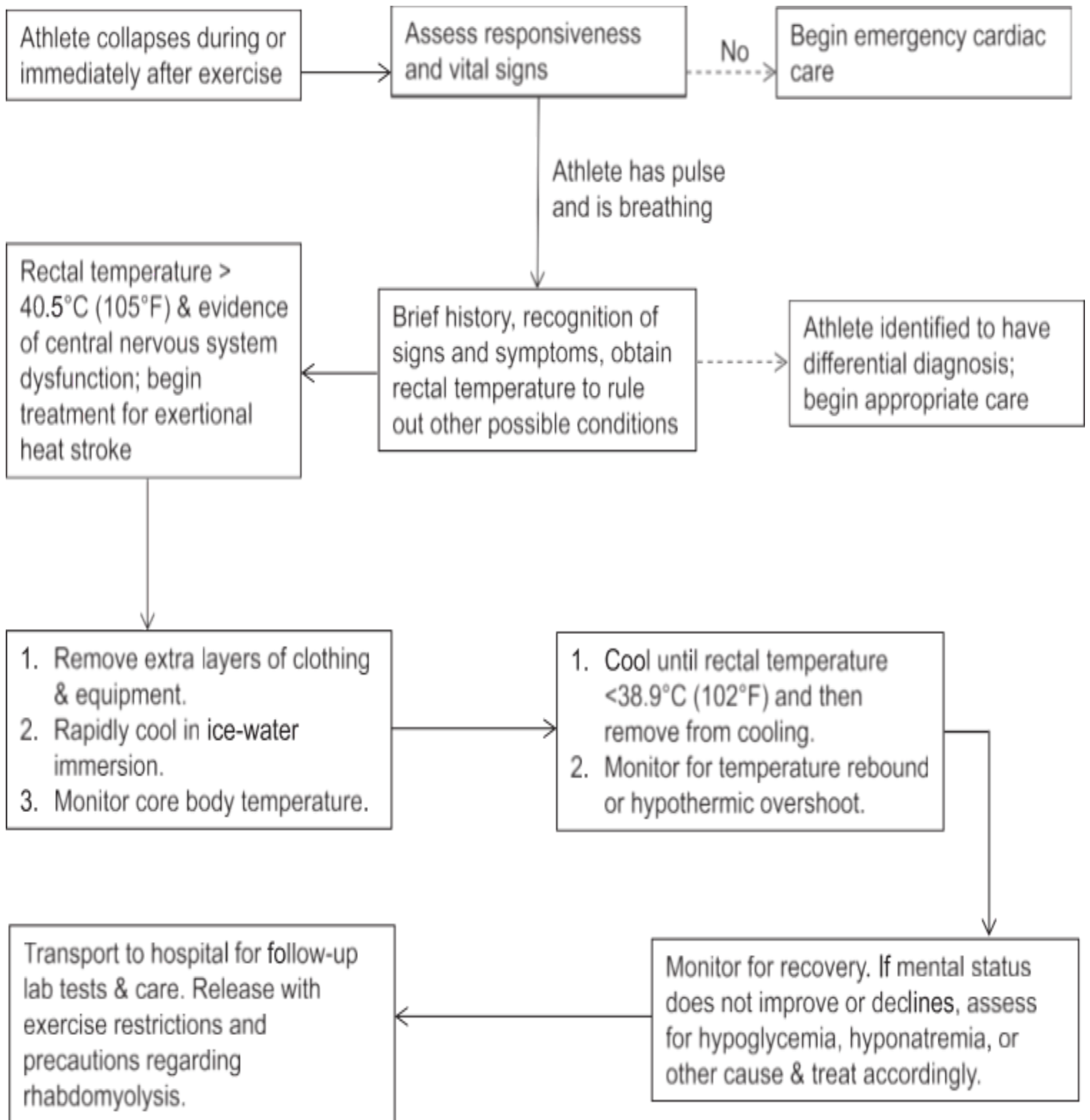
1. EMS must be called immediately if a patient is suspected of EHS.
2. **HOWEVER**, any patient with EHS must be **cooled FIRST and then transported via EMS**.
 - a. This cool first transport second EAP protocol will be communicated/shared with EMS annually **PRIOR** to the first official sport practice at the school in accordance with the EAP policy and procedures.

Return to activity

Patients who have suffered an exertional heat illness must complete a rest period and obtain clearance from a physician before beginning a progression of physical activity under the supervision of a qualified medical professional. The following is the suggested protocol:

- Activity should first begin in a cool environment.
- Once a patient has shown success with exercise in a cool environment, the patient should then complete the heat acclimatization protocol (above) for progression back into exercise in a warm environment.
- Body temperature monitoring may be recommended during the first 1-2 weeks for those returning from an EHS episode.

Heat Emergency Flow Chart



URINE COLOR CHART

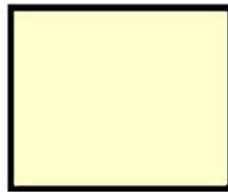
NO COLOR. TRANSPARENT

You're drinking a lot of water



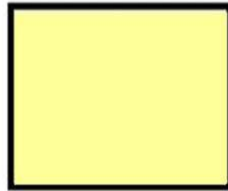
PALE STRAW COLOR

You're normal & well hydrated



TRANSPARENT YELLOW

Normal



DARK YELLOW

You need to drink some water soon



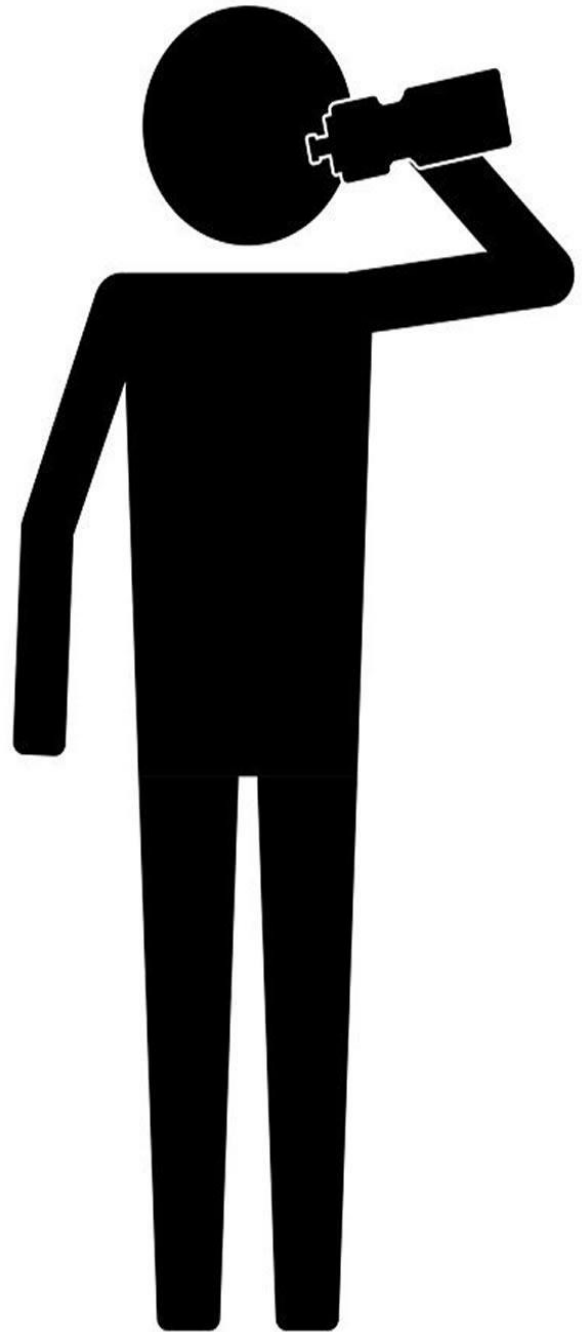
AMBER OR HONEY

Your body isn't getting enough water.



SYRUP OR BROWN ALE

You need to drink water.
NOW & A LOT!



St. Paul's School

Lighting Safety Protocol

1. Purpose of policy:

Lightning is the most dangerous and frequently encountered thunderstorm hazard that people experience every year. The purpose of this policy is to ensure proper education and prevention protocols are in place for the health and safety of our student athletes. Lightning injuries are one of the top ten causes of sport related death. As such, it is imperative to take the proper steps to prevent catastrophic injuries from this thunderstorm hazard. The “National Athletic Trainers Association Position Statement: Lightning Safety for Athletics” outlines the best practices for lightning safety. This includes “when thunder roars, go indoors” as well as the identification of safer structures and structures for evacuation in advance. By implementing proper policies, athlete safety. can be ensured when a storm with lightning approaches the playing fields.

¹Walsh KM, Cooper MA, Holle R, Rakov VA, Roeder WP, Ryan M. National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation. *J Athl Train.* 2013; 48(2):258-270.

2. Policy statement:

This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of lightning related injuries for students/athletes, faculty and staff of St. Paul's School.

This policy will be a living, working document that is continually reviewed and updated yearly as the organization and our community changes.

3. **Definitions:**

- *Safe Structure*— The safest structure is a fully enclosed, substantial building (one that has plumbing or electrical wiring) Fully-enclosed metal vehicles such as automobiles or school/team buses are also safe structures from the lightning threat.
- *Unsafe structures* – Generally, any structure in the open air is unsafe, such as dugouts, bleachers, golf carts, open garages, press boxes, etc. High places are also unsafe; avoid areas near trees, light poles, fences, and towers. Large bodies of water, including most swimming pools, are not safe from the danger of lightning injury. Research has shown that using or being near plumbing (sinks, showers, and baths) or wiring (land-line phone, computer that is plugged in, appliances, etc.) can be unsafe from lightning danger.
- *Weather watcher* – An adult designated per venue, as the responsible person for monitoring the environment, initiating the 30-minute delay rule and for determining safe resumption of outdoor activities.
- *Lightning* – any lightning is dangerous. Intra-cloud (so-called ‘heat lightning’) lightning can with the next strike be cloud-to-ground lightning that can injure and kill. “Lightning” in this document refers to all lightning seen.

4. **Scope:**

This policy applies to all staff members (e.g., athletic trainers, physicians, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of St. Paul’s School who are associated with activities where lightning injuries pose a risk. This policy also applies to athletic participants and spectators of organized events.

5. **Procedures:**

Monitor Weather Conditions

1. Athletics personnel (athletic trainer, athletic director, coach) must check weather reports each day before any practice or event.
2. Designated personnel (Certified Athletic Trainer) should utilize reliable weather monitoring systems (Lightning Tracker, Weather Channel, AccuWeather, WeatherBug, etc.) to monitor the likelihood for severe weather to enter the area.
3. Any non-compliance by a head coach will be recorded and shared with the athletic director. The head coach will be advised that the athletic trainer will no longer be present and he (the head coach) now assumes responsibility.

Evacuation Criteria

1. The Athletic Trainer will make the decision to evacuate the area. If the athletic trainer is not on site the head coach will make the decision.
2. Lacking reliable, real-time technology that has been independently verified, evacuate when thunder is heard or when lightning is observed “hear it clear it, see it flee it.”
3. The coaches will be notified verbally and via text or call by the Certified Athletic Trainer. In the event of an LHSAA sanctioned event, the Officials will also be notified verbally by the Certified Athletic Trainer. This will be discussed in the pregame huddle.
4. All individuals must be cleared from the playing area and play will be suspended when thunder is heard, lightning is seen, and/or the storm is within 10 miles of the playing field. (If an event is being played at night, there may be cases where lightning will be seen from distant storms and a threat is not posed. If thunder is not heard and a lightning/ storm tracker shows the storm is not an eminent danger (within 10 miles of the playing field) then you may continue play per NHSF guidelines)

5. The following table provides common alerts for real-time notification of lightning.

Alert	Meaning <i>Lightning Distance</i>
“Heads up”	Lightning 20 miles away
“Begin safety procedures and clear the playing field”	Lightning 15 miles away
“You are now in danger; safety procedures should be complete”	Before lightning reaches 10 miles from venue
“All clear”	Lightning has not been detected at 15 miles and thunder has not been heard for 30 minutes
If you hear thunder and/ or see lightning clear the field of play and ensure that all participants are in a safe structure.	

Identification of Safe Structures

1. The Athletic Director, Certified Athletic Trainer and Head Coach are responsible for the identification of safe structure for evacuation
 - a. A safe structure is identified as a substantial, fully enclosed building with wiring and plumbing
 - b. A safe structure may include an enclosed vehicle (e.g. team bus) when not enough (or no) fully enclosed building are an option

Resumption of activities

1. Activities should be suspended until 30 minutes after the last lightning strike is seen **and** after the last sound of thunder is heard
 - a. The 30-minute clock restarts for each lightning flash observed and each time thunder is heard

Documentation

1. In the event where the policy and procedure are not followed, the person(s) responsible for evacuation shall document the interaction with the offender (i.e. official, coach, administrator, etc.) informing them of the severe weather and the response to not evacuate.
 - a. The documentation shall also include a signature from the offender verifying their decision to not follow policy.

Treatment

1. If an athlete is struck by lightning, healthcare professionals will designate an individual to call EMS and activate Emergency Action Plan Policy (See EAP)
2. Assess the scene and only approach a lightning victim if the area is safe (no danger of lightning to the rescuer)
3. Move patients to a safer structure (if needed)
4. Assess level of consciousness
5. Evaluate ABC's and treat for life threatening injuries until EMS arrives.
 - a. An AED should be applied to anyone who appears to be unconscious, pulseless, apneic
 - b. Evaluate and treat for possibility of injuries from lightning (fractures, etc.)