



National Cheer Safety Foundation's  
Rehearsed Catastrophic Injury  
Emergency Plan  
For Competitive Cheerleading





# 911 Script

This is (caller). The address of my emergency is (address) and the phone number I am calling from is (phone number). There are (number of participating) cheerleaders present, one of our cheerleaders has injured their (injury) and need an ambulance. They are currently (condition of the injured athlete). We have begun (what treatment). We are located in the (give specifics), we are sending (person) to meet the emergency personnel.

*Stay on the line and answer any questions the dispatcher may have and until they instruct you to hang up.*

You should have an established primary and secondary communication system such as walkie talkies and cell phones. When using cell phones call your local direct EMS number to insure there is no delay in emergency response.

## Safety is NO Accident

### Be Prepared

Emergency situations and/or life threatening conditions may arise at any time during athletic events and quick action must be taken in order to provide the athlete with the best possible care. Developing and implementing an emergency plan will assure that these situations are handled appropriately. Injuries are an inherent risk in sports, despite pre-participation physical exams, adequate medical coverage, safe practice and training techniques, and sports medicine teams. The ONLY way to effectively respond to an emergency is to be prepared. To be adequately prepared requires: an emergency plan, proper event coverage, proper training of personnel, maintenance of appropriate medical equipment, utilization of appropriate medical equipment, adequate means of communication, and continuing education in emergency medicine for all personnel.

#### Conditions considered to be life or death emergencies:

(911 should be called as soon as possible.)

- Unconscious athlete
- Suspected C-spine injury
- Hemorrhage (serious bleeding)
- Heat stroke
- Shock
- Absence of pulse/breathing
- Diabetic shock or coma

#### Conditions that require immediate medical attention:

- Eye injuries
- Fractures
- Dislocations
- Dental injuries
- Severe sprain
- Concussion

In the event of a life or death emergency, seconds could make the difference in the outcome.

Emergency care cards, first aid kit and quick access to ice shall be the standard for each practice and event. At least one coach should be a trained emergency first aid responder or one shall be within easy contact to provide care. Certification in CPR, AED, first aid, prevention of disease transmission, and review of the emergency plan are required for all athletics personnel associated with practices, competitions, skills instruction and strength and conditioning.

*We are cheering for your life,  
so you can cheer for life.™*



## 4 Elements of an Emergency Plan

- Emergency Team
- Transportation
- Equipment
- Communication

Give copies of all plans to your supervisor/AD, the ATC, coaching staff, and all squad members. Keep an extra copy in your squad notebook with emergency cards.

### Emergency Team

Identifying an emergency team is the foundation of your plan. Include in your team: physicians, certified athletic director, coaches, EMT and ER staff. Your Emergency Team will be responsible for immediate care of your athlete. Care should be provided by the Emergency Team member with the most expertise.

### Equipment

Emergency equipment should be appropriate to the level of training of the personnel providing care. The minimum equipment available should include first aid kit, splint kit, and AED. All Emergency Team members should be familiar with the equipment and trained to use it. Equipment should be properly stored and maintained as well as in working order. Use emergency equipment during Emergency Plan rehearsals, when possible.

### Transportation

An on site EMS should be required during any high risk events such as football games and competitions as well as venues with longer than five minutes expected EMS response time. In **any** emergency scenario the athlete should be transported by ambulance where necessary staff and equipment is available to deliver appropriate care.

### Communication

An effective communication system is vital in order to deliver adequate emergency care. Communication between ET members is crucial from onset through providing care. It is required that all ET members know his or her role during an emergency. A backup should be designated for critical duties. You should have an established primary and secondary communication system such as walkie talkies and cell phones. When using cell phones call your local direct EMS number to insure there is no delay in emergency response.

# Emergency Plan Drill

Complete the injury specific rehearsal guidelines for all four catastrophic injury scenarios as well as the site specific planner, then have your plan reviewed by your Athletic Administrator and/or gym owner. Once approved, print and laminate.

## Day of Rehearsal:

- Assign roles including who will role play “injured” athlete
- Hand out copies
- Go over with each person on the ET’s role and duties
- Use EMS equipment

Go through each script and role play just like a fire drill. Review as needed in order to provide quick, quality emergency medical service.

[Click on the title to see each injury specific rehearsal guidelines. \(For example, click on the “Internal Injuries” title to download that specific emergency’s guidelines\)](#)

## Sudden Cardiac Arrest

Victims of SCA are unresponsive, lose consciousness, stop breathing, and have no pulse. Most often, the victim is suffering from a heart rhythm disorder called ventricular fibrillation (VF). In this case, the victim needs CPR and defibrillation, an electric shock to correct the heart’s rhythm, as soon as possible. VF can happen to anyone, even someone who appears perfectly healthy.

## Internal Injuries

Athletes with internal injuries are at greater risk for bleeding and death. Do not let internal injuries go undetected simply because you can not visualize them. Always get prompt medical attention. Symptoms of internal injuries from blunt trauma or falling include but are not limited to:

- Liver- weak pulse, blood pressure may fall
- Spleen- low blood pressure, weak pulse, bruising to upper abdominal area
- Lungs- trouble breathing or can’t breath at all
- Colon- abdomen pain, nausea, vomiting, muscle guarding or tenderness

## Fractured Skull

Signs of Basal Skull Fracture include but are not limited to:

- CSF leakage from nose or ear (clear liquid)
- Panda eyes (two black eyes)
- Swelling and/or bruising behind the ears
- Bleeding from the ears
- Unequal pupils
- Swelling or depression of part of the head

## Spine Injuries

Any athlete suspected of having a spine injury should not be moved and should be managed as though a spinal injury exists. The athlete’s airway, breathing and circulation, neurological status and level of consciousness should be assessed. The athlete should not be moved unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved to maintain airway, breathing and circulation, the athlete should be placed in a supine position while maintaining cervical immobilization. When moving a suspected spine injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk.



# Site Specific **Planner**

## **Assign Roles:**

Primary:

Secondary:

First responder:

\_\_\_\_\_

Primary care giver:

\_\_\_\_\_

Call EMS:

\_\_\_\_\_

Notify parents:

\_\_\_\_\_

Notify ATC/School administration:

\_\_\_\_\_

Manage team during:

\_\_\_\_\_

Document injuries/report:

\_\_\_\_\_

Immediate follow up with parents:

\_\_\_\_\_

Open gates, or doors:

\_\_\_\_\_

Meet EMS:

\_\_\_\_\_

Travel with injured athlete:

\_\_\_\_\_

Ongoing follow up with parents:

\_\_\_\_\_

## **Location:**

Emergency cards:

\_\_\_\_\_

Emergency facility:

\_\_\_\_\_

First aid kit:

\_\_\_\_\_

AED:

\_\_\_\_\_

Phone to be used:

\_\_\_\_\_

Emergency air transportation available:

\_\_\_\_\_

Response time in minutes:

\_\_\_\_\_

## **Telephone Numbers:**

Local EMS: \_\_\_\_\_

Certified Athletic Trainer: \_\_\_\_\_

Emergency Care Facility: \_\_\_\_\_

Athletic Administrator: \_\_\_\_\_

Do not send teammates to the hospital.

# Injury Report Form

## Athlete Information

Athlete Name: \_\_\_\_\_

School/Program: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

## Injury Information

Date/Time of Injury: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

\_\_\_\_\_

Body Part Injured: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

List Any Disabilities (with as much detail as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainer or physician on site?: \_\_\_\_\_ Hospitalized / ER / Urgent Care? \_\_\_\_\_

Was an AED accessible?: \_\_\_\_\_ Was an AED used?: \_\_\_\_\_

Time lapsed between injury and EMS arrival: \_\_\_\_\_

(IF APPLICABLE)

Death Date: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Autopsy: \_\_\_\_\_

\_\_\_\_\_

Disclaimer: Any personal identifying information obtained through this form will remain private and will not be shared or sold to any third parties. Non-identifying catastrophic injury information is shared with the National Center for Catastrophic Sports Injury Research.

**Fax this form to (866) 571-7369 or for real time reporting go on-line at [www.cheerinjuryreport.com](http://www.cheerinjuryreport.com).**

Remember to stay calm  
and speak slowly.

# 911 Script

This is \_\_\_\_\_ (caller). The address of my emergency is \_\_\_\_\_ (address) and the phone number I am calling from is \_\_\_\_\_ (phone number). There are \_\_\_\_\_ (number of) cheerleaders present and one of our cheerleaders has injured their \_\_\_\_\_ (injury) and needs an ambulance. They are currently \_\_\_\_\_ (condition of injured athlete). We have begun \_\_\_\_\_ (what treatment). We are located in the \_\_\_\_\_ (give specifics). We are sending \_\_\_\_\_ (person) to meet the emergency personnel at \_\_\_\_\_ (specific location, ie. corner of Main and First).

*Stay on the line and answer any questions the dispatcher may have and until they instruct you to hang up. You should have an established primary and secondary communication system such as walkie talkies and cell phones. When using cell phones call your local direct EMS number to insure there is no delay in emergency response.*

## Emergency Card

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Father: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Other Emergency Number: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Previous Injuries: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Insurance Policy & Number: \_\_\_\_\_ HMO/ PPO: \_\_\_\_\_

(FOR COACHES USE ONLY)

Copy of Insurance Policy on File:  Yes  No  
Copy of Medical Release on File:  Yes  No

# Agreement to Participate and Parental Consent Form

Student Athlete

I am aware that playing or practicing any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risk of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health, and well being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions.

In consideration of \_\_\_\_\_(institution) permitting me to practice, play or try out for \_\_\_\_\_(institution's) competitive cheerleading team, and to engage in all activities related to the team, including practicing, playing and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless \_\_\_\_\_ (institution, their agents, servants, and employees, athletic staff of institution), the physicians and other practitioners of the healing arts treating me, from any and all kind of liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to

\_\_\_\_\_ 's (institution) competitive cheerleading.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and \_\_\_\_\_[institution, its agents, servants, and employees, athletic staff of \_\_\_\_\_(institution)], the physicians and other practitioners of the healing arts treating me and their agents, trustees, servants, and employees, in connection with my activities at \_\_\_\_\_(institution), to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

(For contact or collision sports)

I specifically acknowledge that competitive cheerleading is a VIOLENT CONTACT sport, involving even a greater risk of injury than other sports.

\_\_\_\_\_  
Student Athlete (initials)

\_\_\_\_\_  
Parent (initials)

\_\_\_\_\_  
Student Athlete

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*This is dedicated to all the athletes whose untimely deaths taught us "when we know better, we should do better".*



Address: 8001 Irvine Center Dr. Suite 400, Irvine, CA 92618  
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[www.nationalcheersafety.com](http://www.nationalcheersafety.com)