National Cheer Safety Foundation’s
Rehearsed Catastrophic Injury
Emergency Plan
For Contact Sports

Let’s Go Team!
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

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.

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

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

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Transportation

An on site EMS should by 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.

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.

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:

<table>
<thead>
<tr>
<th>Role</th>
<th>Primary:</th>
<th>Secondary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First responder</td>
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<tr>
<td>Primary care giver</td>
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<tr>
<td>Call EMS</td>
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<tr>
<td>Notify parents</td>
<td></td>
<td></td>
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<tr>
<td>Notify ATC/School administration</td>
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<tr>
<td>Manage team during</td>
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<tr>
<td>Document injuries/report</td>
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<tr>
<td>Immediate follow up with parents</td>
<td></td>
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<tr>
<td>Open gates, or doors</td>
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</tr>
<tr>
<td>Meet EMS</td>
<td></td>
<td></td>
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<tr>
<td>Travel with injured athlete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing follow up with parents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location:

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency cards</td>
<td></td>
</tr>
<tr>
<td>Emergency facility</td>
<td></td>
</tr>
<tr>
<td>First aid kit</td>
<td></td>
</tr>
<tr>
<td>AED</td>
<td></td>
</tr>
<tr>
<td>Phone to be used</td>
<td></td>
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<tr>
<td>Emergency air transportation available</td>
<td></td>
</tr>
<tr>
<td>Response time in minutes</td>
<td></td>
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</tbody>
</table>

Telephone Numbers:

<table>
<thead>
<tr>
<th>Number Type</th>
<th>Details</th>
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<tbody>
<tr>
<td>Local EMS</td>
<td></td>
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<tr>
<td>Certified Athletic Trainer</td>
<td></td>
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<tr>
<td>Emergency Care Facility</td>
<td></td>
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<tr>
<td>Athletic Administrator</td>
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</table>

Do not send teammates to the hospital.
Injury Report Form

Athlete Information
Athlete Name:_____________________________ City:______________________ State:______
School/Program:___________________________________________________________________
Grade:__________   Age:________   Height:_________   Weight:__________   Gender:__________
Previous Injuries:___________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Injury Information
Date of Injury:_________  Time of Injury:_________
Body Part Injured:__________________ Type of Injury:__________________
List Any Ongoing Disabilities (with as much detail as possible):_______________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Time lapsed between injury and Emergency Medical Services arrival:__________________________

Circle one.

Went to:   Hospitalized   ER   Urgent Care
Was at a:   Game   Practice   Other:__________________
Trainer or physician on site?:   Y   N
Was an AED accessible?:   Y   N
Was an AED used?:   Y   N

(if applicable)
Death Date:__________________ Cause of Death:___________________________________

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) 255-7135.
Remember to stay calm and speak slowly.

911 Script

This is _______________________________. The address of my emergency is _______________________________ and the phone number I am calling from is _________________. There are ________________ athletes present and one of them has injured their ________________ and needs an ambulance. They are currently ________________. We have begun ________________. We are located in the ________________. We are sending ________________ to meet the emergency personnel at ________________.

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
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
Phone: (800) 596-7860 Fax: (866) 255-7135
www.nationalcheersafety.com

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Authored by Kimberly Archie. Edited by Frederick Mueller and Herb Appenzeller.