Introduction

The following Emergency Action Plan (EAP) has been developed to provide proper emergency management in the event of a severe injury or illness to an athlete, coach, official or spectator at Farmingdale State College athletic facility. This plan is intended to provide guidelines for management of emergencies and should be adapted to each situation. The EAP should be reviewed and rehearsed by the Farmingdale State College Sports Medicine Staff, Coaches, Administrators, and University Police.

Basic components of the EAP

1. Emergency Personnel
2. Responsible Personnel/ Responsibilities
3. Emergency Communication
4. Emergency Equipment
5. Emergency Transportation
6. Emergency Contacts and Numbers

Emergency Personnel

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers, including but not limited to:

- Certified Athletic Trainer
- Coaches
- Managers
- Administrators
- Work study students
- Emergency Medical Technicians
- University Police
Responsible Personnel/Responsibilities

The first responder in an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer (ATC). Medical coverage will be onsite at all times during practices/competitions. In some instances, the first responder may not be a certified athletic trainer, but an EMT, a coach or other institutional personal. Responsible personnel include the sports medicine staff, coaching staff, administrators, all of which are recommended by the NCAA to maintain current training in automatic external defibrillation, CPR, and first aid. When a sports medicine staff member is not present, a member of the coaching staff or the event manager will assume the role of First Responder in the event of an emergency. The role of the First Responder includes:

1. Immediate care of the injured/ill student-athlete
   a. If present, sports medicine staff will activate EAP.
   b. When a sports medicine staff member is not present, a member of the coaching staff or administrator is responsible for activating the EAP.
   c. Never move injured student-athlete, stabilize and keep calm.

2. Emergency Equipment retrieval

3. Activation of EMS, in the following order:
   a. Call University police at 631-420-2111: Be prepared to provide the following information
      i. Your name and phone number you are calling from
      ii. Specific location/(venue specific) ex: Baseball field, Softball Field, Tennis Courts, Nold Hall Gym etc.)
      iii. Condition of injured individual: age, consciousness, breathing, types of injuries, body part injured
      iv. First aid/treatment being provided
      v. Answer any questions the operator asks you

University Police will respond to medical emergencies when the EMS chain is started. They will provide access to locations for responding emergency vehicles.

4. Direction of EMS Personnel to scene:
   a. Have University Police unlock and open appropriate gates/doors
   b. Designate responsible individuals to “flag down” EMS and direct to scene
   c. Scene control: limit to responsible personnel and move bystanders from area
On Field Emergency Protocol Guidelines to Use During a Serious On-Field Player Injury:
These guidelines have been recommended for National Football League (NFL) officials and have been shared with NCAA championships staff.

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
2. Players, parents and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
3. Players or nonmedical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field (i.e., removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull an injured teammate or opponent from a pile up.
6. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the athletic trainers or team physicians or taking up their time to perform such services.

Emergency Communication

Communication is essential to quick emergency response. The sports medicine staff and emergency medical personnel must work together to provide the best emergency response capability and should have emergency contact information as part of their emergency preparedness.
Responsible personnel should familiarize with the method of communication that is most readily available to them and its location at each venue in the event of an emergency. Types of emergency communication include:

1. Cell Phones
2. Landline phones within building
3. Blue light emergency phones in these locations:
   Outside:
   - Exit 1 outside front entrance of Nold
   - Exit 5 West Side of Nold Hall outside of the doors
   - Exit 6 West Side of Nold Hall outside the doors
   - Exit 7 North Side of Nold hall outside the doors
   Inside:
   - Next to the doors by exit 5 in the back of Nold Hall
   - Next to the doors by exit 7 by the racquetball courts
Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Emergency equipment is maintained by the Sports Medicine Department and is located in the Sports Medicine Facility in Nold Hall.

At every competition the following emergency equipment will be present:

- Emergency bag (splints, crutches, arm slings)
- Supplemental oxygen bag (Bag valve masks, Non-rebreather mask, Oropharyngeal airways, Nasopharyngeal airways)
- Automatic External Defibrillator (AED)
- Spine board with head bed and cervical collar

Automatic External Defibrillator (AED) Locations

- Lobby
- Gymnasium
- Auxiliary Gymnasium
- Outside of Fitness Center across from entrance
- By exit 7 by Golf Simulator and Racquet Ball Courts

In addition to the fixed AED units, the Athletic Training Department shares 2 portable units on sight use during practices/competitions and all University Police Vehicles on patrol have an AED unit.
Emergency Transport

The East Farmingdale Fire Department will respond for any Emergency Medical Services or Fire related emergencies.

The East Farmingdale Fire Department transports to the following hospitals:

St. Joseph Hospital
4295 Hempstead Turnpike
Bethpage, NY 11714
516-579-6000

Directions from Farmingdale State College
7 min 2.2 miles
1. Depart Main St toward RT-24/Conklin St
2. Turn Left onto RT-24/Conklin St
3. Bear right onto RT-24 W/Hempstead Tkpe
4. Turn right onto road
5. Arrive at 4295 Hempstead Turnpike, Bethpage, NY 11714

Good Samaritan Hospital
1000 Montauk Highway
West Islip, NY 11795
631-376-4444

Directions from Farmingdale State College
15 min 12.8 miles
1. Head south on NY-110S/Broad Hollow Rd toward Daniel St
2. Slight right to merge onto NY-109E/Farmingdale Rd/Fulton St toward Babylon. Continue to follow NY-109E/Farmingdale Rd
3. Take the Southern State Parkway E Ramp to E Islip
4. Merge onto and take the Southern State Pkwy About 6 min
5. Take exit 40 for Robert Moses Causeway S towards Ocean Beaches
6. Merge onto Robert Moses Causeway
7. Take exit RM2W for New York 27A W toward Babylon

Nassau Medical Center
2201 Hempstead Turnpike,
East Meadow, NY 11554
(516) 572-0123

Directions from Farmingdale State College
16 min 8.16 miles
1. Start going south on RT. 110S/Broad Hollow Rd toward Melville Rd
2. Turn right onto Conklin St. Continue to follow R-24W
3. It will run into 2201 Hempstead Turnpike
Emergency Contacts/ Phone Numbers

University Police - (631) 420-2111 (via cell phone)
X2111 on a campus phone

Sports Medicine
Director of Sports Medicine  Don Haworth EMT-B  Office: (631) 794-6282  Cell: (631) 612-0516
Assistant Athletic Trainer  Jennifer Bergstein ATC, MSED Office: (631) 420-2539  Cell: (516) 474-0770
Assistant Athletic Trainer  Jessica Dautner ATC, EMT-B  Office: (631) 794-6281  Cell: (631)960-6900

Administrators
Athletic Director  Michael Harrington  Office: (631) 420-2053
Associate Athletic Director  Thomas Azzara  Office: (631) 420-2599
Assistant Athletic Director  Deana Ward  Office: (631) 420-2178

Farmingdale State College Orthopedic Referral
The Central Orthopedic Group
651 Old Country Road
Suite 200
Plainview, NY 11803
(516) 681-8822

Conclusion
The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared sports medicine providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The Emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Farmingdale State College Athletics helps ensure that the athlete will have the best care provided when and emergency situation does arise.
Farmingdale State College
Sports Medicine
Initiation of the Emergency Action Plan

Emergency Numbers:
University Police- (631) 420-2111 (via cell phone)
X2111 on a campus phone

UNIVERSITY POLICE IS ALWAYS CALLED FIRST IN CASE OF EMERGENCY ONCE YOU CALL UNIVERSITY POLICE DO NOT CALL 911 DIRECTLY

Activation of EMS, in the following order:

a. Call University police at 631-420-2111: Be prepared to provide the following information

i. Your name and phone number you are calling from

ii. Specific location/ (venue specific) ex: Baseball field, Softball Field, Tennis Courts, Nold Hall Gym etc.)

iii. Condition of injured individual: age, consciousness, breathing, types of injuries, body part injured

iv. First aid/treatment being provided

v. Answer any questions the operator asks you

NEVER HANG UP WITH UNIVERSITY POLICE UNTIL YOU ARE INSTRUCTED TO

University Police will respond to medical emergencies when the EMS chain is started. They will provide access to locations for responding emergency vehicles.
**Extras**

**Biohazard Clean up**

1. The Sports Medicine Facility has the appropriate materials for absorption and disposal of small amounts of potentially harmful blood and body fluids. It is recommended that facilities personnel have on hand and be trained in proper biohazard cleanup
2. In the event of a significant spill of biohazard material (blood, vomit, body fluids etc.) contact the following:
   a. Facilities/ Operations personnel at 631-420-2606
   b. Physical Plant at 631-420-2017

**Lighting Safety**

In accordance with NCAA Sports Medicine Guideline 1d, we have developed the following protocol to minimize the risk of injury from lightning for athletes, staff and spectators.

**Lightning Monitors**

Either an electronic lightning monitor or the **Flash to Bang** method will be used to monitor lightning for evacuation of the playing field for a safer environment. With this method the seconds are counted from the time a flash of lightning is seen until a clap of thunder is heard. **When this number is 30 seconds or less,** evacuation of the field should be under way. Lightning awareness should begin with the first flash of lightning seen or thunder clap heard.

Whenever possible the athletic staff will monitor for National Weather Service storm "warning" and "watches" in the area. A "watch" means conditions are favorable for a severe weather. A "warning" means that severe weather has been reported in an area and everyone should take proper precautions.

**Monitors at Practices and Competitions**

During practices/competitions the Sports Medicine Staff will monitor the lightning situation using the flash to bang method or the electronic lightning monitor. When the safety threshold is reached, the Sports Medicine Staff will inform the officials that the game should be postponed and evacuation should begin to a safe structure.

**Resumption of Activities**

The NCAA guideline recommends athletic activities should not begin until 30 minutes after the last clasp of thunder was heard or the last flash of lightning was seen.
**Cold Weather Policies and Procedures**

**Temperature or wind-chill above 25°F**
- Practice is allowed outside with appropriate clothing

**Temperature or wind-chill 15°F-25°F**
- Practice is allowed outside with appropriate clothing
- Cover as much exposed skin as practical
- Every 45 minutes athletes must come inside to warm up for 10 minutes

**Temperature or wind-chill 0°F-15°F**
- Practice is allowed outside with appropriate clothing
- Cover as much exposed skin as practical
- Every 30 minutes athletes must come inside to warm up for 10 minutes

**Temperature or wind-chill below 0°F**
- NO outside practices allowed

***OUTSIDE TEMPERATURE AND WINDCHILLS WILL BE MONITORED BY ON SITE ATHLETIC TRAINER***

NATA position statement on environmental cold injuries:

http://www.nata.org/statements/position/environmentalcoldinjuries.pdf
**Hot Weather Policies and Procedures**

**Wet Bulb Temperature < 65°F**
- Green light – practice is allowed
- Low risk for heat illness
- Follow typical hydration routines

**Wet Bulb Temperature 65°-73°F**
- Yellow light - Practice is allowed w/ extra precautions
- Moderate risk for heat illness and risk may increase as event progresses
- Hydration should be emphasized and strongly encouraged

**Wet Bulb Temperature 73°-82°F**
- Red light - Practice is allowed w/ specific outlines
- High risk individuals should NOT participate
- Mandatory water breaks every 15 minutes
- Shaded areas must be easily accessible for cooling

**Wet Bulb Temperature >82°F**
- Black light – Extreme/Hazardous situation – Practice/contests may be rescheduled for more appropriate time frame
- Outside events MUST have shaded areas provided
- Ice Baths MUST be ON SITE for cooling
- Mandatory water breaks every 15 minutes

NATA consensus statement – Heat Illness:
http://www.nata.org/statements/consensus/heatillness.pdf
Respectively submitted by:

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