Emergency Action Plan (EPA)



EMERGENCY ACTION PLAN (EAP)

Location: Mario C. & Joanne Monaco Middle School (Gymnasium)

Address: 1870 N. Lamont St., Las Vegas, NV 89115

Emergency Contacts: Emergency Services (911) | Facility Management / Main Office: (702) 799-3670 | **League Operator:** 702-477-5352

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1. Emergency Personnel & Roles

- **First Responder (Head Coach / Field Lead):** Assesses the situation, initiates CPR/First Aid, and remains with the injured individual.
- **EMS Coordinator (Assistant Coach / Designated Official):** Calls 911 immediately, provides the address, exact location inside the gymnasium, and condition of the victim.
- **Access Controller (Staff / Parent Volunteer):** Waits at the main parking entrance on N. Lamont St. to direct emergency vehicles directly to the gymnasium entrance doors.
- **Crowd Controller (Game Official / Support Staff):** Directs non-essential personnel, players, and spectators away from the area to clear a path for first responders.

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2. Emergency Equipment Locations

- **First Aid Kit & Splinting Supplies:** Located at the scorer's table / bench area inside the gymnasium.
- **Automated External Defibrillator (AED):** Maintained on-site near the main entrance/lobby adjacent to the gymnasium doors or in the main administration hallway.
- **Biohazard / Cleanup Kit:** Stored in the physical education equipment room adjacent to the gymnasium floor.

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3. Emergency Response Protocols

Medical Emergency (Severe Injury / Cardiac Arrest / Unconsciousness)

1. **Assess:** Check scene safety and victim responsiveness.
2. **Call:** Direct the EMS Coordinator to dial 911 and retrieve the AED immediately.
3. **Care:** Initiate CPR and utilize the AED if the individual is unresponsive and not breathing. Apply basic first aid for severe bleeding or fractures; do not move an injured person with suspected spinal injuries unless immediate danger is present.
4. **Coordinate:** Direct emergency responders through the main gymnasium double doors facing the parking access route.

Severe Weather / Fire / Lockdown

- **Fire / Evacuation:** Exit the gymnasium via the nearest marked emergency exit doors leading outside. Gather at the designated assembly area in the outer athletic field area clear of emergency vehicle paths.
- **Lockdown:** Immediately move all players and staff into the gymnasium locker rooms or equipment storage rooms, lock all interior doors, turn off lights, and maintain complete silence.

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4. Documentation & Annual Review

- **Incidents:** Complete a written Incident Report Form within 24 hours of any injury or emergency requiring medical treatment or EMS deployment.
- **Annual Update Requirement:** This plan must be reviewed, updated, and redistributed to all league operators, coaches, and staff prior to the start of each season.

Will there be personnel onsite with CPR/First Aid Training? YES _____ NO _____ If so: Name of Personnel: _____ Cell Phone Number: _____ ROLES OF THE FIRST RESPONDERS In the formation of an emergency action plan, a diverse emergency team comprising healthcare providers, coaches, managers, and bystanders is essential. These individuals play crucial roles in ensuring the safety and immediate care of athletes during emergencies. The roles within the emergency medical team typically include: Immediate Care and Scene Safety: The foremost responsibility is to secure the scene and provide immediate care to the athlete. The most qualified individual present should administer acute care, with those possessing lower credentials deferring to those with more appropriate training. EMS Activation: If emergency transportation is not readily available, activating Emergency Medical Services (EMS) is imperative. This should occur promptly upon recognizing the situation as an emergency or life-threatening event. The designated person should be composed under pressure and proficient in telephone communication, knowing the event's location and address. Equipment Retrieval: Any team member familiar with the required equipment can retrieve it. Coaches and managers often excel in this role due to their familiarity with equipment types and locations. Directing EMS to the Scene: One team member should guide emergency medical personnel upon their arrival at the scene. This individual should have keys to unlock any barriers hindering access. Coaches or managers are suitable for this role. Notification of Designated Individuals: Finally, it's essential to inform individuals listed in the Emergency Contact Roster, typically located in the Team Book within the Coach's Bag, about the situation.

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. Emergency equipment available should be appropriate for the level of training for the emergency medical providers. EMERGENCY COMMUNICATION Effective communication is essential for prompt emergency response. Athletic staff and medical personnel must collaborate, with established contact information like a telephone tree for preplanned emergency situations. Prior communication helps set boundaries and foster rapport between these professionals. In the absence of on-site emergency medical transportation, direct communication with the emergency medical system at the time of an incident is crucial. Ensuring access to functional telecommunication devices, whether fixed or mobile, is imperative. Regular checks of the communication system before practices or competitions should be conducted to confirm its proper functioning. A backup communication plan should be in place in case the primary system fails. Typically, cellular phones serve as the primary method of communication, so knowing the location of a working telephone at any athletic venue, and arranging access to it if necessary, is vital. EMERGENCY CONTACT INFORMATION

Name	**Phone Number**	**Role**

ACTIVATING THE EMS SYSTEM Making the Call: Call 911 Call Other Numbers:

• Nearest Police Department 3750 Cecile Ave, Las Vegas, NV 89115

• Nearest Fire Department 4250 E Alexander Rd, Las Vegas, NV 89115

• Nearest Hospital 1409 E Lake Mead Blvd, North Las Vegas, NV 89030

• Nearest Ambulance _ Medic West

Providing Information:

• Name, address of venue, telephone number of caller

• Nature of emergency, whether medical or non-medical

• Number of athletes injured

• Condition of athletes (breathing, not breathing, pulse, no pulse, bleeding, conscious, unconscious)

• First Aid treatment initiated by first responder (blood control, rescue breathing, CPR, etc)

• Specific directions as needed to location of injured athlete (see individual venue info)

• Other information requested by dispatcher

CONCUSSION PROTOCOL

What is a Concussion? A concussion is a type of traumatic brain injury - or TBI - caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. Medical providers may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

Concussion Signs and Symptoms:

Athletes who show or report one or more of the signs and symptoms below, or that say they just "don't feel right" after a bump, blow, or jolt to the head or body, may have a concussion.

Concussion Signs Observed	Concussion Symptoms Reported
Can't recall events prior to or after the hit or fall	Headache or "pressure" in head
Appears dazed or stunned	Nausea or vomiting
Forgets an instruction, is confused about a position, or unsure of game, score or opponent	Balance problems or dizziness, or double or blurry vision
Moves clumsily	Bothered by light or noise
Answers questions slowly	Feeling sluggish, hazy, foggy, or groggy
Loses consciousness (even briefly)	Confusion or concentration or memory problems
Shows mood, behavior, or personality changes	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS: In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body. Call 9-1-1 immediately, or take the athlete to the emergency department if they have one or more of the following danger signs:

Dangerous Signs & Symptoms of a Concussion
One pupil Larger than the other
Drowsiness or inability to wake up
A headache that gets worse and does not go away
Slurred Speech, weakness, numbness, or decreased coordination
Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
Unusual behavior, increased confusion, restlessness, or agitation
Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

RESPONDING TO A CONCUSSION

Immediate Action:

If a concussion is suspected during an event, coaches, staff, and trainers must promptly remove the athlete from play. The guiding principle is: "When in doubt, sit them out."

Rest and Assessment:

Keep the athlete from play on the day of the injury until they can be evaluated by a qualified provider experienced in concussion management. Returning to play too soon increases the risk of repeat concussions, which can be more severe.

Return to Play Process:

Only allow the athlete to return to competition with a signed statement from a healthcare provider, indicating medical clearance and the date of return. Begin the return to play protocol under the supervision of a trained medical professional.

Gradual Return Steps:

Back to Regular Activities:

Athlete resumes regular activities after clearance for the return-toplay process.

Light Aerobic Activity:

Incrementally increase heart rate with light aerobic exercises like walking, light jogging, or stationary biking (5-10 minutes).

Moderate Activity:

Introduce moderate activities such as jogging, brief running, or moderate intensity weightlifting (less than usual routine).

Heavy, Non-Contact Activity:

Incorporate heavy non-contact physical activities like sprinting, high-intensity biking, or regular weightlifting.

Practice & Full Contact:

Athlete may participate in controlled practice sessions before returning to full-contact play.