

**Athletic
Department**

*“Home of the
Crusaders “*

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**Bound Brook High School
Department of Athletics**

“Emergency Action Plan”

Last Revised in June of 2022

The following document is meant to provide coaches, athletic trainers, and administrators with a plan of action to ensure the best possible care for athletes.

General Preparation:

- A. All coaches are required to be trained in First Aid and AED/CPR, and in addition, complete the online Concussion and Heat Acclimatization certifications annually.
- B. All coaches are to have emergency contact information for all students under their care. (i.e. athletes, stat keepers, managers, etc.) during all team functions.
- C. Prior to each practice or game, each coach should make sure they have a stocked medical kit, a walkie talkie or another means of contacting the Athletic Trainer (AT) if not present at the site, an AED, a filled water jug and injury ice from the athletic training office. In addition, coaches should have a mean of contacting the Athletic Director (AD) , or to contact a student's parents or EMS if necessary. AED's are required to be at the practice or game field or within a reasonable distance at all times.

Injury Management:

- A. If the AT is at the field at the time of the injury, the AT will evaluate and treat the injury. The coach or the AT will contact the athlete's parents.
- B. If the Injury is life threatening, the AT will provide first aid while the coach/site supervisor contacts 911 and activates EMS. The coach will also contact the athlete's parents and the AD who will then contact the building principal.
 - I. The coach will then assist the AT with first Aid as needed.
 - II. The AD will serve as crowd control if necessary and make sure EMS can access the site.
 - i. If the AD is not present, the site supervisor or an appointee will perform this function.
- C. If the AT is at another location, the coach will contact the AT and provide first aid as able until the AT arrives.
 - I. If the AT is not present at the field and the injury is apparently life threatening (I.e. unconscious athlete, seizure, severe respiratory distress and/or spinal injury.) the coach will call 911 and activate EMS while an assistance coach or responsible student summons the AT and AD.
 - II. In cases of sudden cardiac arrest, the coach will activate EMS and initiate CPR including AED if available when an assistant coach or responsible student summons the AT.
- D. If no AT is available, the coach will provide first aid for all injuries as able. In the event of severe or life threatening injuries, the coach will call 911, activate EMS and provide first aid as able. The coach or an assistant coach, will contact the AD and the Athlete's parents. In the event of sudden cardiac arrest, the coach will initiate CPR and will send an assistant coach or a responsible athlete to retrieve the AED if there is not one already at the field.
- E. After an injury, the coach, AT and AD will ensure that the appropriate report is filled out and filled with the school. They will also follow up with the athlete or the athlete's parent to ascertain how the athlete is progressing.
- F. In the event that a coach suffers a sudden cardiac arrest or other incapacitating injury, an assistant coach, a team captain, or other designated participant will summon the AT and AD.

If a person on the field is trained in CPR and the use of an AED, they will begin first aid, CPR and AED if necessary.

- G. In the event of an injury or medical emergency while on the bus, the coach will follow the proper first aid protocol, as necessitated by the situation.

Environmental Conditions:

A. Heat Illness

- I. In hot weather, coaches will arrange practice schedules to allow for gradual heat acclimatization following NJSIAA approved procedures.
- II. In hot weather, coaches will modify practices to decrease duration and intensity.
- III. Cold water will be available during practices and games and athletes will be allowed to rehydrate as needed.
- IV. Athletes showing signs or symptoms of heat illness should be immediately removed from participation.
 - a. The coach will summon the AT who can properly treat the athlete.
 - b. In cases of suspected heat stroke (altered mental status, vomiting, loss of consciousness), the coach shall summon EMS and/or the AT to provide more advanced treatment.

General Guidelines (per The NJSIAA Heat Participation Policy will be utilized in conjunction with the NJSIAA Pre-Season Heat Acclimatization Policy.

Monitoring the environmental conditions through the WBGT and making the appropriate activity modifications is an effective preventative measure in reducing the risk of exertional heat stroke. The athletic trainer, certified designee or individual (e.g. coach) appointed by the athletic director must use a scientifically-reliable WBGT measuring device and take an on-site reading 30 minutes prior to activity and a minimum of every hour during activity. Readings must be recorded on the NJSIAA Heat Participation Policy Record Chart. All corresponding modifications must also be recorded on the chart.

“Braeden’s Law”

Requires public colleges to adopt policy for prevention and treatment of exertional heat illness; requires pamphlet on heat stroke be provided to student-athletes, parents, and coaches at public colleges and K-12 schools.

The pamphlet shall include: an explanation of exertional heat stroke; how to prevent exertional heat stroke; factors which may increase a student’s risk for exertional heat stroke; a description of early warning signs of exertional heat stroke; how to recognize symptoms of exertional heat stroke; appropriate ways to treat exertional heat stroke; and a form to be signed by the student-athlete and his parent or guardian, coaches, assistant coaches, and athletic trainers acknowledging receipt and review of the pamphlet.

Each school district and nonpublic school shall distribute the pamphlet to the parents or guardians of students participating in athletic activities and to all coaches, assistant coaches, and athletic trainers.

A student participating in, or desiring to participate in, an athletic activity and the student's parent or guardian shall, each year and prior to participation by the student in an athletic activity, sign and return to the student's school the form developed by the commissioner pursuant to subsection a. of this section acknowledging the receipt and review of the pamphlet.

All coaches, assistant coaches, and athletic trainers shall sign the form developed by the commissioner pursuant to subsection a. of this section acknowledging the receipt and review of the informational pamphlet. The form shall be returned to the superintendent of schools or the chief school administrator in the case of a nonpublic school.

1. Identify those student-athletes at higher risk of heat illness prior to season and monitor these athletes on days when environmental factors causing heat illness may be likely
 - a. Via pre-participation physical medical exam
 - b. Histories of nutritional and/or hydration problems
 - c. Those who are overweight and/or less-than-ideal physical condition per sport requirements
2. Adapt athletes to exercise in the heat (acclimatization) gradually over 10 to 14 days. Progressively increase the intensity and duration of work in the heat with a combination of strenuous interval training and continuous exercise.
3. Educate athletes and coaches regarding the prevention, recognition, and treatment of heat illnesses
4. Educate athletes to match fluid intake with sweat and urine losses to maintain adequate hydration. Instruct athletes to drink sodium-containing fluids to keep their urine clear to light yellow to improve hydration and to replace fluids between practices on the same day and on successive days to maintain less than 2% body-weight change. These strategies will lessen the risk of acute and chronic dehydration and decrease the risk of heat-related events.
5. **Event Guidelines:** Each Contract Site should have a WBGT device to accurately monitor the activity temperature. (The information below was taken from <https://ksi.uconn.edu/prevention/wet-bulb-globe-temperature-monitoring/>)

- a. Examples of Wet Bulb Global Temperature Devices (WBGT) are depicted below (Left: Kestrel 5400 Heat Stress Tracker, Right: QuestTemp).



In some instances when a WBGT monitoring device is unavailable, a chart like the one shown below can be used to estimate WBGT. It must be noted that these are estimates and are derived only from using temperature and relative humidity and the chart accounts for full sunshine and light wind conditions. Depending on the radiant heat load from the sun and the wind, the actual WBGT reading could be different from what is on the chart.

		Wet Bulb Globe Temperature (WBGT) from Temperature and Relative Humidity																															
		Temperature (°C)																															
Relative Humidity (%)	0	15	16	16	17	18	18	19	19	20	20	21	22	22	23	23	24	24	25	25	26	27	27	28	28	29	29	30	31	31	32	32	
	5	16	16	17	18	18	19	19	20	21	21	22	22	23	23	24	24	25	26	26	27	27	28	29	29	30	31	31	32	33	33	34	35
	10	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	30	30	31	32	32	33	34	35	36	36	37	37
	15	17	17	18	19	19	20	21	21	22	23	23	24	25	26	26	27	28	29	29	30	31	32	33	33	34	35	36	37	38	38	39	39
	20	17	18	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	31	32	32	33	34	35	36	37	38	39	39	40	40	
	25	18	18	19	20	20	21	22	23	24	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	41	42	42	
	30	18	19	20	20	21	22	23	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	42	43	43	
	35	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	43	44	44	
	40	19	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	45	46	
	45	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	46	47	
	50	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	
	55	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	
60	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50		
65	21	22	23	24	25	26	27	28	29	31	32	33	34	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50	51	51		
70	22	23	24	25	26	27	28	29	30	31	33	34	35	36	38	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	52		
75	22	23	24	25	26	27	29	30	31	32	33	35	36	37	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	53		
80	23	24	25	26	27	28	29	30	32	33	34	36	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54		
85	23	24	25	26	28	29	30	31	32	34	35	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55		
90	24	25	26	27	28	29	31	32	33	35	36	37	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56		
95	24	25	26	27	29	30	31	33	34	35	37	38	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56		
100	24	26	27	28	29	31	32	33	35	36	38	39	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57		

Note: This table is compiled from an approximate formula which only depends on temperature and humidity. The formula is valid for full sunshine and a light wind.

WBGT GUIDELINES

WBGT can be used to establish guidelines for activity modifications during physical activity in the heat. When establishing WBGT guidelines for physical activity, the guidelines must be region (geographic) specific.

- WBGT has been shown to provide an accurate measure of environmental heat stress. ● WBGT can be used as a preventive measure during exercise in the heat by making activity modifications as WBGT rises.
- When developing guidelines for activity modification using WBGT, it is necessary to include work:rest ratios, length of activity, hydration breaks, equipment to be worn (if applicable), and a level in which activity is cancelled.
- WBGT guidelines must be region (geographic) specific since temperatures fluctuate differently by regions. People’s response to exercising in heat may vary by the geographic region in which their usual exercise sessions take place.
- WBGT modifications should be fluid, meaning that if the conditions get more restrictive during the day or a particular practice, modifications should be more restrictive. As environmental conditions become milder, modifications should be less restrictive.

Below is a heat safety table that provides a guideline for modification of activity based on the environmental conditions in New Jersey

WBGT READING	Flag	Risk for Heat Illness	ACTIVITY GUIDELINES AND REST BREAK GUIDELINES
Under 80.0°F	Green	Very Low	Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout.
80.0 F – 85.0°F	Yellow	Low	Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.
85.1 F – 88.0°F	Orange	Moderate	Maximum practice time is 2 hours, <u>For Football, Lacrosse and Field Hockey</u> : All helmets and shoulder pads must be removed for practice and conditioning activities. If the WBGT rises to this level during practice, football players may continue to work out wearing football pants without changing into shorts. <u>For All Sports</u> : provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.
88.1 F – 90°F	Red	High	Maximum length of practice is 1 hour. <u>For Football, Lacrosse and Field Hockey</u> : No protective equipment may be worn during practice and there must be no conditioning activities. <u>For All Sports</u> : there must be no conditioning and there must be 20 minutes of rest breaks distributed throughout the hour of practice.
Over 90°F	Black	Very High	NO OUTDOOR WORKOUTS. Delay practice until a cooler WBGT level is reached.

When developing guidelines for activity modification using WBGT, it is necessary to include work/rest ratios, length of activity, hydration breaks, equipment to be worn, and a level in which activity is canceled.

National Athletic Trainers’ Association Position Statement: Exertional Heat Illnesses: ·
 “Recognition of Exertional Heat Illnesses:

- The two main diagnostic criteria for exertional heat stroke are profound central nervous system (CNS) dysfunction and a core body temperature above 105°F.
- Rectal temperature, monitoring via esophagus, or gastrointestinal pill are the only acceptable means for obtaining an immediate and accurate measurement of core body temperature in an exercising individual. For athletic trainers, utilization of a rectal thermometer is considered the “Gold Standard” per research and best practices. It is discouraged to use inaccurate devices such as oral, tympanic, etc.
- Treatment of Exertional Heat Illnesses:
- The goal for any exertional heat stroke victim is to lower core body temperature to less than 102.5°F within 30 minutes of collapse. Cool First, Transport Second.
 - Cold water immersion is the most effective way to treat a patient with exertional heat stroke. The water should be 35-59°F and continuously stirred to maximize cooling.
 - The new guidelines suggest a specific step-by-step protocol for cold water immersion for the clinician to implement with an exertional heat stroke patient. This protocol is backed by research exhibiting a

100 percent survival rate when initiated quickly and properly.” NJSIAA Cold Water Immersion Tub Policy

When treating a potential Exertional Heat Stroke (EHS), schools must be properly prepared and equipped to initiate Cold Water Immersion (CWI) or other approved cooling technique (equipment required: 150 gallon tub, 10x10 tarp, and a rectal thermometer (considered the Gold Standard)). Cooling techniques must be implemented immediately, and concurrently EMS should be contacted. This must be followed during all summer conditioning, pre-season practices/contests on school grounds, or when a coach, paid or otherwise, is present. This includes the 1st 21 days of fall practice, and any day the temperature is greater than 80°F WBGT.”

WBGT READING	Flag	COLD WATER IMMERSION TUB GUIDELINES
Under 80.0°F	Green	Mandatory alternative cooling measures of a cooler with ice and towels or a tarp (taco/burrito method) must be available at the practice, game and event site.
80.0 F – 85.0°F	Yellow	It is required a 150 gallon cold water immersion tub or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.
85.1 F – 88.0°F	Orange	It is required a 150 gallon cold water immersion tub or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.
88.1 F – 90°F	Red	It is required a 150 gallon cold water immersion tub or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.
Over 90°F	Black	NO OUTDOOR WORKOUTS. Delay practice until a cooler WBGT level is reached. If the WBGT rises to this level during practice, it is required a 150 gallon cold water immersion tub (or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.

Although there are no policies that directly state game cancelation due to heat conditions, it is advised that each AT work with school staff and administration on individual campus policy

Hydration Stations & Body Cooling

1. Should have at least one water station
 2. Heat supplies if possible
- Ice towels
 - Sports drink (carbohydrates & electrolytes)
- Encourage athletes to bring their own water but have water for athletes

3. Adequate water is available and placed at various stations around the athletic fields for all sports. 4. At water stations/ body cooling may have to take place. In the event athlete is experience heat related illness the following practice should be followed:

- Athlete should be brought to shaded area
- Remove equipment
- Sip water/sports drink
- Ice towels placed on back of neck
- Water poured on athlete’s armpits and groin area.

5. If athlete’s symptoms do not improve & athlete mental status declines activate EAP and call 911

Cold Water Immersion Tub Policy

All schools participating in interscholastic athletics must have a comprehensive, detailed Emergency Action Plan (EAP), including heat injury. When treating a potential Exertional Heat Stroke (EHS), schools must be properly prepared and equipped to initiate Cold Water Immersion (CWI) or other approved cooling technique. Cooling techniques must be implemented immediately, and concurrently EMS should be contacted. This must be followed during all summer conditioning, pre-season practices/contests on school grounds, or when a coach, paid or otherwise, is present. This includes the 1st 21 days of fall practice, and any day the temperature is greater than 80 F WBGT. □

WBGT READING	Flag	COLD WATER IMMERSION TUB GUIDELINES
Under 80.0°F	Green	Mandatory alternative cooling measures of a cooler with ice and towels or a tarp (taco/burrito method) must be available at the practice, game and event site.
80.0 F – 85.0°F	Yellow	It is required a 150 gallon cold water immersion tub or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.
85.1 F – 88.0°F	Orange	It is required a 150 gallon cold water immersion tub or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.
88.1 F – 90°F	Red	It is required a 150 gallon cold water immersion tub or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.
Over 90°F	Black	NO OUTDOOR WORKOUTS. Delay practice until a cooler WBGT level is reached. If the WBGT rises to this level during practice, it is required a 150 gallon cold water immersion tub (or a tarp (taco/burrito method) must be filled with water temperature of less than 60°F and accessible for cooling within 5-10 minutes of the practice/contest site. Remove external clothing/equipment prior to cooling or immediately after entering tub. Aggressively stir water during cooling process.

National Athletic Trainers’ Association Position Statement: Exertional Heat Illnesses: “Fluid breaks should be scheduled for all practices and scheduled more frequently as the heat stress

risers. Add 5 degrees to temperature between 10 AM and 4 PM from mid-May to mid September on bright, sunny days. Practices should be modified for the safety of the athletes to reflect the heat-stress conditions. Regular practices with full practice gear can be conducted for conditions that plot to the left of the triangles. *Cancel all practices when the temperature and relative humidity plot is to the right of the circles*; practices may be moved into air-conditioned spaces or held as walk-through sessions with no conditioning activities. ”

Although there are no policies that directly state game cancellation due to heat conditions, it is advised that each AT work with school staff and administration on individual campus policy *Heat Emergency References:*

- https://www.njleg.state.nj.us/2020/Bills/A5000/4738_I1.HTM#:~:text=%E2%80%9CBraeden's%20Law%E2%80%9D%3B%20requires%20public,colleges%20and%20K%2D12%20schools.
- https://www.nata.org/sites/default/files/hydration_heat_illness_handout.pdf
- <http://ksi.uconn.edu/prevention/wet-bulb-globe-temperature-monitoring/>
- <http://ksi.uconn.edu/high-school-state-policies/wbgt-policies/>
- <http://ksi.uconn.edu/prevention/heat-acclimatization/>

Tornado Safety Policy (adopted from United States Department of Labor)

A. Identifying Shelter Locations:

- a. An underground area, such as a basement or storm cellar, provides the best protection from a tornado. If an underground shelter is unavailable, consider the following:
 - i. Seek a small interior room or hallway on the lowest floor possible
 - ii. Stay away from doors, windows, and outside walls
 - iii. Stay in the center of the room, and avoid corners because they attract debris
 - iv. Rooms constructed with reinforced concrete, brick or block with no windows and a heavy concrete floor or roof system overhead
 - v. Avoid auditoriums, cafeterias and gymnasiums that have flat, wide-span roofs.
- b. Refer to contract site specific Tornado Protocols

Personnel should also be aware of what to do if caught outdoors when a tornado is threatening.

Seek shelter in a basement or a sturdy building. If one is not within walking distance, try to drive in a vehicle, using a seat belt, to the nearest shelter. If flying debris is encountered while in a vehicle, there are two options: 1) staying in the vehicle with the seat belt on, keeping your head below the windows and covering it with your hands or a blanket, 2) if there is an area which is noticeable lower than the roadway, lie in that area and cover your head with your hands.

Shelter (Hazard and Safety Strategy)

A. Teacher/Adult

- a. Lead safety strategy
- b. Take attendance

B. Students/Athletes

- a. Tornado- Evacuate to shelter area
- b. Hazmat- Seal the room
- c. Earthquake- Drop, cover and hold
- d. Tsunami- Get to high ground

Hurricane Safety Policy (adopted from ready.gov)

- a. *IF YOU ARE UNDER A HURRICANE WARNING, FIND SAFE SHELTER RIGHT AWAY.*
- b. Refer to contract site specific Hurricane Protocols
- c. Determine how best to protect yourself from high winds and flooding.
- d. Evacuate if told to do so.
- e. Take refuge in a designated storm shelter, or an interior room for high winds.
- f. Listen for emergency information and alerts.
- g. Only use generators outdoors and away from windows.
- h. Turn Around, Don't Drown! Do not walk, swim, or drive through floodwaters.

Lightning Safety Policy (adapted from the National Athletic Trainers' Association Position Statement for Lightning Safety for Athletics and Recreation (2013) and the Korey Stringer Institute Emergency Guidelines)

Aside from flooding, death from lightning is the highest storm related fatality. Death or injury from lightning occurs most often in the summer months (June-August) during athletic and outdoor activities with individuals who are alone, rather than in a large group, at the highest risk. The greatest form of preparation is becoming educated and aware of unsafe surroundings. People must be cognizant of the risks of lightning producing storms and the appropriate steps to reduce the risk of lightning related injury.

Studies have shown that people suffering from lightning injuries were only a few feet away from safety, but chose to not leave their unsafe environment. Many people wait far too long to start heading to safety, and that puts them in a dangerous and potentially deadly situation. From 2006-2018, 62% of lightning deaths were related to leisure activities, with water-related activities contributing to 35% of deaths and 13% of deaths from sporting events. Lightning producing storms are more likely to occur from early spring to fall, with a higher frequency in the southeast part of the United States, with states like Florida, Alabama, Texas, Colorado, and North Carolina having the most lightning related deaths from 2014-2018.

HOW CAN LIGHTNING STRIKE EMERGENCIES BE PREVENTED?

- **Establish a Lightning-Specific Emergency Action Plan:** Formalize and implement a comprehensive proactive emergency action plan (EAP) specific to lightning safety for each venue, and identify specific criteria for suspending and resuming activity in the EAP
- Promote lightning-safety slogans supported by the National Weather Service
 - “NO Place Outside Is Safe When Thunderstorms Are In The Area!”
 - “When Thunder Roars, Go Indoors!” (Everyone should be in safe Zones **BEFORE** lightning reaches the playing field)
 - “Half An Hour Since Thunder Roars, Now It's Safe To Go Outdoors!”

- If a storm is suspected or lightning/thunder is observed all outdoor activities should be suspended and athletes/spectators should head to “lightning safe” facilities until the weather clears.
 - A “lightning safe” facility is a fully enclosed building with both plumbing and wiring.
 - Concession stands, pavilions, standing under trees, equipment sheds, and tents are not considered lightning safe and lightning can still strike people within these locations.
 - If a fully enclosed building is not available, people should go inside a car or bus with the windows fully closed and doors shut.
- Establish a lightning policy within the venue’s emergency action plan. The policy should include the following:
 - Establish a chain of command that identifies a specific person (or role) who is to make the decision to remove individuals from the field or activity. This person must have recognized and unchallengeable authority to suspend activity.
 - Designation of “lightning safe” facilities for evacuations
 - Plan for evacuating athletes and spectators, accounting for large crowds. Identify safe locations from the lightning hazard in advance of the event for each venue.
 - Reliable means for monitoring local weather forecasts
 - <http://www.weather.gov>
 - <http://www.spc.noaa.gov>
 - Know the phone number for the LOCAL weather service to have up-to-date weather updates
 - Specific criteria for the suspension and resumption of play
- Educate athletes, parents, coaches, referees, etc. about the dangers of lightning producing storms and the appropriate actions to take in the event of a storm.
- Establish several methods for alerting spectators of an incoming storm including a speaker system, text messages, staff announcements, etc and give pre-event warnings, make patrons aware of visual signs to safe zones, etc.

WHAT EQUIPMENT DO YOU NEED TO BE PREPARED FOR A POSSIBLE LIGHTNING STRIKE?

- Cell phone
- the ability to check local weather conditions (weather pages, smartphone with a weather app, text/mobile alerts from the local weather station)
 - Blankets, splints, burn treatment kit
 - Automated External Defibrillator (AED)
 - Appropriate means to inform the public of safe locations
 - Megaphone or PA system to make announcements for spectators
 - Proper signs and clear, prewritten directions to safe zones in the event of lightning

WHEN DO YOU SUSPEND/RESUME PLAY DURING A STORM?

- All activity should be suspended upon the first observable lightning strike OR sound of thunder
- A proactive approach can also be taken using the local weather service and listening to warnings. If a warning is given by a weather service it is recommended to suspend activity even if lightning/thunder has not been observed at the playing field.
- Play may resume 30 minutes after the last sound of thunder/observable flash of lightning. The 30- minute clock restarts **EVERY TIME A NEW LIGHTNING FLASH OR THUNDER SOUND IS HEARD.**

PATIENT MEDICAL CARE + INJURY/ILLNESS PREVENTION GUIDELINES

Lightning Strike:

LOOK FOR THESE SYMPTOMS IN ATHLETES WHEN A LIGHTNING STRIKE IS SUSPECTED:

Table 1. Signs and symptoms of a lightning victim.

Minor	Moderate	Severe
Temporary to no LOC	Disorientation, combative, or comatose	Brain damage
Possible blindness, deafness, tympanic membrane rupture	Possible temporary paralysis of extremities (may be pale, blue, pulseless)	Hypoxia secondary to cardiac arrest
Confusion/amnesia	Spontaneous shock (look for blunt abdominal trauma)	Multiple trauma fractures intracranial injuries
Stable vitals (possible hypertension)	Temporary cardiopulmonary standstill	
Possible parasthesia, muscle pain, headache lasting days to months	1 st and 2 nd degree burns usually occur a few hours after injury	

HOW DO YOU TREAT A LIGHTNING STRIKE VICTIM?

There is no need to worry about getting an electric shock from the victim. The flow of electricity traveled through the victim and there is no charge that is stored. Cardiac arrest is the immediate cause of death for those who die, so first aid, and CPR are likely to be needed immediately.

In the event of a lightning strike the following steps should be taken to ensure your safety and to treat the appropriate people:

1. Make sure the scene is safe to treat the lightning victims. You should not place yourself in harm if danger is imminent.
 2. Activate EMS (or have someone else activate EMS if you are the one providing care).
 3. Be prepared to treat people in cardiac arrest, have severe burns, shock, fractures, and other trauma.
1. Use an Automatic External Defibrillator, if one is available, as well as other basic first aid materials.

4. Treat the victim that appears most severely injured first (if there is more than one victim). This victim is in the worst condition and timely care needs to be taken to maximize chances of survival. 1. The basic principle of triage, “treat the living first” should be reversed in patients struck by lightning.
5. If needed and capable move the victim to a safe area for treatment

WHEN CAN A LIGHTNING STRIKE VICTIM RETURN TO ACTIVITY?

Once the individual has been treated and followed up and cleared by appropriate medical personnel, the athlete may begin a gradual return to activity protocol. The timeline for return to play is dependent upon the severity of the lightning strike and the inflicting injuries. The table below describes some possible neurological damage that may occur with a lightning strike victim.

Minor	Moderate	Severe
May have neurological disorder or PTSD	Possible temporary or permanent sequelae, sleep disorders, parasthesias, general weakness, personality changes, and fine motor/mental function difficulties	Recovery is poor unless treated rapidly with resuscitation

Lightning Summary

- V. Coaches should be knowledgeable of the NJSIAA Lightning regulations. Coaches shall always be alert to the sound of thunder or the sight of lightning flashes. Coaches should check weather reports prior to practices and games and be especially vigilant if storms are predicted.
- VI. ***In the event that lightning is seen or thunder is heard, all participants will immediately move to a “safe location”.*** Safe Locations include: fully enclosed buildings with wiring and plumbing (i.e. schools, homes, field houses.) and fully enclosed motor vehicles (i.e. buses, cars, vans). Locations that are not fully enclosed and do not have wiring and plumbing are not considered safe. These include: Golf carts, picnic shelters, bus shelters, and open garages. If there are spectators present, they should be directed to a safe area (Do not allow spectators to remain at the field or in the bleachers).
 - a. Please refer to your specific site location Emergency Action Plan for specific details.
 - b. ***Remember; if the storm is dangerous, consider entering vehicles at the site if that will get participants to a safe area quicker.***
- VII. Coaches should request a school bus be present at their event if a storm is possible and no safe location is available.
- VIII. In the event of a lightning related injury, EMS will be activated. If the athlete is conscious and able to be moved to a safe place, this should be done immediately. If moving the athlete is not possible, the coach will begin first aid as able, and summon the AT.

LIGHTING REFERENCES

1. [National Weather Service. Lightning Safety: Large Venues. Accessed on May 24, 2012.](#)
2. Thomson EM, Howard TM. Lightning injuries in sports and recreation. *Curr Sports Med Rep.* 2013;12(2):120-124.
3. Walsh, K. M., et al. (2013). "National Athletic Trainers' Association position statement: lightning safety for athletics and recreation." *J Athl Train* 48(2): 258-270.
4. Walsh K, Cooper MA. Lightning. In: Casa DJ, ed. *Preventing Sudden Death in Sport and Physical Activity*. Sudbury, MA: Jones & Bartlett Learning. 2012: 157-168.

Cold Injury

- I. Athletes suspected of hypothermia or frostbite should immediately be removed from the cold environment. The AT, assistant coach, or responsible student should accompany the injured athlete indoors.
- II. The AT, if not present, shall be summoned to meet the athlete indoors for further evaluation.

Injury Management in Helmeted Sports

- A. Coaches will keep the helmet toolbox with them during games and practices.
- B. In the event of an unconscious athlete or suspected spinal injury, the head coach will activate EMS and summon the AT.
- C. The helmet's facemask should be removed in order to allow access to the athlete's airway.
- D. The helmet and shoulder pads should be left in place. They should only be removed if the following apply:
 - I. The facemask cannot be removed.
 - II. The helmet does not fit properly and therefore does not provide adequate spinal stabilization.
- E. In the event the helmet needs to be removed, the helmet and shoulder pads should be removed together.

AED Distribution

- A. In Accordance to Janet's Law, An AED must be within a "reasonable distance" from any high school game or practice.
- B. AED'S are mounted in the high school's athletic wing by the weight room, outside the nurse's office on the 1st floor, outside the cafeteria on the basement level, outside of room 210 on the 2nd floor of the main high school and outside of room 310 on the third floor of the high school. Sports utilizing the high school gymnasium for practice or competition will use the AED located in the Athletic Training Office. Coaches should familiarize themselves with the locations of these devices. (maps are provided at the end of each site EAP).
- C. Teams utilizing the off-site locations will obtain and AED from the business office prior to the start of the season. Once a month, all athletic department AED's will be brought to the

Athletic Training Office for inspection. The middle school nurse or their designee will maintain the AED in the middle school. Coaches will be notified 2 days before inspection.

- D. Coaches of teams using the Smalley school field will be granted access to the school, ns in case of a cardiac emergency, the coach or a designee, will retrieve the AED.
- E. Teams using the Community Middle School for practices or competitions will have the access to the AED located outside of the main office.



Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Joe Barile Gymnasium
111 West Union Ave, Bound Brook, NJ, 08805



Emergency Plan For: Volleyball, Boys and Girls Basketball and Practices of Outdoor Sports due to Inclement Weather.

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer.
2. Head coach who is First Aid and /or CPR/AED certified.
3. Additional Staff with first aid or higher certifications.
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There is also an AED in hallway outside the gym down the hallway near the weight room and in the Athletic Training room under the treatment table in a big yellow case.
- There are Epi pens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

1. Immediate Care of the Injured or ill student-athlete.
2. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information.:
 - Identify Yourself and your role in the emergency
 - Specify your specific location (***Best access is by using the first doors on the left in parking lot behind the school***) and telephone number.
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (Court, stands, Athletic training room, ETC.)
3. Emergency Equipment bag (red bag underneath the treatment table inside the athletic training room) retrieval.
4. Notify parents/ guardians of the student athlete.

- Assistant coach(s) will be responsible for calling the parents if they are not on site.
5. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
 6. Direction of EMS to the Scene:
 - Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate doors and clear access to the door if needed.
 7. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
 - They will limit scene to essential personnel and/or move bystanders away from the scene.
 8. It is the responsibility of the first responder once the athlete has been transported to:
 - Write up the Injury report.
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

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Ashley Nemerofsky, Bound Brook School District Head Nurse Email: Anemerofsky@bbrook.12.nj.us	Nearest Hospital: Robert Wood Johnson University Hospital 110 Rehill Avenue, Somerville NJ 08876



Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Mike Schibanoff Wrestling Room
111 West Union Ave, Bound Brook, NJ, 08805



Emergency Plan For: High School and Middle School Wrestling and Weight Room.

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer.
2. Head coach who is First Aid and /or CPR/AED certified.
3. Additional Staff with first aid or higher certifications.
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: An AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There is also an AED in hallway outside the gym down the hallway near the weight room and in the Athletic Training room under the treatment table in a big yellow case.
- There are Epipens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

1. Immediate Care of the Injured or ill student-athlete.
2. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information:
 - Identify yourself and your role in the emergency.
 - Specify your specific location (*Quickest access is for EMS to use the Doors on Windsor Street*) and telephone number (location is above).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (Court, stands, Athletic training room, ETC.).
3. Emergency Equipment bag (Team medical kit or red bag underneath the treatment table inside the athletic training room) retrieval.
4. Notify parents/ guardians of the student athlete.

- Assistant coach(s) will be responsible for calling the parents if they are not on site.
5. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
 6. Direction of EMS to the Scene:
 - Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate doors and clear access to the door if needed.
 7. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
 - They will limit scene to essential personnel and/or move bystanders away from the scene.
 8. It is the responsibility of the first responder once the athlete has been transported to:
 - Write up the Injury report.
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

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<p>Ashley Nemerofsky, Bound Brook School District Head Nurse</p> <p>Email: Anemerofsky@bbrook.12.nj.us</p>	<p>Nearest Hospital:</p> <p><i>Robert Wood Johnson University Hospital</i> <i>110 Rehill Avenue, Somerville NJ 08876</i></p>



Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Lamonte Field
1 Crusader Way, Bound Brook, NJ, 08805



Emergency Plan For: Football, Soccer's Cheerleading and Track and Field

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer
2. Head coach who is First Aid and /or CPR/AED certified
3. Additional Staff with first aid or higher certifications
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- An AED is provided by the ATC for the football team.
- There is also an AED in the vestibule of the Field House, right outside the locker rooms and training rooms.
- There are Epipens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

1. Immediate Care of the Injured or ill student-athlete.
2. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information:
 - Identify yourself and your role in the emergency.
 - Specify your specific location and telephone number (*location is above*).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (field, stands, athletic training room, ETC.).
3. Emergency Equipment bag (Team Medical Kit or red emergency bag on the golf cart or with the ATC) retrieval.
4. Notify parents/ guardians of the student athlete.

- Assistant coach(s) will be responsible for calling the parents if they are not on site.
5. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
 6. Direction of EMS to the Scene:
 - Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate doors and clear access to the door if needed.
 7. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
 - They will limit scene to essential personnel and/or move bystanders away from the scene.
 8. It is the responsibility of the first responder once the athlete has been transported to:
 - Write up the Injury report
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

Injury Management in Helmeted Sports:

1. Coaches will keep the helmet toolbox with them during games and practices.
2. In the event of an unconscious athlete or suspected spinal injury, the head coach will activate EMS and summon the Athletic Trainer.
3. The helmets facemask should be removed in order to allow access to the athletes airway.
4. The helmet and shoulder pads should be left in place. They should only be removed if the following apply:
 - a. The facemask can not be removed.
 - b. The helmet does not fit properly and therefore does not provide adequate spinal stabilization.
5. In event the helmet needs to be removed, the helmet and shoulder pads should be removed together.

Inclement Weather: In event of thunder and/or lightning during an event, competition will stop and all athletes, coaches, spectators and staff will be evacuated to the following sites:

1. Bound Brook High School Team.....Home Team Locker Room
2. Bound Brook High School Cheerleaders.....BBFH Athletic Training Room
3. Visiting High School Team.....Visiting Team Locker Room
4. Visiting High School CheerleadersField House Lobby of Bus
5. Bound Brook Administration.....BBFH Athletic Training Room
6. Visiting High School Administration.....Visiting Team Locker Room
7. Officials.....Officials Locker Room
8. DoctorBBFH Athletic Training Room
9. Announcer/Video.....Remain in Press Box
10. Spectators.....Their Own Vehicles or Leave

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Ashley Nemerofsky, Bound Brook School District Head Nurse Email: Anemerofsky@bbrook.12.nj.us	Nearest Hospital: <i>Robert Wood Johnson University Hospital</i> <i>110 Rehill Avenue, Somerville NJ 08876</i>



Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Tea Street Softball Field,
Bound Brook, NJ, 08805



Emergency Plan For: Softball

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer
2. Head coach who is First Aid and /or CPR/AED certified
3. Additional Staff with first aid or higher certifications
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There are Epipens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

1. Immediate Care of the Injured or ill student-athlete.
2. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information;
 - Identify yourself and your role in the emergency.
 - Specify your specific location and telephone number (*location is above*).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (field, stands, athletic training room, ETC.).
3. Emergency Equipment (Team Medical Kit) retrieval.
4. Notify parents/ guardians of the student athlete.
 - Assistant coach(s) will be responsible for calling the parents if they are not on site.
5. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
6. Direction of EMS to the Scene:

- Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate gates and clear access to the gate if needed.
7. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
- They will limit scene to essential personnel and/or move bystanders away from the scene.
8. It is the responsibility of the coach, once the athlete has been transported to:
- Contact the ATC (If not present)
 - Write up the Injury report
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

Inclement Weather:

In event of thunder and/or lightning during an event, competition will stop and all athletes and coaches will shelter inside their bus or vehicles, and spectators and staff will take shelter inside their vehicles or leave.

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Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Billian Legion Park,
548 East Main St, Bound Brook, NJ, 08805



Emergency Plan For: Baseball

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

5. Certified Athletic Trainer
 1. Head coach who is First Aid and /or CPR/AED certified
 2. Additional Staff with first aid or higher certifications
 3. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There are Epipens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

4. Immediate Care of the Injured or ill student-athlete.
5. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information;
 - Identify yourself and your role in the emergency.
 - Specify your specific location and telephone number (*location is above*).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (field, stands, athletic training room, ETC.).
6. Emergency Equipment (Team Medical Kit) retrieval.
7. Notify parents/ guardians of the student athlete.
 - Assistant coach(s) will be responsible for calling the parents if they are not on site.
8. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
9. Direction of EMS to the Scene:

- Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate gates and clear access to the gate if needed.
10. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
- They will limit scene to essential personnel and/or move bystanders away from the scene.
11. It is the responsibility of the coach, once the athlete has been transported to:
- Contact the ATC (If not present)
 - Write up the Injury report
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

Inclement Weather:

In event of thunder and/or lightning during an event, competition will stop and all athletes and coaches will shelter inside their bus or vehicles, and spectators and staff will take shelter inside their vehicles or leave.

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<p>Ashley Nemerofsky, Bound Brook School District Head Nurse Email: Anemerofsky@bbrook.12.nj.us</p>	<p>Nearest Hospital: Robert Wood Johnson University Hospital 110 Rehill Avenue, Somerville NJ 08876</p>



Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Colonial Park (Knob Hill Entrance),
156 Mettlers Road, Somerset NJ, 08873



Emergency Plan For: Girls and Boys Tennis Matches

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer
2. Head coach who is First Aid and /or CPR/AED certified
3. Additional Staff with first aid or higher certifications
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There are Epipens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

5. Immediate Care of the Injured or ill student-athlete.
6. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information;
 - Identify yourself and your role in the emergency.
 - Specify your specific location and telephone number (*location is above*).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (field, stands, athletic training room, ETC.).
7. Emergency Equipment (Team Medical Kit) retrieval.
8. Notify parents/ guardians of the student athlete.
 - Assistant coach(s) will be responsible for calling the parents if they are not on site.
9. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
10. Direction of EMS to the Scene:

- Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate gates and clear access to the gate if needed.
11. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
- They will limit scene to essential personnel and/or move bystanders away from the scene.
12. It is the responsibility of the coach, once the athlete has been transported to:
- Contact the ATC (If not present)
 - Write up the Injury report
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

Inclement Weather:

In event of thunder and/or lightning during an event, competition will stop and all athletes and coaches will shelter inside their bus or vehicles, and spectators and staff will take shelter inside their vehicles or leave.

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Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Codrington Park
200 Thompson Ave, Bound Brook, NJ 08805



Emergency Plan For: Girls and Boys Tennis Practice

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer
2. Head coach who is First Aid and /or CPR/AED certified
3. Additional Staff with first aid or higher certifications
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There are Epipens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

5. Immediate Care of the Injured or ill student-athlete.
6. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information;
 - Identify yourself and your role in the emergency.
 - Specify your specific location and telephone number (*location is above*).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (field, stands, athletic training room, ETC.).
7. Emergency Equipment (Team Medical Kit) retrieval.
8. Notify parents/ guardians of the student athlete.
 - Assistant coach(s) will be responsible for calling the parents if they are not on site.
9. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
10. Direction of EMS to the Scene:

- Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate gates and clear access to the gate if needed.
11. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
- They will limit scene to essential personnel and/or move bystanders away from the scene.
12. It is the responsibility of the coach, once the athlete has been transported to:
- Contact the ATC (If not present)
 - Write up the Injury report
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

Inclement Weather:

In event of thunder and/or lightning during an event, competition will stop and all athletes and coaches will shelter inside their bus or vehicles, and spectators and staff will take shelter inside their vehicles or leave.

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Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Rock Machine Park,
208 W Main St, Bound Brook, NJ 08805



Emergency Plan For: Boys and Girls Soccer

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer
2. Head coach who is First Aid and /or CPR/AED certified
3. Additional Staff with first aid or higher certifications
4. Any individual(s) on site who is CPR/AED certified when called upon.

Emergency Communication: A working cellular phone.

Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

- All Coaches are required to retrieve an AED at the District office before preseason to have on them at all times, bus included.
- There are Epi pens locked up in the trainers office at all times and inside the personal AED of the ATC.

Roles of the First Responder:

5. Immediate Care of the Injured or ill student-athlete.
6. The Site Supervisor or an appointee by the lead Medical Advisor on site will activate the Emergency Medical System (EMS) by calling 911 and providing the following information;
 - Identify yourself and your role in the emergency.
 - Specify your specific location and telephone number (*location is above*).
 - Give name(s) of injured/ill individual(s).
 - Condition of victims(s).
 - Time of Incident.
 - Care being provided.
 - Give specific directions to the scene of the emergency (field, stands, athletic training room, ETC.).
7. Emergency Equipment (Team Medical Kit) retrieval.
8. Notify parents/ guardians of the student athlete.
 - Assistant coach(s) will be responsible for calling the parents if they are not on site.
9. Notify Athletic Director (if not on site).
 - Site supervisor or his/her appointee will contact the AD
10. Direction of EMS to the Scene:

- Site Supervisor will designate individual(s) to “flag down” EMS and direct the to the scene.
 - Open appropriate gates and clear access to the gate if needed.
11. The Athletic Director, Site Supervisor and/or appointee(s) will be in charge of Scene/Crowd Control If necessary:
- They will limit scene to essential personnel and/or move bystanders away from the scene.
12. It is the responsibility of the coach, once the athlete has been transported to:
- Contact the ATC (If not present)
 - Write up the Injury report
 - Email the Nurse if there was a suspected head injury, life-threatening event, or if the athlete will be out or on supported crutches/bracing the following day in school. Especially if they need special provisions for school (reduced workload, elevator access, ETC).

Inclement Weather:

In event of thunder and/or lightning during an event, competition will stop and all athletes and coaches will shelter inside their bus or vehicles, and spectators and staff will take shelter inside their vehicles or leave.

<p>Jeff Steele, Athletic Director/Assistant Principal Cell: (908) 752-8190</p>	<p>Matthew Cumber, Bound Brook School District Athletic Trainer, Cell: (732) 277-5289</p>
<p>Ashley Nemerofsky, Bound Brook School District Head Nurse Email: Anemerofsky@bbrook.12.nj.us</p>	<p>Nearest Hospital: Robert Wood Johnson University Hospital 110 Rehill Avenue, Somerville NJ 08876</p>



Bound Brook School District
Department of Athletics
2021-2022 Emergency Action Plan
Smalley Elementary School
163 Cherry Ave, Bound Brook, NJ 08805



Emergency Plan For: Cheerleading and Middle School Soccer's, Softball and Baseball

Emergency Personnel: Certified Athletic Trainer, Coaches Certified in First Aid/CPR and additional staff certified who are working the game. The hierarchy will be:

1. Certified Athletic Trainer
2. Head coach who is First Aid and /or CPR/AED certified
3. Additional Staff with first aid or higher certifications
4. Any individual(s) on site who is CPR/AED certified when called upon.

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Emergency Equipment: A Sideline AED will be carried by the coach at all times during practice and at home and away games, splints and medical kits.

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