

Cocalico Youth Soccer Club
Emergency Action Plan



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Purpose & Contacts

An emergency action plan is designed to help team officials and guardians respond to emergencies in a clear and responsible manner.

Emergency Contact Information:

Emergency Phone Number: **9-1-1**

Non-Emergency Phone Number: (717) 664-1100 - (Lancaster County Wide Communications)

Local Hospital(s):

Ephrata Community Hospital
169 Martin Ave, Ephrata Pa 17522
Phone: (717) 733-0311

Reading Hospital – **Trauma Center**
420 South 5th Ave, West Reading Pa 19611
Phone: (484) 369-0721

Lancaster General Hospital – **Trauma Center**
555 North Duke Street, Lancaster Pa 17602
Phone: (717) 544-5511

Urgent Care Centers:

Ephrata Urgent Care
****Imaging Services Available – MRI, X-ray, CT Scan, Ultrasound****
446 North Reading Road, Ephrata Pa 17522
Phone: (717) 721-4307

Tower Health Urgent Care
****Imaging Services Available – X-ray****
4860 Penn Ave, Sinking Spring Pa 19608
Phone: (484) 659-1520

Lancaster General Health Urgent Care
****Imaging Services Available – X-ray****
895 East Main Street, Ephrata Pa 17522
Phone: (717) 721-4585

Patient First Urgent Care
****Imaging Services Available – X-ray****
2600 Paper Mill Road, Wyomissing Pa 19610
Phone: (484) 220-0051

Club Representatives:

President: Joshua Nichols
Email: President.cysc@gmail.com

Coach Coordinator: Corey Felker
Email: Coachcoordinator.cysc@gmail.com

Vice President: Raymond Hohl
Email: raymondhohl79@gmail.com

Risk Management Coordinator: Katie Unruh
Email: katie@unruhinsurance.com

East Cocalico Police Station – (717) 336-1725 (*non-emergent number*)

Ephrata Police Station – (717) 738-9265 (*non-emergency number*)

Emergency Services

Emergency Phone: **9-1-1 (County Dispatch Center)**

Non-Emergency Phone Number: (717) 664-1100 (County Dispatch Center)

Field Locations:

Cocalico High School
810 South 4th Street
Denver, Pa 17517

Old Homestead Park
30 Hayloft Road
Denver, Pa 17517

LARS Tournament Sub Location:

Garden Spot Fields
565 Airport Road
New Holland, Pa 17557

AED Location(s)

Cocalico Fields – Inside CYSC shed – next to the fire extinguisher just inside the door.

Old Homestead Park – No Current AED housed at the fields, currently housed at the Cocalico Fields

Different Levels of EMS

Basic Life Support Ambulance (BLS): *Emergency Medical Technician*; Basic first aid care including bleeding control, splinting, and obtaining basic vital signs (Heart Rate, Blood Pressure, Oxygen Level). These providers are also trained in health care CPR.

Advanced Life Support ALS: *Paramedic/Pre-Hospital RN*; Advanced life support are trained with the same skills as EMTs are but with additional training in medication administration, cardiac monitoring, advanced airway placement, IV/IO, and often times hold certifications in advanced training practices like Advanced Cardiac, Pediatric, Stroke, and Medical Life Support.

What emergency services do we have locally?

BLS Services

Reamstown Fire Company (2.8 miles to CHS // 3.3 miles to Old Homestead Park)

12 West Church Street
Reamstown, Pa 17567
Phone: (717) 214-6018

Reinholds Community Ambulance (4.3 miles to CHS // 3.3 miles to Old Homestead Park)

34 East Main Street
Reinholds, Pa 17569
Phone: (717) 336-0217

Ephrata Community Ambulance (4.1 miles to CHS // 7.1 miles to Old Homestead Park)

528 West Main Street
Ephrata, Pa 17522
Phone: (717) 733-2821

Fivepointsville Ambulance (8.2 miles to CHS // 4.6 miles to Old Homestead Park)

1094 Dry Tavern Road
Denver, Pa 17517

ALS Services

WellSpan EMS (ALS Only) (3.8 miles to CHS // 6.8 miles to Old Homestead Park)

169 Martin Ave (Ephrata Hospital)
Ephrata, Pa 17522
Phone: (717) 738-6116

New Holland Unit (11 miles to CHS // 12 miles to Old Homestead Park)

501 East Main Street
New Holland, Pa 17557
Phone (717) 355-9972

Northwest EMS (Brickerville Fire Company) (8.2 miles to CHS // 13 miles to Old Homestead Park)

10 Hopeland Road
Lititz, Pa 17543
Phone: (717) 626-6711

Injured Player

When an injury occurs:

- Control the environment so no further harm occurs (stop all athletes)
- Assess Injuries

When to Activate EAP?

- No Pulse
- No Breathing
- Bleeding Profusely
- Impaired Consciousness
- Injuries to Back, Neck, Head
- Major Trauma to a Limb
- Cannot move or Feel Limbs
- Seizure
- Heat illness: Change in facial color or appearance, disorientation, or loss of consciousness.
- When you believe you should

How to Activate EAP?

- Call **9-1-1** or tell someone to call and relay the information about injuries.
- Provide First Aid: STABILIZE victim to the best of your knowledge.
- Gather facts by talking to the injured person and anyone who witnessed the incident
- Stay with the injured person and try to keep him/her calm
- Direct someone to the street side of the field to direct emergency vehicles to the incident

Calling 9-1-1:

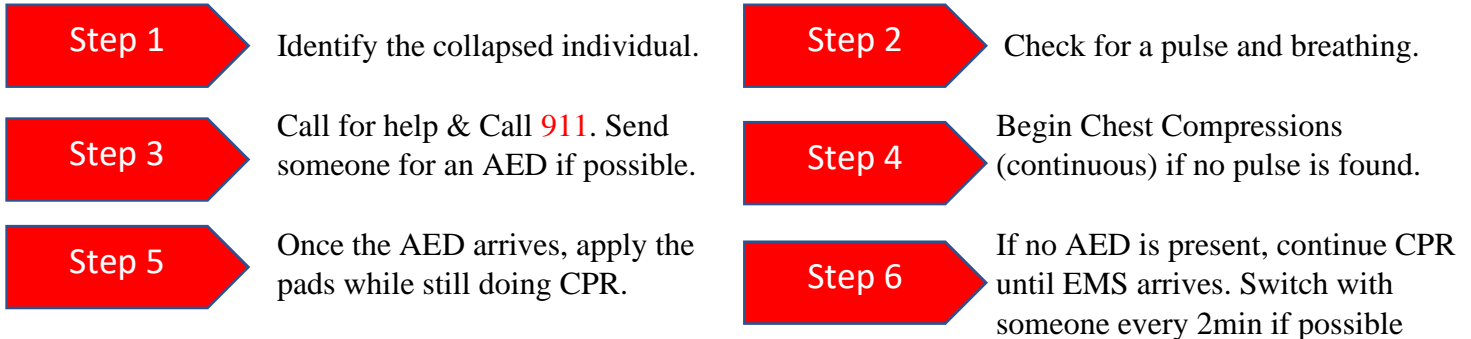
- Staying calm can be one of the most difficult, yet most important, things you do when calling

9-1-1.

- Listen and answer the questions asked. By doing this, it helps the call-taker understand your situation and will assist you with your emergency until the appropriate police, fire, or medical units arrive.
- The individual calling 9-1-1 must be aware that the 9-1-1 center they are speaking with may not be familiar with the area. Along with the address, try to provide geographical information to the 9-1-1 center like landmarks, cross street signs and buildings, and the name of the city or county you are in. Knowing the location is vital to getting the appropriate police, fire, or EMS units to respond. Providing an accurate address is critically important when making a 9-1-1 call.

Cardiac Emergencies

Non-contact collapse of an athlete, coach, referee, or bystander is presumed to be sudden cardiac arrest. While not common, an immediate and appropriate on-site response with bystander intervention is critical for a potential positive outcome.



While not common, Sudden Cardiac Arrest can occur at any age. Prompt initiation of chest compressions and the application of a readily available AED are key contributors to a successful resuscitation.

TRADITIONAL CPR

1. Gently shake victim to check if conscious
2. Do mouth-to-mouth //mouth-to-mask ventilations
3. Do chest compressions
4. Alternate cycles of mouth-to-mouth ventilations and chest compressions

Hard to remember, perform, teach, requires mouth-to-mouth contact and is useful for victims younger than 12 years old and drowning.

HANDS-ONLY CPR

1. CHECK if victim is conscious
2. CALL 9-1-1 if not conscious
3. COMPRESS – Do Hands-Only CPR
4. NO mouth-to-mouth ventilation is needed

Easy to remember, perform, teach, does NOT require mouth-to-mouth contact and is useful for adults and non-drowning victims.

How to use an AED:

1. Open the AED unit
2. Turn the AED unit ON
3. Listen to the voice prompts
4. Take out the Pads
5. Peel the pads off the lining
6. Place the pads on the patient's base skin exactly as shown on each pad
7. Follow the voice instructions

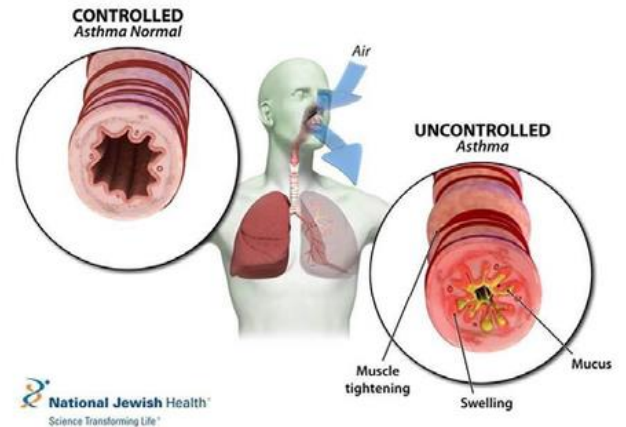
Respiratory Emergencies

Asthma is the most common breathing problem that occurs with exercise. Another possible cause for a respiratory emergency is an allergic reaction.

What is Asthma?

Asthma is defined by airway obstruction due to a combination of:

1. Inflammation (irritation & swelling) of the lining of the airways.
2. Bronchospasm (tightening or narrowing of the muscles that surrounds the airways)
3. Mucus production



What is an allergic Reaction?

1. The body's immune system exaggerated response to an allergen (foreign invader).
2. Symptoms include:
 - a. Shortness of breath
 - b. Sensation of a closing airway
 - c. Itchy, watery eyes & skin
 - d. Hives
 - e. Loss of consciousness (typically due to low blood pressure)

Deep rapid breathing that normally occurs during vigorous exercise leads to inhaling cooler, drier air, which can trigger **bronchospasm**.

What should I do?

Step 1

Recognize the individual with respiratory distress.

Step 2

Call **9-1-1** if you feel it is a true emergency followed by notifying the parents. (Often times, the player's parent will already be there with knowledge of the previous medical history)

Step 3

If the player's parents have a prescribed inhaler, the player themselves or the parent should administer the fast-acting rescue inhaler. In an allergic reaction setting, the affected individual may have an Epi-Pen.

Step 4

If there is little to no improvement to the individual's symptoms, and **9-1-1** has not already been called, call **9-1-1** as soon as possible. Although the player's parent's right (under 18), strongly advocate using **9-1-1** services and not transporting private vehicle as EMS has the ability to monitor and continue treatment to the hospital.

Concussions // Altered Level of Consciousness

A concussion can be difficult to recognize on the field. Most concussions occur without a loss of consciousness or an obvious sign that something is wrong with a player's brain function. Concussions can occur at any time throughout games or practice, as a blow to the head or body from contact with the ground, the ball, or another player. Items outlined below will help coaches, players, parents, and referees identify the signs and symptoms of concussion and immediately act with the appropriate treatment.

Recognize The Possibility

Changes in brain functions:

- Unaware of game (opposition colors, score of game, last play)
- Confusion
- Amnesia (does not recall events prior to the hit or after the hit)
- Drastic changes in alertness
- Does not know time, place, or date.
- Slow responses to questions or conversation.
- Decreased attention and concentration.

Physical changes:

- Headache
- Dizziness
- Nausea
- Unsteadiness/loss of balance
- Feeling "dinged" or stunned or "dazed"
- Seeing stars or flashing lights
- Double vision
- Ringing in the ears

Mental and emotional changes:

- Depression
- Anxiety
- Anger
- Irritability
- Emotionally unstable

What should I do?

Remove

An athlete who experiences a blow to the head or body should immediately be removed from play and should not return to play until he/she is evaluated. When in doubt, the athlete should sit out.

Evaluate

Have a healthcare professional evaluate the athlete immediately. Do not try to judge the severity of the injury yourself.

Rest

Never rush a return to play. A return to play should only occur after an athlete has been cleared by a medical professional. If you rush the return to play, a player is at significantly higher risk for more problems in the future.

Bleeding Control

Bleeding can be categorized into two classifications: Controlled and Uncontrolled.

- ✓ Controlled bleeding is a wound in which the bleeding is easily controlled (stopped) with interventions such as direct pressure & elevation. (*Most Common*)
- ✓ Uncontrolled bleeding is a wound in which the bleeding continues despite efforts of direct pressure, elevation, and even tourniquet use.

What should I do if a player is bleeding?

Stop

Game play should be stopped immediately to tend to the injured player.

PPE

Before tending to the injured player, protect yourself with personal protective such as disposable gloves.

Pressure

Expose the wound. Tear clothing away. Immediately apply firm, direct pressure to the wound using gauze, clean cloth, an elbow, hand, or knee — whatever it takes to slow or stop the hemorrhage. If the pressure does not stop the bleeding, and the dressing becomes soaked with blood, you will need to apply a tourniquet.

Tourniquet

If the bleeding doesn't stop, place a tourniquet at least 2-3 inches from the wound. The tourniquet may be applied and secured over clothing. Do not apply a tourniquet over a joint such as an elbow, knee, wrist, or ankle.

Tighten

Tighten the tourniquet as tightly as you can manually then use an object such as a windlass rod (commercial tourniquets) or a stick/pole to increase the pressure until the bleeding stops.

Secure

Once the bleeding stops (is controlled), secure the object used to tighten the tourniquet in place.

Time

Note the time the tourniquet was placed, and bleeding was controlled.

Heat Related Injuries & Hydration

Extreme heat can impact players' health and safe play. Proper hydration and knowing when you need to drink are critical, to help prevent many injuries and illnesses, from muscle cramps to heat stroke. Players should drink water before, during and after a game or practice, which means coaches should make sure there is adequate water available.

Various Stages of Heat Related Illnesses:

1. Heat Stress

- a. Cool moist skin, dilated pupils, thirsty, tired & weakness.

2. Heat Exhaustion

- a. Heavy sweating, muscle cramps, nausea/vomiting, weakness, dizziness, headache, syncope (fainting)

3. Heat Stroke

- a. Red, hot skin, confusion, altered level of consciousness, irritability/aggression, weakness, syncope (fainting)

Recognize:

- Dry, sticky mouth
- Sleepiness or tiredness
- Headache
- Dizziness or lightheadedness
- Rapid heartbeat
- Rapid breathing
- Fever
- In the most serious cases, delirium, or unconsciousness

STEP 3 FIND YOUR ALERT LEVEL AND WORK TO REST RECOMMENDATIONS

Based on your WBGT and Regional Category determine your Alert Level and Work to Rest Recommendations using the table below.

ALERT LEVEL	WBGT BY REGION (°F)			EVENT CONDITIONS	RECOMMENDED WORK TO REST RATIOS (ACTIONS & BREAKS)
	CAT 1	CAT 2	CAT 3		
BLACK	>86.2°	>89.8°	>92.0°	Extreme Conditions	No Outdoor Training, delay training until cooler, or Cancel Training.
RED	84.2-86.1°	87.8-89.7°	90.1-91.9°	High Risk for Heat Related Illness	Maximum of 1 hour of training with 4 by 4 minute breaks within the hour. No additional conditioning allowed.
ORANGE	81.1-84.1°	84.7-87.7°	87.1-90.0°	Moderate Risk for Heat Related Illness	Maximum of 2 hours of training with 4 by 4 minute breaks each hour, OR a 10 minute break every 30 minutes of training.
YELLOW	76.3-81.0°	79.9-84.6°	82.2-87.0°	Less than Ideal Conditions	3 Separate 4 minute breaks each hour, OR a 12 minute break every 40 minutes of training
GREEN	<76.1°	<79.8°	<82.1°	Good Conditions	Normal Activities. 3 Separate 3 minute breaks each hour of training, OR a 10 minute break every 40 minutes

Scenes of Violence- Active Shooter

- ❖ An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and/or populated area; in most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims.
- ❖ Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of **Hide (outlined below)** is required to stop the shooting and mitigate harm to victims.
- ❖ Because active shooter situations are often over within 10-15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.
- ❖ If you hear shots fired on campus or on the field, if you witness an armed person shooting or threatening people (active shooter):
 - Immediately choose the best way to protect your life. Very quickly, make your best determination of what is occurring and which of the best options below will provide the greatest degree of security for you employing the “**RUN, HIDE, or FIGHT**” protocol.

Time ↔ Distance ↔ Material

RUN: Evacuate If Possible

- ❖ If there is a considerable distance between you and the gunfire/armed person, quickly move yourself and players away from the sound of the gunfire/armed person. If the gunfire/armed person is in your building and it is safe to do so, run out of the building and move far away until you are in a secure place to hide.
- ❖ Leave your belongings behind.
- ❖ Keep your hands visible to law enforcement.
- ❖ Take others with you, but do not stay behind because others will not go.
- ❖ Call 9-1-1 when it is safe to do so. (See instructions below on calling 9-1-1) Do not assume that someone else has reported the incident. The information that you are able to provide law enforcement may be critical, e.g. the number of shooters, physical description and identification, number and type(s) of weapons, and location of the shooter.

HIDE: Hide silently in as safe a place as possible

- ❖ If the shooter is in close proximity and you cannot evacuate safely, hide in an area out of the armed person's view.
- ❖ Choose a hiding place with thicker walls and fewer windows, if possible.
- ❖ Lock doors and barricade with furniture, if possible.
- ❖ Turn off the lights.
- ❖ Silence phones and turn off other electronics.
- ❖ Close windows, shades, and blinds, and avoid being seen from outside the room, if possible.
- ❖ If you are outdoors and cannot RUN safely, find a place to hide that will provide protection from gunfire such as a brick wall, large trees, or buildings.
- ❖ Call 9-1-1 when it is safe to do so. (See instructions below on calling 9-1-1)
- ❖ Remain in place until you receive an “all clear” signal from first responders.

Scenes of Violence- Active Shooter cont.

FIGHT: Take action to disrupt or incapacitate the shooter

- ❖ As a last resort, fight. If you cannot evacuate or hide safely and only when your life is in imminent danger, take action.
- ❖ Attempt to incapacitate or disrupt the actions of the shooter.
- ❖ Act with physical aggression towards the shooter.
- ❖ Use items in your area such as fire extinguishers or chairs.
- ❖ Throw items at the shooter if possible.
- ❖ Call 9-1-1 when it is safe to do so. (See instructions below on calling 9-1-1)

Immediately after an incident:

- ❖ Wait for law enforcement officers to assist you out of the building, if inside.
- ❖ When law enforcement arrives, players, parents, team officials must display empty hands with open palms.

Note:

- ✓ Understand that gunfire may sound artificial. Assume that any popping sound is gunfire.
- ✓ If there are two or more people in the same place when a violent incident begins, you should spread out to avoid offering the aggressor an easy target.
- ✓ Be mindful that violent attacks can involve any type of weapon, not just a gun. Knives, blunt objects, physical force, or explosives can be just as deadly as a gun. The suggested actions provided here are applicable to any violent encounter.
- ✓ Plan ahead: Visualize possible escape routes, including physically accessible routes for anyone with disabilities and others with limited mobility.

Calling 9-1-1:

- ✓ Staying calm can be one of the most difficult, yet most important, things you do when calling 9-1-1.
- ✓ Listen and answer the questions asked. By doing this, it helps the call-taker understand your situation and will assist you with your emergency until the appropriate police, fire, or medical units arrive.
- ✓ The individual calling 9-1-1 must be aware that the 9-1-1 center they are speaking with may not be familiar with the area. Along with the address, try to provide geographical information to the 9-1-1 center like landmarks, cross street signs and buildings, and the name of the city or county you are in. Knowing the location is vital to getting the appropriate police, fire, or EMS units to respond. Providing an accurate address is critically important when making a 9-1-1 call.