

Cocalico Youth Soccer Club Emergency Action Plan



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Purpose & Contacts

This Emergency Action Plan (EAP) provides clear directions for coaches, staff, and volunteers to respond to medical and safety emergencies during CYSC activities.

This plan applies to:

Games
Practices
Tournaments
Club events

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:
Email: cocalicoyouthsoccer@gmail.com

Risk Management Coordinator:
Email: cyscriskmgt@gmail.com

Vice President:
Email: cocalicosoccervp@gmail.com

Club Registrar:
Email: cyscriskmgt@gmail.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

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?

EMERGENCY ROLES (ASSIGNED BEFORE EVERY EVENT)

Each team must assign roles **before every game/practice:**

- **Primary Responder (Coach)**
 - Leads patient care
 - Stays with patient
 - **911 Caller**
 - Calls 911
 - Provides exact location + details
 - **AED Runner**
 - Retrieves AED immediately
 - **EMS Guide**
 - Meets EMS at entrance
 - Directs to patient
-
- 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

WHEN TO ACTIVATE EMS (CALL 911):

Activate EAP immediately for:

- Unconscious or unresponsive
 - No breathing or no pulse
 - Chest pain or collapse
 - Seizure
 - Severe bleeding
 - Head/neck/spine injury
 - Suspected heat stroke
 - Difficulty breathing
 - Any situation you are unsure of
-
- Staying calm can be one of the most difficult, yet most important, things you do when calling

HOW TO ACTIVATE EMS.

- 1) Call 911
- 2) Provide:
 - a) Exact field location
 - b) Nature of emergency
 - c) Age/condition of patient
- 3) Stay on the phone
- 4) Send EMS Guide to entrance
- 5) Begin care immediately

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.

Treat all non-contact collapse as cardiac arrest.

Actions

- Check responsiveness and breathing
- Call 911
- Start CPR immediately
- Send for AED

CPR

- Push hard and fast (100–120/min)
- Depth: 2–2.4 inches
- Allow full recoil

AED

- Turn on
- Apply pads
- Follow prompts

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.

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

AED Location

Cocalico Fields:

Soccer Shed – Right Door – Just inside to the RIGHT handing on the wall.

Old Homestead Park : Coaches are encouraged to identify the nearest available AED (neighboring facilities, parks, or personal AEDs if available)

Respiratory Emergencies

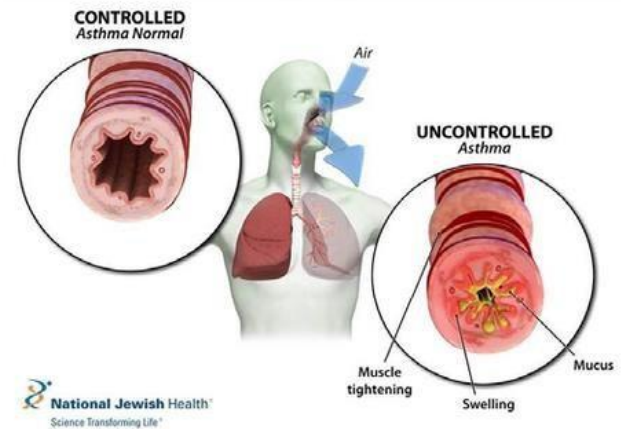
Asthma is the most common breathing problem that occurs with exercise. Another possible cause for a respiratory emergency is an allergic reaction.

Signs

- Shortness of breath
- Wheezing
- Allergic reaction
- Airway swelling

Actions

- Assistant Coach identifies parent
 - Bring the parent to the patient
- Assist with inhaler or EpiPen (if available)
- Call 911 if no improvement
- Keep patient calm



Concussions // Altered Level of Consciousness

Concussions 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.

If suspected:

- Remove from play immediately
- No same-day return

- Dizziness
- Balance issues

Symptoms

- Confusion
- Headache

Return to Play

- Requires written medical clearance
- Coach cannot override

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.

1. Controlled bleeding is a wound in which the bleeding is easily controlled (stopped) with interventions such as direct pressure & elevation. (*Most Common*)
2. 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.

Expose the wound. Tear clothing away. Immediately apply firm, direct pressure to the

Pressure

Stop the hemorrhage. If the pressure does not stop the bleeding, the dressing becomes wound using gauze, clean cloth, an elbow, hand, or knee — whatever it takes to slow or 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

1. 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.
2. 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.
3. 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.
4. If you hear shots fired on campus or on the field, if you witness an armed person shooting or threatening people (active shooter):
 - a. 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.

RUN HIDE FIGHT

RUN: Evacuate If Possible

HIDE: Hide silently in as safe a place as possible

FIGHT: Take action to disrupt or incapacitate the shooter

WEATHER // LIGHTNING POLICY

Lightning Rule (30/30 Rule)

- If thunder is heard → clear fields immediately
- Wait **30 minutes after last thunder** before resuming

Actions

- Move players to cars or buildings
- Avoid trees, open fields, metal

Authority

- Coach or Club Official can stop play

INCIDENT REPORTING

After any emergency:

- Notify Board within 24 hours
- Complete incident report
- Document:
 - What happened
 - Actions taken
 - EMS involvement

COMMUNICATION PLAN

- Coach notifies parent/guardian immediately
- Board notified for serious incidents
- Only designated Board member handles media/public statements