

**Moore Park Soccer Fields 1-9 & 11-17**  
**200 Sonny Roy Lane - Lafayette LA 70507**

**Responding to Emergency**

<b>Emergency Action Plan Roles</b>	<b>Activation of EMS</b>
<ol style="list-style-type: none"> <li>1) Immediate Care of the Athlete</li> <li>2) Activation of EMS</li> <li>3) Emergency Equipment Retrieval</li> <li>4) Contact School's Athletic Trainer</li> <li>5) Emergency Contact/Medical File Retrieval</li> <li>6) Directions to the Emergency Site</li> <li>7) Crowd Control</li> </ol>	<p align="center"><i>Universal Emergency Number: <b>911</b>,</i>  <i>Acadian Ambulance: <b>800-259-1111</b></i></p> <ol style="list-style-type: none"> <li>1) If EMT's are at the event, then a signal (discussed in advance) should be given to summon them forward.</li> <li>2) If EMT's are not on site, activate EMS. The following information should be provided to the dispatcher:                             <ol style="list-style-type: none"> <li>a) Identify yourself.</li> <li>b) Give campus location of injured athlete (specific directions listed on posted EAP forms)</li> <li>c) Inform dispatcher that a member of the EAP team will be waiting at the athletic site entrance</li> <li>d) The condition of the athlete(s) and number of injured athletes if more than one</li> <li>e) Inform them of the suspected injury and the care currently being</li> <li>f) Ask if any additional information is needed</li> <li>g) Make sure that you hang up only after the dispatcher has hung up</li> </ol> </li> </ol>
<b>Emergency Action Plan Hierarchy</b>	
<ol style="list-style-type: none"> <li>1) Team Physician</li> <li>2) Athletic Trainer</li> <li>3) EMT / First Responders</li> <li>4) Tournament Staff</li> <li>5) Head Coaches</li> <li>6) Volunteer Coaches</li> <li>7) Team Administrators / Managers</li> <li>8) Bystanders / Other Athletes</li> </ol>	

**Original Emergency Contact Form/Medical File Location**

*Original Cajun Rush Athlete Medical Files are stored with Association Director. Visiting Team Coaches encouraged to travel and keep their athlete medical and emergency contact information with them*

**Emergency Equipment Locations**

<b>AED Locations</b>	<b>Other Supply Locations</b>
<ol style="list-style-type: none"> <li>1) AED 1: <i>Moore Park - Concession Stand Near Fields 4 &amp; 9.</i></li> <li>2) AED 2: <i>Moore Park - Concession Stand Near Fields 21</i></li> </ol>	<ol style="list-style-type: none"> <li>1) Stored Location: <i>Vacumm Splints to be kept with the Athletic Trainer on Location for Events</i></li> <li>2) Event Location: <i>Event Location: Kept with Athletic Trainer during event</i></li> <li>3) Emergency Meds: <i>Athletes with perscribed emergency meds should keep on sideline or with coach.</i></li> <li>4) Immersion Tub: <i>Utilize ice bags (groin/armpits/neck) when tubs aren't available</i></li> </ol>

**Directions to Location**

From Nearest Highway:

*From I-10 exit at University, Travel North and turn right at Sonny Roy Lane. Fields 1-9 will be on right immediately after parking lots. 11-17 will be past second parking lot.*

Venue Entrance Instructions:

*Enter at North Entrance and head towards first parking lot on left. Fields on right.*

Nearest Intersection: *I-10 & University*

Where EAP Member is waiting: *Entrance to the first parking lot on Sonny Roy*

**Lightning shelter location when lightning within EIGHT (8) miles, safe to resume 30 mins after the LAST lightning strike.**

*Weather Monitor: When AT isn't available, Cajun Rush Director or designee.*

*Home: Home Dressing Room or Vehicles*

*Visitor: Guest will be directed to cars / team bus.*

**Note: Accompany corresponding School Map when posting Venue Specific Emergency Action Plan**

**Moore Park Soccer Fields 18-27**  
**200 Sonny Roy Lane - Lafayette LA 70507**

**Responding to Emergency**

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2) AED 2: <i>Moore Park - Concession Stand Near Fields 21</i>	2) Event Location: <i>Event Location: Kept with Athletic Trainer during event</i>
	3) Emergency Meds: <i>Athletes with perscribed emergency meds should keep on sideline or with coach.</i>
	4) Immersion Tub: <i>Utilize ice bags (groin/armpits/neck) when tubs aren't available</i>

**Directions to Location**

From Nearest Highway:

*From W Pont Des Mouton Rd, turn onto Fairlaine Dr. Travel south turn Right at Laser lane. Pass water tower and meet EAP Member at first water tower.*

Venue Entrance Instructions:

*Enter at North Entrance and head towards first parking lot on left. Fields on right.*

Nearest Intersection: *W Pont Des Mouton Rd & Fairlaine Dr*

Where EAP Member is waiting: *Entrance to first parking lot past water tower*

**Lightning shelter location when lightning within EIGHT (8) miles, safe to resume 30 mins after the LAST lightning strike.**






*Weather Monitor: When AT isn't available, Cajun Rush Director or designee.*

*Home: Home Dressing Room or Vehicles*

*Visitor: Guest will be directed to cars / team bus.*

**Note: Accompany corresponding School Map when posting Venue Specific Emergency Action Plan**

**EMERGENCY ACTION PLAN MAP**

-  EMS Entry Point
-  AED Locations
-  Cold Emersion Tub Location
-  Lightning Shelter Locations
-  Where EAP member will be waiting for EMS



**Notes:**

Identify which side of the park you are on. Back side of park enters at Laser Lane, Front side of the park enters at Sonny Roy Lane.

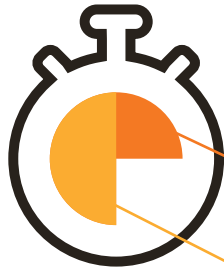
Park attendees will be instructed to return to their cars in the event of lightning / weather delays. Air horns will sound to return to playing surfaces.

AEDs are kept on Athletic Trainer golf carts during hosted tournaments. AEDs are kept in the administrative office all other times.

# BEAT THE HEAT

Summer's high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated.

## DEHYDRATION AND HEAT ILLNESSES



As a rule-of-thumb, most athletes should consume 200 to 300 milliliters of fluid every

**15 MINUTES**  
OF EXERCISE.

It takes only **30 MINUTES** for cell damage to occur with a core body temperature of 105 degrees.



Currently, 13 states have heat-acclimatization policies for secondary school athletics with New Jersey being the first.



Exertional heat stroke is one of the top three killers of athletes and soldiers in training.

- From 2010-15, 20 athletic heat stroke fatalities were reported.
- It takes seven to 14 days for a body to adapt to exercising in the heat.
- Dehydration at levels of 3 to 4 percent body mass loss can reduce muscle strength by an estimated 2 percent.

### SAFETY TIPS



Have sports drinks on hand for workout sessions lasting longer than an hour.

Keep beverages cold – cold beverages are consumed 50 percent more than warm beverages.

Hydrate before, during and after activity.

Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme.



Clothing worn by athletes should be light colored, lightweight and protect against the sun.

- For the first week or so, hold shorter practices with lighter equipment so players can acclimate to the heat.
- Follow a work-to-rest ratio, such as 10-minute breaks after 40 minutes of exercise.
- Get an accurate measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity and radiation from the sun.
- If someone is suffering from exertional heat stroke, remember to cool first and transport second.
- Have large cold tubs ready before all practices and games in case cold water immersion is needed to treat exertional heat stroke.

## SIGNS OF MINOR HEAT ILLNESS



Dizziness

Cramps, muscular tightening and spasms



Lightheadedness, when not associated with other symptoms

### EARLY WARNING SIGNS OF EXERTIONAL HEAT STROKE

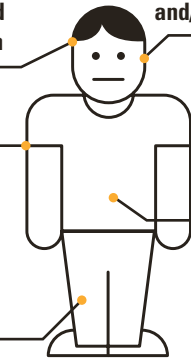
Headache, dizziness, confusion and disorientation

Excessive sweating and/or flushing

Fatigue

Nausea and/or vomiting

Chills and/or goose bumps



## SIGNS OF EXERTIONAL HEAT STROKE



Core body temperature of more than 105 degrees



Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness



Increased heart rate

Rapid breathing

Seizures

Low blood pressure





**RECOGNIZE TO RECOVER**

Presented By THORNE

# HEAT GUIDELINES

## RECOVERY

- Remove from training and away from the source of heat
- Cool in a shaded area using ice towels
- Fan or spray with water to bring down body temperature
- Provide access to fluids/electrolytes and encourage rehydration

## SPECIFIC HEAT-RELATED ILLNESSES

The first steps to recovery in all these cases are replacing fluids and cooling the body by resting in a cool, shaded place. Fanning or spraying with water will also help bring down the body temperature.

### Heat Cramps

Heat cramps usually affect those who sweat a lot during strenuous activity. This sweating depletes the body's salt level, as well as hydration. Low salt levels lead to painful muscle cramps. Heat cramps may also be a symptom of heat exhaustion.

### Heat Stroke

Heat stroke is the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature. When this happens, the body's temperature rises rapidly, the sweating mechanism fails and the body is unable to cool down. The surge in body temperature can happen very quickly, within 10 to 15 minutes, rising to 106° Fahrenheit or higher. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Someone suffering heat stroke will be dizzy and confused. They may slur their speech, have hallucinations or complain of a throbbing headache. While their skin may be warm to the touch, they may actually complain of chills. If you suspect heat stroke, get the on-site medical provider or call 9-1-1.

## MANAGEMENT

### Heat Illness (Heat Exhaustion, Heat Cramps)

- Remove from training and source of heat
- Cool in a shaded area using ice towels
- Provide access to fluids/electrolytes and encourage rehydration

### Exertional Heat Stroke

- Is a medical emergency
- Immediately call EMS (911) and prepare hospital for heat related emergency
- Athlete may have confusion or altered mental status and a rectal temperature >104°F
- Remove excess clothing/equipment and immediately begin cooling the athlete by placing them in an ice-water-tub
- If no tub is present, rotate cold wet ice towels (every 2-3 minutes over the entire surface of the body or as much as possible)

In severe cases of exertional heat stroke:

- Remove excess clothing/equipment and immediately begin cooling the athlete by placing them in an ice-water tub
- If no tub is present, rotate cold, wet ice towels every 2-3 minutes over the entire surface of the body or as much as possible
- Call 9-1-1 – Exertional heat stroke is a medical emergency

### Heat Exhaustion

Heat exhaustion is the body's response to an excessive loss of water and salt, usually through excessive sweating. Someone suffering from heat exhaustion may appear confused or disoriented. It can lead to extreme weakness or fatigue, dizziness and nausea.





# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What is a concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - > Work with their coach to teach ways to lower the chances of getting a concussion.
  - > Emphasize the importance of reporting concussions and taking time to recover from one.
  - > Ensure that they follow their coach's rules for safety and the rules of the sport.
  - > Tell your teens that you expect them to practice good sportsmanship at all time.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

### Talk with your teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away.



## How can I spot a possible concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

### Symptoms reported by teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not “feeling right” or “feeling down”



# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

Although most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities. **Be sure to offer support during their recovery and allow them to stay connected with friends and others.**

## What are some more serious danger signs to look out for?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body, and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if after a bump, blow, or jolt to the head or body he or she has one or more of these danger signs:



- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## What should I do if my teen has a possible concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

