

Central Washington University Recreation Emergency Action Plan

Introduction

Emergency situations may arise at anytime during athletic or recreational events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at anytime and during any activity, University Recreation must be prepared. Athletic and recreational organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports and recreational participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

These are the basic components of this plan:

1. emergency personnel
2. emergency communication
3. emergency equipment
4. roles of first responder
5. venue directions
6. emergency action plan checklist for non-medical emergency

Emergency Plan Personnel

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), AED, first aid, prevention of disease transmission, and emergency plan review is required for all professional and student recreation personnel. Copies of training certificates and/or cards are maintained electronically by admin staff. In addition, all sport clubs must have at least 10% (or at least one member, whichever is more) of members certified in adult CPR/AED/First Aid.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians and paramedic students, certified athletic trainers and student athletic trainers; coaches; managers; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. **Individuals with lower credentials should yield to those with more appropriate training.** The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is

deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. The third role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, student employees or interns, managers, and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, manager, or coach may be appropriate for this role. The fifth role to be performed by the emergency team is **crowd control**. Only individuals dealing with the immediate care of the student athlete should be allowed contact with the injured individual. Coaches, athletic department staff, and campus police are most helpful while keeping the area clear of onlookers. Other student athletes should not be assisting with the care of the individual unless directed by a member of the sports medicine team.

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete or patron
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

Activating the EMS System

Making the Call:

- 911
- notify campus police at (509) 925-8534

Providing Information:

- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical *
- number of athletes/patrons
- condition of athlete(s)/patron(s)
- first aid treatment initiated by first responder
- specific directions as needed to locate the emergency scene ("come to south entrance of coliseum")
- other information as requested by dispatcher
- any medication taken and when

** if non-medical, refer to the specific checklist of the emergency action plan*

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular

sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. It is recommended that a few members of the emergency team be trained and responsible for the care of the equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise. The following is a list of emergency equipment that should be present at high-risk events; in addition, a first aid kit list is provided and should be present at EVERY event, as well as fully stocked in the Recreation Center weight room, cardio area, and by the front Access desk.

Emergency Equipment

AED or Travel AED
Crutches
Vacuum splints
Ice
Ice bags
Flexiwrap
Sam splints
Elastic wraps

First Aid Kit

1 CPR mask
antibiotic ointment
q-tips
noseplugs
tongue depressors
bandaids
gloves
scissors
Hydrogen peroxide
Gauze pads
Biohazard bags
Antibacterial hand gel

Depending on the situation, some kits may include:

Tufskin
Tape
Prewrap
Tweezer
Scissor

Medical Emergency Transportation

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on-site ambulance coverage. Ambulances may be coordinated on site for other special events/sports. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the

venue. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation.

In the event of an emergency situation occurring at a University Recreation-sponsored event, the following policies and procedures are recommended:

Emergency Personnel: certified athletic trainer and athletic training student(s) and paramedic students on site for games.

Emergency Communication: cellular telephone carried by certified athletic trainers and game staff.

Emergency Equipment: emergency supplies carried by athletic trainer, team first aid kit.

Roles of First Responders:

1. Immediate care of the injured or ill student-athlete
2. Emergency equipment retrieval
3. Activation of emergency medical system (EMS)
 - a. call 911
 - b. notify campus police at (509) 925-8534
4. Direction of EMS to scene
 - a. open appropriate gates and doors
 - b. designate individual to “flag down” EMS and direct to scene
5. Crowd Control: limit scene to first aid providers and move bystanders away from the areas
6. Call event supervisor [Corey Sinclair at (509) 899-1338, Eric Scott at (509) 607-1359, or Michael Montgomery at (509) 607-1348]. If the supervisor does not answer, leave a detailed message and follow up with a status report once the situation is stable and provide contact information for the injured people.
7. Complete an accident report (see addendum).

Venue Directions: Provide direct location for emergency personnel. An athletic department staff member should and will meet the emergency personnel at the street and direct them to the site.

Sample Call Script: My name is _____ and I am calling from phone number _____. I am at _____ (venue) located at _____ (address) _____. We need an ambulance to transport an injured individual. The individual was injured by (type of injury, how occurred, etc.). Currently the individual is being treated by (Athletic Trainer, Physician, etc.). A member of the athletic staff will meet the ambulance in front of the building.

Now would be the best time to give any additional information that would assist the responding emergency medical team. Additional information may include exact location in facility, treatment received, medications taken, etc.

Important Numbers

Campus Police (509) 925-8534

Sports Medicine (509) 963-3550

Events may take place at any of the following locations:

- Town Toyota Center- 1300 Walla Walla Ave, Wenatchee, WA
- Yakima Ice Rink- 1700 E. Beech St., Yakima, WA
- Alder Recreation Fields-corner of E. 18th Ave and Alder, Ellensburg, WA
- Ellensburg Racquet Club-6601 Vantage Highway, Ellensburg, WA
- Nicholson Fields-801 E. Dean Nicholson Blvd., Ellensburg, WA (behind Nicholson building, east of Tomlinson stadium)
- Nicholson Building-715 E. Dean Nicholson Blvd., Ellensburg, WA
- Suncadia Resort-3600 Suncadia Trail Golf Course, Cle Elum, WA
- Varsity Soccer Complex-1611 N. Alder St., Ellensburg, WA
- Kittitas County Fairgrounds-512 N. Poplar St., Ellensburg, WA
- Aquatics Facility-1510 N. Walnut St., Ellensburg, WA
- Recreation Center-1007 N. Chestnut St., Ellensburg, WA
- Rodeo Bowl-830 N. Poplar St., Ellensburg, WA
- Ellensburg Golf and Country Club-3231 S. Thorp Hwy, Ellensburg, WA
- Mountain View Park-1201 E. Seattle Ave, Ellensburg, WA
- Rotary Park-1200 W. 5th, Ellensburg, WA

Non-Medical Emergencies

For non-medical emergencies, the following procedures/recommendations should be used.

Bomb Threat:

1. By phone: Keep caller on phone to gain as much information about the bomb and person calling as possible.
2. By mail: If you receive a suspicious package touch it as little as possible.
3. Report it: Notify University Police by dialing 911.
4. Avoid panic. Calmly direct people from the building.
5. If evacuating: If asked to leave the building, open all doors and windows on the way out.
6. Do not block sidewalks or other areas used by emergency officials.
7. Do not sound alarms unless told to do so by Campus Police.

Fire:

1. Alert others: Yell loudly! Pull nearest pull station.
2. Report it: Dial 911.
3. Evacuate: Be sure everyone in your area has left. Close all windows and doors. See specific information on evacuation for University Recreation in attached safety audit information.
4. Extinguish: Attempt to put the fire out only if it is very small. Use the right type of extinguisher.
5. If Trapped: Close off area. Stand near window and signal for help.
6. Stay Out: Do not reenter building until told by EMS/Fire staff to do so.

Hostile/Armed Intruder:

1. Dial 911 if you are able to report the incident.
2. Secure the immediate area:
 - a. Lock and barricade doors
 - b. Turn off all lights
 - c. Close blinds

- d. Turn off all computers and radios, silence cell phones
 - e. Keep calm, quiet, and out of sight
 - f. Take adequate cover using concrete walls, desks, and filing cabinets
3. Only attempt to leave a secure area if it improves your chance of survival, as this puts yourself and others at risk

Earthquake:

1. Stay Put: Do not attempt to enter or leave buildings during the earthquake.
2. Indoors: Stay near inside walls or doors or under desks if inside. Stay away from windows or outside doors.
3. Outdoors: Stay in the open, away from buildings.
4. Driving: Stop and stay inside your vehicle.
5. After shaking stops, evacuate the building and notify University Police at 911 of any injuries/damages.
6. Always Drop, Cover, and Hold. Drop and cover under a desk or sturdy table, and hold onto that table or desk. Move with the table or desk if it moves. Encourage others to do the same.

Suspicious Person:

1. Pay attention: Observe any suspects to gain accurate descriptions but do not attempt to apprehend them.
2. Observe the direction of travel if the person leaves.
3. Report it: Dial 911 to report emergencies to Campus Police.

Power Outage:

1. Remain calm; provide assistance to others if necessary.
2. Move cautiously to a lighted area. Exits may be indicated by lighted signs if the emergency power is operating.
3. Turn off and unplug computers, cardio equipment, and other voltage sensitive equipment.
4. For information about a prolonged outage call CWU Emergency Hotline, 509-963-2345.

Prevention

In order to prevent a potential and unnecessary catastrophe, University Recreation conducts an annual safety audit to ensure that all student staff properly informed and prepared to deal with any type of emergency previously mentioned. This safety audit information includes both medical and non-medical emergencies, and specifies location of AEDs and first aid kits throughout the facility. A questionnaire is completed by all student and professional staff, with active, hands-on red-shirt drills supplementing the questionnaire if needed.

Safety Audit:

Safety and Risk Management Information Cardiac/Sudden Illness Emergencies

Cardiac emergencies:

Symptoms-

- Persistent chest pain or pressure (a primary signal of a heart attack) that lasts longer than 3 to 5 minutes or goes away and comes back
- Chest pain spreading to the shoulders, neck, jaw, stomach or arms
- Shortness of breath or trouble breathing
- Nausea or vomiting
- Dizziness, light-headedness or fainting
- Pale, ashen (grayish) or bluish skin
- Sweating
- Denial of signals

Care-

- Call 911.
- Stay with the person and remain calm.
- Have the person stop what he or she is doing and rest comfortably.
- Closely watch the person until emergency medical services (EMS) personnel arrive. Notice any changes in the person's appearance or behavior.
- Try to obtain information about the person's condition.
- Comfort the person.
- Be prepared to administer rescue breathing or CPR and use an automated external defibrillator (AED) if one is available and you are trained to do so.

Allergic Reaction:

Cause-

- An allergic reaction can be caused by food, such as peanuts, or a sting from a bee. The body is rejected the antigen it came in contact with.

Symptoms-

- Rash
- Trouble breathing
- Enlarged area (such as hand or face)
- Turning red
- Wheezing

Care-

- Call 911 if needed.

- If conscious ask if victim has any medication and if victim has it with him/her.
- Never administer the medication yourself; always have the victim do it if he/she is conscious.
- Never administer someone else's prescription, even if it's the same one.
- If unconscious, look for ID bracelet or signs of allergic reaction to report to EMS.
- Perform CPR if needed.

After Care-

- Stay with the victim until victim is fully recovered.
- Stay calm.
- Ask victim if you can assist him/her in any way.
- Ask if victim needs to call someone to pick them up.

Diabetic Emergency:

Cause-

- Diabetics may experience life-threatening emergencies from too much or too little insulin in their bodies. Too much insulin can cause a low sugar level (hypoglycemia), which can lead to insulin shock. Not enough insulin can cause a high level of sugar (hyperglycemia), which can cause a diabetic coma.

Symptoms-

- Weakness, drowsiness
- Rapid pulse
- Fast breathing
- Pale, sweaty skin
- Headache, trembling
- Odorless breath
- Numbness in hands or feet
- Hunger

Care-

- If the person is unconscious or unresponsive call 911 immediately and perform CPR if needed
- If the person is conscious, alert and can assess the situation, assist him or her with getting sugar (preferably in liquid form, like juice, as it is digested faster) or necessary prescription medication

- Do not administer medicine. Have the victim self-administer.

After care-

- Stay with the person until he or she recovers
- Have the victim sit down and keep him/her calm
- Ask if there is anything you can do for him/her
- If you are unsure of the victim's condition or he/she has been injured, do not hesitate to call 911

Fainting:

Cause-

- A sudden, brief loss of consciousness and posture caused by decreased blood flow to the brain. Caused by heart problems such as irregular heartbeats, seizures, panic or anxiety attacks, low blood sugar, anemia, and problems with how the nervous system regulates blood pressure

Care-

- Check to make sure the person is breathing
- If he/she is breathing, raise their feet; this should cause increased blood flow to the brain
- Do not let the victim stand up too fast and stay laying down until he/she feels fully conscious
- If needed, perform CPR
- As a rule for University Recreation, anytime someone faints, whether they wake right up or not, we must call 911

After care-

- Stay with the person until he or she recovers
- Have him/her sit down for a moment and keep victim calm
- Ask if there is anything you can do for him/her
- If you are unsure of victim's condition or he/she is injured, do not hesitate to call 911

Heat and Cold Related Emergencies:

Heat:

Cause-

- Working in an extremely hot environment or with many layers of clothing.
- Symptoms:
 - **Cramps:** painful muscle spasms
 - **Exhaustion:** cool, moist, pale/ashen skin, headache, nausea, dizziness, weakness, exhaustion.
 - **Stroke:** extremely high body temp, red dry skin, changes in consciousness, rapid/weak pulse, shallow/rapid breathing, confusion, vomiting, and seizures.

Care-

- **Cramps:** move to cool place, hydrate, light stretching.
- **Exhaustion:** Get victim out of heat and into cool environment. Loosen and remove clothing layers, apply cold and wet cloths to body, fan the victim, and encourage cool fluid hydration. Monitor victim for worsening symptoms.
- **Stroke:** Cool person as quickly as possible-immense in cold water and monitor person until EMS arrives. Call 911!!

After care-

- Stay with the person until he or she recovers
- Have the victim sit down and keep him/her calm
- Ask if there is anything you can do for him/her
- If you are unsure of the victim's condition or he/she has been injured, do not hesitate to call 911

Cold:

Cause-

- Prolonged exposure to a cold, wet, windy environment (or any combination of these factors)
- Symptoms:
 - **Frostbite:** skin swollen and waxy, discolored, with lack of feeling
 - **Hypothermia:** shivering, numbness, glassy stare, indifference, altered consciousness.

Care-

- **Frostbite:** No rubbing! Re-warm with warm water and seek medical attention. Do not give NSAIDS (ibuprofen, etc.)
- **Hypothermia:** Call 911. Move to warm location, remove wet clothing and dry the victim. Add layers of dry clothing, cover the head, give a warm drink if victim is conscious (no alcohol or caffeine). If unconscious, check ABCs, keep as warm as possible, and perform CPR if needed until EMS arrives.

After care-

- Stay with the person until he or she recovers
- Have the victim sit down and keep him/her calm
- Ask if there is anything you can do for him/her
- If you are unsure of the victim's condition or he/she has been injured, do not hesitate to call 911

Cuts, Scrapes and Puncture Wounds:

Cause-

- An injury that has pierced the skin (vary in severity).

Care-

- If it is a minor cut that won't require stitches, put on gloves, clean wound, and apply antibacterial ointment and bandage. Just giving them a bandage may also suffice.
- If there is an object in the person, such as a nail, do not remove the item.
- Have the victim elevate injury to decrease blood flow to the area.
- Put on gloves and wrap and compress the injury, but not too tight to cut off circulation.
- Call 911 if needed.
- If the victim goes into shock (goes pale, increased heart rate, sweaty, looks like he/she may faint) have lie down, elevate the legs approximately 1 foot, and stay calm. Make sure to call 911 in this situation.

After Care-

- Stay with the victim until he/she is fully recovered.
- If there is blood on the floor use the proper supplies in the blood bin to clean up the area.

Seizures:

Cause:

- Seizures of all types are caused by disorganized and sudden electrical activity in the brain.

Care:

- Call 911.
- Most seizures stop by themselves. However, the patient can be hurt or injured during a seizure.
- When a seizure occurs, the main goal is to protect the person from injury. Try to prevent a fall. Lay the person on the ground in a safe area. Clear the area of furniture or other sharp objects.
- Cushion the person's head.
- Loosen tight clothing, especially around the person's neck.
- If vomiting occurs, turn the person on his or her side. This helps make sure that the vomit is not inhaled into the lungs.
- Do not restrain the person as this may result in injury of yourself or the victim.
- Do not place anything in the mouth or try to pry the teeth apart. The person is not in danger of swallowing his or her tongue.
- Stay with the person until he or she recovers, or until you have professional medical help.

After seizure resolves:

- Check ABCs.
- Stay with the person until he or she recovers.
- Have them sit down for a moment and keep them calm.
- Ask if there is anything you can do for them.
- If you are unsure of their condition or they have injured themselves do not hesitate to call 911.

Soft Tissue:

What is it?-

- A soft tissue wound is an injury usually of muscles, ligaments or tendons.

Common Injuries-

- Sprains occur when ligaments are overstretched or torn.
- Strains occur when muscle or tendon is overstretched or torn.
- A contusion is bleeding within skin or muscle.

Care-

- **Rest**
To avoid further injury, stop the person from using the injured area.
- **Ice**
Do not apply chemical cold packs directly to the skin. Ice can be applied directly to skin unless a cold allergy is present. The ice should be on for 20 minutes every 2 hours.
- **Compression**
Compress the area to control accumulation of swelling. Always splint the joint both above AND below the site of injury.
- **Elevation**
Elevate injured area.
- If in doubt, send to training room or call 911 if he/she is in a lot of pain and you think the injury may be severe.

After Care-

- Stay with the victim until he/she is fully recovered
- Ask if victim needs to call someone to come pick him/her up

Stroke:

Cause-

- A stroke occurs when a blood vessel that supplies blood to the brain is blocked by a blood clot or when a blood vessel in part of the brain becomes weak and bursts open, causing blood to leak into the brain.

Symptoms-

- **Trouble with walking.** May stumble or experience sudden dizziness, loss of balance or loss of coordination.
- **Trouble with speaking and understanding.** May experience confusion or slur words

- **Paralysis or numbness of the face, arm or leg.** Sudden numbness, weakness or paralysis in the face, arm or leg, especially on one side of the body. Try to have him/her raise both arms overhead at the same time. If victim cannot raise one arm as far as the other, he/she may be having a stroke. Similarly, one side of the mouth may droop when victim tries to smile.
- **Headache.** A sudden, severe headache, which may be accompanied by vomiting, dizziness or altered consciousness
- **Remember FAST:** Face, Arm, Speech, Time. Note all previous signs and note time symptoms first started to report to EMS.

Care-

- Call 911 immediately because a stroke requires immediate medical attention.
- Stay with the person and remain calm.

Choking:

Cause-

- Food or another object stuck in the airway.

Symptoms-

- Cannot cough, speak, or breathe
- Makes the universal sign for choking (one or both hands around the neck)

Care-

- Give thrusts slightly above the belly button (Heimlich maneuver). Make a fist with one hand, place it slightly above the navel with thumb inward, and place opposite hand over it.
- If a person is large or pregnant, give chest thrusts instead.
- Call 911 if you are unable to dislodge the object or person becomes unresponsive.
- Administer CPR and unconscious choking if needed.

Shock:

Cause-

- Loss of a large amount of blood, a severe heart attack, or a severe allergic reaction

Symptoms-

- Feeling faint, weak, or dizzy

- Nausea
- Excessive thirst
- Pale or grayish skin
- Acting restless, agitated, or confused
- Cold and clammy to the touch

Care-

- Call 911
- Help the person lie on his or her back.
- Elevate the legs if it will not injure the person further.
- Cover the person to keep him or her warm.
- Administer CPR if needed.

Safety and Risk Management Information Natural Disasters/Emergency Procedures

What You Should Know:

- How to respond to an emergency in all areas of the building
- The location of all fire exits, especially those nearest to you
- The location of all fire alarms as well as fire extinguishers
- Your overall responsibilities of what to do in case of emergency

General Information

- **Contact:**
 - Access control – (509) 963-3512
- **Physical Address:** Student Union & Recreation Center
1007 North Chestnut
Ellensburg, WA 98926
- **Emergency Numbers:**
 - Police, Fire, Ambulance - 911
 - Police Non-Emergency (KITTCOM)- (509) 925-8534
 - Campus Emergency Information Line- (509) 963-2345

Evacuation Protocols:

If Alarm Sounds: Building Manager contacts 911 and communicates with Information staff on evacuation. Information and Operations staff communicate with recreation desk for additional support and assist in evacuation of 1st floor, direct people to nearest staging area and exit outside west entrance near Holmes dining and west entrance near Pit/Recreation entrance. Building Manager assists in evacuating 2nd and 3rd floor, direct people to nearest staging area and exit outside east entrance. Do not allow anyone on or near the patio/sidewalk areas, due to emergency response traffic. Remain at outside entrances to provide information to Emergency Response Staff. Do not allow anyone to re-enter building until cleared by Emergency Response Staff. Alarm turning off is

NOT an indication of ALL CLEAR. **IF AT ANYTIME YOU FEEL IN HARM'S WAY, LEAVE THE BUILDING IMMEDIATELY.** Be prepared to advise emergency response staff if there are persons left in the building.

Evacuation Information:

- Evacuate the building using the nearest exit (or alternate if nearest exit is blocked).
- Do not allow anyone to re-enter the building until given the ALL CLEAR by professional emergency response personnel. Alarm turning off is NOT an indication of ALL CLEAR.
- If at any time you feel in harm's way, leave the building immediately.
- Do not use elevators.
- Take personal belongings (key, purses, wallets, etc.) but leave all other items behind (i.e. equipment, towels, etc.).
- Secure any hazardous materials or equipment before leaving.
- Direct all students to evacuation points:
 - West Entrances proceed to Science Lawn
 - East Entrance proceed to Barto Lawn
- **DO NOT STAND OUTSIDE OF THE ENTRANCE!**

Area Specific Evacuation Protocols:

- Weight Room:
 1. Clear weight room and check the climbing wall.
 2. Proceed with clearing the gym and ushering down the main hall.
 3. Clear your respective locker room during final walk to Access Control.
- Climbing Wall:
 1. Check climbing wall and then assist weight room supervisor.
 2. Clear and then guide from the back of the courts to Access Control.
- 2nd Floor:
 1. Clear everyone from the core exercise area down main stairwell.
 2. Proceed with clearing circuit weight area.
 3. Clear upper restrooms and track followed by going down back stairwell to meet staff member clearing the courts.
- Access Control:
 1. One staff member maintains the front exit.
 2. Second clears the professional staff offices and then goes to clear the other locker room (ideally the opposite gender than who is in the weight room and clearing the other locker room).
- Stairwells:
 - Use the back stairwell for evacuation if the main is unsafe to use. The back stairwell is fire proof with the doors closed. If you have an individual who is faced with a physical impairment that will not allow them to navigate the stairs, you need to assist them into the back stairwell and go down and tell the first Emergency Response personnel you see that you have someone needing assistance in the stairwell.

Extracting them on your own can be extremely dangerous for both you and the person you are assisting.

Natural Disaster and Other Emergency Protocols:

Fire

- Activate the nearest fire alarm pull station and call 9-1-1.
- Evacuate the building
- Do not enter building until authorized by emergency personnel

Earthquake

- **Drop, Cover, Hold** under a table or desk or against an inside wall-not in a doorway-until the shaking stops.
- After the shaking stops, check yourself and others for injuries and move toward the nearest exit.
- Evacuate the building.
- Do not leave the area/campus without reporting your status to your supervisor or a building coordinator.
- Go to your nearest campus Evacuation Assembly Point for more information and critical updates.

Power Outage

- Remain calm; provide assistance to others if necessary
- Move cautiously to a lighted area. Exits may be indicated by lighted signs if the emergency power is operating.
- Turn off and unplug computers, cardio equipment, and other voltage sensitive equipment.
- For information about a prolonged outage call CWU Emergency Hotline, 509-963-2345.

Suspicious Person

- Do not physically confront the person
- Do not let anyone into a locked building/office
- Do not block the person's access to an exit
- Call 9-1-1. Provide as much information as possible about the person and their direction of travel, but do not pursue them.

Suspicious Object

- Do not touch or disturb object
- Call 9-1-1
- Notify your supervisor and/ or the building coordinator
- Be prepared to evacuate

Lightning Safety

Identify locations unsafe from lightning:

- Any shelter is unsafe (picnic or park shelter, sun shelter, rain shelters that are nonmetal, storage sheds, etc.).
- Open locations are unsafe—tents, dugouts, refreshment stands, gazebos, screened porches, open garages, etc.
- Tall objects (trees, poles, towers, etc) and large bodies of water (lake, pools, etc.) are potential lightning targets and should be avoided.
- Avoid using plumbing, wiring, showers, sinks, locker rooms, indoor pools, appliances, and electronics.

Postponement and Resumption of Activities:

1. Activity should be postponed or suspended if a thunderstorm appears before or during an activity. If you can hear the thunder, it is too close. Suspend activity immediately.
2. All individuals should be moved to an identified safe location (a building) when thunderstorms are already producing lightning and approaching the immediate location, and when the distance between the edge of the storm and the location of the outdoor activity reaches 5 nautical miles.
3. Activities should be suspended until 30 minutes after the last lightning strike and last sound of thunder. This 30 minute clock should restart for each lightning flash within 5 nautical miles and each time thunder is heard.

Blood and Disease Transmission

Anyone can have a disease that can be transmitted through blood or other bodily fluids. Here are some tips to prevent disease transmission.

- Avoid being splashed by bodily fluids.
- Place a barrier between you and the victim's bodily fluids. This can be done by wearing disposable gloves and covering the wound with a dressing or plastic wrap.
- Remove bleeding participants immediately from the playing area.
- Cover any scrapes, cuts or skin conditions you have.
- Wash your hands immediately after providing care, even if you wore gloves.
- Avoid touching objects that may have come in contact with blood.
- Avoid handling personal items, such as pens or combs while providing care or before washing your hands.
- How to Dispose:
 - Bags, gloves, items, etc. can be placed in a hazardous waste bag, tied off, and then double-bagged in a standard trash bag. Dispose of as you would normal trash.

These steps will greatly reduce your risk of infection. If you do come in contact with blood, wash immediately and contact your supervisor.

Air Quality

In recent years, wildfires have been more common. The result is air pollution, and University Recreation adheres to the Washington Air Quality Advisory (WAQA)'s recommendations regarding activity restriction. Please note that those with a respiratory illness could include Recreation participants with exercise-induced asthma or a similar condition. Recreation employees will make decisions based on these recommendations should the situation require it. Please see addendum for details.

Safety Audit Pass/Fail Rubric

INITIAL OBSERVATIONS:

- Define that active supervision is actively watching their work space and being aware of what is going on within that space.
- Identify where phone is and indicate that they must call 911.
- Identify where First-Aid kit, AED and it gives you directions. Also body prep: remove excessive air, dry area for pads, etc.

| | |
|---|--|
| Fainting <ul style="list-style-type: none"> -Call 911 if needed -Raise legs | Soft Tissue <ul style="list-style-type: none"> -Rest, ice, compression, elevation -Don't remove impaled objects -Use barriers -Effective bandaging/wrapping -Splint joints about and below injury site |
| Diabetic Emergency <ul style="list-style-type: none"> -Call 911 if needed -Ask if they have medication- HAVE THEM ADMINISTER IT - Administer juice or sugar if available | Cuts, Abrasions, and Puncture Wounds <ul style="list-style-type: none"> -Gloves, antibacterial ointment, bandage -Object still in place- DO NOT REMOVE -Elevate, wrap and compress - Go into shock- Call 911 |
| Seizure <ul style="list-style-type: none"> -Call 911 if needed - Don't restrain victim -Move objects away -Don't put anything in victim's mouth -Protect head with something soft if possible | Heat Cramps/Exhaustion <ul style="list-style-type: none"> -Call 911 -Cramps- move to a cool place, hydrate, light stretching -Exhaustion- move to a cool place, hydrate, remove clothing |
| Stroke <ul style="list-style-type: none"> -Identify FAST- Face, arms, speech, time - Call 911 | Frostbite/Hypothermia <ul style="list-style-type: none"> -Call 911 -FB- NO rubbing, rewarm with warm water, NSAIDS -HT- move to a warm location, dry them, cover head and add warm clothes |
| Allergic Reaction <ul style="list-style-type: none"> -Call 911 if needed -Some symptoms and potential allergens -Have them self-administer medication -Don't use anyone else's epi pen | Non-Illness Emergency <ul style="list-style-type: none"> -Evacuate- Call 911 -Make sure Rec is empty -Meet at Barto Lawn |
| Choking <ul style="list-style-type: none"> -Call 911 if needed | Shock <ul style="list-style-type: none"> -Call 911 |

| | |
|---|--|
| -Proper recognition and hand placement | -Lie the person down, elevate legs, cover |
| Heart Attack -Call 911 -Know the proper procedure for CPR -Giving aspirin -Ask for AED | Evacuation Procedures - How to respond to an emergency in all areas of the building -The location of all fire exits, especially those nearest to you -The location of all fire alarms as well as fire extinguishers -Your overall responsibilities of what to do in case of emergency |

Central Washington University Recreation Concussion Protocol

According to the *Consensus Statement of Concussion in Sport 4th International Conference on Concussion in Sports Held in Zurich, November 2012*

“**Concussion** is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
3. Concussion may result in neuropathological changes, but acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that, in a small percentage of cases, post-concussive symptoms may be prolonged.”

Signs and Symptoms of Concussions

Graded Symptom Checklist (GSC) can include:

Blurred vision, dizziness, drowsiness, excess sleep, easily distracted, fatigue, feel “in a fog”, feel “slowed down”, headache, inappropriate emotions, irritability, loss of consciousness, loss of orientation, memory problems, nausea, nervousness, personality change, poor balance/coordination, poor concentration, ringing in the ears, sadness, seeing stars, sensitivity to light, sensitivity to noise, sleep disturbance, vacant stare/glassy eyed, and vomiting.

Prior to participation

Student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the Central Washington University medical staff, including signs and symptoms of concussions. During the review and signing process student-athletes will be presented with educational material on concussions (NCAA Concussion fact sheet).

Each athlete will undergo ImPACT testing as a baseline for potential injury.

Roles of Athletic Health Care Providers

CWU's Team Physician will oversee CWU Athletic Training Staff in the evaluation and Return to Play guidelines for concussion management. CWU Recreation Athletic Training Staff is trained in concussion assessment and evaluation and fully understands the return to play guidelines.

On-Field Assessment and evaluation

An on-field assessment incorporating SCAT III and other components will be performed on the athlete by the team physician and/or CWU Recreation athletic training staff to assess a possible concussion, immediately, and again after 15 minutes of rest. This assessment consists of symptom identification, memory function and balance testing. If the athlete demonstrates any symptoms related to concussion, he or she will be removed from the activity immediately, and will be monitored closely for 24 hours to determine whether further evaluation is needed.

If no sports medicine staff is on site (IM events, etc), student employees will use the Pocket SCAT 2 app to determine whether a concussion may have occurred and remove the athlete from play if they suspect a concussion.

Assessment of Concussions

A student-athlete diagnosed with a concussion shall be withheld from the competition or practice and not return to activity for the remainder of that day.

When a student-athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed from practice or competition and evaluated by CWU medical staff with experience in the evaluation and management of concussions.

An athlete exhibiting an injury that involves significant symptoms, long duration of symptoms or difficulty with memory function should not be allowed to return to play during the same day of competition and should not return to activity for the remainder of the day. Student-athletes that sustain a concussion outside of their sport should be managed the same manner as those sustained during sport activity. The student-athlete should be monitored for recurrence of symptoms both from physical exertion and also mental exertion, such as reading, phone texting, computer games, working on a computer, classroom work or taking a test.

The student-athlete will receive serial monitoring for deterioration. Athletes will be provided with written instructions upon discharge and will be given the recommendation to have a roommate, guardian, etc. follow the take-home sheet instructions.

Return to Play Guidelines

The student-athlete should be evaluated by CWU medical staff as outlined within the concussion management plan. The student-athlete should be asymptomatic for one week. Once asymptomatic for a week and post-exertion assessments are within normal baseline limits, return to play should follow a medically supervised stepwise process- a graduated return-to-play protocol (GRTPP) may begin.

Final authority to return-to-play shall reside with the team physician or the physician's designee.

Graduated Return to Play Protocol

(Zurich 2012)

- 1. No activity- complete physical and cognitive rest (recovery)**
- 2. Light aerobic exercise- walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate; no resistance training (increase heart rate)**
- 3. Sport-specific exercise- no head impact activities (add movement)**
- 4. Non-contact training drill- progression to more complex training drills, e.g. passing drills in football; may start progressive weight training (exercise, coordination and cognitive load)**
- 5. Full contact practice-following medical clearance participation in normal training activities (restore confidence and assess functional skills by coaching staff)**
- 6. Return to play- normal game play**

CWU medical staff will be following the "Graduated Return to Play Protocol" presented by *Statement of Concussion in Sport 4th International Conference on Concussion in Sports Held in Zurich, November 2012.*

This is a stepped progression supervised by a healthcare professional. The athlete will continue to the next step in the process if they are asymptomatic. Usually each step will take approximately 24 hours. The athlete's full rehabilitation usually takes about a week. If post-concussion symptoms occur during any of the steps, the athlete must immediately stop physical activity, notify the proper healthcare professional, and regress to stage 1. In this situation, the athlete would not be allowed to progress through the GRTPP again until having another week of asymptomatic rest. After the athlete has progressed through the 6 stages asymptotically, he or she will be allowed to return to play.

Below is a list of modifying factors that can prolong the return to play, and further assessment may be warranted in a situation with these concussion modifiers.

Concussion modifiers (Zurich 2012)

| Factors | Modifier |
|--------------------------------|--|
| Symptoms | Number Duration (>10days) Severity |
| Signs | Prolonged loss of consciousness (>1min), amnesia |
| Sequelae | Concussive convulsions |
| Temporal | Frequency- repeated concussions over time Timing-injuries close together in time “Recency”- recent concussion or traumatic brain injury |
| Threshold | Repeated concussions occurring with progressively less impact force or slower recovery after each successive concussion |
| Age | Child and adolescent (<18years old) |
| Co- and pre-morbidities | Migraine, depression or other mental health disorders, attention deficit hyperactivity disorder, learning disabilities, sleep disorders |
| Medications | Psychoactive drugs, anticoagulants |
| Behaviour | Dangerous style of play |
| Sport | High risk activity contact and collision sport, high sporting level |

Central Washington University

Student/Visitor Accident Report

Instructions: Please Write Legibly

Students, visitors, and conferees are to complete this form for accidents and injuries that occur while involved in CWU-related activities or on CWU premises. **This form is NOT for work-related employee injuries or illnesses.** Fax this report to the Environmental Health & Safety Department (Fax: 2238) **within 24 hours of occurrence.**

Check One

Student

Visitor

Conferee

Name _____

Address _____

Phone Number _____

Date & Time of Accident _____

Where did the accident occur? (Please note geographical location: building, room, floor, etc.)

Describe your activities just prior to the accident and explain how the accident happened.

In what campus activity were you participating, if any? _____

Describe your injuries. _____

What type of first aid care was provided? _____

Was medical treatment required? (**Yes** or **No**) _____

If yes, who provided treatment? _____

Signature _____ Date _____

Notes:

Filling out accident reports:

- Make sure your writing is LEGIBLE!!!!
- Make sure to note the student ID number somewhere on the report.
- Make sure to fill out all victim information as completely as possible
 - Often, time is excluded, so make sure to complete fully.
- Describe the activity that led to the injury as completely as possible, whether or not you have any idea of the nature of the injury. Just because you can't diagnose the injury doesn't mean that someone else won't be able to from your very accurate description of the events that occurred leading up to the injury!
- Describe the injury as completely as possible within your scope of practice.
- Describe in detail what exactly you provided as treatment for victim.
- Make sure to circle whether medical treatment was required, and who did/will be performing those services.
- The most updated form does not state whether 911 was called and whether the ambulance was used. Please make sure to note at the bottom of the report whether 911 was called or not, and whether victim was transported in ambulance or not. If they refuse an ambulance, make sure to note that as well, and make sure to note the name and contact info of the responding EMS personnel.
- Make sure to sign your name and date the report-if your signature is not legible, please print it underneath so I can follow up with you if needed.
- Turn it in promptly to Rec Admin desk (or Access desk if after hours).

Washington Air Quality Advisory (WAQA)

The Washington Department of Ecology (Ecology) uses the Washington Air Quality Advisory (WAQA) to inform people about the health effects of air pollution. Ecology developed the WAQA to tell people when air quality is unhealthy so they can protect themselves. The WAQA is not a regulatory tool.

| Category | Index Range | What This Means |
|--------------------------------|-------------|--|
| Good | 0-50 | Air quality is good. No activity restrictions recommended. |
| Moderate | 51-100 | People with the following conditions may be sensitive to air pollution at this level and should consider limiting their outdoor activity: <ul style="list-style-type: none">• those with lung and heart disease, diabetes, or a current respiratory infection• those who have had a stroke |
| Unhealthy for Sensitive Groups | 101-150 | The following people should limit outdoor activity: <ul style="list-style-type: none">• those with lung and heart disease, diabetes, or a respiratory infection• those who have had a stroke• infants• children• adults older than 65 |
| Unhealthy | 151-200 | Everyone should try to limit their outdoor activity. The following people should stay indoors if possible: <ul style="list-style-type: none">• those with lung and heart disease, diabetes, or a respiratory infection• those who have had a stroke• infants• children• adults older than 65 |

| | | |
|-----------------------|---------|--|
| Very Unhealthy | 201-300 | <p>Everyone should try to stay indoors. The following people should limit their outdoor activity:</p> <ul style="list-style-type: none">• those with lung and heart disease, diabetes, or a current respiratory infection• those who have had a stroke <p>Shut windows and doors if it is not too hot. Set air conditioners to “recirculate” if possible.</p> |
| Hazardous | 301-500 | <p>Everyone should try to stay indoors and limit their physical activity. Shut windows and doors. If it is too hot, set air conditioners to “recirculate” if possible. If windows and doors cannot be shut, consider leaving the area until air quality improves.</p> |