Emergency Action Plan
Allgood-Bailey Stadium/Football Field House
903 W. 10th Street

Athletic Training Staff

Lance Ringhausen – Head Athletic Trainer
(c) 618.410.6620
Nick Driscoll – Athletic Trainer
(c) 630.607.8589
Jenalee Edwards – Athletic Trainer
(c) 417.299.0216
Samantha Kaestner – Athletic Trainer
(c) 636.399.6075
Madelynn Kallembach – Athletic Trainer
(c) 217.649.1663
Jordan Weldon – Athletic Trainer
(c) 806.393.5455
Kaczmarek Sports Medicine Center
(o) 573.341.4284

Administration

Melissa Ringhausen – Director of Athletics
(c) 618.410.6619
Robert Berkelman – Assistant Athletic Director for Athletics Operations
(c) 573.259.4586
Darian Westerfield – Assistant Athletic Director for NCAA Compliance
(c) 716-307-1816
Susan Cochran – Assistant Athletic Director for Alumni & Community Relations
(c) 314.402.1305
Troy Johnson – Assistant Athletic Director for Facilities and Game Operations
(c) 573.702.8478
Doug Roberts – Police Chief
(c) 573.202.3689

Coaching Staff

Men's Soccer

- Rob Cummings – Head Coach
  (o) 573.341.4102

Women's Soccer

- Matthew Perry – Head Coach
  (o) 573.341.7032

Football

- Andy Ball – Head Coach
  (o) 573.341.6226
- Corey Sudhoff – Assistant Coach
  (o) 573.341.4191
- Max Oeser – Assistant Coach
- Marcus Suber – Assistant Coach
- Ryan Watts – Assistant Coach
- Ethan Hudson – Assistant Coach
- DeVoyius Mark – Assistant Coach

Track/Cross Country

- Nikki Segrest – Head Track & Field Coach
  (o) 573.341.4104
- Cameron Knudsen– Head Cross Country Coach
  (o) 573.341.4971

Emergency: 911

Missouri S&T Police Department (o) 573.341.4300

Hierarchy of Emergency Action Plan

- Immediate Care of the Athlete – provided by the most qualified individual on the scene (ie. Athletic Trainer)
- Emergency Equipment Retrieval – Anyone on the emergency team who is familiar with the type and location of the specific equipment needed (i.e., Coach, Administrator, Student Worker)
- Activation of the Emergency Medical System (EMS) – Anyone on the team who is calm under pressure and communicates well can call 911(i.e., Coach, Administrator, Student Worker). During athletic events the onsite Missouri S&T Police Officer should be identified and notified to assist in the emergency care and/or activation of EMS. The onsite Officer can provide much needed assistance in addition to emergency care, the officer can assist in securing the entrance and providing onsite direction of EMS to the location of need.
- Direction of EMS to the scene – Provided by someone with access to keys in order to unlock any gates or doors necessary for the arrival of medical personnel (i.e., Coach or Administrator)

AED Location

- Athletic training staff during practice and games
- Southeast corner of the stadium in the athletic training room when not on the field

Management of Sudden Cardiac Arrest

- Access to early defibrillation is essential, and a target goal of less than 3 to 5 minutes from the time of collapse to the first shock is strongly recommended
- Sudden cardiac arrest should be suspected in any collapsed and unresponsive athlete
- An AED should be applied as soon as possible on any collapsed and unresponsive athlete for rhythm analysis and defibrillation if indicated
- Cardiopulmonary resuscitation should be provided while waiting for an AED
- Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock
- Cardiopulmonary resuscitation should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis after every 2 minutes or 5 cycles of CPR, and continued until advance life support providers take over or the victim starts to move
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by player contact should be suspected of having sudden cardiac arrest

Management of Spinal Injury

- Criteria for spinal-motion restriction (SMR)
  - Blunt trauma and altered level of consciousness.
  - Spinal pain or tenderness
  - Loss of cervical range of motion
  - Neurological complaint of findings (e.g., numbness or motor weakness in more than 1 limb), or
  - Anatomic deformity of the spine
- Highest priority is maintenance of circulation, airway and breathing (CAB)
- In-line stabilization is provided by the first on-scene rescuer
- Obtaining neutral spine alignment

    - Unresponsive athlete, alignment should be sufficient to maintain a patient airway.
    - Responsive athlete, alignment by trained medical personnel, may work with the patient to gently, either actively or passively attain in-line cervical spine stabilization.
    - If increased pain, neurologic deterioration, or resistance to movement occurs, cervical spine realignment procedures should be abandoned, and the neck stabilized in the current position.
- Rigid cervical collar should be applied.
- Appropriate transfer method should be used, based on position of the athlete and the number of rescuers when transferring the athlete to a rigid spine board or stretcher.

Equipment Removal

- Highest priority is maintenance of circulation, airway and breathing (CAB)
- When transporting with equipment in place, the face mask must be removed.
- Once the decision is made to remove the equipment, it may not be necessary to remove the face mask prior to equipment removal.
- Remove equipment when chest access and airway is prioritized.
- Removal of equipment will expedite the evaluation, treatment, and diagnostic tests during transport and by the receiving emergency facility.
- A minimum of 2 trained rescuers is needed for helmet and shoulder pad removal.
- Helmet and shoulder pads should be removed together.
- Jersey and shoulder pads are cut in front. Jersey should be cut in front in a T; sleeve to sleeve and collar to waist.
- **Helmet removal technique – Minimum 2 Rescuers**
    - Rescuer 1 stabilizes c-spine.
    - Rescuer 2 removes the facemask.
    - Rescuer 2 cuts chin strap (don't unbuckle) and removes it.
    - Rescuer 2 assumes c-spine control from front, allowing Rescuer 1 to release: "I have c-spine control; you can release."
    - Rescuer 1 removes helmet.
- **Shoulder pad removal technique (Flat Torso Technique) – Minimum 2 Rescuers**
    - Rescuer 2 maintains c-spine control from the front.
    - Rescuer 1 grasp shoulder pads from either side of athlete and slide pads out in an axial direction.
- **Shoulder pad removal technique (Elevated-Torso or Tilt Technique) – Minimum 4 Rescuers**
    - Rescuer 2 maintains c-spine control from the front.
    - On command of rescuer 2, rescuers 3 and 4 carefully lift the torso to 30 degrees similar to the motion of a sit-up.
    - Rescuer 1 removes the shoulder pads from over the head.
    - On command of rescuer 2, rescuers 3 and 4 carefully lower the torso.
- **Following removal**

- Rescuer 1 again assumes cervical spine control and states "I have c-spine control, you can release."
- Rigid cervical collar should be applied.
- Appropriate transfer method should be used, based on position of the athlete and the number of rescuers when transferring the athlete to a rigid spine board or stretcher.
- Equipment removal should be rehearsed annually.

Emergency Personnel

- All individual members of Missouri S&T athletic department should be aware of their roles during an emergency and prepared to carry out when deemed necessary.
- Emergencies include but are not limited to loss of consciousness, no pulse, no breathing, profuse bleeding, open fractures, etc.
- Athletic trainer determines if EMS (Emergency Medical Services) is necessary.
- If Athletic trainer is not on site, emergency decision must be made by person in charge on site.
- Dictate roles to other staff members or student-athletes in the event of emergency which will include contacting 911, meeting ambulance at designated area (see EMS directions below), keeping the scene clear, and others
- When activating EMS, the caller should alert EMS to the number and condition of the persons injured, if a sudden cardiac arrest is suspected, and the treatment being rendered
- Those with the highest level of training should provide emergency care including but not limited to first aid, CPR and AED
- Continue to provide care until EMS arrives
- If athletic trainer is not present, contact the athletic trainer. Keep going down list until you reach an Athletic Trainer

EMS Directions

- 903 West 10th Street, Rolla MO 65401
- Stadium Entrance: access from 10th St. through north gate (personnel will meet you, must have key to access), turn into stadium through gate just outside track (personnel will direct you). This will serve as a secondary point of access for the Football Fieldhouse.
- Football Fieldhouse Entrance: access from 10th St. through Gale parking lot and proceed to the southwest corner of parking lot (personnel will direct you). Take the parking lot access up to the gate at the southeast side of the stadium located next to the scoreboard (personnel will direct you). This will give you access to football training room and football locker room.

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Catastrophic Injury

- In the event an injury leads to death, you must immediately contact Athletic Director (AD) and then Athletic trainer (AT) if one is not on site.
- Athletic trainer will call the AD if he/she is present.
- The AD will direct staff on how to handle the situation.
- No verbal communication is allowed past the AD and AT.

Equipment:

- Games (* Home Sideline, **Both Sidelines, ***Fieldhouse)
  1. AED*
  2. Bag-Valve Mask*
  3. Oral Airway*
  4. Cooling tubs***
  5. First Aid Kit*
  6. Splints*
  7. Crutches*
  8. Oxygen Tank*
  9. Towels*
  10. Cell Phone/radio**
  11. Water coolers w/cups**
  12. Injury Ice w/bags**
- Practice
  1. AED
  2. Bag-Valve Mask
  3. Oral Airway
  4. Cooling tubs
  5. First Aid Kit
  6. Splint bag
  7. Crutches
  8. Oxygen Tank
  9. Cell phone/radio
  10. Water coolers w/bottles

***In the event an ATC is not present the home coach will have a direct line of communication with the ATC via cell phone or walkie-talkie.

Lightning/Inclement Weather Policy:

The Certified Athletic Trainer on duty is designated to monitor threatening weather and to make the decision to remove a team, staff, and spectators from an athletics site or event. The AT is to stay updated to all watches & warnings issued by the National Weather Service.

Primary- Lightning Detector (WeatherSentry app)

- Detector is to be set to alarm if there is a lightning strike within 8 miles.
- If the detector goes off at this distance activity is suspended
- Activity can resume 30 minutes after the LAST lightning strike

Shelter

- Enclosed building with grounded electricity and plumbing
  - Football locker room (lightning)
  - Ground floor of Gale Bullman Building (lightning, tornado)
  - Vehicle (lightning)
- An announcement on the PA should be provided immediately of an impending storm. A statement such as "Severe weather has been reported, the game is being postponed and all spectators should exit the facility and seek shelter".
- S&T Coaches: You are responsible for getting your team to ***move quickly*** to shelter. Stay and monitor your team.
- Athletic Trainer: You are responsible for getting the opponent quickly to shelter. Stay with the opponent, monitor weather, and provide "all clear".
- Game Administrator: You are responsible for getting the officials to safety, then return and help in other areas needed if weather permits.
- SID: Please continue to announce to spectators the urgency of exiting the facility and seeking shelter. If able and near spectators, encourage them to find shelter and then find shelter for yourself.
- External Communications Director: Responsible for public announcements and directing those in the press box to safety
- Additional Administrators: Will assist the University Police with directing spectators to the venue's exits and assisting individuals as needed.
- The band director and spirit team coach: Responsible for getting the members of the band, cheer and dance to safety