Emergency Action Plan
Miner Dome
801 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

Coaching Staff per usage at that time

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

- North side of Dome in hallway

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.

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

- 801 West 10th Street, Rolla MO 65409
- Main Entrance: Access from 10th St./Bishop Ave. through Gale parking lot and proceed to the south side of parking lot (personnel will meet & direct you). Ramp and entrance doors will lead down hallway to dome surface.

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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 AT and AD.

Equipment:

- Equipment will be located with the staff or in the athletic training room in Gale Bullman depending upon the event
    1. AED
    2. First Aid Kit
    3. Splint bag
    4. Crutches
    5. Ice chest w/ bags**

***In the event an ATC is not present a coach will have a direct line of communication with the ATC via cell phone

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
  - Miner Dome (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.