



UNC SPORT CLUBS EMERGENCY PROCEDURES

IMPORTANT PHONE NUMBERS

911 – Request Orange County EMS

Stallings-Evans Sports Medicine Center – 962-2067
Campus Security – 962-8100
Meghan Fulton (Cell): 919-428-1057
Tori Hooker (Cell): 919-548-1878
Justin Ford (Cell): 919-389-3160
Cally Mackrell (Cell): 443-878-9279
Carl White (Cell): 240-354-4178

EMERGENCY PERSONNEL

Certified Athletic Trainers, Student Athletic Trainers, Sport Club supervisors

EMERGENCY EQUIPMENT

Emergency supplies including a trauma kit, splint kit, spine board, and AED are maintained in Stallings-Evans SM Center. (Phone # 919-962-2067). AEDs are also located on the Sports Medicine shed at Hooker Fields, wall-mounted outside at Navy Field, Woollen Gym, Fetzer Gym, and the football shed at Ehringhaus field. Emergency equipment including splint kit, and AED will be present on site when arrangements have been made for Certified Athletic Training coverage.

ROLE OF FIRST RESPONDERS

1. Assess situation
2. Provide immediate care of injured or ill student athletes
 - A. On- site certified athletic trainer is the “lead” person
3. Activate EMS if necessary
 - A. “Lead” ATC designates: 1. Student athletic trainer to call or 2. Sport Club Supervisor to call
 - B. Provide the following information: name of first responder, location of injured student athlete, phone number you are calling from, number/condition of individuals injured (**be specific esp if cardiac condition suspected**), level of consciousness, treatment provided, direction to locations, other information as requested. Request ETA from operator to determine appropriate transportation
 - C. Send sentry to open appropriate gates/access points and meet EMS at appropriate location
 - D. Provide scene control by limiting area to immediate EMS and first aid providers
4. If Staff ATC (Meghan) has not been notified of the situation, notify her immediately
5. Obtain contact information for the injured athlete and notify family of the situation
6. Ensure a clear area (at least 15 feet) for EMS arrival

SPORT CLUB VENUES

Ehringhaus field, Fetzer Gym, Henry & Navy fields, Hooker fields, Koury Natatorim, Woollen Gym

VENUE SPECIFIC INSTRUCTIONS

Ehringhaus field

EMS entrance: Columns at field are permanently locked. DPS **MUST** be called to unlock prior to EMS arrival

Henry/Navy fields

EMS entrance: For access to Henry & Navy fields, open Ridge Road Access gate (1111)

Hooker fields

EMS entrance: Fields 1&2: EMS to enter in front of Carmichael Arena, siren will lift boom gate at road entrance

Fields 3&4: EMS to enter through boom gate next to School of Government Parking Deck, IM staff will have this key. If IM staff cannot be found, please call DPS.

DIRECTIONS TO GIVE IN AN EMERGENCY

Ehringhaus Fields: Address: 325 Ridge Road, Chapel Hill, NC 27514

From Highway 54 to campus, turn left onto Country Club Rd. Then, turn right onto Ridge road, Ehringhaus fields are located ¼ of a mile down on the left across from Ram's Head Parking Deck. Sentry will meet emergency personnel at the entrance to Ehringhaus Fields across from Ram's Head Market/Parking Deck.

Fetzer Gym: Address: 210 South Road, Chapel Hill, NC 27514

From Highway 54 to campus: 54 will turn into South Rd on campus. Coming from 54, Fetzer Gym is located on the left side of the road adjacent to Carmichael and Woollen Gyms. Go directly to door at the front of the building near the intersection of South Road and Raleigh Road. Ambulance may park on sidewalk entrance at the front of Fetzer Gymnasium. Sentry will meet emergency personnel at the front of Fetzer Gym on South Road facing the Student Union.

Henry Stadium & Navy Field: Address: 240 Ridge Road, Chapel Hill, NC 27514

From Highway 54 to campus, turn left onto Country Club Rd. Then, turn right onto Ridge road. Take Ridge road to entrance to Navy fields, across from Boshamer baseball stadium. Sentry will meet open gate and meet emergency personnel at the access road to direct. Ambulance may access field from Navy gate.

Hooker Fields: Address: 330 South Road, Chapel Hill, NC 27514

From Highway 54 to campus: 54 will turn into South Rd on campus. Coming from 54 Hooker fields are located on the left side of the road between Carmichael Auditorium and the School of Government parking deck. Access to Field 1&2 through gate in front of Carmichael arena, access to field 3&4 adjacent to the School of Government Parking Deck. Sentry will meet emergency personnel at EMS entrance.

Koury Natatorium: Address: 400 Skipper Bowles Drive, Chapel Hill, NC 27515

Highway 15-501 to Manning Drive, Left onto Skipper Bowles Drive, Left onto Tarheel Blvd (access road by Koury Natatorium), drive to back right corner of the parking lot behind the Dean E. Smith Center. Sentry will meet emergency personnel in the parking lot and direct them down the tunnel.

Woollen Gym: Address: 300 South Road, Chapel Hill, NC 27514

From Highway 54 to campus: 54 will turn into South Rd on campus. Coming from 54 Woollen Gym is located on the left side of the road adjacent to Carmichael Gymnasium. Sentry will meet emergency personnel at the front steps of Woollen Gym on South Road facing Winston Residence Hall.



Suspected Spinal Injury Protocol

Updated 9/1/12

General Guidelines

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists. C-spine in-line stabilization should be maintained.
- The athlete's airway, breathing, circulation, level of consciousness (AVPU/Glasgow Coma Scale) and neurological status should be assessed. If airway is impaired, maintain c-spine in-line stabilization simultaneously with airway using a modified jaw thrust maneuver. If the athlete's breathing is inadequate, assist ventilations with bag-valve-mask.
- EMS should be activated.
- The athlete should not be moved until immobilized unless absolutely essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- In a situation where it may not be appropriate for on-site medical personnel to transfer the athlete to a long spine board prior to EMS arrival (lack of enough qualified help or other factors), the rescuer(s) should maintain in-line stabilization, place a rigid cervical collar on (if possible), and continue to monitor baseline vital signs and complete secondary evaluation while awaiting EMS.

Spine Immobilization

- If possible, a correctly sized rigid cervical collar should be placed on athlete prior to moving.
- Maintain neutral-aligned stabilization until arrival of EMS, upon arrival of EMS: When moving a suspected spine-injured athlete, the head and trunk should be moved as a unit by securing the athlete to a long spine board. Either the log-roll or lift-and-slide maneuver should be used to place the athlete on the long spine board. It is ideal that at minimum three (3) rescuers with preferably five to six (5-6) be in place to perform the log roll procedure and that at minimum five (5) rescuers with preferably six to eight (6-8) be in place to perform the lift-and-slide procedure.
- The rescuer controlling c-spine stabilization will be in command of log roll maneuver and long spine board immobilization.
- Once positioned onto long spine board, the athlete's torso and legs should first be secured, using spider straps. Athlete's arms should be left free from long spine board straps to facilitate vital sign monitoring and IV access. Athlete's wrists may be secured together in front of the body with velcro strap or tape once secured to long spine board.
- Once torso and legs are secured, the head should be secured last. If necessary, padding should be applied under the athlete's head to fill any voids and maintain neutral in-line position. The head should be secured with lateral restraint pads and then secured to board with tape over forehead and at chin.
- Following securing athlete to board, neurological status should be reassessed.
- The secondary survey should be completed with baseline vital signs (reassessed every 5 minutes), head-to-toe survey.
- Athlete should be transported to the most appropriate emergency medical facility and head team physician and appropriate subspecialist(s) notified.

Additional Guidelines For Care of Spine-Injured Football Athlete

- The facemask should be removed prior to transportation, regardless of current respiratory status. Tools for facemask removal (power screwdriver, FM Extractor) should be readily accessible.

- All loop straps of the facemask should be cut and the facemask removed from the helmet, rather than being retracted.
- The **football helmet and chin strap should only be removed if:** 1) the helmet and chin strap do not hold the head securely, such that immobilization of the helmet does not immobilize the head; 2) the design of the helmet and chin strap is such that, even after removal of the facemask, the airway cannot be controlled nor ventilation provided; 3) the facemask cannot be removed after a reasonable period of time; or 4) the helmet prevents immobilization for transportation in an appropriate manner.
- If the helmet must be removed, spinal immobilization must be maintained while removing. In most circumstances, it may be helpful to remove cheek padding and/or deflate air padding prior to helmet removal.
- Shoulder pads do not necessarily have to be removed on site. The front of the shoulder pads can be opened to allow access for CPR and defibrillation.
- Should either the helmet or shoulder pads be removed – or if only one of these is present- appropriate spinal alignment must be maintained.

Additional Guidelines for Care of Spine-Injured Lacrosse or Hockey Athlete.

- Lacrosse and hockey helmet produce a special challenge due to the fact that they can be loose fitting. Ideally if helmet fits properly and does not allow head rotation inside the helmet, the helmet and shoulder pads should remain on and facemask removed as indicated above.
- Only under the following circumstances should the helmet be removed
 - After reasonable time facemask cannot be removed
 - Design of the helmet does not allow airway access even after facemask is removed
 - Immobilization of the helmet does not immobilize the head
 - If helmet prevents immobilization for transport in an appropriate position.
- If it is decided that the helmet must be removed, 1) chin strap should be cut on either side, 2) individual at the neck should slide their hand underneath the helmet so that each hand is at the patient's ears, stabilizing the neck. 3) individual that was stabilizing at the head will be responsible for sliding helmet off. 4) towel should be placed under head once helmet is removed to keep head from dropping back.
- Due to the thin nature of lacrosse shoulder pads they do not need to be removed.

Procedures for Training in Spine Immobilization:

Personnel should review signs and symptoms of spine injury and complete a training session each year with in-line stabilization, rigid cervical collar application, log roll maneuver, and long spine board packaging. Personnel providing football, lacrosse and hockey medical coverage should review facemask removal with appropriate tools, helmet removal and shoulder pad removal.