

## Emergency Action Plans

Clearly the most effective way to deal with an injury-emergency is to plan ahead and to practice the appropriate procedures. An emergency action plan is a written plan of action defining responsibilities, areas of coverage, and step-by-step procedures as well as including other pertinent information such as emergency phone numbers and incident report forms. In addition to injuries, emergencies may include illnesses and other medical conditions (i.e., heart attack, stroke, poisoning, diabetic reactions, heat stroke, allergic reactions, etc.) and can result from weather-related conditions (i.e., hurricanes, tornados, earthquakes, flooding) or other events such as power outages and fires.

- Each emergency action plan must be tailored to the specific needs of each gym.
- Emergency plans should attempt to cover all possible emergency scenarios. For example, an emergency plan may work poorly during severe weather or during a holiday. Professionals should be aware of potential difficulties in engaging emergency services and plan accordingly.
- Plans should be communicated with all individuals involved and reevaluated on a regular basis and after each emergency response.

Injuries requiring emergency care include, but are not limited unconsciousness; severe bleeding; internal bleeding; cardiac arrest; and/or lack of breathing. The person designated as Risk Manager should be in charge of establishing an emergency plan for injuries and other medical conditions.

Professionals should contact local emergency services and health care professionals for assistance. Communicate with emergency medical service providers, local hospitals, and emergency care physicians regularly. If the program is in a large metropolitan area, then most efforts at emergency preparedness involve engaging emergency medical services. If the program is in a rural area or an area with less dependable or less available emergency medical care, then additional consideration should be given to ensure proper handling of an injury-emergency.

An emergency action plan should be pre-established, written, and communicated to all staff members. According to the National Athletic Trainers' Association, the following list of items should be included in an emergency action plan).

- Who will provide emergency first aid?
- Who and how will emergency medical services be summoned?
- Who will monitor non-injured participants during the emergency?
- How will parents be notified in the event of an emergency?
- Is there an adequate communication system in place at all times?

- Is documentation with emergency contact information and a list of each participant's medical conditions readily available?

Emergency plans should include all potential emergencies. When designing an emergency plan, the following factors should be considered.

An emergency action plan should clearly define roles and assign responsibilities among staff members for emergency situations. Individuals should be identified to call for emergency medical care, provide care to the injured participant, supervise other participants, control bystanders, meet and direct medical personnel, and when appropriate, transport an injured participant. Special situations where staff members may not be available such as days off, after hours, and holidays should be taken into account.

First and foremost, when a serious injury occurs, the first task is to contact emergency personnel. The senior-most professional should deal with the injured patient. The second-most senior person should be sent to summon aid. If an injury occurs with only one person present and no one else besides the injured participant, then the instructor should perform standard emergency first aid by checking the scene and the injured party, calling for emergency medical assistance, and providing care. If the injured party is not breathing, the professional should seek aid and initiate the emergency action plan, even if he/she must leave the injured party, then provide care such as rescue breathing or CPR.

Cooperate with emergency services. When emergency services arrive, every effort should be made to enhance their ability to deal with the injured participant. An first responder may have been tending to the participant prior to the arrival of emergency personnel. Once emergency personnel arrive, the attending people should immediately and efficiently turn over the care of the participant to emergency personnel as instructed. The first responder and any direct witnesses should remain in the area to answer questions and assist, but only at the request of the emergency personnel.

Emergency personnel should be informed about the activities that take place in the facility. It is wise to invite the local emergency response team to the facility outside of an emergency situation so that they can become familiar with entrances, exits, apparatuses, operations, extraction scenarios, potential injuries, and so forth. For example, extrication of an injured participant from a foam pit requires special skills, and annual practice is extremely helpful.

Consent to treat. Health care providers and applicable law generally require the consent of a parent or guardian before treating a minor. Therefore, participants should have a current "consent to treat" document on file that is accessible by the medical personnel. But because the law varies from state to state, you should consult your local attorney to create your own "consent to treat" form.

Post-injury steps. Follow the direction of your legal counsel and insurance company regarding how to preserve information about an accident. Rely upon your counsel and insurance company because they are professionals in this field. In the

case of minor injuries, consult with your legal counsel and insurance company the use of an incident report form that may be completed and kept on file at the club for documentation. Notify parents/guardians, owner, and insurance carrier. The Owner or his/her designee should call the parents or guardians and inform them of the injury and arrange transportation for them to the appropriate medical facility. The Park should have appropriate telephone numbers to contact the participant's parents or guardians. Do not provide details or assign blame. The issue of blame is a matter for your legal counsel and insurance company who are professionals in that field. Rather, your purpose is to inform the parents or guardians that an injury has occurred and to arrange rapidly for transportation to the medical facility.

A serious injury is usually devastating to the entire community. Appropriate administrators should be contacted immediately to ensure that the entire situation is appropriately handled with sensitivity, courtesy, and caring.

Designate a spokesperson. When an injury occurs at a public event, there is often a great deal of media interest. Designate a single spokesperson to inform the media of the nature of the injury. It is best if possible to consult legal counsel and your insurance company before providing an explanation of the injury and medical information. The primary focus of remarks should be care and concern for the participant and his/her family. Here again, details and assigning blame are matters that should be left to legal counsel and your insurance company as professionals in that field. Moreover, parental and/or participant consent must be obtained before detailed medical information can be provided. No private interviews with the spokesperson should be allowed. Communicate with other participants and staff.

All staff should meet together following the injury to discuss the accident and anything else that relates to the injury to create a plan to reduce the possibility of similar occurrences. Participants may need professional counseling following a serious injury or fatality. Participants, other Professionals, instructors, and parents should refrain from making comments to the media or other interested people. They should be encouraged to refer those interested in the injury to the designated spokesperson.

Communicate and practice the emergency action plan. Personnel and participants should know and practice emergency responses. When an injury occurs, those professionals who are present should provide aid to the injured participant. Others not directly involved with servicing the injury, including staff and other participants, should understand and practice their role in an emergency. All personnel should know how to activate the emergency plan. Staff should know the location of fire alarms, and telephones. When contacting emergency services, 911 should be called first. Information to direct emergency services to the facility and the injured party should be known to all professionals and/or displayed prominently next to the telephone. All parties should know the location of emergency equipment and be able to summon or provide first responder first aid assistance to the injured participant.

## **STOP Procedure**

The typical protocol in an emergency situation is to initiate the **STOP** procedure:

- **S:** Stop all activity around the section
- **T:** Talk to the injured athlete
- **O:** Observe the injured athlete for breathing, movement, etc.
- **P:** Prevent further injury. Proceed carefully based on perceived need

It is important to remember to not touch or move the patient unless absolutely necessary. Don't panic, don't just do something, stand there. Assess the situation and then **CHECK – CALL – CARE**.

## **Preparing for a Non-Catastrophic Injury**

Non-catastrophic injuries are those not life- or limb-threatening. These injuries typically do not require immediate emergency medical intervention. Non-catastrophic injuries include bruises, scrapes, small cuts, strains, and sprains. Non-catastrophic injuries will likely occur in Trampoline Park activities. The professional should be prepared to deal with these types of injuries. Basic first aid training provides the primary preparation for non-catastrophic injuries. While most seemingly basic first aid and wound management can handle minor injuries,

Competent management of minor injuries requires basic first aid equipment. Every program should have a first aid kit. First aid kits should be maintained and inspected regularly. If participants have access to the first aid kit, then no medications should be placed in the kit. Medications should not be given to minors without parental or medical direction.

Rendering first aid and using a first aid kit properly requires training. Training for the majority of first aid procedures is beyond the goals of this manual, but professionals should be trained in first aid. It is recommended that at least one first aid trained professional be present during all activities.

One of the first aid procedures that Professionals can deliver is so universal that it has been encoded in the acronym R.I.C.E. R.I.C.E. stands for Rest, Ice, Compression, and Elevation. The R.I.C.E. first aid procedure is most commonly used for minor injuries such as strains, sprains, bruises, and other traumas that do not result in a major injury or life-threatening injury. An acute injury that requires ice usually requires medical assessment. Accurate diagnosis is imperative for proper

care and rehabilitation of an injury. An injured participant should be referred to appropriate medical care.

- **R – Rest.** Rest an injury by limiting movement (11). All acute orthopedic-type injuries should be rested. If a fracture is severe, it should be immobilized where it lies, and emergency medical services should be contacted to treat the injury further. If a fracture is compound (the broken bone has broken through the skin), then this is a medical emergency and emergency medical personnel should undertake treatment as soon as possible. Professionals should not try to reduce dislocations or fractures. In some cases, immobilization simply means leaving the limb alone.
- **I – Ice.** Ice reduces inflammation and pain caused by injuries (11). Most orthopedic injuries, during the initial stages, should have ice applied immediately. Obvious exceptions include compound fractures (when a broken bone protrudes through the skin), eye injuries, and other injuries that include open wounds that may become infected. Ice should be applied for 20 minutes or less and is most effective when applied immediately and during the initial stage of the injury. Gauze or cloth should be used as a barrier between the ice and skin to prevent cold burns or skin damage (11). Chemical-type ice packs can reach temperatures that result in cold injury. Ice packs should not be taped to a limb and left for extended periods.
- **C – Compression.** Compression refers to the use of snug bandages which reduce swelling, bleeding, and can provide support. Compression should be applied evenly across the swelling area. Compression is not the same as a tourniquet. A tourniquet is used to cut off all blood supply to an area; compression should not result in cutting off the blood supply to the limb.
- **E – Elevation.** Gravity has considerable influence on the accumulation of swelling. If the injured limb is left below the body, gravity assists in helping the area swell with fluid. Elevating the injured limb, ideally above the heart, helps reduce the magnitude of swelling. Elevation should not be used when the act of raising the limb aggravates the existing injury.

## Preparing for Catastrophic Injuries

Catastrophic injuries are those severe injuries that are serious threats to life and health. Catastrophic injuries include spine, heart, lung, head, and neck injuries. The most important aspect of dealing with a catastrophic injury is activating and engaging the emergency medical action plan. Catastrophic injuries are extremely time-sensitive. The quicker the injured participant can enter the medical system, usually the better the prognosis. In light of this, the most important piece of emergency equipment in the facility is the telephone - to contact emergency services. Telephone preparation consists of the following:

- Ambulance, police, fire, telephone numbers (usually 911) should be placed prominently at each telephone.
- Post the name of the facility, address, location of the telephone (e.g., what floor or room), and the nearest cross street prominently near each telephone.
- Post the name, address, and telephone number of the nearest hospital emergency room.
- Post the name, address, and telephone numbers (pager, cell, home, etc.) of the Owner.
- Post the telephone number for local poison control.

“ABC” is an acronym that stands for: Airway, Breathing, and Circulation. The ABC acronym is a handy memory prompt for this standard first aid procedure used when faced with a serious injury. First and foremost, the injured participant must have an open airway from which to breathe. An obstructed airway is usually due to an object. A professional should be trained in CPR and first aid procedures for removal of an airway obstruction. Once an airway is established, the participant must be able to breathe. Chest movements and breath sounds, indicating breathing, should be present. Simply taking the injured participant’s pulse can check circulation.

The presence of a pulse indicates that the heart and circulation are functioning. The pulse can be determined most commonly at the neck (carotid pulse) or at the wrist. If breathing is absent, but the injured participant has a pulse, provide rescue breaths. If both breathing and pulse are not present, CPR should begin immediately. Due to the nature of trampoline park-type injuries, CPR rescuers should usually assume that a neck injury is present. When warranted, severely injured participants should be treated for shock.

Head and neck injuries are rare, but the potential dire consequences of head and neck injuries require special consideration. Professionals should always take precautions to prevent head and neck injuries. When a participant is suspected of having a head or neck injury, the professional should assume a serious injury and engage the emergency action plan.

If a participant suffers a blow to the head, the participant should not be allowed to continue participation without medical assessment. Some head injuries appear deceptively mild. A physician should therefore, evaluate a participant who suffers a head injury as soon as possible. If a participant is rendered unconscious due to a head or neck injury, one should assume that a serious injury has occurred and the emergency medical system should be activated. If the participant is conscious following a head injury, the following symptoms usually indicate that the injury requires immediate medical attention:

- |             |                      |                  |
|-------------|----------------------|------------------|
| • Headache  | • Dizziness          | • Slurred speech |
| • Confusion | • Nausea or vomiting | • Clumsiness     |
| • Amnesia   | • Sleepiness         | • Blurred vision |

Neck injuries usually result from a fall onto the head and/or neck. Sometimes falls that did not initially appear to be traumatic (glancing-type blows) may result in serious cervical injuries. The ABC acronym above should be invoked when dealing with a cervical spine injury. Following ABC, attention shifts to engaging emergency medical services and immobilization. Immobilization is essential because extraneous movement following the initial injury can cause further damage. If a cervical spine injury is suspected, the patient should never be moved unless CPR is required to restore breathing and heart function.

Rescuers should assume that all patients with multiple injuries, a head injury, a facial injury, or a participant who is unconscious have a spinal injury. This assumption helps guard against the problem of increasing the harm to an already injured participant.

EVERY gym with a pit should use the “*Extricating an Injured Athlete From a Foam Pit*” presentation and contact their local emergency response team to conduct a practice pit rescue. Each gym should submit reports of the annual collaborative emergency response exercise.

I hereby acknowledge my participation in the Emergency Response Exercise and am confident in my ability to respond appropriately in the event of an actual emergency”

---

---