



Emergency Action Plan (EAP) for Interscholastic Activities Position Statement

National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee (SMAC)

Ensuring the safety of students engaged in interscholastic activities outside of the traditional school day is a critical component to establishing a positive extracurricular culture. Venue and sport specific emergency action plans (EAP) for interscholastic activities play a pivotal role in preemptively addressing and responding to potential risks and emergencies. These comprehensive plans encompass a wide range of scenarios, including response to injury, team and crowd safety, mental health emergencies and incidents that may compromise the well-being of individuals on school premises or during interscholastic activities and events. The significance of the EAP lies in the potential to mitigate the impact of crises through planned and coordinated approaches to emergency preparedness and response designed to minimize injuries or fatalities. As EAPs are designed for each venue and sport, consideration must be given to accessibility to emergency response equipment, appropriate shelter, and exit routes, as well as availability and roles of personnel. Adding sport-specific considerations allows for the identification of changes in resources. For example, the number and type of medical personnel present or the on-site EMS availability at a football game may be different than that of a soccer game.

Written venue and sport specific EAPs ensure that all stakeholders involved in interscholastic activities are prepared to handle emergencies. These plans provide a clear roadmap for supervising adults, school staff, and participating students to follow during critical situations. By outlining roles, responsibilities, communication channels, and evacuation procedures, EAPs empower individuals to act swiftly and appropriately, reducing confusion and panic.

Components of the EAP include:

- Identification of potential safety issues, such as sudden cardiac arrest, exertional heat stroke, head and neck injuries, exertional sickling, adverse weather conditions (lightning, air quality, etc.), mental health emergencies, and additional safety threats (active shooter, etc.).
- Identification of onsite personnel. Address variables between competitions and performances, practices and training sessions, as well as sports.
- EMS contact information and venue specific access directions.
- Location of and access to emergency equipment (AED, cooling tub, etc.) and a review of the working status of such equipment.
- Pre-event Medical Meeting. The meeting serves to ensure all parties are aware of the EAP and its execution.
 - A brief pre-event medical meeting held daily before any athletic activity will identify any temporary changes to the EAP such as the absence of usual staff such as key holders or the

athletic trainer, temporary gate barriers such as construction or broken locks, or dysfunctional equipment such as Gators or elevators, and ensure all present are aware of such changes.

- Roles are delineated for attending medical personnel, administration, officials, security personnel, emergency medical services, security, and a representative from each participating group.
- The pre-event medical meeting should be held in a centralized space where locations of equipment, shelters, and access points can be identified.
- The pre-event medical meeting can serve to review appropriate communication among responders, eliminate access barriers and acknowledge necessary alterations to the EAP.
- After activating the EAP, individuals involved including leadership should conduct and document a debriefing, which may identify strategies to improve the EAP.

EAPs should be written by a group of stakeholders led by a coordinator and comprised of both medical and non-medical personnel involved in student-athlete safety. These stakeholders may include athletic trainers, team physicians, mental health providers, school nurses, EMS responders, team personnel, school administration, coaches, school security, event management staff, students, etc. EAPs should be reviewed and rehearsed by each group at the beginning of each season or activity. This should be documented and repeated any time there is material change to any of the primary components. Review and rehearsal of EAPs will familiarize participants, supervising adults and staff with the protocols. By simulating emergency scenarios, individuals gain firsthand experience in executing the necessary actions, building confidence in their ability to respond effectively, and enabling swift and confident decision-making during critical situations, even under stressful conditions. In the event of a mental health emergency, immediate contact should be made to a licensed mental health care provider or local emergency department for appropriate care and management.

Most causes for catastrophic injuries in high school athletes involve Heart, Heat, Head and Exertional Sickling related injuries, with more than 60% caused by sudden cardiac arrest (*National Center for Catastrophic Sport Injury Research data*). It has been well documented that as part of CPR training, the access to and use of an AED is essential when responding to a cardiac event, with an 85% survival rate when an AED is applied within three minutes of a collapse. It is strongly recommended that all individuals involved in the emergency response are trained in CPR and AED application. Although similar data for non-athletic activities is not readily available, the same preparedness is translatable.

While it is important to be prepared to appropriately respond in an emergency, it would be instructive to keep in perspective the wisdom of the saying: “An ounce of prevention is worth a pound of cure” as it is applied to EAPs. For example, while it is appropriate to have an onsite cooling tub and a rectal thermometer available to treat and monitor exertional heat stroke (EHS), adherence to well established heat acclimatization guidelines and the use of wet bulb globe temperature monitors (WBGT) in making modifications to team practice or events should reduce the incidence EHS.

NFHS promotes the “Anyone Can Save a Life” program. This program is essentially a toolkit for schools to use in establishing emergency action plans in response to a collapsed individual.

Resources:

1. *National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport*, S.E. Scarneo-Miller, et al., *Journal of Athletic Training*, 2024;59(6):570-583
https://www.nata.org/sites/default/files/emergency_action_plan_development.pdf
2. NFHS "The Collapsed Athlete" Online course from NFHSLearn <https://nfhslearn.com/courses/the-collapsed-athlete>
3. NFHS "CPR and AED Training" Online course from NFHSLearn <https://nfhslearn.com/courses/cpr-aed>
4. NFHS "Sudden Cardiac Arrest" Online course from NFHSLearn <https://nfhslearn.com/courses/sudden-cardiac-arrest>
5. *Anyone Can Save a Life* <http://www.anyonecansavealife.org/>
6. *Medical Time Out* - Korey Stringer Institute, University of Connecticut, update July, 2023
https://ksi.uconn.edu/wp-content/uploads/sites/1222/2019/07/ksi_mto_checklist_2019.pdf

October 2024

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