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Background:

An Emergency Action Plan is a written document that describes the steps to follow during a medical emergency. Emergencies may occur at any time and can involve an athlete, a coach, an official, a spectator, or any school representative. Having a documented plan is best practice, and also may help eliminate mistakes or oversights when an emergency occurs. Not only does a written emergency action plan allow for the improvement of preparedness and planning for emergencies, but it is also warranted from a legal standpoint. The Plan should be uniform and concise with procedural expectations outlined for all staff associated with Nobles Athletic Events. The Plan should be reviewed on an annual basis, discussed, and practiced. It should be distributed not only to Nobles staff and admin, but associated medical providers such as team doctors, school nurses and local/contracted EMS.

ON-CAMPUS EMERGENCY PROCEDURES:

Emergency Personnel:

With athletic practices and competitions, the first responder to an emergency situation is typically a member of the Nobles Athletics staff, most commonly a certified athletic trainer (AT). However, there will be athletic practices and competitions where no certified athletic trainer will be present making the first responder a coach or other school personnel. Likewise, a team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on factors such as the sport/activity, the setting, and the type of training or competition.

The development of an emergency plan cannot be complete without the formation of an emergency team/Incident Command Team (ICT). The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, school and athletics administration, faculty and staff, and possibly bystanders. The roles of these individuals within the emergency team may vary depending on the number of team members, the athletic venue, or the preference of the head athletic trainer. There are four basic roles within the emergency team. When an athletic trainer is present, these roles shall be predetermined and should be communicated prior to the start of every athletic season and contest hosted on campus. When an athletic trainer is not present, the roles shall divert to roles predetermined at the beginning of the school year and based on highest ranking medical training, such as Red Cross certified first responders.

Role Delineation in Emergency Situations:

Role delineation is assigning roles to individuals in order to most efficiently execute the emergency action plan. Depending on staffing, more than one person can carry out each role or multiple roles can be carried out by one person. If applicable, the AT will assign roles to the individuals present. It is advisable that each coaching staff discuss assigned roles BEFORE the start of the season and in the event that
an AT is not on-site so that quick and effective care be given as soon as possible. The following list is an example of role delineation in an emergency. At least two individuals are listed for each role and there may be times in which roles will be assigned on-scene as well as within the athletic department as a whole.

- Immediate care of the injured person and decision whether or not to activate EMS:
  1. AT
  2. ATS (Athletic Training Student)
  3. Certified First Responder if present
  4. Physician, if present
- Activation of EMS (calling 911):
  1. AT or ATS
  2. Coach/Assistant Coach
  3. Nobles staff/Administrators/Faculty
- Equipment retrieval/assistance to the provider of care
  1. ATS
  2. Staff/Administrators/Faculty
  3. Coach/Assistant Coach
- Meets Ambulance/Open Appropriate Entrances:
  1. B&G
  2. Nobles staff/Administrators/Faculty
  3. Coach/Assistant Coach
- Player Control:
  1. Coach/Assistant Coach
  2. Team Captain
- Spectator Control:
  1. Nobles Staff/Faculty
  2. Coach/Assistant Coach
  3. Administrators

- **During all emergencies, the most qualified medical personnel will direct care of the injured party/parties.**

- If a coach recognizes an emergency they will call for the Athletic Trainers via radio ASAP
  - Situations, when 911 should be called, are:
    - An Athlete who is not breathing
    - An Athlete who has lost consciousness
    - An Athlete with a suspected neck or back injury associated with a fall, collision or trauma
    - An Athlete with an open or severe/obvious fracture (Bone through skin and bleeding)
    - Severe bleeding that cannot be stopped or that is spurting, indicating arterial bleed
- Spontaneous seizure
- Know medical condition that warrants EMS activation per Action Plan

- Nobles Sports Medicine staff shall assume control of the scene until more qualified medical personnel arrive on the scene and can assume control or assist with the emergency
- Any individual who identifies themselves as a medical healthcare provider during an emergency situation should remain at the scene until dismissed by the individual directing the care of the injured party/parties.
- Visiting AT will treat his/her patients with the assistance of home AT/ATS if deemed necessary by either party.
- When an injury occurs to a spectator and first aid is not present, the AT will assume control of the situation and direct care of the injured parties. The role delineation will follow identically for a spectator as it would for an injured athlete

**Roles of the On-Scene First Responders:**

1. **Establish scene safety and immediate care of the athlete**
   - This should be provided by the most qualified individual on the medical team

2. **Activation of the Emergency Medical System and activation of Athletics Incident Command Protocol**
   - The first responder should designate someone to activate EMS in a timely manner.
   - The person designated to this role should be calm, and an effective communicator, and he/she should be familiar with the campus and venue(s)
   - The secondary or tertiary responders should also activate Athletics Incident Command Protocol

3. **Emergency equipment retrieval**
   - An assistant coach, other medical providers, or faculty/staff member should be instructed to gather equipment such as medkits, splints, AED, or crutches

4. **Direct EMS to scene**
   - A coach/faculty/staff member or other student-athletes should be designated to go and meet the emergency medical personnel at the field/venue access point as they arrive on site.

*Formation of an emergency team and implementation of specific roles are important. Athletics Admin and coaches should be aware of all potential roles as they could be designated to more than one task depending on response time or personnel and who is on scene.*
Activation of Emergency Medical Systems (EMS):

1. **CALL 911:**
   If an athletic trainer or coach decides that an injury is a medical emergency…

   - The athletic Trainer or coach at the scene will designate a coach, assistant coach, or athletic training student to **call 911**
   - Provide the following information to the 911 operator:
     - Your name and the address/location of the emergency
     - The nature of the emergency (medical or non-medical, life-threatening or non-life threatening) Provide as much detail as possible
     - Number of athletes/persons involved
     - First aid treatment initiated by the first responder(s)
     - Specific directions as needed to locate the scene (ie. the ice rink is the first bldg on the left as you come down the hill to athletics)
     - Any other info as requested by the dispatcher

2. **ALERT A MEMBER OF THE ATHLETICS DEPARTMENT OR NOBLES SECURITY (WHEN APPLICABLE):**

   The incident commander shall be a predesignated individual/member of the Athletics Department, usually but not exclusively, an Athletics Director/Assistant Athletics Director. They will initiate response and begin to direct initiatives including:

   - LIFE SAFETY
   - SCENE STABILIZATION
   - STUDENT/FACULTY/STAFF WELLNESS

   *A designated person at the site of emergency shall alert the Athletics Incident Command Team via radio as soon as an emergency occurs.*

3. **DESIGNATED ICT COMMANDER WILL SEND SOMEONE TO MEET THE AMBULANCE AT THE ROAD:**

   In addition to the ICT team member meeting the ambulance, an assistant coach, athletic training student, athlete, or spectator should be designated to flag down the ambulance as it arrives and directs them to the location of the injury
Please understand that these roles may fall on you if an Athletic Trainer is not available right away.

Athletics Incident Command Model in the Event of Medical Emergency:

1. Activation of Incident Command Team
   - Once an emergency is called in by a coach or athletic trainer, ICT is activated
   - Incident commander assumes control of the Emergency
   - If the Incident Commander is NOT at the site of the emergency, they should immediately make their way to the site
   - Activate Response via radio or cell phone to other ICT members
     - Identify the location of the emergency over the radio
     - Notify other ICT members
     - Text or Call Mike McHugh/Dylan Satter/campus security
     - Notify Campus Admin Team

2. Direction of EMS to scene
   - WHO: Athletics designee #1
   - Take camp golf cart or other cart and meet the ambulance at the stop sign/intersection at Upper School Entrance
   - Escort Ambulance to scene

3. Clear Roadways/Direct Parking Staff on clearing roadways
   - WHO: Athletics designee #2
   - Switch to Parkers Radio Channel
   - Checkpoints: McLeod field, Castle Road, Turf intersection
   - Make sure scene is accessible and all access points are clear and open

4. Scene Management
   - WHO: Athletics designee #3
   - Scene Safety
   - Unlock back gate as needed
   - Help Clear Roadways to scene and at scene
Emergency Communication and Emergency Equipment:

- Athletic Trainers covering all practices and games will carry two-way radios. Additionally, Athletics administrators will all carry radios on home events days
- **CHANNEL #1 IS A DESIGNATED EMERGENCY CHANNEL**
- Every Nobles Sports venue/team shall have a radio on-site at all times/during all events
  - Coaches shall use radios to alert AT of student injury/emergency
    - Hold down the “talk” button for 2 seconds before speaking. Speak clearly and slowly
  - Avoid using the injured athlete’s name over the radio.
  - Avoid the use of overly descriptive terms (details of the injury) that may cause alarm over the radio
  - Use your best judgment
  - **Radios will also be used by coaches to RECEIVE alerts pertaining to dangerous weather situations, so it is advised that coaches carry the radio on them throughout a practice**
- Emergency equipment available at all campus practices/home games will include:
  - Athletic Medkits containing nitrile gloves, first aid supplies, and CPR breathing barriers
- Emergency equipment given to all teams for away games will include orange team med kits stocked with first aid supplies

Campus AED locations:
There are a total of 12 Automatic External Defibrillators located on the Noble and Greenough Campus.
- **ATHLETICS AEDS:**
  - Stairway/Lobby of the MAC (1)
  - Two portable AEDs located in the Athletic Training Room and on Golf Carts for outside events (2)
    - Bliss Omni Rink located behind the home bench (1)
    - Turf Field (1)
- **OTHER CAMPUS LOCATIONS:**
  - Stoller BoatHouse (off-campus, 1)
  - Library (2)
  - Lawson House (1)
  - Castle (1)
  - Wiggins Dorm (1)
  - Buildings and Grounds (1)
  - Front Desk of Shattuck Schoolhouse (1)
  - Baker Science Building (1)
  - Pratt Middle School (1)
Campus EpiPen Locations:
- Front Desk (on top of AED)
- Middle School (on top of AED)
- Castle (2 located on top of AED, across from Flik office)
- Sports Medicine Office
- Morrison Athletic Center Lobby (on top of AED)
- Wiggins Dorm (2 + 1 Inhaler, On top of 1st floor AED)

Medical Transportation:

In the event that a student-athlete sustains an injury that warrants the activation of EMS the following guidelines for a medical chaperone shall be followed:

HOME EVENTS -
- Fallon ambulance company will be provided with the Nobles EAP on an annual basis for review and will be the home events EMS provider.
- If a parent is present at the contest, he/she will travel in the ambulance with the injured student-athlete
- If a parent is not present, an assistant coach or athletics admin/School Staff member shall travel in the ambulance with the injured student-athlete

AWAY EVENTS -
- If a parent is not present at the contest an assistant coach or other Nobles employee present will travel to the ER with the student-athlete
  ○ A coordinated effort shall be made to transport the coach back to campus once the student’s parents have arrived.

Emergency Information Chain of Communication:

If the 911 Protocol is activated on campus as a part of an athletic event or if EMS is called at an away event during an athletic event, the following people should be notified via phone call and/or text message and in the following order. This should take place AFTER the athlete has been cared for on-sight by the Sports Medicine staff, campus admin/coaches, and has been taken to the Hospital/Emergency Medical Response has been initiated and carried out:

On-Site Athletic Trainer/Director of Sports Med ⇐ Notify the parent/guardian

Athletic Director/Campus Incident Commander

Head of School
In addition to the Head of School being notified, the Director of Sports Medicine will email the School Nurses, the student-athletes advisor, and the Head of Middle/Upper School about the injury and injury status.

**Team Physician Oversight and Notification of Serious Injury:**

The Noble and Greenough Sports Medicine Department and its certified athletic trainers work under the oversight of Dr. Mininder Kocher, MD, MPH, and all the physicians of the Boston Children’s Hospital Sports Medicine Division. All treatment directives will be reviewed with Dr. Kocher on an annual basis before the start of the school year.

Additionally, Nobles Sports Medicine also has a close working relationship with the Department of Orthopedic Surgery at Mass. General Hospital, specifically Dr. Peter Asnis et. al..

In the event that an ambulance is called for an orthopedic injury such as a broken bone and the student is a middle schooler or under the age of 15, Dr. Kocher will be notified and the student shall be transported to Boston Children’s Hospital at the directive of the Nobles athletic trainer or admin. If the injured student is skeletally mature or over the age of 15, Dr. Peter Asnis will be notified and the student will be taken to Mass General at the directive of the staff athletic trainer or admin.

If a parent is present at the time of the injury, he/she may always override the staff athletic trainer and request that their son/daughter be taken to any area hospital they see fit.

**IF THE INJURY/SITUATION IS LIFE-THREATENING OR UNSTABLE, FALLON AMBULANCE COMPANY WILL TRANSPORT THE PATIENT TO THE CLOSEST AND MOST MEDICALLY APPROPRIATE TRAUMA CENTER**
Lightning and Severe Weather:

Lightning is capable of striking even greater distances from the main thunderstorm and can strike from up to 10 miles away from the site of school, event, competition, or practice. In the event of an unexpected or fast-moving thunderstorm, appropriate steps should be taken to remove students from the threat of lightning. School administrators in conjunction with staff athletic trainers should be designated to monitor weather conditions and make a coordinated decision regarding suspending or canceling activity. This group of people should have unchallengeable authority to suspend the activity, even in the absence of rain or dark skies.

When should activities be stopped?

If you see lightning: The ability to see lightning varies depending on the time of day, weather conditions, and obstructions such as trees, mountains, etc. In clear air, and especially at night, lightning can be seen from storms more than 10 miles away provided that obstructions don’t limit the view of the thunderstorm. In the event that lightning is seen, ALL VENUES shall be immediately evacuated to the nearest safe structure. Areas considered safe will be listed below.

Flash to Bang Ratio: Flash to bang is an accepted method to measure approximately how far away the nearest lightning strike has occurred. It is determined by counting how many seconds it takes to hear a clap of thunder after seeing a flash of lightning. The number of seconds is then divided by 5 to get the distance in miles, to the lightning flash. Generally, 30-seconds or less flash-to-bang count suggests the removal of athletes from fields to safe indoor shelter is advised.

If you hear thunder: Thunder can usually be heard for a distance of about 10 miles provided that there is no background noise. Traffic, wind, and precipitation may limit the ability to hear thunder to less than 10 miles. If you hear thunder, though, it’s a safe bet that the storm is within ten miles. Consideration of radar and visible cloud cover **etc shall be taken into consideration in the event that thunder is heard. If lightning is detected within 10 miles, DESPITE lack of visible clouds, dark skies, or rain, ALL VENUES shall be evacuated to designated safe areas.

❖ General
❖ If the threat of lightning is within a 10 mile radius of a school-sponsored event and the alert of imminent lightning is given via the DTN weather network OR lightning is seen/thunder is heard, a reverse evacuation protocol will be initiated
❖ Any potential for lightning is communicated via radio/phone/internal PA system by Brian Canavan, Gwen Chiaranda, or Alex Gallagher
On-Campus:

- Some combination of communication via Internal PA, air horns, two-way radio, email, reverse 911 communication will alert athletic venues of the threat of lightning
- All outside activity ceases and all people should seek the closest Nobles Building
  a. Turf or Wayne Fields go to the Castle or Wiggins Dorm
  b. Tennis Courts go to Wiggins Dorm or Castle
  c. Almy, Mason, Johnson Softball, Burr, Baseball/Greene go to Morrison Athletic Center
  d. Keller Field go to Pratt or Baker Buildings
  e. Cross Country/Track should seek shelter in the nearest building and cell phone communication should be made with Gwen Chiaranda or Alex Gallagher for further instructions.
- Remain inside until notified via the alert system how to proceed

Off-Campus:

- For events held off-campus, discretion should be held by the coach(s) using the flash to bang ratio
- Evacuation of venues should be made to the nearest covered structures for shelter until 30min without lightning or thunder has passed.

When should activities be resumed?

According to the National Weather Service Guidelines, it is strongly recommended that outdoor activities should not resume until 30 minutes have passed from the time the last lightning strike is seen/detected or an audible thunderclap has been recorded. This is due to the fact that electrical currents can linger in cloud cover even once the storm has passed. Additionally, this allows for adequate time for most storms to travel over 10 miles away. A timer should be started at the sight of lightning or the audible clap of thunder.

Any subsequent lightning or thunder AFTER the 30-minute count has been started should RESET the clock and another count should begin.

Heat Emergencies:

The prevention, recognition, and treatment of exertional heat illnesses (EHIs) are of the highest priority of the sports medicine department at Noble and Greenough School, along with its coaches and staff members. The following information and treatment plans are based on best-practice recommendations from the National Athletic Trainers’ Association along with The Korey Stringer Institute.
Classification of Exertional Heat Illness (rated from least severe to life-threatening):

- **Heat Cramps** - prolonged muscle cramps, excessive twitching, this is often an indicator that worsening condition is imminent (*Can occur in the absence of high temps*)
- **Heat Syncope** - lightheadedness, dizziness, feeling “out of it”, Tunnel vision, blurred vision
- **Heat Exhaustion** - moderate illness characterized by the inability to sustain adequate cardiac output. Characterized by headache, nausea, confusion, lack of performance, altered mental status, vomiting, redness, and excessive sweating, low blood pressure/lightheadedness
- **Exertional Heat Injury/Exertional Heat Stroke** - *LIFE-THREATENING* Exertional heat stroke is a severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress. Condition will deteriorate quickly and is considered a medical emergency. Warrants medical transport. Sign/symptoms include lack of sweating, pallor, ashen/grey appearance/skin tone, collapse, seizure, full-body or large body part cramping, altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, and on occasion, reports of feeling cold under extreme heat.

Assessing Core Temperature:

To assess the individual to determine the nature and degree of illness the use of a rectal thermometer is the most accurate method and “gold standard of care”. Accurate core temperature assessment allows for differentiation between many of the similar signs & symptoms between heat-related injuries. Core temperature should be assessed rectally in all circumstances where the necessary equipment is available and trained medical personnel is on sight.

**NOTE:** Physician oversight for use of rectal temperature as the standard of care shall be obtained and reviewed on an annual basis. Only those trained to administer this medical technique shall be permitted to do so.

Management of Heat-Related Illnesses:

- **Cramps:**
  - Removal from activity
  - Stretching
  - Water and electrolytes
  - Ice applied over the cramping body part
  - Rest/Rehydration/Recovery
- **Heat Syncope:**
  - Removal from activity
  - Move to a shaded area/inside to AC
- Elevate legs
- Ice applied to armpits, groin, back of the neck
- Rehydrate

**Exertional Heat Exhaustion** -
- Removal from activity
- Remove excess clothing and equipment.
- Immediate Cooling (ice bags under armpits and in the groin area, back of the neck, palms of the hands, quick immersion into an ice bath)
- Have athlete lie comfortably with legs propped above heart level.
- **If the athlete is not nauseated, vomiting, or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drinks.**
- Initiate cold water immersion ASAP
- Monitor heart rate, blood pressure, respiratory rate, and CNS status.
- Transport to an emergency facility if no rapid improvement is noted with prescribed treatment to administer IV fluids

**Exertional Heat Stroke** -
- **ACTIVATE EMS**
- **MONITOR RECTAL TEMP**
- “COOL FIRST, TRANSPORT SECOND”
- FOLLOW STEPS BELOW

**Follow these steps to initiate emergency treatment:**

- Remove all equipment and excess clothing immediately
- Call Sports Medicine Staff if not present/initiate emergency response protocols
- Put ice bags under athletes’ armpits and in the groin area.
- Use Ice towels, if available, to cool the athlete, applying wet towels over the athlete’s head and shoulders
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a barrel/tub/tank ice and water approximately 35–58°F); stir the water and add ice throughout the cooling process to ensure proper cooling
- If immersion is not possible (no tub or no water supply), take the athlete to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing, and circulation.
- The Athletic Trainer shall monitor vital signs such as rectal temperature**, heart rate, respiratory rate, blood pressure, monitor CNS status.
  - 1-2 people manage immersion and cooling by moving ice water constantly
  - Responder with appropriate medical training monitoring core temp (rectal thermistor)
  - Monitor BP and Heart Rate
○ If the rectal temperature is not available, DO NOT USE AN ALTERNATE
METHOD (oral, tympanic, axillary, forehead sticker, etc.). These devices are not
accurate and should never be used to assess an athlete exercising in the heat.
○ If the rectal temperature cannot be measured and cold water immersion is
indicated, cool for 10-15 minutes and then transport to a medical facility
  ● Follow the “COOL FIRST, TRANSPORT SECOND” rule
  ● Cease cooling when rectal temperature reaches 101–102°F (38.3–38.9°C) and transport via
    EMS to the nearest emergency department

Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water
immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of
collapse. ** rectal temp administered by trained athletic training staff, physician, EMT/Paramedic,
or school nurse only

Activity Modification or Cancellation Policy Due to Heat:

During all outdoor events sponsored by the Nobles Athletic Department, the Sports Medicine department
will monitor the environment for heat-related concerns and comply with standard recommendations for
activity modifications, for the safety of the student-athletes.

Nobles Sports Medicine will follow the MA statewide policy for conducting activities in all sports during
times of extremely high environmental conditions. The policy shall follow modified guidelines of the
American College of Sports Medicine in regard to the following measures:

  ● The scheduling of activities at various heat/humidity levels
  ● The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
  ● The heat/humidity level that will result in activity being modified/altered/canceled

A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading will be
utilized at each activity to ensure that the written policy is being followed properly. Temperatures based
on a reading of a Wet Bulb Globe Temperature will be used to make all decisions on event modification
and/or cancellation. For indoor events without climate control, a WBGT reading should be taken indoors.
For climate-controlled indoor events, this measurement is unnecessary. WBGT can change during an
event and throughout the day.
### Wet Bulb Globe Temperatures Risk Chart

<table>
<thead>
<tr>
<th>WBGT</th>
<th>Flag Color</th>
<th>Level of Risk</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;65°F</td>
<td>Green</td>
<td>Low</td>
<td>Risk is low but still exist on the basis of risk factors per child</td>
</tr>
<tr>
<td>65-73°F</td>
<td>Yellow</td>
<td>Moderate</td>
<td>Risk Level increased as event progresses through the day</td>
</tr>
<tr>
<td>73-82°F</td>
<td>Red</td>
<td>High</td>
<td>Everyone should be aware of injury potential; individuals at risk should not compete</td>
</tr>
<tr>
<td>&gt;82°F</td>
<td>Black</td>
<td>Extreme/Hazardous</td>
<td>Consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert. Take steps to reduce risk factors (more and longer rest breaks, reduced practice time, reduced exercise intensity, access to shade, minimal clothing and equipment, cold tubs at the practice site, etc)</td>
</tr>
</tbody>
</table>

### Cold Emergencies:

Exposure to cold presents an inherent risk of injury. It is important to note that the following guidelines for activity and associated limitations apply only in the absence of precipitation. Precipitation, most notably rain and snow will affect the risk of environmental cold injury. It is unclear in the literature at exactly what rate of rain or snowfall, in conjunction with the air temperature and wind rate, conditions become unsafe. However, it is clear that precipitation significantly increases the risk of environmental cold injury. Therefore, in circumstances involving precipitation, decisions about participation restrictions will be made by Sports Medicine in conjunction with Athletic Administration on an individual basis based upon the current conditions.

### Recognition of Cold-Related Injuries:

Recognizing early signs of cold-induced stress may prove to be important in preventing cold-related injuries. The following signs and symptoms are considered to be early warning signs:

- shivering
- dysesthesia at the distal extremities (e.g. numbness, pain, or burning sensation)
- disorientation
- slurred speech.
Classification of Cold-Related Injuries:

- **Mild Hypothermia** - Vigorous shivering, increased blood pressure, fine motor skill impairment, lethargy, apathy, and mild amnesia
- **Chilblain** - Small erythematous papules (hives), swelling, tenderness, itching
- **Frostbite** - Redness and swelling of the skin, body stiffness, tingling or burning of the skin, mottled or gray skin appearance, tissue that feels hard and does not rebound, numbness
- **Moderate/Severe Hypothermia** - Cessation of shivering, depressed vital signs, core body temp of <95 °F, impaired mental function, slurred speech, unconsciousness, gross motor skill impairment

Management of Cold-Related Injuries:

- **Mild Hypothermia** -
  - Treat for any life-threatening conditions
  - Remove wet or damp clothing
  - Insulate with warm dry fabrics (including covering the head), and move to a warm environment, if possible.
  - Apply heat to the trunk, armpits, chest wall, and groin
    - Body heat may be appropriate for warming if no other sources are available
    - Blankets and mylar blankets
    - Warm packs with towels applied in between skin and hot pack
  - Avoid applying friction massage, rubbing of skin as it may cause further injury
- **Chilblain** -
  - Remove wet or constrictive clothing
  - Wash and dry the area gently
  - Elevate the affected area and cover with warm, loose, dry fabrics
  - Do not disturb blisters, do not apply friction massage, do not apply creams or lotions, do not use high levels of heat, and do not allow weight bearing on the affected area
- **Frostbite** -
  - Gently rewarm the skin by immersing the area in warm water (98.0 – 104°F)
  - Protect exposed area
  - If tissue sloughing is involved, infection control is warranted, and basic wound care is applicable
- **Moderate/Severe Hypothermia** -
  - Treat for any life-threatening conditions
  - Assess and monitor core body temperature
  - Remove wet or damp clothing, insulate with warm dry fabrics (including covering the head)
  - Apply heat to trunk, armpits, chest wall, and groin
  - Avoid applying friction massage

If a certified athletic trainer is NOT PRESENT-
1. Assist the student-athlete to the best of your ability
2. Activate EMS if deemed necessary
3. Use the radio or cell phone to call AT/Athletic Admin

In a situation where an individual falls into cold water (< 60F) -
1. Quickly remove the individual from the water
2. Follow the steps above listed immediately under ‘Treatment’
3. Carefully move the individual to a safe and warm location

Activity Modification or Cancellation Policy Due to Cold:

All outdoor athletic events at The Noble and Greenough School operate under the guidelines in the following table. The certified athletic trainer is responsible for communicating to all athletic personnel and employing these guidelines.

<table>
<thead>
<tr>
<th>Wind-chill Temperature</th>
<th>Guidelines/Adjustment</th>
</tr>
</thead>
</table>
| <25°F                  | - Be aware and ready for possibility of cold injuries.  
                         - All practice participants will take reasonable precautions to cover exposed skin. This includes, at minimum: practice participants should wear long sleeves, pants, gloves, and hats during warm up activities. Hats and gloves should remain on during practice. All non-participating student-athletes should have exposed skin covered. |
| ≤ 20°F                 | - All practice participants must wear appropriate clothing/equipment at all times while outdoors. This includes, at minimum: long sleeves, pants, gloves, and hats. Athletic Training Services will make additional clothing or equipment recommendations as seen fit.  
                         - Any practice participant not in appropriate clothing/equipment must be removed from practice and remain indoors until appropriate clothing/equipment is worn.  
                         - All non-participating student-athletes should remain indoors. |
| ≤ 15°F                 | - Must comply with previously stated clothing/equipment requirements.  
                         - Warm up and cool down activities should occur indoors.  
                         - Practice plan should be altered to decrease “down time” where participants are not moving.  
                         - Appropriate practice length should be determined, in advance, by head coach and Athletic Training Services based upon the intensity of the practice plan.  
                         - All non-participating student-athletes should remain indoors. |
≤ 10°F  
- Maximum exposure time: 60 minutes (any further exposure that day must follow a period of time that includes complete re-warming and the changing of all base layer clothing)
- All non-participating student-athletes should remain indoors

≤ 0°F  
- Cancel event and reschedule

All temperature readings for interpretation of the above chart will be taken by Athletic Training Services immediately preceding the scheduled practice or game, and as interpreted by the Director of Sports Medicine, Athletic Director or other Athletics Admin in charge. Communication regarding readings taken prior to this will occur between the head coach and Athletic Training Services on an individual basis.

**NOTE: the above guidelines may be altered by Athletic Training Services in the presence of other mitigating factors, such as portable heaters, temporary re-warming facilities, altering gameplay rules (e.g. extended half-times for rewarming), etc. These decisions will be made on an individual basis.**

Off-Campus Emergency Procedures:

Various off-site venues may be used for any sport due to weather, site modification, away games, or specialty facilities. In the event that a medical emergency arises while not on Noble and Greenough property, the sports medicine staff or coaching staff should follow away venue-specific emergency action plans dictated by on-site medical and administrative staff present. The sports medicine personnel from the host institution will assume full responsibility for the management of the emergency. Members of the coaching staff shall assist only when requested to do so by the attending medical staff. When a medical emergency arises at an offsite venue with no medical personnel available, the coaching staff will be responsible for ensuring the EAP is activated and the appropriate first aid and emergency care are provided to the highest level of their scope of appropriate medical care. Once the medical emergency is under control and the affected student-athlete is stable and/or under the appropriate medical care, it is the responsibility of the coaching staff to inform the Director of Sports Medicine at Nobles of the incident in a timely manner to ensure appropriate accommodations are made to further manage the injury/situation.

If medical personnel is present:
- Prior to the event, introduce yourself to the medical staff covering the event.
- If a student-athlete needs transportation to a hospital, have someone go with the injured individual, preferably a university staff member.
- All coaches should travel with the following information for each student-athlete
  1. Medical history summary
  2. Emergency contact information (Available on Magnus App on your mobile device)
- After ensuring the athlete is appropriately cared for on scene, contact the Nobles Director of Sports Medicine to notify them of the injury. If Nobles AT is not available, contact Nobles AD or Director of Campus Safety
If medical personnel are not present:

- If you are at an athletic venue, attempt to find the protocol that will be followed if an emergency occurs. During travel, coaches should know both the name of and directions to their current location in the event they need to provide EMS with this information. This applies to athletic venues, hotels, etc.
- If there is no medical coverage, assist the student-athlete to the best of your ability.
- If further assistance is needed, call 911 or the number given to you in the protocol, if applicable.
- If a student-athlete needs transportation to a hospital have someone go with the injured individual, preferably a Nobles staff member.

**Catastrophic Incident Emergency Procedures:**

A catastrophic injury is one that is so severe that the injured person is not expected to fully recover. The injured person may require multiple surgeries, long hospital or rehabilitative stays, and full-time nursing or assistive care. Examples of catastrophic incidents may include sudden cardiac death, death from unknown medical anomalies, suicide/homicide, spinal cord injury resulting in partial or complete paralysis, loss of paired organ, severe head injury, injuries resulting in severely diminished mental capacity, or neurological injury resulting in an inability to perform daily functions, or loss of speech, sight, hearing, and/or limb(s). The following procedures should be followed in the event of a catastrophic incident:

2. Ensure that emergency medical assistance has been requested as quickly as possible.
3. Contact the appropriate administration and medical staff.
4. Gather all pertinent facts regarding the incident accurately and expeditiously.
5. Document all events, including a list of witnesses and participants.
6. If possible, secure all available material or equipment involved.
7. Instruct student-athletes and other staff present to not speak to anyone regarding the incident. No statements are to be made to the media except as approved by the Director of Athletics, Head of School, and/or other school officials.
QUICK EAP: GROUND FLOOR MAC/ATHLETIC TRAINING ROOM

- **NEAREST LANDLINE:** ADJACENT TO THE DOOR OF SPORTS MED, COUNTERTOP
- **NEAREST AED:** ON THE WIRE SHELVING BY THE OFFICE OF SPORTS MED/STAIRS TO LOBBY
- **NEAREST FIRST AID KIT:** AT ROOM TAPING AREA
- **YOUR ROLE:** ACTIVATE EMS, GET AED & FIRST AID KIT, AND FLAG DOWN THE AMBULANCE OUTSIDE ONCE CALLED

**STEP 1. CALL 911**

- Your name, phone number, and where you are calling from

  NOBLE AND GREENOUGH SCHOOL
  10 Campus Drive, Dedham, MA 02026
  LOWER LEVEL, TO THE LEFT
  ATHLETIC TRAINING ROOM/South Side of MAC

- Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
  - Designate someone to open appropriate doors to the rooms
  - Designate individual to “flag down” ambulance outside

**STEP 2: NOTIFY NOBLES**

- Call the front desk (M-F 730am-6pm) 781-326-3700

- Call campus security (evenings and weekends) 781-708-5516
  - *NOTIFY THEM THAT AN AMBULANCE IS ON ITS WAY*

- AFTER 6 pm call Karen Gallagher 617-922-5004

- Gwen Chiaranda, Dir of Sports Medicine Cell Ph. 516-532-6809
QUICK EAP: BLISS OMNI RINK

- NEAREST LANDLINE: MOUNTED ON THE WALL BEHIND THE HOME BENCH
- NEAREST AED: ON THE WALL BEHIND THE HOME BENCH
- NEAREST FIRST AID KIT: BEHIND HOME BENCH, GRAY METAL CART
- YOUR ROLE: ACTIVATE EMS, GET AED & FIRST AID KIT, AND FLAG DOWN THE AMBULANCE OUTSIDE ONCE CALLED

STEP 1. CALL 911

- Your name, phone number, and where you are calling from

NOBLE AND GREENOUGH SCHOOL
10 Campus Drive, Dedham, MA 02026
BLISS OMNI FLOOD RINK
(5 STORER DRIVE, DEDHAM, MA)

- Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
- Designate someone to open appropriate doors to the rooms
  - Designate individual to “flag down” ambulance outside

STEP 2: NOTIFY NOBLES

- Call the front desk (M-F 7:30am-6pm) 781-326-3700
- Call campus security (evenings and weekends) 781-708-5516
  - NOTIFY THEM THAT AN AMBULANCE IS ON ITS WAY
- AFTER 6 pm call Karen Gallagher 617-922-5004
- Gwen Chiaranda, Dir of Sports Medicine Cell Ph. 516-532-6809
QUICK EAP: RAPPAPORT GYM

- **NEAREST LANDLINE:** MOUNTED ON THE WALL BEHIND SCORERS TABLE
- **NEAREST AED:** ON THE WALL IN THE MAIN STAIRWELL IN THE LOBBY OF THE MAC
- **NEAREST FIRST AID KIT:** INSIDE RAPPAPORT GYM OR IN THE WEIGHT ROOM
- **YOUR ROLE:** ACTIVATE EMS, GET AED & FIRST AID KIT, AND FLAG DOWN THE AMBULANCE OUTSIDE ONCE CALLED

**STEP 1. CALL 911**

- Your name, phone number, and where you are calling from

**NOBLE AND GREENOUGH SCHOOL**
10 Campus Drive, Dedham, MA 02026
MORRISON ATHLETIC CENTER
2nd Floor, Rappaport Gym

- Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
  - Designate someone to open appropriate doors to the rooms
  - Designate individual to “flag down” ambulance outside

**STEP 2: NOTIFY NOBLES**

- **Call the front desk (M-F 730am-6pm) 781-326-3700**
- **Call campus security (evenings and weekends) 781-708-5516**
  - NOTIFY THEM THAT AN AMBULANCE IS ON ITS WAY
- **AFTER 6 pm call Karen Gallagher 617-922-5004**
- Gwen Chiaranda, Dir of Sports Medicine Cell Ph. 516-532-6809
QUICK EAP: RICHARDSON GYM

- **NEAREST LANDLINE:** IN THE WEIGHT ROOM BEHIND THE DESK
- **NEAREST AED:** ON THE WALL IN THE MAIN STAIRWELL IN THE LOBBY OF THE MAC
- **NEAREST FIRST AID KIT:** ORANGE KIT INSIDE THE GYM OR IN WEIGHT ROOM
- **YOUR ROLE:** ACTIVATE EMS, GET AED & FIRST AID KIT, AND FLAG DOWN THE AMBULANCE OUTSIDE ONCE CALLED

## STEP 1. CALL 911

- Your name, phone number, and where you are calling from

**NOBLE AND GREENOUGH SCHOOL**

10 Campus Drive, Dedham, MA 02026

**MORRISON ATHLETIC CENTER**

2ND FLOOR, RICHARDSON GYM

- Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
- Designate someone to open appropriate doors to the rooms
- Designate individual to “flag down” ambulance outside

## STEP 2: NOTIFY NOBLES

- **Call the front desk** (M-F 7am-6pm) 781-326-3700

- **Call campus security** (evenings and weekends) 781-708-5516
  - **NOTIFY THEM THAT AN AMBULANCE IS ON ITS WAY**

- **AFTER 6 pm call Karen Gallagher 617-922-5004**

- **Gwen Chiaranda, Dir of Sports Medicine Cell Ph. 516-532-6809**
QUICK EAP: FILM ROOM/WRESTLING ROOM

- NEAREST LANDLINE: IN THE FILM ROOM ON THE WALL BY THE DOOR
- NEAREST AED: ON THE WALL IN THE MAIN STAIRWELL IN THE LOBBY OF THE MAC
- NEAREST FIRST AID KIT: IN THE WRESTLING ROOM BY THE DOOR
- YOUR ROLE: ACTIVATE EMS, GET AED & FIRST AID KIT, AND FLAG DOWN THE AMBULANCE OUTSIDE ONCE CALLED

STEP 1. CALL 911

- Your name, phone number, and where you are calling from

NOBLE AND GREENOUGH SCHOOL
10 Campus Drive, Dedham, MA 02026
MORRISON ATHLETIC CENTER
LOWER LEVEL, WRESTLING/FILM ROOMS/North Side of the Building

- Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
- Designate someone to open appropriate doors to the rooms
  - Designate individual to “flag down” ambulance outside

STEP 2: NOTIFY NOBLES

- Call the front desk (M-F 7am-6pm) 781-326-3700
- Call campus security (evenings and weekends) 781-708-5516
  - NOTIFY THEM THAT AN AMBULANCE IS ON ITS WAY
- AFTER 6 pm call Karen Gallagher 617-822-5004
- Gwen Chiaranda, Dir of Sports Medicine Cell Ph. 516-532-8809
QUICK EAP: LISTER CREW CENTER

- NEAREST LANDLINE: THE MAC LOBBY
- NEAREST AED: THE MAC LOBBY
- NEAREST FIRST AID KIT: INSIDE CREW CENTER
- YOUR ROLE: ACTIVATE EMS, GET AED & FIRST AID KIT, AND FLAG DOWN THE AMBULANCE OUTSIDE ONCE CALLED

STEP 1. CALL 911

- Your name, phone number, and where you are calling from

NOBLE AND GREENOUGH SCHOOL
10 Campus Drive, Dedham, MA 02026
LISTER CREW CENTER, BEHIND THE MAC, ADJACENT TO THE POOLS

- Nature of emergency (number of individuals injured, condition of injured individuals, type of injury, first-aid treatment provided)
- Designate someone to open appropriate doors to the rooms
  - Designate individual to “flag down” ambulance outside

STEP 2: NOTIFY NOBLES

- Call the front desk (M-F 730am-6pm) 781-326-3700

- Call campus security (evenings and weekends) 781-708-5516
  - NOTIFY THEM THAT AN AMBULANCE IS ON ITS WAY

- AFTER 6 pm call Karen Gallagher 617-922-5004

- Gwen Chiaranda, Dir of Sports Medicine Cell Ph. 516-532-6809
Ambulance Access to Athletics Fields/Venues

**Keller Field (aka Football practice field)**
Ambulance Access - First right upon entering campus via Pine St/Main Entrance. The ambulance will pull up alongside the field.

**Rice/Tyng Tennis Courts**
Ambulance Access - First left upon entering Pine St entrance. Follow the road down to the Tennis courts. Keep Lawson House (white building) to the left going down the hill towards the courts

**Green Field (aka Castle Field)**
Ambulance Access - Via the main road to Athletics or via Castle Road and Path access

**Class of ‘79 Baseball Field**
Ambulance Access - Via main road to Athletics adjacent to Morrison Athletic Center

**Burr Field (aka Football game field)**
Ambulance Access - Via the main road to Athletics and adjacent to the pools

**Mason Field/Johnson Softball/Almy Fields**
Ambulance Access - Via the main road to Athletics or castle road. Accessible via dirt paths from either access road

**Turf Field/Wayne Field**
Ambulance Access - Via the main road to Athletics, left onto Castle Road, and follow signs to Turf/Bridge St entrance
Area Hospitals and Emergency Departments:

- Newton- Wellesley Hospital
  Emergency Department
  2014 Washington St, Newton, MA 02462
  (617) 243-6193
  https://www.nwh.org/medical-services/emergency/maxwell-blum-emergency-pavilion

- Boston Children’s Hospital (LEVEL ONE. PEDIATRIC ONLY. NOBLES AFFILIATE/TEAM PHYSICIAN OVERSIGHT)
  300 Longwood Avenue
  Boston, MA 02115
  Emergency Medicine Offices, please dial 617-355-6624

- Massachusetts General Hospital (LEVEL ONE. BURN UNIT. NOBLES AFFILIATE)
  55 Fruit St
  Boston, MA 02114
  Ph. 617-726-2000
  https://www.massgeneral.org/Emergencymedicine/
Nobles Health and Wellness Resource List

Office of Sports Medicine:

- Gwen Chiaranda, MS, LAT, CES - Director of Sports Medicine
  - Office ph. 781-320-7029
  - Cell ph. 516-532-6809
  - Office Location: Lower Level of Morrison Athletic Center (MAC)
  - Email: gchiaranda0f@nobles.edu
- Noah Collier, MS LAT - Athletic Trainer
  - Office ph. TBD
  - Cell ph. 617-653-7141
  - Email: ncollier0f@nobles.edu
- Maurice Sicard, LATC
  - Office ph. (781) 320-7027
  - Cell ph. 781-799-6565
  - Office Location: Lower Level of Morrison Athletic Center (MAC)
  - Email: msicard0f@nobles.edu
- Athletic Training Room Main Phone
  - Landline: 781-320-7070

School Nurses:

- Lisa O’Connor, MSN, RN
  - Office ph. 781-320-7070
  - Cell ph. 781-801-3664
  - Office Location: Pratt Middle School
- Erin Cote-Hartford, BSN, RN
  - Office ph. 781-320-7070
School Counselors:

- Jen Hamilton - Director of Psychology and Counseling
  - Office Location: Pratt 200
  - Phone: 781-320-7265
  - Cell Phone: 617-686-0644
  - Email: Jen_Hamilton@nobles.edu

- Mary Batty - Upper School Counselor
  - Office Location: Shattuck 227
  - Phone: 781-320-7072
  - Email: Mary_Batty@nobles.edu

- LaTasha Sarpy - Counselor, LICSW
  - Office Location: Pratt 100
  - Phone: 857-288-8756
  - Email: LaTasha_Sarpy@nobles.edu
REFERENCES

10. The Kory Stringer Institute Web site: https://ksi.uconn.edu/