

EMERGENCY ACTION PLAN
for
BLOOMFIELD HIGH SCHOOL



**BLOOMFIELD
WARHAWKS**

In case of an emergency, personnel responsibilities, locations of emergency equipment, and other emergency information such as 911 call instructions, addresses/directions to the venue, and a chain of command with important phone numbers have been listed here.

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Personnel Involved in Development

The following individuals were involved with the creation of this Emergency Action Plan:

1. Megan Mormile, Athletic Trainer, Bloomfield High School, Select Physical Therapy
2. Tammy Schondelmayer, Athletic Director, Bloomfield High School



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Documentation of Recent Changes

As changes to the EAP are made, please list the change, page affected and date that the change was made.

Specific Changes Made	Page(s) Affected	Date
Addition of COVID-19 Policy	38-40	1/15/21



Emergency Action Plan for Athletics- Overview

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the student athlete. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately and efficiently.

Components of an Emergency Action Plan:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of First Responder
5. Venue Directions with a Map
6. Emergency Action Plan Checklist for Non-Medical Emergencies

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparation of healthcare providers. The athletic administration and sport coaches as well as sports medicine personnel should all be invested and involved in the Emergency Action Plan. The emergency action plan should be reviewed at least once a year with all athletic personnel and local emergency response teams.

1. Emergency Personnel

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a Certified Athletic Trainer. However, in the event that the Athletic Trainer is unavailable, the first responder may be a coach or another member of the school personnel.

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning. Copies of training certificates and/or cards should be maintained with the Athletic Trainer and Athletic Director. All coaches are required to have current certifications in First Aid and CPR/AED and be trained in concussion management. Re-certification in First Aid and CPR/AED for all athletics personnel is required every two years and can be completed in-house by the Athletic Trainer (Megan Mormile, MMormile@selectmedical.com, (607) 351-4131).

The emergency team may consist of Athletic Trainers, Coaches, Physicians, Emergency Medical Technicians, Administrative Personnel, Athletic Training Students, and possibly even bystanders. The roles of these individuals will vary depending on factors such as team size, athletic venue, personnel present, etc.

The four basic roles within the emergency team are:

1. Establish scene safety and immediate care of the athlete
 - a. This should be provided by the most qualified individual on the medical team (the first individual in the chain of command).
2. Activation of Emergency Medical Services
 - a. This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor, and this may be done by anyone on the emergency response team.
3. Equipment Retrieval
 - a. May be done by anyone on the emergency response team who is familiar with the types and locations of the specific equipment needed.
4. Direction of EMS to the scene
 - a. A designated member of the emergency response team should be in charge of meeting the emergency personnel as they arrive at the site. This person should have keys to locked gates/doors.

2. Activating Emergency Medical Services

1. Call 9-1-1
2. Provide the following information:
 - a. Name and telephone number of caller, address of location where services are needed
 - b. Nature of the emergency (medical or non-medical)*
 - c. Number of athlete(s)
 - d. Condition of athlete(s)
 - e. What treatment was initiated by first responder
 - f. Specific directions as needed to locate the emergency scene
 - g. Other information requested by the dispatcher
 - h. DO NOT HANG UP FIRST! Let the dispatcher disconnect the call.

*if non-medical, refer to the specified checklist of the school's non-medical emergency action plan

Example script for EMS call*:

“My name is *(insert name here)* and there is an emergency here at Bloomfield High School. The address is 5 Huckleberry Lane, Bloomfield CT 06002, off of Park Ave and Crestview Dr. We have a player down on the field with *(insert injury or condition here)*. We have initiated *(insert treatment and/or emergency care here)* and the athlete is *(insert condition here)*. We can meet EMS at the double doors outside of the main gym *(insert further directions here)*.

*For more example scripts, please refer to pages 14-21 for each venue and additional scenarios.

3. Emergency Communication

Communication is key to a quick and efficient emergency response. Bloomfield High School has a pre-established phone tree to ensure all relevant parties are notified. Access to a working telephone line or other device (either fixed or mobile) should be assured, as well as a backup line of communication in case the primary method of communication fails (dead phone battery, etc). At every athletic venue, home and away, it is important to know the location of a workable telephone. Please see **page 12** for the appropriate emergency communication guidelines and phone numbers for Bloomfield High School.

In the event of an emergency situation, the coach or Athletic Trainer should locate the athlete’s emergency card during or immediately after the call to Emergency Medical Services. In emergency situations involving minors, the primary emergency contact listed on the card should be contacted immediately. Personnel making the call to the parent or guardian should explain the situation and where the athlete will be taken. The card may be transported with the athlete for insurance and emergency contact purposes.

Please remember that in the event of an emergency, privacy is important. If possible, shelter the injured athlete and utilize members of the emergency response team to initiate crowd control. Only members of the emergency response team and Emergency Medical Services will be allowed onto the field, court, or athletic venue.

Immediate Transportation Guidelines

Any emergency situation involving loss of consciousness (LOC), impairment of airway, breathing, or circulation (ABCs), suspected heat stroke, or neurovascular compromise should be considered a “load and go” situation. High emphasis is placed on rapid evaluation, treatment, and proper transportation. Any emergency personnel who experiences doubt in their mind regarding the severity of the situation should consider it a “load and go” situation and transport the individual.

Non-Medical Emergencies

For non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

Post EAP Activation Procedures

Documentation

Documentation must be done by AT and coach immediately following activation of the EAP. Both an injury report and accident report form must be filled out, as well as appropriate personnel (Athletic Director, Supervisor, etc.) informed of the situation.

Debriefing

The emergency response team involved (Athletic Trainer, Athletic Director, Coach, etc.) as well as individuals not involved in the situation (Nurse, Principal, etc.) must debrief within 48 hours of the emergency event. This meeting should consist of what elements of the plan worked well, what needs improvement, and checking in with all actively involved members of the Emergency Response Team to determine if additional services are needed (mental health services, etc.) If changes to the EAP are warranted, changes should be made as soon as possible (within one week), rehearsed with appropriate personnel, and noted in this document (page 5).

Staff Education

1. Each year, the Emergency Action Plan will be reviewed in-person with the Athletic Trainer, Athletic Director(s), School Nurse, and all Coaches. All involved personnel will receive a copy of the Emergency Action Plan (EAP) for their records.
 - a. Each coach will provide their signature on the provided sheet to confirm they have read the documents, asked any potential questions, and understand the EAP in its' entirety.
 - b. The coach will provide a scanned copy of their signature sheet to the Athletic Trainer to maintain appropriate records.
2. Coaches will be responsible for knowing the chain of command and Emergency Action Plan should a situation arise. A copy of the EAP may be kept in team kits upon request.
3. A physical copy of the EAP will be available for reference in the athletic training room.

Chain of Command

If on-site, the Athletic Trainer should always act as the primary care giver unless physician is present. If Athletic Trainer is not on-site, the chain of command begins at the number two spot, and so on.

The chain of command is as follows:

1. Athletic Trainer and/or Physician
2. Head Coach/Asst. Coach
3. Athletic Director/Asst. Athletic Director

BLOOMFIELD HIGH SCHOOL CHAIN OF COMMAND

1. Team Physician: Dr. Scott Bissell
2. Athletic Trainer: Megan Mormile (607) 351-4131
3. Head Coach
4. Athletic Director: Tammy Schondelmayer (860) 734-6510
5. Assistant Athletic Director: Allison Borawski (860) 992-8419

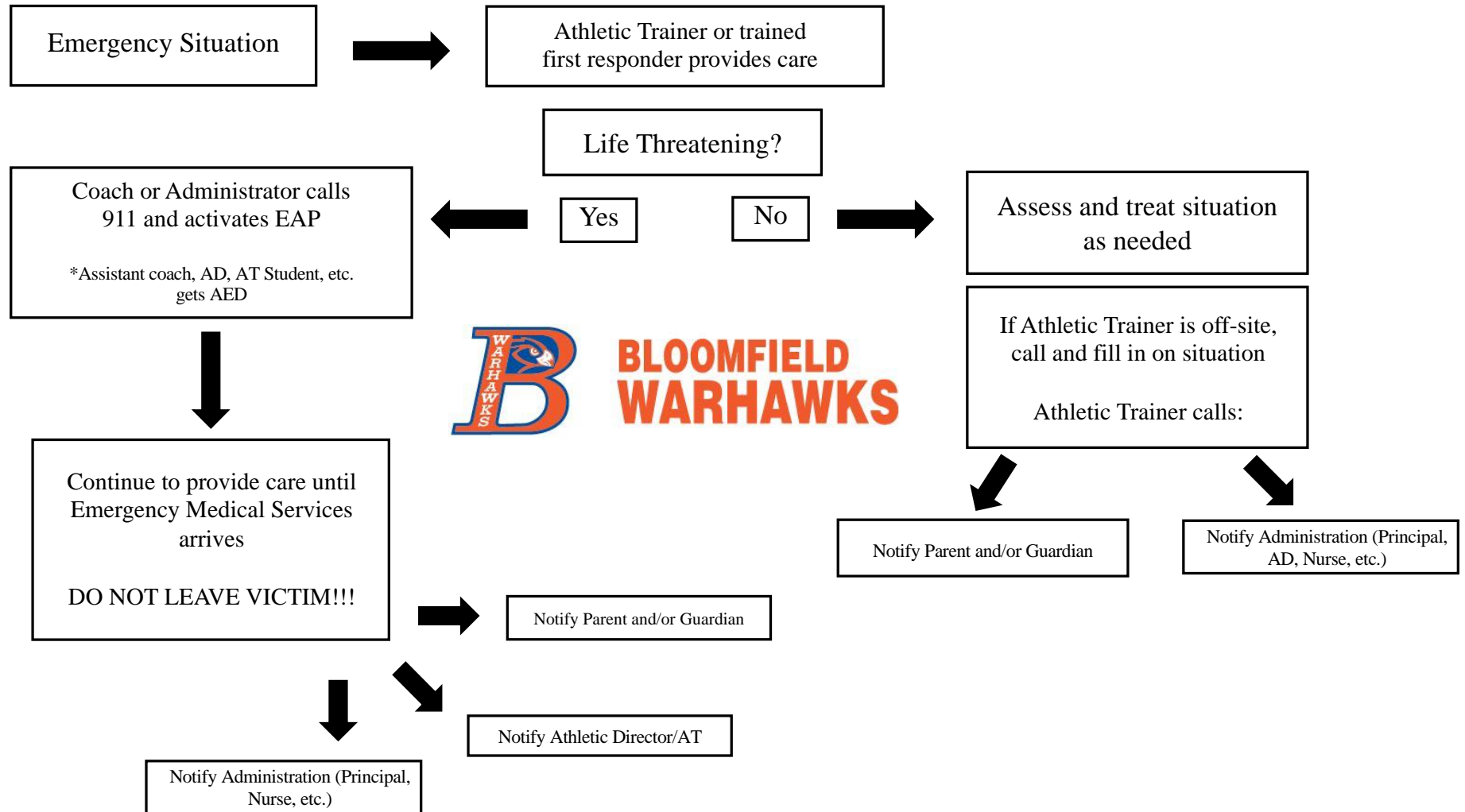
**This chain of command will differ based upon the team in which the emergency is occurring. Please refer to Coaches' contact sheet.*

Emergency Telephone Numbers

Off Campus Contacts	Phone Number
Emergency	911
Bloomfield Police Department	(860) 242-5501
Bloomfield Center Fire Department + Ambulance	(860) 242-1779
Hartford Hospital (Connecticut Children's)	(860) 545-5000
St. Francis Hospital and Medical Center	(860) 714-4000
UConn Health Center- Farmington	(844) 388-2666
Poison Control Center	(800) 222-1222

On Campus Offices	Phone Number
Athletic Trainer: Megan Mormile	(607) 351-4131
School Nurse: Melanie Griffin	(860) 769-4186 (office) (860) 205-4598 (cell)
Athletic Director: Tammy Schondelmayer	(860) 286-2630 x 1220 (office) (860) 734-6510 (cell)
Assistant Athletic Director: Allison Borawski	(860) 286-2630 (office) (860) 992-8419 (cell)
Main Office	(860) 286-2630
Principal: Daniel Moleti	(860) 286-2630
Executive Assistant to Principal: Anne Burrows	(860) 286-2630
School Counselor Office	(860) 286-2630

Emergency Situation Contact Tree



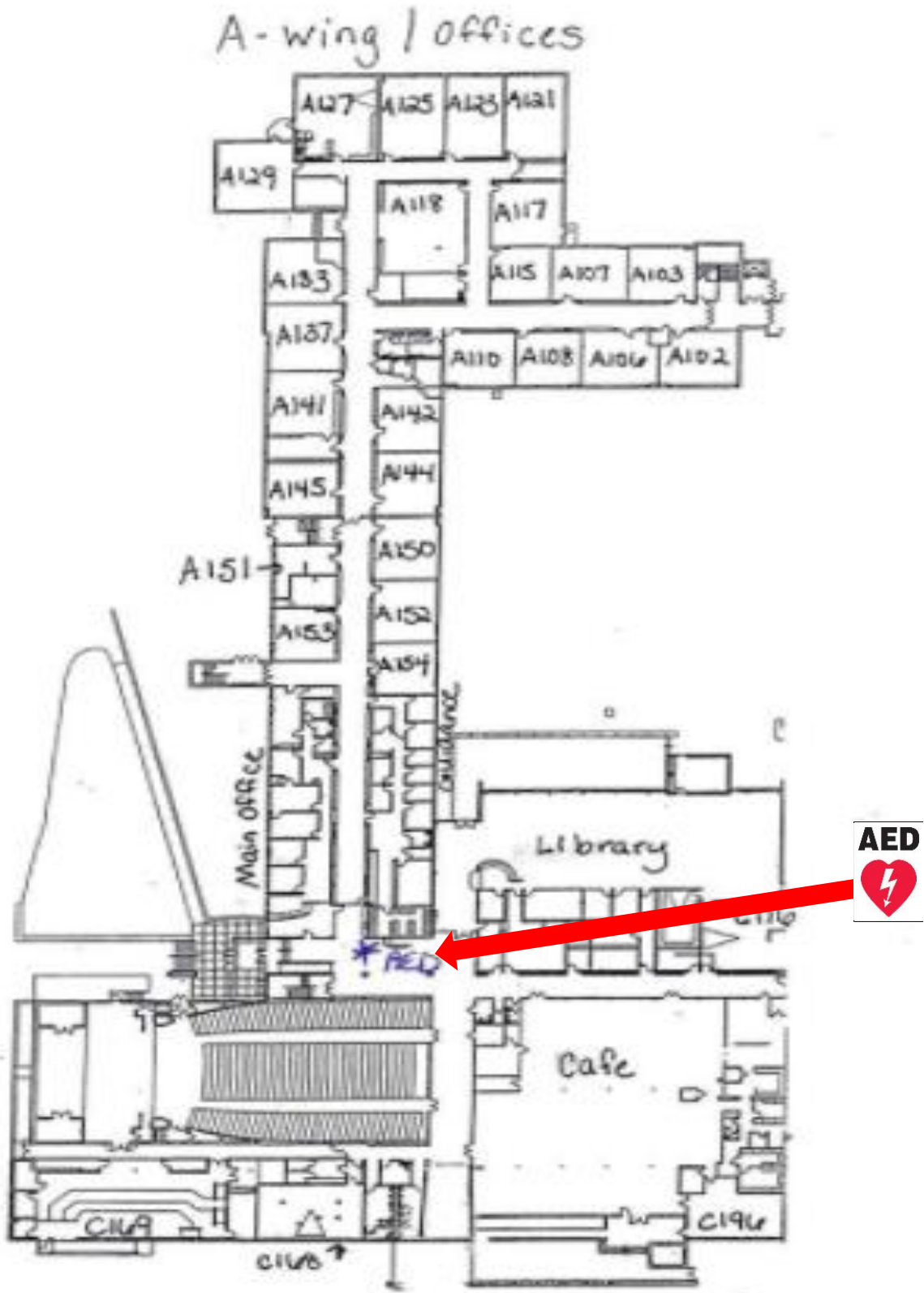
*Athletic Trainer may contact sports medicine physician for guidance at their discretion

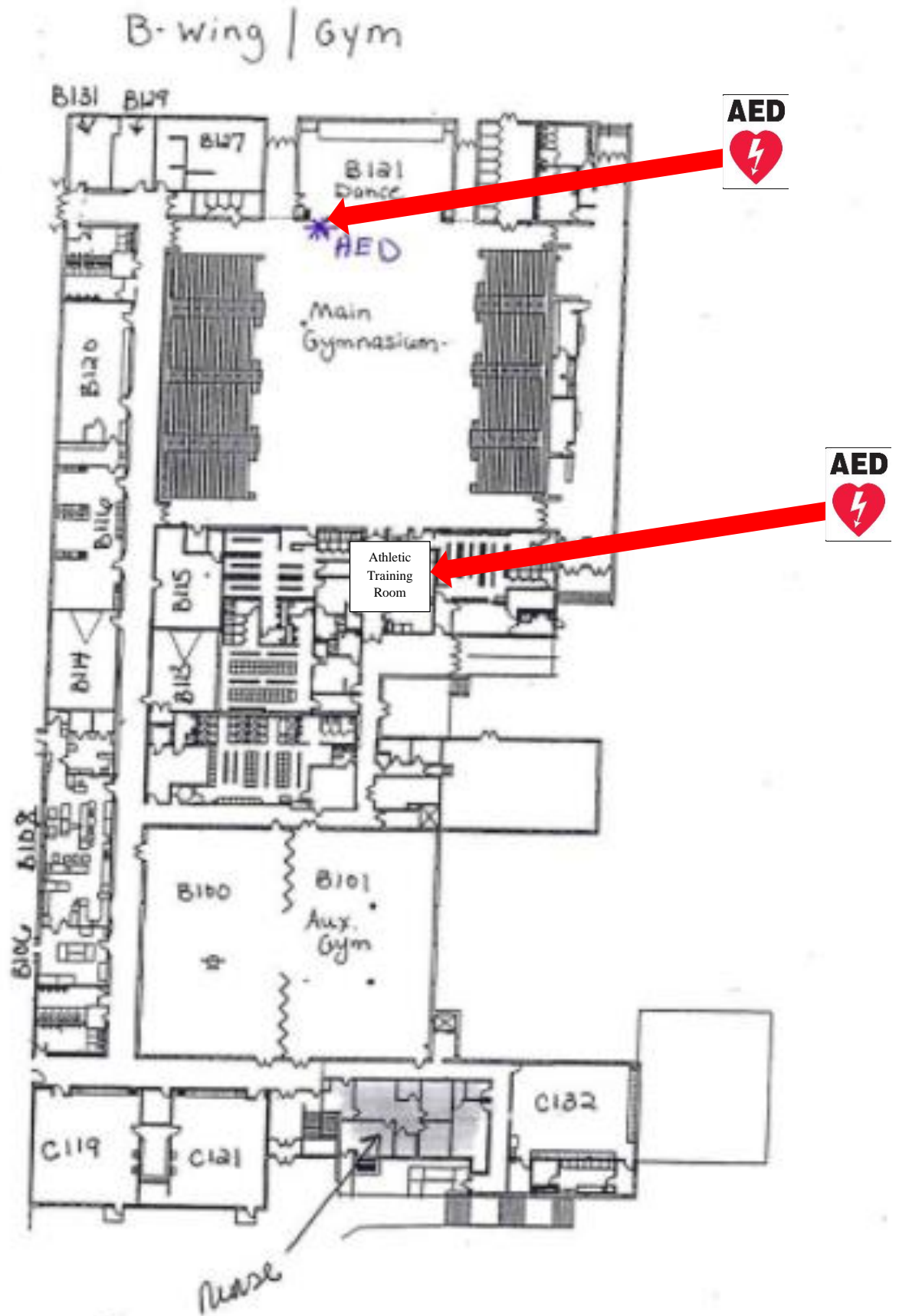
Emergency Equipment Locations

Emergency Equipment:

- Athletic Training Kit/First Aid Kit
 - Emergency “Go” Bag
 - Biohazard Materials
1. AED: Located in Athletic Training Room
 - a. Covered Events: located with Athletic Trainer on sideline
 - b. Practice Events: located with coach of highest need, determined by Athletic Trainer, Athletic Director and Coach prior to season
 - c. Additional AEDs are located inside main gymnasium and at security desk
 2. Emergency “Go” Bag:
 - a. Cervical collar
 - b. Vacuum Splints
 - c. Screwdriver (Electric or Cordless)
 - d. Pocket Mask
 - e. Towel
 - f. AED
 - g. Cutting tools
 - h. Blood Pressure cuff
 3. Prescribed Medications
 - a. Rescue Inhaler and Epi Pen
 - b. Coaches and athletes are responsible for each athlete who has an inhaler and/or Epi Pen and is responsible for bringing the inhaler with them to all practices/games
 - c. Inhaler and/or Epi Pen must be left with coach (labeled with name) during practices and games (not left in personal bag)
 - d. Athletic Trainer may be given a backup inhaler and/or Epi Pen by the parent or child to keep as a backup in the med kit.
 - e. ATHLETIC TRAINER WILL NOT USE INHALERS AND/OR EPI PENS THAT ARE EXPIRED OR UNPRESCRIBED!!!
 4. Splint bag
 - a. With AT during events or in ATR
 5. Spineboard/Cervical Collar
 - a. Will be provided by EMS upon arrival
 6. Bio-hazard Materials
 - a. Red bags found in each med kit and in Athletic Training Room
 - b. Disposal Bin found in Athletic Training Room
 7. Cold Water Immersion Tub
 - a. Will be on-site for practices and games during days of high-risk temperature as determined by the wet-bulb globe temperature (WBGT)

Bloomfield High School AED Locations





General Plan of Action

1. Most medically qualified person (Team Physician, Athletic Trainer, or Coach if MD and AT are not present) will lead
2. Assess the scene—is it safe to help?
3. Is the athlete conscious? Are they breathing? Do they have a pulse?
 - a. If NO:
 - i. Depending on situation, instruct someone to call 911 and get the AED immediately. proceed with plan of care as needed dependent on situation.
 - ii. If the athlete is severely bleeding or has an open wound and/or fracture, instruct someone to call 911 and get the AED immediately. Manage bleeding and proceed with plan of care as needed.
 - iii. Instruct coach, administrative personnel, or bystander to contact or find parent/guardian.
 - iv. Instruct coach, administrative personnel, or bystander to assist with crowd control.
 - v. Instruct coach, administrative personnel, or bystander to meet EMS and direct to site of emergency.
 - vi. Give care until EMS arrives.
 - b. If YES:
 - i. Assess the scene and provide care as needed dependent on situation.
 - ii. Instruct coach, administrative personnel, or bystander to contact or find parent/guardian.
 - iii. Instruct coach, administrative personnel, or bystander to assist with crowd control.
4. After situation has been controlled, contact:
 - a. Athletic Trainer of home school (if not present) and visiting school (if athlete is from other team and Athletic Trainer is not present)
 - b. Parent/Guardian (if not already contacted)
 - c. Athletic Director (if not present)
 - d. Other administrative personnel (School Nurse, Principal, etc.)
5. DOCUMENT, DOCUMENT, DOCUMENT!!!
 - a. Follow-up on emergency event within one week of event with appropriate personnel to debrief

Bloomfield High School Emergency Action Plan: Main Gymnasium

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

1. Assess the scene
2. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
3. Continue to provide care until EMS has arrived
4. Document and debrief

Sample Script: Main Gymnasium

This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have a coach that is exhibiting symptoms of a heart attack and need an ambulance. We are in the main gymnasium. Our Athletic Trainer is monitoring symptoms and we are prepared to deliver CPR and have an AED if needed. The address is 5 Huckleberry Ln, Bloomfield, CT 06002. To get to the main gymnasium, turn on Huckleberry Ln off of Park Ave and take the first right. Drive up through the parking lot and pull up to the entrance of the building on your left. There will be a ramp that leads to a set of three blue double doors. The entrance has “Warhawk Pride” painted over the top. Someone will be waiting for you. The main gymnasium is through the doors and on the right side of the hallway. You can reach me at (860) 734-6510.

Bloomfield High School Emergency Action Plan: Auxillary Gymnasium

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

5. Assess the scene
6. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
7. Continue to provide care until EMS has arrived
8. Document and debrief

Sample Script: Auxillary Gymnasium

This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have an athlete who dislocated her ankle and needs medical attention. We are in the auxillary gymnasium of the school. Our Athletic Trainer is monitoring vitals and splinting. The address is 5 Huckleberry Ln, Bloomfield, CT 06002. To get to the main gymnasium, turn on Huckleberry Ln off of Park Ave and take the first right. Drive up through the parking lot and pull up to the entrance of the building on your left. There will be a ramp that leads to a set of three blue double doors. The entrance has “Warhawk Pride” painted over the top. Someone will be waiting for you. The main gymnasium is through the doors, take a left down the hallway. At the end of the hallway take a right and the auxillary gym is immediately to the left. You can reach me at (860) 734-6510.

Bloomfield High School Emergency Action Plan: Stadium

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

9. Assess the scene
10. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
11. Continue to provide care until EMS has arrived
12. Document and debrief

Sample Script: Stadium

This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have a football player who collided helmet to helmet and has a suspected cervical spine injury. We are on the football field. Our Athletic Trainer holding cervical spine stabilization and monitoring symptoms. The player is conscious and stable. The address is 5 Huckleberry Ln, Bloomfield, CT 06002. To get to the stadium, turn on Huckleberry Ln off of Park Ave and take the first right. Drive up through the parking lot and enter the gate behind the scoreboard. Someone will be waiting for you. You can reach me at (860) 734-6510.

Bloomfield High School Emergency Action Plan: Soccer/Baseball Fields

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

13. Assess the scene
14. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
15. Continue to provide care until EMS has arrived
16. Document and debrief

Sample Script: Soccer/Baseball Fields

This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have a baseball player who took a pitch to the head and is unconscious but breathing and has a pulse. We are on the game field. Our Athletic Trainer is holding cervical spine stabilization and monitoring vitals. The address is 5 Huckleberry Ln, Bloomfield, CT 06002. To get to the stadium, turn on Huckleberry Ln off of Park Ave and take the first right. Proceed through the gate on the right by the outfield. Someone will be waiting for you. You can reach me at (860) 734-6510.

Bloomfield High School Emergency Action Plan: Soccer/Softball Fields

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

17. Assess the scene
18. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
19. Continue to provide care until EMS has arrived
20. Document and debrief

Sample Script: Soccer/Softball Fields

This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have a soccer player who collided with another player and has an open tibial fracture. We are on the playing field. Our Athletic Trainer is splinting the player’s leg and monitoring vitals. The address is 5 Huckleberry Ln, Bloomfield, CT 06002. To get to the stadium, turn on Huckleberry Ln off of Park Ave and take the first right. The field is straight ahead. Someone will be waiting for you. You can reach me at (860) 734-6510.

Bloomfield High School Emergency Action Plan: Practice Field

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

21. Assess the scene
22. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
23. Continue to provide care until EMS has arrived
24. Document and debrief

Sample Script: Practice Field

This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have a football player who is exhibiting symptoms of heat stroke. We are on the practice field behind the stadium. Our Athletic Trainer is rapidly cooling the athlete and monitoring temperature and symptoms. The address is 5 Huckleberry Ln, Bloomfield, CT 06002. To get to the stadium, turn on Huckleberry Ln off of Park Ave and proceed up the parking lot. Enter the gate behind the scoreboard on the right and follow the road behind the stadium. The field is straight ahead. Someone will be waiting for you. You can reach me at (860) 734-6510.

Bloomfield High School Emergency Action Plan: Tennis Courts

Activate the EAP:

- ANY loss of consciousness
- Possible spine injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency (“When in doubt, call”)

Emergency Personnel:

Bloomfield High School Athletic Trainer will be on-site for select practices and events or in direct communication with coaching staff. In the event of emergencies occurring during practices/games that are not covered by the Athletic Trainer, EMS should be contacted immediately.

Emergency Procedure:

25. Assess the scene
26. Instruct coach, administrative personnel, or bystander to call 911 and get AED if necessary. Provide the following information:
 - a. Name, title, and phone number
 - b. Address and location of victim(s)
 - c. Type of injury that has occurred
 - d. Treatment given
 - e. Specific directions
27. Continue to provide care until EMS has arrived
28. Document and debrief

Sample Script: Tennis Courts

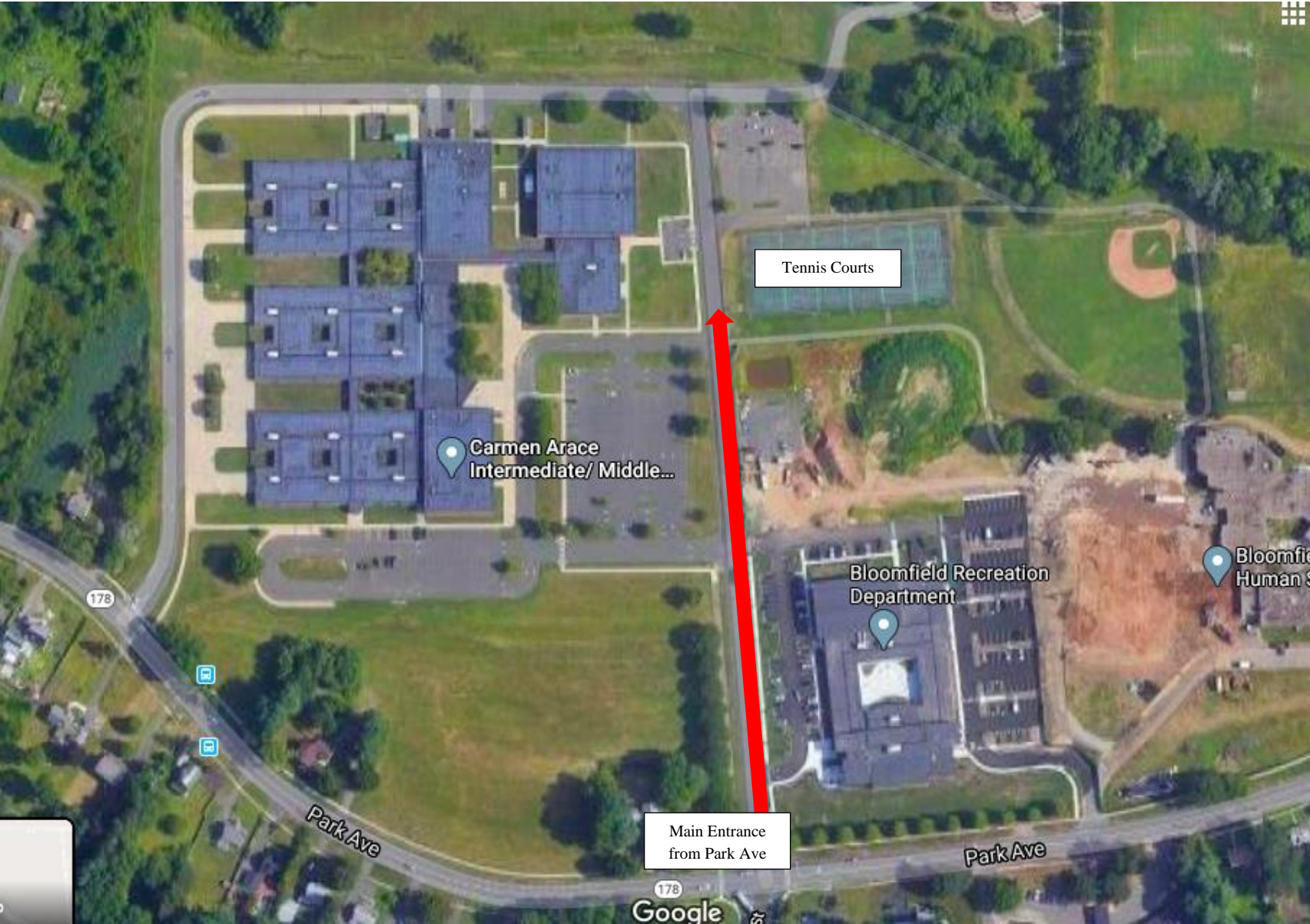
This is Tammy Schondelmayer and I am the Athletic Director at Bloomfield High School. We have a tennis player who received a serve to her chest and is in cardiac arrest. Our Athletic Trainer is administering CPR and we have an AED on the athlete. The address is 390 Park Ave, Bloomfield, CT 06002. To get to the tennis courts, turn right off of Park Ave and drive past the soccer fields. The tennis courts will be straight ahead on the right. Someone will be waiting for you. You can reach me at (860) 734-6510.

Satellite Map of Playing Fields: Bloomfield High School



January 20, 2021

Satellite Map of Playing Fields: Carmen Arace Intermediate School



Emergency Action Plan Rehearsal Strategy

The Athletic Trainer will be responsible for reviewing the EAP on an annual basis with Administrative Personnel, Coaches, and Emergency Medical Services. The meeting will be a requirement for all coaches, of all levels, of each sport. This meeting may be combined with re-certification of CPR/AED and First Aid.

The meeting will be directed by the athletic trainer and will include both a lecture on the EAP with pertinent updates to the plan along with a hands-on portion. The hands-on portion will run through different scenarios to ensure the coaches understand the EAP. All coaches will be provided the opportunity to ask any and all questions, as well as provide input to the EAP.

All coaches must sign in to prove their attendance, as well as a signed declaration of understanding (refer to pages 26 and 29, respectively). Copies of the above documentation will be stored with the Athletic Trainer and a copy of the EAP will be provided to all Coaches and Administrative Personnel.

This plan may be reviewed at any time at the discretion of the Athletic Trainer pending emergency situations arising at Bloomfield High School.

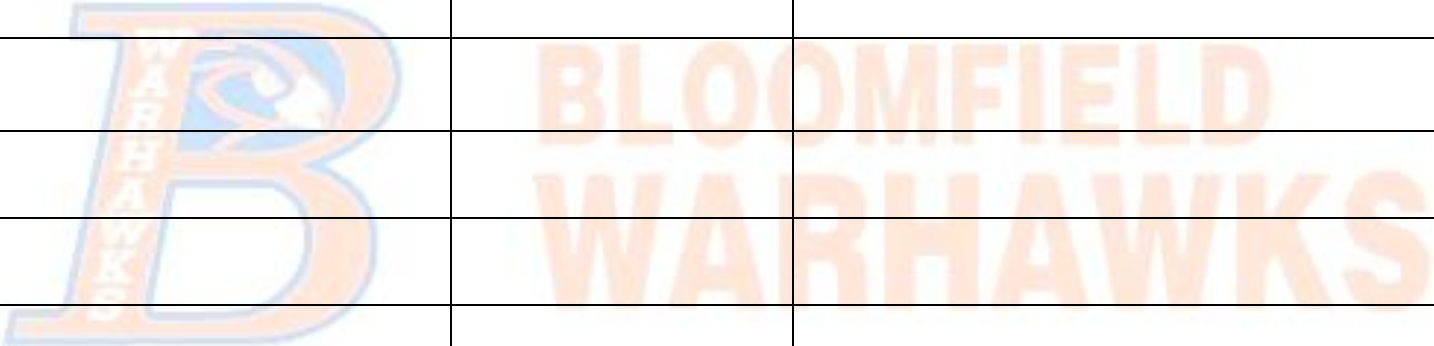


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Documentation of Seasonal Coaches Educational Meeting: EAP

Fall 2020 Sign-in Sheet

Coach Name (printed)	Sport	Signature



Documentation of Emergency Equipment Maintenance

Responsible Party for ensuring AED Maintenance: _____

Date	AED #	Status	Notes

Approval and Verification Page

This document has been read and revised by the Bloomfield High School Athletic Trainer, Team Physician and Athletic Director.

Team Physician

Name (Print): _____

Signature: _____

Date: _____

Athletic Trainer

Name (Print): _____

Signature: _____

Date: _____

Athletic Director

Name (Print): _____

Signature: _____

Date: _____



Coach and Administrative Personnel Verification

By signing this sheet, I affirm:

- I have read and understand the Emergency Action Plan for Bloomfield High School Athletics.
- I understand my roles and responsibility should an emergency occur in my presence.
- I have rehearsed this Emergency Action Plan and understand my role in an emergency situation with and without an Athletic Trainer present.
- I have been given the opportunity to ask all questions and have received the proper answers to my questions.
- I understand that I must keep my CPR/AED and First Aid Certifications up to date and that it is my responsibility to ensure a lapse does not occur.
- I am aware that I must be trained in concussion management and it is my responsibility to ensure a lapse does not occur.



Name (Print): _____ Sport: _____

Signature: _____ Date: _____

Please provide a scanned or picture copy of this sheet to:

Megan Mormile, MS, LAT, ATC

MMormile@selectmedical.com

(607) 351-4131

Appendix A. Policies & Procedures: Heat-Related Illness

Exertional heat illness includes exercise-associated muscle cramps, heat syncope, heat exhaustion, and exertional heat stroke (EHS). Current best practice guidelines suggest that the risk of exertional heat injuries can be minimized with heat acclimatization and diligent attention to monitoring individuals participating in activities that place them at a higher risk for these types of injuries. In the event an athlete sustains a heat illness, immediate and proper treatment is needed. This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of exertional heat illnesses for students/athletes, faculty and staff of Bloomfield High School.

This policy applies to all staff members (e.g., QHPs, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of Bloomfield High School who are associated with activities where heat illness poses a risk, including but not limited to, outdoor and indoor activities where high temperature and specifically high humidity environmental risks are present (e.g., athletics, intramurals, course instruction, marching band).

Definitions

Acclimatization	The process of gradually increasing the intensity of activity in a progressive manner that improves the body's ability to adapt to and tolerate exercise in the heat
Central Nervous System Dysfunction	Includes any sign or symptom that the central nervous system is not working properly, including: dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, hysteria, apathy, aggressiveness, delirium, disorientation, staggering, seizures, loss of consciousness, coma, etc.
Cooling Zone	An area out of direct sunlight with adequate air flow to assist in cooling. A cold-water or ice tub and ice towels should be available to immerse or soak a patient with suspected heat illness This may be outdoors or indoors depending on proximity to field
Exertional Heat Stroke (EHS)	Defined as having a rectal temperature over 104°F-105°F (40.5°C), and central nervous system dysfunction (e.g. irrational behavior, confusion, irritability, emotional instability, altered consciousness, collapse, coma, dizzy, etc.).
Hypohydration	A deficit of body water that is caused by acute or chronic dehydration.
Wet Bulb Globe Temperature	A measurement tool that uses ambient temperature, relative humidity, wind, and solar radiation from the sun to get a comprehensive measure that can be used to monitor environmental conditions during exercise.

Procedures

1. Pre-Participation History and Physical Exam: a thorough medical history will be gathered (history of heat illness, sickle cell trait/disease, etc.) Individuals with risk factors will be identified and counseled (see figure below).
 - a. Prior to season, the Athletic Trainer will meet with School Nurse to determine individuals with pre-existing conditions that place the individual at risk of exertional heat illness. Coaches will be notified of individuals at higher risk for heat illnesses.

Risk Factors for Heat Illness	
<i>Intrinsic</i>	<i>Strategies to Minimize Risk</i>
High intensity exercise	Gradually phase in exercise and conditioning
Fever or illness	Monitor and remove at risk athletes as necessary
Dehydration	Educate coaches/athletes on proper hydration Provide adequate access to water
Overweight/obesity	Gradually phase in exercise and conditioning
Lack of heat acclimatization	Follow heat acclimatization program
Medications (antihistamines, diuretics, ADHD drugs)	Monitor and remove at risk athletes as necessary
Skin disorder (sunburn or malaria rubra)	Monitor athletes closely
Predisposing medical conditions	Monitor and remove at risk athletes as necessary
<i>Extrinsic</i>	<i>Strategies to Minimize Risk</i>
High ambient temperature, solar radiation or humidity	Avoid exercise in hotter parts of the day
Heavy gear or equipment	Gradually introduce equipment
Poor practice design	Educate coaches regarding strategies to minimize risk

2. Environmental Monitoring and Activity Modification/Cancellation

1. Environmental monitoring will occur by the Athletic Trainer prior to practices and games using a WBGT device any time the weather is > 70°F. Practice recommendations will be given to all coaches at this time.
 - a. Environmental monitoring will be recorded using the Daily Temperature and Humidity Log located in the Athletic Training Room.
2. Modifications will be made in accordance with the best practice guidelines for our region (**Category 2**).

Table 3
Regional heat safety activity guidelines based on the Georgia High School Association policy. Values are wet-bulb globe temperatures (°C).

Cat 3	Cat 2	Cat 1	Activity guidelines
<27.8	<26.5	<24.5	Normal Activities - Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
27.9–30.5	26.6–29.2	24.6–27.2	Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
30.6–32.2	29.3–30.9	27.3–28.9	Maximum practice time is 2 h. <u>For Football:</u> players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
32.3–33.3	31.0–32.0	29.0–30.0	Maximum practice time is 1 h. <u>For Football:</u> no protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 min of rest breaks distributed throughout the hour of practice.
≥33.4	≥32.1	≥30.1	No outdoor workouts. Delay practice until a cooler WBGT level is reached.

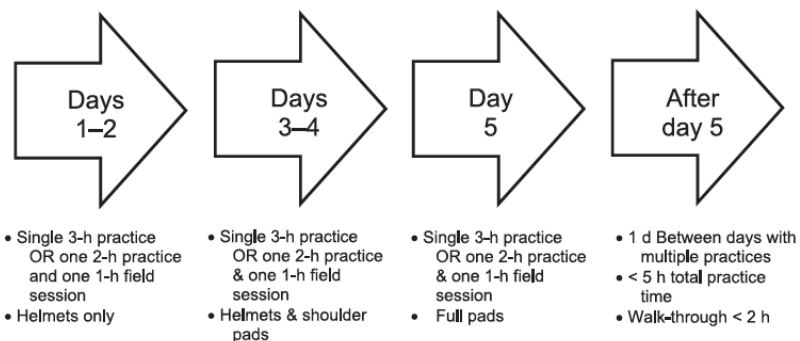
Category 2	Category 1	Activity Guidelines
< 79.7	< 76.1	<p><u>Normal Activities</u></p> <p>Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.</p>
79.9 - 84.6	76.3 - 81.0	<p><u>Activity Modification</u></p> <p>Use discretion for intense or prolonged exercise. Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.</p>
84.7 - 87.6	81.1 - 84.0	<p><u>Activity Modification</u></p> <p>Maximum practice time is 2 hours.</p> <p><u>Football</u>: players are restricted to helmet, shoulder pads, and shorts during practice.</p> <p><u>All Sports</u>: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.</p>
87.8 - 89.6	84.2 - 86.0	<p><u>Activity Modification</u></p> <p>Maximum practice time is 1 hour.</p> <p><u>For Football</u>: No protective equipment during practice and no conditioning activities.</p> <p><u>For All Sports</u>: Mandatory 20 min of rest breaks distributed throughout the hour of practice.</p>
≥ 89.8	≥ 86.2	No outdoor workouts. Delay practice until a cooler WBGT is reached.

3. Heat Acclimatization

Because the risk of exertional heat illnesses during the preseason heat acclimatization period is high, it is recommended that the Athletic Trainer be on site before, during, and after all practices. The goal of the acclimatization period is to increase exercise heat tolerance and enhance the ability to exercise safely and effectively in warm and hot conditions. This period should begin on the first day of practice or conditioning, prior to the start of the regular season. Regardless of the conditioning program and status leading up to first formal practice, all student-athletes should follow the 14-day heat acclimatization plan.

- a. Athletes may not participate in more than 1 practice per day (total practice time not to exceed three hours per day) for the first five days. Total practice time should not exceed three hours per day.
 - i. Beginning **no earlier** than day 6 and continuing through day 14, double-practice days must be followed by a single-practice day. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.
 - ii. On a double-practice day, neither practice will exceed 3 hours in duration, and student-athletes will not participate in more than 5 total hours of practice. This includes warm-up, stretching, cool-down, walk-through, conditioning, and weight room.
- b. Days 3–5
 - i. Helmets and shoulder pads only.
- c. Day 6-14
 - i. All protective equipment may be worn, and full contact may begin.

Days 1-2	Helmet will be the only protective equipment permitted (goalies, as in the case of field hockey and related sports, will not wear full protective gear or perform activities that would require protective equipment).
Days 3-5	Helmets and shoulder pads only
Day 6	All protective equipment may be worn, and full contact may begin.



4. Hydration and Fluid Replacement

- a. Water breaks will be provided based on the policy on environmental-condition guidelines using work to rest ratios.
- b. Water or other palatable fluids will be easily accessible before, during and after activity. Cool and flavored beverages are often preferred by athletes and will be made available when possible for optimal rehydration.
- c. When possible, diet and rehydration beverages will include sufficient sodium (enough to replace losses) to prevent imbalances that may occur as a result of sweat and urine losses.

5. Monitoring

- a. Monitoring of student-athletes safety will be continuous during any physical activity.
- b. Athletic trainers, coaches, administrators and other athletics personnel will be educated on the signs and symptoms of exertional heat illness (see table below).

Rectal temperature greater than 104 (40°C) at time of incident.	Rapid pulse, low blood pressure, quick breathing
Headache	Dehydration, dry mouth, thirst
Confusion or just look “out of it”	Decreasing performance or weakness
Disorientation or dizziness	Profuse sweating
Altered consciousness, coma	Collapse, staggering or sluggish feeling
Nausea or vomiting	Muscle cramps, loss of muscle function/balance, inability to walk
Diarrhea	Irrational behavior, irritability, emotional instability

Exertional Heat Stroke

In the event that Exertional Heat Stroke (EHS) is suspected, activate the Emergency Action Plan and immediately begin the cooling process. *Cool first, then transport!*

- If athlete is exhibiting symptoms of heat stroke, move to a shaded area and initiate the cooling process. Remove any excess clothing as quickly as possible.
 - a. If immersion tub is available:
 - i. Place patient in a cold-water (35-59°F) tub up to the neck. Wrap a towel across the chest and beneath arms to prevent the athlete from sliding into the tub.
 - ii. Ensure that enough ice is in the tub at all times. Monitor temperature of water and continuously stir to maximize cooling.
 - iii. Rotate cold, wet towels on the head and neck every two minutes. Continue to monitor symptoms and vital signs until EMS arrives.
 - b. If the immersion tub is unavailable, rotate cold, wet towels or use the tarp method to initiate cooling. Monitor symptoms and vital signs while waiting for EMS to arrive.

Return to Activity

Patients who have suffered an exertional heat illness must complete a rest period and obtain clearance from a physician before beginning a progression of physical activity under the supervision of a qualified medical professional.

1. Activity should first begin in a cool environment (inside or in cooler temperatures).
2. When ready, athlete should complete the heat acclimatization protocol (see page 33) for progression back into exercise in a warm environment.
3. Body temperature monitoring may be recommended during the first 1-2 weeks for those returning from EHS episode.

Appendix B. Policies & Procedures: Lightning

The purpose of this policy is to ensure proper education and prevention protocols are in place for the health and safety of our student athletes in the event of lightning. This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of lightning related injuries for students/athletes, faculty and staff of Bloomfield High School. This policy applies to all staff members (e.g., athletic trainers, physicians, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of Bloomfield High School who are associated with activities where lightning injuries pose a risk. This policy also applies to athletic participants and spectators of organized events.

Definitions

Safe Structure	The safest structure is a fully enclosed, substantial building (one that has plumbing or electrical wiring) Fully-enclosed metal vehicles such as automobiles or school/team buses are also safe structures from the lightning threat.
Unsafe Structure	Generally, any structure in the open air is unsafe, such as dugouts, bleachers, golf carts, open garages, press boxes, etc. High places are also unsafe, avoid areas near trees, light poles, fences, and towers. Large bodies of water, including most swimming pools are not safe from the danger of lightning injury. Research has shown that using or being in close proximity to plumbing (sinks, showers, baths) or wiring (land-line phone, computer that is plugged in, appliances, etc.) can be unsafe from lightning danger.
Weather Watcher	An adult designated per venue, as the responsible person for monitoring the environment, initiating the 30-minute delay rule and for determining safe resumption of outdoor activities.
Lighting	Intra-cloud (so-called ‘heat lightning’) lightning can with the next strike be cloud-to-ground lightning that can injure and kill. “Lightning” in this document refers to all lightning seen.

Monitor Weather Conditions

1. Athletics personnel (athletic trainer, athletic director, coach) must check weather reports each day before any practice or event.
2. Designated athletics personnel will utilize reliable weather monitoring systems (WeatherBug) to monitor the likelihood for severe weather to enter the area.
3. The Athletic Trainer (or designated personnel in the event that the Athletic Trainer is off-campus) is responsible for the determination for evacuation and will ensure communication among coaches to clear the area in the event that lightning is near. The Athletic Trainer or designated personnel will have recognized and unchallengeable authority to suspend activity.
4. All individuals must be completely within an identified safe structure when thunderstorms are producing lightning and when the distance between the leading edge of the lightning storm and the location of the outdoor activity reaches 6 miles.
5. In the event of competition and large crowds, evacuation may begin earlier in order to ensure the safety of all participants and bystanders.

Alert	Meaning <i>Lightning Distance</i>
“Heads up”	Lightning 15 miles away
“Begin safety procedures”	Lightning 10 miles away
“You are now in danger; safety procedures should be complete”	Before lightning reaches 6 miles from venue
“All clear”	Lightning has not been detected at 15 miles <u>and</u> thunder has not been heard for 30 minutes

In the event of lighting, all athletic fields must evacuate to the gymnasium wing of the main building. Cars and buses may also be an acceptable option.



Activities should be suspended until 30 minutes after the last lightning strike is seen and after the last sound of thunder is seen. The 30-minute clock restarts for each lightning flash observed and each time thunder is heard.

Emergency Action Plan: Lighting

1. In the event that athlete or other personnel is struck by lightning, the Athletic Trainer or other qualified personnel (in the event that the Athletic Trainer is off-campus or elsewhere) will activate Emergency Action Plan and located the AED immediately.
2. Assess the scene and only approach a lightning victim when the area is safe (no danger of lightning to the rescuer). If possible, move victim to a safer structure.
3. Assess level of consciousness, evaluate, and treat for airway, breathing, and circulation. If any are compromised, begin care until EMS arrives.
4. Evaluate and treat for possibility of injuries from lightning (fractures, etc.)

Appendix C. Policies & Procedures: COVID-19

The purpose of this policy is to ensure proper education and prevention protocols are in place for the health and safety of our student athletes with regards to the novel coronavirus (COVID-19). This protocol is based upon what is currently known about COVID-19 as provided by the Centers for Disease Control and Prevention (CDC) as well as the most recent guidance (1/8/2021) from the Connecticut State Department of Public Health (DPH).

The Athletic Training Facility is and will continue to be outfitted with proper signage pertaining to COVID-19 education and mask reminders. No one will be permitted to enter the Athletic Training Facility without a properly-fitted mask covering both the nose and mouth.

Prevention

Acute and chronic respiratory illnesses (such as COVID-19) are most easily spread by coughing, sneezing, and touching your face after touching contaminated objects. To help stop the spread of germs, all persons are encouraged to:

- Wear a mask that covers both the mouth and nose (cloth or universal)
- Wash hands or use an alcohol-based sanitizer frequently, and especially after coming into contact with someone else, before eating, and after using the restroom
- Avoid unnecessary contact with others

All table surfaces in the Athletic Training Facility are cleaned with an EPA-approved cleaning agent after each patient visit. All frequently used surfaces (exercise bike, countertops, door handles) will be disinfected and cleaned often. Universal personal protective equipment (PPE) gloves will be used for each patient visit. Masks are to be worn at all times when the Athletic Training Facility is occupied.

Screening

All student-athletes will undergo screenings at the beginning of practice as well as every time they enter the Athletic Training Facility. Screenings are utilized to help prevent individuals showing symptoms from attending practices or competitions in which they may contribute to the spread and infect others. Screenings include a temperature check as well as the following screening questions:

- Have you or anyone in your family been in contact with a person that has tested positive or is in the process of being tested for COVID-19?
- Have you or anyone in your family traveled across state lines or internationally within the past two weeks?
- Do you have any of the following signs and/or symptoms¹:
 - Fever and/or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

¹ please note that this list is not exhaustive and a person testing COVID-19 positive may experience other signs/symptoms as well as be asymptomatic

All student-athletes may be screened at any time at the discretion of the Coach or Athletic Trainer. Once an athlete is screened, they are cleared to participate in practice or competition for that day. Should the Coach or Athletic Trainer be concerned about a student-athlete's report of symptoms or high temperature, that athlete will be sent home as soon as possible and asked to isolate until cleared by a medical doctor or a negative COVID-19 test is received.

If an athlete tests positive for COVID-19, all members designated as within close contact (teammates, coaches, etc.) are required to isolate for 10-14 days *regardless of producing a negative COVID-19 test*. Close contact is defined as “within six feet, unmasked, for longer than fifteen minutes”.

Winter 2021 Sports: CIAC and DPH Guidelines

The CIAC has approved the winter season to start January 19th, 2021. Both basketball and indoor track (boys & girls') have been classified as a moderate-risk sport. Please see the official statement from the CIAC:

In alignment with DPH requirements (1-8-21) for low to moderate risk indoor sports, “All participants, coaches, and officials will utilize a mask that completely covers the nose and mouth, and that is worn directly on the face, at all times including during active play. The latest guidance from the American Academy of Pediatrics (AAP) recommends that youth athletes wear cloth face coverings when they are on the sidelines, in the locker room, and traveling as well as during group training and active competition (except in pools or while using certain gymnastics apparatus).”

Please note the following:

- Mask breaks will be instituted in basketball. One-minute mask breaks will occur at the first stoppage of play at or after the 4-minute mark of each period. Players must maintain 6 feet of distance to get water during mask breaks.
- Athletes are not permitted to share water bottles. Athletes must bring their own water bottle and use the hands-free water fill station located at the end of the hallway outside the gymnasium. Water will not be provided by the Athletic Training staff.
- Officials have the discretion to stop the game at any point in time to address mask concerns. Players should have multiple masks on hand should masks break or become saturated. Masks will not be given to student-athletes by the Athletic Training staff.

Returning to Play After a COVID-19 Positive Test

Extra precautions should be taken when returning a student-athlete to play after being affected by coronavirus. COVID-19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID-19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis, and also increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID-19 should follow the guideline noted below to decrease risk of developing complications from COVID-19 infection.

Criteria for Return-to-Play

- Asymptomatic/mildly symptomatic (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy)
 - May not exercise until they are cleared by a **licensed medical provider**. If evaluation is normal, the patient may begin a gradual return to play **after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications**. If the licensed medical provider identifies any new or concerning history or physical examination findings at this visit, appropriate further testing or consultation should be ordered and participation will not be allowed until that testing is completed and found to be normal. **Written documentation of medical clearance for return to sport should be provided by the medical provider.**
- Moderately symptomatic (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or were in a hospital not an intensive care unit)
 - May not exercise until they are cleared by a **licensed medical provider**. Appropriate additional testing should be ordered as determined by examination. Consultation or referral to a cardiologist is recommended. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. **Written documentation of medical clearance for return to sport should be provided by the medical provider.**
- Severely symptomatic (ICU stay and/or on a ventilator) or multisystem inflammatory syndrome in children (MIS-C)
 - Restricted from exercise for a minimum of 3 months and evaluated by a licensed medical provider as well as a cardiologist prior to resuming training or competition. In addition to the initial evaluation and work-up student athletes should have a coordinated evaluation at the time of returning to play for final clearance. **Written documentation of medical clearance for return to sport should be provided by the medical provider.**

Progression for return-to-play following COVID-19 (adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020)

- Stage 1: Day 1-2 (2 Days Minimum): **15 minutes or less**
 - Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.
- Stage 2: Day 3 (1 Day Minimum): **30 minutes or less**
 - Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.
- Stage 3: Day 4 (1 Day Minimum): **45 minutes or less**
 - Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.
- Stage 4: Day 5-6 (2 Days Minimum): **60 minutes**
 - Normal training activity - intensity no greater than 80% maximum heart rate.
- Stage 5: Day 7
 - Return to full activity/participation (i.e., - Contests/competitions).

COVID-19 Daily Health Screening Questionnaire

Bloomfield Public Schools asks that all employees and students (or their parents or guardians) to perform a self-assessment prior to leaving for school to identify fever or other COVID-19 symptoms. If the answer to any of these questions is YES, employees and students must remain home and notify the school of the absence.

Yes	No	Do you have a fever (100 degrees or higher or feel feverish if no thermometer) without having taken fever-reducing medicine?
Yes	No	Do you have a cough ?
Yes	No	Do you have a new loss of taste or smell ?
Yes	No	Do you have a sore throat ?
Yes	No	Do you have muscle aches ?
Yes	No	Do you have chills ?
Yes	No	Do you have shortness of breath ?
Yes	No	Do you have a new or unusual headache ?
Yes	No	Have you experienced new onset of gastrointestinal symptoms , such as nausea, vomiting, diarrhea, or loss of appetite?
Yes	No	Have you, or anyone you have been in close contact with been diagnosed with Covid-19 or placed in quarantine for possible exposure to Covid-19 within the last two weeks?
Yes	No	Have you been asked to self-isolate or quarantine by a medical professional or a local public health official within the last two weeks?
Yes	No	Have you travelled within the last 14 days to a location which requires a 14-day self-quarantine according to Executive Order No. 7BBB?

If you answered YES to any of these questions, you must stay home and notify the school!