

**Naval Academy Athletic Association
Athletic Training Department**

MEDICAL EMERGENCY PLAN

Responsibilities for Exertional Collapse Associated with Sickle Cell Trait (ECAST) Situations

Introduction:

The Sports Medicine Department is committed to providing the best medical coverage for the Naval Academy's intercollegiate athletic teams; however, emergency situations may arise when qualified medical personnel are not present. Immediate action must be taken in order to provide the best possible care to the injured participant. To expedite care when an injury occurs during practice, competition, or travel, and when an athletic trainer is not immediately available, coaches and staff need to be prepared to handle the situation. The following information will assist coaches and staff when a certified athletic trainer or team physician is not available.

Purpose of this document:

Coaches, staff, and medical personnel should understand that Exertional Collapse Associated with Sickle Cell Trait (ECAST) is a 100% preventable illness/injury of a Student Athlete. Sickle cell is a genetic condition that can lead to oxygen deprivation in the blood. It is characterized by neuropsychiatric impairment and a high core body temperature, typically greater than 105(F). The typical signs and symptoms are related to the Central Nervous System and include but not limited to: collapse, aggressiveness, irritability, confusion, seizures, altered consciousness, disorientation, dizziness, hysteria, and lucidity. If the Student Athlete's core temperature increases above 105(F) the risks of morbidity and mortality also significantly increase, and are reduced if lowered promptly. Therefore, in recognition of Exertional Collapse Associated with Sickle Cell Trait the following process should be followed.

A. General Responsibilities during Exertional Collapse Associated with Sickle Cell Trait

1. Individuals should learn the location of the nearest AED in their facility and accessible telephone or carry a cellular phone that can be used in case of emergency. Below is a list of where AEDs are placed in each facility.
2. Individuals should have emergency phone numbers with them at practices and home and away competitions.
3. Coaches, staff and medical personnel should have a copy of this emergency plan available at all practices and contests (Home and Away):
 - a. Determine which Coach/es, Staff Member/s or Medical Personnel will facilitate with this Emergency Action Plan.
 - b. When ECAST is suspected, the individual's body should be quickly immersed in a pool or tub of cold water preferably up to the neck.
 1. Remove excess clothes and equipment quickly and efficiently. If unable to do so the patient should still be immersed, and the removal of excess material can commence while the individual is in the pool.
 2. A Rectal Temperature is the "Gold Standard" for monitoring core temperature, and should be evaluated by utilizing a rectal thermometer if available along with monitoring other vital signs. If a Rectal Thermometer is not available and an ECAST is suspected, the patient should still be immersed in cold water and monitored. Vitals should be evaluated every 5-10 minutes.
 3. Administer high-flow oxygen, 15L/min, with a non-rebreather face mask.
 4. Aggressive cooling should continue until the patient's temperature is 102.8(F) or at least 15 minutes prior to any medical transport.
 5. If cold water immersion is not available, the individual should be treated by rotating wet ice towels, cold water dousing and/or fanning, but are not as effective in the treatment of ECAST.
 - c. Simultaneously to the treatment for ECAST a designated person should contact the emergency medical system. This person must know emergency phone numbers and be aware of the procedures to be followed:
 1. Call for Emergency Assistance – **911**
 - a. From a USNA landline call (410) 293-3333 and you be automatically routed to USNA's emergency services.
 2. Identify yourself.
 3. Identify your location.
 4. Explain the exact injury and the condition of the athlete.
 5. Inform of the first-aid initiated by first responder.
 6. Provide specific directions or instructions as needed to locate the emergency scene.
 7. Provide other information as requested by the dispatcher.

8. DO NOT let EMS take the patient prior to the individual reaching 102.8(F) or until at least 15 minutes of aggressive cooling of the body has occurred.
- d. Designate who will meet the ambulance when it arrives at the facility entrance to assist EMS to the injured athlete.
- e. Designate a coach, staff member or medical representative to ride with the athlete to the hospital.
- f. After the Athlete is cared for and within a reasonable amount of time:
 1. Notify the Duty Doctor [410-293-2273] and the Associate Athletic Director for Sports Medicine, Jim Berry, as soon as possible [office: 410-293-8717, cell: 440-476-7383]. The Associate Athletic Director for Sports Medicine will notify the Director of Athletics, Head Team Physician, and the Sport Administrator.
 2. Notify the Duty Officer at USNA about the situation. The team's Officer Representative should assist with notifying the USNA Chain of Command. Bancroft Hall Main Office Number - 410-293-5001 or Officer of the Watch – 410-293-2701.
 3. Notify the Brigade Medical Office.

B. Screening

1. All incoming athletes will be tested for Sickle Cell through the Naval Health Clinic Annapolis on I-Day.
2. Medical Clearance will not be given until test results are obtained and reviewed by a provider.
3. Athletes will be informed of their results and will discuss them with a physician. With a positive test they will be educated on how to communicate with their coaches and athletic trainers how to express their symptoms.

C. Key Points to Remember

1. Stay hydrated
2. Recognize early symptoms of sickle cell crisis, especially during long, sustained, and timed conditioning sessions.
3. Build up slowly in training to allow for physiological adaptations.
4. Add longer rest periods between sets and reps as needed.
5. Remove the Student-Athlete from activity if symptoms increase and/or additional recovery is not effective.
6. Altitude, timed mile (similar training), heat, humidity, and other environmental factors, dehydration, and the de-conditioned athlete are all factors to consider.

EMERGENCY PHONE NUMBERS

911

AT USNA (“On the Yard”) – 410-293-3333 / USNA PHONE 3-3333

AED LOCATION: Please familiarize yourself with these locations when using these facilities.

<u>Facility</u>	<u>Location</u>
Alumni Hall	Athletic Training Room /Upper level entrance to Sections A&B/Arena entrance across from room #1012
Baseball Clubhouse	Foyer of Clubhouse (Wall Mounted)
Brigade Sports Complex	Athletic Training Room (Wall Mounted) / Tennis Courts (Wall Mounted) Fitness Center (2 nd Deck Wall Mounted) / Entrance (Wall Mounted)
Glenn Warner Soccer Facility	Athletic Training Room (Wall Mounted) / Rotunda, Home Wing Side (Wall Mounted)
Halsey Field House	Second Floor by elevator (Wall Mounted)/ 1 st floor hallway between main arena (turf) and entrance to the basketball practice gym (Wall Mounted)/Athletic Training Room
Lejeune Hall	Wrestling Room /Main Pool Area (Wall Mounted)/2 nd deck main entrance (Wall Mounted)
Macdonough Hall	**RENOVATION
Ricketts Hall	Athletic Training Room (Wall Mounted) / Inside-Entrance to Weight Room (Wall Mounted), Terwilliger Rehab Area (Wall Mounted)
Wesley Brown Field House	Athletic Training Room (Wall Mounted) / Next to the finish line of the track (Wall Mounted) Grand Foyer entrance by weight room (Wall Mounted)