

EMERGENCY ACTION PLAN
JUNIOR HIGH MARY BISHOP GYMNASIUM - NEW GYM
(Volleyball | Basketball | Cheer | Offseason | Conditioning)



Facility address: 307 South Lovers Lane, Gatesville, TX 76528

Venue directions: Accessed by turning onto Marshall Street, pulling into parking lot north of the GJHS building. New Gym entrance is located on the north end of the gym.

Emergency Responders/Healthcare Team - The following are trained in the use of First Aid and CPR/AED:

1. Gatesville ISD athletic trainers
 2. Gatesville ISD coaches
 3. Gatesville ISD Police Department
 4. Friends on Duty members
 5. Gatesville Police Department
 6. Team physicians
 7. Gatesville VFD, Coryell EMS
- Additional bystanders may identify themselves as trained and assist as needed.
 - GHS student athletic trainers may assist if needed.

EMS communication: 911 can be reached by cell phone or directly by on-site EMS.

Poison control: Texas Poison Center Network 1-800-222-1222.

Emergency equipment: An AED is located on the wall outside GJHS girl's coaches' office in the back hallway of the New Gym. A second AED is located on the wall outside of the Old Gym entrance. Splint bag is located in the laundry room in the back hallway of the New Gym. Airway management supplies will be in the possession of the GISD athletic trainer. A medical bag will be with the coach.

The following is a list of serious or life-threatening conditions (this is not a complete list of all possible emergencies):

- No signs of life (no pulse or respirations)
- Open fracture or dislocation
- Unconsciousness
- Major deformity
- Severe bleeding
- Neurological signs/symptoms
- Spinal cord injury
- Heat/cold illness

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STEPS DURING AN EMERGENCY

In case of a serious or life-threatening emergency, the following steps should be taken by the emergency medical responders, with the most medically trained individual taking the lead:

- **Immediate activation of the emergency action plan below.**
- **Check the scene**
 - Is it safe for you to help?
 - What happened?
 - How many victims are there?
 - Who is on scene to provide help? Assemble your team, decide a leader, assign roles
- Identify severity of injury or potential diagnoses
 - Check for circulation, airway, breathing, level of consciousness, and severe bleeding
- **Immediate call to EMS/911** - provide your name, title/position, location of injured individual, name/age/condition of injured party, treatment being given, any other information requested by 911.
- **Immediate care and first aid of injured/ill patient.**
 - **Retrieval of emergency medical equipment.**
- In the event of **heat cramps, heat exhaustion, or a heat stroke, immediate submersion in ice water** is necessary. Ice tubs are located in GISD's Athletic Training Room. Instructions for creating an ice bath are located on the tubs.
- **Contact GISD Athletic Trainer Tatiana Navarro (254-630-7040).** Notify campus nurse if she cannot be reached.
- **Open doors/gates for EMS, escort them to the scene.**
- **Control the scene:** Move bystanders and unnecessary personnel away from area.
- Contact GISD Police Lieutenant Damian White (254-216-0278) or GISD Police Chief Gary Stiles (254-702-0398).
- **Contact parents as soon as possible, after immediate care has been given and EMS has been called.**

POSSIBLE ROLE ASSIGNMENTS

- **Leader:** Athletic trainer, GISD police officer, or head coach
- **911 Caller:** Coach, school administrator, or FOD member
- **CPR – Chest Compressions:** Head coach, coach, GISD police officer, or FOD member.
- **CPR – Breaths:** Coach, GISD police officer, FOD member, PD officer
- **Obtains AED:** Student athletic trainer or a student manager
- **Obtains medical bag(s)/equipment:** Student athletic trainer or a student manager
- **Crowd Control:** Coach, school administrator, GISD police officer, PD officer, or FOD member
- **Directions Provider/EMS Escort:** School administrator, GISD police officer, PD officer, or FOD member
- **Scribe:** Student athletic trainer, coach, EMS, or FOD member

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HEAD TO TOE MEDICAL ASSESSMENT FOR HEALTHCARE PROFESSIONALS

Designed for rapid, efficient, yet thorough assessment of a patient's condition in a trauma or medical emergency using the primary & secondary survey principles.

PRIMARY SURVEY

- Airway
 - Is the airway patent? Listen for breath sounds, gurgling, snoring.
 - Use jaw thrust if trauma suspected.
 - Stabilize C-spine (manual, collar located in splint bag).

- Breathing
 - Inspect: chest rise, accessory muscles, trauma.
 - Auscultate: bilateral breath sounds.
 - Percuss: dullness or hyperresonance.
 - Oxygen saturation, give O₂ or ventilate if needed (if O₂ certified).

- Circulation
 - Check central pulses (carotid/femoral).
 - Control external bleeding (direct pressure, tourniquet).
 - Assess for shock: cool, pale, delayed cap refill.

- Disability (Neuro check)
 - AVPU (Alert, Verbal, Pain, Unresponsive).
 - Pupils: size, reactivity, equality.
 - Check for limb movement and sensation.

- Exposure & Environmental Control
 - Fully expose patient to inspect for injuries.
 - Prevent hypothermia: cover with blankets.

SECONDARY SURVEY – HEAD TO TOE ASSESSMENT

- Head & Face
 - Inspect scalp for bleeding, deformities, hematomas.
 - Check skull for depressions.
 - Inspect eyes: pupils, PERL, raccoon eyes, blood in anterior chamber.
 - Check ears: CSF (Battle's sign), blood.
 - Nose: deformities, CSF, septal hematoma.
 - Mouth: loose teeth, bleeding, obstructions.

- Neck (Keep C-spine stabilized)
 - Trachea midline?
 - JVD (jugular venous distension)?
 - Subcutaneous emphysema?

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- Carotid pulse.
- Medical alert tags.

- Chest
 - Inspect: symmetry, bruising, paradoxical movement.
 - Palpate: tenderness, crepitus.
 - Auscultate: breath and heart sounds.
 - Percuss: dull (hemothorax), hyperresonant (pneumothorax).

- Abdomen
 - Inspect: bruising (Cullen's/Grey-Turner's signs).
 - Palpate: rigidity, tenderness, rebound, guarding.
 - Auscultate: bowel sounds.
 - Percuss: tympany or dullness.

- Pelvis
 - Gently compress laterally and anterior-posterior.
 - Look for instability or crepitus.
 - Check for priapism, blood at urethral meatus, incontinence.

- Extremities
 - Inspect: deformities, bleeding, bruising, open fractures.
 - Palpate: pulses, temperature, cap refill.
 - Assess motor/sensory function.
 - Check for signs of compartment syndrome.

- Back / Spine (Log-roll patient while maintaining C-spine)
 - Inspect and palpate spine: tenderness, deformity, step-offs.
 - Check for wounds, ecchymosis, penetrating trauma.

- Ongoing Monitoring & Reassessment
 - Check vital signs every 5–15 minutes.
 - Monitor bleeding control, airway status, & consciousness level.
 - Prepare for transport or definitive care.

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STEPS DURING AN ACTIVE ATTACK

In the event of an active attack (an event containing violence), the following steps will be taken by either law enforcement, the healthcare team, emergency responders, or a combination of all as listed.

○ Stop the Attack

Law enforcement officers will confront and neutralize the threat, securing the suspect. If the suspect has left the area prior to arrival, officers will notify neighboring agencies and provide a description of the suspect as well as any other pertinent information including mode of travel, and weapons carried by the suspect. Once it is determined that there is no immediate threat, law enforcement will move to the next phase. If at any time, there is evidence that an attack is occurring, officers will move back to this phase immediately.

During this phase, present members of the healthcare team will move athletes, students, coaches, and spectators to a location they deem as safe, out of harm's way, and have all individuals shelter in place. During the shelter in place, healthcare team members will render aid for any individual in need. In the event that multiple individuals require aid, one team member will establish a triage priority order, while the remaining team members provide care in accordance to the established triage order.

All individuals will remain sheltered in place until released by law enforcement officers or transported by emergency responders for additional aid to the local hospital.

○ Render Aid

Law enforcement officers and emergency responders will now assist the healthcare team in rendering medical assistance to those injured in the attack. During this time, law enforcement will coordinate with neighboring agencies and the healthcare team to set up a command center to better facilitate and assess the situation. While some officers are rendering aid, other officers will begin clearing the school or facilities to verify that there are no suspects on scene.

Healthcare team members will continue rendering aid and assisting law enforcement officers and emergency responders as directed.

○ Rapid Casualty Evacuation

Depending on the number of victims and the severity of the injuries, law enforcement will implement rapid casualty evacuations per ALERRT standards. Two first responders will take a victim and place them in the back of the patrol car and transport them utilizing their lights and sirens to a hospital capable of emergency trauma care. One of the first responders will remain with the victim in the back of the patrol car and continue to render emergency medical care.

○ Once it is determined that there is no immediate threat and it is safe to do, law enforcement will begin evacuating civilians from the facility and the students will follow the Reunification Standards implemented by GISD.