

JHU
Athletics
Department

E.A.P.

Emergency Action Plan

2025

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2026

Table of Contents

General Information.	
Emergency Resources.	
Emergency Supplies	
Emergency Classifications: Life-Threatening and Non-Life Threatening.	
Minimum Training & Certification Requirements.	
Primary Procedures	
Life Threatening Emergency/Catastrophic injury/Death in Facility Procedure.	
Emergency Procedures by Area.	
Goldfarb/Auxiliary Gym.	
Wrestling Room/Fencing Room/Indoor Batting Cages/Weight Room.	
Pool.	
Homewood Field.	
Practice Field.	
Babb Field/Tennis Courts.	
Athletic Training Room.	
Cordish Lacrosse Center.	
Eastern Track.	
Away Event Procedures.	
Severe Weather Procedures.	
Lightning.	
Air Quality.	
Extreme Heat Conditions.	
Extreme Cold Conditions.	
Additional Procedures: Game Day Protest.	
Appendix.	
A: Emergency Action Plan Flow Chart	
B: Suspected Head and Neck Injury.	
C: Suspected Cardiac Arrest.	
D: Suspected Heat Illness and Heat Stroke.	
E: Suspected Rhabdomyolysis.	
F: Suspected Sickle Cell Episode.	
G: Suspected Diabetic Emergency.	
H: Suspected Asthmatic Emergency.	
I: Suspected Exertional/Non-Exertional Collapse.	
Revisions.	

General Information

Emergency Contacts

The Johns Hopkins University Homewood Campus provides a variety of emergency resources. To reach these resources during an emergency, one may use a mobile phone or landline. Table 1 provides information on how to contact emergency resources through each of these forms of communication.

Table 1:

	Point of Contact	Phone Number (for mobile phones)	Extension (for JHU landlines)
Emergency <i>(Life-Threatening)</i>	Emergency	911	911
	On-Campus Police - Emergency Line	(410) 516-7777	6-7777
	Athletic Trainer	Erin Long: 301-580-6308 Tyler Golembrosky: 302-367-5830 Sarah Lagaz: 410-271-7106 Liz Koehling: 443-812-5653 Alexis Chilton: 603-465-1572 Chris Girken: 443-286-6813 Taylor Beam: 443-939-7573 Noah Sutker: 410- 660-7340 Morgan Keimig: 410-967-1807	6-7167
Non- Emergency <i>(Minor Incidents)</i>	JHU Public Safety - Non-Emergency Line (transport)	(410) 516-4600	6-4600
	Athletic Trainer	Erin Long: 301-580-6308 Tyler Golembrosky: 302-367-5830 Sarah Lagaz: 410-271-7106 Liz Koehling: 443-812-5653 Alexis Chilton: 603-465-1572 Chris Girken: 443-286-6813 Taylor Beam: 443-939-7573 Noah Sutker: 410- 660-7340 Morgan Keimig: 410-967-1807	6-7167
	Student Health and Well-Being: Primary Care	(410) 516-8270	6-8270

Emergency Supplies

The following table lists emergency supplies and locations within the athletics complex.

Table 2:

Supplies	Location(s)
Automated External Defibrillator (AED)	Athletic Training Room- on wall in tape area Stadium- located on athletics building by crab/statue Powerplant Building- located on the west side of the practice field Baseball Field and Tennis Courts- located on wall between restrooms

	Recreation Center: <ul style="list-style-type: none"> • Welcome Desk - Inside white cabinet • Weight Room A - On left side wall as you enter from stairwell • Third Floor - In between Multi-Purpose Rooms A & B Pool - located on pool deck Varsity Weight Room - located outside room by door Cordish Lacrosse Center - located behind the front desk on second level Eastern Track - located in shed by track *Floating AED is taken out to Homewood for all games
Medical Kits	Present on outdoor fields for all practices and games that an athletic trainer is present. Baseball/Tennis kit located in shed Track kit located in shed Taken on road with team for away events
Splint Bag	Located in crash cart on sidelines during all games

Classifications: Life-Threatening and Non-Life-Threatening

Accidents requiring first aid are generally divided into two categories: life-threatening and non-life-threatening. When present, the athletic trainer will handle procedures. When an athletic trainer is not present contact the appropriate resource listed in table 1.

When in doubt, always call On-Campus Security's Emergency Line at (6-7777). Security can advise you and decide whether or not an ambulance is necessary. They can also help in handling transportation or further care in a life threatening situation.

Examples of life-threatening emergencies include but are not limited to:

- Head and neck injuries
- Cardiac arrest
- Exertional heat stroke/illness
- Exertional collapse due to sickle cell trait
- Any exertional or non-exertional collapse
- Exertional Rhabdomyolysis
- Severe asthma attacks
- Diabetic emergencies
- Severe bleeding or shock
- Mental health emergencies
- Drug and alcohol overdose

Examples of non-life-threatening emergencies include but are not limited to:

- Small cuts and bruises
- Sprained joints; ankles, knee, shoulder, etc.
- Strained muscles; quadriceps, hamstring, low back, abdomen, etc.
- Dislocated joints; fingers, shoulders, etc.

Minimum Training & Certification Requirements

All full time head coaches, assistant coaches, and athletic performance staff, are required to have CPR/AED and First Aid certifications. All coaches are responsible for keeping track of their certifications and ensuring updated copies are kept with NCAA compliance officer. If an individual does not complete or keep their certifications valid, they will be suspended from their

responsibilities until it's up to date. Athletic Trainers are required to have the healthcare provider certification for CPR/AED for their professional certification and license. Athletic trainers and athletic performance staff are responsible for keeping track of their certifications and ensuring updated copies are kept with the Director of Sports Performance and Wellness.

Primary Procedures

Recognize the emergency as **life-threatening** or **non-life-threatening** by sizing up the scene and forming an initial impression. See appendix A for flow chart.

If life-threatening:

- Call 911 or On Campus Security- Emergency Line (6-7777)
 - Be prepared to give any important information in regards to the initial impression, athlete, and location
 - Be aware of entrance points for all locations to direct EMS (see table 3 below)
- Send for First Aid and/or AED supplies as necessary
 - Make sure the AED is available to get to the scene
 - Know the locations of AED for all facilities (see table 4 below)
- If necessary begin CPR, use the necessary personal protective equipment (gloves, pocket mask) if available and provide care.
- Once the EMS arrives, allow them to take over, control the crowd, and ask those not assisting to evacuate the area. Provide further assistance as needed.
- If transport is necessary, an athletics staff member must accompany the athlete to the hospital (see table 5 below)
- Contact additional athletics staff once situation is under control

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff and deemed ok to do so.
- The athlete must stop bleeding before resuming any activity

Appendix B-J outline specific conditions to be familiar and educated on to determine when life threatening, and primary procedures of emergency action plan should be initiated and followed.

Table 3:

Entrance Points
<p>Homewood Field- San Martin Dr. entrance; up service drive to field.</p> <p>Practice Field- Direct EMS arrival to front circle for entrance point down the path along rec center to back practice field (temp fall 2025 during construction)</p> <ul style="list-style-type: none"> • If full EMS unit needs field access, follow San Martin Dr. to Bowman drive and enter through back service road gate entrance (temp fall 2025 during construction) <p>Baseball Field/Tennis Courts- Charles St. service drive entrance adjacent to tennis courts; follow to Baseball field/tennis courts.</p> <p>Athletics Center/Goldfarb/Aux- University Parkway entrance to Athletic Center main entrance.</p> <p>Pool- San Martin Dr. entrance; around back driveway to lower Athletic Center entrance.</p> <p>Varsity Wt Room/Wrestling/Fencing/Underworld- San Martin Dr. entrance; around back driveway to lower Athletic Center entrance.</p> <p>Eastern Track- 33rd St. entrance into side parking lot; follow to rear of building to field.</p> <p>Athletic Training Room- San Martin Dr. entrance; around back driveway and up short service drive to Athletic Training Room entrance.</p>

Table 4:

AED Locations
<p>Athletic Training Room- on wall in tape area</p> <p>Stadium- located on athletics building by crab/statue</p> <p>Rec Center Building- located on the back of the building, on the east side of the practice field</p> <p>Baseball Field and Tennis Courts- located on wall between restrooms</p> <p>Recreation Center:</p> <ul style="list-style-type: none"> • Welcome Desk - Inside white cabinet • Weight Room A - On left side wall as you enter from stairwell • Third Floor - In between Multi-Purpose Rooms A & B <p>Pool- located on pool deck</p> <p>Varsity Weight Room- located outside room by door</p> <p>Cordish Lacrosse Center- located behind the front desk on second level</p> <p>Eastern Track- located in shed by track</p> <p>*Floating AED is taken out to Homewood for all games</p>

Table 5:

asis C.

Emergency Transport Locations											
<p><u>Life Threatening Injuries:</u> The nearest hospital based emergency room is at Union Memorial Hospital, located less than 1 mile on the 3300 block of N. Calvert Street</p> <table> <tr> <td>Union Memorial Hospital</td> <td>410-554-2000</td> </tr> <tr> <td>Union Memorial Hospital ER</td> <td>410-554-2626</td> </tr> </table> <p>The specific nature of other injuries could dictate transportation to other emergency facilities including:</p> <table> <tr> <td>Johns Hopkins Hospital ER</td> <td>410-955-5000/410-955-2280</td> </tr> </table> <p>Spinal injury/Trauma:</p> <table> <tr> <td>Johns Hopkins Bayview Trauma</td> <td>410-550-0350</td> </tr> <tr> <td>University of Maryland Shock Trauma</td> <td>410-328-6110</td> </tr> </table> <p><u>Non-life threatening:</u> Transportation of stable injuries or conditions to the Union Memorial Emergency Room may be accomplished via the JHU Security- 410-516-4600</p>		Union Memorial Hospital	410-554-2000	Union Memorial Hospital ER	410-554-2626	Johns Hopkins Hospital ER	410-955-5000/410-955-2280	Johns Hopkins Bayview Trauma	410-550-0350	University of Maryland Shock Trauma	410-328-6110
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Life Threatening Emergency/Catastrophic Injury/Death in Facility Procedure

- This occurs following appropriate life-threatening EAP steps
- A coach or administrator from the athletics department should go in transport with the athlete
- Once the athlete has been transported out of the facility by emergency services, notify athletic training staff (if they were not present). If your athletic trainer does not answer, contact the Head Athletic Trainer or Director of Athletics.
- The athletic trainer will contact the Director of Athletics and team physician.
- Director of Athletics will contact Vice Provost for Student Affairs
- Student Outreach and Support will be contacted by Director of Athletics to inform them of the students and employees involved in the EAP.

Emergency Procedures by Area

Emergency action procedures (EAPs) are specific to each incident. An employee's response to an incident is dependent upon his/her training and position. Outlines of proper EAPs for every varsity athletics area are provided below. It's important to remember that, because each incident is unique, the only way to be properly prepared for an emergency within the facilities is with thorough education and practice.

Athletics Center/Goldfarb Gymnasium/Auxiliary Gym

Below is an EAP for a hypothetical situation in which an athlete gets injured in either gym with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival to front circle/steps for entrance point
- Send someone for retrieval of AED from the athletic training room or area you feel closest too based on the below table of AED locations (VWR or stadium could be an option).
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games



North Gate
Entrance

Recreation
Center
Entrance



Athletic Center
Side Entrance



Athletic Center
Main Entrance

Wrestling Room/Fencing Room/Weight Room

Below is an EAP for a hypothetical situation in which an athlete gets injured with and without an athletic trainer present in any of the following locations: Wrestling Room, Fencing Room, or Weight Room

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival from San Martin drive and into back entrance of building by numbered parking spots
- Send someone for retrieval of AED located on wall outside of the varsity weight room.
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

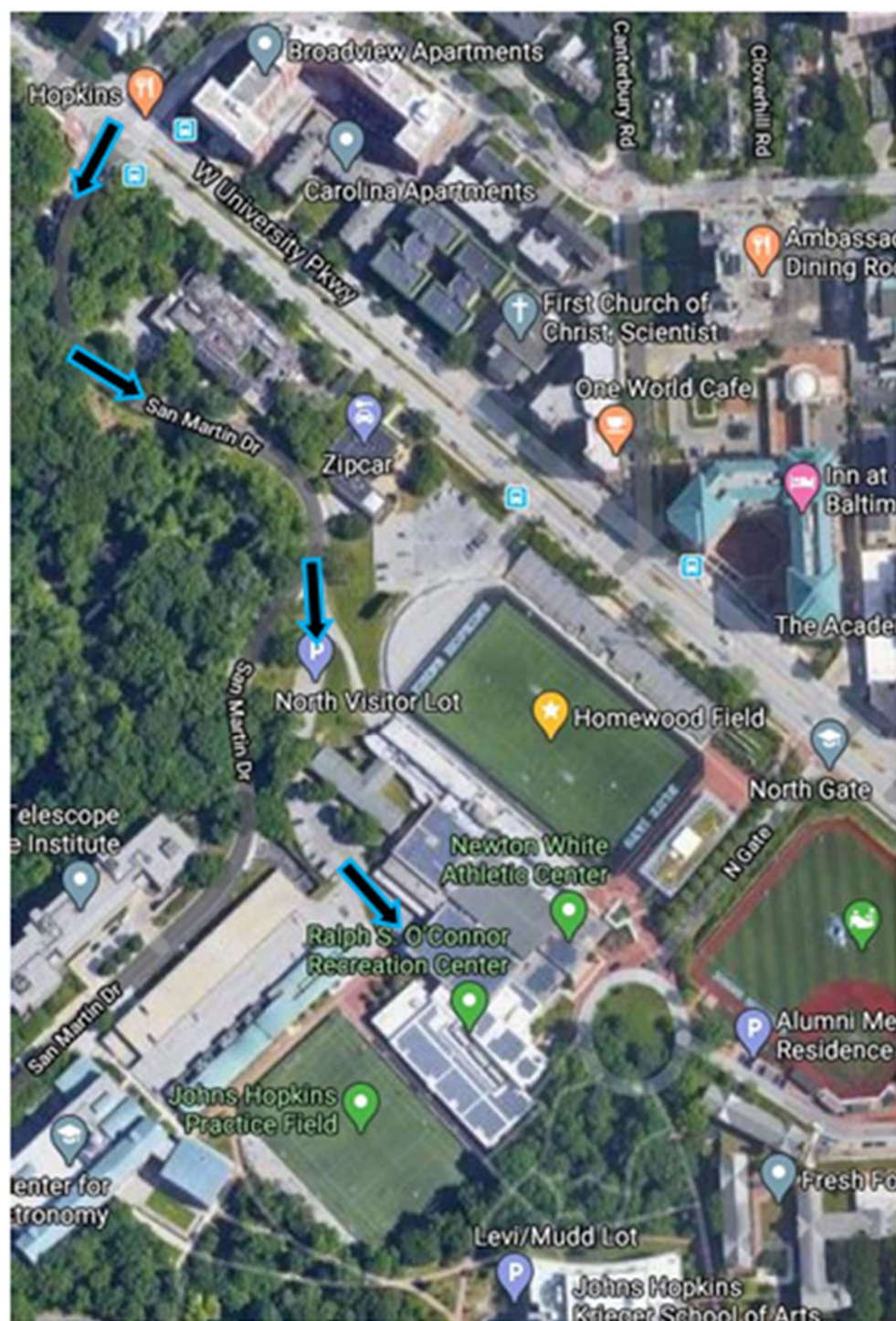
Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

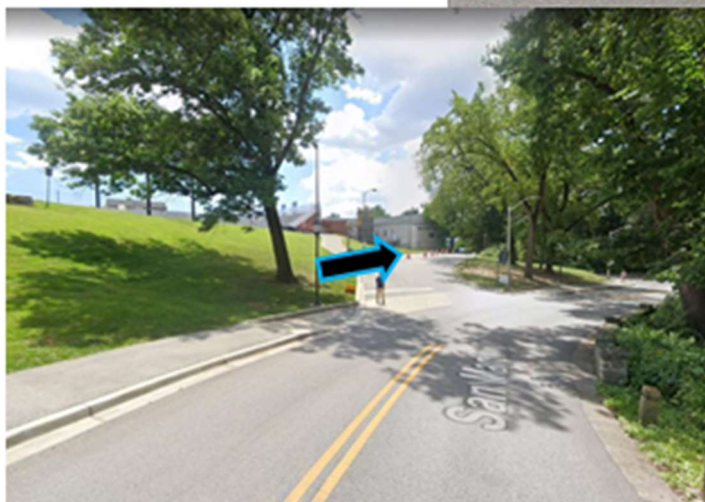
Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Wrestling Room Fencing Room
Indoor Batting Cages
Weight Room



**San Martin Drive
Entrance**



**Parking Lot
Entrance**

**Athletic Center
Back Entrance**



Pool

***Lifeguards will follow guidelines and protocol set forth by the Recreation Center EAP.**

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - **Direct EMS arrival from San Martin drive and into back entrance of building by numbered parking spots**
- Send someone for retrieval of **AED from the pool deck**
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

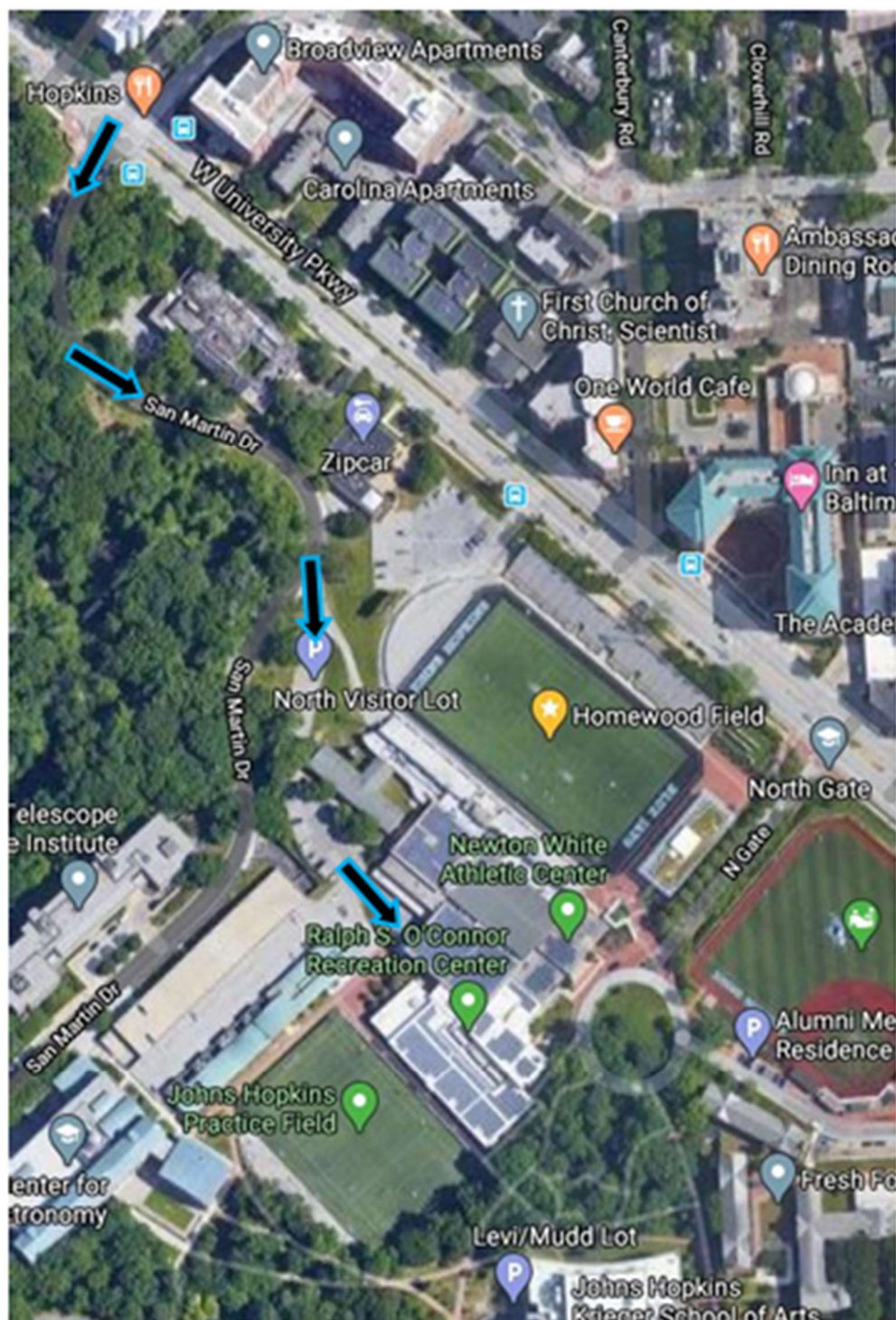
Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Pool



San Martin Drive
Entrance



Parking Lot
Entrance

Athletic Center
Back Entrance



Homewood Field

Below is an EAP for a hypothetical situation in which a athlete gets injured on Homewood field with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival from San Martin drive and up the scoreboard driveway to field
- Send someone for retrieval of AED from the stadium located on building by crab/statue
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

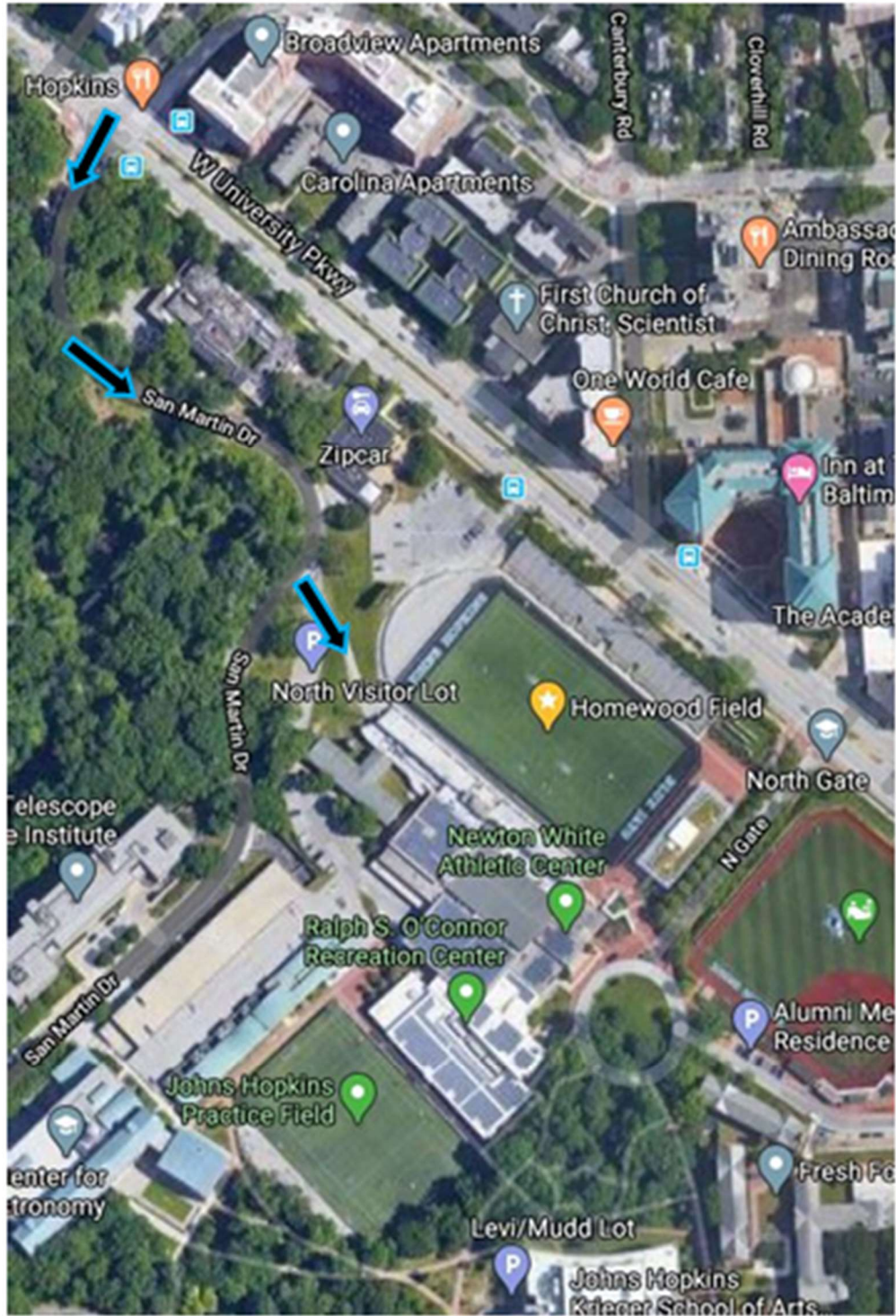
Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Homewood Field



San Martin Drive Entrance



Scoreboard Entrance



Practice Field

Below is an EAP for a hypothetical situation in which an athlete gets injured on the practice field with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival to front circle for entrance point down the path along rec center to back practice field (temp fall 2025 during construction)
 - If full EMS unit needs field access, follow San Martin Dr. to Bowman drive and enter through back service road gate entrance (temp fall 2025 during construction)
- Send someone for retrieval of AED from wall of rec center (temp fall 2025)
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

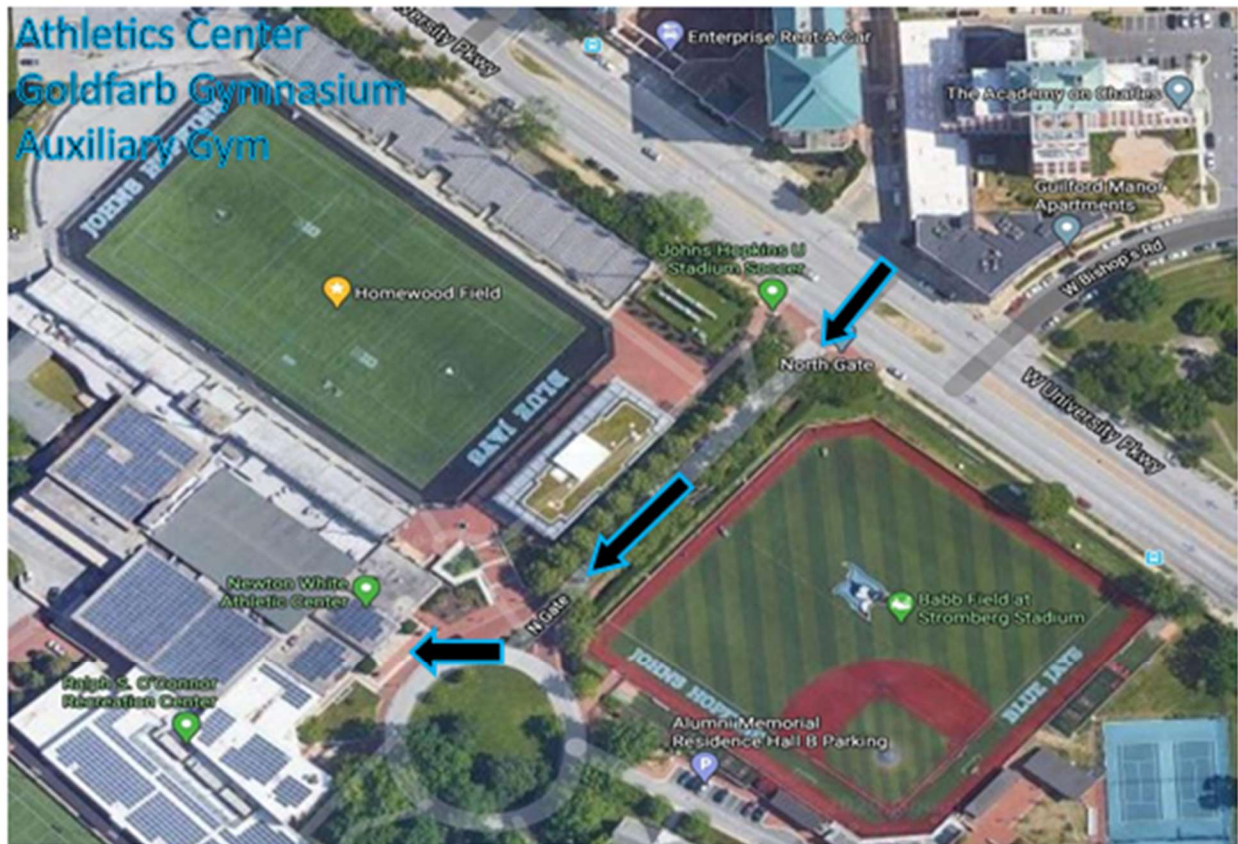
Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Practice Field (temporary entrance for EMS arrival)



North Gate
Entrance

Recreation
Center
Entrance



Athletic Center
Side Entrance



Baseball Field and Tennis Courts

Below is an EAP for a hypothetical situation in which an athlete gets injured on either Baseball field or the Tennis Courts with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival from service entrance located off of Charles street
- Send someone for retrieval of AED from wall located between restrooms
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

Varsity Weight Room- located outside room by door

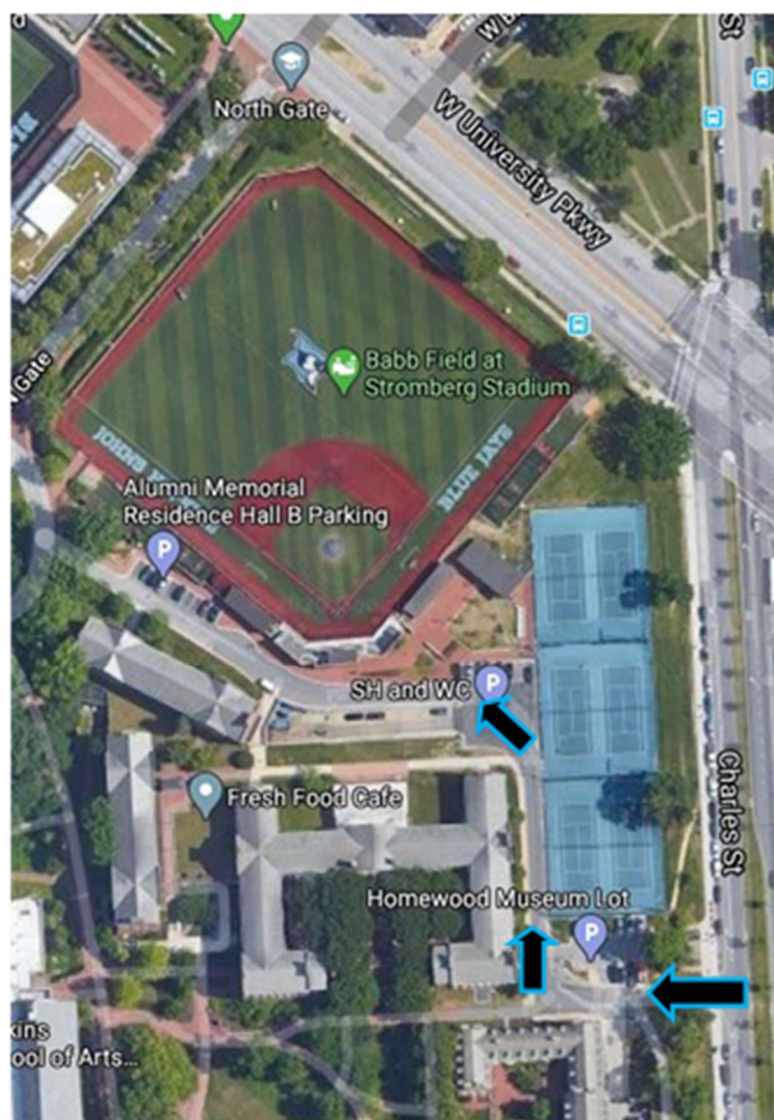
Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Baseball Field

Tennis Courts



Parking Lot
Entrance

Athletic Training Room

Below is an EAP for a hypothetical situation in which an athlete gets injured the Athletic Training Room with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival from San Martin drive around back of the building and up the service drive to the back door
- Send someone for retrieval of AED from wall in the taping area
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Athletic Training Room



San Martin Drive
Entrance



Parking Lot
Entrance

Athletic Training
Room Entrance



Cordish Lacrosse Center

Below is an EAP for a hypothetical situation in which an athlete gets injured in the Cordish Lacrosse Center with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival to front steps into Homewood field by athletics circle
- Send someone for retrieval of AED located behind the front desk of the 2nd level
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

Stadium- located on athletics building by crab/statue

Rec Center Building- located on the back of the building, on the east side of the practice field

Baseball Field and Tennis Courts- located on wall between restrooms

Recreation Center:

- **Welcome Desk** - Inside white cabinet
- **Weight Room A** - On left side wall as you enter from stairwell
- **Third Floor** - In between Multi-Purpose Rooms A & B

Pool- located on pool deck

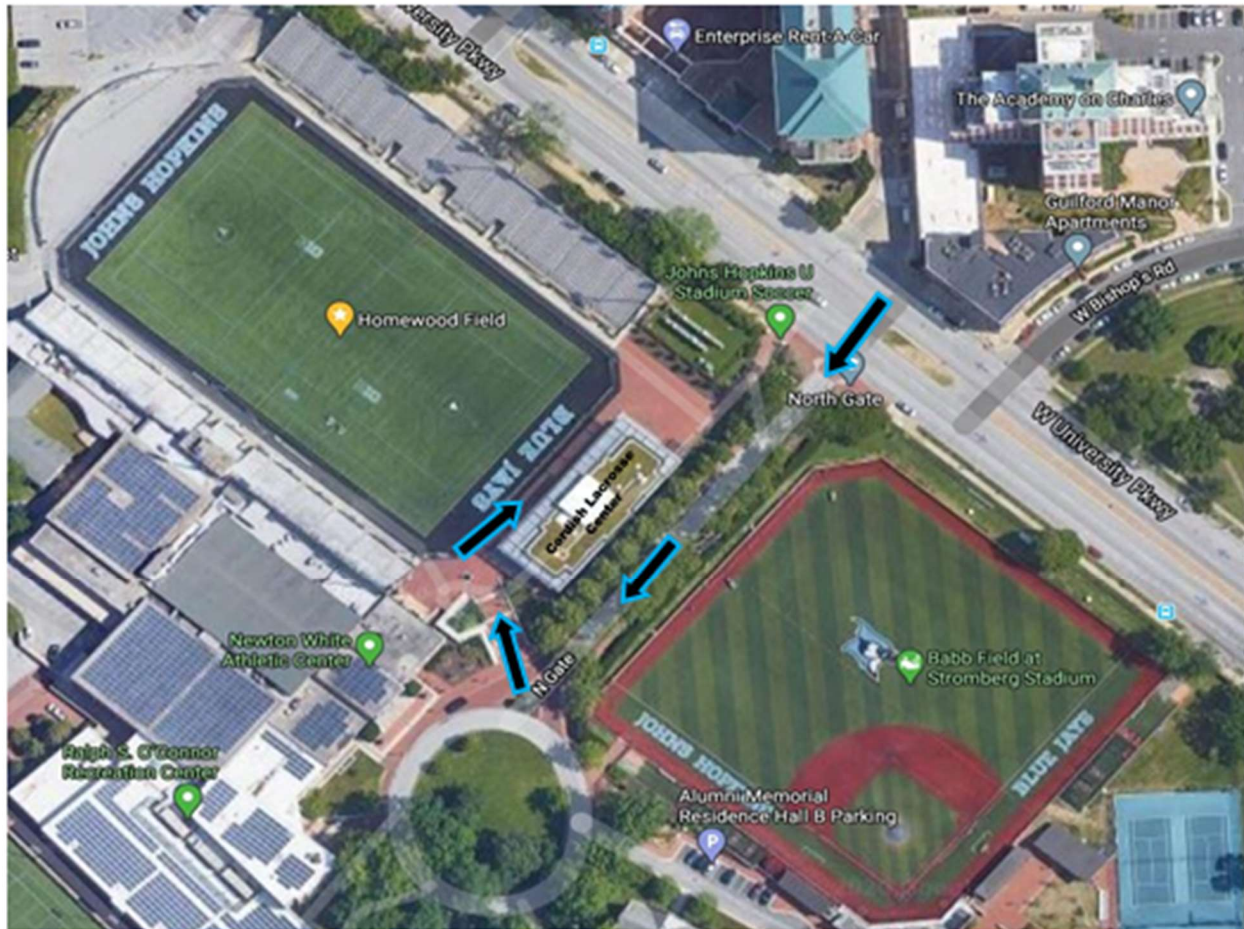
Varsity Weight Room- located outside room by door

Cordish Lacrosse Center- located behind the front desk on second level

Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Cordish Lacrosse Center



North Gate Entrance

Stairs up to CLC



Eastern Track

Below is an EAP for a hypothetical situation in which an athlete gets injured at Eastern Track with and without an athletic trainer present:

If it is a life-threatening emergency:

- Size up the scene while forming an initial impression
- Call 911 or On Campus Police - Emergency Line (6-7777) and provide the information listed below:
 - Location of the emergency.
 - Gender (male, female, non-binary)
 - Status of victim (unconscious, bleeding, hurt ankle etc.)
 - You are to remain on the phone until told otherwise
 - Direct EMS arrival to 33rd St. entrance into side parking lot; follow to rear of building to field.
- Send someone for retrieval of AED located in the shed next to the track
- Send someone to meet EMS at arrival point
- Continue to follow primary procedures for life threatening situation

If the injury is non-life-threatening:

- Contact your athletic trainer as soon as possible to inform them of the injury.
- Send a teammate to locate an athletic training staff member if applicable.
- Make sure the scene is safe
- Use the necessary personal protective equipment (gloves, pocket mask) from medical kit and provide care based on first aid skills if necessary.
- Do not diagnose injuries
- Never move the victim unless he/she is in immediate danger
- Make sure the athlete has been properly evaluated by the athletic training staff before allowing them to continue in athletic activity.
- If suspected concussion, the athlete must not return to participation unless evaluated by athletic training staff.
- The athlete must stop bleeding before resuming any activity

AED Locations

Athletic Training Room- on wall in tape area

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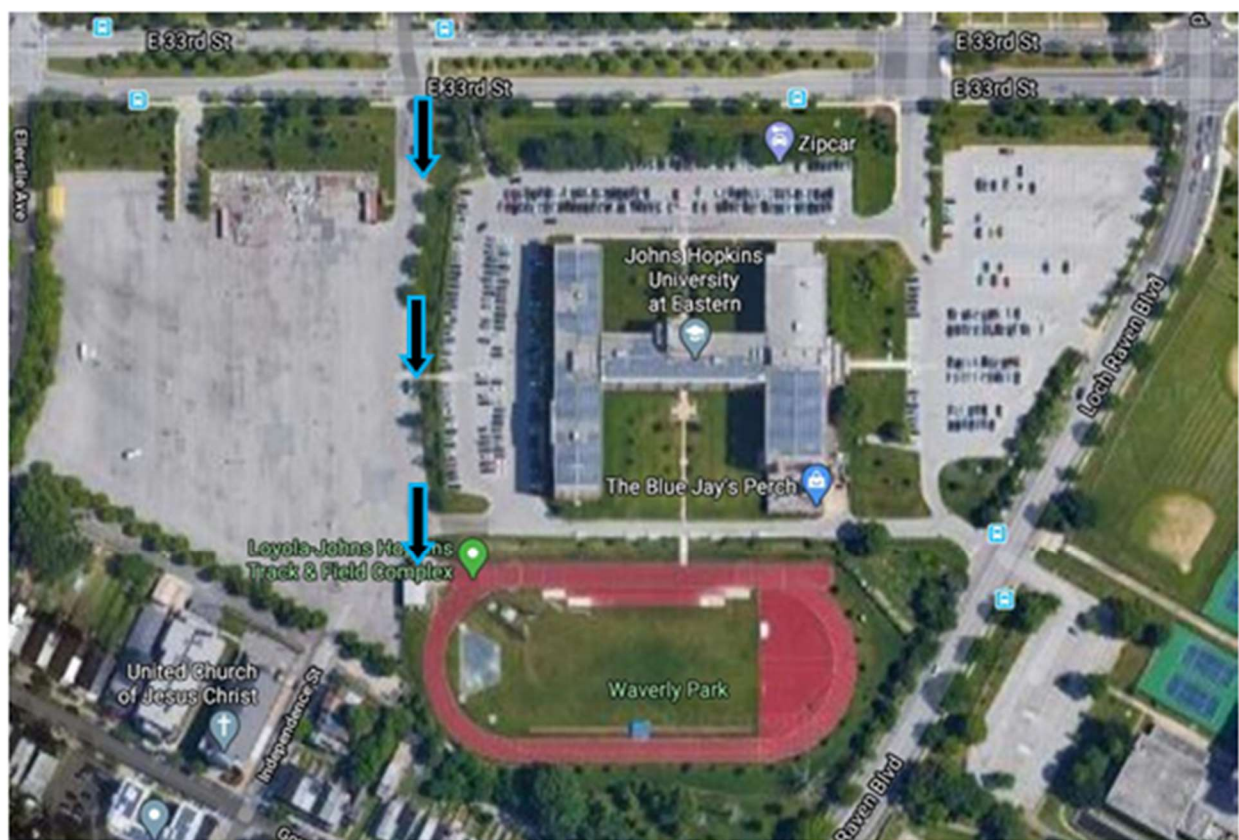
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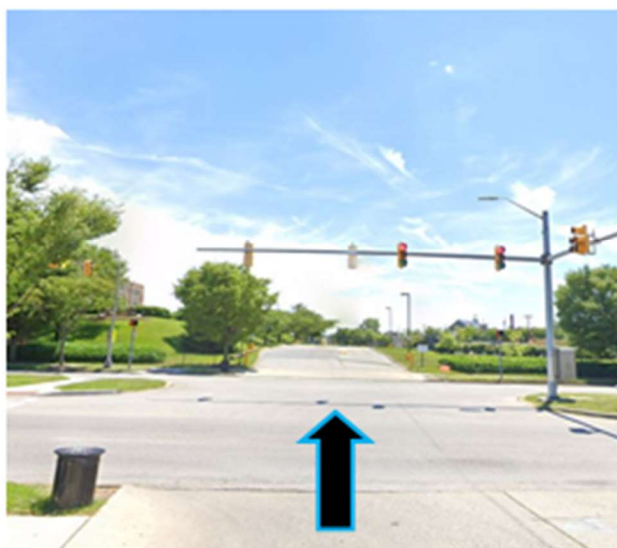
Eastern Track- located in shed by track

*Floating AED is taken out to Homewood for all games

Eastern Track



33rd Street Entrance



Eastern Track Entrance



Away Event Procedures

If it is a life-threatening emergency:

- Allow certified athletic trainer at host institution to handle the situation
- Follow any instructions athletic trainer or staff gives you (i.e. call 911, etc)
- Have a member of JHU coaching staff or administration go with the athlete when they are being transported
- Contact JHU Athletic trainer as soon as possible

If the injury is non-life-threatening:

- Allow certified athletic trainer at host institution to evaluate the athlete.
- Ask the host athletic trainer about the injury,
 - This is important so you can communicate with your athletic trainer about the injury, don't just expect the athlete to know
- Listen to host athletic trainers guidelines and instructions for the athlete
- The host athletic trainer will have final say in return to play decision if JHU athletic trainer is not present.
- Contact your JHU athletic trainer about the injury after the event as soon as possible
 - Do not assume the host athletic trainer will contact JHU athletic training staff.
 - Do not assume the athlete will contact the JHU athletic trainer.
- Arrangement can then be made to have the athlete treated upon return to campus.

Severe Weather Procedures

When severe weather threatens, athletics staff should monitor the weather through the Johns Hopkins University's Weather Sentry account. In addition, more information can be found through the universities weather alert status through phone, email, and the JHU security website. Severe weather can include lightning, extreme heat, extreme cold, and any other environmental factors that can affect the health and safety of the athletes.

Lightning

Guidelines and lightning safety are based on information from the National Weather Service, the National Severe Storms Laboratory, the NCAA Sports Medicine Handbook, and the National Athletic Trainer's Association Position Statement.

General Policy and Procedures

All outdoor varsity athletic events at Johns Hopkins University operate under the guidelines of this lightning policy. The athletic trainer is responsible for communicating to all athletics personnel and employing these guidelines, in the event an athletic trainer is not on site all athletics department personnel are expected to enforce this policy. Weather will be monitored in advance of and during athletic events using Johns Hopkins University's Weather Sentry account or a comparable weather service (ex: National Weather Service).

- In the event lightning is seen but no audible thunder is present:
 - Open Weather Sentry account; if lightning strike occurred within **8 miles** seek shelter in the nearest safe location.
 - In the event Weather Sentry account is unavailable and you cannot identify how far away from campus the lightning occurred seek shelter in a safe location.
- A safe shelter location is any fully enclosed building that involves plumbing and/or electricity that act to electrically ground the structure. While indoors, avoid walls, windows, and electronic devices attached to the walls.

Table 6.

Safe Shelter Locations
Homewood Field- Under Schelle Pavilion or Enter the Athletic Center Baseball Field and Tennis Courts- Baseball/Tennis Shed or Return to Athletic Center Practice Field- Walk up path and enter the O'Connor Recreation Center Eastern Track- Enter storage shed at the entrance of the track Pool- Seize activity and remove self from pool and pool deck

- If a safe shelter location is inaccessible: seek shelter in a vehicle that has a metal roof.
- Avoid radio use and contact with any metal frame.
- When an athletic trainer is present, the athletic trainer will make all decisions regarding the suspension and resumption of outdoor activity. The athletic trainer will use Weather Sentry and other weather services resources for information, but it is the responsibility of the athletic trainer to make a clinical decision based on individual circumstances. The athletic trainer will communicate suspension/resumption decisions to all relevant stakeholders, and that decision is unchallengeable. During competitions spectators should be advised of lightning delay procedures and the nearest safe shelter location by public address personnel.

- When an athletic trainer is not present, decisions regarding suspension/resumption of outdoor activities shall be made by athletics department personnel, in accordance with this policy. During competitions spectators should be advised of lightning delay procedures and the nearest safe shelter location by public address personnel.
- No outdoor activity will occur until 30 minutes after the last lightning strike within 8 miles, the 30 minute delay will be reset every time a lightning strike occurs within 8 miles, or until 30 minutes after the last observed sign of thunder/lightning if unable to determine location of strike with weather sentry account

Lightning Information

- Feeling your hair stand on end or skin tingle is a forewarning that lightning or thunder is present. Immediately assume the following position- place your hands and arms on your legs and lower your head. Do not lie flat. Once the sensation has passed, seek shelter immediately.
- Know where the closest safe shelter is to the event location and how long it takes to get to that shelter (see Table 6). Seeking shelter does not include being under a tree or in a metal framed structure. Safe shelter is often an inhabited building with 4 walls and a roof (not a dugout).
- In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof and rolled up windows can provide safety.
- Avoid using the telephone except in emergency situations. A cell phone is a safe alternative to land line phones.
- People who have been struck by lightning do not carry an electrical charge. CPR is therefore safe and appropriate to do if an athlete or other individual is struck by lightning and exhibiting signs of cardiac or respiratory arrest. Follow appropriate life threatening EAP procedures.

Air Quality

Guidelines and air quality safety are based on information from the National Weather Service, Air Quality Forecast System. A key component of this forecast system is the NWS Air Quality Index (AQI). The AQI provides real-time monitoring and alerts in response to changing air quality levels.

When threatening or dangerous air quality levels are present the AQI increase, and the National Weather Service (NWS) issues a corresponding air quality alert. Those alerts and their corresponding behavioral modification recommendations for particle pollution can be found at <https://www.airnow.gov>.

General Policy and Procedures

The Committee on Competitive Safeguards and Medical Aspects of Sports offers the following general guidance that Johns Hopkins University will follow when trying to make decisions about the appropriateness of practice or competition in degrading air quality situations. The athletic trainer is responsible for communicating to all athletics personnel and employing these guidelines, in the event an athletic trainer is not on site all athletics department personnel are expected to follow this policy. Weather will be monitored in advance of and during athletic events.

- Attentive monitoring of local AQI and associated air quality alerts, especially during times of extreme environmental conditions, is recommended. This monitoring is best performed by the athletic training staff
- Exposure should be managed more conservatively for student-athletes with pre-existing pulmonary or cardiac conditions, which may exacerbate the complications of these conditions and lead to an acute medical emergency.
- At AQI of 100 or higher, staff should consider removing sensitive athletes from outdoor practice or competition venues and should closely monitor all athletes for respiratory difficulty.
 - Reduce heavy or prolonged exertion in sensitive individuals.
- At AQIs of over 150, outdoor activities should be shortened, and exertion should be minimized by decreasing the intensity of activity.
 - Sensitive athletes should be moved indoors.
- At AQIs of 200 or above, serious consideration should be given to rescheduling the activity or moving it indoors.
 - Prolonged exposure and heavy exertion should be avoided.
 - Avoid all outdoor physical activity for sensitive individuals .
- At AQIs of 300 or above, outdoor activities should be moved indoors or canceled if indoor activity is not an option.

Extreme Heat Conditions

The Athletic Training Staff has developed a heat policy to minimize and prevent the risk of these heat related illnesses to Johns Hopkins University athletes, coaches, support staff, and fans. A member of the athletic training staff will monitor environmental conditions via Weather Sentry Online; temperature, humidity readings, heat index and wet bulb globe temperature (WBGT) gathered with the use of Weather Sentry Online – weather.dtn.com

General Policy and Procedures

In the event of extreme heat, guidelines in accordance with NCAA recommendations regarding exertional heat illness will be followed.

- Temperature, humidity, heat index, and WBGT will be monitored prior to the beginning of practice by use of Weather Sentry Online
- Reading will be measured and monitored every 45-60 minutes during practice (every 20-25 minutes if the reading is greater than 85 degrees)
- As heat index levels increase, practices will be adjusted accordingly
- Termination of practice will occur if the WBGT Reading is over 92.1 Degrees F.
- Practice Sessions are limited to 60 Minutes maximum when WBGT Reading is between 90.0---92.0 Degrees F.

Table 7.

WBGT READING	ACTIVITY GUIDELINES & REST BREAK GUIDELINES
Under 82.0	Normal activities--Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout
82.0 - 86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour of a minimum of four minutes duration each
87.0 - 89.9	Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each
90.0 - 92.0	Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20-minutes of rest breaks provided during the hour of practice
Over 92.1	No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT reading occurs

*Source: Corey Stringer Institute at University of Connecticut. Wet Bulb Globe Temperature (WBGT) Guidelines.

Modifications of Athletic Activities

The decision to modify and/or terminate a Johns Hopkins University athletic activity in the event of extreme heat should be made by a member of the JHU Athletic Training staff in consultation with the head coach.

- A member of the JHU Athletic Training Staff will monitor WBGT and/or heat index as measured on Weather Sentry Online.
- A member of the JHU Athletic Training staff will continually communicate with the head coach regarding WBGT and/or heat index
- When heat index is greater than 80 degrees, a member of the JHU Athletic Training staff will communicate with the head coach and make recommendations for activity modification and/or termination, if applicable.

Extreme Cold Conditions

Cold exposure is an unavoidable part of athletics. This is especially true for sports that compete outside during the fall and winter months. As temperatures drop, performance can become impaired and potentially create life- threatening conditions.

The JHU Athletic Training staff has developed a cold weather plan to minimize and prevent risk of injury from cold weather stresses to Johns Hopkins University student-athletes, coaches, support staff and fans. Cold weather conditions will be monitored through Weather Sentry Online. During cold weather conditions the athlete can be subject to the following:

- Wind Chill Factor - the effect wind has on our perception of cold
- Frostbite – freezing of the superficial tissue, usually of the face, ears, fingers, and toes.
- Hypothermia – a significant drop in body temperature occurs with rapid cooling, exhaustion, and energy depletion. The resulting failure of temperature-regulating mechanisms constitutes a medical emergency.

General Policy and Procedures

In the event of cold weather, guidelines in accordance with NCAA recommendations regarding cold weather exposure will be followed. A member of the JHU Athletic Training staff will monitor

the weather. That person will make the decision to suspend activity; in conjunction with the head coach. The decision to suspend activity will be based on:

- Air Temperature
- Wind Speed
- Precipitation

The following chart will be used in accordance with Weather Sentry Online:

Table 8.

Table 6:

		Temperature (°F)																		
		Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
Wind (mph)	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63	
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72	
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77	
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81	
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84	
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87	
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89	
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91	
	45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93	
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95	
	55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97	
	60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98	

Frostbite Times

30 minutes

10 minutes

5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})

Where, T= Air Temperature (°F) V= Wind Speed (mph)

Effective 11/01/01

Modifications of Athletic Activities

The decision to modify and/or terminate a Johns Hopkins University athletic activity in the event of extreme cold should be made by a member of the JHU Athletic Training staff; in consultation with the head coach.

- 30 degrees Fahrenheit and below: Be aware of the potential for cold injury and notify appropriate personnel of the potential.
- 25 degrees Fahrenheit and below: Provide additional protective clothing; cover as much exposed skin as practical; provide opportunities and facilities for re-warming.
- 15 degrees Fahrenheit and below: Consider modifying activity to limit exposure or to allow more frequent chances to re-warm.
- 0 degrees Fahrenheit and below: Consider terminating or rescheduling activity

Additional Procedures: Game Day Protest

The following procedures will be put into place in the event that a protest takes place before or during an athletic event in one of JHU athletics facilities.

Procedures:

- If disruption occurs on playing surface - JHU Game Administrator will direct teams and officials to their respective locker rooms immediately for their safety. PA announcement will be made at this time in regards to the stoppage of play.
- SID will call JHU Public Safety (6-4600) and alert them of the situation. They will also send a group text to the HSA Leadership Team which includes other campus resources (Jennifer Baker, Rachelle Hernandez, Jarron Jackson, Bob McLean and Jon Links)
- Game Administrator will address protesters and offer a reserved designated section in the spectator area of the facility. They will also clearly communicate to the protesters that if they stay on the playing surface - they are trespassing - which could result with them being removed from that area
- If protesters do not re-locate to designated area - JHU Public Safety (in consultation with the Incident Command team) will determine if requesting BPD is required - based on the participants behavior and their status as students vs non-affiliates
- PA announcement will be made again in regards to the stoppage of play - reminding all spectators that they are not allowed on the playing surface - additional announcements can be made if spectators need to clear the facility.
- Once required action is taken - determination will be made by Game Administrator and Officials on best course of action to continue the competition

Gameday Roles:

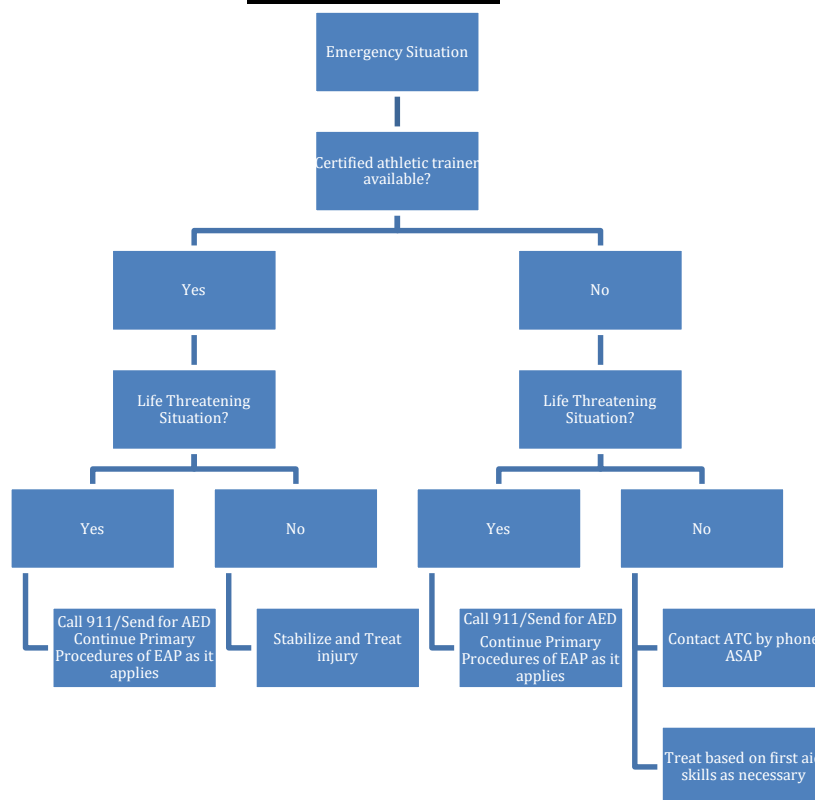
- Game Administrator
 - Preview situation with officials and visiting teams prior to competition
 - If protesters arrive to the facility as group - let the group know that we've reserved an area for them to utilize within the parameters of facility guidelines (prohibited items/activities)
 - Take lead on addressing situation and clearly communicate to all groups
- SID
 - Assist GA in communicating situation to JHU Public Safety & Campus Leadership
 - Stop broadcast if situation does arise - but continue to film to have record of the incident
- JHU Public Safety
 - Onsite - provide security presence and relay any concerns to GA
 - On Call - provide additional security if warranted based on situation and make determination on level of response
- HSA Leadership / JHU Facilities
 - Will be made aware of situation

Contacts:

- Rachelle Hernandez- 612-670-5924
- Jarron Jackson – 410-387-9513
- Bob McLean – 410-375-2080
- Jon Links – 410-292-5251

APPENDIX A: Johns Hopkins University Athletics Department: Emergency Action

Plan Flow Chart:



	Point of Contact	Phone Number (for mobile phones)	Extension (for JHU landlines)
Emergency (Life-Threatening)	Emergency	911	911
	On-Campus Police - Emergency Line	(410) 516-7777	6-7777
	Athletic Trainer	Erin Long: 301-580-6308 Tyler Golembrosky: 302-367-5830 Sarah Lagaz: 410-271-7106 Liz Koehling: 443-812-5653 Alexis Chilton: 603-465-1572 Chris Girken: 443-286-6813 Taylor Beam: 443-939-7573 Noah Sutker: 410- 660-7340 Morgan Keimig: 410-967-1807	6-7167
Non- Emergency (Minor Incidents)	On-Campus Public Safety - Non-Emergency Line (transport)	(410) 516-4600	6-4600
	Athletic Trainer	Erin Long: 301-580-6308 Tyler Golembrosky: 302-367-5830 Sarah Lagaz: 410-271-7106 Liz Koehling: 443-812-5653 Alexis Chilton: 603-465-1572 Chris Girken: 443-286-6813 Taylor Beam: 443-939-7573 Noah Sutker: 410- 660-7340 Morgan Keimig: 410-967-1807	6-7167
	Student Health and Well-Being: Primary Care	(410) 516-8270	6-8270

APPENDIX B: Suspected head and/or neck injury

What are various head and neck injuries?

- Cervical spine injury
- Concussion
- Skull Fracture
- Whiplash
- Strain/Sprain
- Brachial plexus injury

What are signs and symptoms of a cervical spine injury?

- Witnessing athlete who remains down or motionless
- Athlete reports loss of feeling or function in extremities
- Pain in cervical spine with or without palpation
- Cervical spine deformity

Recognition and Management:

- Recognize:
 - Unconsciousness or altered consciousness
 - Bilateral neurological complaints/findings
 - Significant cervical spine pain
 - Obvious spinal column deformity
- Immediately initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.
- Based on skills and training the following can be initiated:
 - Apply manual cervical spine stabilization throughout the entire process of care
 - Monitor vitals and level of consciousness throughout process
 - Realign cervical spine to neutral if possible
 - Removal of equipment (helmets, shoulder pads, etc)
 - Move athlete onto long spine board through log roll or lift and slide technique
 - Secure athletes head onto spine board

APPENDIX C: Suspected Cardiac Arrest

What is Cardiac Arrest?

- Cardiac arrest is the abrupt loss of heart function in a person who may or may not have been diagnosed with heart disease. Three in every 1,000 athletes may have an underlying heart disorder. It can come on suddenly, or in the wake of other symptoms. Cardiac arrest is often fatal, if appropriate steps aren't taken immediately. One in 40,000 college athletes dies each year from a cardiac emergency. The average EMS response time is 8-10 minutes and the chance of survival decreases 10 percent every minute after collapse. It is important to know the signs and symptoms, recognize, and activate the emergency action plan early during a cardiac arrest.

What are the signs and symptoms of Cardiac Arrest?

- While there are often no warning signs before Sudden Cardiac Arrest occurs, some of these symptoms may come before Sudden Cardiac Arrest:
 - Fatigue or weakness.
 - Shortness of breath.
 - Fainting.
 - Dizziness or lightheadedness.
 - Heart palpitations.
 - Chest pain.

Recognition and Management:

- Recognize:
 - Collapsed and unresponsive.
 - Gasping, gurgling, snorting, moaning or labored breathing noises.
 - Seizure-like activity.
 - A blow to the chest – baseballs, lacrosse balls, hockey pucks/balls to the chest can cause cardiac collapse.
- Immediately initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.

APPENDIX D: Suspected Heat illness and Heat Stroke

What is Heat Illness/Stroke?

- Training in hot and humid conditions is a necessary and unavoidable part of athletics. This is especially true for sports that compete in the fall. Heat stress and heat illnesses are very serious concerns when it comes to practicing in these conditions. During hot weather conditions, the student-athlete is subject to the following:
 - **Heat Cramps** – painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. The spasms may be more intense and more prolonged than are typical nighttime leg cramps. Fluid and electrolyte loss often contribute to heat cramps.
 - **Heat Syncope** –occurs when your body, in an effort to cool itself, causes the blood vessels to dilate to such an extent that blood flow to the brain is reduced, which can lead to fainting. Inadequate fluid replacement, which leads to dehydration, usually contributes greatly to this illness.
 - **Heat Exhaustion** –exposure to high temperatures, particularly when combined with high humidity, and strenuous physical activity. Any combination of heavy sweating, dehydration, sodium loss, and energy depletion resulting in inability to continue exercise.
 - **Heat Stroke** – This condition is life threatening and requires immediate medical attention. An elevated core temperature, usually greater than 104°F and central nervous system dysfunction such as altered behavior or decreased consciousness. Untreated heatstroke can quickly damage your brain, heart, kidneys and muscles. The damage worsens the longer treatment is delayed, increasing your risk of serious complications or death.

What are the signs and symptoms of Heat Illness/Stroke?

- **Heat Cramps**
 - Painful spasm
 - Pain with movement due to spasm
 - Muscle appear locked or intense flexing
- **Heat Syncope**
 - Dizziness
 - Increased Heart Rate
 - Weakness
 - Nausea/Vomiting
 - Fatigue
 - Fainting
- **Heat Exhaustion**
 - Increased Core Temperature
 - Muscle Cramps
 - Heavy Sweating
 - Weakness
 - Cool Moist Skin
 - Weak, Rapid Pulse
 - Dizziness
- **Heat Stroke**
 - Increased Core Temperature
 - Rapid and Shallow Breathing
 - Loss of Consciousness
 - Altered Mental/Behavioral State
 - Racing Heart Rate
 - Hot, Dry Skin
 - Decrease of Sweating

Recognition and Management:

- **Heat Cramps**
 - Remove athlete from activity and place into a cool or shaded area
 - Have and/or help athlete with some static stretching of the body parts that are being effected
 - Massage area with ice cup or give ice bag to help cool down temperature and/or spasm
 - Drink cool water and/or a sodium/electrolyte containing beverage (ie: Gatorade)
 - May return to activity when signs and symptoms resolve and ATC has deemed it safe for return to play
- **Heat Syncope**
 - Remove athlete from activity and place into a cool or shaded area
 - Treat for shock; elevate legs and place ice on major arteries (ie: arm pits, behind neck, under knees, etc.)
 - Monitor and record vitals (Pulse, Blood Pressure, Core Temperature)
 - Drink cool water and/or a sodium/electrolyte containing beverage (ie: Gatorade)
 - May return to activity when signs and symptoms resolve and ATC has deemed it safe for return to play. Should not return to same practice; but may return to a later practice on same day
- **Heat Exhaustion**
 - Remove athlete from activity and bring inside out of the heat to a cool shaded area.
 - Remove excess clothing or equipment (cleats, shoulder pads, helmet, shin guards, etc.)
 - Place athlete in a supine position, legs elevated to help with venous blood return. Monitor vitals (Pulse, Blood Pressure, Core Temperature via rectal temperature)
 - Begin further rapid body cooling; fans, ice towels, ice bags
 - Provide rehydration for the athlete; cool water, sodium/electrolyte containing beverage (ie: Gatorade). If needed call EMS for IV fluid replacement
 - If athlete is not responding to treatment within 10min should assume they are suffering from Heat Stroke. **Activate EAP for appropriate site and begin core temperature cool down by placing in Cold Tub**
 - Athlete may not return to activity until they have seen and been cleared by a JHU Sports Medicine Physician
- **Heat Stroke**
 - Immediately remove athlete from activity
 - Take rectal temperature and vitals
 - Remove excess clothing or equipment (cleats, shoulder pads, helmets, shin guards, etc.)
 - Place athlete into Cold Tubs located at the field or in the Athletic Training Room
 - Cold Tub Locations
 - Homewood Field: On the press box side in the Women's Bathroom Tunnel, on or about the 40yd line
 - Practice Field: Near the fence line closest to Bloomberg Building
 - Babb Field: Along the 1st baseline or in the Home Dugout
 - Athletic Training Room: In the Athletic Center in the Athletic Training Room 249 or Cordish Lacrosse Center
 - While in Cold Tub. Begin monitor vitals (core temperature via rectal thermometer, pulse, blood pressure) every 10 minutes
 - **Activate EAP for appropriate site;** Athlete may not return to play until they have seen and been cleared by a JHU Team Physician

APPENDIX E: Suspected Rhabdomyolysis

What is Rhabdomyolysis?

- Rhabdomyolysis is a rare but serious and potentially life threatening condition. This occurs when there is an excessive breakdown of muscle fiber. The primary causes are crush injuries, obstruction of blood supply to muscles, electrical shock, extreme body temperatures, and excessive muscle strain. The most common form of rhabdomyolysis found in the athletic population is known as Exertional Rhabdomyolysis. This is most commonly caused by intense exercise with a strong eccentric component in which the athlete is not physically ready to perform. This combined with other risk factors such as dehydration, high temperature weather, altitude, and sickle cell trait can be lethal. The condition that occurs as a result of rhabdomyolysis is acute renal failure, which can lead to death.

What are the signs and symptoms of Rhabdomyolysis?

- While rhabdomyolysis can be secondary to other conditions, it can occur alone. This following are the common symptoms that can occur:
 - Delayed-onset muscle soreness or excessive muscle tenderness/pain
 - Excessive muscle swelling
 - Possible compartment syndrome
 - Reported tea/brown colored urine

Recognition and Management:

- Recognize:
 - Risk Factors:
 - Sickle cell trait
 - Within the first two days of two-a-day practices
 - Unconditioned athlete
 - High temperature weather and/or dehydration risk
 - Un-acclimatized athlete
 - Push through the pain mentality
 - Intense eccentric load activity
 - Take a strong history that should question:
 - Their activity level and type
 - Their conditioning level
 - Urine color
 - If they suffered any acute crush type trauma
- When to refer?
 - Patient reports:
 - Extreme exercise load, especially with eccentric component
 - Tea/brown color urine
 - Excessive muscle soreness, pain, and/or swelling
- If patient has means to be transported without EMS activation they should be referred immediately to emergency care for testing and determination if hospitalization is needed.
- If the patient does not qualify for the previous scenario EMS should be activated through primary procedures and 911/life threatening primary procedures should be activated if potential secondary condition may be involved.

APPENDIX F: Suspected Sickie Cell Episode

What is Sickie Cell Trait?

- During intense exercise, red blood cells containing the sickie trait can change shape from round to quarter-moon, or “sickie.”
- Sickied red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles.
- Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickie cell trait, even when exercise is not intense.
- Athletes with sickie cell trait should not be excluded from participation as precautions can be put into place.

What are precautions and signs/symptoms of Sickie Cell Trait?

- Build up slowly in training with paced progressions, allowing longer periods of rest and recovery between repetitions for student-athletes with sickie cell trait.
- Athletes with sickie cell trait should be given alternatives for performance tests such as mile runs, serial sprints, etc.
- Allow athletes with sickie-trait to set their own pace
- Stoppage of activity with onset of symptoms including muscle ‘cramping’, pain, swelling, weakness, tenderness, inability to “catch breath”, fatigue.
- Ambient heat stress, dehydration, asthma, illness, and altitude predispose the athlete with sickie trait to an onset of an episode in physical exertion
 - Adjust work/rest cycles for environmental heat stress
 - Emphasize hydration
 - Control asthma
 - No workout if an athlete with sickie trait is ill
- Create an environment that encourages athletes with sickie cell trait to report any symptoms immediately;
- Any signs or symptoms such as fatigue, difficulty breathing, leg or low back pain, or leg or low back cramping in an athlete with sickie cell trait should be assumed to be sickling.

Recognition and Management:

- In the event of a sickie cell crisis, treat it as a medical emergency by doing the following:
 - Check and monitor vital signs.
 - Cool the athlete, if necessary.
 - If the athlete becomes more incoherent or if vital signs decline, immediately initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.
 - If trained and accessible, administer high-flow oxygen (if available), with a non-rebreather face mask.

APPENDIX G: Suspected Diabetic Emergency

What is a Diabetic Emergency?

- Diabetes is a lifelong medical condition in which the body is unable to produce or use insulin effectively. Insulin is a chemical made by the pancreas that regulates the blood sugar levels in the body.
- There are two types of diabetes: Type 1 also known as insulin dependent diabetes and Type 2-non insulin dependent diabetes.
 - Type 1 is characterized by the body's inability to produce insulin which is needed for the proper use and storage of carbohydrates
 - Type 2 is the body's inability to use insulin effectively because of a combination of resistance to insulin as well as an decreased insulin production
- Each individual diagnosed with diabetes should have an individualized care plan, which includes monitoring glucose levels, insulin guidelines, list of medications, treatment guidelines for hypoglycemia and hyperglycemia, and emergency contact information.
- If someone's blood sugar levels become too high (hyperglycemia) or too low (hypoglycemia), this is considered a medical emergency. If symptoms are not treated immediately, diabetic coma can occur.

What are the signs and symptoms of Diabetes?

- Increased urination
- Excessive thirst
- Persistent hunger
- Weight loss
- Blurred vision
- Hypoglycemia-low blood sugar
 - Palpitations
 - Increased heart rate
 - Anxiety
 - Hyperventilation
 - Blurred vision
 - Shakiness
 - Cold, clammy skin with sweating
 - Nausea
 - Slurred speech
 - Inappropriate behavior
 - Weakness
 - Confusion
 - Headaches
 - Hunger
- Hyperglycemia-high blood sugar
 - Warm, dry skin
 - Low blood pressure
 - Increased urination
 - Excessive thirst
 - Fruity sweet breath
 - Hyperventilation
 - Nausea
 - Elevated blood sugar

Possible causes of hypoglycemia:

- Too much insulin
- Not enough food
- Exercise more than you normally do

Possible causes of hyperglycemia:

- Skipping or forgetting to take insulin or oral glucose-lowering medication
- Eating the wrong foods
- Eating too much
- Infection/Illness
- Increased stress
- Decreased activity

Recognition and management of hypoglycemia emergency:

- Give patient 10-15 grams of carbohydrates: 4-8 tablets of glucose (gel or tablet) or any blood sugar increasing supplement (examples: hard candy, orange juice, regular soda, cake icing, honey) then measure blood glucose level.
- Wait approximately 15 minutes then reassess blood glucose level.
- If levels remain low, give patient another 10-15 grams of carbohydrates. Reassess blood glucose levels again and if levels remain below normal after second dosage of carbohydrate, initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.
- If patient is unable to swallow, follow directions, get as directed or unconscious at any moment, initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.
 - If a trained medical professional is available, glucagon may be administered

Recognition and management of hyperglycemia emergency:

- When a trained medical professional is available, insulin should be administered into the subcutaneous tissue (abdomen, upper thigh, or upper arms)
- If patient is not responding to treatment, initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.

APPENDIX H: Suspected Asthmatic Emergency

What is asthma?

- A pulmonary disorder in which your airways narrow, swell, and produce extra mucous. This disorder can make breathing difficult and trigger coughing, wheezing and shortness of breath.
- Asthma is not a curable condition but its symptoms can be controlled.
- Asthma can affect individuals regardless of sex, age, or socioeconomic status
- Those diagnosed with asthma should be familiar with the type of medication they are prescribed/when to use it as well as any triggers that may cause an asthma attack.

What are signs and symptoms of asthma?

- Difficult or labored breathing; shortness of breath
- Chest tightness
- Fatigue
- Anxiety
- Coughing
- Wheezing sound when exhaling
- Panting speech
- Increased heart rate
- Limitation of physical activity due to breathing difficulty

Recognition and Management:

- Recognize the following triggers of asthma:
 - Allergens
 - Smoke
 - Environmental pollutants
 - Infection
 - Cold or dry air
 - Emotional state (stress and anxiety)
 - Exercise
- Instruct athlete to sit, take deep breaths, exhale through pursed lips, and keep them calm
- Perform peak flow meter and record measurements if applicable and trained
- If athlete has a prescribed a quick relief inhaler (i.e Albuterol) by a physician, assist them using it. Reassess peak flow meter after treatment
- Initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care if patient continues to have the following:
 - Symptoms do not improve after using quick relief inhaler
 - Breathing is worsening
 - Peak flow meter worsens after a treatment or less than 50% of your personal best
 - Feeling drowsy
- Athlete may not return to play until they have been seen and medically cleared by a JHU Team Physician

APPENDIX I: Suspected Exertional and Non-Exertional Collapse

What is an exertional and non-exertional collapse?

- Collapses can occur in the midst of competition, during practice, or at the completion of long endurance races. Often the cause is benign and the athlete recovers quickly and completely. However, in a small number of cases, collapse is caused by a serious or life-threatening medical condition or by traumatic injury.
 - **Pre-syncope:** is the feeling that you are about to faint.
 - **Syncope:** the medical term for fainting/blacking out, is traditionally characterized by a sudden and temporary loss of consciousness (with spontaneous recovery) caused by insufficient oxygen delivery to the brain
- Athletic injury is typically either direct (traumatic), or indirect (non-exertional/exertional)
- **Exertional Collapse- Exercise Associated Collapse:** Exercise-associated collapse in conscious athletes who are unable to stand or walk unaided as a result of light headedness, faintness and dizziness or syncope causing a collapse that occurs after completion of an exertional event or stopping exercise.
 - Important risk factors to be mindful of in the event/treatment of an exertional collapse:
 - Race/competition duration
 - Weather/Temperature
 - Gender
 - Nutrition and/or hydration status
- **Non-Exertional Collapse – Vasovagal Collapse:** Vasovagal syncope (sudden drop in heart rate and blood pressure) is a common cause of recurrent, non-exertional syncope.
 - Clinically, these episodes may present as an isolated event with an identifiable trigger of either positional (i.e. standing up after long period of time seated or standing for long periods of time) or emotional response (i.e. sight of blood or distress/trauma).

What are signs and symptoms of exertional and non-exertional collapse?

- Dizziness
- Weakness
- Cold, clammy sweat
- Nausea/Vomiting
- Pallor appearance
- Fatigue
- Fainting
- Loss of Consciousness
- Tunnel/Blurred Vision
- Headache

Recognition and Management:

- Recognize whether the athlete is responsive or unresponsive

- If the athlete is responsive begin the following:
 - Monitor vital signs (i.e. breathing, pulse)
 - Elevate legs 6 to 12 inches off ground/above heart level
 - Loosen belts, collars or other constrictive clothing
 - Reassure the athlete- verbal commands, control breath
 - To reduce the chance of fainting again, don't get the person up too quickly
 - Offer oral rehydration
 - Contact your athletic trainer as soon as possible to inform them of the injury.
- If the athlete is unresponsive or becomes unresponsive:
 - **No pulse/Not breathing**
 - Initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.
 - **Has pulse/breathing**
 - Continue to monitor vital signs
 - If athlete is still unresponsive after 1 min – Initiate Emergency Action Plan for the appropriate site in order to have early access to 911, CPR, AED, and Advanced Care.
 - Continue to hold patient stable until EMS arrives

Revision History

Date	Name	Title	Edits Made
4/10/20	Erin Long	Director of Sports Performance	Document created and finalized
4/20/20	Erin Long	Director of Sports Performance	Edited wording in portions of Heat Illness and Sickle Cell Episode
Spring 2021	Erin Long	Director of Sports Performance	Updated for construction
8/2/21	Erin Long	Director of Sports Performance	Updated title
3/15/22	Erin Long	Director of Sports Performance	Removed construction update and “batting cage” label
7/29/22	Erin Long	Director of Sports Performance	Updated Contact information
6/27/23	Erin Long	Director of Sports Performance	Updated Contact Information, titles, and AED locations
7/12/23	Erin Long	Director of Sports Performance	Added Air Quality to weather portion and outdoor AED locations
9/20/23	Erin Long	Director of Sports Performance	Confirmed new outdoor AED Locations
7/3/24	Erin Long	Director of Sports Performance	Updated language related to resources
2/20/25	Erin Long	Director of Sports Performance	Updated AED locations in rec center
7/8/25	Erin Long	Director of Sports Performance	Updated temporary entrances and AED locations