

GORE PUBLIC SCHOOL

Emergency Operations Plan

RILEY BOATWRIGHT ACT LAW ANNEX

HOME OF THE PIRATES!



OKLAHOMA
Education

RILEY BOATWRIGHT ACT

The following information is taken from [SB 1198, 2020 under 70 O.S. § 27-104](#)

SUBJECT: Creating the Riley Boatwright Act

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 27-104 of Title 70, unless there is created a duplication in numbering, reads as follows:

- A. This act shall be known and may be cited as the “Riley Boatwright Act”.
- B. *Prior to the beginning of the 2020-2021 school year, each school district board of education shall coordinate with the emergency medical services provider that serves the area in which the school district is located to develop a plan for the provision ENR. S. B. NO. 1198 Page 2 of emergency medical services at athletic events or activities held at school district facilities.*
- C. *The plan developed pursuant to subsection B of this section shall be reviewed and updated annually as appropriate and placed on file with the school district and the emergency medical services provider. SECTION 2. This act shall become effective July 1, 2020.*

GORE PUBLIC SCHOOLS

RILEY BOATWRIGHT ACT COMPLIANCE

GORE PUBLIC SCHOOLS has developed a plan for emergencies at all school events. The district has collaborated with the local/responding EMT, Pafford EMS, Vian Station. (911)

GORE Schools' Athletic Medical Emergency Plan

Introduction

Emergency situations may arise at any time during athletic events. Immediate action is necessary to provide the best possible care for participants. Having an established plan reduces confusion, provides for a more expedient response, and ultimately promotes the best outcomes for students and their families.

Components of a Plan

1. Emergency - What constitutes an Emergency?
2. Personnel - Who will be involved and What is their role?
3. Communication - Calling 911: Who and When?
4. Venue Specific - Where to go and How to get in.

Emergency

An emergency is the need for emergency medical services to provide evaluation and/or transportation of an athlete. It is important to provide coordination between school staff to provide the most effective response. While it is impossible to anticipate every situation which might occur, staff should always err on the side of student safety. Situations where 911 should *always* be called are when an athlete:

- is not breathing
- has lost consciousness
- has a suspected neck or back injury
- has an open fracture (bone through the skin)
- has severe heat exhaustion or heat stroke
- has severe bleeding that cannot be stopped
- has any condition which staff feel is a concern and beyond their ability to treat

Personnel

There are two aspects to the personnel component. The Chain of Command and the Medical Responders. While a school administrator may be in command of the situation, coaches and student athletic trainers may be the staff rendering care to the athlete. Those in the chain of command should always give due regard to the information received from those Medical Responders rendering care.

The determination of an emergency and the initial activation of this plan should always occur from someone who is with the athlete. While duties may be designated which occur away from the immediate emergency once the plan has been activated, the initial call should come from someone who is *with* the injured athlete.

The Chain of Command for Athletic Medical Emergencies for Gore Schools is:

- Administrator-Parent, if a student.
- Head Coach
- Athletic Director
- Assistant Coach
- Student Athletic Trainers
- Other Athletes

While chain of command may differ for other aspects of the school response such as public information, this is specific to decisions made for the medical response and the medical well-being of the athlete. To avoid confusion there must be a designated individual in charge to make decisions about the care the athlete receives.

Communication

Communication is essential for a prompt response during emergencies. Staff and EMS providers must work together to provide the best emergency response capability possible for athletes.

Once the decision has been made to call for EMS an administrator or A.D. should be told to call 911. This is a cornerstone of ensuring an action takes place. The statement, "Someone call 911," may leave room for the thought that someone else is already doing it. By the person making the decision to call 911 giving the instructions to a specific individual, this ensures the call takes place immediately.

Whenever possible the individual calling 911 should be both familiar with the venue specific emergency plan and with the patient. Having someone familiar with the venue specific plan allows for them to relay accurate access instructions to the dispatcher and having the caller with the injured athlete allows the most accurate information to be relayed to the dispatcher.

There should always be a staff member present at all events which has a copy of the emergency contact list for each student.

Venue Specific Plans

Below is attached site specific instructions for the different Sample town Schools facilities which host athletic events. While staff should be familiar with the entirety of this plan, a copy of the venue specific plan should always be present at events held at that location. Each venue should have its plans reviewed with staff to ensure the correct access points and equipment location is known.

Gore Schools Athletic Medical Emergency Plan High School Football Field-Softball Field-Event Center

Stadium Drive-1200 North Highway 10
Gore, Ok. 74435

Emergency Personnel: Coaches, On Duty Administrator,

Emergency Communication: Cell phones. A landline phone is in the Coaches' Office under the West Bleachers and in the Concessions Stand at the event center SE corner.

Location of AEDs:

1. Home side of EC arena seating.

Emergency Instructions:

1. Establish scene safety and provide immediate care for injured athlete
2. Activate Emergency Medical Services (EMS)
 - a. Dial 911
 - b. Give a phone number and address of location: 1200 North Highway 10, Gore, Ok. Stadium Drive.
 - c. Give a brief description of the injury/condition
 - d. Provide specific access instructions: Turn into the campus at the West end of the main building paralleling state highway 10. EMS will be met there by a staff member for directions.
 - e. Follow any other instructions from the Emergency Medical Dispatcher
3. Direct specific individuals to meet and direct EMS, unlock doors, open gates, etc.
4. Continue providing care to athlete to highest level possible.
5. Contact Parent
6. Contact Administration

Emergency Phone Numbers

Gore Police Department 911 or 918/489/5963	EMS – Emergency 911	Sheriff Department: 918/775/9155
Gore Fire Department 911	Athletic Director 918/284/3934	Principal 918/869/8620
Superintendent: 918/315/2528		

***Gore High Schools Athletic Medical Emergency Plan
Event Center***

Stadium Drive-1200 North Highway 10
Gore, Ok. 74435

Emergency Personnel: On Duty Administrator,
Emergency Communication: Cell phones. Landline phones are in the main basketball offices end of arena and in football coaches' room South side.

Location of AEDs:

1. SE end of the arena at lobby/arena doorway

Emergency Instructions:

1. Establish scene safety and provide immediate care for injured athlete
2. Activate Emergency Medical Services (EMS)
 - a. Dial 911
 - b. Give a phone number and address of location: Stadium Drive-1200 North Highway 10
Gore, Ok. 74435
 - c. Give a brief description of the injury/condition
 - d. Provide specific access instructions: Turn into the campus at the West end of the main building paralleling state highway 10. EMS will be met there by a staff member for directions.
 - e. Follow any other instructions from the Emergency Medical Dispatcher
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- Staff trained as First Responders until said Emergency Medical Service Providers arrive.
- Even without a licensed First Responder/EMR team, consider creating an Emergency Response Team with CPR trained staff who are familiar with school medical emergency plans.
- Submit a list of all school activities to responders (including location)
- Meet face-to-face with the local EMS agency to discuss expectations and access to facilities. Give a copy of this plan and any venue specific plans to the EMS agency.
 - Giving the plan directly to EMS during a meeting also helps ensure compliance with [Paragraph C](#) of OKLAHOMA STATE DEPARTMENT OF HEALTH 310:641-5-20. Many schools, public agencies, and corporations require that every year their emergency plan is shared with public safety. EMS receives dozens to hundreds of mailed copies of plans each year, so direct contact will cause EMS to give the plan more careful consideration.
- Train staff in the use of AED and location of such.
 - Make a plan to check and replace batteries and pads as needed Responsible--AD for each athletic facility.
- Make a loud-speaker announcement of school safety procedures prior to the event
- Print emergency response information on back of athletic programs
- Name a safety officer to be in attendance and on duty at each event
- Utilize RAVE panic button to contact 911 during an emergency
 - Always ensure one person who is with the patient calls 911. Having someone with the patient talk to EMS can ensure the *right* (Advanced Life Support vs Basic Life Support) help arrives. In many jurisdictions' dispatchers are also trained Emergency Medical Dispatchers and can talk callers through immediate life-saving interventions.
- Assign responsibilities to certain staff (ICS)-provide yellow safety vest to safety staff and walkie talkies or other communication devices
- Staff to Start CPR, if necessary, until EMT arrives
- Designate parties to direct ambulances or emergency vehicles
 - Think through how an ambulance and stretcher can get to each sporting venue. Circuitous routes to a service entrance may be confusing for responders unfamiliar with the facility. Cart paths and walkways may not hold up under the weight or an ambulance and wet/muddy conditions may prevent access through the grass.
- Relocate home and visiting teams to PREDETERIMED safe location
- ASSIGN someone to supervise and direct spectators as needed
- Encourage each coach to review these guidelines before taking the field or floor

- Encouraged to always have a staff member/coach present that has access to student family contact list, and medical information/allergies. (Medical Info would possibly need a legal look. HIPAA laws protect medical privacy, but I think most athletes sign a disclosure to schools allowing use of certain information)
- Have a list of Always Call Conditions: Everyone knows those few, rare instances where an ambulance is definitely needed, but there are some injuries that staff may ask “Is this serious enough?” Having a short list can give staff more confidence in making the call and not cause an unnecessary delay.

Examples may be when an athlete:

- Has lost consciousness
- Is not breathing
- has an open fracture (bone sticking out)
- has a suspected neck or back injury
- has severe bleeding that cannot be stopped
- has severe heat exhaustion or heat stroke
- any condition which makes the staff member feel uncomfortable (it is safer to call, then the athlete or parent can refuse care, than to not call)

OKLAHOMA STATE DEPARTMENT OF HEALTH 310:641-5-20.

Scope of practice authorized by certification or licensure

- a. The Department shall establish a scope of practice for each certificate and license level.
- b. The medical control physician may limit an individual certificate or license holder's scope of practice.
- c. Certified and licensed emergency medical personnel may perform authorized skills and procedures when authorized by medical control. When emergency medical personnel are without medical control, the scope of practice for any level of emergency medical personnel is limited to first aid, CPR, and the use of the AED.
- d. Certified Emergency Medical Responders may perform to the following level or within this scope of practice:
 - 1) patient assessment, including the determination of vital signs, and triage,
 - 2) oxygen administration and airway management,
 - 3) basic wound management, including hemorrhage controls to include the use of tourniquets; treatment of shock,
 - 4) cardiopulmonary resuscitation (CPR) and the use of only adjunctive airway devices and the use of a semi-automated external defibrillator (SAED),
 - 5) splinting of suspected fractures;
 - 6) rescue and extrication procedures,
 - 7) assistance of patient prescribed medications including sublingual nitroglycerin, epinephrine auto-injector and hand-held aerosol inhalers,
 - 8) administration of agency supplied oral glucose, activated charcoal, aspirin, agency supplied epinephrine auto injector, albuterol or approved substitute per medical direction, and nasally administered or atomized naloxone,
 - 9) such other emergency medical care skills and measures included in the instructional guidelines adopted by the Department, and,
 - 10) upon the approval of the Department additional skills may be authorized upon the written request of a local medical director

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