



DODGEVILLE ATHLETICS: MEDICAL EMERGENCY ACTION PLAN



Dodgeville Athletics, in collaboration with Upland Hills Health- Sports Medicine Staff, has developed an emergency action plan (EAP) that should be followed should a medical emergency occur during school sponsored athletic activities. A medical emergency is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an individual to the hospital. This guide is intended to delineate roles and outline the protocol to be followed during an emergency. All coaches and involved staff should be familiar with this document and their roles in the event this plan is activated. Direct any questions to the licensed athletic trainer (LAT), or to the Athletic Director (AD) in the absence of the athletic trainer.

Situations to Call (911):

- Impaired airway, breathing, or circulation
- Loss of consciousness or Impaired level of consciousness
- Suspected spinal cord injury or severe injury to neck / back
- Open fracture (bone has punctured through the skin) or suspected fracture with obvious deformity.
- Joint dislocation (shoulder, elbow, hip, knee, ankle)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped

Chain of Command

1. Athletic Trainer (or Sports Med Staff)
2. Head Coach
3. Athletic Director
4. Assistant Coach

*When available, School Nurse &/or Resource Officer follow Athletic Trainer in Chain of Command

Chain of Command Roles:

1. Leader
2. Caller
3. Runner
4. Informant

Once it has been decided that EMS should be called, the following protocol should be followed:

1. **Leader:**
 - Determine if 911 should be called, and instruct others how they may help.
 - Stay with the athlete, monitor and provide necessary first-aid /emergency care within scope.
2. **Caller:**
 - Call 911/EMS, provide location and details of the emergency. *See example script on next page.*
 - Remain on the phone until EMS arrives. Assist in obtaining necessary emergency equipment.
3. **Runner:**
 - Reports to designated entrances between where the athlete and the event venue.
 - Assist in directing the ambulance to the emergency scene.
4. **Informant:**
 - **During an event:** Notify the event coordinator and announcer that the EAP has been activated. Have them announce that spectators should remain in stands and that EMS has been called.
 - Obtain the athlete’s registration / emergency contact form and contact athlete’s parents.

***Athlete Emergency Contact Information & Registration Form:** Found in the main office, athletic training room, and the medical kit. The LAT, coaches and designated individuals should have with them at all times. If a parent is not present, the form should accompany the athlete to the hospital.

MEDICAL EMERGENCY EVACUATION PLAN

In the event of an emergency evacuation for any athletics or activities taking place in the following facilities, the following action items will take place.

Dodgeville High School Upper Gym

- Event staff and/or supervisors will help communicate the exits via PA system, megaphone, or vocally.
- Event staff and/or supervisors will help evacuate everyone safely out the exit doors

Dodgeville High School Lower Gym

- Event staff and/or supervisors will help communicate the exits via PA system, megaphone, or vocally.
- Event staff and/or supervisors will help evacuate everyone safely out the exit doors

Dodgeville High School Athletic Space

- Event staff and/or supervisors will help communicate the exits via PA system, megaphone, or vocally.
- Event staff and/or supervisors will help evacuate everyone safely out the exit doors

Dodgeville Middle School Gym

- Event staff and/or supervisors will help communicate the exits via PA system, megaphone, or vocally.
- Event staff and/or supervisors will help evacuate everyone safely out the exit doors

Dodgeville Elementary School Big Gym

- Event staff and/or supervisors will help communicate the exits via PA system, megaphone, or vocally.
- Event staff and/or supervisors will help evacuate everyone safely out the exit doors

Megaphone and Walkie Talkies - The Athletic Department has a megaphone and walkie-talkies readily available in case of an emergency. Both items are located in the DHS lower gym Athletic Department office.

Event staff will have access to Athletic Department offices, equipment storage rooms, and A/V cart access for the PA system with sound controls.

MEDICAL EMERGENCY ACTION PLAN

HIGH SCHOOL UPPER GYM

912 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT:

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL:

Instruct:

- My name is _____, please report to the **Gym at Dodgeville High School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **912 W Chapel Street, Dodgeville, WI 53533**.
- Please have **EMS enter the Main High School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL:

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -unless parent requests otherwise.

Emergency Signals:

EMS: Raised, clenched fist (for football use radio)

AED: Clenched fist over chest

Splints: Hand to lower leg/thigh

Safety Locations:

Severe Weather: Move all individuals from the gym to the lower commons or locker rooms.

Criminal Activity Lock Down: Report to locker room until directed by police or school administration.

MEDICAL EMERGENCY ACTION PLAN

HIGH SCHOOL LOWER GYM & ATHLETIC SPACE

912 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Lower Gym at Dodgeville High School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **912 W Chapel Street, Dodgeville, WI 53533**.
- Please have EMS enter the **Main High School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed.

*Athlete will be transported to **Upland Hills Health** -unless parent requests otherwise.

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

MEDICAL EMERGENCY ACTION PLAN

HIGH SCHOOL STADIUM

912 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use the cell phone of AT or Coach.

PERSONNEL ROLES:

<p>Leader: (<i>AT or Head Coach</i>)</p> <ol style="list-style-type: none"> 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care 	<p>Caller: (<i>Head Coach, Assistant Coach or AD</i>)</p> <ol style="list-style-type: none"> 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
<p>Runner: (<i>Assistant Coach or AD</i>)</p> <ol style="list-style-type: none"> 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete 	<p>Informant: (<i>AD or Assistant Coach</i>)</p> <ol style="list-style-type: none"> 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT:

- **AT / Medical Kit:** Sideline
- **AED:** Sideline if AT is covering event
 - **High School:** Cafeteria & Library
 - **Middle School:** Cafeteria
- **Vacuum Splints:** Side Line or in AT Room
- **Emergency Bag:** Sideline
- **Inhaler:** Medical Kit- *if individually prescribed*
- **Epi-Pen:** Medical Kit- *if individually prescribed*
- **Crutches:** AT Room or Sideline
- **Wheel Chair:** AT Room

EMS CALL

Instruct:

- My name is _____, please report to the Stadium (Game Field) at Dodgeville High School. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **912 W Chapel Street, Dodgeville, WI 53533.**
- Please have **EMS enter the High School Main Parking Lot.** There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed.

*Athletes will be transported to Upland Hills Health -unless parent requests otherwise.

<p>Emergency Signals:</p> <p>EMS: Raised, clenched fist (for football use radio)</p> <p>AED: Clenched fist over chest</p> <p>Splints: Hand to lower leg/thigh</p>	<p>Safety Locations:</p> <p>Severe Weather: Move all individuals from the gym to the lower commons or locker rooms.</p> <p>Criminal Activity Lock Down: Report to locker room until directed by police or school administration.</p>
---	---



High School-Stadium

EMS enter High School Parking Lot. Follow Paved path to North end of Field.

MEDICAL EMERGENCY ACTION PLAN

HIGH SCHOOL TRACK AND PRACTICE FOOTBALL FIELD

912 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Track / Practice field at Dodgeville High School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **912 W Chapel Street, Dodgeville, WI 53533**.
- Please have **EMS enter the District Administration Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -unless parent requests otherwise.

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--



High School-
Track and Football
Practice Field

EMS enter
District
Administration
Parking Lot.
Follow to shed.

MEDICAL EMERGENCY ACTION PLAN

SOCCKER PRACTICE FIELD

951 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the Soccer Practice Field at Dodgeville Middle School. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **951 W Chapel Street, Dodgeville, WI 53533.**
- Please have EMS enter the Middle School Parking Lot. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

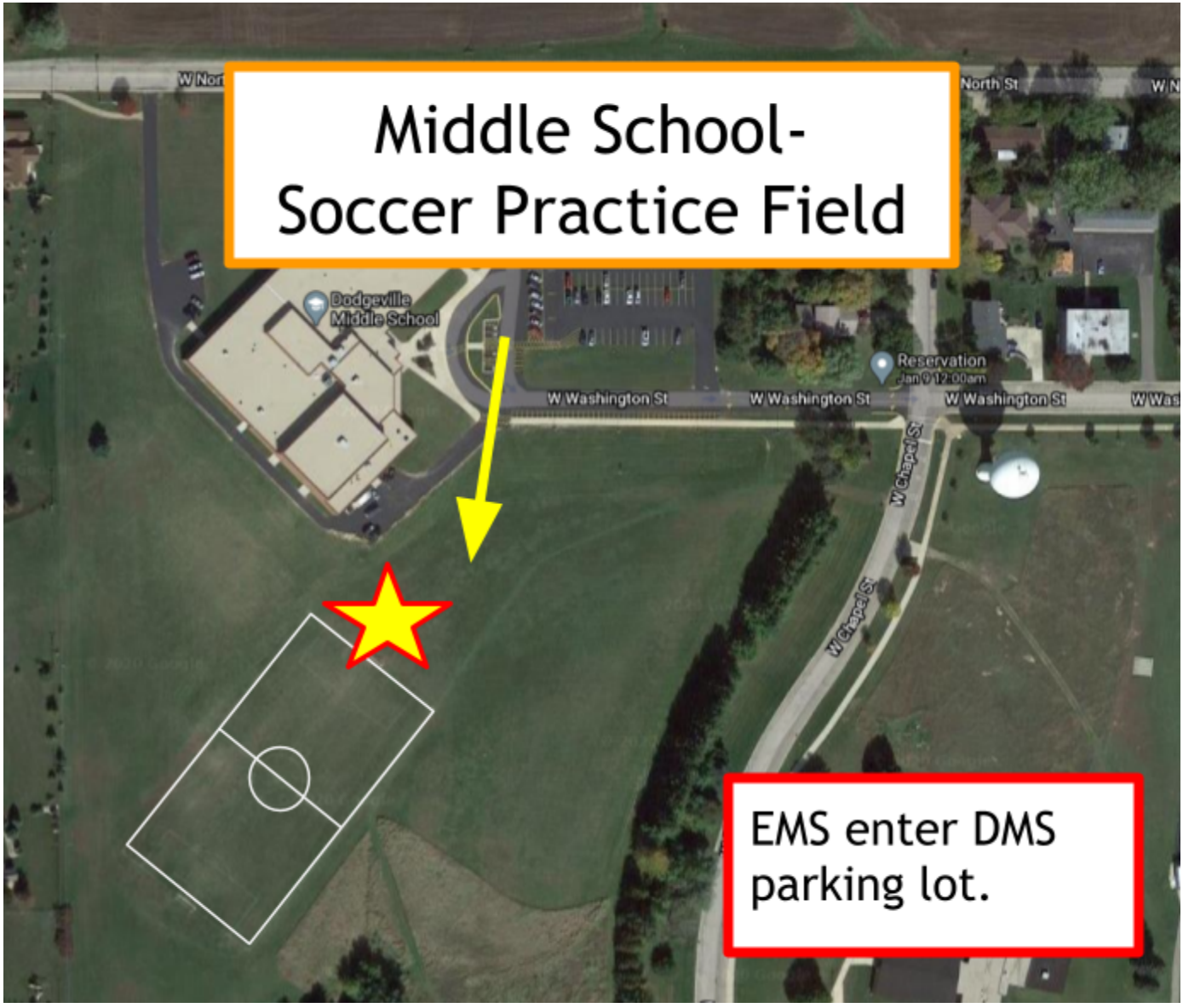
EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to Upland Hills Health -unless parent requests otherwise.

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

Middle School- Soccer Practice Field



EMS enter DMS
parking lot.

MEDICAL EMERGENCY ACTION PLAN

HIGH SCHOOL WRESTLING ROOM / MAT ROOM

912 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT:

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Wrestling Room** at **Dodgeville High School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **912 W Chapel Street, Dodgeville, WI 53533.**
- Please have **EMS enter the Main High School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -*unless parent requests otherwise.*

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

MEDICAL EMERGENCY ACTION PLAN

HIGH SCHOOL FITNESS CENTER

912 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Fitness Center at Dodgeville High School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **912 W Chapel Street, Dodgeville, WI 53533**.
- Please have **EMS enter the Main High School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -unless parent requests otherwise.

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

MEDICAL EMERGENCY ACTION PLAN

HARRIS PARK -ATHLETICS FIELD

600 N Bennett Rd. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Athletic Field at Harris Park**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **600 N Bennett Rd., Dodgeville, WI 53533**.
- Please have EMS enter the **Gravel Parking Lot via Elliot St**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

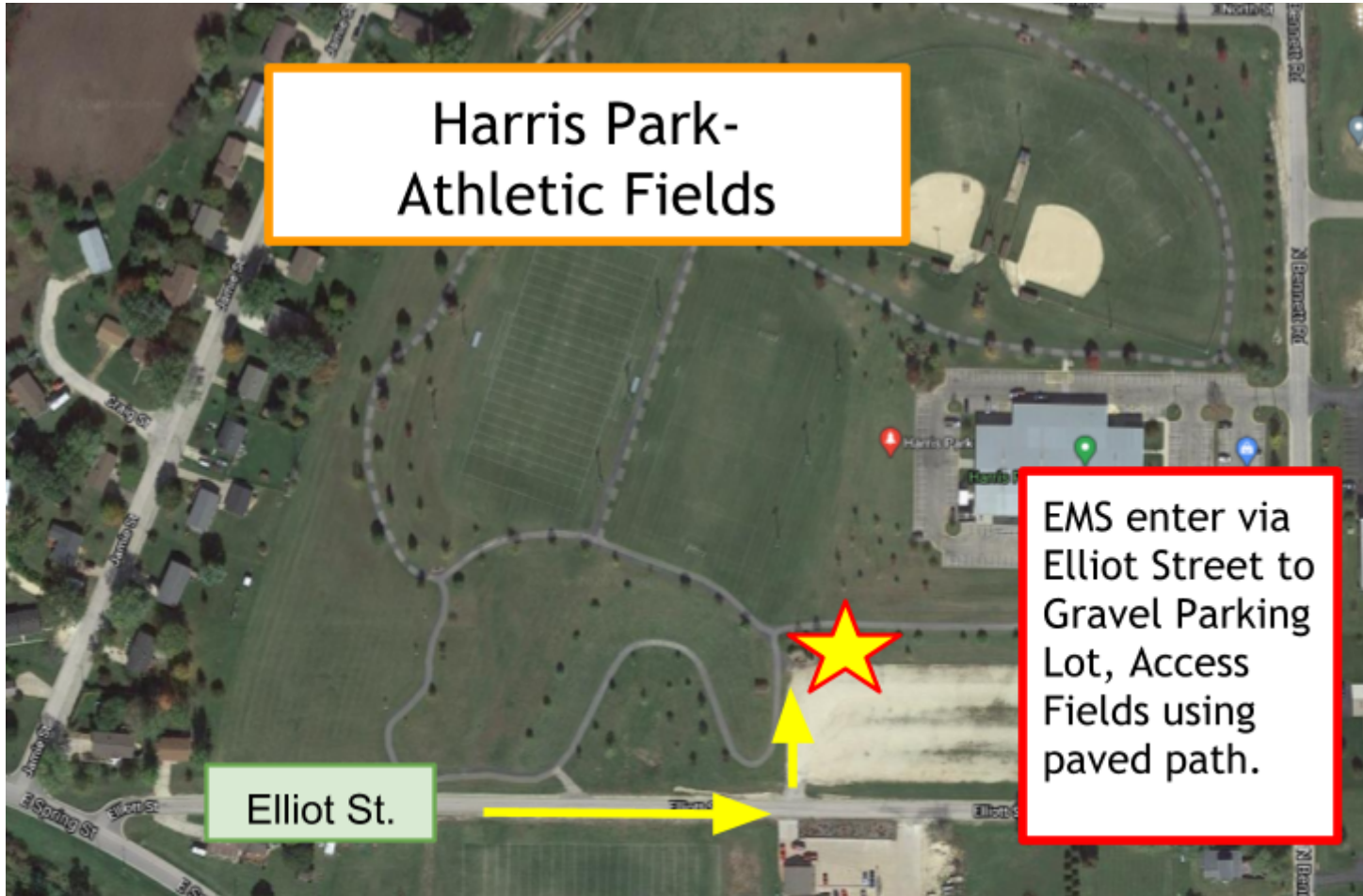
***Athlete will be transported to Upland Hills Health -unless parent requests otherwise.**

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

Harris Park- Athletic Fields

EMS enter via
Elliot Street to
Gravel Parking
Lot, Access
Fields using
paved path.

Elliot St.



MEDICAL EMERGENCY ACTION PLAN

CENTENNIAL PARK - BASEBALL DIAMOND
501 S Dacotah St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Baseball Diamond at Centennial Park**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **501 S Dacotah St, Dodgeville, WI 53533**.
- Please have EMS Enter via **Polk St**. There will be someone there to flag the ambulance.

Provide Information:

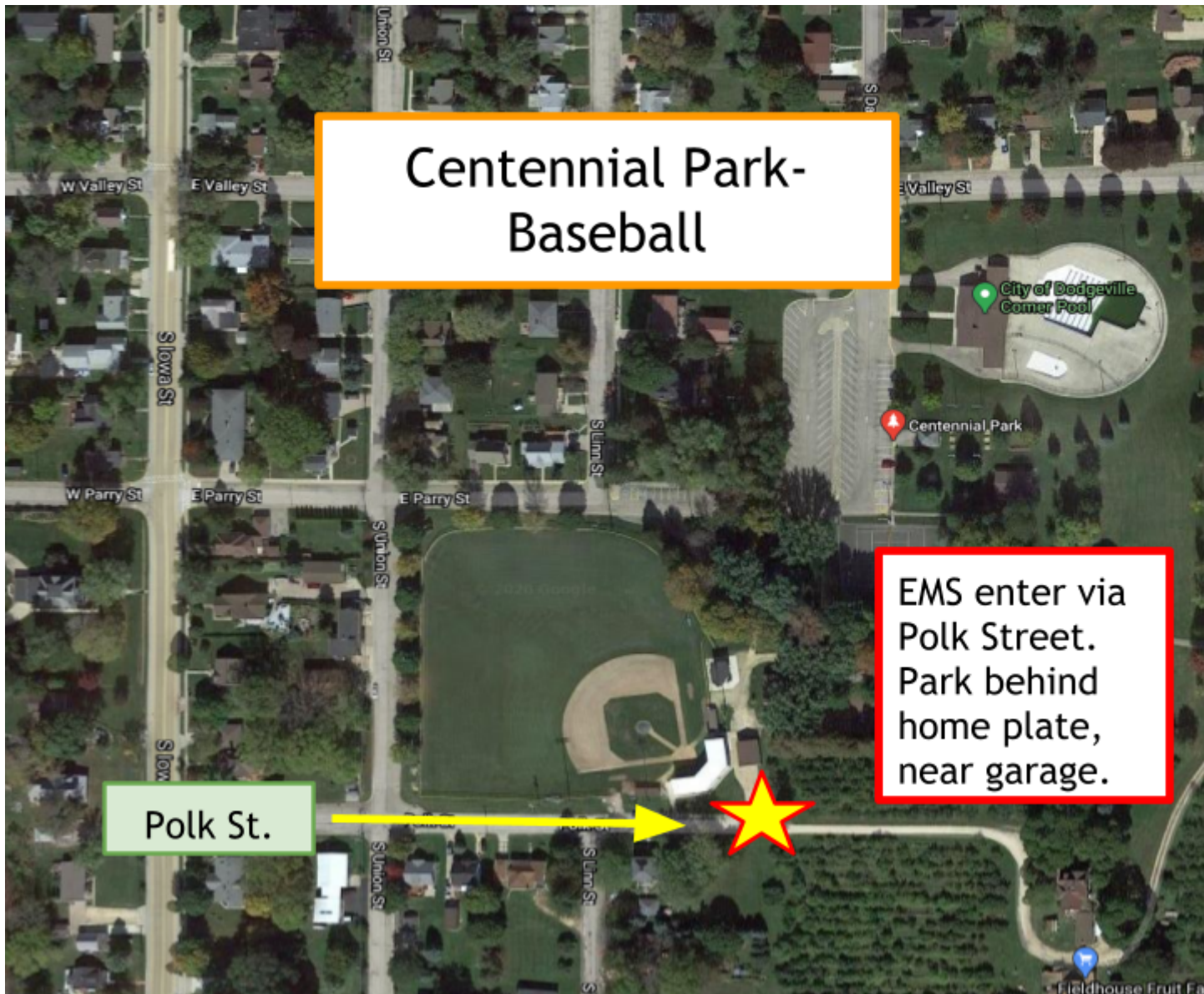
- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -*unless parent requests otherwise.*

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--



Centennial Park-
Baseball

EMS enter via
Polk Street.
Park behind
home plate,
near garage.

Polk St.

MEDICAL EMERGENCY ACTION PLAN

WILSON PARK - SOFTBALL DIAMOND
305 N Douglas St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Softball Diamond at Wilson Park**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **305 N Douglas St, Dodgeville, WI 53533**.
- Please have EMS Enter via **Douglas St**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -*unless parent requests otherwise.*

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--



Wilson Park-
Softball

N Douglas St.

EMS enter via
Elliot Street to
Gravel Parking
Lot, Access
Fields using
paved path.

MEDICAL EMERGENCY ACTION PLAN

MIDDLE SCHOOL GYM

951 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 3. Report to Designated Venue Entrance 4. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 4. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 5. Obtain emergency contact /registration form. 6. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Gym at Dodgeville Middle School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **951 W Chapel Street, Dodgeville, WI 53533.**
- Please have **EMS enter the Middle School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

***Athlete will be transported to Upland Hills Health -unless parent requests otherwise.**

Emergency Signals:

EMS: Raised, clenched fist (for football use radio)

AED: Clenched fist over chest

Splints: Hand to lower leg/thigh

Safety Locations:

Severe Weather: Move all individuals from the gym to the lower commons or locker rooms.

Criminal Activity Lock Down: Report to locker room until directed by police or school administration.

MEDICAL EMERGENCY ACTION PLAN

MIDDLE SCHOOL WRESTLING ROOM
951 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL

Instruct:

- My name is _____, please report to the **Wrestling Room** at **Dodgeville Middle School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **951 W Chapel Street, Dodgeville, WI 53533.**
- Please have **EMS enter the Middle School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

***Athlete will be transported to Upland Hills Health -unless parent requests otherwise.**

Emergency Signals:

EMS: Raised, clenched fist (for football use radio)
AED: Clenched fist over chest
Splints: Hand to lower leg/thigh

Safety Locations:

Severe Weather: Move all individuals from the gym to the lower commons or locker rooms.
Criminal Activity Lock Down: Report to locker room until directed by police or school administration.

MEDICAL EMERGENCY ACTION PLAN

MIDDLE SCHOOL BASEBALL DIAMOND
951 W Chapel St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT

- **AT / Medical Kit:** Sideline
- **AED:** Sideline if AT is covering event
 - **High School:** Cafeteria & Library
 - **Middle School:** Cafeteria
- **Vacuum Splints:** Side Line or in AT Room
- **Emergency Bag:** Sideline
- **Inhaler:** Medical Kit- *if individually prescribed*
- **Epi-Pen:** Medical Kit- *if individually prescribed*
- **Crutches:** AT Room or Sideline
- **Wheel Chair:** AT Room

EMS CALL

Instruct:

- My name is _____, please report to the **Baseball Diamond** at **Dodgeville Middle School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **951 W Chapel Street, Dodgeville, WI 53533.**
- Please have **EMS enter the Middle School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -*unless parent requests otherwise.*

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

MEDICAL EMERGENCY ACTION PLAN

ELEMENTARY SCHOOL GYM

404 N Johnson St. Dodgeville, WI, 53533

COMMUNICATION: Use cell phone of AT or Coach

PERSONNEL ROLES:

Leader: (AT or Head Coach) 1. Activate EMS plan 2. Designate Caller, Runner, and Informant 3. Monitor athlete and provide emergency care	Caller: (Head Coach, Assistant Coach or AD) 1. Call 911 or EMS 2. Obtain additional emergency supplies if needed 3. DO NOT HANG UP until EMS arrives.
Runner: (Assistant Coach or AD) 1. Report to Designated Venue Entrance 2. Flag EMS and direct to injured athlete	Informant: (AD or Assistant Coach) 1. During Events: Inform event coordinator of plan activation, inform spectators to remain seated. 2. Obtain emergency contact /registration form. 3. Contact parents & notify administration.

EMERGENCY EQUIPMENT:

- | | |
|---|---|
| <ul style="list-style-type: none"> ● AT / Medical Kit: Sideline ● AED: Sideline if AT is covering event <ul style="list-style-type: none"> ○ High School: Cafeteria & Library ○ Middle School: Cafeteria ● Vacuum Splints: Side Line or in AT Room | <ul style="list-style-type: none"> ● Emergency Bag: Sideline ● Inhaler: Medical Kit- <i>if individually prescribed</i> ● Epi-Pen: Medical Kit- <i>if individually prescribed</i> ● Crutches: AT Room or Sideline ● Wheel Chair: AT Room |
|---|---|

EMS CALL:

Instruct:

- My name is _____, please report to the **Gym at Dodgeville Elementary School**. We have an athlete in need of emergency medical treatment.
- The number I am calling from is: _____.
- The address is: **404 N Johnson Street, Dodgeville, WI 53533**.
- Please have **EMS enter the Elementary School Parking Lot**. There will be someone there to flag the ambulance.

Provide Information:

- Number of victims and condition- consciousness, deformity, bleeding, breathing, pulse, etc.
- First-aid initiated- bone/joint stabilization, blood control, rescue breathing, CPR, etc.

EMS ARRIVAL:

1. **Provide Information:** Nature of injury, medical history, vital signs, treatment provided, etc.
2. Assist EMS as needed / directed.

*Athlete will be transported to **Upland Hills Health** -unless parent requests otherwise.

Emergency Signals: EMS: Raised, clenched fist (for football use radio) AED: Clenched fist over chest Splints: Hand to lower leg/thigh	Safety Locations: Severe Weather: Move all individuals from the gym to the lower commons or locker rooms. Criminal Activity Lock Down: Report to locker room until directed by police or school administration.
--	--

EMERGENCY PHONE NUMBERS

1. Emergency Number: 911
2. Police department: (608) 935-3238
3. Fire and ambulance: (608) 935-3035
4. Hazardous Materials: 1-800-424-8802
5. Poison Control Center: 1-800-222-1222
6. Athletic Trainer:
 Casey Spangler- (608) 212-6608
7. Athletic Director:
 Joey Martin- (608) 485-0657
8. Nurse:
 Ann Jenkins- (608) 778- 0895,
 Office: (608) 935-3307 ext. 2003
9. Principal:
 Ryan Bohnsack- (608) 574-5924
10. Main office:
 - Michele Storkson- (608) 574-1666
 - Annette Anderson- (608) 341-8564
11. School Counselor:
 Erika Brunson- (608) 574-6390
12. Athletics Assistant:
 Jenni Allen- (608) 574-5396



Nearest Hospital:

Upland Hills Health
800 Compassion Way
Dodgeville, WI 53533
(608) 930-8000

Madison Hospitals:

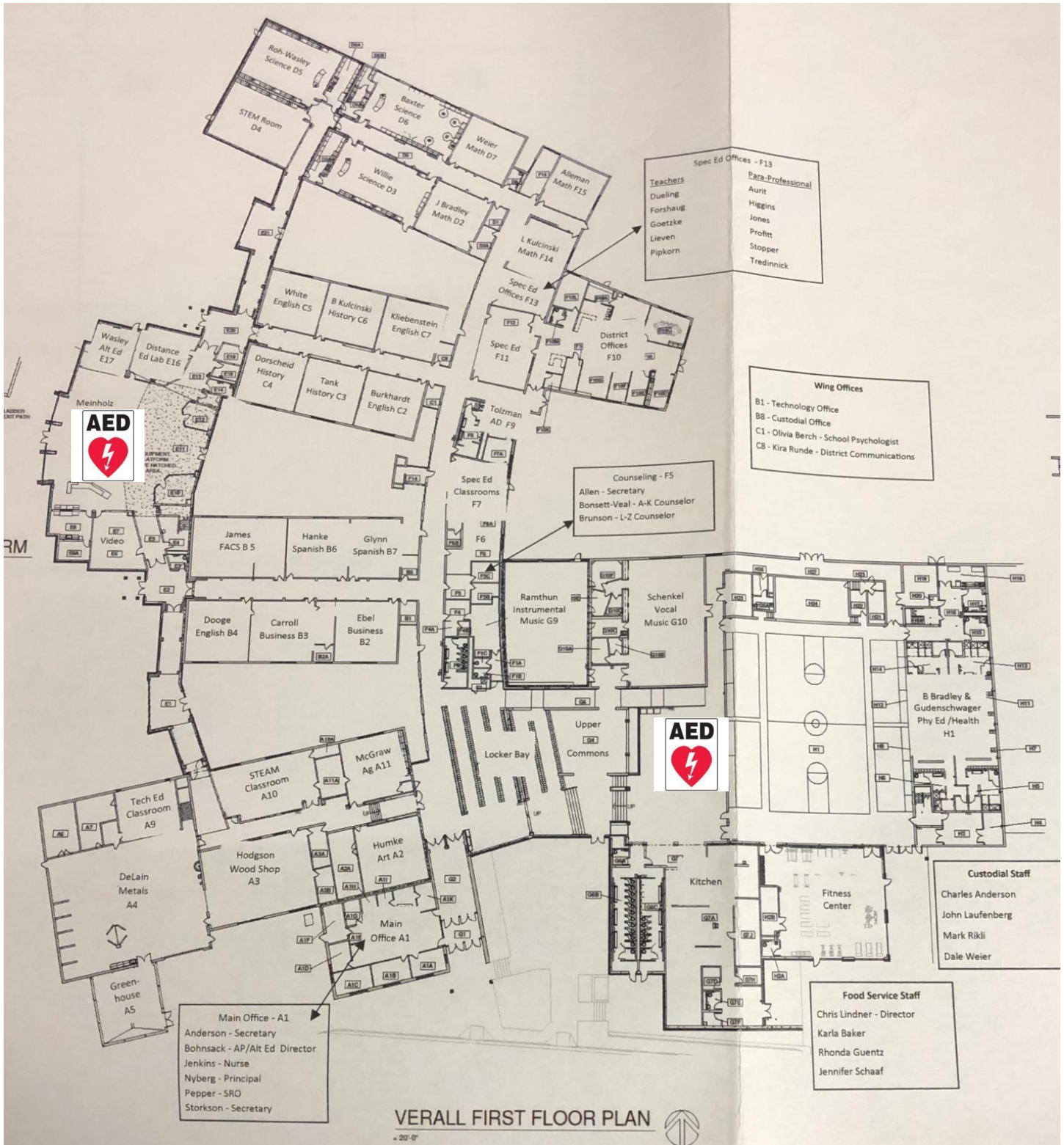
UW Health University Hospital:
600 Highland Ave.
Madison, WI, 53792

American Family Children's Hospital:
1675 Highland Ave.
Madison, WI, 53792

SSM Health St. Mary's Hospital Madison:
700 S Park St.
Madison, WI 53715

UnityPoint Health - Meriter Hospital:
202 S Park St.
Madison, WI, 53715

DHS AED LOCATIONS



VENUE ADDRESSES AND DIRECTIONS TO DESIGNATED ENTRANCES

<p>High School UPPER Gym 912 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DHS main parking lot ● Park outside fitness center ● Enter Door # , directly into south end of gym 	<p>High School LOWER Gym & Athletic Space 912 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DHS main parking lot, follow to lower gym ● Park outside lower gym ● Enter Door # , directly into south end of gym
<p>High School Stadium (FB & SOC Game Field) 912 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DHS main parking lot ● Follow paved driveway to field ● Park at north end of field 	<p>High School Track & Football Practice Field 912 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter District Administration parking lot ● Park by south end of track and field ● Enter south end of field, near shed/garage
<p>Soccer Practice Field 951 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DMS main parking lot ● Drive behind south end of building ● Park at the end of the driveway above field 	<p>High School Wrestling Room (Mat Room) 912 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DHS main parking lot ● Park outside Fitness Center ● Enter Door # , go through the gym, then upstairs by boys and girls gym locker rooms
<p>High School Fitness Center 912 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DHS main parking lot ● Park outside fitness center ● Enter Door # , directly into fitness center 	<p>Harris Park Soccer Field 600 N Bennett Rd. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter via Elliot St. ● Park in gravel parking lot off Elliot St.
<p>Centennial Park Baseball Diamond 501 S Dacotah St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter via Polk St. ● Park behind home stands by garage/shed 	<p>Wilson Park Softball Diamond 305 N Douglas St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter via N Douglas St. ● Park near bathrooms and garage
<p>Middle School Gym 951 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DMS, Main parking lot ● Park outside main entrance ● Enter Door # , through commons, to the gym 	<p>Middle School Wrestling Room 951 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DMS, Main parking lot ● Park outside main entrance ● Enter Door # , exit right through commons, follow hallway to room
<p>Middle School Baseball Diamond 951 W Chapel St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DMS main parking lot ● Park next to ball diamond 	<p>Elementary School Gym 404 N Johnson St. Dodgeville, WI, 53533</p> <ul style="list-style-type: none"> ● Enter DES main parking lot ● Park outside main entrance ● Enter Door # , gym is to the left