

# Policy Development Committee Agenda

3/8/2022

7:30 A.M. ~ Gilford High School, Room 131

## Policies to Review

IKAA – Interdisciplinary Credit

IKFA – Early Graduation

IKFAA – Correspondence Study

IMAH – Daily Physical Activity

IKAH – Grading Disabled Students: Grades K-12

IKFC – Alternate Diploma for Students with Significant Cognitive Disabilities

KED – Facilities or Services – Grievance Procedure (Section 504)

DBJ – Transfer of Appropriations

Emergency Plan for Sports Related Injuries and Additional Protocols for Athletics Participation.

## **INTERDISCIPLINARY CREDIT**

High school students may earn course credit in one content area required for graduation, and apply said credit in a different content area through the awarding of interdisciplinary credit. Interdisciplinary credit may be counted only once in meeting graduation requirements.

The high school Principal is charged with approving courses for interdisciplinary credit if: (1) the course has been included in the Program of Studies; and (2) the course matches the competencies for the subject area in which the credit is to be counted.

### **Legal References:**

*NH Code of Administrative Rules, Section Ed 306.04(a)(14), Earning of Credit*

*NH Code of Administrative Rules, Section Ed 306.14(f), Awarding of Credit*

*NH Code of Administrative Rules, Section Ed 306.27(d), Mastery of Required Competencies*

*NH Code of Administrative Rules, Section Ed 306.27(p),  
Counting Credits*

**(Adopted: 1-5-09)**

## EARLY GRADUATION

Graduating from GHS earlier than scheduled is an option for a few students who are able to fulfill graduation requirements in less than four years. A student's academic standing, level of social maturity, and future plans are important factors when considering early graduation.

The following are the procedures for early graduation requests from students at Gilford Middle High School:

1. The student requesting early graduation will consult with his or her guidance counselor and submit a written request prior to May 15 of the preceding year to the counselor explaining the reasons for early graduation and future plans, unless circumstances warrant special consideration.
2. The parent or guardian of the student will be requested to submit, in writing, approval of their child's request. Information from individuals concerned with the student's future plans may be requested for submittance to the guidance counselor.
3. The principal and guidance counselor will consider the request and certify that all of the graduation requirements have been met. The guidance counselor will contact the parents to discuss early graduation and make certain that the parents understand the implications of the early graduation program.
4. The guidance counselor will submit all pertinent information to the principal with a recommendation and reasons.
5. The principal will grant or deny the request.
6. The superintendent/principal will send a follow-up and confirming letter to the student notifying him/her of the decision.
7. Students will achieve competency in all courses.

### **Legal References:**

*NH Code of Administrative Rules, Section Ed [306.27\(s\)](#), Early Graduation*

**(Adopted: 4/6/87)**

**(Revised 4/19/99, 1/3/2012)**

**(Ref. 6030)**

## IKFA - EARLY GRADUATION

(Download policy)

*Category: Priority/Required by Law*

The Board supports early graduation as a means to earn a high school diploma. Parental involvement for students under the age of 18 is required. The high school principal shall approve such requests if he/she determines that all state and local graduation requirements will be met and that early graduation is related to career and/or educational plans of the student making the request. Upon approval by the high school principal, the minimum 4-unit requirement per year for enrolled students shall be waived and the student shall be awarded a high school diploma.

### **Legal References:**

*NH Code of Administrative Rules, Section Ed 306.27(ad), Early Graduation*

Revised: May 2014

Reviewed: July 2004

Revised: November 1999, July 2005, September 2008

NHSBA Note, May 2014: This policy is now categorized as Priority/Required by Law.

Content of policy has not changed. Change to Legal References.

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## **CORRESPONDENCE STUDY**

Credit for correspondence school study may be counted toward graduation requirements provided:

1. An accredited correspondence school is contracted with by student/parent.
2. Request for credit is submitted in writing to the principal prior to enrollment and approval is granted in writing.
3. Cost for tuition is a parental/student responsibility.
4. Final course exam(s) must be taken on school premises under staff supervision.
5. Written verification of successful completion of course work must be received before credit is transferred.
6. No more than three (3) credits of correspondence school course work will be accepted and not more than one (1) credit in any academic discipline.

**(Adopted: 5/19/86)  
(Revised: 11/7/2011)**

**(Ref. 6017)**

## **DAILY PHYSICAL ACTIVITY**

The Board recognizes that developmentally appropriate daily physical activity, exercise and physical education are ways to minimize health risks created by chronic inactivity, childhood obesity, and other related health problems. The Board recommends that students and staff participate in developmentally appropriate physical activity and exercise at for at least 30 to 60 minutes each day as a way to minimize these health risks. The Board recommends the following practices:

- (1) Encourage parents/guardians to support their children's participation in physical activities, and recognize that parents/guardians act as role models for active lifestyles;
- (2) Support special programs such as student and staff walking programs, family fitness events, and events that emphasize lifelong physical activity;
- (3) Promote the integration of health and physical activity across the school curriculum;
- (4) Encourage student-initiated activities that promote inclusive physical activity on a school-wide basis;
- (5) Make Reasonable effort to provide adequate resources that include program funding, personnel, safe equipment, and facilities;
- (6) Establish relationships with community recreation and youth sports programs and agencies to coordinate and complement physical activity programs;
- (7) Encourage physical activity recess periods

### **Legal References:**

*RSA 189:11-a, Food and Nutrition Programs*

*NH Code of Administrative Rules, Section Ed 306.04(a)(15), Daily Physical Activity*

*NH Code of Administrative Rules, Section Ed 306.04(l), Daily Physical Activity*

*NH Code of Administrative Rules, Section Ed 310, Daily Physical Activity*

**(Adopted: 4/4/2011)**

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*NH Code of Administrative Rules, Section Ed 310, Daily Physical Activity*

**(Adopted: 4/4/2011)**

## **GRADING DISABLED STUDENTS: GRADES K-12**

For students with I.E.P.'s, the Special Education Team will determine how the student is to be graded for each subject.

Students with I.E.P.'s who can master regular education curriculum content will be graded using grade level standards. Students who cannot master curriculum content at the grade level will be graded as indicated in the I.E.P.

1. Grading in the Regular Classroom:

- A. Students who can master grade level curriculum content for any/all subject areas will be graded in those subject areas using grade level standards.
- B. Students who cannot master grade level curriculum content for any/all areas will have modifications and individual goals written in the I.E.P. For those subject areas in which classroom goals, objectives/benchmarks, and grading standards are inappropriate, the I.E.P. will indicate the system of grading.

2. Grading in Content Areas Provided by Special Education Teachers:

- A. Grading will be based on the goals and objectives/benchmarks in the I.E.P.

3. Grading for Learning Lab Support Services and Related Services:

- A. Grading will be on the basis of goals and objectives/benchmarks of the I.E.P. When grading is appropriate, the letter grade will reflect student progress on the I.E.P.

**Adopted: 5/17/99**



*NHSBA sample policy. This policy is recommended to adopt the provisions of the federal Every Student Succeeds Act ("ESSA") which allow the awarding of a "state-defined" Alternate Diploma to certain students with the most significant cognitive disabilities.*

*3-8-2022 Policy Committee*

## **IKFC - ALTERNATE DIPLOMA FOR STUDENTS WITH SIGNIFICANT COGNITIVE DISABILITIES**

(Download policy)

*Category: Recommended*

*Related Policies: IHBA, IHBI, IKF*

**A. PURPOSE.** The purpose of this policy is to meet the requirements of the federal Every Student Succeeds Act ("ESSA") to establish and allow the awarding of a District Alternate Diploma to certain students with the most significant cognitive disabilities.

**B. INTRODUCTION.** Under ESSA, states may adopt alternate content standards and alternate assessments for students with the most significant cognitive disabilities. In states that have adopted such alternative content standards, ESSA allows local school boards to adopt policies allowing certain students with significant cognitive disabilities the ability to earn an Alternate Diploma based on the alternative content standards.

An Alternate Diploma provides students who may have ordinarily earned certificates of attendance, or completion under New Hampshire Administrative Rule Ed. 306.27(q), with the option to earn a diploma.

New Hampshire has adopted Dynamic Learning Maps (DLM) as an alternate assessment tool. The DLM assessment measures yearly student progress, and provides independent standards which align with the NH Statewide Assessment.

Accordingly, this policy authorizes the District to award an Alternate Diploma in accordance with the below requirements and conditions.

### **C. ELIGIBILITY.**

Consistent with ESSA, the Alternate Diploma may be awarded to students who:

1. Have significant cognitive disabilities;
2. Have a current Individualized Education Program ("IEP"); and
3. Participate in the state authorized alternate assessment (currently DLM).

The Alternate Diploma is NOT available to students without IEP's, including students with Section 504 plans.

### **D. DETERMINATION OF AWARD.**

The determination to award and the Alternate Diploma is the responsibility of the student's IEP team, including the student's parent(s)/guardian(s). The IEP team's consideration of the appropriateness of an Alternate Diploma should be included in transition planning beginning at age sixteen (16). Details of this decision shall be included in the student's IEP transition plan in accordance with Ed. 1109.03.

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*3-8-2022 Policy Committee*

#### **E. TIME OF AWARD.**

The student may choose (individually or through the IEP team) to receive the Alternate Diploma at one (1) of three (3) times:

1. At graduation with common age peers;
2. At the conclusion of the student's IEP; or
3. Upon reaching age twenty-one (21).

If the student participates in the traditional graduation ceremony, the student will be included in the graduation program with no difference in listing from his/her peers awarded a regular diploma.

#### **F. EFFECT OF AWARD AND CONTINUED ELIGIBILITY.**

1. Under 34 CFR 300.102 (a)(3), the awarding of any document other than regular high school diploma shall not terminate a child's eligibility for a free and appropriate public education ("FAPE"). Accordingly, earning an Alternate Diploma does not end a student's eligibility for special education services. Rather, students who have earned the Alternate Diploma, and are otherwise eligible for special education services, may continue to receive such services and may continue working towards meeting the requirements for the regular high school diploma.
2. Alternate Diplomas awarded under this policy are counted in the state graduation rate, while certificates of attendance or equivalency are not.

#### **G. IMPLEMENTATION.**

The Superintendent, with the assistance of the [Director of Special Education/Student Services Director] is directed to establish, and make available procedures and administrative rules to implement this policy.

#### **History:**

First reading: \_\_\_\_\_

Second reading/adopted: \_\_\_\_\_

#### **Legal References:**

*20 U.S.C. §7801 (23) - Every Student Succeeds Act (§ 8101(a)(23))*

*34 CFR 300.102 (a)(3); 300.43; and 300.320(b)*

*RSA 193-E - Adequate Public Education*

*Ed 306.27(q)(4)- Minimum Standards/High School Requirements/Equivalency Diplomas*

*Ed 1109.03- When and IEP is in Effect...Transition Services*

## **FACILITIES OR SERVICES – GRIEVANCE PROCEDURE (SECTION 504)**

The Gilford School District provides the following Notice of Procedural Safeguards to parents/guardians, and handicapped persons, as required by 34 C.F.R. Sections 104.7, 104.8, 104.22 (4) (f), and 104.36 of the Regulations implementing Section 504 of the Rehabilitation Act of 1973.

The district does not discriminate on the basis of handicap in admission or access to, or treatment or employment in, its programs and activities.

The district provides a grievance procedure with appropriate due process rights. Esther Kennedy is the designated employee, charged with coordinating efforts to comply with Section 504. The parent/guardian of handicapped students or any handicapped person may use the grievance procedure established by the Gilford School Board.

Grievance Procedure: As the parent/guardian of a handicapped student or as a handicapped person, you have the right to notify the above designated employee with your complaint.

The designated employee will make an initial response to the complainant within ten (10) days of receipt of complaint. The parties will attempt to work out their differences promptly and equitably informally. A written record of the resolution of the complaint should be made within ten (10) working days of completion.

If that effort fails, you may (a) request a meeting with the superintendent and, if that does not resolve the matter, you may (b) request the school board places the matter on it's agenda. You may be represented by anyone of your choosing, may present information through documents and other evidence and witnesses, and may examine witnesses presented by the school district.

Within ten (10) working days of either of the above options, a written record should be made of the decision.

Section D Procedural Safeguards: As required by Section 104.36, as the parent/guardian of a student, who because of handicap needs or is believed to need special instruction and related services, you have the right, with respect to any action regarding identification, evaluation, and placement to:

1. Notice of referral/identification, evaluation, and placement process, with appropriate consent form.
2. Examine all relevant records

3. At an impartial hearing, at any time, with respect to any actions regarding identification, evaluation, or placement of persons who need or are believed to need special education and related services, an opportunity for participation by you and representation of counsel as provided under the Individuals with Disabilities Act.
4. A review process.

**Legal References:**

*Section 504 of the Rehabilitation Act of 1973*

34 C.F.R. § 104.7(b), Adoption of Grievance Procedures

**(Adopted: 4/20/09)**

## **KED - FACILITIES OR SERVICES - GRIEVANCE PROCEDURE (SECTION 504)**

(Download policy)

### *Category P*

1. Any qualified handicapped person, or persons, who feels subject to discrimination with respect to Section 504 of the Rehabilitation Act has the right to file a formal grievance.
2. Any qualified handicapped person, or persons, who has a grievance shall discuss it first with the appropriate building Principal in an attempt to resolve the matter informally at that level.
3. If, as a result of the discussion, the matter is not resolved to the satisfaction of the aggrieved party within five (5) school days, the aggrieved party shall set forth the grievance in writing to the Principal. The Principal shall communicate his/her decision to the aggrieved party in writing within five (5) school days of receipt of the written grievance.
4. The aggrieved party, no later than five (5) school days after receipt of the Principal's decision, may appeal the Principal's decision to the Section 504 Coordinator. The appeal to the Coordinator must be made in writing reciting the matter submitted to the Principal and the aggrieved party's dissatisfaction with decisions previously rendered. The Coordinator shall meet with the aggrieved party to attempt to resolve the matter as quickly as possible, but within a period not to exceed five (5) school days. The Coordinator shall communicate his/her decision in writing to the aggrieved party and the Principal not later than five (5) school days after the meeting.
5. If the grievance is not resolved to the aggrieved party's satisfaction, the aggrieved party, no later than five (5) school days after receipt of the Coordinator's decision, may submit a written request for a hearing with the local School Board regarding the alleged discrimination through the Superintendent of Schools. The hearing will be held within thirty (30) calendar days of the written request. The School Board must provide the aggrieved party with a written decision on the appeal within ten (10) calendar days after the hearing.
6. Between the date the aggrieved party requests the hearing and the date the hearing is held, the aggrieved party and the School District may continue to negotiate. If the School District and aggrieved party agree on a mutual solution to the alleged discrimination, the hearing would be canceled.
7. The decision of the School Board is final pending any further legal recourse as may be described in current local district, state or federal statutes pertaining to Section 504 of the Rehabilitation Act of 1973.

### **Legal References:**

*Section 504 of the Rehabilitation Act of 1973*  
*34 C.F.R. § 104.7(b), Adoption of Grievance Procedures*

## **DBJ - TRANSFER OF APPROPRIATIONS**

(Download policy)

In the event it becomes necessary to expend an amount greater than what was appropriated for a specific purpose, the Board is authorized to transfer funds from an unexpended balance of one appropriation to a different appropriation that is in deficit. All transfers of appropriations will be made consistent with the provisions of RSA 32:10.

The Board authorizes the Superintendent to transfer funds between line items up to \$5,000. Any such transfers shall be reported to the school board at the board's next regularly scheduled meeting. Any transfer in excess of \$5,000 shall first require Board approval and authorization. Any transfer of funds between line items by the Superintendent shall be done so only to achieve purposes set forth the goals or aims to be accomplished through the expenditure of public funds.

In no circumstance shall the total amount spent exceed the total amount appropriated at the school district annual meeting.

The Superintendent is authorized to develop administrative rules or regulations to accompany this Policy.

### **Alternative Policy Language:**

It is the intent of the School Board to limit its spending to the amount specified for each line item. However, transfer of funds between line items will be permitted if deemed necessary. All such transfers will be in accordance with the requirements of RSA 32:10.

NHSBA Note, September 2013: NHSBA offers this alternative language in response to member inquiries. Either option will satisfy the provisions of RSA 32:10.

### **Legal References:**

*RSA 32:10, Transfer of Appropriations*

*RSA 282-A:71, III, Unemployment Compensation*

Revised: September 2013

Revised: July 1998, November 1999, March 2004, September 2009

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**Gilford School District**

**EMERGENCY PLAN FOR SPORTS RELATED INJURIES AND  
ADDITIONAL PROTOCOLS FOR ATHLETICS PARTICIPATION**



## **INTRODUCTION**

The purpose of this document is to provide members of the Gilford School Athletic Department the proper information to help ensure the safety of the student-athletes while participating at GSD.

In favor of providing the safest and the best playing atmosphere for the athletes at GSD, the following action plans have been developed. These protocols are directed at meeting the necessary demands in the event of an emergency situation involving an injured athlete at a GSD athletic site.



## **GILFORD SCHOOL DISTRICT ATHLETIC VENUES**

### **Gilford Meadows Complex**

Football

Lacrosse (B/G)

### **Gilford School District Athletic Fields**

Soccer (B/G)

Track & Field (B/G)

Field Hockey

Softball

Unified Soccer

Cross Country (B/G)

### **Gunstock**

Alpine Skiing B/G

Nordic Skiing B/G

Cross Country B/G

### **Gilford SCHOOL (HS/MS) GYM**

Volleyball

Basketball (B/G)

Baseball

Softball

### **Gilford Village Fields**

Baseball

Soccer

Tennis (B/G)

### **Pheasant Ridge Country Club**

Golf

### **MERRILL FAY ARENA**

Hockey

### **Gilford Community Center**

Indoor Track (B/G)

### **Laconia Wellness Complex**

Swimming (B/G)

# **GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN**

## **Introduction**

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athlete of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan: These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Athletic Trainers (ATCs), Coaches, and Administrators
5. Venue Directions with Map

The Gilford High School Emergency Action Plan also includes the following:

- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques for Coaches

## **Emergency Plan Personnel**

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type

and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student athletic trainers; coaches; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer.

There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. In most instances, the Certified Athletic Trainer/ATC will assume this role, although if the team physician is present, he/she may be called in or in the absence of the Certified Athletic Trainer, the Head Coach will assume this role. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, a coach is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Athletic training students and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of Medical personnel. An athletic training student, administrator, coach or team Captain may be appropriate for this role.

#### Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

## Activating the EMS System

Making the call:

911 (all emergencies)

Providing Information:

- Name and telephone number of caller
- Location of the emergency scene
- Nature of emergency
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by ATC/Physician
- Specific directions as needed to locate the emergency scene
- Other information as requested by dispatcher
- Dispatcher hangs up first

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

### **Emergency Communication**

Communication is the key to quick emergency response. Certified Athletic Trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as a telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the Emergency Medical System at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

### **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency

equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and used/rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection logbook for continued inspection is strongly recommended.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

### **Medical Emergency Transportation**

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a "load and go" situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for student athletes, all emergency trauma transports are to be sent to Concord Hospital - Laconia.

### **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with biannual CPR and first aid recertification. Through development and implementation of the emergency plan, this helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the Gilford High School Emergency Plan for Athletics

Approved by \_\_\_\_\_  
Gilford School District Superintendent Date

Approved by \_\_\_\_\_  
Gilford School District Principal Date

Approved by \_\_\_\_\_  
Gilford School District Athletic Director Date

## ***PROCEDURES AND FOLLOW-UP:***

As the athlete is being assessed and EMS is being activated, the relocation of the players away from the injured athlete should take place. A member of the coaching staff/ team captain will head relocation of the players. At this time security and administration notification for crowd control should also take place.

It is policy that all students wanting to participate in extracurricular sport activities must have a current pre-participation screening signed by a physician clearing them to participate and that their parents/guardians fill out all pre-participation paperwork. This includes a document that allows the parents/guardians of minor children to participate in sports, and should any injury occur, it also gives the athletic training staff the consent to render treatment. In the case where the parents have not given their consent for the minor athlete to be treated, if at all possible the athlete's parent/guardian should be consulted for consent to treat prior to any treatment-taking place. If this is not possible, applied consent on the behalf of the athlete to save his/her life takes precedence. Regardless of prior consent, **some effort needs to be made** to notify the athlete's parent/guardian that an emergency situation has occurred. Parent/guardian contact information can be found on the *Emergency Information/ Treatment Authorization* card for that athlete. This card is located either in the athletic training room or in the medical kit on the sidelines. The head coach should always have the EITA cards with them. The card must be presented to the EMS personnel responding to the emergency situation. If transportation is necessary, the athletic trainer will assign a person to accompany the athlete to the hospital. This person will need to stay with the athlete until a legal parent or guardian arrives. Once at the hospital the assigned coach will call the athletic trainer ( 603-204-4324) with any medical updates. An injury report *must* be filled out after every incident. If the athletic trainer is not present it is the responsibility of the coach to fill out the incident report and notify the athletic trainer as soon as possible.

### *GILFORD HIGH SCHOOL LOCATION:*

88 Alvah Wilson Road, Gilford, NH.

The school phone number is (603) 524-7135

### *GILFORD MIDDLE SCHOOL LOCATION:*

72 Alvah Wilson Road

The school phone number is (603) 527-2460

### EMERGENCY PHONE NUMBERS:

Athletic Training Room (GHS):

Gabby Beijer, ATC: (603)-204-4324 (Cell)

EMS: 911

## **PRESEASON:**

**\*\***The following information and emergency action plan should be discussed and practiced with the coaching staff prior to the beginning of the season.

**INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.

**HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.

**FIRST ASSISTANT COACH** *\*RESPONSIBLE FOR EMERGENCY COMMUNICATION\**

The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;

1. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
2. Give your name.
3. Give the name of the school.
4. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
5. Give all pertinent information about the emergency (what treatment is being rendered)
6. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

**SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*



## **ALL AWAY EVENTS**

Before the event begins, the following should be carried out:

1. Ask the host coach if there is any medical coverage present.
2. If there is no medical coverage, use your best judgment and follow your emergency action plan.
3. Make sure there is a working telephone and the proper numbers are accessible to make the call.
4. Contact the person in charge (AD, ATC, etc) to communicate the Emergency Action Plan.

# GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

## Gilford High and Middle School Venue

\*If an athlete sustains a traumatic injury or life-threatening injury the following procedures should be followed.

### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, **DO NOT MOVE THE ATHLETE**, and contact the certified athletic trainer immediately. If the injury is **LIFE-THREATENING**, call E.M.S. /911 first, then call the certified athletic trainer. After the primary survey and Rescue Breathing/CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.

- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

### **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

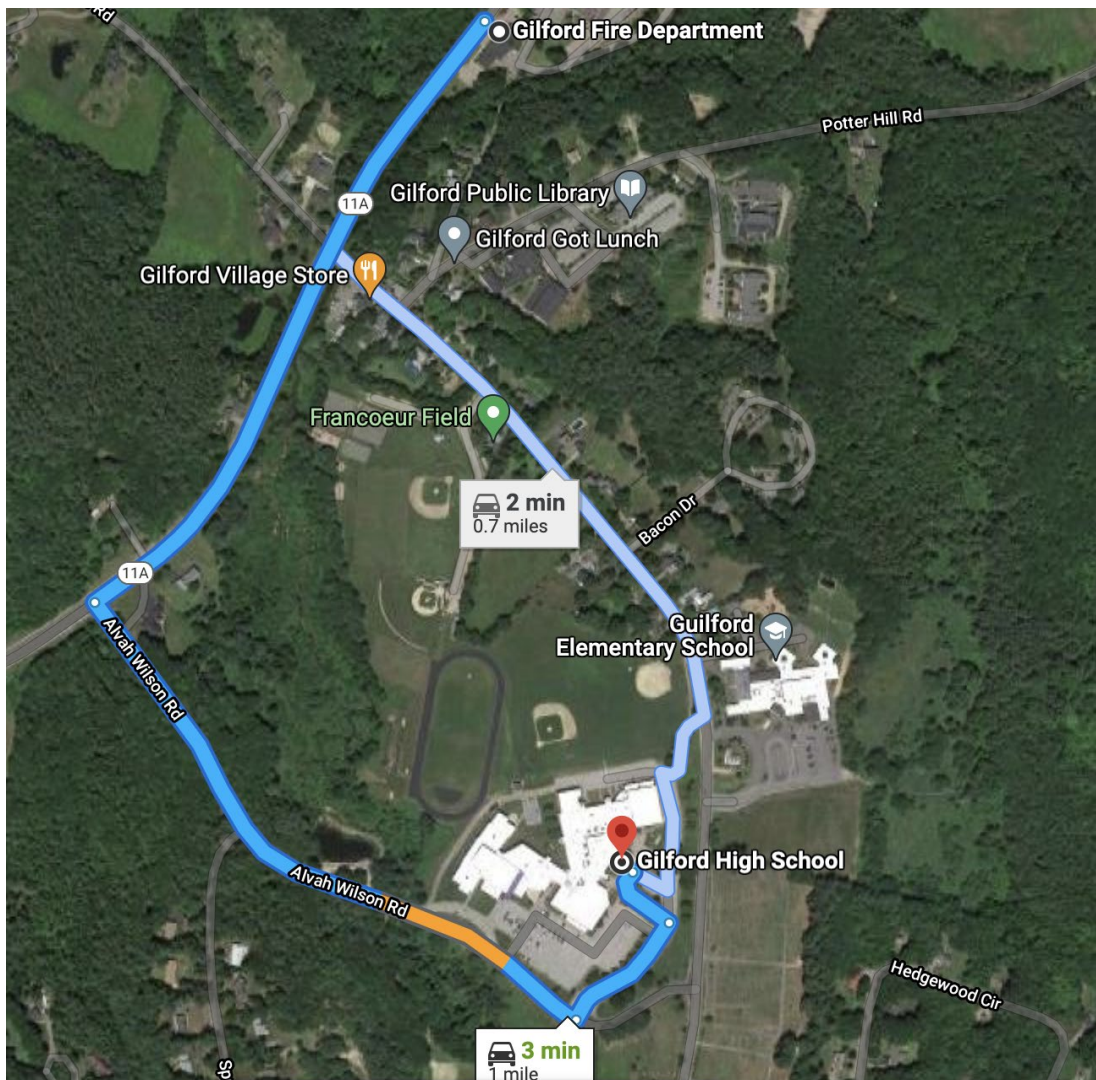
## VENUE DIRECTIONS

*Gilford High School Gym: 88 Alvah Wilson Road, Gilford, NH 03249*

From Gilford Fire Department, head southwest on NH-11A toward School House Hill Road for 0.5 miles. Turn left onto Alvah Wilson Road for 0.4 miles. Turn left into the second entrance on the left. Turn into the loop in front of the high school, and go in the doors to the far right. The gym is to the right.

*Gilford High School Athletic Field*

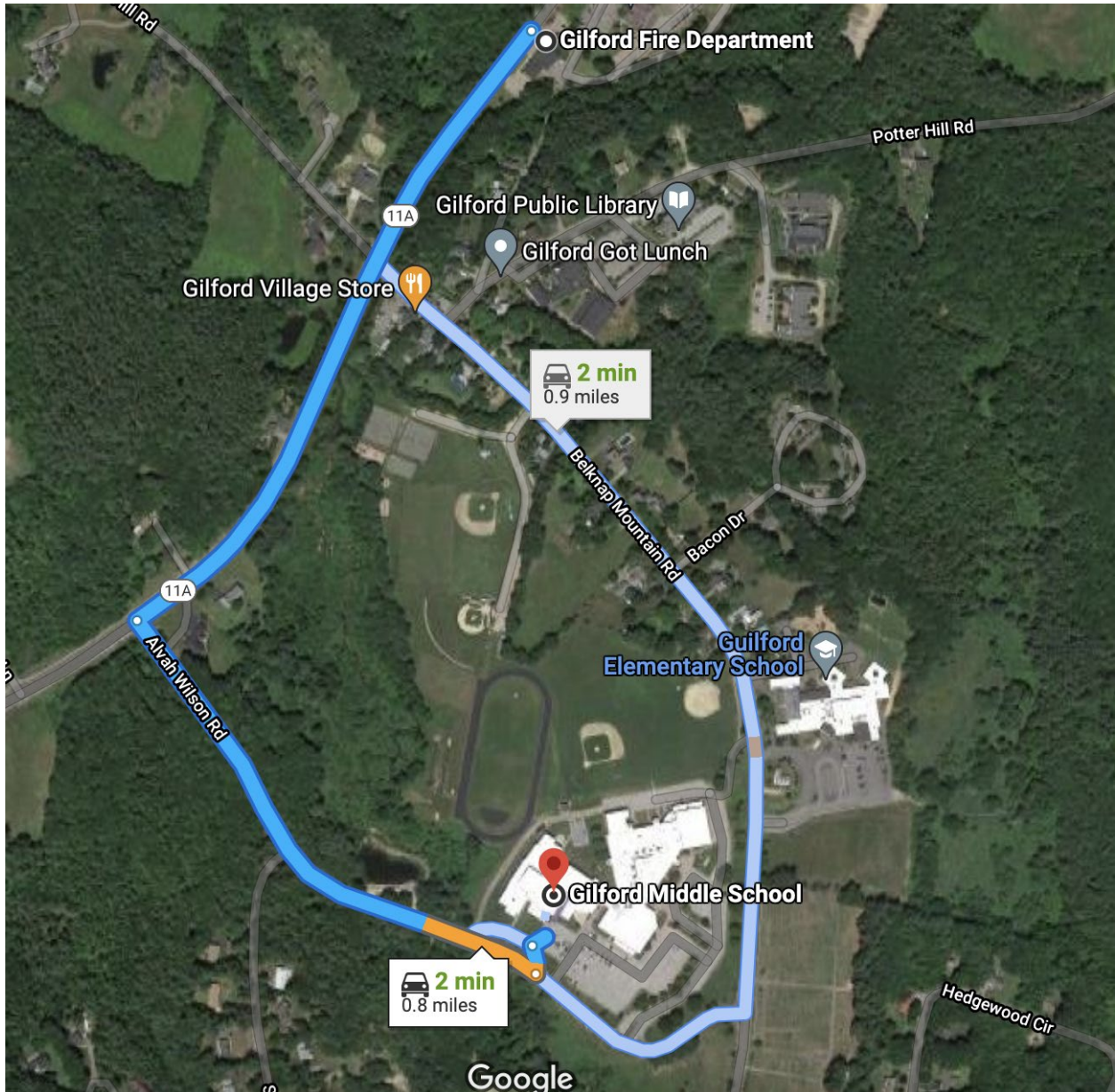
From Gilford Fire Department, head southwest on NH-11A toward School House Hill Road for 0.5 miles. Turn left onto Alvah Wilson Road for 0.4 miles. Turn left into the second entrance on the left. Continue straight past the entrance and take a slight right heading towards the back of the school. The fence opening is straight ahead.





*Gilford Middle School Gym: 72 Alvah Wilson Rd, Gilford, NH 03249*

From Gilford Fire Department, head southwest on NH-11A toward School House Hill Road for 0.5 miles. Turn left onto Alvah Wilson Road for 0.3 miles. Turn left into the first entrance on the left. Go to the main entrance of the middle school, the gym is on the left.



**GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN**

## Gilford Meadows Complex

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

### BEFORE EACH EVENT

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure the Event Staff is prepared with the proper telephone numbers and chain of command has been established in order to communicate with EMS. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the certified athletic trainer as soon as possible, If a severe injury (i.e. head or spinal injury) occurs, **DO NOT MOVE THE ATHLETE**, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. /911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities
  - a. **CERTIFIED ATHLETIC TRAINER/PHYSICIAN:** The certified athletic trainer/physician is the primary responder and team leader. He/she will direct the response until EMS arrives. He/She will then bring EMS up to date on the athletes current condition/status and assist them as needed.
  - b. **HEAD COACH:** The head coach will stay with the injured athlete and the certified athletic trainer/physician. He/she should assist in keeping the injured athlete calm, talk with the parents and provide any other support needed.
  - c. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*:** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given; State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - i. Give your name.
    - ii. Give the name of the school.
    - iii. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
    - iv. Give all pertinent information about the emergency (what treatment is

- being rendered)
- v. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- d. **SECOND ASSISTANT COACH/TEAM CAPTAIN:** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the certified athletic trainer.

\*\*\* This procedure will occur upon the absence of the certified athletic trainer. If a certified athletic trainer is present, he/she will be directing the response as described below.

### **ROLES OF THE CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

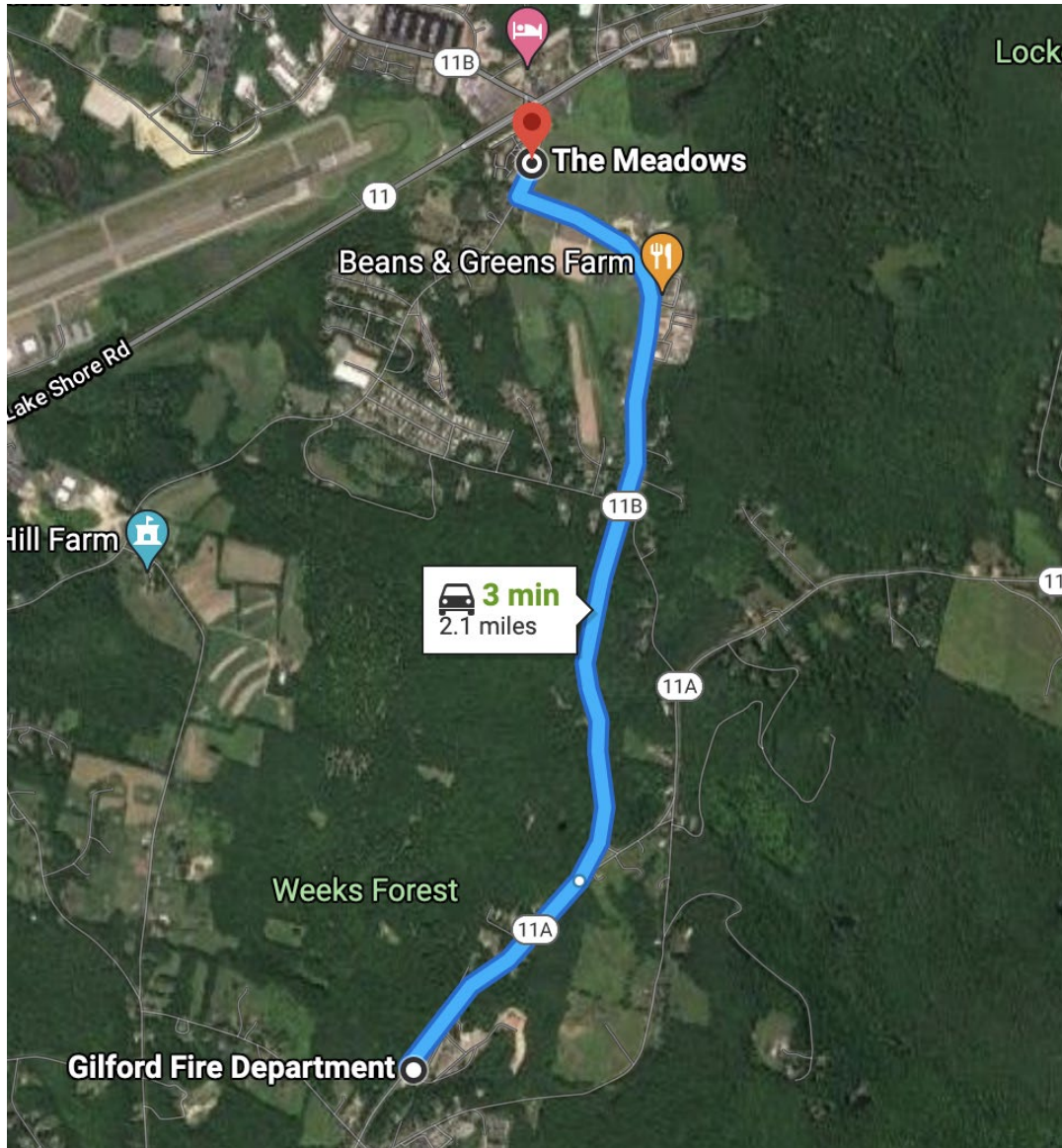
### **ROLES OF ADMINISTRATORS/COACHES**

- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Ensure emergency entrance to facility is clear and accessible;
- Unlock and open gates for ambulance entry; Direct EMS personnel (ambulance) to scene; - Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from the area of injured athlete.

**VENUE DIRECTIONS:**

*Gilford Meadows Complex: 293 Intervale Road, Gilford, NH 03249*

From the Gilford Fire Department, take a right and head northeast on NH-11A E toward Valley Road for 0.5 miles. Take a slight left onto NH-11 B N for 1.6 miles. Gilford Meadows complex will be on the left. Go in the second entrance of the complex and take an immediate left into the parking lot.





## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Gilford Village Fields

\*If an athlete sustains a traumatic injury or life-threatening injury the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, **DO NOT MOVE THE ATHLETE**, and contact the certified athletic trainer immediately. If the injury is **LIFE-THREATENING**, call E.M.S. /911 first, then call the certified athletic trainer. After the primary survey and Rescue Breathing/CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper

- entrances and the route of least delay.
- v. Give all pertinent information about the emergency (what treatment is being rendered)
  - vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

### **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

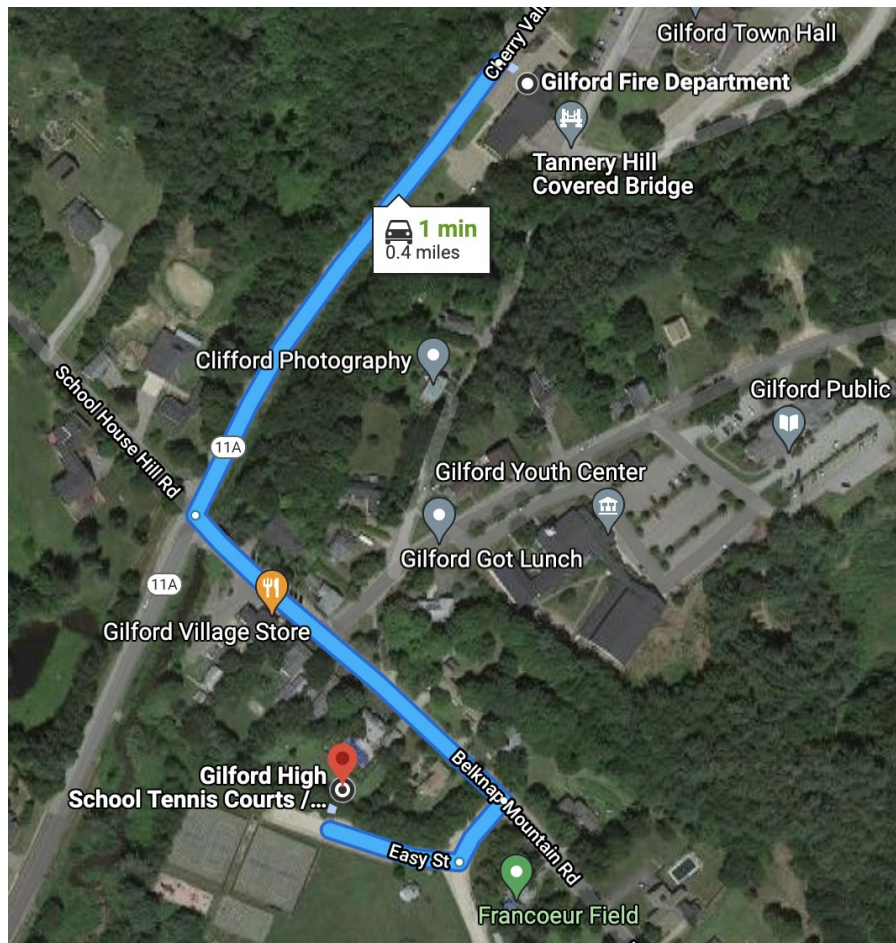
### **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

## VENUE DIRECTIONS:

### *Gilford Village Fields*

From Gilford Fire Department turn left and head southwest on NH-11A W toward School House Hill rd for 0.2 miles. Turn left onto Belknap Mountain rd for 0.1 miles. Turn right onto Easy Street for 128 feet, then turn right to stay on Easy Street. The fields will be on the right.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Pheasant Ridge Country Club

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

2. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.

- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

### **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

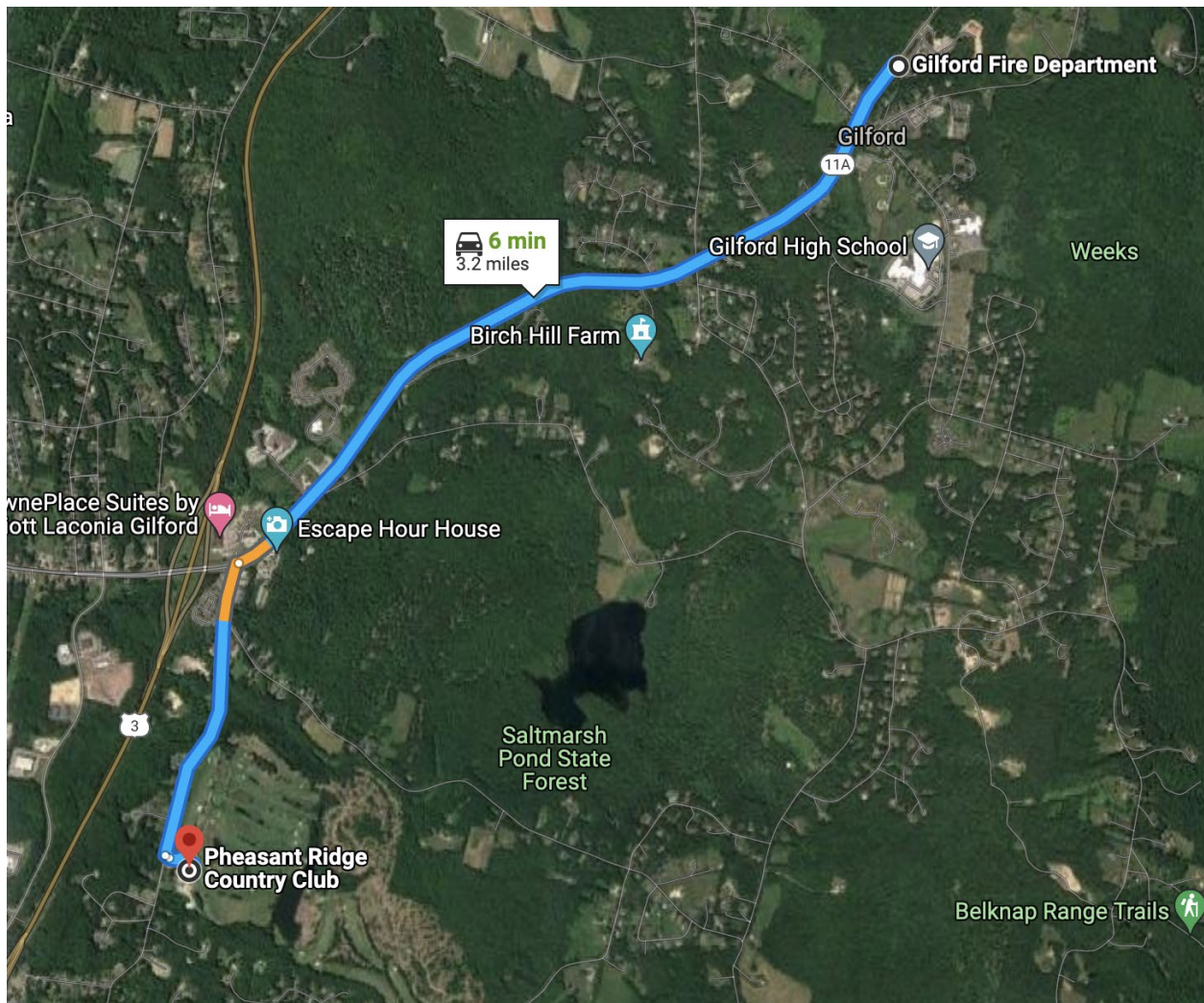
Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.



**VENUE DIRECTIONS:**

*Pheasant Ridge Country Club: 140 Country Club Rd, Gilford, NH 03249*

From Gilford Fire Department, take a left and head southwest on NH-11 A W towards School House Hill Rd for 2.3 miles. At the traffic lights, turn left onto Country Club Rd for 0.8 miles. Turn left into 140 Country Club rd for 85 feet, then turn left. The destination will be on the right.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Merrill Fay Arena

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure the Event Staff is prepared with the proper telephone numbers and chain of command has been established in order to communicate with EMS. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the certified athletic trainer as soon as possible, If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. /911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities
  - e. **CERTIFIED ATHLETIC TRAINER/PHYSICIAN:** The certified athletic trainer/physician is the primary responder and team leader. He/she will direct the response until EMS arrives. He/She will then bring EMS up to date on the athletes current condition/status and assist them as needed.
  - f. **HEAD COACH:** The head coach will stay with the injured athlete and the certified athletic trainer/physician. He/she should assist in keeping the injured athlete calm, talk with the parents and provide any other support needed.
  - g. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*:** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given; State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - i. Give your name.
    - ii. Give the name of the school.

- iii. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
- iv. Give all pertinent information about the emergency (what treatment is being rendered)
- v. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- h. **SECOND ASSISTANT COACH/TEAM CAPTAIN:** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the certified athletic trainer.

\*\*\* This procedure will occur upon the absence of the certified athletic trainer. If a certified athletic trainer is present, he/she will be directing the response as described below.

### **ROLES OF THE CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Ensure emergency entrance to facility is clear and accessible;
- Unlock and open gates for ambulance entry; Direct EMS personnel (ambulance) to

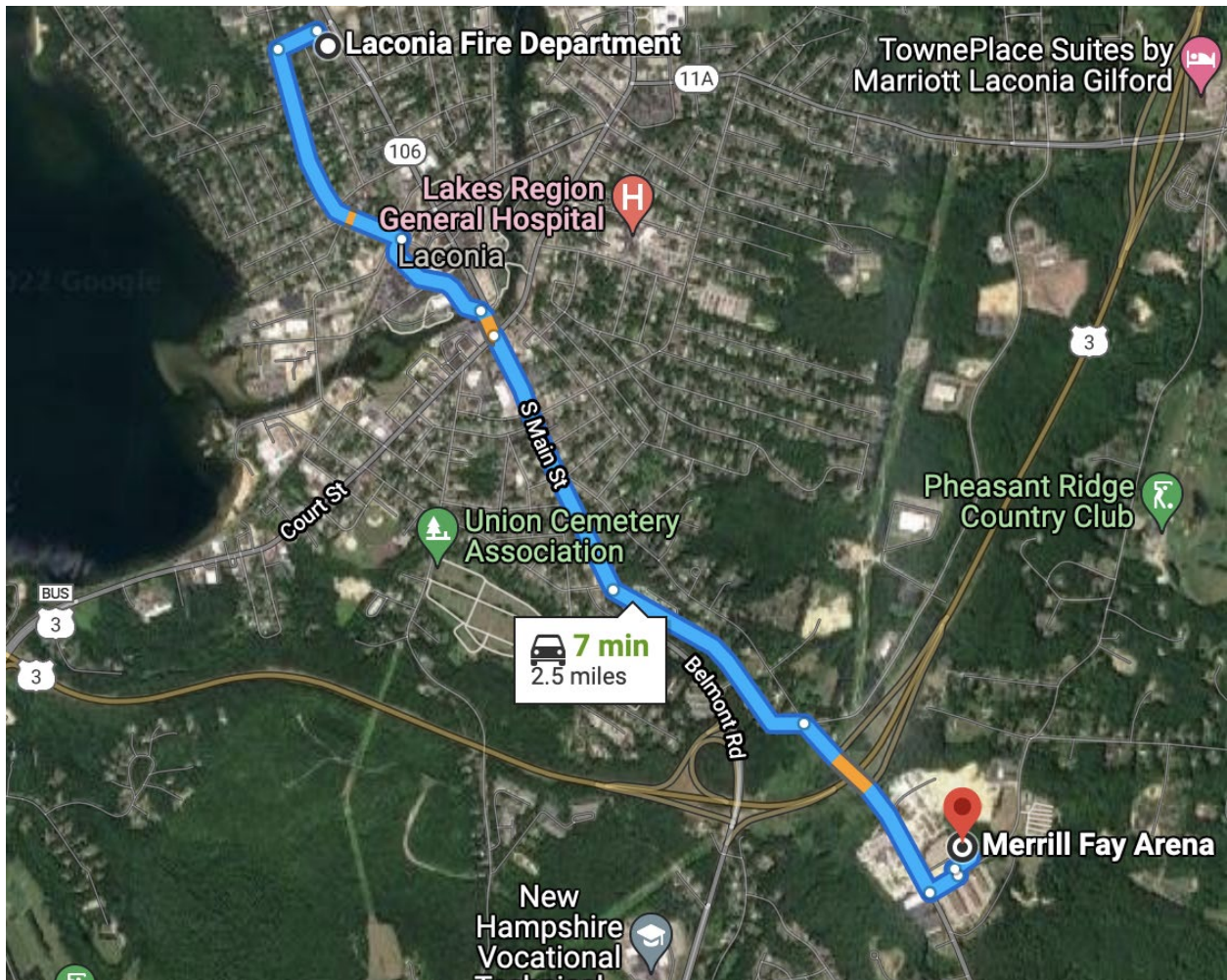


scene; - Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from the area of injured athlete.

**VENUE DIRECTIONS:**

*Merrill Fay Arena: 468 Province Rd, Laconia, NH 03246*

From the North Main Street Laconia Fire Department, head Northwest toward Tremont Street, then turn left on Tremont Street for 449 feet. Turn left onto Pleasant Street for 0.5 miles, then turn right onto Beacon Street W for 0.2 miles. Use the right lane to turn right onto Main Street, then continue straight onto S Main St for 0.6 miles. Take a slight left to stay on S Main Street for 0.5 miles, then turn right onto Province Road for 0.4 miles. Turn left onto Frank Bean Road for 341 feet, then take the first left into the arena parking lot, then take a right to enter the zamboni garage.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Gilford Youth Center

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

2. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper

- entrances and the route of least delay.
- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

## **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

## **ROLES OF ADMINISTRATORS/COACHES**

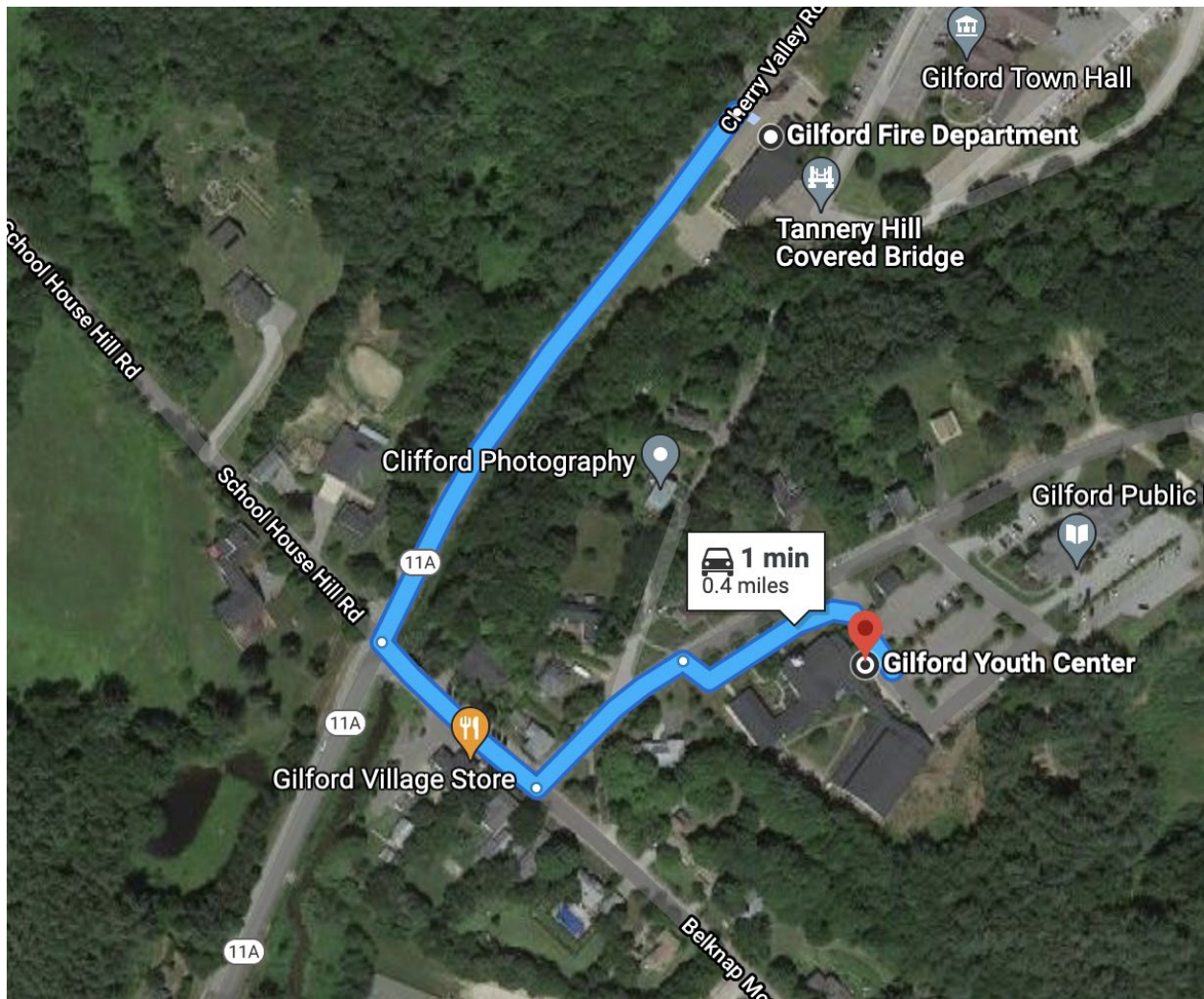
Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.



**VENUE DIRECTIONS:**

*Gilford Youth Center: 19 Potter Hill Rd, Gilford, NH 03249*

From Gilford Fire Department, take a left and head southwest on NH-11A W toward School House Hill for 0.2 miles. Turn left onto Belknap Mountain Rd for 308 feet, then turn left onto Potter Hill rd for 279 feet. Turn right for 381 and the Gilford Youth Center will be on the right.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### The Wellness Complex, Laconia

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

2. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.

- iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

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- Activation of emergency medical system (EMS);
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- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

## **ROLES OF ADMINISTRATORS/COACHES**

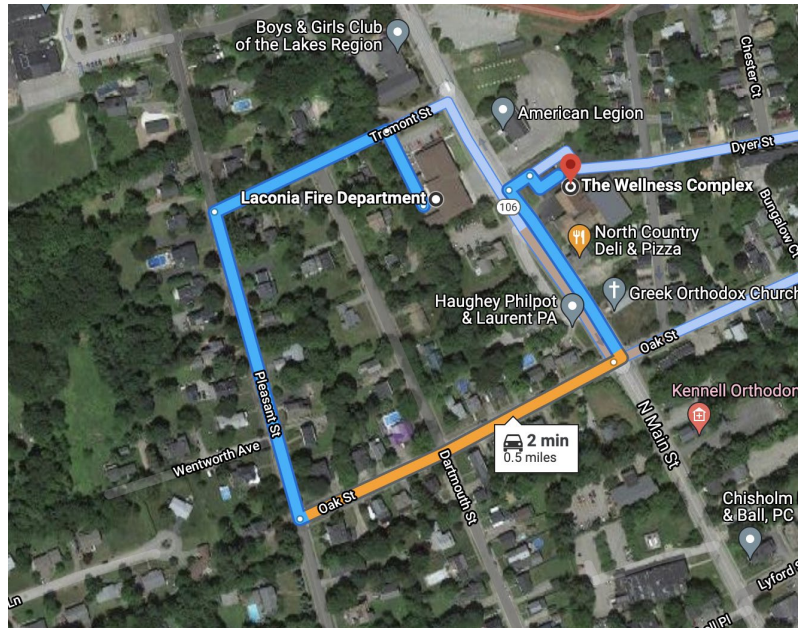
Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured

athlete.

**VENUE DIRECTIONS:**

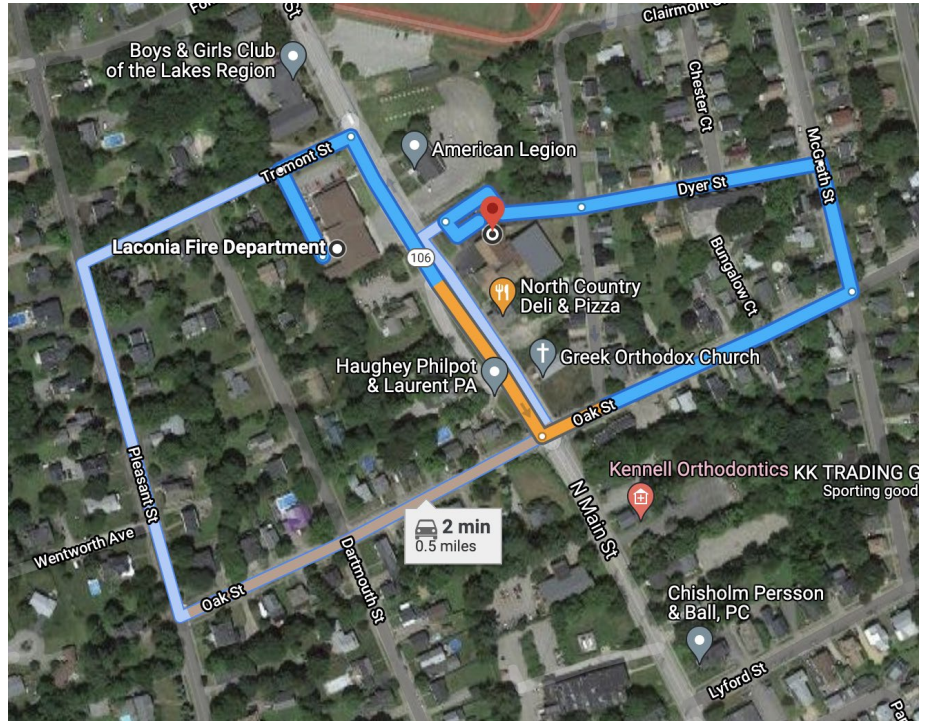
*The Wellness Complex: 827 N Main St, Laconia, NH 03246*

Via Pleasant Street and Oak Street:  
head northwest toward Tremont Street for 197 feet, then turn left onto Tremont Street. Turn left onto Pleasant Street for 0.1 miles, then turn left onto Oak Street for 0.2 miles. Turn left onto N Main Street for 499 ft, followed by a right turn. Take another right turn into the parking lot.





Via N Main Street: head northwest toward Tremont Street. Turn right onto Tremont street, then take another right onto N Main Street for 0.1 miles. Turn left onto Oak Street for 0.1 miles, then left onto McGrath Street. Turn left onto Dyer Street and continue straight for 322 ft, then turn left into the complex parking lot.



## **GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN**

### **Gunstock Mountain Resort**

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### **BEFORE EACH PRACTICE/EVENT:**

4. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

5. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.



6. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
- a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
    - v. Give all pertinent information about the emergency (what treatment is being rendered)
    - vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

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- Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
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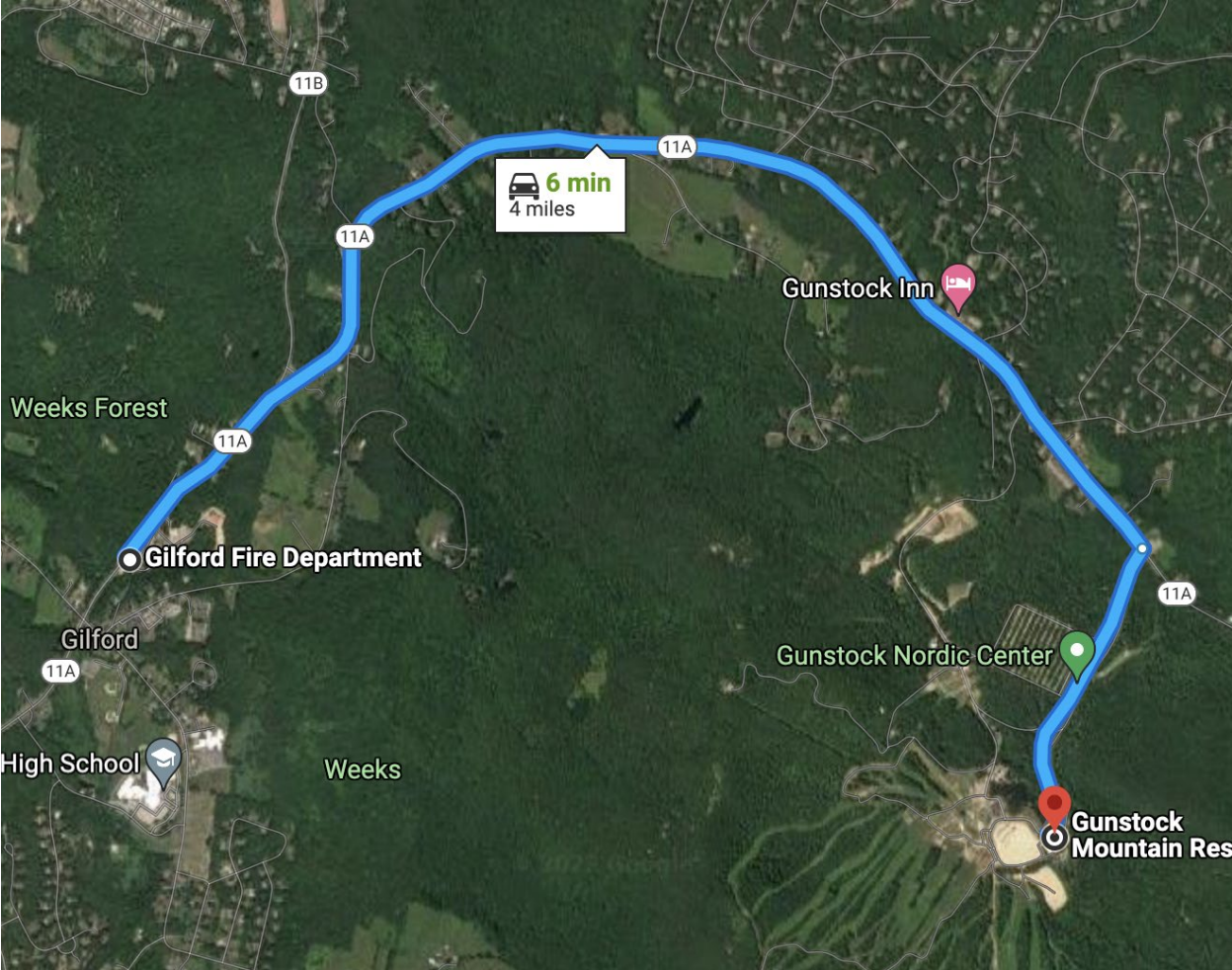
### **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

### **VENUE DIRECTIONS**

*Gunstock Mountain Resort: 719 Cherry Valley Road, Gilford, NH, 03249*

From Gilford Fire Department, turn right to head northeast on NH-11A E toward Valley Rd for 3.2 miles. Turn right onto Panorama drive for 0.7 miles, the lodge will be to the right, where Gunstock Mountain Medical Staff will be met



## **INTERDISCIPLINARY CREDIT**

High school students may earn course credit in one content area required for graduation, and apply said credit in a different content area through the awarding of interdisciplinary credit. Interdisciplinary credit may be counted only once in meeting graduation requirements.

The high school Principal is charged with approving courses for interdisciplinary credit if: (1) the course has been included in the Program of Studies; and (2) the course matches the competencies for the subject area in which the credit is to be counted.

### **Legal References:**

*NH Code of Administrative Rules, Section Ed 306.04(a)(14), Earning of Credit*

*NH Code of Administrative Rules, Section Ed 306.14(f), Awarding of Credit*

*NH Code of Administrative Rules, Section Ed 306.27(d), Mastery of Required Competencies*

*NH Code of Administrative Rules, Section Ed 306.27(p),  
Counting Credits*

**(Adopted: 1-5-09)**

## EARLY GRADUATION

Graduating from GHS earlier than scheduled is an option for a few students who are able to fulfill graduation requirements in less than four years. A student's academic standing, level of social maturity, and future plans are important factors when considering early graduation.

The following are the procedures for early graduation requests from students at Gilford Middle High School:

1. The student requesting early graduation will consult with his or her guidance counselor and submit a written request prior to May 15 of the preceding year to the counselor explaining the reasons for early graduation and future plans, unless circumstances warrant special consideration.
2. The parent or guardian of the student will be requested to submit, in writing, approval of their child's request. Information from individuals concerned with the student's future plans may be requested for submittance to the guidance counselor.
3. The principal and guidance counselor will consider the request and certify that all of the graduation requirements have been met. The guidance counselor will contact the parents to discuss early graduation and make certain that the parents understand the implications of the early graduation program.
4. The guidance counselor will submit all pertinent information to the principal with a recommendation and reasons.
5. The principal will grant or deny the request.
6. The superintendent/principal will send a follow-up and confirming letter to the student notifying him/her of the decision.
7. Students will achieve competency in all courses.

### **Legal References:**

*NH Code of Administrative Rules, Section Ed [306.27\(s\)](#), Early Graduation*

**(Adopted: 4/6/87)**

**(Revised 4/19/99, 1/3/2012)**

**(Ref. 6030)**

## IKFA - EARLY GRADUATION

(Download policy)

*Category: Priority/Required by Law*

The Board supports early graduation as a means to earn a high school diploma. Parental involvement for students under the age of 18 is required. The high school principal shall approve such requests if he/she determines that all state and local graduation requirements will be met and that early graduation is related to career and/or educational plans of the student making the request. Upon approval by the high school principal, the minimum 4-unit requirement per year for enrolled students shall be waived and the student shall be awarded a high school diploma.

### **Legal References:**

*NH Code of Administrative Rules, Section Ed 306.27(ad), Early Graduation*

Revised: May 2014

Reviewed: July 2004

Revised: November 1999, July 2005, September 2008

NHSBA Note, May 2014: This policy is now categorized as Priority/Required by Law.

Content of policy has not changed. Change to Legal References.

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## **CORRESPONDENCE STUDY**

Credit for correspondence school study may be counted toward graduation requirements provided:

1. An accredited correspondence school is contracted with by student/parent.
2. Request for credit is submitted in writing to the principal prior to enrollment and approval is granted in writing.
3. Cost for tuition is a parental/student responsibility.
4. Final course exam(s) must be taken on school premises under staff supervision.
5. Written verification of successful completion of course work must be received before credit is transferred.
6. No more than three (3) credits of correspondence school course work will be accepted and not more than one (1) credit in any academic discipline.

**(Adopted: 5/19/86)  
(Revised: 11/7/2011)**

**(Ref. 6017)**

## **DAILY PHYSICAL ACTIVITY**

The Board recognizes that developmentally appropriate daily physical activity, exercise and physical education are ways to minimize health risks created by chronic inactivity, childhood obesity, and other related health problems. The Board recommends that students and staff participate in developmentally appropriate physical activity and exercise at for at least 30 to 60 minutes each day as a way to minimize these health risks. The Board recommends the following practices:

- (1) Encourage parents/guardians to support their children's participation in physical activities, and recognize that parents/guardians act as role models for active lifestyles;
- (2) Support special programs such as student and staff walking programs, family fitness events, and events that emphasize lifelong physical activity;
- (3) Promote the integration of health and physical activity across the school curriculum;
- (4) Encourage student-initiated activities that promote inclusive physical activity on a school-wide basis;
- (5) Make Reasonable effort to provide adequate resources that include program funding, personnel, safe equipment, and facilities;
- (6) Establish relationships with community recreation and youth sports programs and agencies to coordinate and complement physical activity programs;
- (7) Encourage physical activity recess periods

### **Legal References:**

*RSA 189:11-a, Food and Nutrition Programs*

*NH Code of Administrative Rules, Section Ed 306.04(a)(15), Daily Physical Activity*

*NH Code of Administrative Rules, Section Ed 306.04(l), Daily Physical Activity*

*NH Code of Administrative Rules, Section Ed 310, Daily Physical Activity*

**(Adopted: 4/4/2011)**



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- (5) Make Reasonable effort to provide adequate resources that include program funding, personnel, safe equipment, and facilities;
- (6) Establish relationships with community recreation and youth sports programs and agencies to coordinate and complement physical activity programs;
- (7) Encourage physical activity recess periods

### **Legal References:**

*RSA 189:11-a, Food and Nutrition Programs*

*NH Code of Administrative Rules, Section Ed 306.04(a)(15), Daily Physical Activity*

*NH Code of Administrative Rules, Section Ed 306.04(l), Daily Physical Activity*

*NH Code of Administrative Rules, Section Ed 310, Daily Physical Activity*

**(Adopted: 4/4/2011)**

## **GRADING DISABLED STUDENTS: GRADES K-12**

For students with I.E.P.'s, the Special Education Team will determine how the student is to be graded for each subject.

Students with I.E.P.'s who can master regular education curriculum content will be graded using grade level standards. Students who cannot master curriculum content at the grade level will be graded as indicated in the I.E.P.

1. Grading in the Regular Classroom:

- A. Students who can master grade level curriculum content for any/all subject areas will be graded in those subject areas using grade level standards.
- B. Students who cannot master grade level curriculum content for any/all areas will have modifications and individual goals written in the I.E.P. For those subject areas in which classroom goals, objectives/benchmarks, and grading standards are inappropriate, the I.E.P. will indicate the system of grading.

2. Grading in Content Areas Provided by Special Education Teachers:

- A. Grading will be based on the goals and objectives/benchmarks in the I.E.P.

3. Grading for Learning Lab Support Services and Related Services:

- A. Grading will be on the basis of goals and objectives/benchmarks of the I.E.P. When grading is appropriate, the letter grade will reflect student progress on the I.E.P.

**Adopted: 5/17/99**

*NHSBA sample policy. This policy is recommended to adopt the provisions of the federal Every Student Succeeds Act ("ESSA") which allow the awarding of a "state-defined" Alternate Diploma to certain students with the most significant cognitive disabilities.*

*3-8-2022 Policy Committee*

## **IKFC - ALTERNATE DIPLOMA FOR STUDENTS WITH SIGNIFICANT COGNITIVE DISABILITIES**

(Download policy)

*Category: Recommended*

*Related Policies: IHBA, IHBI, IKF*

**A. PURPOSE.** The purpose of this policy is to meet the requirements of the federal Every Student Succeeds Act ("ESSA") to establish and allow the awarding of a District Alternate Diploma to certain students with the most significant cognitive disabilities.

**B. INTRODUCTION.** Under ESSA, states may adopt alternate content standards and alternate assessments for students with the most significant cognitive disabilities. In states that have adopted such alternative content standards, ESSA allows local school boards to adopt policies allowing certain students with significant cognitive disabilities the ability to earn an Alternate Diploma based on the alternative content standards.

An Alternate Diploma provides students who may have ordinarily earned certificates of attendance, or completion under New Hampshire Administrative Rule Ed. 306.27(q), with the option to earn a diploma.

New Hampshire has adopted Dynamic Learning Maps (DLM) as an alternate assessment tool. The DLM assessment measures yearly student progress, and provides independent standards which align with the NH Statewide Assessment.

Accordingly, this policy authorizes the District to award an Alternate Diploma in accordance with the below requirements and conditions.

### **C. ELIGIBILITY.**

Consistent with ESSA, the Alternate Diploma may be awarded to students who:

1. Have significant cognitive disabilities;
2. Have a current Individualized Education Program ("IEP"); and
3. Participate in the state authorized alternate assessment (currently DLM).

The Alternate Diploma is NOT available to students without IEP's, including students with Section 504 plans.

### **D. DETERMINATION OF AWARD.**

The determination to award and the Alternate Diploma is the responsibility of the student's IEP team, including the student's parent(s)/guardian(s). The IEP team's consideration of the appropriateness of an Alternate Diploma should be included in transition planning beginning at age sixteen (16). Details of this decision shall be included in the student's IEP transition plan in accordance with Ed. 1109.03.

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*3-8-2022 Policy Committee*

#### **E. TIME OF AWARD.**

The student may choose (individually or through the IEP team) to receive the Alternate Diploma at one (1) of three (3) times:

1. At graduation with common age peers;
2. At the conclusion of the student's IEP; or
3. Upon reaching age twenty-one (21).

If the student participates in the traditional graduation ceremony, the student will be included in the graduation program with no difference in listing from his/her peers awarded a regular diploma.

#### **F. EFFECT OF AWARD AND CONTINUED ELIGIBILITY.**

1. Under 34 CFR 300.102 (a)(3), the awarding of any document other than regular high school diploma shall not terminate a child's eligibility for a free and appropriate public education ("FAPE"). Accordingly, earning an Alternate Diploma does not end a student's eligibility for special education services. Rather, students who have earned the Alternate Diploma, and are otherwise eligible for special education services, may continue to receive such services and may continue working towards meeting the requirements for the regular high school diploma.
2. Alternate Diplomas awarded under this policy are counted in the state graduation rate, while certificates of attendance or equivalency are not.

#### **G. IMPLEMENTATION.**

The Superintendent, with the assistance of the [Director of Special Education/Student Services Director] is directed to establish, and make available procedures and administrative rules to implement this policy.

#### **History:**

First reading: \_\_\_\_\_

Second reading/adopted: \_\_\_\_\_

#### **Legal References:**

*20 U.S.C. §7801 (23) - Every Student Succeeds Act (§ 8101(a)(23))*

*34 CFR 300.102 (a)(3); 300.43; and 300.320(b)*

*RSA 193-E - Adequate Public Education*

*Ed 306.27(q)(4)- Minimum Standards/High School Requirements/Equivalency Diplomas*

*Ed 1109.03- When and IEP is in Effect...Transition Services*

## **FACILITIES OR SERVICES – GRIEVANCE PROCEDURE (SECTION 504)**

The Gilford School District provides the following Notice of Procedural Safeguards to parents/guardians, and handicapped persons, as required by 34 C.F.R. Sections 104.7, 104.8, 104.22 (4) (f), and 104.36 of the Regulations implementing Section 504 of the Rehabilitation Act of 1973.

The district does not discriminate on the basis of handicap in admission or access to, or treatment or employment in, its programs and activities.

The district provides a grievance procedure with appropriate due process rights. Esther Kennedy is the designated employee, charged with coordinating efforts to comply with Section 504. The parent/guardian of handicapped students or any handicapped person may use the grievance procedure established by the Gilford School Board.

Grievance Procedure: As the parent/guardian of a handicapped student or as a handicapped person, you have the right to notify the above designated employee with your complaint.

The designated employee will make an initial response to the complainant within ten (10) days of receipt of complaint. The parties will attempt to work out their differences promptly and equitably informally. A written record of the resolution of the complaint should be made within ten (10) working days of completion.

If that effort fails, you may (a) request a meeting with the superintendent and, if that does not resolve the matter, you may (b) request the school board places the matter on it's agenda. You may be represented by anyone of your choosing, may present information through documents and other evidence and witnesses, and may examine witnesses presented by the school district.

Within ten (10) working days of either of the above options, a written record should be made of the decision.

Section D Procedural Safeguards: As required by Section 104.36, as the parent/guardian of a student, who because of handicap needs or is believed to need special instruction and related services, you have the right, with respect to any action regarding identification, evaluation, and placement to:

1. Notice of referral/identification, evaluation, and placement process, with appropriate consent form.
2. Examine all relevant records

3. At an impartial hearing, at any time, with respect to any actions regarding identification, evaluation, or placement of persons who need or are believed to need special education and related services, an opportunity for participation by you and representation of counsel as provided under the Individuals with Disabilities Act.
4. A review process.

**Legal References:**

*Section 504 of the Rehabilitation Act of 1973*

34 C.F.R. § 104.7(b), Adoption of Grievance Procedures

**(Adopted: 4/20/09)**

## **KED - FACILITIES OR SERVICES - GRIEVANCE PROCEDURE (SECTION 504)**

(Download policy)

### *Category P*

1. Any qualified handicapped person, or persons, who feels subject to discrimination with respect to Section 504 of the Rehabilitation Act has the right to file a formal grievance.
2. Any qualified handicapped person, or persons, who has a grievance shall discuss it first with the appropriate building Principal in an attempt to resolve the matter informally at that level.
3. If, as a result of the discussion, the matter is not resolved to the satisfaction of the aggrieved party within five (5) school days, the aggrieved party shall set forth the grievance in writing to the Principal. The Principal shall communicate his/her decision to the aggrieved party in writing within five (5) school days of receipt of the written grievance.
4. The aggrieved party, no later than five (5) school days after receipt of the Principal's decision, may appeal the Principal's decision to the Section 504 Coordinator. The appeal to the Coordinator must be made in writing reciting the matter submitted to the Principal and the aggrieved party's dissatisfaction with decisions previously rendered. The Coordinator shall meet with the aggrieved party to attempt to resolve the matter as quickly as possible, but within a period not to exceed five (5) school days. The Coordinator shall communicate his/her decision in writing to the aggrieved party and the Principal not later than five (5) school days after the meeting.
5. If the grievance is not resolved to the aggrieved party's satisfaction, the aggrieved party, no later than five (5) school days after receipt of the Coordinator's decision, may submit a written request for a hearing with the local School Board regarding the alleged discrimination through the Superintendent of Schools. The hearing will be held within thirty (30) calendar days of the written request. The School Board must provide the aggrieved party with a written decision on the appeal within ten (10) calendar days after the hearing.
6. Between the date the aggrieved party requests the hearing and the date the hearing is held, the aggrieved party and the School District may continue to negotiate. If the School District and aggrieved party agree on a mutual solution to the alleged discrimination, the hearing would be canceled.
7. The decision of the School Board is final pending any further legal recourse as may be described in current local district, state or federal statutes pertaining to Section 504 of the Rehabilitation Act of 1973.

### **Legal References:**

*Section 504 of the Rehabilitation Act of 1973*  
*34 C.F.R. § 104.7(b), Adoption of Grievance Procedures*

## **DBJ - TRANSFER OF APPROPRIATIONS**

(Download policy)

In the event it becomes necessary to expend an amount greater than what was appropriated for a specific purpose, the Board is authorized to transfer funds from an unexpended balance of one appropriation to a different appropriation that is in deficit. All transfers of appropriations will be made consistent with the provisions of RSA 32:10.

The Board authorizes the Superintendent to transfer funds between line items up to \$5,000. Any such transfers shall be reported to the school board at the board's next regularly scheduled meeting. Any transfer in excess of \$5,000 shall first require Board approval and authorization. Any transfer of funds between line items by the Superintendent shall be done so only to achieve purposes set forth the goals or aims to be accomplished through the expenditure of public funds.

In no circumstance shall the total amount spent exceed the total amount appropriated at the school district annual meeting.

The Superintendent is authorized to develop administrative rules or regulations to accompany this Policy.

### **Alternative Policy Language:**

It is the intent of the School Board to limit its spending to the amount specified for each line item. However, transfer of funds between line items will be permitted if deemed necessary. All such transfers will be in accordance with the requirements of RSA 32:10.

NHSBA Note, September 2013: NHSBA offers this alternative language in response to member inquiries. Either option will satisfy the provisions of RSA 32:10.

### **Legal References:**

*RSA 32:10, Transfer of Appropriations*

*RSA 282-A:71, III, Unemployment Compensation*

Revised: September 2013

Revised: July 1998, November 1999, March 2004, September 2009

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**Gilford School District**

**EMERGENCY PLAN FOR SPORTS RELATED INJURIES AND  
ADDITIONAL PROTOCOLS FOR ATHLETICS PARTICIPATION**



## **INTRODUCTION**

The purpose of this document is to provide members of the Gilford School Athletic Department the proper information to help ensure the safety of the student-athletes while participating at GSD.

In favor of providing the safest and the best playing atmosphere for the athletes at GSD, the following action plans have been developed. These protocols are directed at meeting the necessary demands in the event of an emergency situation involving an injured athlete at a GSD athletic site.

## **GILFORD SCHOOL DISTRICT ATHLETIC VENUES**

### **Gilford Meadows Complex**

Football

Lacrosse (B/G)

### **Gilford School District Athletic Fields**

Soccer (B/G)

Track & Field (B/G)

Field Hockey

Softball

Unified Soccer

Cross Country (B/G)

### **Gunstock**

Alpine Skiing B/G

Nordic Skiing B/G

Cross Country B/G

### **Gilford SCHOOL (HS/MS) GYM**

Volleyball

Basketball (B/G)

Baseball

Softball

### **Gilford Village Fields**

Baseball

Soccer

Tennis (B/G)

### **Pheasant Ridge Country Club**

Golf

### **MERRILL FAY ARENA**

Hockey

### **Gilford Community Center**

Indoor Track (B/G)

### **Laconia Wellness Complex**

Swimming (B/G)

# **GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN**

## **Introduction**

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athlete of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan: These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Athletic Trainers (ATCs), Coaches, and Administrators
5. Venue Directions with Map

The Gilford High School Emergency Action Plan also includes the following:

- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques for Coaches

## **Emergency Plan Personnel**

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type

and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student athletic trainers; coaches; and, possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer.

There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. In most instances, the Certified Athletic Trainer/ATC will assume this role, although if the team physician is present, he/she may be called in or in the absence of the Certified Athletic Trainer, the Head Coach will assume this role. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, a coach is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Athletic training students and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of Medical personnel. An athletic training student, administrator, coach or team Captain may be appropriate for this role.

#### Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

## Activating the EMS System

Making the call:

911 (all emergencies)

Providing Information:

- Name and telephone number of caller
- Location of the emergency scene
- Nature of emergency
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by ATC/Physician
- Specific directions as needed to locate the emergency scene
- Other information as requested by dispatcher
- Dispatcher hangs up first

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

### **Emergency Communication**

Communication is the key to quick emergency response. Certified Athletic Trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as a telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the Emergency Medical System at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

### **Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency

equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and used/rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection logbook for continued inspection is strongly recommended.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

### **Medical Emergency Transportation**

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a "load and go" situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for student athletes, all emergency trauma transports are to be sent to Concord Hospital - Laconia.

### **Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with biannual CPR and first aid recertification. Through development and implementation of the emergency plan, this helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the Gilford High School Emergency Plan for Athletics

Approved by \_\_\_\_\_  
Gilford School District Superintendent Date

Approved by \_\_\_\_\_  
Gilford School District Principal Date

Approved by \_\_\_\_\_  
Gilford School District Athletic Director Date



## ***PROCEDURES AND FOLLOW-UP:***

As the athlete is being assessed and EMS is being activated, the relocation of the players away from the injured athlete should take place. A member of the coaching staff/ team captain will head relocation of the players. At this time security and administration notification for crowd control should also take place.

It is policy that all students wanting to participate in extracurricular sport activities must have a current pre-participation screening signed by a physician clearing them to participate and that their parents/guardians fill out all pre-participation paperwork. This includes a document that allows the parents/guardians of minor children to participate in sports, and should any injury occur, it also gives the athletic training staff the consent to render treatment. In the case where the parents have not given their consent for the minor athlete to be treated, if at all possible the athlete's parent/guardian should be consulted for consent to treat prior to any treatment-taking place. If this is not possible, applied consent on the behalf of the athlete to save his/her life takes precedence. Regardless of prior consent, **some effort needs to be made** to notify the athlete's parent/guardian that an emergency situation has occurred. Parent/guardian contact information can be found on the *Emergency Information/ Treatment Authorization* card for that athlete. This card is located either in the athletic training room or in the medical kit on the sidelines. The head coach should always have the EITA cards with them. The card must be presented to the EMS personnel responding to the emergency situation. If transportation is necessary, the athletic trainer will assign a person to accompany the athlete to the hospital. This person will need to stay with the athlete until a legal parent or guardian arrives. Once at the hospital the assigned coach will call the athletic trainer ( 603-204-4324) with any medical updates. An injury report *must* be filled out after every incident. If the athletic trainer is not present it is the responsibility of the coach to fill out the incident report and notify the athletic trainer as soon as possible.

### *GILFORD HIGH SCHOOL LOCATION:*

88 Alvah Wilson Road, Gilford, NH.

The school phone number is (603) 524-7135

### *GILFORD MIDDLE SCHOOL LOCATION:*

72 Alvah Wilson Road

The school phone number is (603) 527-2460

### EMERGENCY PHONE NUMBERS:

Athletic Training Room (GHS):

Gabby Beijer, ATC: (603)-204-4324 (Cell)

EMS: 911

## **PRESEASON:**

**\*\***The following information and emergency action plan should be discussed and practiced with the coaching staff prior to the beginning of the season.

**INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.

**HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.

**FIRST ASSISTANT COACH** *\*RESPONSIBLE FOR EMERGENCY COMMUNICATION\**  
The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;

1. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
2. Give your name.
3. Give the name of the school.
4. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
5. Give all pertinent information about the emergency (what treatment is being rendered)
6. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

**SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

## **ALL AWAY EVENTS**

Before the event begins, the following should be carried out:

1. Ask the host coach if there is any medical coverage present.
2. If there is no medical coverage, use your best judgment and follow your emergency action plan.
3. Make sure there is a working telephone and the proper numbers are accessible to make the call.
4. Contact the person in charge (AD, ATC, etc) to communicate the Emergency Action Plan.

# GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

## Gilford High and Middle School Venue

\*If an athlete sustains a traumatic injury or life-threatening injury the following procedures should be followed.

### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, **DO NOT MOVE THE ATHLETE**, and contact the certified athletic trainer immediately. If the injury is **LIFE-THREATENING**, call E.M.S. /911 first, then call the certified athletic trainer. After the primary survey and Rescue Breathing/CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.

- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

### **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

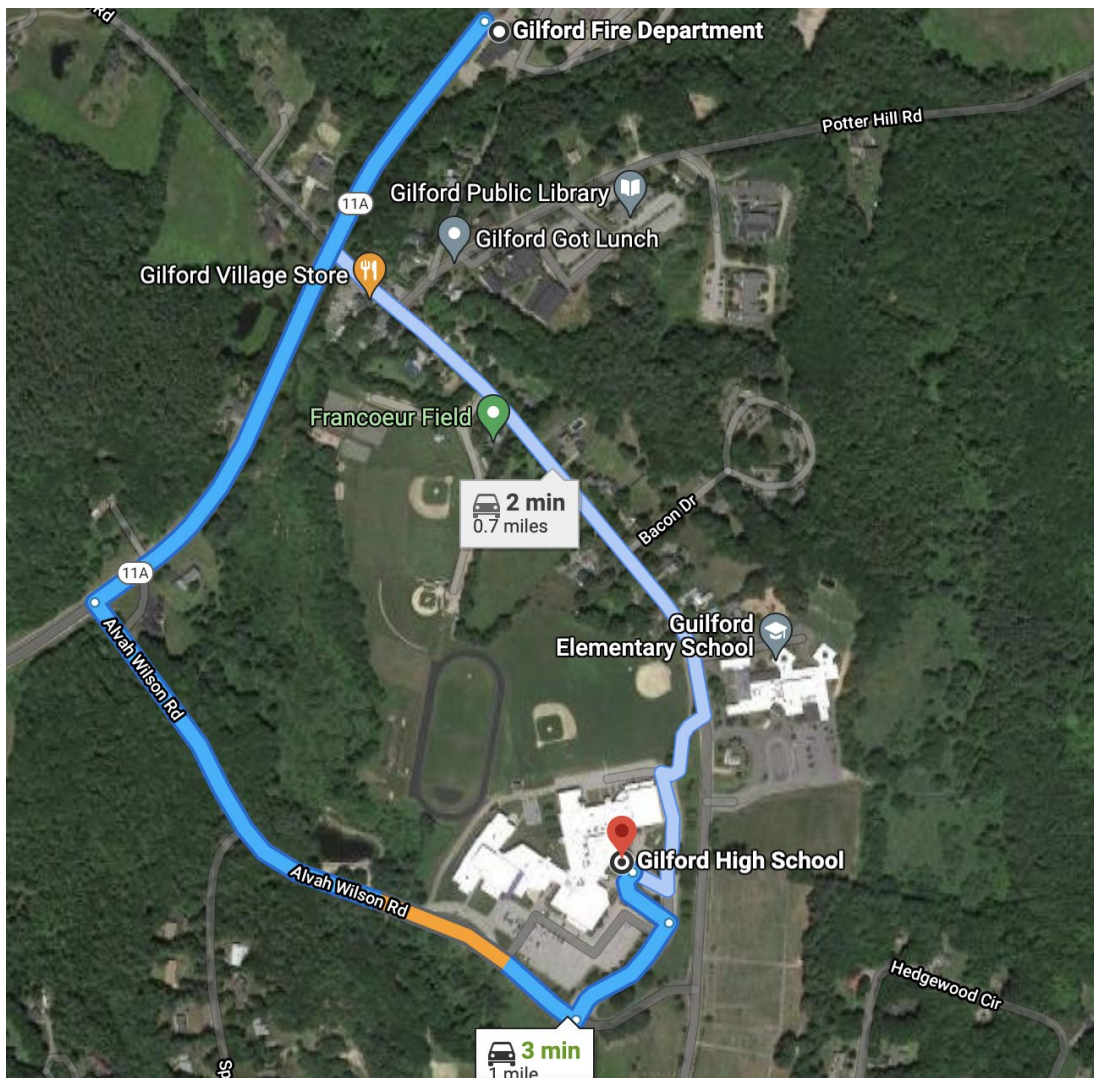
## VENUE DIRECTIONS

*Gilford High School Gym: 88 Alvah Wilson Road, Gilford, NH 03249*

From Gilford Fire Department, head southwest on NH-11A toward School House Hill Road for 0.5 miles. Turn left onto Alvah Wilson Road for 0.4 miles. Turn left into the second entrance on the left. Turn into the loop in front of the high school, and go in the doors to the far right. The gym is to the right.

*Gilford High School Athletic Field*

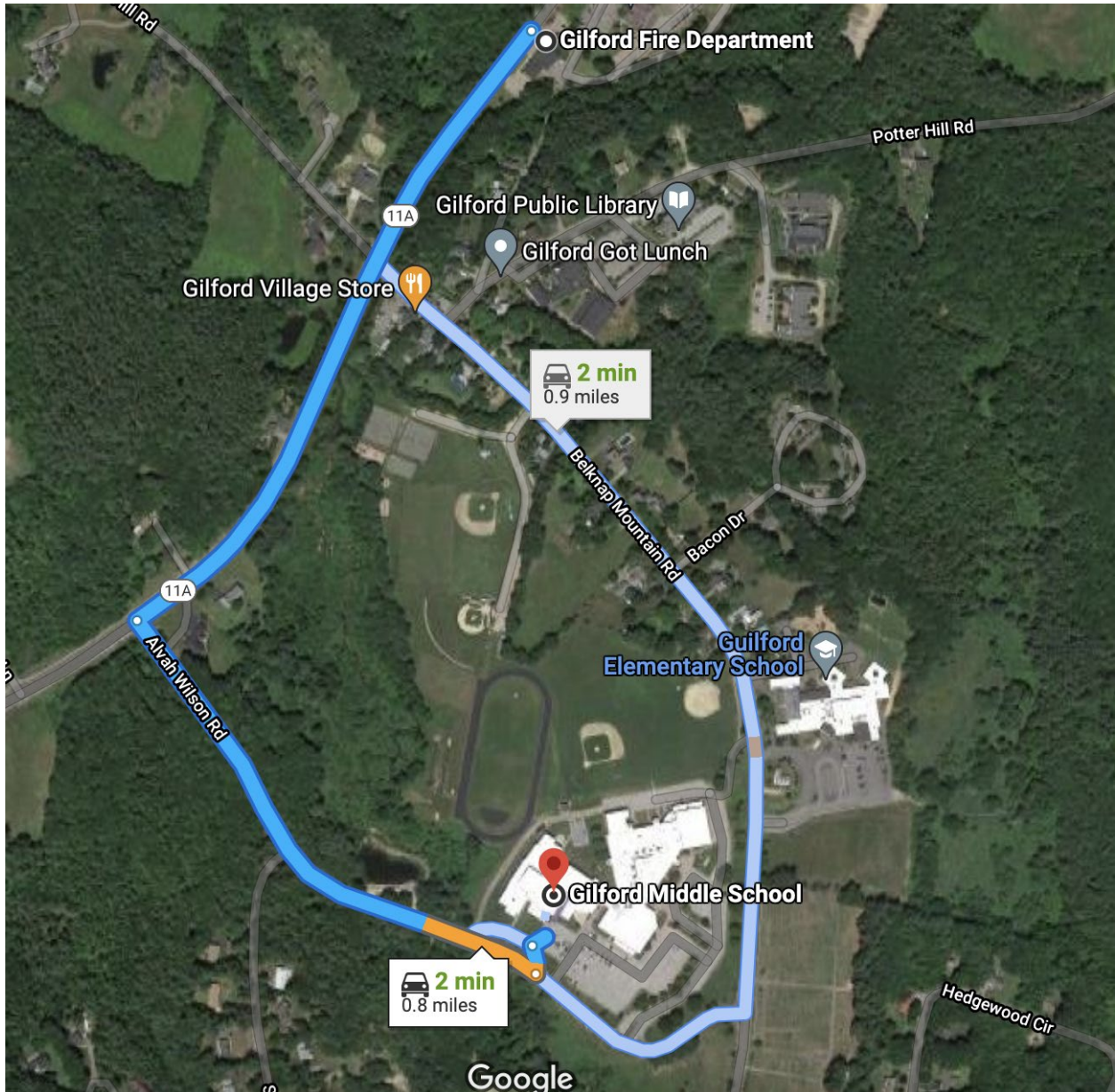
From Gilford Fire Department, head southwest on NH-11A toward School House Hill Road for 0.5 miles. Turn left onto Alvah Wilson Road for 0.4 miles. Turn left into the second entrance on the left. Continue straight past the entrance and take a slight right heading towards the back of the school. The fence opening is straight ahead.





*Gilford Middle School Gym: 72 Alvah Wilson Rd, Gilford, NH 03249*

From Gilford Fire Department, head southwest on NH-11A toward School House Hill Road for 0.5 miles. Turn left onto Alvah Wilson Road for 0.3 miles. Turn left into the first entrance on the left. Go to the main entrance of the middle school, the gym is on the left.



**GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN**

## Gilford Meadows Complex

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

### BEFORE EACH EVENT

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure the Event Staff is prepared with the proper telephone numbers and chain of command has been established in order to communicate with EMS. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the certified athletic trainer as soon as possible, If a severe injury (i.e. head or spinal injury) occurs, **DO NOT MOVE THE ATHLETE**, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. /911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities
  - a. **CERTIFIED ATHLETIC TRAINER/PHYSICIAN:** The certified athletic trainer/physician is the primary responder and team leader. He/she will direct the response until EMS arrives. He/She will then bring EMS up to date on the athletes current condition/status and assist them as needed.
  - b. **HEAD COACH:** The head coach will stay with the injured athlete and the certified athletic trainer/physician. He/she should assist in keeping the injured athlete calm, talk with the parents and provide any other support needed.
  - c. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*:** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given; State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - i. Give your name.
    - ii. Give the name of the school.
    - iii. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
    - iv. Give all pertinent information about the emergency (what treatment is



- being rendered)
- v. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- d. **SECOND ASSISTANT COACH/TEAM CAPTAIN:** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the certified athletic trainer.

\*\*\* This procedure will occur upon the absence of the certified athletic trainer. If a certified athletic trainer is present, he/she will be directing the response as described below.

### **ROLES OF THE CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

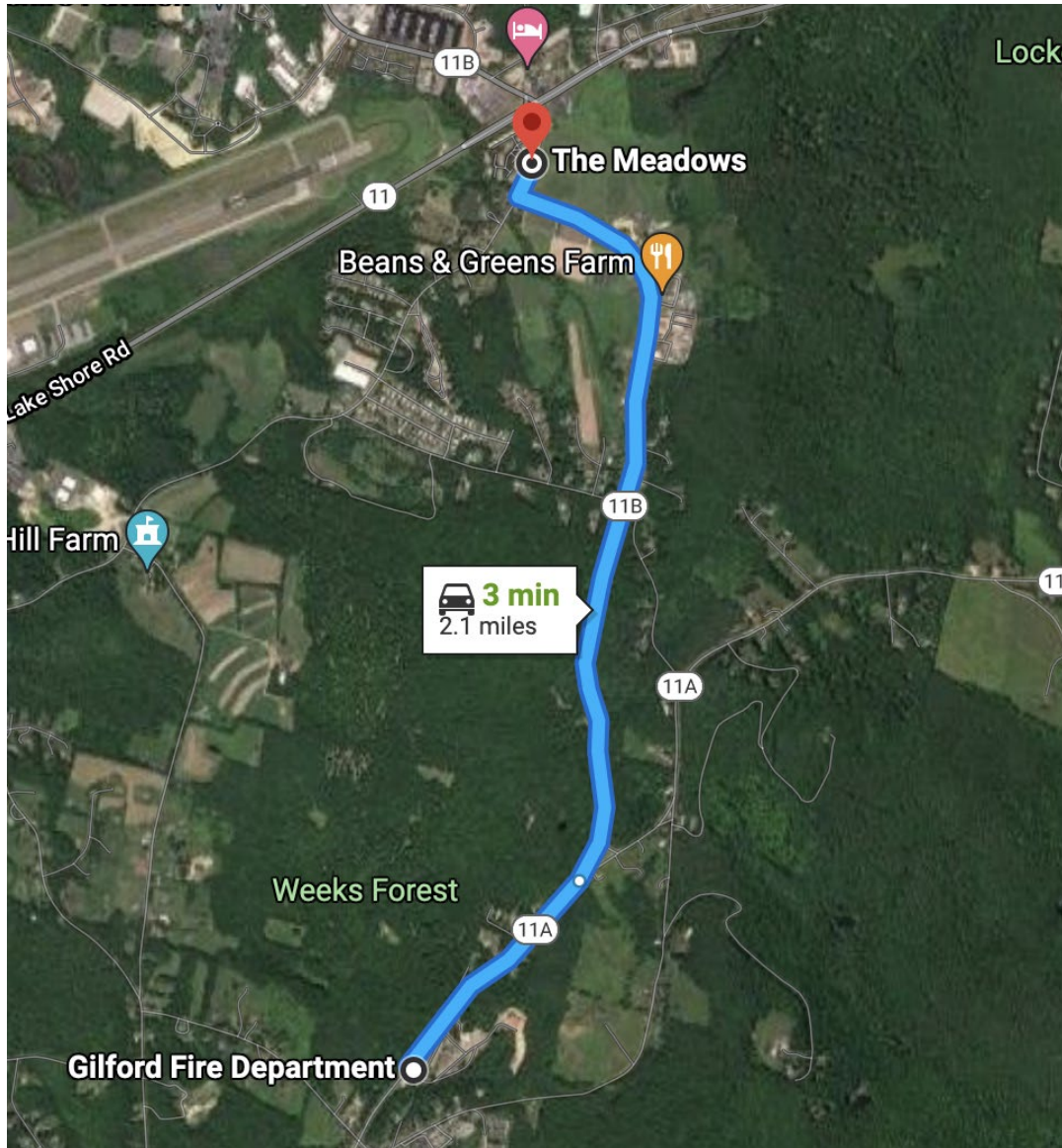
### **ROLES OF ADMINISTRATORS/COACHES**

- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Ensure emergency entrance to facility is clear and accessible;
- Unlock and open gates for ambulance entry; Direct EMS personnel (ambulance) to scene; - Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from the area of injured athlete.

**VENUE DIRECTIONS:**

*Gilford Meadows Complex: 293 Intervale Road, Gilford, NH 03249*

From the Gilford Fire Department, take a right and head northeast on NH-11A E toward Valley Road for 0.5 miles. Take a slight left onto NH-11 B N for 1.6 miles. Gilford Meadows complex will be on the left. Go in the second entrance of the complex and take an immediate left into the parking lot.



# GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

## Gilford Village Fields

\*If an athlete sustains a traumatic injury or life-threatening injury the following procedures should be followed.

### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the certified athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. /911 first, then call the certified athletic trainer. After the primary survey and Rescue Breathing/CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper

- entrances and the route of least delay.
- v. Give all pertinent information about the emergency (what treatment is being rendered)
  - vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

#### **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

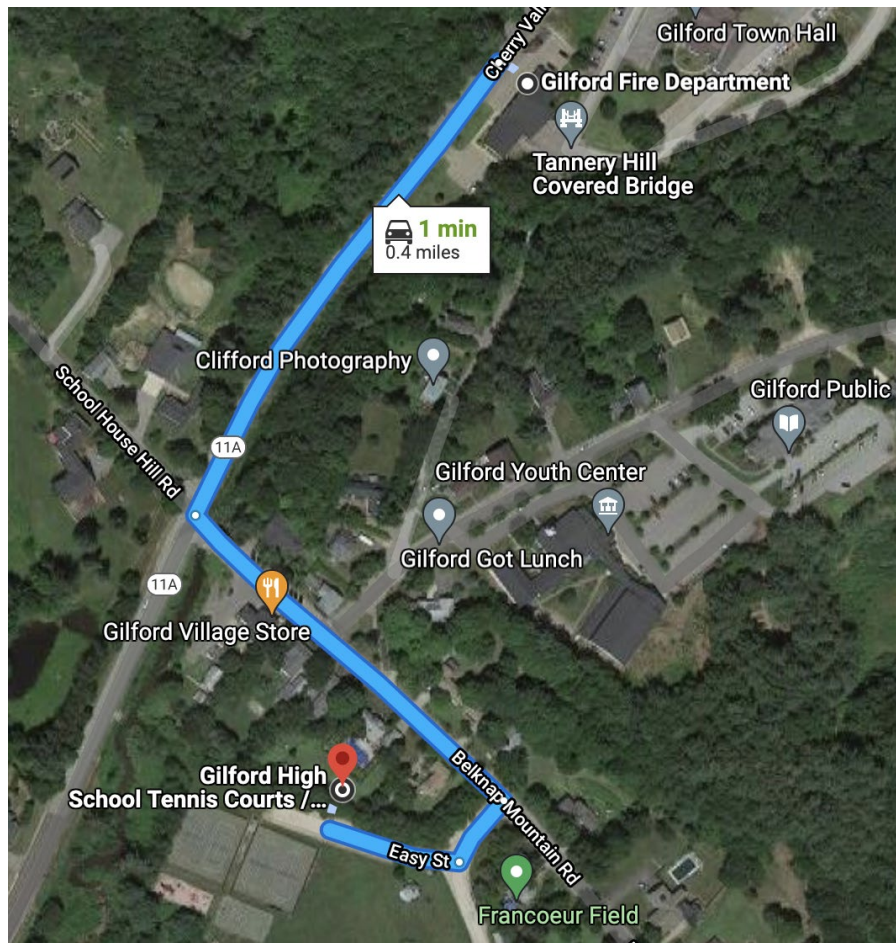
#### **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

## VENUE DIRECTIONS:

### *Gilford Village Fields*

From Gilford Fire Department turn left and head southwest on NH-11A W toward School House Hill rd for 0.2 miles. Turn left onto Belknap Mountain rd for 0.1 miles. Turn right onto Easy Street for 128 feet, then turn right to stay on Easy Street. The fields will be on the right.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Pheasant Ridge Country Club

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

2. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.

- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

### **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

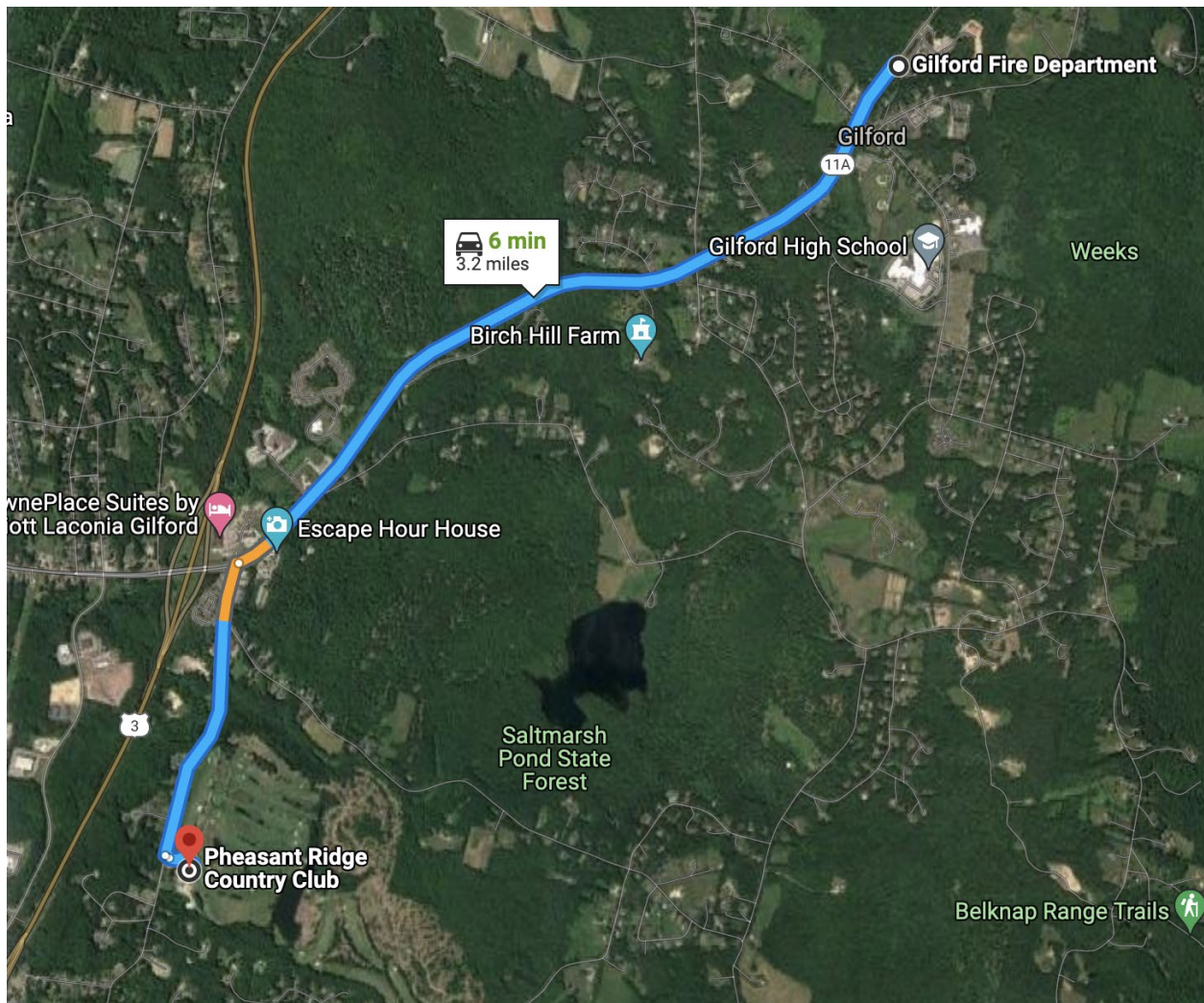
Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.



**VENUE DIRECTIONS:**

*Pheasant Ridge Country Club: 140 Country Club Rd, Gilford, NH 03249*

From Gilford Fire Department, take a left and head southwest on NH-11 A W towards School House Hill Rd for 2.3 miles. At the traffic lights, turn left onto Country Club Rd for 0.8 miles. Turn left into 140 Country Club rd for 85 feet, then turn left. The destination will be on the right.





## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Merrill Fay Arena

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure the Event Staff is prepared with the proper telephone numbers and chain of command has been established in order to communicate with EMS. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc)

THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON.

2. When an injury that needs medical attention occurs on the playing surface, contact the certified athletic trainer as soon as possible, If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. /911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities
  - e. **CERTIFIED ATHLETIC TRAINER/PHYSICIAN:** The certified athletic trainer/physician is the primary responder and team leader. He/she will direct the response until EMS arrives. He/She will then bring EMS up to date on the athletes current condition/status and assist them as needed.
  - f. **HEAD COACH:** The head coach will stay with the injured athlete and the certified athletic trainer/physician. He/she should assist in keeping the injured athlete calm, talk with the parents and provide any other support needed.
  - g. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*:** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given; State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - i. Give your name.
    - ii. Give the name of the school.

- iii. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
- iv. Give all pertinent information about the emergency (what treatment is being rendered)
- v. Do not hang up until the dispatcher hangs up!

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- h. **SECOND ASSISTANT COACH/TEAM CAPTAIN:** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the certified athletic trainer.

\*\*\* This procedure will occur upon the absence of the certified athletic trainer. If a certified athletic trainer is present, he/she will be directing the response as described below.

### **ROLES OF THE CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

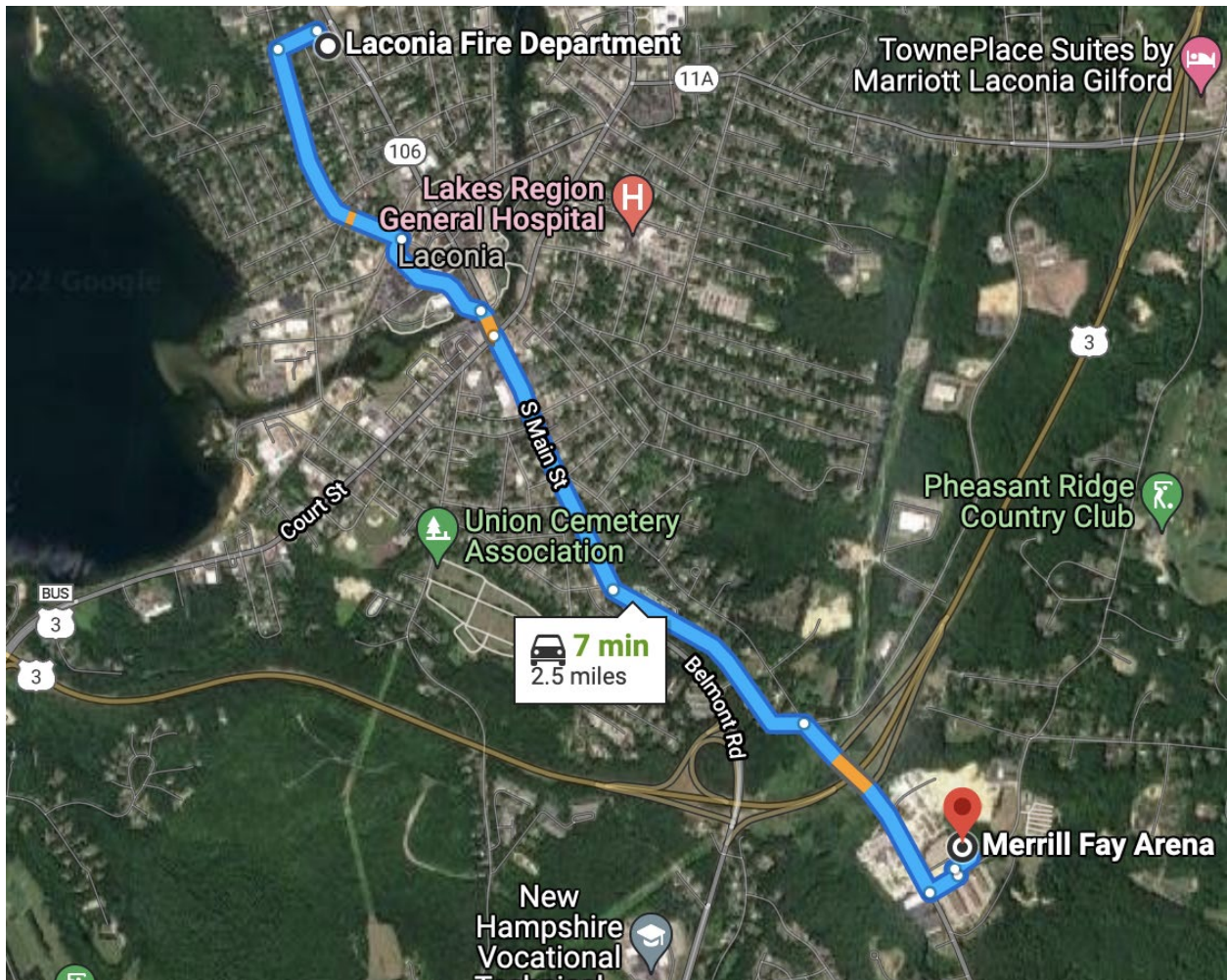
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Ensure emergency entrance to facility is clear and accessible;
- Unlock and open gates for ambulance entry; Direct EMS personnel (ambulance) to

scene; - Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from the area of injured athlete.

**VENUE DIRECTIONS:**

*Merrill Fay Arena: 468 Province Rd, Laconia, NH 03246*

From the North Main Street Laconia Fire Department, head Northwest toward Tremont Street, then turn left on Tremont Street for 449 feet. Turn left onto Pleasant Street for 0.5 miles, then turn right onto Beacon Street W for 0.2 miles. Use the right lane to turn right onto Main Street, then continue straight onto S Main St for 0.6 miles. Take a slight left to stay on S Main Street for 0.5 miles, then turn right onto Province Road for 0.4 miles. Turn left onto Frank Bean Road for 341 feet, then take the first left into the arena parking lot, then take a right to enter the zamboni garage.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Gilford Youth Center

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

2. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper

- entrances and the route of least delay.
- v. Give all pertinent information about the emergency (what treatment is being rendered)
  - vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

## **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

## **ROLES OF ADMINISTRATORS/COACHES**

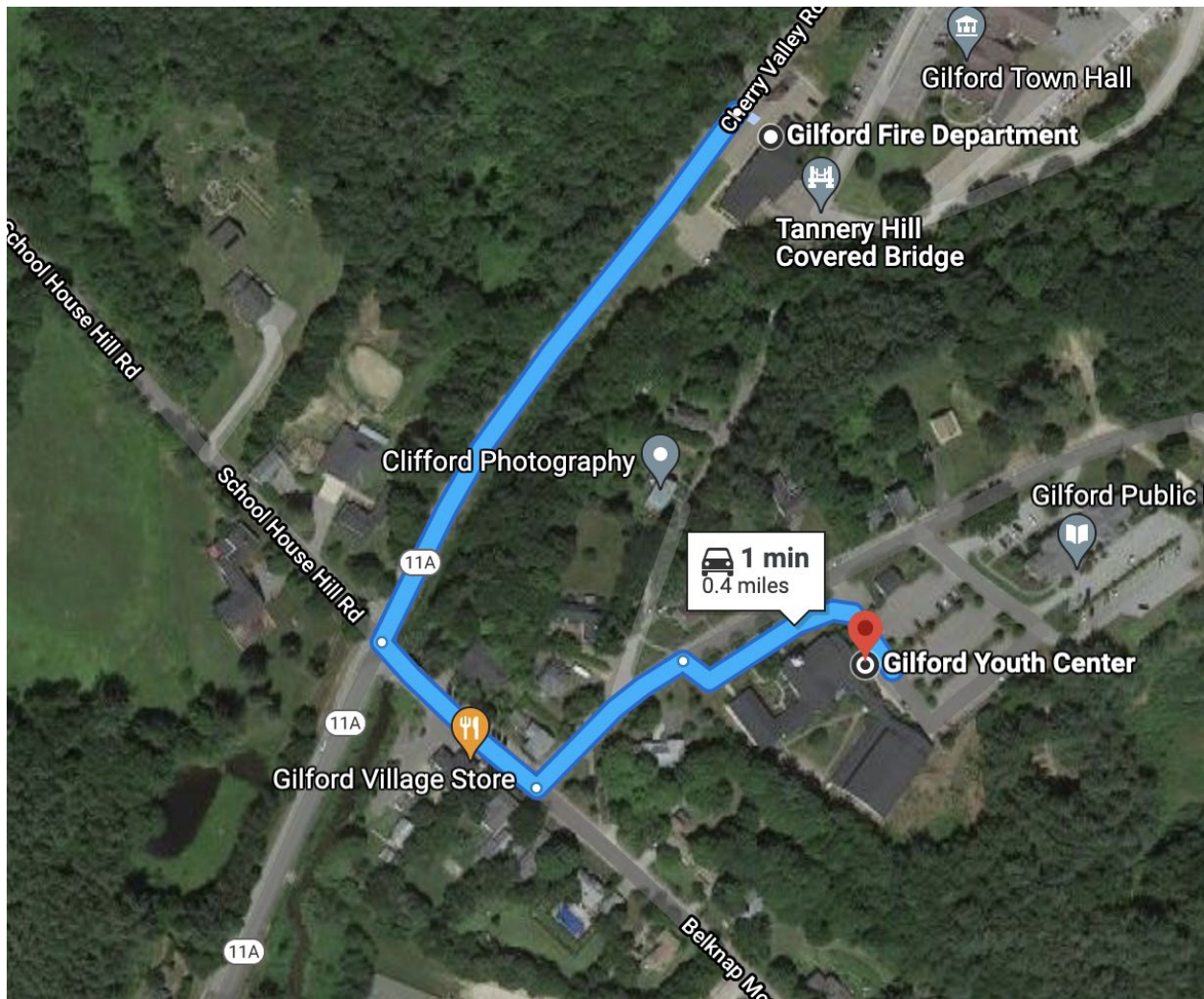
Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.



**VENUE DIRECTIONS:**

*Gilford Youth Center: 19 Potter Hill Rd, Gilford, NH 03249*

From Gilford Fire Department, take a left and head southwest on NH-11A W toward School House Hill for 0.2 miles. Turn left onto Belknap Mountain Rd for 308 feet, then turn left onto Potter Hill rd for 279 feet. Turn right for 381 and the Gilford Youth Center will be on the right.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### The Wellness Complex, Laconia

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

1. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

2. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.
3. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
  - a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.

- iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
- v. Give all pertinent information about the emergency (what treatment is being rendered)
- vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

## **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
- 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

## **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured

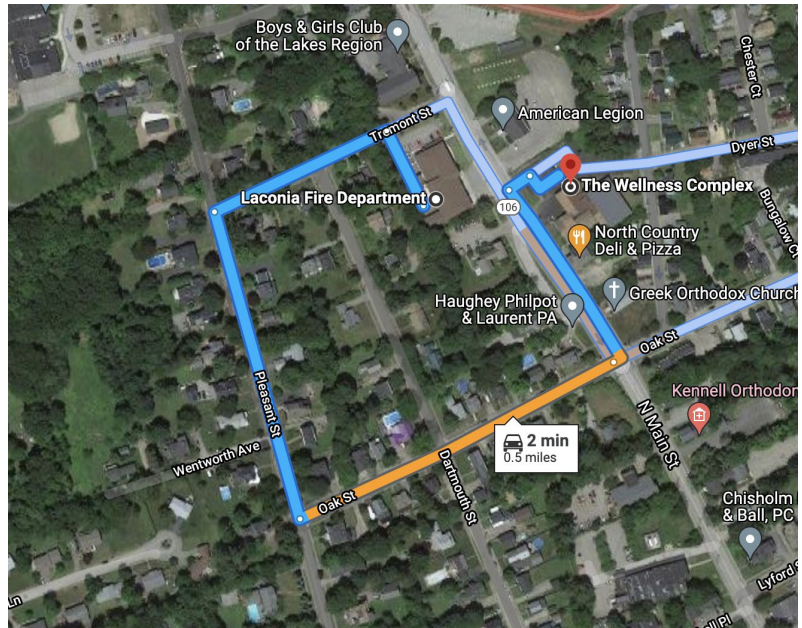


athlete.

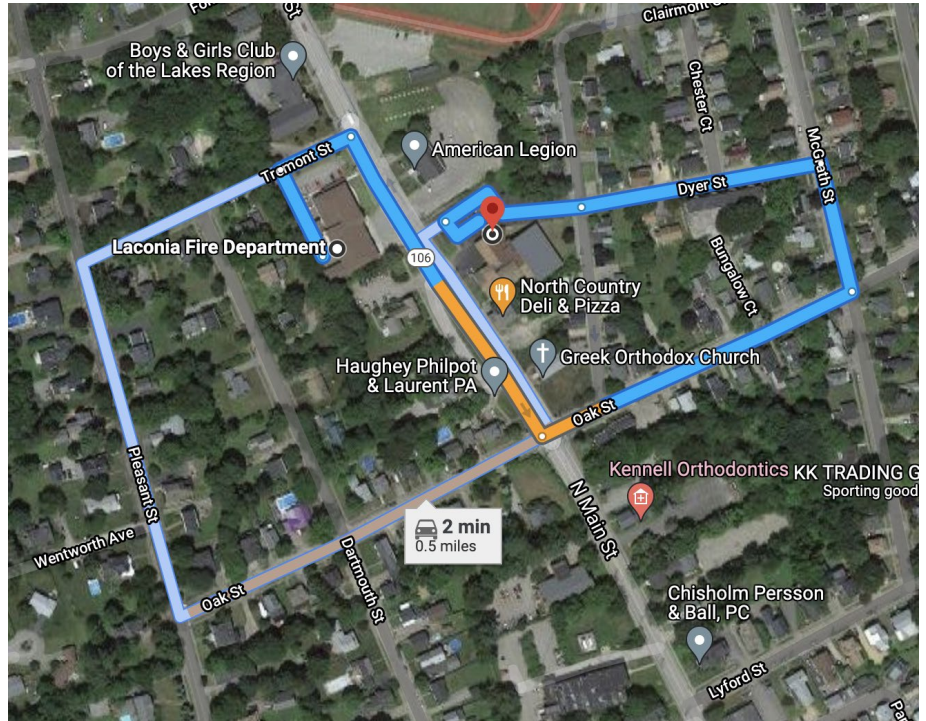
**VENUE DIRECTIONS:**

*The Wellness Complex: 827 N Main St, Laconia, NH 03246*

Via Pleasant Street and Oak Street:  
head northwest toward Tremont Street for 197 feet, then turn left onto Tremont Street. Turn left onto Pleasant Street for 0.1 miles, then turn left onto Oak Street for 0.2 miles. Turn left onto N Main Street for 499 ft, followed by a right turn. Take another right turn into the parking lot.



Via N Main Street: head northwest toward Tremont Street. Turn right onto Tremont street, then take another right onto N Main Street for 0.1 miles. Turn left onto Oak Street for 0.1 miles, then left onto McGrath Street. Turn left onto Dyer Street and continue straight for 322 ft, then turn left into the complex parking lot.



## GILFORD SCHOOL DISTRICT EMERGENCY ACTION PLAN

### Gunstock Mountain Resort

\*If an athlete sustains a traumatic injury or life-threatening injury, the following procedures should be followed.

#### BEFORE EACH PRACTICE/EVENT:

4. Make sure the playing surface and surrounding area is clear of any physical hazards. If you have a concern please call the appropriate personnel to handle the matter. Make sure a working telephone is on hand and the proper numbers are accessible. Also, Make sure you have any keys for gates that may need to be unlocked. Make sure that the proper medical equipment is at the field. (Emergency cards, ice, water, medical kit, etc) .

*THE FOLLOWING EMERGENCY ACTION PLAN SHOULD BE DISCUSSED AND PRACTICED WITH THE COACHING STAFF PRIOR TO THE BEGINNING OF EACH SEASON*

5. When an injury occurs on the playing field that needs medical attention, contact the athletic trainer as soon as possible. If a severe injury (i.e. head or spinal injury) occurs, DO NOT MOVE THE ATHLETE, and contact the athletic trainer immediately. If the injury is LIFE-THREATENING, call E.M.S. 1911 first, then call the athletic trainer. After the primary survey and Rescue Breathing/ CPR is warranted, begin promptly.

6. **INDIVIDUAL RESPONSIBILITIES:** When an injury or life-threatening situation occurs, the following personnel should take on the described responsibilities.
- a. **HEAD COACH:** The head coach is the primary responder and team leader. He/she will direct the response until E.M.S. arrives. He/she will then bring E.M.S. up to date on the athlete's current condition/status and assist them as needed. (If a Certified Athletic Trainer is present he/she will remain with the injured athlete and assist the Certified Athletic Trainer.
  - b. **FIRST ASSISTANT COACH \*RESPONSIBLE FOR EMERGENCY COMMUNICATION\*** The first assistant coach is responsible for communicating with E.M.S. by making sure the phone call is complete and meeting them at the venue's entrance. The following information must be given;
    - i. State the nature of the emergency (fracture, unconscious athlete, heat stroke, cardiac arrest, etc.).
    - ii. Give your name.
    - iii. Give the name of the school.
    - iv. Give the *exact* location of the emergency. Be sure to include proper entrances and the route of least delay.
    - v. Give all pertinent information about the emergency (what treatment is being rendered)
    - vi. **Do not hang up until the dispatcher hangs up!**

The first assistant coach will also notify the parents of the injury. In doing this, remember to talk to them in a calm, reassuring manner about the status and safety of their child.

- c. **SECOND ASSISTANT COACH/TEAM CAPTAIN** The second assistant coach or team captain is responsible for managing the team. They should remain away from the injured athlete unless summoned by the head coach to help and keep calm.

After the injured athlete has been secured by E.M.S., the Certified Athletic Trainer and Athletic Director should be notified. An injury report should be completed and given to the Certified Athletic Trainer.

*\*\*\* This procedure will occur upon the absence of the athletic trainer. If an athletic trainer is present, he/she will be directing the response.*

## **ROLES OF CERTIFIED ATHLETIC TRAINER (ATC)**

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy); Immediate evaluation and care of

- the more seriously-injured or ill student athletes;
- Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested; Return to play decision-making on the injured student-athlete; - Physician referral of the injured student-athlete;
  - Contacting the parent(s) of the injured student-athlete; Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

### **ROLES OF ADMINISTRATORS/COACHES**

Ensure emergency entrance is clear and accessible; - Unlock and open gate at field entrance for ambulance entry; EMS personnel (ambulance) to scene; Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

### **VENUE DIRECTIONS**

*Gunstock Mountain Resort: 719 Cherry Valley Road, Gilford, NH, 03249*

From Gilford Fire Department, turn right to head northeast on NH-11A E toward Valley Rd for 3.2 miles. Turn right onto Panorama drive for 0.7 miles, the lodge will be to the right, where Gunstock Mountain Medical Staff will be met



