

# RSD#13

## Emergency Action Plan for Athletics



Rev. 08/20/18

**Coginchaug Regional High School Athletic Department  
Emergency Action Plan**

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## **Coginchaug Regional High School Athletic Department Emergency Action Plan**

The purpose of this document is to provide instructions to members of the Coginchaug High School Athletic Department in the event of a medical emergency involving a student-athlete. A medical emergency is any life threatening injury or illness that requires immediate medical attention. Emergency situations can occur at any time during participation in athletic activities. Prompt and efficient action must be taken to provide the best possible treatment. This plan will help ensure that the best care is provided.

Members of the athletic department staff are required to familiarize themselves with this emergency action plan. There are times throughout the year when a certified athletic trainer (ATC) may not be present. In this event, it is imperative that those involved with student-athletes are familiar with the actions taken during a medical emergency.

Prior to the start of each athletic season, coaches will review the emergency plan in detail with the athletic trainer. The coach is responsible for knowing how to access the emergency plan. The emergency action plan will be posted at each athletic venue. A copy of the emergency action plan will be given to each coach. This should be kept easily accessible throughout the season.

There are three basic components of this emergency plan: emergency personnel, emergency communication, and emergency equipment.

### **I. Emergency Personnel**

The type of medical coverage for an event will vary depending on factors such as the particular sport, setting, and type of training or competition. For the majority of athletic events, a **Certified Athletic Trainer (ATC)** will be present. At varsity football games, a **Physician (MD)** and **Emergency Medical Technicians (EMT)** will be present. Other members of the emergency team may include **coaches, Athletic Director (AD), game management staff, and security personnel**. The roles of the individuals within the team will vary. Roles of the emergency team include:

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- A. Immediate Care of the Athlete (provided by those with highest level of medical training)
- B. Emergency Equipment Retrieval
- C. Activation of Emergency Medical Services (EMS)

**A. Immediate Care of the Athlete**

This will be performed by the highest trained medical professional on site. In most cases, this will be the ATC. If the ATC is not present, the coach will serve as the first responder. This person should be identified at the start of each athletic event.

**B. Emergency Equipment Retrieval**

This can be done by anyone on the emergency team that is familiar with the location and type of equipment needed.

**C. Activation of Emergency Medical Services**

EMS should be activated as soon as the situation is deemed an emergency or life-threatening event. The person who activates EMS needs to be calm, able to communicate clearly, and familiar with the location of the athletic event. This person should not be the highest trained medical professional, as they should be tending to the injured athlete. More information for activation of EMS will follow in the Emergency Communication section.

**II. Emergency Communication**

**A. Activation of EMS**

The ATC and coach should have a device available for communication. Coaches can use their personal or request a walkie-talkie. The coach must have a way to communicate with personnel, and advise they need to have a way to communicate at every practice and game session.

Prior to the start of the activity, **cell phones must be checked to ensure that there is service in the area of the athletic event.** Specific information regarding the location of land-line or cell phones is

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included in the emergency plans for each athletic venue. **EMS is activated by dialing 911. If you are using a RSD13 phone, dial 9-9-9-1-1**

At varsity football games, a team physician will be present on the sideline. In this case, if EMS is needed, a signal (discussed in advance) will be used to summon the team physician onto the field and to activate EMS by calling volunteer fire/ambulance.

The following information should be provided to the dispatcher when calling EMS:

1. The number of injured athletes
2. The condition of the athlete(s)
3. The care being provided
4. The exact location where the injury occurred (specific directions are included in the EAP for each venue)
5. The location of where a member of the emergency action team will meet the ambulance
6. To ensure that the dispatcher has all of the information that they need, only hang up after the dispatcher has hung up

If an ATC is on call but is at a different athletic event at the school, the coach should **first** activate EMS, and **then** contact the ATC. Coaches should use their cell phones to call the ATC.

### **B. After EMS activation**

#### **1. Meet the ambulance**

Once EMS is activated, a member of the emergency action team, most likely the AD, security staff, or member of game management staff will go meet the ambulance at the designated location (specifics are included in specific venue plans).

#### **2. Clear players and spectators**

Coaches will be in charge of keeping members of the team and fans away from the injured athlete.

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3. **Accompany the athlete** A staff member will accompany the athlete to the hospital.

4. **Contact the parents**

Once the athlete is in the care of EMS the coach, ATC, or AD will contact the parents (coaches must keep their athletes' emergency information sheets with them at all times). If the ATC is on site, they will also have emergency information sheets. If the AD is not on-site, the AD should be notified of the EMS activation.

### **III. Emergency Equipment**

Depending on the location of the event and the emergency personnel on-site, there will be different emergency equipment available. All events should have a medical kit with a CPR mask and latex gloves. There is additional biohazard cleanup materials located in the athletic training room. There is a splint bag located in the athletic training room; and Sam splints in the athletic trainer's medical kit. A battery operated drill for face mask removal is with the ATC during football practices and games. Crutches are located in the athletic training room.

**Automated External Defibrillator (AED):**

There are two AED's located in the CRHS Building. An AED is located in the gym lobby and the auditorium lobby.

There is a portable AED that is kept with the ATC. The portable AED, which is in a red case, is stored in the blue emergency bag by the green storage cabinet in the ATC's office. When the ATC is present, the portable AED will be in the possession of the ATC. When the ATC is not present, coaches can use their master key to open the athletic training room door and obtain the portable AED from the Athletic Training Room.

Strong Middle School has two AED's located in the cafeteria and in the main corridor once you enter through the main doors.

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**Emergency Phone Numbers**

**EMS                    911    If calling from a school phone, dial 99-911.**

**Athletic Trainer:** Kyle Cifareilli  
Cell: 203-815-6111  
Office: 860-349-7215 x230

**Team Physician:** Dr. Jon Driscoll  
Office: 203-639-7992

**School Nurses:** Pamela Branciforte (CRHS)  
School: 860-349-7212  
Anne Juncadella (Strong)  
School: 860-349-7222

**District Athletic Director:** Kory Kevorkian  
Cell: 860-222-5914  
School: 860-349-7215 x 231

**Westbrook Barracks:**                    860-399-2100

**MDF Resident Trooper:**                860-349-9685

**Poison Control:**                         800-222-1222

**Select Physical Therapy:**               877-665-8297

**Select PT: Durham Office**            860-349-0379

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**INJURY PROCEDURES**

- \* **Means of Communication:** All paid and volunteer coaches must have a means of communication, such as a cell phone.
- \* **Duty to Plan:** Each seasonal team is responsible to provide a medical kit, water, and individual player medical history forms.
- \* **Duty to Assess Athlete's Readiness:** Coaches must review ALL medical forms and pay particular attention to those athletes who have known conditions (diabetes, asthma, allergies, etc.) which could pose a potential life threatening situation.
- \* **Duty to Disclose & Inform – Insurance Coverage:** An ACCIDENT REPORT must be filled out by the COACH who is responsible for supervising the student-athlete at the time of the injury or accident if no ATC is present. ACCIDENT REPORT must be submitted to the Athletic Administrative or School Nurse.

**MINOR INJURIES:**

- a. Cuts, scratches, abrasions, open-wounds, skin disease, etc.
  - 1) Follow universal precautions to prevent transmission of bloodborne pathogens (gloves, gauze, etc.).
  - 2) Administer first-aid.
  - 3) Use proper sterile techniques to prevent transmission of blood related diseases.
  - 4) The student-athlete is responsible to follow-up injury with the Athletic Trainer.
  - 5) In the suspicion of skin disease, REMOVE the student-athlete from practice or play.
- b. Aches and pains (acute/chronic)
  - 1) Assess the ache or pain. (What, where, when, how)
  - 2) Do not push the student-athlete past the point of pain.

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- 3) Refer the student-athlete to consult with the Athletic Trainer.

**MINOR-MODERATE INJURIES:** Sprains (ankle), strains (muscular injury), contusions, dizziness, etc.

- 1) Administer first-aid. Clear the area.
- 2) Minor sprains, strains, etc.; treat at game or practice site.
- 3) More severe sprains, strains, remove athlete from activity, ice, and compress with ace bandage wrap from the medical kit.
- 4) Refer the student-athlete to the Athletic Trainer. Coach should consult with the Athletic Trainer before student-athlete returns to practice/play.
- 5) Complete an ACCIDENT REPORT – return to Athletic Administrative Secretary within 48 hours.

**SERIOUS INJURIES:** Fractures, dislocations, unconscious head injuries, internal injuries, etc.

**DO NOT ATTEMPT TO MOVE ATHLETE**

- 1) Clear the area – If possible, instruct someone to call “9-1-1”
- 2) Administer first-aid and/or CPR if necessary.
- 3) If Athletic Trainer is not present, activate “9-1-1” immediately.
- 4) Follow Emergency Communications Protocols as indicated below.
- 5) Stabilize student-athlete.
- 6) Complete an ACCIDENT REPORT – return to Athletic Administrative Secretary within 48 hours. Please consult with the Athletic Trainer about the proper “wording”.

**FOR MAJOR INJURIES**

Cardiac arrest	Cervical/Back injury	Major dislocations (ankle, elbow, hip)
Breathing difficulties	Head/Neck injury	Allergic reactions      Heat Stroke
Unconsciousness	Major fractures (femur)	Asthma reactions

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**PLACE CALLS IN THIS ORDER:**



**EMS-Dial 9-1-1  
ATC Cell Phone- Nick K. 618-558-7431**

**FOR MINOR-MODERATE INJURIES**

Most conscious injuries      Fractures      Minor Dislocations (finger, knee cap,  
shoulder)  
Dehydration

**PLACE CALLS IN THIS ORDER:**



**ATC Cell Phone- Nick 618-558-7431**



**If needed 9-1-1**

**HEAD INJURIES**

It is important for the athlete as well as the coach to understand the signs and symptoms of a concussion. Second-Impact Syndrome and the predisposition to future concussions are potential negative consequences of not reporting a concussive injury.

A player who sustains a blow to the head resulting in a stunned state of confusion that resolves itself within minutes is typically referred to as a “ding”. The use of this term, however, is not recommended because this stunned state of confusion is still considered a concussion resulting in symptoms, although very short in duration, which **SHOULD NOT BE DISMISSED**. It is essential that this injury be re-evaluated frequently to determine if a more serious injury has occurred because the evolving signs and symptoms of a concussion are not evident until several minutes to hours later.

Self-reported symptoms are among the more obvious and recognizable ways to assess the effects of a concussion. Typical symptoms include but are not limited to:

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- Headache
- Dizziness
- Nausea
- Vomiting
- Feeling “in a fog”
- Feeling “slowed down”
- Trouble falling asleep
- Sleeping more than usual
- Fatigue
- Sensitivity to light or noise
- Blurred or double vision

**Second-Impact Syndrome** is a very serious situation. Multiple concussions or other types of head injuries occurring within a relatively short time frame can produce catastrophic results. The second impact may be relatively minor and need not be delivered directly to the athlete’s head to produce an injury to the brain. Initially the athlete may exhibit minor or no signs or symptoms but disaster may occur in as little as 30 seconds to 2 minutes. Even in the best-case scenarios, Second-Impact Syndrome has a 50 percent mortality rate. Almost all reported cases of Second-Impact Syndrome are in young athletes. Damage to the maturing brain of a young athlete can be deadly therefore athletes under the age of 18 years should be managed conservatively (The National Athletic Trainers Associations Position Statement: Management of Sport-Related Concussions, [www.nata.org](http://www.nata.org).)

### **Heat illness**

Practice or competition in hot and/or humid environmental conditions poses special problems for student-athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed:

Prevention of heat illness begins with aerobic conditioning, which provides partial acclimatization to the heat. Student-athletes should gradually increase exposure to hot and/or humid environmental conditions over a period of **7 to 10 days** to achieve heat acclimatization. Each exposure should involve a gradual increase in the intensity and

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duration of exercise until the exercise is comparable to that likely to occur in competition. When conditions are extreme, training or competition should be held during a cooler time of day. Hydration should be maintained during training and acclimatization. Clothing and protective equipment, such as helmets, shoulder pads and shin guards, increase heat stress by interfering with the evaporation of sweat and inhibiting other pathways for heat loss. Dark colored clothing increases the body's absorption of solar radiation. Frequent rest periods should be scheduled so that the gear and clothing can be loosened to allow heat loss.

**Heat exhaustion**— Heat exhaustion is a form of shock due to depletion of bodily fluids. Symptoms usually include but are not limited to:

- Profound weakness
- Exhaustion
- Dizziness/fainting
- Muscle cramps

**First aid should include:**

- Rest in a cool, shaded environment
- Fluids should be given orally
- Although rapid recovery is not unusual, student-athletes suffering from heat exhaustion should not be allowed to practice or compete for the remainder of that day.

**Heatstroke**—**Heatstroke is a medical emergency. Medical care must be obtained at once; a delay in treatment can be fatal.**

Symptoms usually include but are not limited to:

- Very high body temperature
- Hot, dry skin, which indicates failure of the primary temperature-regulating mechanism (sweating),
- Possibly seizure or coma.

**First aid should include: 911!!!**

- Immediate cooling of the body by removal of excess clothing
- immersion in cold water
- Wetting the body and fanning vigorously

### **Lightning Safety Policy**

**Based on NATA & NCAA Recommendations**

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Lightning is a severe hazard that must be taken seriously. Everyone should immediately seek shelter anytime they believe lightning threatens. Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.

Use the flash-to-bang (F-B) count to determine when to go to safety. By the time the F-B count approaches 30 seconds all individuals should be inside a safe structure. Once activities have been suspended, wait at least 30 minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.

### **Flash-to-Bang**

To use the F-B method, begin counting when sighting a lightning flash. Counting is stopped when the associated bang (thunder) is heard. Divide this count by five to determine the distance to the lightning flash (in miles). For example, F-B count of 30 seconds equates to a distance of 6 miles. Lightning has struck from as far away as 10 miles from the storm center.

### **Safe Shelter**

A safe location is any substantial, frequently inhabited building. The building should have four solid walls (not a dugout), electricity and telephone wiring, as well as plumbing, all of which aid in grounding a structure.

The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and windows completely closed. It is important not to touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms. It is not safe to shower, bathe, or talk on landline phones while inside of a safe shelter during thunderstorms (cell phones are ok).

### **Tennis Courts/Softball Fields**

**Emergency Personnel:** Matches / Practices: Coach/coaches, ATC on site or accessible by phone, security personnel and AD in certain cases

**Emergency Communication:** Coach's cell phone

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**Emergency Equipment:** Medical kits on site at all practices and games containing biohazard materials and CPR masks, splints are in the Athletic Training Room

**Emergency Procedures:**

1. Perform emergency CPR and First aid (Assistant Coach: AED is located in Strong School or with ATC if on site)
2. Call 911 (or instruct assistant coach or other responsible adult to call)  
Provide CORRECT and SPECIFIC information about the injury
3. Give specific directions: TO CRHS heading South on main street (State Rt. 17):  
Proceed on Main Street until Pickett Lane. At light for Pickett Lane, turn Left onto Pickett Lane.
  - a) Tennis Courts are 2/5 mile on left.
  - b) Continue past tennis courts, around softball field, and pull into first parking lot for Softball field access.
4. Call ATC if not on-site
5. Send assistant coach, AD, security personnel to meet ambulance
  - a) At tennis courts
  - b) At entrance to parking lot for Softball field access
6. Head or Assistant Coach will accompany athlete to hospital in ambulance if parents are not present
7. After athlete is under care of EMS, notify AD of situation (if not already on site)
8. Coach or ATC will call parents

**Strong Middle School Field/Strong Gymnasium**

**Emergency Personnel:**

Meets - Coach, ATC on site, District AD

Practices – Coach, ATC on site or accessible by cell phone, Principal

**Emergency Communication:** Coach's cell phone

**Emergency Equipment:** Medical kits on site at all practices and games.

**Emergency Procedures:**

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1. Perform emergency CPR and first aid
2. Call 911 (or instruct assistant coach or other responsible adult to call)
3. Provide information about the injury
4. Give Specific Directions: From Hartford and points north:

Take Interstate 91 south to exit 22S (RT 9 south). Follow RT 9 south to exit for RT 17 south. Take left at end of ramp onto RT 17 south. Follow RT 17 into Durham, passing intersection with RT 68. Just ahead, you will pass the Strong School on the left. Take a left onto Pickett Lane, just past Strong Middle School. The high school is on the right of the drive in the back, Korn Elementary School is the smaller school on your left.

From New York and points west:

Take Interstate 95 north to exit 62. At end of ramp, turn left onto the Hammonasset Connector, which will merge with RT 79 north. RT 79 becomes RT 17 north. Just before Strong Middle School on the right, turn right onto Pickett Lane. The high school is on the right of the drive in the back, Korn Elementary School is the smaller school on your left.

From New London and points east: Take Interstate 95 south to exit 62. At end of ramp, turn right onto the Hammonasset Connector, which will merge with RT 79 north. RT 79 becomes RT 17 north. Just before Strong Middle School on the right, turn right onto Pickett Lane. The high school is on the right of the drive in the back, Korn Elementary School is the smaller school on your left. The Superintendent's Office is located immediately to the left and adjacent to the high school.

5. Call ATC if not on-site
6. Send assistant coach, AD, security pair of players, parent to meet ambulance in front of school
7. Head or Assistant Coach will accompany athlete to hospital in ambulance if parents are not present. If coach is alone have a fellow teammate's parent accompany the injured student to the hospital.
8. After athlete is under care of EMS, notify AD of situation (if not on-site)
9. Coach or ATC will call parents

### **Cross Country**

**Emergency Personnel:** Practices & Home Meets: Girls & Boys Coaches & AT; on site or accessible by phone

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**Locations:** Cross Country does not use a regular venue for practices. Accordingly, the locations can be almost anywhere on the school campus. Distance training will occur in groups on local roads with routes pre-determined by the Coach. Groups will be in cell phone contact with coach at all times.

**Emergency Communication:** Coaches cell phones

**Emergency Equipment:** Medical kits are on site at all practices and meets. Medical kits are stocked to treat a variety of medical emergencies. Splints and crutches are located in ATC's office. AED's are located in Gym Lobby, Main Office area, and Auditorium Lobby, and with ATC if on site.

**Emergency Procedures:**

1. Perform emergency CPR and first aid as needed
2. Call 911 (or instruct other responsible adult to call)
3. Provide information about the injury
4. Give specific and detailed directions: Travel south on Rt 17/Main Street. Turn left onto Pickett Lane from Rt 17/Main Street to access school campus. From there provide detailed landmarks for Emergency Responders to find incident. (Cross Country uses a wide variety of terrain on the school campus).
5. Call ATC if not on site.
6. Send responsible person to closest road to meet ambulance
7. Coach or AD will accompany athlete to hospital in ambulance if athlete's parents are not on site.
8. Notify AD of situation once athlete is under the care of EMS
9. Coach or ATC will contact parents

**Gymnasium (Basketball, volleyball)**

**Emergency Personnel:** Practices: Coach, ATC on site depending on the season  
Games: Coach, ATC on site, AD, site director

**Emergency Communication:** Coach's cell phone

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**Emergency Equipment:** Medical kit with biohazard materials and CPR mask on site at all practices and games, athletic training room located on lower level with additional biohazard materials, splints, and crutches

**Emergency Procedures:**

1. Perform emergency CPR and first aid as needed
2. Call 911 (or instruct assistant coach or other responsible adult to call)
3. Provide information about the injury
4. Give specific directions: TO CRHS heading South on main street (State Rt. 17): Proceed on Main Street until Picket Lane. At light for Picket Lane, turn Left onto Picket Lane. Continue straight ahead, gymnasium is first portion of building on the left. Main entrance for gymnasium is on the left.
5. Call ATC if not on-site
6. Send assistant coach, AD, security guard to meet ambulance at entrance to school and/or driveway to gymnasium
7. Head or Assistant Coach will accompany athlete to hospital in ambulance if parents are not present
8. After athlete is under care of EMS, notify AD of situation (if not on-site)
9. Coach or ATC will call parents

**Stadium/Turf/Track**

**Emergency Personnel:** Meets/Games - Coach, ATC on site, Security Personnel, AD (in most cases)

**Practices:** Coach, ATC on site or accessible by cell phone

**Emergency Communication:** Coach's cell phone

**Emergency Equipment:** Medical kits on site at all practices and games containing biohazard materials and CPR masks, splints, crutches and additional biohazard materials are in the Athletic Training Room. AED on cart with ATC.

Emergency Procedures:

1. Perform emergency CPR and first aid
2. Call 911 (or instruct assistant coach or other responsible adult to call)

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3. Provide information about the injury
4. Give Specific Directions: TO CRHS heading South on main street (State Rt. 17): Proceed on Main Street until Picket Lane. At light for Picket Lane, turn Left onto Picket Lane. Continue straight ahead, turf complex is on right after entering parking lot area.
5. Call ATC if not on-site
6. Send assistant coach, AD, security guard to meet ambulance on Pickett Lane. Make sure gates to field are open so ambulance can access turf.
7. Head or Assistant Coach will accompany athlete to hospital in ambulance if parents are not present
8. After athlete is under care of EMS, notify AD of situation (if not on-site)
9. Coach or ATC will call parents

**Varsity Baseball Field/ Lower Field/Brook Field (soccer, football practice)**

**Emergency Personnel:** Practice & Games: Coach, ATC on-site and accessible by cell phone

**Emergency Communication:** Coach's cell phone

**Emergency Equipment:** Medical kit with biohazard materials and CPR mask on site at all practices and games, athletic training room located on lower level with additional biohazard materials, splints, and crutches. AED on ATC cart for games and practices. If ATC not on site, AED at Korn School main lobby. AED at Strong School for Brook Field teams. Coaches will have access to buildings with key fobs

**Emergency Procedures:**

1. Perform emergency CPR and first aid
2. Call 911 (or instruct assistant coach or other responsible adult to call)
3. Provide information about the injury
4. Give specific directions: TO CRHS heading South on main street (State Rt. 17): Proceed on Main Street until Picket Lane. At light for Picket Lane, turn Left onto Picket Lane. Multiple fields will be on your right once passing small bridge.
5. Call ATC if not on-site

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6. Have responsible person walk to ambulance at top of hill at strong AND another person at the bend of road in front of high school in order to direct ambulance to emergency site.
7. Head or Assistant Coach will accompany athlete to hospital in ambulance if parents are not present
8. After athlete is under care of EMS, notify AD of situation (if not on-site)
9. Coach or ATC will call parents

**Inclement Weather Shelters**

If emergency weather conditions exist, teams on the following fields will move to the following schools:

- a. Varsity Baseball Field – CRHS
- b. Middle Playing Field – CRHS
- c. Softball Fields - CRHS
- d. Tennis Courts - CRHS
- e. Brook Field (JV Football and Baseball Fields) – Strong School
- f. Turf- CRHS
- g. Strong Field (Soccer and Baseball) - Strong School

**Directions to Middlesex Hospital**

Middlesex Hospital and Medical Center is located at 28 Crescent Street, Middletown, CT 06457

FROM MIDDLESEX MEDICAL CENTER, MARLBOROUGH (RT. 66)

Exiting the Center turn left onto Route 66 West. Follow Route 66 through East Hampton and Cobalt into Portland. Continue on Route 66 until you come to a traffic light where you cannot go straight anymore. Take left over the Portland Arrigoni Bridge. After the bridge go straight onto Main Street. Follow to the intersection with Pleasant Street. Turn right onto Pleasant Street, then bear left at the next light onto South Main Street. Turn left

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onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

**FROM MIDDLESEX MEDICAL CENTER, SHORELINE (RT 9)**

Exiting the Center, turn right on Flat Rock Place, then turn right on Route 153. Get on I-95 South and follow to Exit 69, Route 9 N. Follow CT-9 N to Bow Lane in Middletown, Exit 12. Off exit turn left at the stop sign. Follow to the intersection with Saybrook Road. Turn right onto Saybrook Road. Follow for about 1/2 mile, turning left onto the Route 17, South Main Street connector. At the light, turn right onto South Main Street. Follow to Crescent Street. Turn right onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

**FROM NORTH (HARTFORD)**

Take I-91 South to Exit 22S, Route 9 South. Follow Route 9 through Middletown. Take Exit 13, Route 17. Continue straight to the intersection with Route 17, South Main Street. At the light, turn right onto South Main Street. Follow South Main Street to the intersection with Crescent Street. Turn right onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

**FROM SOUTH (MERIDEN)**

Take I-91 or Wilbur Cross Parkway to Route 691 East. Follow Route 691 (becomes Route 66) to Main Street, Middletown. Turn right onto Main Street. Continue down Main Street to the intersection with Pleasant Street. Turn right onto Pleasant Street, then bear left at the next light onto South Main Street. Turn left onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

**FROM WEST**

Take I-84 to Route 691 East. Follow Route 691 (becomes Route 66) to Main Street, Middletown. Turn right onto Main Street. Continue down Main Street to the intersection with Pleasant Street. Turn right onto Pleasant Street, then bear left at the next light onto South Main Street. Turn left onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

**FROM NEW YORK/NEW HAVEN**

Take I-95 to I-91 North. Change to Route 9 South toward Cromwell/Middletown. In Middletown, take Exit 13. Continue straight to the intersection with Route 17, South Main Street. At the light, turn right onto South Main Street. Follow South Main Street to the intersection with Crescent Street. Turn right onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.