**Sample Lighting Policy & Procedures**

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| **Policy Area:** Environmental Safety | **Subject:** Lightning |
| **Title of Policy:** Lightning | **Number: (This is a numbering system used by the organization)** |
| **Effective Date: (Date policy is to be implemented)** | **Page Number: (x of x)** |
| **Approved Date: (Date when policy was approved)** | **Approved By: (This area may contain a routing list of individuals****who must review and approve)** |
| **Revision Date: (Date of most recent revision)** |

1. **Purpose of policy:**

Lightning is the most dangerous and frequently encountered thunderstorm hazard that people experience every year. The purpose of this policy is to ensure proper education and prevention protocols are in place for the health and safety of our student athletes. Lightning injuries are one of the top ten causes of sport related death. As such, it is imperative to take the proper steps to prevent catastrophic injuries from this thunderstorm hazard. The “National Athletic Trainers Association Position Statement: Lightning Safety for Athletics” outlines the best practices for lightning safety. This includes “when thunder roars, go indoors” as well as the identification of shelters for evacuation in advance. By implementing proper policies, we can ensure safety for athletes when a storm with lightning approaches the playing fields.

1Walsh KM, Cooper MA, Holle R, Rakov VA, Roeder WP, Ryan M. National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation. *J Athl Train*. 2013;48(2):258-270.

1. **Policy statement:**

This policy describes the best practice procedures for the prevention, monitoring, and when necessary, the treatment of lightning related injuries for students/athletes, faculty and staff of **[Organization Name]**.

This policy will be a living, working document, that is continually reviewed and updated yearly as the organization and our community changes.

1. **Definitions:**
* *Safe shelter –* The safest location is a fully enclosed, substantial building (one that has plumbing or electrical wiring) where those seeking shelter will not be in contact with the ground or anything metal. An automobile may be a safe location, but individuals must avoid contact with metal
* *Unsafe locations* – These include high places, areas near trees, light poles, fences, water, towers, dugouts, bleachers and golf cards. Generally, any location in the open air is unsafe.
* *Weather watcher* – An adult designated as responsible for monitoring the environment, initiating the 30-minute delay rule and for determining safe resumption of outdoor activities.

1. **Scope:**

This policy applies to all staff members (e.g., athletic trainers, physicians, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors) of **[School Name]** who are associated with activities where lightning injuries pose a risk.

1. **Procedures:**

**Monitor Weather Conditions**

1. Athletics personnel (athletic trainer, athletic director, coach) must check weather reports each day before any practice or event.
2. Designated personnel may use any weather monitoring system they wish (Weather Channel, AccuWeather, WeatherBug, etc.) to monitor the likelihood for severe weather to enter the area

**Evacuation Criteria**

1. The [**identify the personnel in charge of evacuation decisions for the school]**, or their designee is responsible for making the determination for when to evacuate the area
	1. This person must have recognized and unchallengeable authority to suspend activity
2. The area will be evacuated when thunder is heard or when lightning is observed “hear it clear it, see it flee it”.
3. All individuals must be completely within an identified safe location when thunderstorms are already producing lightning and when the distance between the edge of the lightning storm and the location of the outdoor activity reaches 6 miles
4. The following table provides common alerts for real-time notification of lightning

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| Alert | Meaning |
| “Heads up” | Lightning within 15 miles |
| “Begin safety procedures” | Lightning within 10 miles |
| “You are now in danger; safety procedures should be complete” | Lightning within 6 miles |
| “All clear” | Lightning has not been detected at 15 miles and thunder has not been heard for 30 minutes |

**Identification of Safe Shelters**

1. The [**insert the role that is required to identify the safe shelters for each team to evacuate to]** is responsible for the identification of safe shelters for evacuation
	1. A safe shelter is identified as a substantial, fully enclosed building with wiring and plumbing
2. The following venues are present at [**insert organization]** and the corresponding safe shelter is identified
	1. [**identify venue name, identify shelter(s) to evacuate to] for example:**
		1. **Rebel Field – evacuate to pavilion bathrooms**

**Resumption of activities**

1. Activities should be suspended until 30 minutes after the last lightning strike is seen and after the last sound of thunder is seen
	1. The 30-minute clock restarts for each lightning flash observed and each time thunder is heard

**Treatment**

1. Move patients to a safer location (if needed)
2. Evaluate and treat for apnea (cessation of breathing) and absence of heartbeat (cardiac arrest)
	1. An AED should be applied to anyone who appears to be unconscious, pulseless, apneic
3. Assess level of consciousness
4. Evaluate and treat for possibility of spinal injuries
5. Evaluate and treat for hypothermia

**6. Training/Retraining:**

The following personnel have been trained to ensure a safe participation environment for all individuals, coaches, employees and staff mentioned in the Scope section of this document, who are engaged in activities that could put them at risk of exertional heat injuries.

This training includes, but is not limited to, the policy and protocols outlined in this document, the prevention and treatment of lightning related injuries.

Athletics staff education (coaches, administrators, medical staff)

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| --- |
| Facility: (include the name of each facility if the policy pertains to more than one) |
| Name | Title | Responsibility | Date |
| Example: Joe Smith | Physician | Medical director for high school; responsible for review of protocols, trained in rectal temperature skills | 12/5/00 |
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**7. Policy Approvals**

This signatures below indicate approval of this policy. The signature(s) and date(s) encompass the entire document. This policy is effective for one year following the date.

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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