



Athletic Training
Policies and Procedures Manual

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MISSION STATEMENT

Massabesic High School and SMHC Sports Performance Center is committed to providing the highest level of service and care to all student-athletes. This includes the prevention, care, and rehabilitation of athletic injuries as well as the nutritional, psychological, and physiological needs of each student-athlete. The care provided by the sports medicine team will be aimed at each student-athlete's specific injury and needs for both the body and mind. While the student's desire to participate in athletics is recognized, it is the responsibility of the sports medicine team to ensure that the health and long term well-being of the student-athlete is paramount in the decision to return the student to athletics following an injury. All care will be delivered objectively and without prejudice.

SPORTS MEDICINE TEAM

Massabesic High School is proud to have a sports medicine team in place to facilitate the treatment of the student-athlete population. This team is comprised of physicians, a certified athletic trainer, a registered nurse, physical therapist, strength and conditioning specialist, and athletic training students when available. The goal of this team is to increase the quality and consistency of care provided to the student-athlete. The following people are the members of the sports medicine team:

- 1) School Physician
 - a) Dr. Christian Basque, MD
 - i) Southern Maine Health Care Orthopedics
- 2) Team Physicians
 - a) Dr. David Johnson MD
 - i) Southern Maine Health Care Orthopedics
 - b) Dr. John Dolan DO
 - i) Southern Maine Health Care Neurology
 - c) Dr. Christian Basque, MD
 - i) Southern Maine Health Care Orthopedics and Sports Medicine
- 3) Certified Athletic Trainer
 - a) Emily Aimi LAT, ATC
 - i) Southern Maine Health Care Sports Performance Center
 - b) Bayley Pendleton LAT, ATC
 - i) Southern Maine Health Care Sports Performance Center
- 4) Registered Nurse
 - a) Nancy Sobianik, RN
- 5) Team Physical Therapist
 - a) Amy McManus, DPT, CSCS
 - i) Southern Maine Health Care Sports Performance Center
- 6) Team Strength and Conditioning Specialist
 - a) Rick Sirois MS, L-ATC, CSCS
 - i) Southern Maine Health Care Sports Performance Center

JOB DESCRIPTION AND RESPONSIBILITIES

- 1) Team Physicians (MD, DO)
 - a) The team physicians will assist in the evaluation and treatment of the student-athletes at Massabesic High School through consultation with the Athletic Trainer.
 - b) When needed, athletes may be sent to the team physician for further evaluation and treatment if approved by the athlete's parent/guardian.
- 2) Certified Athletic Trainer (LAT-ATC)
 - a) With the consultation and direction of the team physician, the athletic trainer's responsibilities include, but are not limited to:
 - i) Injury prevention
 - ii) Recognition and evaluation
 - iii) Management and treatment
 - iv) Rehabilitation
 - v) Organization and administration
 - vi) Education and counseling
- 3) Registered Nurse (RN)
 - a) The school nurse will assist the athletic trainer in the treatment of athletes during school hours when needed.
 - b) The school nurse will inform all teachers of athletes who have sustained injuries that may affect an athlete's performance in school. (Example: concussions)
- 4) Athletic Training Students (ATS)
 - a) Massabesic High School serves as a clinic site for athletic training students. These students are required to be CPR/AED and first aid trained.
 - b) The responsibility of the athletic training students will vary depending on their skill level and progression through their accredited program.
 - c) The athletic training students will report directly to the certified athletic trainer and are required to stay within the established limitations of their level of clinical skill competency.

ATHLETIC PRE-PARTICIPATION

All athletes must complete registration before they can begin any sports season. Forms can be found on the Massabesic High School website

All athletes must provide:

- 1) Proof of most recent physical from a Physician's office
- 2) Completed MHS Pre-Participation Form
- 3) Completed MHS Annual Acknowledgement Form
- 4) Completed MHS Emergency Contact Card

Any change in an athlete's medical history, insurance coverage, or ability to participate should be reported to the athletic trainer or athletic administrator immediately.

ATHLETIC TRAINING ROOM PROCEDURES

- 1) Athletic Training Room Hours
 - a) The Massabesic High School Athletic Training Room will open weekdays per schedule depending on the season and contractual needs.
 - i) From 2:10- 3:15 the primary focus will be on practice preparation.
 - ii) Student-athletes will be seen on a first come first serve basis.
 - (1) In-Season athletes take priority over out of season athletes.
 - (2) Emergency situations take priority
 - b) The athletic training room will only be open on Saturdays when prearranged with the coaching staff or when there are home contests.
- 2) Athletic Training Room Rules
 - a) No student athletes are to be in the athletic training room without permission from the athletic trainer.
 - b) Swearing, derogatory language, and insults will not be tolerated.
 - c) No cleats should be worn in the athletic training room.
- 3) Injury Treatment
 - a) Treatment and rehabilitation will be given after school or at a previously scheduled time.
- 4) Entering the Athletic Training Room
 - a) Athletes will leave all belongings not needed for treatments in their locker rooms or against the wall in the hallway outside the athletic training room.
- 5) Documentation
 - a) The athletic trainer will be responsible for documenting all injury evaluations and treatments into an electronic medical records system.
 - i) Confidentiality of the student athletes' medical records must be maintained. The Sports Medicine Team will fully comply with all regulations set forth by the Health Information Portability and Accountability Act (HIPAA).
- 6) Referrals
 - a) When appropriate the athletic trainer may recommend further evaluation by a health care provider
 - i) The athletic trainer will communicate with student athlete's parent/guardian
 - ii) The athletic trainer or parent/guardian will communicate with student athlete's PCP when referral is needed
 - b) When a student athlete is evaluated by another health care provider:
 - i) The student athlete must provide written clearance from the treating provider prior to returning to athletics
 - ii) The athletic trainer will have final clearance of all athletes for all injuries. If the athletic trainer deems it unsafe for an athlete to return to sports after being cleared by a physician, for any injury or any reason, the athlete will not return until approved by the athletic trainer.

ADMINISTRATION OF MEDICATION POLICY

The athletic training staff will not administer any prescription or over-the-counter medication to athletes unless it is a medical emergency. In an emergency situation (anaphylactic or insulin shock, diabetic coma, etc.) the athletic trainer will respond appropriately based on training.

EQUIPMENT MAINTANENCE

All modalities located in the Athletic Training Room will be serviced yearly to prevent any accidental injuries. These modalities include:

- 1) Hydrocollator
- 2) E-Stim
- 3) Game- Ready

[Click here to enter text.](#)

All athletic training room equipment will be maintained and re-certified each year. This task will be the responsibly of the Athletic Administrator.

ENVIRONMENTAL CONSIDERATIONS

- Heat
 - a) The Heat Index will be checked prior to practice or contest by the athletic trainer or athletic administrator when the air temperature is 79 degrees (Fahrenheit) or higher.
 - b) In the event of an elevated heat index, a local decision will be made using the following criteria for golf.
 - i) RealFeel (Heat Index) under 79 degrees
 - (1) Full activity, no restrictions
 - ii) RealFeel (Heat Index) 80-85 degrees
 - (1) Provide Ample water and multiple water breaks
 - (2) Monitor athletes for heat illness
 - (a) Any signs of heat illness should follow the directions below
 - (3) Consider reducing the amount of time for the practice session
 - iii) RealFeel (Heat Index) 86-90 degrees
 - (1) Provide Ample water and multiple water breaks
 - (2) Monitor athletes for heat illness
 - (a) Any signs of heat illness should follow the directions below
 - (3) Consider reducing the amount of time for the practice session
 - (4) Minimum 1 hour recovery for every 1 hour of practice
 - iv) RealFeel (Heat Index) 91-95
 - (1) Provide ample water and multiple water breaks
 - (a) Water breaks every 15 minutes
 - (2) Monitor Athletes for heat illness
 - (a) Any signs of heat illness should follow the directions below
 - (3) Consider reducing the amount of time for the practice session
 - (4) Consider removing protective equipment
 - (5) Consider moving practice indoors if possible or after dusk
 - v) RealFeel (Heat Index) 96 degrees or greater
 - (1) No outside activity will be held. Inside activity is allowed.
- Heat Related Conditions
 - i) Heat cramps
 - (a) Remove the athlete from the exercise session, workout, or practice and have them rest in the shade or an air-conditioned room.
 - (b) Stretch, massage and knead the muscle that are cramping in its full-length position (joints should be extended).
 - (c) Provide the athlete with cold fluids, such as water or an electrolyte sports drink to replace sweat losses.
 - (d) If available provide food high in salt content to replenish the electrolytes lost from sweat.
 - (e) In cases of heat cramps that persist, use ice massage on the affected muscle
 - ii) Heat syncope
 - (a) The athlete will be moved indoors or to a shaded/cool area
 - (b) Elevate legs to promote venous return
 - (c) Monitor vital signs

- (d) Rehydrate with water or a sports drink
- iii) Heat exhaustion
 - (a) Move the individual to a cool/shaded area and remove excess clothing
 - (b) Elevate legs to promote venous return
 - (c) Cool the individual with fans, rotating ice towels, or ice bags
 - (d) Provide oral fluids for rehydration
- iv) Heat stroke **Refer to Practical Guidelines for Implementing Cold Water Immersion for detailed instructions below*
 - (a) Remove all equipment and excess clothing.
 - (b) Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a tub/stock tank with ice and water approximately 35–58°F); stir water and add ice throughout cooling process.
 - i. If immersion is not possible (no tub or no water supply), take athlete to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
 - (c) Maintain airway, breathing and circulation.
 - (d) After cooling has been initiated, activate emergency medical system by calling 911.
 - (e) Monitor vital signs and CNS status
- v) Hyponatremia
 - (1) If hyponatremia is suspected, immediate activation EMS will occur
 - (2) The athlete's parent/guardian will be notified of the situation.
- Cold Temperatures
 - a) All athletes and staff should dress appropriately in cold temperatures. The following are recommendations for exercising in the cold:
 - i) Cover the head, neck, and hands when able.
 - ii) Dress in layers that can be removed when the athlete's temperature increases.
 - iii) Make sure to hydrate. Dehydration can still occur even in cold temperatures.
 - iv) Avoid consuming warm liquids during activity. Consuming warm liquids can increase perspiration, which can increase the chance of dehydration.
 - v) Avoid activity during freezing rain or snowfall, doing so could intensify cold related injuries.
- Thunder and Lightening
 - a) At the first sign of lightning or sound of thunder, athletes and coaches should seek shelter in a safe structure or location. Each venue has a specifically designated area that is listed in the Emergency Action Plan.
 - b) Athletes and coaches will wait at least 30 minutes after the last sound of thunder and/or lightning flash before resuming an activity or returning outdoors. Each time lightning is observed or thunder is heard, the 30-minute clock resets.
 - c) Storm Safety Locations:
 - i) Gymnasium/School
 - ii) Vehicles/Bus

Practical Guidelines for Implementing Cold Water Immersion

These recommendations are adapted from the Kory Stringer Institute guidelines

1. **Initial response.** Once exertional heat stroke is suspected, prepare to cool the patient and contact emergency medical services (EMS).
2. **Prepare for ice water immersion.** On the field or in a temporary medical tent, half-fill the tub or wading pool with water and ice (before an emergency, check the water source to see how quickly it fills the immersion tub).
 - 1) The stock tank can be filled with ice and cold water before an event (or have tub half-filled with water and three to four coolers of ice next to tub; this prevents having to keep tub cold throughout the day.
 - 2) Ice should cover the surface of the water at all times.
3. **Determine vital signs.** Just before immersing the heat-stroke patient, take vital signs.
 - 1) Check airway, breathing, pulse, and blood pressure.
 - 2) Assess the level of central nervous system dysfunction.
4. **Begin ice water immersion.** Place the athlete in the ice water immersion tub. Medical staff, volunteers, and teammates may be needed to assist with a smooth and safe entry and exit.
5. **Total body coverage.** Cover as much of the body as possible with ice water while cooling.
 - 1) If full body coverage is not possible due to the container's size, cover the torso as much as possible.
 - 2) To keep the athlete's head and neck above water, an assistant may hold the patient under the axillae with a towel or sheet wrapped across the chest and under the arms.
 - 3) Place an ice/wet towel over head and neck while body is being cooled in tub.
 - 4) Use a water temperature under 60°F
6. **Vigorously circulate water.** During cooling, water should be continuously circulated or stirred to enhance the water-to-skin temperature gradient, which optimizes cooling. Have an assistant stir the water during cooling.
7. **Continue medical assessment.** Vital signs should be monitored at regular intervals.
 - 1) It may be helpful for an assistant to stand nearby in case the athlete becomes combative.
 - 2) Other assistants may be needed to lift or roll the athlete if vomiting occurs.
8. **Cooling duration.**
 - 1) Cool for 10-15 minutes and then transport to a medical facility.
9. **Patient transfer.** Remove the patient from the immersion tub and then transfer to the nearest medical facility via EMS as quickly as possible.
10. **Cooling is the primary goal before transport.** If appropriate medical staff is available on-site (team physician or athletic trainer); an aggressive cooling modality is readily available (i.e., Cold water immersion, ice/wet towel rotation, high flow cold water dousing); and no other emergency medical services are needed besides the rapid lowering of temperature, then always follow the "cool-first, transport second" doctrine.

AUTOMATIC EMERGENCY DEFIBRILLATOR (AED) LOCATIONS

The Athletic Trainer will have an AED at all attended contests.

High School Events:

- Hallway outside of the gym doors to the left of the nurse's office
- Portable AED located in the Athletic Training Room or with Athletic Trainer



SMHC Sports Performance Center Protocol & Procedures for the Management of Sports-Related Concussion

The following protocol outlines the procedures that will be taken by the SMHC Sports Performance Center (SPC) Sports Medicine Staff in the event of a sport's related concussion. This protocol will be reviewed and updated as new best-practices emerge. The following will provide guidance and structure to insure the safe participation in athletics for all student-athletes.

The Sports Performance Center has a Sports Medicine Team in place to handle the management of concussions both for athletics and academics.

Physician – Dr. John Dolan, DO; Dr. Christian Basque, MD, Dr. Korrie Beverly-Waters, DO
Physical Therapist – Mike Hersey PT, SCS, CSCS
Certified Athletic Trainers – Rick Sirois MS, LAT, ATC, CSCS ; Stephanie Gabriner, MEd, LAT ,ATC ; Tony Giordano LAT, ATC ; Jessie Giordano LAT, ATC; Arin Hersom LAT, ATC, AEMT, Bayley Pendleton, LAT, ATC; Sarah Poirier, LAT, ATC; Josh Woodward, LAT, ATC; Emily Aimi LAT, ATC; Julia Lord LAT, ATC

In addition to recent research, three (3) primary documents, one (1) research paper, and the Team Neurologist were consulted in the development of this protocol. These documents are as follows:

- “National Athletic Trainers’ Association Position Statement: Management of Sports-Related Concussions” (referred to in this document as the NATA Statement)
- “Consensus Statement on Concussion in Sports: the 5th International Conference on Concussion in Sports held in Berlin, October 2016” (referred to in this document as the Berlin Statement)
- “Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004” (referred to in this document as Prague Statement)
- “Multiple Prior Concussions are Associated with Symptoms in High School Athletes” (referred to as Multiple Concussion Research Paper)

Key Points:

- SPC requires all student-athletes and parent/guardian to sign the “Mild Traumatic Brain Injury (MTBI)/Concussion Annual Statement and Acknowledgment Form” (Acknowledgment Form) or School Department Concussion Acknowledgment form before their participation in athletics. By signing they acknowledge that:
 - They have read and understand the Acknowledgment Form
 - They will follow all policies and procedures concerning head injuries
 - The Certified Athletic Trainer(AT)/Team Head Coach will coordinate the distribution and signing of the necessary documents
- Coaches will be required to be trained in the recognition of concussions.
 - Each coach will be required to print off confirmation of taking the NFHS Concussion Course and turning it into the Athletic Administrator in accordance with Maine state law.
 - Coaches will encourage student athletes to report any suspected head injuries to the sports medicine team without punishment or consequences, and they accept the responsibility for referring any athlete to the sports medicine team who is suspected of sustaining a concussion
 - Coaches cannot make return to play decisions for an athlete who has sustained a hit to the head or body that results or may results in concussion symptoms
 - Coaches are required to read and understand the protocol and procedures for concussion management
- All staff members involved in the treatment of sports-related concussions, (team physicians, athletic trainers, student athletic trainers, and school nurse) must read and understand the concussion protocol
- The SPC Sports Medicine Team will review this Concussion Policy annually and update it as needed.

Concussion Protocol:

1. Recognition of Concussions

A. Definition

- i. A sports related concussion is a traumatic brain injury induced by biomechanical forces. A concussion may be caused by a direct blow to the head, face, neck, or to the body with an impulsive force transmitted to the head. Disturbance of brain function is related to functional disturbance, rather than structural injury and is typically associated with normal structural neuroimaging. Concussions may or may not result in the loss of consciousness (LOC). A concussion can result in a range of physical, cognitive, emotional, and sleep related signs and symptoms. Signs and symptoms may be immediate or delayed.

2. Signs and Symptoms of a Sports-Related Concussion

- A. The following signs and symptoms are indicative of a possible concussion. Other causes for symptoms should be considered when evaluation a student-athlete. It is imperative

that all medical history is reviewed as well as baseline testing

i. Signs (observed by others)

- | | |
|--|-----------------------------------|
| 1. Confusion | 7. Slow response to questions |
| 2. Appears dazed or stunned | 8. Forgets events prior to trauma |
| 3. Unsure about game, score, opponent etc. | 9. Forgets events after trauma |
| 4. Forgets plays | 10. Personality changes |
| 5. Altered coordination (clumsy) | 11. Loss of consciousness |
| 6. Balance trouble | 12. Excessive eye blinking |

ii. Symptoms (reported by student-athlete)

- | | |
|-----------------------------|--|
| 1. Headache | 10. Difficulty remembering |
| 2. Fatigue (tiredness) | 11. Trouble falling asleep (if reporting day(s) after) |
| 3. Double or blurred vision | 12. Trouble staying asleep (if reporting day(s) after) |
| 4. Sensitivity to light | 13. Mood swings |
| 5. Sensitivity to noise | 14. Sadness |
| 6. Nausea and/or vomiting | 15. Irritability |
| 7. Feeling like 'in a fog' | 16. Hyperactivity (ADHD like symptoms) |
| 8. Feeling 'sluggish' | |
| 9. Difficulty concentrating | |

3. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing)

A. SPC, as well as their contracted high schools, utilize ImPACT testing to determine baseline cognitive function.

- i. Prior to the start of any contact or collision practices, all athletes must take a baseline ImPACT test

1. Repeat Baseline Testing

- a. College and above – once
- b. High School – every 2 years
- c. Middle School and below– annually

2. Each baseline will be reviewed for validity; if invalid that student-athlete will need to retake before he/she can participate in contact or collision practices. If student has documented ADD, ADHD, learning or intellectual disability they do not need to retake baseline.

3. **All student athletes that participate in a contact sport** will not be able to participate in any live play, scrimmages, or games/competitions until their baseline test is completed.

4. The AT will inform all coaches which members of their teams must take the ImPACT once a roster has been submitted.

- ii. Testing should be conducted under the supervision of the AT or an appropriately trained Athletic Training Student (ATS) and when able at least one coach to ensure proper behavior during testing.

B. Post Injury ImPACT Testing

i. Repeat Testing

- a. 24-72 hours post injury or as requested by treating health care provider
- b. After subjective symptoms have returned to baseline, before student-athlete

- participates in a contact practice
- ii. Repeat tests will be given at request of the Team Physician or PCP treating the student-athlete.
- iii. Repeat tests should not be given more than twice in one week unless specified by treating health care provider.
- iv. AT will notify the treating health care provider once ImPACT tests are completed

4. Management and Referral Guidelines

- i. When AT is present:
 1. All student-athletes suspected of having sustained a head injury will be removed from play for evaluation
 2. The AT will use the appropriate sideline tools available to assess orientation, memory, concentration, balance, cranial nerves and other signs and symptoms associated with a sports related concussion
 - a. History, verbal examination, special tests, and if appropriate physical exertion will be used to determine presence and severity of the signs and symptoms of a concussion.
 3. Any student-athlete suspected of having sustained a head injury (including opposing teams' student-athletes) will be removed from practice/game and not allowed to return
 4. AT will notify Parent/Guardian as soon as possible about the student-athlete's injury
 - a. The parent/guardian will decide if the student-athlete is evaluated by the Team Physician or their own Primary Care Provider (PCP)
 5. The AT will document initial evaluation and all subsequent evaluations; all documentation should be provided to the treating health care provider.
 - a. Daily symptom checks
 - b. Documentation of graduated return to play protocol
 - c. Post-injury ImPACT test results
 6. AT will coordinate care, and will remain in contact with the treating provider until the student-athlete is fully cleared to return to unrestricted activity
 7. AT will notify the School Nurse of injury
 - a. School nurse may notify all teachers, guidance counselors, and other personnel involved in the student-athletes academics and school day
 - b. As the student-athlete progresses during his/her injury, the school nurse will be notified in order to update the above mentioned personnel
- ii. When the Athletic Trainer is NOT present:
 1. Any student-athlete with observed LOC of any duration should be transported to the nearest emergency department via emergency services
 - i. Coaches should not allow student-athlete to move their head or neck in case a cervical spine injury has occurred until EMS arrives.
 - ii. Parent/guardian of the student-athlete should be contacted immediately and informed of the situation
 - iii. Refer to the site specific Emergency Action Plans (EAPs) for activation of EMS.
 2. Any student-athlete who has symptoms of a concussion, and who is not stable (i.e. their condition changing or deteriorating) is to be transported immediately to the nearest emergency department via emergency vehicle
 - a. Parent/guardian is to be informed immediately

- b. If parent/guardian is present they are able to transport the student/athlete to the emergency department on their own at their discretion
 - c. Any student-athlete that exhibits any of the following symptoms is to be immediately transported to the nearest emergency department
 - i. Decreasing level of consciousness
 - ii. Deterioration of neurological function
 - iii. Decrease or irregularity in respiration
 - iv. Decrease or irregularity in pulse
 - v. Unequal, dilated, or unresponsive pupils
 - vi. Changes in mental status
 - vii. Seizure
 - viii. Vomiting
- 3. Any student-athlete who is stable can be sent home with a parent/guardian
 - a. Parent/guardian must be informed by the coaching staff of the injury and what has been observed
 - i. Coaches are to inform the student-athlete and parent/guardian to follow up with the AT as soon as possible
 - b. Parent/guardian can be given a Home Care Instruction for Athletic Head Injuries sheet
 - c. Parent/guardian can be advised to have the student-athlete seek care with his/her Physician, Walk-In Clinic, or Emergency Department on the day of the injury
 - i. If student-athlete is sent to the emergency department, coaching staff must tell the parent/guardian to supply the AT staff with appropriate documentation of evaluations
- 4. Coaches must inform the AT as soon as possible about any head injuries and all necessary action taken
- 5. Academic Guidelines
 - A. Student-athletes who sustain a head injury may need reduction in academics
 - i. Academic adjustments may include:
 - 1. Partial school days
 - 2. No physical education participation
 - 3. No tests or quizzes will be given
 - 4. Limit screen time (computers, movies, iPads, cell phones)
 - 5. Limit reading
 - 6. Do not allow student to listen to music
 - 7. Allow to take breaks during class from work
 - 8. Decrease work load by about 50-75% depending on student-athlete's symptoms
 - 9. More one-on-one time may be needed to ensure comprehension of material
 - 10. Limit homework to no more than 20 minutes per night
 - ii. As symptoms reduce
 - 1. Accommodations may be altered or changed throughout the recovery process by the treating health care professional.
 - iii. Once cleared from their concussion by health care provider:
 - 1. Teachers should be informed by school nurse
 - 2. May participate in physical education
 - 3. No academic restrictions

- B. Non student-athletes who sustain head injuries will be monitored by the treating health care provider and school nurse only.

6. Return to Play (RTP) Procedures for Student-Athletes after Sustaining a Concussion

- i. Any student-athlete who is exhibiting signs or symptoms of a concussion or has abnormal cognitive findings will not be allowed to return to play on the same day as injury
- ii. All student-athletes will follow the graduated RTP progression
- iii. All student-athletes must meet the following criteria in order to progress to activity
 - 1. Symptoms back to baseline for a minimum of 24 hours at rest and during mental exertion in school
 - a. Must progress into academics before athletics
 - 2. In case of a disagreement between medical professionals, the more conservative approach will be taken
- iv. Graduated Return to Sport
 - 1. Symptom limited activity
 - a. Cannot progress to step 2 until symptoms are back to baseline for a minimum of 24 hours
 - 2. Light aerobic exercise (Walking, stationary bike)
 - 3. Sports-specific training
 - a. Ex: running in field hockey, skating in hockey
 - 4. Non-contact training drills
 - 5. Full-contact training drills
 - a. ImPACT repeat testing must be at baseline prior to initiation of full contact practice.
 - 6. Game Play with health care provider clearance
- v. If an athlete experiences an increase in baseline symptoms at any time during the progression they will immediately stop participation and report to AT
- vi. Student-athlete and coaches will be given written and/or verbal instructions about their activity level during the day
 - 1. If practices are held off site, the coaching staff will be in charge of monitoring the student-athlete during participation
- vii. If a student athlete does not complete a graduated RTP prior to the start of the next sport season; he/she will be required to complete the progression prior to the start of the first practice.

7. Home Instructions

- A. Parent/guardian will be notified of the student-athlete's suspected injury
 - i. A take home sheet may be given to parent/guardian when available
- B. For visiting student-athlete's
 - i. The coach will be notified
 - ii. The student-athlete's AT will be notified
 - iii. If possible, the student-athlete's parent/guardian will be contacted
 - 1. If unable to contact parent/guardian the coach will be instructed to contact parent/guardian
 - 2. Take home instruction sheet may be given when available

**Massabesic Mild Traumatic Brain Injury (MTBI)/Concussion
Annual Statement and Acknowledgment Form**

I, _____ (student), acknowledge that I have to be an active participant in my own health and have direct responsibility for reporting all my injuries and illnesses to the School Staff (e.g. Certified Athletic Trainer, School Nurse, Coaches, and Physician). I acknowledge that my physical health is dependent upon providing an accurate medical history and full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during, or after athletic activities.

By signing below, I acknowledge:

1. My High School has given me specific educational material on what a concussion is and has given me an opportunity to ask questions.
2. I have fully told the School Staff of any prior medical conditions and will also tell them about my future conditions.
3. There is a chance that my participation in my sport(s) may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, or even death.
4. A concussion is a brain injury, which I am responsible for reporting to the School Staff
5. A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
6. Some of the symptoms of a concussion may be noticed right away while other symptoms can show up hours later.
7. If I think a teammate has a concussion, I am responsible for reporting the injury to the School Staff.
8. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
9. I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a licensed health care professional and with completion of the graduated return to play progression.
10. Following a concussion, the brain needs time to heal and I am much more likely to have a repeat concussion or further damage if I return to play before my symptoms resolve.
11. I will follow all school protocols related to concussions, including return to learning and return to play.
12. Massabesic is not responsible or liable for any head injury that I may sustain while participating in athletic events.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences, and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____

Signature: _____

Date: _____

Parent or Legal Guardian:

Print Name: _____

Signature: _____

Date: _____



Concussion Symptom Scale

Name: _____ DOB: _____

Date: _____ Time: _____ Date of Injury: _____

Sport: _____

Directions: After reading each symptom, please circle the number which best describes the way that you are currently feeling. A rating of 0 means that you are not currently experiencing that particular symptom. A rating of 6 means that you are experiencing severe problems with that particular symptom.

Symptom	Rating					
	None	Mild	Moderate	Severe		
Headache	0	1	2	3	4	5 6
Pressure in the Head	0	1	2	3	4	5 6
Neck Pain	0	1	2	3	4	5 6
Nausea	0	1	2	3	4	5 6
Vomiting	0	1	2	3	4	5 6
Dizziness	0	1	2	3	4	5 6
Blurred Vision	0	1	2	3	4	5 6
Balance Problems	0	1	2	3	4	5 6
Sensitivity to Light	0	1	2	3	4	5 6
Sensitivity to Noise	0	1	2	3	4	5 6
Feeling Slowed Down	0	1	2	3	4	5 6
Feeling Like in a Fog	0	1	2	3	4	5 6
Don't Feel Right	0	1	2	3	4	5 6
Difficulty Concentrating	0	1	2	3	4	5 6
Difficulty Remembering	0	1	2	3	4	5 6
Fatigue (low energy)	0	1	2	3	4	5 6
Confusion	0	1	2	3	4	5 6
Drowsiness	0	1	2	3	4	5 6
Trouble Falling Asleep	0	1	2	3	4	5 6
More Emotional	0	1	2	3	4	5 6
Irritability	0	1	2	3	4	5 6
Sadness	0	1	2	3	4	5 6
Nervous or Anxious	0	1	2	3	4	5 6

Student Signature: _____



Home Care Instructions for Athletic Head Injuries

_____ has sustained a suspected head injury while participating in an athletic contest on _____.

The following is a list of instructions for this student-athlete's care over the next 24+ hours

1. Complete brain rest (limit computer, TV, video games, texting etc.)
2. Do not drive a vehicle
3. Stay hydrated and eat easily digestible foods
4. Allow athlete to sleep uninterrupted
5. Unless directed by a physician no medications for the first 24 hours, including Tylenol or Ibuprofen (Advil).

If any of the following occur have the athlete evaluated by a medical professional (ER, Primary Care Physician etc.)

- | | |
|---|--|
| 1. Repeated vomiting | 8. Dizziness/unsteady walking that progressively worsens |
| 2. Convulsions/seizures | 9. Difficulty speaking or slurred speech |
| 3. Difficulty using arms | 10. Difficulty being awakened |
| 4. Difficulty seeing | 11. Progressive or sudden impairment of consciousness |
| 5. One pupil larger than the other | 12. Bleeding or drainage of fluids from the ears or nose |
| 6. Abnormal eye movements | |
| 7. Drastic changes in emotional control | |

If it is suspected that an athlete has sustained a concussion they are required to go through the following protocol before returning to athletics:

Step 1: Return to school (a minimum of one full school day with no restrictions)

Step 2: Start Graduated Return to Play Progression

Day 1: Light aerobic activity

Day 2: Sport Specific activity

Day 3: Non-Contact Practice

Day 4: Full Contact Practice

Day 5: Game Play

Athletes must be back to their baseline for symptoms before starting the progression and must maintain their baseline during the entire progression. This is tracked by filling out a daily symptom check list

There must be at least 24hrs between each step in the Progression.

The student athlete must check in with the Athletic Trainer every day before each step.

Step 3: post injury ImPACT test (before return to full contact practice)

Step 4: Full Clearance provided by healthcare provider

Gradual Return to Activity Protocol after COVID-19 Infection

For use in children 12 years and older, children less than 12 years old may return to physical activity as tolerated

Asymptomatic/ Mild Case: Minimum 1 Day symptom free (excluding loss of taste/smell)

Stage 1 (1 Day): Light practice related activities

Stage 2 (1 Day): Normal / Unrestricted practice activities (no game play prior to day 3)

Stage 3: Return to unrestricted game play

**A mask is required for all game/practice activities until 10 full days from symptom onset or + test.*

Moderate Case: Minimum 1 Day symptom free (excluding loss of taste/smell) and a minimum of 4 days of gradual increase in physical activity

Stage 1 (1 Day) – 20-30 minutes: Light activity (walking, jogging, stationary bike)

Stage 2 (2 Days): Light practice related activities

Stage 3 (1 Day) - Normal / Unrestricted practice activities (no game play prior to day 5)

Stage 4 – Return to unrestricted game play

**A mask is required for all game/practice activities until 10 full days from symptom onset or + test.*

Notes: If COVID-19-related symptoms develop with the resumption of activity at any time, (i.e. shortness of breath out of proportion for recent upper respiratory tract infection, chest pain, new syncope or new palpitations), it is recommended to immediately stop exercise, and advise family to be seen by their healthcare physician. Physician clearance will be needed before return to activity.

Southern Maine Health Care – Sports Performance Center Epi-Pen Policies and Procedures

In the event of severe allergic reactions, epinephrine will be the treatment drug of choice. The SPC sports medicine staff utilizes the Epi-Pen Auto-Injector, a disposable delivery system. The Epi-Pen has a spring-activated needle that is designed to deliver a single precise dose (0.3 mg of 1:1000 solution) of epinephrine to adults/adolescents when activated. It may be necessary in very severe reactions to administer a second dose after five minutes if initial response is inadequate.

Indications/Contraindications/Precautions for Epinephrine Administration

Epinephrine is indicated in the emergency treatment of allergic reactions (anaphylaxis) to various allergens. Signs and symptoms of anaphylaxis include respiratory distress, shortness of breath, mental status change (anxious, confused, and drowsy), and diaphoresis. There are no absolute contraindications to the use of epinephrine in a life-threatening situation; however special precautions exist for the elderly or patients with hypertension/heart disease. Therefore, the administration of this medication will be delivered to the population of 25 years old and under.

Assessment and Evaluation

Attention should focus on airway, breathing, and circulation, as well as the patient's mental status. The lips and tongue are assessed for angioedema and the patient is asked to speak his or her name to assess peri-glottic or glottic swelling. The skin is examined for swelling, itching, and erythema.

The presence of any 1 of these criteria indicates that anaphylaxis is highly likely and epinephrine should be administered:

- Acute onset of an illness involving skin, mucosal tissue, or both (for example, generalized hives, flushing, swollen lips/tongue), and at least 1 of the following:
 - Respiratory compromise (for example, dyspnea, wheeze-bronchospasm, stridor, hypoxemia)
 - Reduced blood pressure (BP) or syncopeor
- Two or more of the following that occur rapidly after exposure to a likely allergen:
 - Involvement of the skin (for example: generalized hives, itch-flush, swollen lips or tongue)
 - Respiratory compromise (for example, dyspnea, wheeze-bronchospasm, stridor, hypoxemia)
 - Reduced BP or syncope
 - Persistent GI symptoms (for example, crampy abdominal pain, vomiting)

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: Report of the NIAID-sponsored expert panel. J Allergy Clin Immunol. 2010;126

Administration of Epinephrine

- Activate EMS
- Check the Epi-Pen to ensure the medication has not expired, has not become discolored and does not contain particulates or sediments.
- Prep skin site with alcohol
- Remove the gray safety cap from the auto-injector
- Place the tip of the auto-injector against the lateral aspect of the patient's thigh midway between the waist and knee
- Push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (at least 10 seconds)
- Dispose of the auto-injector in a biohazard container designed for sharp objects.
- Record that epinephrine was administered, the dose, and the time of administration
- Monitor vitals until EMS arrives

Side Effects

Side effects of epinephrine may include palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, weakness, tremor, headache, apprehension, nervousness, and anxiety.

Reassessment

Following the administration of epinephrine, it is necessary to reassess the patient. Reassessment should include continued evaluation of airway, breathing, and circulation status. Decreasing mental status, decreasing blood pressure and increasing difficulty in breathing indicate the allergic reaction worsening. If the condition is worsening while awaiting EMS consider: injection of second dose or epinephrine if available, provide emergency care for shock, be prepared to administer ventilations, initiate CPR and apply AED if absence of pulse is noted.

Be aware patient may complain of side effects from epinephrine. Any patient requiring epinephrine administration should be transported to the closest available medical facility for follow-up evaluation and treatment as soon as possible. Epinephrine is short-acting (10-20 minutes) and signs and symptoms may return as drug wears off.

Storage

The Epi-Pen Auto Injector will be stored in a locked cabinet according to the manufacturer's recommendations when not in use or in the possession of the Athletic Training Services Staff. Used medication will be disposed of via the appropriate Biohazardous Sharps Container.

Procedures for Training

The sports medicine staff will complete an Epi-Pen training session annually that clearly reviews the signs/symptoms and emergency care for allergic reactions, anaphylaxis, anaphylactic shock, and severe asthma. The training should also discuss proper storage, usage, and disposal of an

Epi-Pen Auto-Injector.

Sports Performance Center Medical Director: David AL Johnson, MD

Signature: _____ Electronic Confirmation _____

Date: _____ 02/20/20 _____

Medical Director Approval: 2/20/2020

Pharmacy and Therapeutics Approval: 2/5/2020

EMERGENCY ACTION PLAN

When possible, the athletic trainer will have an annual meeting with EMS to review and update emergency protocols as needed.

In the event of an emergency, Massabesic High School has the following protocol in place.

Chain of Command:

1. Certified Athletic Trainer – Team Physician
 - i) The athletic trainer will assess the scene and decide if and when EMS should be activated.
 - ii) The athletic trainer will designate an individual to activate EMS when appropriate
 - (1) When calling EMS be sure to give the following information:
 - (a) Name of caller, address, and phone number calling from.
 - (b) Number of athletic participants involved.
 - (c) Condition of the athletic participant(s).
 - (d) First-Aid treatments given by first responder(s).
 - (e) Specific directions needed to locate the scene.
 - (f) All other information requested by EMS.
 - (g) Stay on the line until dispatch instructs you to hang up.
2. Athletic Administrator
 - i) Making sure all gate/entrances are open and accessible to EMS.
 - ii) Help keep the spectators off the field, court, arena, etc.
3. Head Coach and Assistant Coach will assist as directed by the athletic trainer
 - i) Coaches may be asked to:
 - (1) Meet the ambulance at the designated entrance, and assisted them to the scene.
 - (2) Accompany the injured athlete in the ambulance if a parent/guardian or relative are unable to.
4. Athletic Training Students
 - (1) Athletic training students will be directed by the athletic trainer. They may be asked to get emergency equipment (AED, Splints, cervical collar, helmet removal kit, etc.) or be available to do the assistant coach's responsibilities if there is no assistant coach present.
5. If the athletic trainer is not present, the next highest personnel on the chain of command will be in charge and will direct the Emergency Action Plan as they are trained to.
 - i) Only personnel trained in first-aid, CPR, and AED should be administering emergency treatments. Each person is to administer emergency treatments in accordance with their training level.
 - (1) The following pages are venue specific Emergency Action Plans

Massabesic High School Track and infield playing field & Tennis Courts (#2 on MHS attached map)

Sports Included: Football, Soccer, Lacrosse, Track, Tennis

Venue Directions: Field is located behind Massabesic High School at 88 West Rd, Waterboro, Maine. Tennis Courts are located on the left by the fields.

Emergency Personnel: A certified athletic trainer (ATC) may be on-site for practices and will be on site for competitive events. Athletic Training Student(s) may be present only when supervised by an ATC.

Emergency Communication: Cellular telephone or two-way radio with athletic trainer, stationary telephone located in school building (athletic director's office or pay phone in lobby)

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - i. Identify yourself and your role in the emergency
 - ii. Specify your location and telephone number (if calling by phone)
 - iii. Give name(s) of injured/ill individual(s)
 - iv. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

Massabesic High School Gymnasium (#1 on MHS attached map)

Sports Included: Volleyball, Basketball, Cheerleading and Indoor practices due to inclement weather

Venue Directions: Volleyball, Cheerleading and Women's and Men's Basketball practice and compete in the gymnasium of Massabesic High School. The gymnasium is located in the rear of the high school building from West Rd.

Emergency Personnel: A certified athletic trainer (ATC) may be on-site for practices and will be on site competitive events for Volleyball, Cheerleading, and Women's and Men's Basketball. Athletic Training Student(s) may be present only when supervised by an ATC.

Emergency Communication: Cellular telephone or two-way radio with athletic trainer, stationary telephone located in school building (athletic director's office or pay phone in lobby)

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - v. Identify yourself and your role in the emergency
 - vi. Specify your location and telephone number (if calling by phone)
 - vii. Give name(s) of injured/ill individual(s)
 - viii. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

**Massabesic High School Baseball Field (#3 on MHS attached map)
(Football / Field Hockey practice field adjacent)**

Sports Included: Baseball, Field Hockey, football practice

Venue Directions: Field is located behind the gym at Massabesic High School

Emergency Personnel: A certified athletic trainer (ATC) may be on-site for practices and will be on site for competitive events. Athletic Training Student(s) may be present only when supervised by an ATC.

Emergency Communication: Cellular telephone with athletic trainer, stationary telephone located in school building (athletic director's office or athletic training room)

Emergency Equipment: First aid supplies (athletic trainers' kit, body substance isolation (BSI) supplies, splints, and crutches). Crutches are kept in the athletic training room when not in use. AED Located in 3rd base dugout.

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - ix. Identify yourself and your role in the emergency
 - x. Specify your location and telephone number (if calling by phone)
 - xi. Give name(s) of injured/ill individual(s)
 - xii. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

Storm Safety Location: In the event of lightning or severe storm warning, (school or cars not dugouts). Otherwise, remove players to the school gymnasium.

Massabesic High School Softball Field (#4 on MHS attached map)

Sports Included: Softball

Venue Directions: Softball is located at behind Massabesic High School staff parking lot at 88 West Rd Waterboro.

Emergency Personnel: A certified athletic trainer (ATC) me be on-site for practices and will be on site competitive events. Athletic Training Student(s) may be present only when supervised by an ATC.

Emergency Communication: Cellular telephone with athletic trainer, stationary telephone located in school building (pay phone in lobby)

Emergency Equipment: First aid supplies (athletic trainers' kit, body substance isolation (BSI) supplies, splints, and crutches). Crutches are kept in the athletic training room when not in use.

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - xiii. Identify yourself and your role in the emergency
 - xiv. Specify your location and telephone number (if calling by phone)
 - xv. Give name(s) of injured/ill individual(s)
 - xvi. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

Storm Safety Location: In the event of lightning or severe storm warning, move all individuals to the school building, visiting team bus or personal cars. Except for tornado warnings then everybody to the school.

USM Ice Arena (attached USM map)

Sports Included: Men's and Women's Ice Hockey

Venue Directions: Women's and Men's Ice Hockey practices and competitive events are conducted in the USM Ice Arena on the West-end of the Costello Sports Complex.

Approach campus via School Street, left on Campus Avenue past Hill Gymnasium, right in front of John Mitchell Technology Center, follow access road past the main entrance of USM Ice Arena, back down the access ramp on the right immediately beyond the West-end of the building. Walk through the double doors, down the hall to the ice rink level.

Emergency Personnel: A certified athletic trainer (ATC) is on-site for competitive events. Athletic Training Student(s) may be present only when supervised by an ATC.

Emergency Communication: Cellular telephone with athletic trainer, stationary telephone located in lobby of Ice Arena.

Emergency Equipment: First aid supplies (athletic trainers' kit and body substance isolation equipment. Breathing devices, vacuum splints, spine board, and crutches available in the Ice Arena ATR).

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - xvii. Identify yourself and your role in the emergency
 - xviii. Specify your location and telephone number (if calling by phone)
 - xix. Give name(s) of injured/ill individual(s)
 - xx. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

The Brothers of Christian Instruction (attached map)

Sports Included: Cross Country

Venue Directions: The home cross country course at the Brothers Orchard is located at 132 Shaker Hill Rd, Alfred, ME

Emergency Personnel: A certified athletic trainer (ATC) may be on-site for practices and may be on site for competitive events. Athletic Training Student(s) may be present only when supervised by an ATC.

Emergency Communication: Cellular telephone with athletic trainer, stationary telephone located in school building or municipal building.

Emergency Equipment: First aid supplies (athletic trainers' kit, body substance isolation (BSI) supplies, splints, and crutches). Crutches are kept in the athletic training room when not in use.

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - xxi. Identify yourself and your role in the emergency
 - xxii. Specify your location and telephone number (if calling by phone)
 - xxiii. Give name(s) of injured/ill individual(s)
 - xxiv. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

Storm Safety Location: In the event of lightning or severe storm warning, move all individuals to the Brothers Recreational Building or closed vehicle (bus or personal vehicle).

Massabesic Middle School Fields (attached MMS map)

Sports Included: MMS Cross Country, Soccer, Baseball, Softball, Track and Field

Venue Directions: Field is located behind the middle school on the south side Massabesic Middle School at 134 Old Alfred Rd, Waterboro, Maine.

Emergency Personnel: The Middle School Athletic Liaison will be on site for all athletic activities.

Emergency Communication: Cellular telephone with athletic trainer or coach, stationary telephone located in school building.

Emergency Equipment: First aid supplies (athletic trainers' kit, body substance isolation (BSI) supplies, splints, and crutches). Crutches are kept in the athletic training room when not in use. AED is located in the middle school lobby and during competition the ATC will have a portable AED on site.

Roles of Emergency Care Team Members

1. Immediate care of the injured/ill student-athlete: Follow appropriate first aid principles (See Injury/Illness Emergency Protocol sheet included with this Emergency Action Plan).
2. Emergency equipment retrieval: Appropriate to the emergency
3. Activation of emergency medical system (EMS) by calling 911. Provide them with the following information:
 - xxv. Identify yourself and your role in the emergency
 - xxvi. Specify your location and telephone number (if calling by phone)
 - xxvii. Give name(s) of injured/ill individual(s)
 - xxviii. Condition of victim(s)
 - Time of the incident
 - Care being provided
 - Give specific directions to the scene of the emergency
 1. Open appropriate gates
 2. Designate individual to "flag down" EMS and direct to scene
 3. Scene control: keep non-emergency medical team members away from the scene

Storm Safety Location: In the event of lightning or severe storm warning, move all individuals to the school building or closed vehicles (bus, personal vehicle).

University of New England Pool – Campus Center (Biddeford) (attached UNE map)

Sports Included: MHS and MMS Mens & Women Swimming

Emergency Personnel: UNE Pool Life Guard Staff

All Emergency Procedures as per UNE Pool Life Guard Staff

Contact Information:

Emergency: 911

Waterboro Fire/EMS Department: 207-839-6762

York County Police Department: 207-324-1113

SRO Jason Solomon: 432-5072

Activities Director: Brendan Scully-Office # 207-247-3141 ext 2216,

Cell # 603-662-8628

BLOODBORNE PATHOGENS

Massabesic High School has adopted OSHA's standard for exposure to bloodborne pathogens in the workplace. The following is some basic information on bloodborne pathogens.

Occupational exposure to bloodborne pathogens (Hepatitis B, Hepatitis C, HIV) does occur. The risk of contracting one of these viruses at school is low because your contact with blood is infrequent. However, when the need arises, you must be prepared to deal with blood safely. Blood is the number one source of these viruses in the workplace. Most people infected on the job were stuck by a contaminated needle or other sharp object, or had contaminated blood splash their broken skin, eyes, nose, or mouth.

Hepatitis B, Hepatitis C and HIV spread most easily through direct contact with infected blood. They also spread through contact with other infectious materials including semen and vaginal secretions. Feces, urine, vomit, nasal secretions, sputum, sweat, tears and saliva do not transmit these viruses unless they contain visible blood.

To protect yourself from exposure, you must adhere to the guidelines listed below.

1. Read and Follow the Exposure Control Plan located in the main office, and in nurse's office.
2. Always use Universal Precautions, which is treating all blood and body fluids as though they are infected with bloodborne pathogens. Use disposable gloves when you anticipate touching blood, body fluids, or contaminated surfaces. Wash your hands immediately after contact with blood or other body fluids and after removing your gloves. Apply band-aids to cuts & wounds before & during school. Disinfect any contaminated surfaces or objects with an appropriate germicidal agent.

Assumption and Acknowledgement of Risk / Consent to Treat

a) Assumption and Acknowledgement of Risk

I understand that any misrepresentation of any of the information provided will result in the student-athlete listed being denied the opportunity to participate. I hereby give my consent for the above name student athlete to participate in the Massabesic Middle School athletic program. As the Parent/Guardian, I am aware that participation is voluntary and I understand that participation in interscholastic athletics involves the risk for potential injury. I acknowledge that there is no absolute guarantee of prevention against any potential injury. On rare occasions these injuries may be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read and understand the warning. I shall assume all responsibility and expense for injury received in practice or game participation.

b) Consent to Treat/Communicate

Southern Maine Health Care (SMHC) provides athletic training services at Massabesic High School for student athletes with the purpose of preventing and treating injuries as they occur while participating in school-related athletic events and programs.

I consent to the certified athletic trainer and SMHC health care team assessing and treating injuries. I give my permission for the certified athletic trainer to discuss and consult with other qualified health care professionals as well as coaches and school staff. I understand that in the case of injury or illness requiring immediate medical attention, every attempt will be made to contact myself or the emergency contacts provided, but if necessary, the student athlete may be transported via ambulance to the nearest hospital.

I acknowledge that the school's certified athletic trainer may consult with the treating health care provider or member of the SMHC health care team when making a final determination of return to play in all medical circumstances. I understand that the athletic trainer has the authority to restrict or deny participation due to the medical condition/injury/illness of the student athlete.

Student Athlete:

Print Name: _____

Signature: _____

Date: _____

Parent or Legal Guardian:

Print Name: _____

Signature: _____

Date: _____

WHIRLPOOL PROTOCOL

1) Temperature

- a. The whirlpool water temperature will never be below 50° or above 110°

- i. Cold

- 1. 50° - 60° F

- ii. Hot

- 1. High-Range: 108° -110° F

- 2. Mid-Range: 102° F

- 3. Low-Range: 90° F

- 4. Contrast

- a. Warm Phase: 102° F

- b. Cold Phase: 55° F

2) Contraindications

- a. No athlete with an open wound, skin infection, or other contagious condition will be permitted to use the whirlpool
- b. Fever
- c. General contraindications listed for cold and heat modalities

3) Maintenance

- a. The whirlpools will be cleaned before and after use
- b. For stainless steel whirlpool tubs, never use any abrasives (ex: steel wool or wire brush) All ground fault circuits will be checked periodically to ensure proper functioning
 - i. All whirlpools must be grounded properly by a professional prior to use

4) Treatment Application

- a. All treatments will be supervised by the Athletic Trainer
 - i. General recommendations
 - 1. "Ice" Bath or Warm Whirlpool
 - a. 8-10 minutes
 - 2. Contrast
 - a. 3:1 Ratio
 - b. 4:1 Ratio
 - c. Laddered (Ex: Hot: 5, 4, 3, 2, 1[min] : Cold: 1, 2, 3, 4, 5 [min])

5) Rules

- a. The whirlpool motors will never be turned on/off while in use.
 - i. Turn whirlpool motor on prior to entering tub
 - ii. Turn whirlpool motor off after exiting tub
- b. Athletes will need to rinse off prior to utilizing a whirlpool
- c. Athletes using the whirlpools must wear appropriate clothing
- d. The floors surrounding the whirlpool must be kept dry to limit any slipping hazard
 - i. Each athlete is responsible to clean up after they use the whirlpool

- e. Athletes must bring their own towels when using a cold whirlpool by their choice

Football Helmet Fitting Protocol

The guidelines listed below will be followed during periodic athlete helmet checks.

1. Helmet checks will be completed by the Sports Medicine Staff every 4 weeks when possible or if a specific problem is recognized prior to the mandatory check.
 - a. Mandatory helmet checks will be documented as completed and is assumed that the proper guidelines were used and necessary adjustments made.

Guidelines

1. If it is a first time fit, measure the circumference of the athlete's head to determine the proper size helmet.
2. Always fit the helmet with normal length hair. If the athlete gets a haircut that significantly changes the length of hair then the helmet should be readjusted. It is the responsibility of the athlete to report changes.
3. Check to be sure that those helmets having air bladders are inflated properly and maintain their inflation.
4. Have the player put their thumbs in the ears of the helmet and hold the helmet up along side of the head with the fingers.
5. Pull the helmet directly overhead, tilted back, and rotated down in front by pulling it into position.
6. Check visually to see that the fit is correct.
7. Have the player hold the head straight forward, try to turn the helmet on their head. If the fit is correct, the helmet should turn only slightly.
8. Observe visually for proper crown adjustment. It should be about 1-2 finger widths above the eyebrow.
9. Ask the player to overlap their hands directly on top of the helmet. While the player exerts a pressure straight down ask if the player feels pressure on the top of the head against the rubber crown, or if all pressure is against the forehead. If it is against the forehead, the helmet is too low and should be adjusted to the proper position.
10. The neck band should be snug and properly positioned. A loose neckband permits the helmet to rock forward.
11. The jaw pad should fit the jaw snugly and prevent lateral rocking of the helmet.
12. Adjust the chin strap to a tight position with equal tension on both sides. This will keep the mouth shut and maintain proper position. Chin straps should be secured to the helmet under the facemask.
13. Make sure that the chin strap release is under pressure.
14. Be sure the face guard attachments allow about 2 inches of clearance between the nose and face mask.
15. Check to make sure hardware is not corroded or damaged in anyway.
16. Consult with specific manufacture guidelines if there is difficulty in fitting a particular style of helmet.

ATHLETIC TRAINING STUDENT EXPOSURE CONTROL PROCEDURES

Needlestick/Bodily Fluids

If a needlestick or bodily fluid exposure occurs the student must:

- Instantly cleanse the affected area and report any blood/body fluid exposure(s) to their Preceptor, the Clinical Coordinator(s) and any hospital personnel (if instructed by their preceptor).
- The protocol at the clinical site will govern the medical approach to that exposure.
- Immediate medical care and lab work will be done either at the rotation site or the nearest appropriate emergency department.
- The student must notify the Clinical Coordinator within 2 hours of the exposure and complete and email a copy of the Student Exposure Form
- Additional care and follow up may be with the student's personal provider. Be advised that the school is not liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance. Any and all expenses for the care and potential treatment are the responsibility of the student.

Exposures/Accidents or Injury

If a student sustains any accidents or injuries while at the clinical site (i.e. fall), the student must follow this procedure:

- Notify your preceptor, and immediately seek medical attention commensurate with the nature of the injury. Clinical sites are under no obligation to provide the student with free medical care.
- Students must notify the Clinical Coordinator within 24 hours and complete and fax the Clinical Coordinator a copy of a Student Accident Report Form
- Any and all expenses for the care and potential treatment are the responsibility of the student.

Needlestick/Bodily Fluids Exposure Guidelines

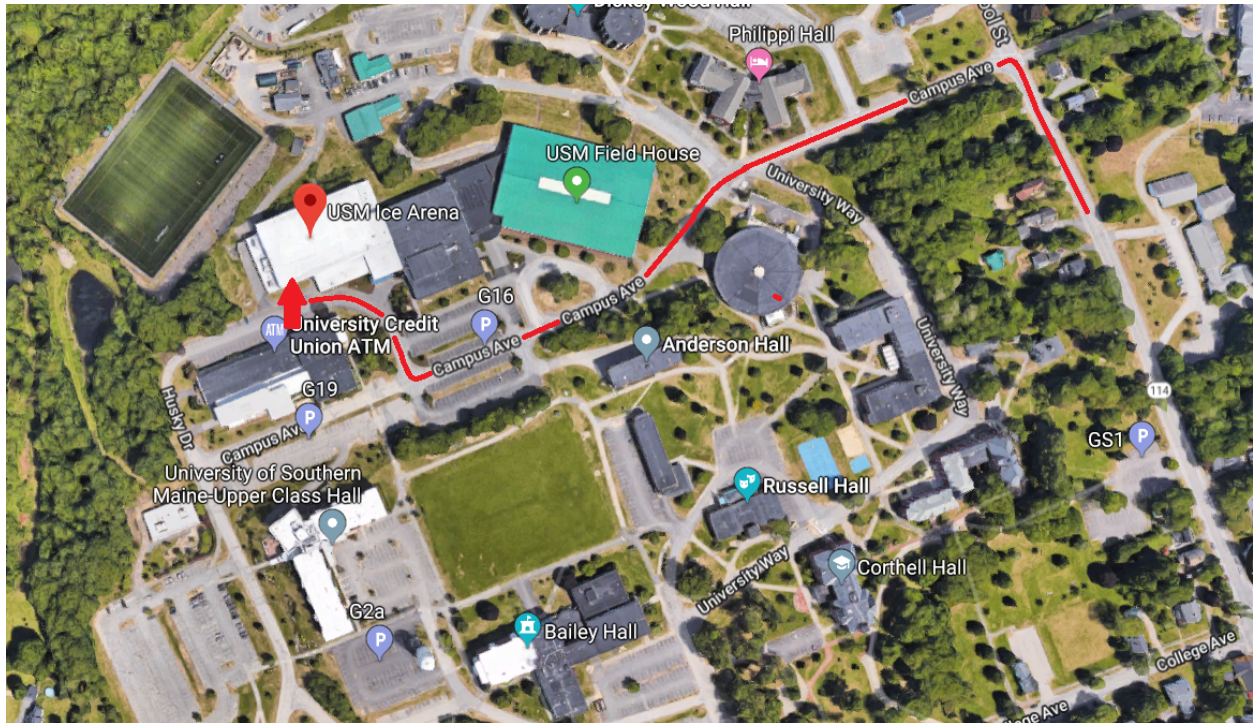
If a student believes he/she has been exposed, the student should:

1. Immediately cleanse the affected area:
 - Wash needle sticks and cuts with soap and water
 - Flush splashes to the nose, mouth or skin with water
 - Irrigate eyes with clean water, saline or sterile irrigants
2. Immediately report the exposure to the supervising physician or other supervisor and follow site established protocols.
3. Immediately seek medical evaluation and treatment. If there is no established protocol on site, seek treatment at the closest Emergency Department.
4. Notify the Clinical Coordinator (crizzo@une.edu or 207.602.2465) within 2 hours.
5. Complete and submit the Student Exposure Form to the Clinical Coordinator within 24 hours.

Massabesic High School Route Map



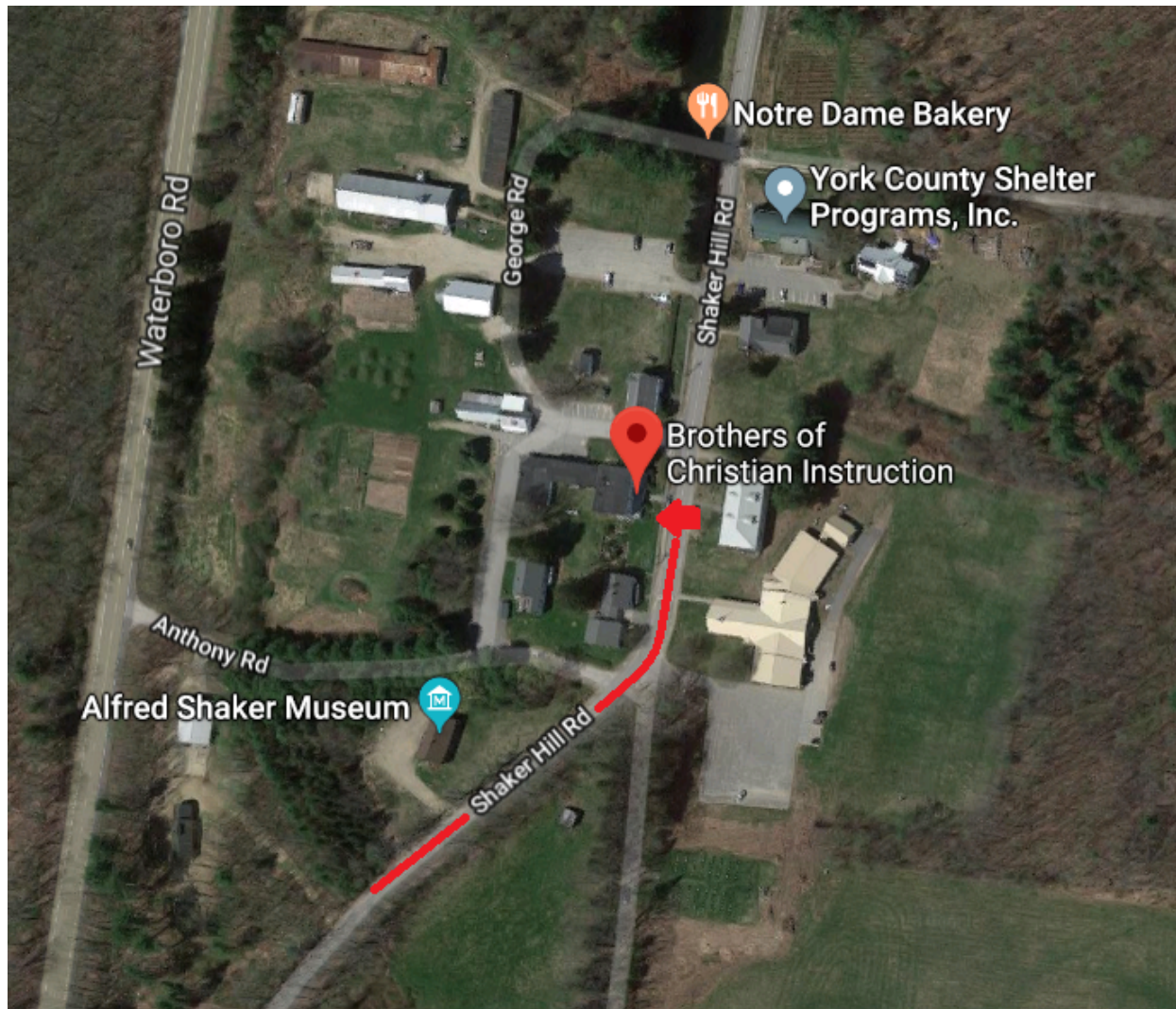
USM Ice Arena Route Map



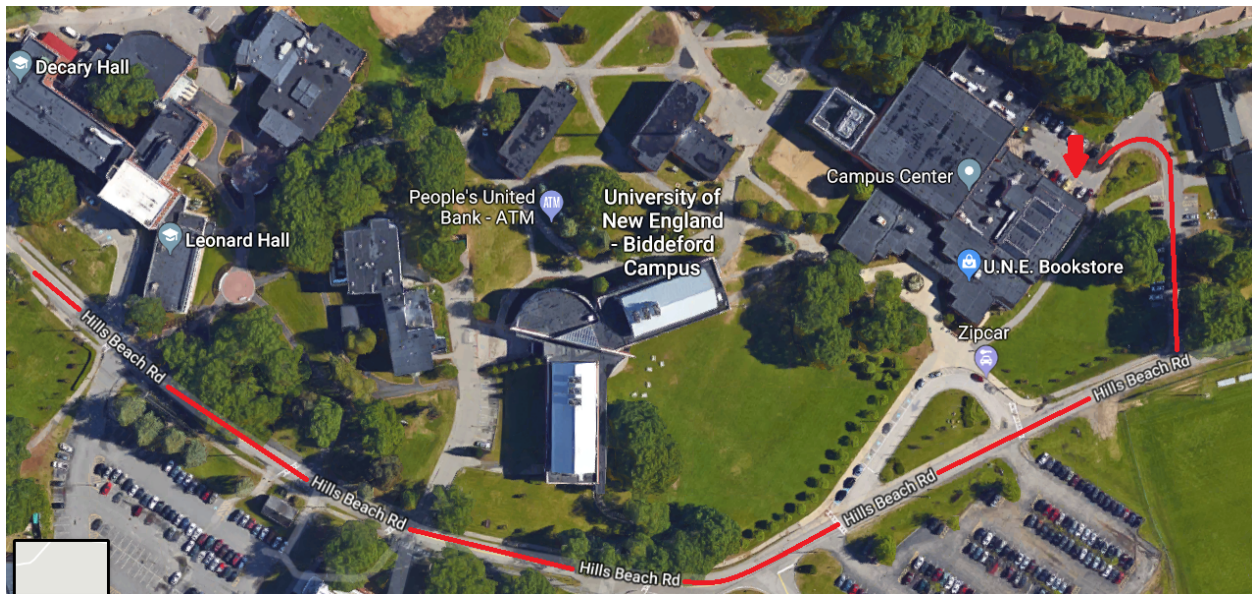
Route:

Approach campus via School Street, left on Campus Avenue past Hill Gymnasium, follow access road past the main entrance of USM Ice Arena, back down the access ramp on the right immediately beyond the West-end of the building. Walk through the double doors, down the hall to the ice rink level.

Brothers of Christian Instruction Route Map



UNE Swimming Pool – Campus Center Route Map



Massabesic Middle School Route Map

