Bald Eagle Area School District

2022-2023

Athletic Training Policies and Procedures

Athletic Training Policies and Procedures Manual Outline

I. Mission Statement & Core Values

- *A. Missions Statement*
- *B. Core Values*
- *C. Licensed Athletic Training Staff (LAT) Guiding Principles*
- *D. LAT Job Responsibilities*
- *E. LAT Required Skills*

II. NATA Code of Ethics and Professional Standards of Practice

- *A. NATA Mission's Statement*
- *B. NATA Code of Ethics and Professional Standards of Practice*

III. Pennsylvania State Licensure and Regulations related to Athletic Training

- *A. Pennsylvania Athleic Trainer's Society (PATS) Mission, Vision, Beliefs*
- *B. Values Statement*

IV. *Pennsylvania Athletic Training Credentialing, Licensure, and Regulations*

V. Bald Eagle Area Sports Medicine Team

VI. Bald Eagle Area Sports Medicine Staff

- *A. LAT Staff Roles and Responsibilities*
- *B. Hours of Operation and Coverage Plan*
- *C. Athletic Training Room Locations*
- *D. Athletic Training Room Daily Procedures*
- *E. General Student-Athlete Return to Participation Procedures Following Injury*
- *F. General Concussion Management Procedures*
- *G. FAQ's About Baseline Concussion Testing*
- *H. Physician Referral Options Post-Injury*
- *I. Confidentiality of Student-Athlete Medical Information*
- *J. Athletic Training Room Rules*

VII. Drayer Physical Therapy treatment options for athletes, programs, resources, and hours of operation

VIII. Injury Management Protocol

A. Physician Standard Operating Procedures
B. Injury Management Policy
C. Return to Participation Policy

IX. Emergency Action Plan (EAP)

A. Athletic injury and Ilness Emergency Protocol
B. NATA Review of Emergency Care for the Spine Injured Athlete
C. Pennsylvania Guidelines for EMS Spinal Care
D. NATA Official Statement for Appropriate Care/Spine Injured Athlete
E. Bald Eagle Area EAP Practice and Event Venue Index

X. Communication Procedures for LAT Staff and Coaching Staff

A. Coaching Staff and Team Responsibilities to the LAT Staff
B. Daily Communication Procedures

XI. Communication with parents/guardians regarding injuries

A. Communication Procedures with Parents/Guardians and LAT Staff
B. Communication Procedures with Student-Athletes and LAT Staff
C. Student-Athletes and Parent/Guardian Responsibilites with Injury Management
D. General Student-Athlete Return to Participation Following Injury
E. General Concussion Management Procedures
F. Treatment and Injury Evaluation Options at Drayer Physical Therapy
G. Physician Referral Options Post Injury

XII. Concussion Management Plan

A. Bald Eagle Area Concussion Management Plan
B. Parent Information and Take Home Instruction Form Post Injury
C. Daily Symptom Form
D. 5-Phase Return to Play

XIII. Wrestling Weight Control Program and Skin Infection Guidelines

A. Pennsylvania Wrestling Weight Control Guidelines
B. Example of Weight Descent Plan
C. Weight Assessor Information
D. NATA Statement Review of Information Related to Skin Diseases
E. NHFS Medical Release Form Information for Wrestlers to Participate with Skin Lesions

XIV. Special considerations guidelines and information

A. AED Policy
B. Asthma and Metered Dose InhalerPolicy
    1. Use of Peak Flow Meter
    2. NATA Official Statement on Asthma Athletes
C. Guidelines and Recommendations for the Care of Diabetic Athletes
D. Blood Donation Recommendations and Guidelines
E. NATA Hydration and Fluid Replacement Guidelines
F. Weight Loss and Gain Guidelines
G. MRSA and Skin Infection Policy Guidelines
H. Sudden Cardiac Arrest Policy (SCA)
I. Sickle-Cell Trait Policy
J. Information Related to Anabolic-Androgenic Steriods
K. NATA Position Statement Review and Guidelines For Environmental Cold injuries
L. NATA Position Statement Review relating to Preventing, Detecting, and Managing Eating Disorders.
M. Lightning and Severe Weather Policy
N. Blood-Borne Pathogens Policy

XV. NATA Information and Guidelines

A. Consensus Statements
B. Official Statements
C. Support Statements
D. Position Statements

XVI. Bald Eagle Area Re-opening and Resocialization Plan and associated Forms
XVII. CDC/National Federation/PA State Reopening and Resocialization Guidelines
XVIII. Bald Eagle Area Hydration Planand Emergency Cooling Plan
XIX. Bald Eagle Area Covid-19 Team Transportation and Personnel Policy at Home/Away Events
XX. Bald Eagle Area Covid-19 Associated Forms and policies
XXI. Bald Eagle Area Participation Waiver for Communicable Diseases including Covid-19
XXII. Bald Eagle Area Athlete and Staff Covid-19 Screening Forms
XXIII. Bald Eagle Area Coaches and Athletic Staff Agreement
XXIV. Bald Eagle Area Student and Athlete Coach Reminders for Summer Workouts/Weight Room
XXV. Bald Eagle Area Weight Room Regulations Related to Covid-19
XXVI. Appendix for CDC and PA State Guidelines Related to Covid-19
XXVII. Bald Eagle Area Covid-19 Clinical Guidance Plan and Return to Sport Considerations

Mission Statement and Core Values

A. Mission Statement & Core Values

(In line with DPTI Mission and Core Values)

At Bald Eagle Area, in conjunction with Drayer Physical Therapy, Our sports medicine team is committed to leading the way to good health – it is our business.

To our student-athletes, we commit to provide the most effective and superior care as humanly possible. The measure of our success will be found in the trust we build and in the hearts of those we help to heal.

To our licensed athletic training staff, we commit to provide a positive, hard-working, respectful, and fair work environment. We will invest in their professional growth to ensure a compassionate and knowledgeable team of professionals. The virtues of integrity, honesty, and loyalty will make up the moral fiber that bonds us.

B. Core Values

The culture at Bald Eagle Area, in conjunction with Drayer Physical Therapy Institute, is driven by values and principles. Our goal is to demonstrate unselfish commitment to our student-athletes needs by living out the three core values that distinguish who we are as a Sports Medicine Team: We apply these same values and principles into our secondary school settings and our physical therapy clinics when providing optimal care for our student-athletes.

Our values and principles include:

1. Always choose to do the right thing, regardless of circumstances
2. Answer the call to stewardship and servant-ship.
   Make a difference in the lives of those around you.
3. Embrace being a part of something of intrinsic value.

C. Licensed Athletic Training Staff (LAT) Guiding Principles

1. Student-athlete focused—we are here to serve the needs of the student-athlete and be their advocates.
2. Quality focused—we strive to "set the standard" and provide exceptional service and quality care to our student-athletes.
3. Professionalism—our conduct and behavior should be that is seen as appropriate and fitting as a licensed health care professional.
4. Equality—Treat ALL student-athletes fairly and equitably.
5. Ethical—we conduct ourselves with honesty and integrity.
6. Positive Attitude—we make every effort to create a positive environment for the student-athletes.
7. Empathetic—we are sensitive to the needs and demands of the student-athlete and their individual response to an injury.
8. Reliable and accountable—we recognize the importance of being available and accountable for our actions as a means of developing trust with our student-athletes, coaching staff, athletic department, and sports medicine team within the district.
9. Diversity—we respect the differences in people and value the differences within our department, district, and community.
10. Proactive and Innovative—we continually look for new and creative ways to serve the needs of the student-athlete, school district, and community.
11. Confidentiality--- we respect the privacy and confidentiality of all student athletes as it pertains to physical and emotional health matters.

D. LAT Job Responsibilities:

1. Coordinate athletic training services and maintain re-opening and re-socialization guidelines
2. Develop and oversee a team of medical providers for student-athletes
3. Provide medical services to student athletes and athletic teams
4. Assist with the prevention and recognition of injuries to the student-athletes
5. Assist with providing a safe, legal and ethical working environment
6. Direct the management and rehabilitation of injuries to the student-athletes
7. Coordinate the organization and administration of all athletic training services
8. Educate coaches and student-athletes regarding the philosophy of the athletic training services provided
9. Assist with the arrangement, organization, delivering and documentation of pre-participation physical examinations
10. Assist in providing coverage for athletic team practices and events
11. Providing relevant communication regarding a student-athlete's medical condition to appropriate sources in a timely manner
12. Maintain medical records on all student-athletes in a timely, efficient, and confidential manner
13. Supervise graduate assistant athletic trainers, athletic training undergraduate students, and high school student helpers.
14. Assist with and actively contribute to the maintenance of a clean, sterile and safe working environment
15. Adhere to all department and school district policy and procedures.

E. LAT Required Skills

1. Exhibit a student/customer first orientation in providing exceptional service in all responsibilities and interactions demonstrating versatility in handling people and situations.
2. Adapt willingly and quickly to changing priorities, responsibilities, and student-athletes needs and expectations; anticipate and identify student's needs.
3. Recognition of administrative policy and procedure
4. Demonstrate a high energy and enthusiastic approach to duties.
5. Communicate, collaborate, and cooperate well with others to achieve common goals.
6. Demonstrate comfort with and willingness to travel as necessary and demonstrate ability to work evening and weekend hours.
7. Develop and nurture an effective, productive, respectful rapport, and working relationship with students, coaches, faculty, administrators, school board members, co-workers, and various community members maintaining an appropriate level of professionalism.
8. Demonstrate strong interpersonal, public speaking, and organizational skills, a sense of humor, flexibility and creativity.
9. Demonstrate strong written, telephone, and electronic communication skills.
10. Communicate information clearly and concisely.
11. Possess understanding, respect, and legal awareness for confidentiality issues
12. Ability to walk, stand, and carry objects of moderate weight
13. Accommodate to frequent exposure to adverse environmental conditions (cold, rain, snow, etc.…)
14. Ability to communicate both verbal and written in a language understandable to student-athletes, coaches, and co-workers

NATA Code of Ethics

and

Professional Standards of Practice

A. NATA Mission Statement

The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession.

B. NATA Code of Ethics and Professional Standards of Practice

Preamble

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.
4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5 Members shall not provide or publish information, photographs, or any other communications related to athletic training that negatively reflects the profession.

September 2005, Revised 2013

Pennsylvania State

Athletic Training

Licensure and Regulations

Mission, Vision and Beliefs

Mission Statement

The mission of the Pennsylvania Athletic Trainers' Society is to:

P - Promote the profession of athletic training through public awareness and education.

A - Advocate the athletic trainer as recognized health care providers through continual legislative pursuits and stakeholder relationships.

T - Transact business on behalf of the Society's membership in a prudent, effective, and collaborative manner.

S - Serve the membership by providing educational, research, scholarship, leadership, and networking opportunities.

A. Vision Statement

The Pennsylvania Athletic Trainers' Society is a progressive organization of health care professionals who work under the direction of a licensed physician. Licensed Athletic Trainers working in the Commonwealth protect and enhance the health and welfare of our clients through prevention, recognition, management, and rehabilitation of injuries. Further, the society's vision is to continue to promote our profession and to serve the needs of the membership.

B. Values Statement

The Pennsylvania Athletic Trainers' Society believes that the strength of this society is derived from the membership and the values we uphold. These values include:

1. Possessing a deep passion for the athletic training profession
2. Holding athletic training to the highest professional standards by practicing moral and ethical behaviors
3. Encouraging the continuous improvement and advancement of the athletic training profession
4. Demonstrating empathy for our clients
5. Delivering current, quality, and evidence based health care
6. Valuing a strong sense of family, both personally and professionally
7. Recognizing and respecting diversity
8. Serving as a resource for the public
9. Valuing camaraderie and collaboration
10. Exhibiting adaptive, flexible, and creative solutions

C. PA State Credentialing/Licensure/Regulations

The Medical Practice Act & The Osteopathic Medical Practice Act. These Laws grant Athletic Trainers the ability to practice athletic training in PA and establish the definitions for athletic trainers (Section 51.1 and 7.1). **These Acts will be updated consistent with the athletic training licensure bills (Senate Bills 957 / 967) which were signed by Governor Corbett on December 22nd, 2011 as Act 123 and Act 124. These Acts officially became law on February, 20th, 2012 and recognize athletic trainers officially as LICENSED health care professionals within the Commonwealth.

Athletic Trainer's Rules and Regulations

State Board of Medicine and the State Board of Osteopathic Medicine Rules and Regulations. These documents further define the certification and practice standards of athletic trainers (Subchapter H). They were adopted July 13, 2007, and effective July 14, 2007. The Rules and Regulations are in revision by the PA State Board of Medicine and State Board of Osteopathic Medicine secondary to the passage of Acts **123** and **124**(Athletic Training Licensure)

Bald Eagle Area School District

Sports Medicine Team

Bald Eagle Area Sports Medicine Team

Licensed Athletic Trainer: *Scott Devore M.A., L.A.T., A.T., C.*
Licensed Athletic Trainer: *Ashley Struble M.S., L.A.T., A.T., C.*

Lock Haven University Undergraduate Athletic Training Student(s): *TBD*

Team Physician: *Dr. Kevin Wilson, Mount Nittany Health*

High School/School Nurse: *Whitney Summey*

High School Student Helpers: *TBD*

Sports Medicine Staff and Administrative Support include:

Superintendent: Dr. Whitesel

Principal: John Tobias

Assistant Principal(s): Danielle Heverly, Marilee Close

Athletic Director: Douglas Dyke

Physical Education Instructors:

Larry Campbell, Danielle Butterworth, Brandy Urbanik, Zachary Rote, Donald Peters

Counseling Staff:

Ella Markowitz, Linsey Younkins, Brooke Knight

Bald Eagle Area Sports Medicine Staff

Roles and Responsibilities of the Licensed Athletic Training Staff
and
Hours of Operation, Event and Staff Coverage Plan

Licensed Athletic Trainers (LATs)

1. *Serve as the liaison between the physicians, the coaches, the parents, and the Athletic Administration regarding the medical condition of the athletes.*
2. *Maintain records of athletic training room visits and treatments.*
3. *Inform coaches of all injuries through proper documentation.*
4. *Comply with confidentiality requirements as prescribed by Federal law (HIPPA) and (FERPA), Pennsylvania State Rules and Regulations, and the National Athletic Trainers' Association Code of Ethics.*
5. *Maintain medical information for student-athletes that are eligible for athletic Participation, based on pre-participation physical examinations*
6. *In conjunction with the Team Physician, determine when athletes are to be removed from competition due to injury and when they may return.*
7. *Any and all injuries incurred during practice or competition, representing the Bald Eagle Area School District, is the responsibility of the Athletic Training Department and should be reported immediately.*
8. *Implementing and following Reopening and Resocialization Guidelines in accordance with CDC, National Federation, PA State, and NATA related to Covid-19.*

A. Licensed Athletic Training Staff General Roles and Responsibilities

Strict adherence to NATA BOC role delineation and areas of domain are practiced by all LAT, ATC staff.

They include:

Prevention, Recognition, Evaluation, Assessment, and Immediate Care;

Treatment, rehabilitation, and reconditioning; Organization and Administration:

Professional Development and Responsibility.

Strict adherence to the Pennsylvania State Board of Medicine and Osteopathic Medicine regulations and guidelines will be upheld and practiced by all LAT, ATC staff.

Rules, Regulations, and Guidelines outlined by the NHFS and the PIAA will be upheld and practiced by all LAT, ATC as well.

Compliance is a very important responsibility and will be maintained and upheld by all sports medicine staff members. All members included in the sports medicine staff will also practice complete confidentiality in relation to any information regarding injuries, treatment, care etc. in compliance with HIPAA and FERPA guidelines.

Act as preceptors and oversee all roles and responsibilities of LHU undergraduate athletic training students and athletic training high school student helpers.

Budgeting and ordering of supplies for the athletic training room.

Athletic Training Staff Daily Roles and Responsibilities

Licensed Athletic Trainer(s):

Responsible for the prevention, treatment, rehabilitation, and daily health care for all the student-athletes in the Bald Eagle Area School District. Coordinates services provided by other healthcare professionals and directs the daily administrative requirements needed for athletic training services. This includes, but is not limited to, budgeting for supplies, medical record keeping, and supervision of the athletic training facilities. The Licensed Athletic Trainer(s) also supervise the athletic training staff, acts as the preceptor for the LHU athletic training student's and supervises the high school student helpers.

The Licensed Athletic Trainer(s) are supervised by the Athletic Director and the team physician as per the orders set forth in the Standard Operating Procedures.

Lock Haven University Undergraduate/Graduate Athletic Training Student(s)

The BEA LAT Staff works closely with the athletic training undergraduate program of Lock Haven University of Pennsylvania (LHU). Students from LHU are assigned on rotation in the Fall and Spring semesters at BEA. They are under the direct supervision of the BEA LAT staff which act as Preceptors for their rotation during the semester. The LHU students will fulfill certain proficiencies required by their program and assist the LAT staff in daily treatment and care of our student-athletes. The LAT staff will encourage and facilitate skill application/development for the LHU undergraduate athletic training students. The assigned LHU students may not act independently in performing injury evaluations, treatment and care, rehabilitation, providing physician referrals, covering event/practice venues independently without direct supervision, and may not travel away independently with teams. They will follow the reopening and resocialization procedures set forth by the BEA School District in accordance with CDC and PA State Guidelines.

Athletic Training Room - High School Student Helpers

The high school student helpers may not act independently in performing injury evaluations, treatment and care, rehabilitation, providing physician referrals, covering event/practice venues independently. They do not have the necessary skills and education to provide any of these responsibilities within the athletic training room, at practices, or at events. All duties and responsibilities for the high school student helpers is posted in the athletic training room. They will follow the reopening and resocialization procedures set forth by the BEA School District in accordance with CDC and PA State Guidelines.

These responsibilities are as follows:

1. Assist with Sign In daily
2. Small wound Care/taping- Always utilize gloves with any wound cleaning
3. Ice Packs/Hot Packs as indicated only for use through the Licensed Athletic Training Staff
4. Cleaning of tables daily between uses and at end of the practice day.
5. Assist Licensed Athletic trainers with Rehabilitation/Concussion Management- as indicated only through the Licensed Athletic Training Staff.
6. Vacuum Training Room daily- Approximately 5:15 Daily
7. Empty Garbage Daily- Approximately 5:30 daily
8. Assist with Laundry
9. Prepare hydration stations for all Home Varsity/JV Home Football Games
10. Assist with ice cooling sprayers for athletes on high temperature days for practice/events.

Hours of Operation and Athletic Training Coverage

Fall/Winter/Spring Athletic Seasons (August – May)

Monday Through Friday: *2:00-6:00 PM (Practice Coverage)*

All Home BEA Athletic Events as scheduled (Grades 7-12)
(Varsity/Junior Varsity/Junior High Boys and Girls)

1. *Both Licensed Athletic Trainers will provide care and evaluation prior to scheduled events.*
2. *At the start of the contest/event scheduled early in the afternoons during the week, one or both LAT's will be present at the event. At that time when both LAT's need to be present at multiple events that day, the athletic training room will be closed.*
3. *Student-athletes needing care or service during the times we have events will have to find the LAT staff at the event venue for taping or evaluation.*

In the Event of an Emergency

If an emergency occurs during practice time and the LAT staff is needed to render the appropriate care, they will have to leave the Athletic Training Room and respond to the care and needs of that student-athlete. If one of the LAT staff members is available to stay in the athletic training room, then they will continue caring for and treating student-athletes prior to practice.

Additional Coverage

1. *All Away Varsity Football Games*

2. *District and State Playoff Coverage- If there are no other schedule conflicts*

- *LAT staff will arrive earlier for scheduled away events for taping/treatment*

As indicated in Schedule Star at least 10-15 prior to dismissal time from class

Weekend Practice and Holiday Coverage

1. ***There will be no athletic training practice coverage on Sundays**. All scheduled events and practice will be covered by the LAT staff when available on Saturdays.*
2. *There will be no athletic training coverage on Thanksgiving Day, Christmas Day, and New Year's Day.*

Event Coverage (Non School Related)

1. *There will be no additional coverage provided for tournaments, contests, or events outside of the regularly scheduled district events. **Any additional coverage for these events will be at a cost of $30.00 per hour or at an agreed upon daily rate with the Licensed Athletic Training Staff**. Arrangements for coverage should be made in advance and agreed upon with the LAT staff and in accordance with policies and procedures with Drayer Physical Therapy Institute.*

Athletic Training Room Locations

High School Athletic Training Room

- *Located next to the Fitness room near the High School gymnasium*
- *The Athletic Training Room is used primarily during the Winter sports season for basketball and wrestling but also for Volleyball in the Fall sports season.*
- *It can be accessed through the main doors to the high school gymnasium or in the alcove area between the high school gymnasium and Wingate elementary school through doors near the fitness room*

Auxiliary Gym Athletic Training Room

- *Located inside the auxiliary gymnasium*
- *It can be accessed through the rear entrance to the boy's locker room, rear entrance to the high school near main access to auxiliary gym, and rear entrance to the athletic training that can be accessed on the sidewalk between the weight room and the back side of the high school.*

Athletic Training Room Procedures

Daily Care and procedures for Student-Athletes

- ***There is a schedule posted inside and outside the athletic training room regarding hours of operation, rules and procedures.***

Daily Athletic Training Room Care/Treatment Schedule

1. ***Sign-In on Daily Treatment Log****- (First come/first serve)- Performed electronically by staff on site via student cell phones or IPAD.*
2. ***Taping/Stretching*** *2:00-3:45 PM*
3. ***Rehabilitation*** *3:30-5:30 – Will be sent electronically to student email address. All Home Exercise Programs will also be sent to student email.*
4. ***Concussion Management*** *3:45-5:30*
5. ***New Injury Evaluation*** *3:45-5:30 - Will be done electronically by staff on site*

- ***At the end of the school day or prior to practice****, student-athletes that are currently injured, need evaluation for a new injury, need treatment and taping procedures, or concussion management should report to the athletic training room at that time****.***

- ***The order student-athletes are cared for/evaluated based on the following:***

a. *Priority is given to athlete under acute distress or emergency situation*
b. *Priority is given to athlete with an away event*
c. *Priority is given to athlete who has taping/treatment/concussion management vs a new evaluation.*
d. *Priority is given to athlete who arrives in the athletic training room and signs in first. First come first serve basis.*
e. *Evaluations are done later at the end of initial treatment/taping time due to individual review and assessment for their injury. The athlete will be provided with a history form to fill out during the time they are waiting for the licensed athletic trainer to perform the evaluation.*

Daily Treatment Log

a. ***Students must sign in daily on scan sheet****- Sign-in is performed via google forms electronically by staff on site.* ***You will have direct access with a code*** *to do the daily sign in. An IPad is available at check in if you don't have a cellphone.*

Auxiliary Athletic Training Room and Gymnasium setup

a. ***Maintaining Social Distancing Guidelines / Facility Capacity***
b. Adequate spacing should be maintained throughout the facility
c. ***There will be only 5-6 athlete's and 2 staff max****- in the athletic training room at a time for taping, injury evaluations, and hands on treatment at any given time.*
d. ***Facility Flow*** *–*

1. ***Entry into the athletic training room will be through the door in the auxiliary gymnasium*** *and exit to the rear outside door.*
2. ***There will be only 5-6 athlete's and 2 staff max****- in the athletic training room at a time for taping, injury evaluations, and hands on treatment at any given time.*
3. ***There will be two separate areas set up for Rehab, Concussion rehab, and Cardio*** *set up in the auxiliary gym. There will be 2-3 treatment tables in that area and chairs .*
4. ***There will be 2 hand sanitizing stations in the gym and 2 in the ATR.***
5. ***All tables and any rehab/cardio equipment will be sanitized after each use.*** *The ATR and all gym areas utilized daily will be completed sanitized each day.*
6. ***There will be students (LHU and HS student helpers)*** *in these areas to provide additional assistance.*
7. ***All treatment areas and any used rehab equipment will be sanitized after each use daily.***

Injury Evaluation and Assessment

a. ***All evaluation procedures will be performed*** *electronically by staff on site via I Pads and through our new Planet High School Electronic Medical Records Module.*

b. ***Gloves will be worn for wound care****.*

c. *The licensed athletic trainer(s) will evaluate all injuries and based on the evaluation, will* ***decide as to the appropriate care of the student-athlete****. Follow-up treatment and care will be based on established protocols. If the injury is more extensive or requires further medical attention and evaluation by a licensed physician, the student-athlete's parent(s)/Guardian(s) will be contacted.*

d. ***The information gathered during the evaluation provides the basis for decisions*** *that are made to determine appropriate care and possible follow-up care for that injury.*

e. ***Periodic re-evaluations are also necessary*** *to determine any how the athlete is progressing, whether or not treatment or rehabilitation programs should be changed, and when a student-athlete can return safely to participation in activity. They also determine if further evaluation and follow up is necessary with a licensed physician.*

Post-Injury Rehabilitation

a. ***All athletes will be provided*** *with a home exercise program post injury.*

All home exercise programs will be sent via Medbridge to the student-athlete's school email*.*

All personal rehab sheets, for in-house rehab onsite*, will also be sent to that email as well with their daily instructions*

b. ***The LAT staff is educated and trained to provide the appropriate care and rehabilitation*** *techniques to help return student-athletes to their sport. They will do this in a safe and efficient manner to help return the athlete back to full activity.*

c. ***All athletes requiring rehabilitation for their injury, whether it is severe, acute, or chronic, will receive care from the LAT staff****. If the amount of treatment is inadequate to provide optimal healing for a specific injury or the student-athlete's injury required surgical intervention, additional options for further treatment can be arranged for them.*

d. ***Rehabilitation will take place Monday – Friday*** *after school and can be completed during study halls or physical education periods, if approved by the teacher and the athletic director, during periods 10 and 11.*

e. *There will be areas outside of both training room facilities for rehab that will allow for social distancing and safety as indicated above in the ATR/Auxiliary Gym setup.*

f. ***Additional treatments can be done at the Drayer Physical Therapy Institute Clinic*** *in Bellefonte in the AM as needed up to 3-4 visits for free. Additional treatments beyond that could be done through direct access or via referral from a physician.*

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B. General Student-Athlete Return to Participation Following Injury

Following an injury, a student-athlete that is not cleared for participation in writing, via daily injury report or written note, cannot return to participation in practice or events until authorized to do so. An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:

1. *Will not dress in uniform or participate in any way for any competition or event.*
2. *Will not suit up for practice or workouts*

They may not return to these activities in ay shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

The decision regarding the availability of a student-athlete to participate in practice or competition will be the sole responsibility of the licensed athletic training staff and the attending physician. This has been outlined in the BEA Return to Participation Policy.

Return to Participation will include:

1. *Full Range of Motion of Injured Joint*
2. *Full Strength of Injured Joint*
3. *Functional Assessment*
4. *Sport Specific testing*
5. *Policies and guidelines for Covid-19 as directed, approved and in accordance with the CDC, PA State, National Federation, NATA, PIAA, and BEA School District.*

C. General Concussion Management

All suspected injuries along with concussions must be reported to the licensed athletic training staff immediately

- **Any athlete that has been evaluated by the licensed athletic training staff and deemed to have symptoms of a concussion,** will have to follow up with their attending physician.
- **Step by step plan** (In accordance with BEA Concussion Management Plan/ State Guidelines via Safety in Youth Sports Act)

a. **The athlete will be removed from play** (Practice and/or event)
b. **Evaluated for symptoms of a concussion**→Utilizing SCAT5 and VOR Screening Sheet
c. **If Symptomatic**→ Referred to physician
d. **Once symptoms have resolved and athlete is symptom-free**→
Athlete will have to pass neurocognitive testing (C3 Logix) to level of Baseline
e. **After Passing Concussion Vital Signs Post Concussion test to level of baseline → Complete 5-Phase Return to play Program** →Sent Back to Physician or fax completed 5-Phase Return to them for final signature and release to return to activity.

D. FAQs about Baseline Testing

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To help answer some common questions about baseline testing among young athletes, CDC has compiled a list of frequently asked questions to help you, your school, or your league prepare for concussions both pre- and post-season.

What is baseline testing?

Baseline testing is a pre-season exam conducted by a trained health care professional. Baseline tests are used to assess an athlete's balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solve problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if an athlete has a suspected concussion.

Baseline testing generally takes place during the pre-season—ideally prior to the first practice. It is important to note that some baseline and concussion assessment tools are only suggested for use among athletes ages 10 years and older.

How is baseline testing information used if an athlete has a suspected concussion?

Results from ba\;lkjseline testing can be used if an athlete has a suspected concussion. Comparing post-injury test results to baseline test results can assist health care professionals in identifying the effects of the injury and making more informed return to school(http://www.cdc.gov/headsup/basics/return_to_school.html) and play(http://www.cdc.gov/headsup/basics/return_to_sports.html) decisions.

Education should always be provided to athletes and parents if an athlete has a suspected concussion. This should include information on safely returning to school and play, tips to aid in recovery(http://www.cdc.gov/headsup/basics/concussion_recovery.html) (such as rest), danger signs(http://www.cdc.gov/headsup/basics/concussion_danger_signs.html) and when to seek immediate care, and how to help reduce an athlete's risk(http://www.cdc.gov/headsup/basics/concussion_prevention.html) for a future concussion.

What should be included as part of baseline testing?

Baseline testing should include a check for concussion symptoms, as well as balance and cognitive (such as concentration and memory) assessments. Computerized or paper-pencil neuropsychological tests may be included as a piece of an overall baseline test to assess an athlete's concentration, memory, and reaction time.

During the baseline pre-season test, health care professionals should also assess for a prior history of concussion (includidsfa-ng symptoms experienced and length of recovery from the injury). It is also important to record other medical conditions that could impact recovery after concussion, such as a history of migraines, depression, mood disorders, or anxiety, as well as learning disabilities and Attention Deficit/Hyperactivity Disorder.

Baseline testing also provides an important opportunity to educate athletes and others about concussion and return to school(http://www.cdc.gov/headsup/basics/return_to_school.html) and play(http://www.cdc.gov/headsup/basics/return_to_sports.html) protocols.

Who should administer baseline tests?

Baseline tests should only be conducted by a trained health care professional.

Who should interpret baseline tests?

Only a trained health care professional with experience in concussion management should interpret the results of a baseline exam. When possible, ideally a neuropsychologist should interpret the computerized or paper-pencil neuropsychological test components of a baseline exam. Results of neuropsychological tests should not be used as a stand-alone diagnostic tool, but should serve as one component used by health care professionals to make return to school and play decisions.

How often should an athlete undergo baseline testing?

If baseline testing is used, research suggests that most components of baseline testing be repeated annually to establish a valid test result for comparison. Baseline computerized or paper-pencil neuropsychological tests may be repeated every 2 years. However, more frequent neuropsychological testing may be needed if an athlete has sustained a concussion or if the athlete has a medical condition that could affect results of the test.

E. *Physician referral options post-injury*

In the event of an injury, the sports medicine staff can assist in making any and all necessary referrals for your student-athlete to the appropriate medical provider.

You can contact a member of the licensed athletic training staff and they can make that contact to that specific provider of your choice and set up your appointment. The only information they need to set it up for you is:dsfa\;lkjfsda

1. Athlete Name
2. Parent/Guardian Name
3. Your contact Phone Number
4. Address
5. Type of Medical Insurance

F. Confidentiality of Student-Athlete Medical Information

- *All injury information is recorded on an injury evaluation form. All individual student-athlete's injury history and information is placed in their individual files. All injury and medical information is kept confidential and is only shared with the athlete, the sports medicine staff, physicians, and athlete's parent(s)/guardian(s).*
- *All information is kept confidential to avoid any poor or misleading information and to respect the privacy of the student-athlete.*

- *HIPAA and F-ERPA Laws protect all student-athletes, past, current, and future healthcare information. Anything that identifies your confidential medical information is considered "Protected Health Information" under the law and thus cannot be shared with anyone without the student-athlete's consent*

Confidentiality of Medical Records/ HIPAA Compliance Policy

The purpose is to insure that the Department of Athletic Training values and respects the confidentiality of student-athlete medical records and maintains compliance with the HIPAA federal regulations.

POLICY STATEMENT:

Confidentiality of the student athlete's medical records must be maintained, as these are considered legal documents. Records are not permitted to leave the Athletic Training Room. The records still may not be taken out of the facility or photocopied under any circumstances. Anyone associated with access to documents that are the property of the Department of Athletic Training will fully comply will all regulations set forth by the Health Information Portability and Accountability Act (HIPAA). Sports Medicine Staff members must remember that discussing the status of a student athlete with other student athletes is forbidden. This is considered a breach of confidentiality. The staff member must be aware of his/her surroundings at all times when discussing the health status of a student-athlete. This is perhaps one of the most serious violations that can occur and will result in circumstances that may not only warrant removal from the clinical environment, but could ultimately result in a suspension or dismissal from his/her position.

Confidentiality:

The Bald Eagle Area Athletic Training Staff, Sports Medicine Team, and department of athletics are committed to safeguarding the confidentiality of protected health information and other confidential jkl;\kl;\information which is or may be contained in the records of the school district and to ensuring athat protected health information and other confidential information is used and/or disclosed only in accordance with the district's policies and procedures and applicable state and federal law.

All district employees and contracted liaisons must hold confidential information used or obtained in the course of their duties in confidence. All protected health information and other individually identifiable health information must be treated as confidential in accordance with professional ethics, accreditation standards, and legal requirements.

PRIVACY REQUIREMENTS:

Everyone with access to health information and other confidential information is responsible for safeguarding its confidentiality. Health information and other confidential information may be in paper, electronic, verbal, video, oral, or any other form, and must be protected regardless of form. Access to health information in any format must be limited to those persons who have a valid business or medical need for the information, or otherwise have a right to know the information. Individuals who access clinical records from other organizations are expected to follow that organization's requirements.

Any knowledge of a violation of this confidentiality policy must be reported to the Athletic Training Staff immediately.

POLICY ELEMENTS:

Discuss patient/student-athlete information with authorized personnel only and only in a private location where unauthorized persons cannot overhear. Keep medical records and other confidential information secure and unavailable to persons not authorized to review or obtain those records or information. Follow specified procedures for use of electronic information systems, including use of individual passwords, logging off when finished, proper data entry techniques, and protection of displayed or printed information from unauthorized users. Omit the patient/student-athlete's name and other unique identifiers when using case reports or hypotheticals for educational or training purposes. Verify with the patient/student-athlete what information may be given to the patient/student-athlete's family and friends with the patient/student-athlete's knowledge and permission. Screen requests for access to all patient/student-athlete and other confidential information so that the minimum necessary amount of information is made available and made available only to those persons who are legitimately involved in patient care, billing or administrative operations. Release patient/student-athlete medical records and other confidential information to external sources only upon receipt of written authorization from the patient/student-athlete. Use appropriate information security procedures for users of electronic information systems.

DE-IDENTIFICATION OF HEALTH INFORMATION:

Health information is considered de-identified, and therefore not subject to the rules for protected health information only if all the following information has been removed: fsda

1. Names, including patient, family, employer, and attending physician
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip-code
3. Elements of date (except year) for dates directly related to an individual, including birth-date, admission date, discharge date, date of death.
4. Telephone numbers and Fax numbers
5. Electronic mail addresses, Social security numbers, Medical record numbers, Health plan beneficiary numbers, Account numbers, Certificate or license numbers, Vehicle identifiers and serial numbers, including license plate numbers, Device identifiers and serial numbers, Web universal resource locators (URLs), Internet Protocol (IP) address numbers, Biometric identifiers, including finger and voice print, Full face photographic images and any comparable images and any other unique identifying number, characteristic, or code

- Information, which has been identified for all of the factors listed above, may be handled outside the constraints of this policy. However, even de-identified health information should be handled with care and with an awareness of the need to protect the identity of the person to whom the information refers.

G. Athletic Training Room Rules:

1. ***Daily Sign in required daily****- It will be performed electronically by staff on site via IPAD*
2. ***It is your responsibility to come into the athletic training room on a daily basis if directed to*** *do so by the licensed athletic training staff. Failure to show up for evaluation and re-evaluation for an injury, treatment, taping, and rehabilitation could result in missed practice or competition time. All injury updates are provided to the BEA coaching staff via email on a daily basis with regards to your participation status.*
3. *Be kind, respectful, patient with all staff at all times*
4. *No Profanity in the athletic training room*
5. *Shower after practice/event before receiving treatment*
6. *No self-treatment or taping. This is to be performed by the appropriate sports medicine staff only.*
7. *The Licensed Athletic Training Staff will determine and decide what treatment, taping, and fsdarehabilitation is appropriate or required for each injury, unless otherwise indicated by your attending physician for that injury/condition.*
8. *Student-athletes must wear shorts, shirts, and shoes to the athletic training room.*
9. *No cleats, spikes, or equipment allowed in the athletic training room.*
10. *Student-athletes are no permitted to take anything from the athletic training room without permission from the staff.*

Injury Management
Policies and Protocols

Bald Eagle Area School District

Standard Operating Procedures

2022-2023

The following is an agreement between the Bald Eagle Area School District athletic trainer(s) employed by Drayer Physical Therapy Institute and his or her team physician. This document is based upon the Athletic Trainer Licensure Bills 957 / 967.

1. Athletic trainer will be licensed by the Commonwealth of Pennsylvania under the State Board of Medicine or the State Board of Osteopathic Medicine and certified by the National Athletic Trainers' Association Board of Certification; as well as certified by the National Wrestling Coaches' Association as a weight assessor.

2. The athletic trainer (LAT) may provide athletic training services to physically active persons under the direction of a licensed physician. A "Physically Active Person" is an individual who participates in organized, individual or team sports, athletic games or recreational sports activity.

3. Athletic training services include the rendering of:
    a. Emergency care
    b. Development of injury prevention programs
    c. Providing appropriate preventative and supportive devices
    d. Assessment, management, treatment, rehabilitation and reconditioning
    e. Use therapeutic modalities, such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, manual therapy, therapeutic exercise, reconditioning exercise, and fitness programs

4. Athletic training services does not include surgery, invasive procedures or prescription of any medication, or controlled substance.

5. The athletic trainer will refer physically active persons to a licensed physician whose conditions are outside the scope of athletic training services, education or preparation. The term "Refer" is defined as the process whereby the athletic trainer advises the physically active person to seek care from a licensed physician. The physician chosen is at the discretion of the parents and / or physically active person. The athletic trainer shall comply strictly with conditions or restrictions placed on athletic training services by the referring physician. The following medical conditions warrant referral to a licensed physician:

a. any case of unconsciousness
b. amnesia lasting longer than 15 minutes
c. deterioration of neurological function
d. decrease or irregularity in respirations or pulse after a head injury
e. unequal, dilated, or un-reactive pupils after a head injury
f. suspected neurological injury accompanied by motor weakness, abnormal reflexes, and/or sensational changes
g. seizure activity
h. suspected serious spine injury
i. suspected fracture and / or dislocation
j. suspected 3rd degree ligament sprains or muscle / tendon ruptures
k. suspected referred pain
l. all other injuries as determined on a case by case basis

6. The athletic trainer may at his / her discretion return an athlete to participation after a full physical and functional assessment has been performed, unless the athlete is under the present --care of a licensed physician; other than the team physician. The athletic trainer must have written or verbal documentation in order to return an athlete to participation when athlete is under the proximate care of a physician. Verbal orders must be reduced to writing within 72 hours. Return to play guidelines, instituted in Bald Eagle Area School District school policy, is attached and utilized in agreement with designated team physician.

7. The athletic trainer may not dispense over-the-counter or prescription medications. The physically active persons are required to have present inhalers, Epipen , or medications specific to medical conditions at all times. The athletic trainer may assist in administering the medication in an emergency situation. The prescribed medication must only be administered in a manner consistent with the physician's orders.

8. The athletic trainer will complete daily treatment records on each physically active person receiving athletic training services.

9. The athletic trainer will perform specific tasks during pre-participation physical examinations as delegated by the supervising licensed physician. Weight certification assessments for wrestlers will be performed in compliance with the National Wrestling Coaches' Association and PIAA protocols.

10. The athletic trainer will cover in-season school sponsored events and games hosted by the scsdahool district. ATC will also provide athletic training services for away varsity football games. Coverage will be at the discretion of the athletic director and athletic trainer during conflicting events.

11. The athletic trainer, at his / her discretion, may provide athletic training services for non- school sponsored events hosted by the school district. This may include tournaments, camps, district and state playoffs, and conference / league championship events.

12. The athletic trainer may render athletic training services to the physically active persons of the school district, regardless of venue.

13. The a-thletic trainer may provide athletic training services to any and all visiting teams and persons involved during events or games hosted by the school district.

14. The conditions set forth in this document also apply to the athletic training staff providing athletic training services at Drayer Physical Therapy Institute. In the case of primary athletic trainer unavailability, a secondary athletic trainer may provide appropriate athletic training services outlined in this document. Athletic training services will be coordinated between the primary and the secondary athletic trainer.

15. This Written Protocol Does Not extend to other athletic trainers not employed by Drayer Physical Therapy Institute who are providing athletic training services on school district property.

General Concussion Protocol

Student-athletes suffering from a concussion or a traumatic head injury will complete the following step-wise "Return to Play" guidelines:

1. Athlete removed from game / practice following signs / symptoms of concussion.
2. No return to play in current game / practice if concussion is suspected.
3. Medical evaluation by an Appropriate Medical Professional via SCAT 5 and VOMS Testing.

    a. Rule out more serious intracranial pathology.

    b. Referral to licensed physician if signs / symptoms warrant advanced evaluation / diagnostic testing.

        1. Athlete suffers Loss of Consciousness.
        2. Signs / symptoms deteriorate over time.
        3. Abnormal Cranial Nerve / UQS / LQS findings.
        4. Contact parents / guardians with educational materials and specific instructions (Head Injury Information Sheets.)

5. If available, neuropsychological testing within 72 hours of initial injury and as needed until satisfactory scores are adsf-achieved. ImPACT, SCAT II, etc.

6. Stepwise Phasic Return to Play. Each stage, in most circumstances, will be separated by 24 hours. Any recurrence of concussive symptoms during exercise will result in discontinuing exercise for that day. When the athlete returns to asymptomatic, they will perform the same stage.

1. Complete rest and no activity until asymptomatic.
2. Light aerobic exercise.
3. Sport-specific training.
4. Non-contact drills.
5. Full-contact drills.
6. Game play. (written clearance by Appropriate Medical Professional)

The Bald Eagle Area School District's Board Approved Concussion Management Plan is attached and will be utilized and agreed upon with the Team Physician.

Written Protocol

Under the direction of supervising licensed physician(s), the licensed athletic trainer(s) listed will act within the scope of practice of his / her education and training as defined in the Rules and Regulations of the Pennsylvania Medical and Osteopathic Practice Acts.

Direction is defined by the PA Medical and Osteopathic Practice Acts, 49 PA Code as…supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for the physically active person or written protocol approved by a supervising physician, or by direct consultation via radio, telephone, fax, email or other accepted means.

The licensed athletic trainer (s) will maintain communication with me, at defined intervals, via the following models and communication schedules:

___ Telephone ___ Email ___ Direct Consultation (Football Games) ___ Other

___ Weekly ___ Bi-Weekly ___ Monthly

Further delineation of responsibilities or expectations will include:

I, _____ as supervising / team physician, supervise the licensed athletic trainer(s) named below and any Drayer Physical Therapy Institute licensed athletic trainer(s) providing athletic training services on behalf of the aforementioned school district in his / her provision of athletic training services under my direction and designate he / she to make return to play decisions for athletes exhibiting signs / symptoms of a concussion or traumatic brain injury following the outlined Concussion Protocol.

_____
Licensed Athletic Trainer Date

_____
Licensed Athletic Trainer Date

_____
Licensed Supervising Physician Date

Bald Eagle Area School District

2022-2023

Injury Policy

The Bald Eagle Area School District Licensed Athletic Training Staff, along with its sports medicine team members, strive to protect and return injured student-athletes to practice and competition as quickly and safely as possible.

The licensed athletic training staff possesses the knowledge and skills in providing injury recognition, injury prevention, emergency care, evaluation and assessment, immediate care, treatment, rehabilitation, and reconditioning for student athletes.

Sports participation in athletics involves an inherent risk for injury and the student-athlete and coaching staff must share in the responsibility of injury management and prevention through:

1. Following safety protocols
2. Communicating and reporting injuries to the licensed athletic training staff in a timely and efficient manner.
3. Following appropriate and approved guidelines, policies, and recommendations from the CDC, PA State, National Federation, PIAA, NATA, and BEA School District relating to Covid-19.

- ***Any Student-Athlete participating and individuals Coaching school sponsored activities must adhere to this Policy***

Student-Athletes injured in Practice, Competition, Other Activity

1. **All injuries occurring during Bald Eagle Area sponsored activities, practice, home and away events, and other activities must be reported immediately to the Licensed Athletic Trainer(s) at the Bald Eagle Area School District.** The student-athlete must be evaluated by the licensed athletic training staff prior to returning to practice or competition.

2. **Following the evaluation for an injury**, medical referrals for further recommendation and evaluation by a licensed physician will be made when deemed necessary. Follow up re-evaluations will be performed the following practice or event day to determine the level or ability of the student-athlete's participation and or the need for that individual to seek further medical attention for that injury. The BEA LAT staff can assist you in making a physician appointment if needed as outlined in the policies and procedures manual. *An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:*

    a. *Will not dress in uniform or participate in any way for any competition or event.*
    b. *Will not suit up for practice or workouts*

    They may not return to these activities in ay shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician..

1. **All Injuries occurring at away events- (Games/Matches/Meets/Tournaments/Competitions)**
Must be reported within 24 hours of that away athletic event. It is the Head coach's responsibility to contact the licensed athletic training staff within that period of time via phone call, text, or email regarding that injury. The student-athlete will refrain from participating in practice or competition until after they have been evaluated and cleared to return to participation by the Bald Eagle Area LAT Staff. This is necessary to reduce the risk of further injury and liability for the LAT staff, coaching staff, and the district.

2. **In the Event of a medical emergency from an injury occurring at away events- (Games/Matches/Meets/Tournaments/Competitions)**
   The student-athlete should seek immediate medical attention and report that information regarding the injury within 24 hours of that away athletic event to the BEA LAT Staff. It is the Head coach's responsibility to contact the licensed athletic training staff within that period of time via phone call, text, or email regarding that injury. The student-athlete will refrain from participating in practice or competition until after they have been evaluated and cleared to return to participation by the Bald Eagle Area LAT Staff along with written clearance for return to play by their attending physician. This is necessary to reduce the risk of further injury and liability for the LAT staff, coaching staff, and the district.

3. **In participating in an away event, if an injury has been determined to not be of a serious nature and did not require immediate medical attention**, you may contact a member of the BEA LAT staff via phone call, text, or email to make arrangements to have the student-athlete evaluated in the clinic at Drayer Physical Therapy in the morning or at the athletic training room on that day.

4. **Failure to report injuries delays proper referral** to a physician and in providing the necessary follow up, care, and treatment for the injury.

5. **Failure to report also delays the proper return** of the athlete to participation, delay proper treatment of the injury or condition, and inconveniences the parents and athletes.

6. **Failure to report also creates liability** for the school district, its employees, the licensed athletic trainer(s), and the coaching staff.

7. **Failure to report Head Injuries**, sustained by a student-athlete in practice or competition, is in direct violation of SB 200 known as the Safety in Youth Sports Act. This law makes certain requirements of Pennsylvania Schools and the personnel who supervise the student-athletes who represent these schools, as well as the medical personnel who support them when there is an injury.

I hereby acknowledge and understand this policy and will adhere to sharing in the responsibility of injury management and prevention for our student-athletes by following appropriate safety protocols and communicating and reporting all injuries to the licensed athletic training staff in a timely and efficient manner.

_____ ____/_____/_____

Signature of LAT, ATC Date

_____ ____/_____/_____

Signature of LAT, ATC Date

_____ ____/_____/_____

Signature of Licensed Physician Date

Bald Eagle Area School District

2022-2023

Return to Participation Policy

Following a complete physical assessment for an injury:

1. **The Licensed Athletic Trainer(s) LAT(s) in the Bald Eagle Area School District**, may, at his or her discretion, return a student-athlete to practice or competition.

2. **Following appropriate and approved guidelines, policies, and recommendations for return to play** from the CDC, PA State, National Federation, PIAA, NATA, and BEA School District relating to Covid-19.

3. **Return to participation is a progression** that will be determined by the Licensed Athletic Training Staff, and the attending Physician (If the athlete has been seen by a Licensed Physician for Evaluation and Clearance for the injury).

4. **If a student-athlete is not being seen by a licensed physician** for a specific injury or pathology, the Bald Eagle Area Licensed Athletic Trainer(s) will determine when the athlete returns to practice or competition. **An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:**

    a. *Will not dress in uniform or participate in any way for any competition or event.*
    b. *Will not suit up for practice or workouts*

    They may not return to these activities in ay shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

Student-Athletes seen by an approved licensed medical professional:

Must secure a written release to return to athletic participation. This is the policy set forth in the Standard Operating Procedures from the Bald Eagle Area Team Physician. **The athlete must present a written release** from the attending physician to return to participation in practice or competition.

Approved Licensed Medical Professionals that could return an athlete to activity after being seen for an injury include: Medical Doctor (MD,DO)- May include any specialist with the credentials MD or DO

Dentist (DMD, Podiatrist (DPM)

We cannot accept and receive clearance for student-athletes to return to participation from a Chiropractor or Physical Therapist, since they are not under the discretion of our licensing board. Our Licensure is under the Pennsylvania Board of Medicine and Board of Osteopathic Medicine.

Pennsylvania Law requires Licensed Athletic Trainers to work under the direction of a Licensed Physician, licensed by the Pennsylvania Board of Medicine and Board of Osteopathic Medicine, and therefore **must secure a written release** from that provider if an athlete has been restricted from participation in athletic and physical activity.

I hereby acknowledge and understand this policy and will adhere to sharing in the responsibility of injury management and prevention for our student-athletes by following appropriate safety protocols and communicating and reporting all injuries to the licensed athletic training staff in a timely and efficient manner.

_____ ____/_____/_____

Signature of LAT, ATC Date

_____ ____/_____/_____

Signature of LAT, ATC Date

_____ ____/_____/_____

Signature of Licensed Physician Date

Bald Eagle Area School District

Sports Medicine Emergency Action Plan

Athletic Injury/Illness Emergency Protocol

The following procedures are to be carried out by an appropriately trained certified athletic trainer (LAT, ATC) in the event of injury or illness to a student-athlete. In the event that an LAT-ATC is not available on-site at a specific practice or event, the head coach and/or designee shall perform the duties listed below.

I. Contests and practices hosted at the Greensboro Day School or "HOME" sites:

1. **MEDICAL EMERGENCIES** (breathing cessation, severe bleeding, concussion with loss of consciousness, suspected neck or spinal injury, fracture, dislocation, eye or face injury, heat related illness, any other injury or illness resulting in poor vital signs such as decreased blood pressure, weak pulse, or signs of shock).

    a. **Follow the Emergency Action Plan** (first aid principles and provide appropriate care)
    b. **Activate the emergency medical system (EMS) by calling 911**
    Provide EMS with the following information:
    - Identify yourself and your role in the emergency
    - Specify your location and telephone number (if calling by phone)
    - Give name(s) of injured/ill athlete(s)
    - Give condition of injured/ Ill athlete(s)
    - Give time of accident
    - Give care being provided
    - Give specific directions to the scene of the emergency
    - Do not hang up until directed to do so by the EMS dispatcher
    c. **Monitor vital signs**.
    d. **Calm and reassure the athlete**.
    e. **Notify an LAT-ATC as soon as possible**.
    f. **Complete an Injury/Illness Report and Medical Referral Form**.
    g. **Provide follow-up care as necessary**.

2. **NON-EMERGENCIES** (sprains, strains, concussion [with no loss of consciousness], illness, abrasions, minor cuts, contusions, etc.).
    a. Provide appropriate first aid care.
    b. Notify the LAT, ATC.
    c. Send the athlete to the appropriate medical care facility (if unable to contact an LAT-ATC and/or unsure of the severity of the injury).
    d. Complete an Injury/Illness Report Form as necessary.
    e. Provide follow-up care as necessary.

3. **In the event an athlete is ill or injured and is transported to a hospital/emergency facility while participating in a school sponsored event off campus, the following guidelines should be followed:**
    a. Notify the LAT, ATC and Athletic Director of the athlete's name, a brief description of the injury/illness, and the name and telephone number of the hospital/emergency facility where the athlete has been transported.
    b. The LAT, ATC, if onsite, will contact and receive all phone calls from parents or guardians and refer them to the hospital/emergency facility as appropriate.
    c. It is the responsibility of the hospital/emergency facility to notify the athlete's parents or guardians with the latest and most accurate information concerning his/her condition.

4. **NOTE: When a team/program practices or hosts contests AT "HOME" SITES which are LOCATED OFF-CAMPUS, the same guidelines as outlined above should be followed**. It is imperative that the LAT-ATC, or in the absence of the LAT-ATC, the head coach locate the nearest accessible telephone on-site prior to beginning the practice or contest.

In the event of a medical emergency, dial 911 (or appropriate emergency telephone number) to summon EMS personnel and follow the Medical Emergency guidelines listed above. If injury appears to be non-emergent, make arrangements to have the athlete transported back to the athletic training room for further assessment and treatment as soon as possible but provide necessary first aid immediately on-site.

II. For contests and practice occurring AWAY:

1. **MEDICAL EMERGENCIES**

    a. Follow the Emergency Action Principles (first aid principles) and provide appropriate care.
    b. Ask for the host LAT, ATC and follow the host institution's emergency action plan.
    c. If athlete must be transported to an emergency facility, find out what facility they will be going to and then make arrangements with the head coach to ensure pick up the athlete after the contest ends. If an assistant coach or if parent/guardian is available, they could follow or be transported with the athlete to the emergency facility.
    d. Notify an LAT, ATC from the school district as soon as possible.
    e. Complete an Injury/Illness Report Form as necessary.

2. **NON-EMERGENCIES** (able to return to the high school without immediate medical care)
    a. Provide appropriate first aid care.
    b. Return to the athletic training room, if LAT, ATC is available at that time, and follow non-emergency management protocols established for home events.
    C. Notify an LAT, ATC upon returning so that arrangements can be made to evaluate the student-athlete that day or the following day and then complete Injury/Illness Report.

III. MISCELLANEOUS

1. In the event of hospitalization or surgery, hospital personnel or the LAT, ATC would notify the student-athletes' parent(s) or guardian(s) as necessary and appropriate. Medical confidentiality will and must be maintained in all cases.
2. Athletes should not report to the school district Nurse without first attempting to consult the assigned LAT-ATC.

Athletes who have been referred to other health care provider will not be allowed to return to participation until the attending health care provider has given appropriate clearance and the District LAT, ATC's have appropriate documentation on file, as outlined in the Return to Participation and Injury Policies.

B. NATA Position Statement Review:

Acute Management of the Cervical Spine-Injured Athlete

- Create as little motion of the cervical spine as possible
- Do not move unless rescue breathing is needed or airway is compromised
- Perform EAP as fast as appropriate to facilitate transportation to hospital
- Maintain or Create Neutral Alignment

What requires spine management protocol when assessed:

- Unconscious or altered consciousness
- Bilateral neurologic findings or complaints
- Midline spine pain with or without palpation
- Obvious deformity

Stabilization:

- Ensure cervical spine is in neutral
- Immediately apply manual cervical stabilization **NOT TRACTION**
- Re-align to minimize secondary injury and for optimal airway management

  Unless:

  - Increases pain
  - Causes neurological symptoms
  - Causes/Resisted by muscle spasms
  - Compromises the airway
  - It is physically difficult
  - You get resistance or patient apprehension

Airway access:

- Remove all Barriers (facemasks, etc.) As soon as decision to transport is made.
- Done by the most experienced person
- With as little motion to c-spine as possible
- Use “jaw thrust” technique if giving rescue breaths

Other points of emphasis:

- Convert from manual stabilization to cervical collar ASAP before moving or spine-boarding
- Use a long spine board that extends past feet if able
- When athlete is supine, Lift and Slide technique is better than log roll (depending on help)
- When athlete is prone, Must use log roll to get on the spine board
- Leave Helmets on unless not properly fitted or it prevents neutral alignment
- Helmets and shoulder pads are a unit, not separate in this case (FB + Hockey)
- If helmet is knocked off or in other sports use towels (objects) to create neutral spine

C. What's New in Pennsylvania EMS Spinal Care?

Fast Facts for Athletic Trainers July 2015

Prehospital spinal immobilization has long been held as the standard of care for victims of blunt or penetrating trauma who have experienced a mechanism of injury (MOI) forceful enough to possibly damage the spinal column/cord. The majority of textbooks stress that any significant MOI, regardless of signs and symptoms of spine injury, requires full-body immobilization, which is typically defined as a cervical collar being applied and the patient being secured to a backboard with head stabilizers in place. This approach to patient immobilization has been accepted and implemented as the standard of care for decades with little scientific evidence justifying the practice.

In 2012 the National Association of EMS Physicians and American College of Surgeons Committee on Trauma published a joint position statement that, ***"…the benefit of long backboards is largely unproven; …utilization of backboards should be judicious so that the potential benefits outweigh the risks."*** In response to this evidence-based recommendation, Statewide Basic Life Support Protocol #261 on spinal care has been revised. Pennsylvania certified EMS providers may begin to use this protocol following an educational update that must be completed on or before July 1, 2015.

Q: How has the spinal care protocol changed in 2015?

A: Prehospital spinal care will continue to be assessment-based and will focus, when indicated, on "restricting spinal motion" instead of the prior philosophy of "spinal immobilization."

Q: How will spinal motion be restricted?

A: A rigid cervical collar will be applied and patient will be instructed to maintain their neck in a neutral position during transport. A cervical immobilization device (CID) may also be used to restrict lateral neck rotation.

Q: What role of the long backboard under the new protocol?

A: In certain situations the long backboard will still be used as an extrication device, but plays no significant role in restricting spinal motion. If a backboard is utilized during extrication, the EMS crew may, at its discretion, remove the board prior to initiating transport.

Q: Why has the role of the long backboard diminished?

A: Research suggests that unnecessary, prolonged immobilization on a long backboard may cause pain, agitation, respiratory compromise and place some patients at increased risk for pressure-related skin breakdown. Use of a long backboard is contraindicated for penetrating trauma to the head, neck, chest, abdomen or back, as well as any patient suffering from non-traumatic back/neck pain.

Q: What should I expect during patient transfer of care to the EMS crew?

A: In most cases, the EMS crew will not place the patient onto a long backboard and probably will opt to use a cervical collar only. As this varies from the most recent recommendation from the National Athletic Trainers Association, we recommend meeting with the EMS agency that will be attending to your sporting events to establish a plan and ensure open communications prior to sporting events. Note: For patients who are combative and/or uncooperative, spinal motion restriction should be withheld regardless of exam or mechanism of injury to prevent injury to the patient or to the medical team.

Q: How does this protocol affect pads and other personal protective equipment?

A: The 2015 NATA update states that it is "essential and now recommended [that] protective equipment be removed prior to transport to the hospital." Therefore, we recommend the removal of equipment by trained personnel. In most circumstances, the Athletic Trainer should provide direction for, and assist with, the removal of protective equipment.

Q: What is the best way to prepare for sporting events to avoid conflicts in patient care?

A: We recommend meeting with the EMS agency that will be attending to events/emergencies prior to the start of the pre-season practices starting in August. We also recommend reviewing the established Emergency Action Plan (or developing one if there is not one in place). Additionally, agreeing on actions that should be taken for the spine-injured athlete (i.e. if a backboard will or will not be utilized) should be determined prior to the start of the season. Training on how to remove protective equipment properly should also be considered.

Q: Where can I receive additional information regarding the new spinal care protocol?
A: A summary of the revised spinal care protocol has been included in this publication. The statewide basic life support treatment protocols are available through the Pennsylvania Department of Health website at www.health.pa.gov, the Pennsylvania Emergency Health Services Council website at www.pehsc.org or your regional EMS council. We also recommend reviewing the 2015 updates to the 1998 NATA document entitled "Appropriate Care of the Spine Injured Athlete", as well as the Official Statement regarding EMS changes to pre-hospital care of the spine-injured athlete.

Pennsylvania Statewide BLS Protocol #261: Spinal Care

References:
1. Hoffman JR, Wolfson AB, Todd K, Mower WR. (1998). "Selective cervical spine radiography in blunt trauma: methodology of the National Emergency X-Radiography Utilization Study (NEXUS)." Ann Emerg Med. 32 (4): 461–9. doi:10.1016/s0196-0644(98)70176-3. PMID 9774931

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4. NATA Document citation

D. NATA Official Statement for Appropriate Care for th Spine injured Athlete

Updated from 1998 document

Background: In 1998 the National Athletic Trainers' Association served as the host organization for an inter-association task force to develop guidelines for the care of the spine injured athlete. This 2015 document is an executive summary update of that 1998 document providing revised recommendations and key insights for the management of the cervical spine injured athlete. Recently, members of the original task force and additional spine trauma researchers discussed many changes in the current literature regarding pre-hospital treatment protocols for the cervical spine injured athlete-patient. These changes were the impetus for the development of the second inter-association task force.

Key Points:

• Traumatic spinal cord injury (SCI) is a devastating condition that merits concerted focus due to its high rates of morbidity and mortality.
• Approximately 12,500 new cases of SCI are reported in the United States each year. Nine percent of these cases are due to participation in sports and recreational activities.
• The athlete-patient with a suspected SCI presents challenges for medical providers that are not common with the general population. The best example for this comes with athletes in equipment-intensive sports such as football, ice hockey and lacrosse where the equipment worn for protective purposes creates a treatment barrier for basic or advanced life support skills requiring access to the airway and chest.
• The sports medicine team must work together as an efficient unit in order to accomplish its goals. In an emergency situation, the team concept becomes even more critical, because miscommunication may lead to errors with potentially catastrophic repercussions.

Recommendation 1:

It is essential that each athletic program have an Emergency Action Plan (EAP) developed in conjunction with local EMS.

• Preparation is *essential* and should include education and training, maintenance of emergency equipment and supplies, appropriate use of personnel and formation and implementation of an EAP.

• Ideally, an athletic trainer should be on site during all sporting events. If medical personnel are not present, sports administrators should develop procedures for implementing the EAP and ensuring that all coaches are trained as first responders to ensure appropriate care prior to the arrival of trained medical personnel.

Recommendation 2:

***It is essential that sports medicine teams conduct a "Time Out" before athletic events to ensure EAPs are reviewed and to plan the options with the personnel and equipment available for that event*.**

Recommendation 3:

*Proper assessment and management of the spine injured athlete-patient will result in activation of the EAP in accordance with the level or severity of the injury***.**

Recommendation 4:

*Protective athletic equipment should be removed prior to transport to an emergency facility for an athlete-patient with suspected cervical spine instability***.**

Recommendation 5:

Equipment removal should be performed by at least three rescuers trained and experienced with equipment removal at the earliest possible time. If fewer than three people are present, the equipment should be removed at the earliest possible time after enough trained individuals arrive on the scene.

Rationale for Equipment Removal

• Recent changes in some emergency medical services (EMS) protocols have impacted management of spine injuries in the field and during preparation for and transportation to hospital emergency departments. In the past, it was recommended that protective equipment (e.g., helmets and shoulder pads in football, hockey and lacrosse) be left in place for transport and removed upon arrival in the hospital Emergency Department.

• It is essential and now recommended that, when appropriate, in an emergency situation with equipment-intensive sports (e.g., helmets and shoulder pads in football, hockey and lacrosse), the protective equipment be removed prior to transport to the hospital. Rescuers should be able to recognize when is it NOT appropriate to remove equipment on field of play and have a plan to best manage the patient.

The rationale for consideration of equipment removal on the field is rooted in, but not limited to, the following concepts:

• ***Advances in equipment technology***

• ***Equipment removal should be performed by those with the highest level of training.***

In most cases, athletic trainers have been exposed to more equipment removal training than many other members of the medical team. As a result, individuals on the field may have a greater knowledge of equipment removal procedures than the hospital emergency department staff.

• ***Expedited access to the athlete-patient for enhanced provider care***

• ***Chest access is prioritized***

Recommendation 6:

Athletic protective equipment varies by sport and activity; and styles of equipment differ within a sport or activity. Therefore, it is essential that the sports medical team be familiar with the types of protective equipment specific to the sport and associated techniques for removal of the equipment.

• **A wide variety of facemasks, helmets and shoulder pads exist in the various sports**. Members of the medical team should be skilled in facemask, helmet and shoulder pad removal. In an emergency situation, it is important to have access to the airway and chest. As the chest is not accessible when wearing shoulder pads, it is recommended that the medical team remove the shoulder pads on the field of play.

Recommendation 7:

A rigid cervical stabilization device should be applied to spine injured athlete-patients prior to transport.

• A rigid cervical collar should be applied at the earliest and most appropriate time possible during pre-hospital procedures. With practice, cervical collars can be placed and removed with manual in-line stabilization and potentially minimal risk.

• The medical team needs to continue manual in-line stabilization even after the rigid cervical collar is applied. Several research studies have demonstrated that rigid cervical collars are not effective in controlling cervical spine motion in all planes of movement. Manual in-line stabilization must be maintained until the athlete-patient has been stabilized on a full body immobilization device and a head immobilization device has been applied.

Recommendation 8:

Spine injured athlete-patients should be transported using a rigid immobilization device.

• The transport of the spine injured athlete-patient requires special considerations which may include, but are not limited to the mechanism of injury, size of the athlete-patient, equipment worn by the athlete-patient, and the number and skill level of the sports medical team members.

• Throughout the years different terminology has been used by pre-hospital medical care teams to describe procedures used to prevent iatrogenic spinal cord injuries. Initially spinal traction was used and was followed by spinal immobilization. Sports medical care teams must now recognize the concepts of ***spinal motion restriction*** (SMR) as compared to spinal immobilization. SMR implies that true spinal immobilization cannot be obtained even with the patient securely strapped to a spine board. Like spinal immobilization, the premise of SMR is to prevent further harm to a spinal cord or column injury.

• Criteria for the use of SMR guidelines and immobilization devices should include:

- Blunt trauma with altered level of consciousness
- Spinal pain or tenderness
- Neurologic complaint (e.g., numbness or motor weakness)
- Anatomic deformity of the spine
- High-energy mechanism of injury and any of the following:
    - Drug or alcohol intoxication
    - Inability to communicate
    - Distracting injury

• Recent publications have expressed concern related to the use of the long spine board due to potential harmful effects to the patient if the patient remains on the long spine board for an extended period of time. However, in the case of a potentially spine injured athlete it is recommended that a long spine board or other immobilization device be used for transport.

• The ED medical team is encouraged to assess the athlete-patient on arrival to the ED. Following the assessment, the athlete-patient should be transferred off the spine board to the appropriate hospital bed for further care to decrease chances of pressure sore development and other potential detrimental side effects related to a prolonged length of time on the board.

Recommendation 9:

*Techniques employed to move the spine injured athlete-patient from the field to the transportation vehicle should minimize spinal motion***.**

• The spine injured athlete-patient should be transferred to the long spine board or vacuum mattress using a technique that limits spinal motion.

- In the case of a supine positioned athlete, the medical team should use the 8-person lift (previously described as the six-plus lift) to move the athlete-patient to the long spine board.
- The scoop stretcher may be employed to lift the supine athlete-patient from the field.
- In the case of a prone positioned athlete, the medical team should position the spine board and use a log roll push technique to place the athlete-patient on to the long spine board.

Recommendation 10:

*It is essential that a transportation plan be developed prior to the start of any athletic practice or competition***.**

Recommendation 11:

*Spine injured athlete-patients should be transported to a hospital that can deliver immediate, definitive care for these types of injuries***.**

• The choice of the *most appropriate hospital* should be determined and written in the EAP.
• If definitive care is not readily available, spine injured athlete-patients should be transported to the nearest hospital for stabilization and possible air medical evacuation to the nearest trauma center. Attempts should be made to avoid this extra delay in definitive care as the patient in this scenario might have improved outcomes with expeditious definitive management.
• Emergency medical teams should keep in mind that every time the spine injured athlete-patient is moved, the chance for additional neurological compromise increases. For this reason, transfer of the athlete-patient in the pre-hospital setting and within the ED should be kept to a minimum and appropriate transfer devices should be used.
• ED staff must avail themselves of training modules in the event an athlete arrives with equipment in place.

Recommendation 12:

It is essential that prevention of spine injuries in athletics be a priority and requires collaboration between the medical team, coaching staff and athletes.

Recommendation 13:

The medical team must have a strong working knowledge of current research, as well as national and local regulations to ensure up-to-date care is provided to the spine injured athlete-patient.

Recommendation 14:

It is essential that future research continue to investigate the efficacy of devices used to provide spinal motion restriction.

The National Athletic Trainers' Association (NATA) and the Inter-Association Task Force for Appropriate Care of the Spine Injured Athlete advise individuals, schools, athletic training facilities, and institutions to carefully and independently consider each of the recommendations. The information contained in the statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Task Force advise their members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of NATA's other statements. The NATA and the Inter-Association Task Force reserve the right to rescind or modify their statements at any time.

Participating Organizations fsda-

American Academy of Family Physicians
American Academy of Neurology
American Academy of Orthopaedic Surgeons – Committee on the Spine
American Academy of Pediatrics – Committee on Sports Medicine and Fitness
American College of Emergency Physicians
American College of Sports Medicine
American College of Surgeons – Committee on Trauma
American Medical Society for Sports Medicine
American Orthopaedic Society for Sports Medicine
Canadian Athletic Therapists' Association
College Athletic Trainers' Society
National Association of EMS Physicians
National Association of EMTs
National Association of Intercollegiate Athletics
National Association of State EMS Officials
National Athletic Trainers' Association
National Collegiate Athletic Association
National Federation of State High School Associations
North American Spine Society
Professional Football Athletic Trainers Society
United States Olympic Committee

Bald Eagle Area School District

Sports Medicine Emergency Action Plan 2022-2023

Athletic Injury/Illness Emergency Protocol

The following procedures are to be carried out by an appropriately trained certified athletic trainer (LAT, ATC) in the event of injury or illness to a student-athlete. In the event that an LAT-ATC is not available on-site at a specific practice or event, the head coach and/or designee shall perform the duties listed below.

I. Contests and practices hosted at the Greensboro Day School or "HOME" sites:

5. **MEDICAL EMERGENCIES** (breathing cessation, severe bleeding, concussion with loss of consciousness, suspected neck or spinal injury, fracture, dislocation, eye or face injury, heat related illness, any other injury or illness resulting in poor vital signs such as decreased blood pressure, weak pulse, or signs of shock).

    a. **Follow the Emergency Action Plan** (first aid principles and provide appropriate care)
    b. **Activate the emergency medical system (EMS) by calling 911**
    Provide EMS with the following information:
    - Identify yourself and your role in the emergency
    - Specify your location and telephone number (if calling by phone)
    - Give name(s) of injured/ill athlete(s)
    - Give condition of injured/ Ill athlete(s)
    - Give time of accident
    - Give care being provided
    - Give specific directions to the scene of the emergency
    - Do not hang up until directed to do so by the EMS dispatcher
    c. **Monitor vital signs**.
    d. **Calm and reassure the athlete**.
    e. **Notify an LAT-ATC as soon as possible**.
    f. **Complete an Injury/Illness Report and Medical Referral Form**.
    g. **Provide follow-up care as necessary**.

6. **NON-EMERGENCIES** (sprains, strains, concussion [with no loss of consciousness], illness, abrasions, minor cuts, contusions, etc.).
    a. Provide appropriate first aid care.
    b. Notify the LAT, ATC.
    c. Send the athlete to the appropriate medical care facility (if unable to contact an LAT-ATC and/or unsure of the severity of the injury).
    d. Complete an Injury/Illness Report Form as necessary.
    e. Provide follow-up care as necessary.

7. **In the event an athlete is ill or injured and is transported to a hospital/emergency facility while participating in a school sponsored event off campus, the following guidelines should be followed:**
    a. Notify the LAT, ATC and Athletic Director of the athlete's name, a brief description of the injury/illness, and the name and telephone number of the hospital/emergency facility where the athlete has been transported.
    b. The LAT, ATC, if onsite, will contact and receive all phone calls from parents or guardians and refer them to the hospital/emergency facility as appropriate.
    c. It is the responsibility of the hospital/emergency facility to notify the athlete's parents or guardians with the latest and most accurate information concerning his/her condition.

8. **NOTE: When a team/program practices or hosts contests AT "HOME" SITES which are LOCATED OFF-CAMPUS, the same guidelines as outlined above should be followed**. It is imperative that the LAT-ATC, or in the absence of the LAT-ATC, the head coach locate the nearest accessible telephone on-site prior to beginning the practice or contest.

In the event of a medical emergency, dial 911 (or appropriate emergency telephone number) to summon EMS personnel and follow the Medical Emergency guidelines listed above. If injury appears to be non-emergent, make arrangements to have the athlete transported back to the athletic training room for further assessment and treatment as soon as possible but provide necessary first aid immediately on-site.

III. For contests and practice occurring AWAY:

3. **MEDICAL EMERGENCIES**

    a. Follow the Emergency Action Principles (first aid principles) and provide appropriate care.
    b. Ask for the host LAT, ATC and follow the host institution's emergency action plan.
    c. If athlete must be transported to an emergency facility, find out what facility they will be going to and then make arrangements with the head coach to ensure pick up the athlete after the contest ends. If an assistant coach or if parent/guardian is available, they could follow or be transported with the athlete to the emergency facility.
    d. Notify an LAT, ATC from the school district as soon as possible.
    e. Complete an Injury/Illness Report Form as necessary.

4. **NON-EMERGENCIES** (able to return to the high school without immediate medical care)
    a. Provide appropriate first aid care.
    b. Return to the athletic training room, if LAT, ATC is available at that time, and follow non-emergency management protocols established for home events.
    C. Notify an LAT, ATC upon returning so that arrangements can be made to evaluate the student-athlete that day or the following day and then complete Injury/Illness Report.

III. MISCELLANEOUS

3. In the event of hospitalization or surgery, hospital personnel or the LAT, ATC would notify the student-athletes' parent(s) or guardian(s) as necessary and appropriate. Medical confidentiality will and must be maintained in all cases.
4. Athletes should not report to the school district Nurse without first attempting to consult the assigned LAT-ATC.

Athletes who have been referred to other health care provider will not be allowed to return to participation until the attending health care provider has given appropriate clearance and the District LAT, ATC's have appropriate documentation on file, as outlined in the Return to Participation and Injury Policies.

E. NATA Position Statement Review:

Acute Management of the Cervical Spine-Injured Athlete

- Create as little motion of the cervical spine as possible
- Do not move unless rescue breathing is needed or airway is compromised
- Perform EAP as fast as appropriate to facilitate transportation to hospital
- Maintain or Create Neutral Alignment

What requires spine management protocol when assessed:

- Unconscious or altered consciousness
- Bilateral neurologic findings or complaints
- Midline spine pain with or without palpation
- Obvious deformity

Stabilization:

- Ensure cervical spine is in neutral
- Immediately apply manual cervical stabilization **NOT TRACTION**
- Re-align to minimize secondary injury and for optimal airway management

  Unless:

  - Increases pain
  - Causes neurological symptoms
  - Causes/Resisted by muscle spasms
  - Compromises the airway
  - It is physically difficult
  - You get resistance or patient apprehension

Airway access:

- Remove all Barriers (facemasks, etc.) As soon as decision to transport is made.
- Done by the most experienced person
- With as little motion to c-spine as possible
- Use “jaw thrust” technique if giving rescue breaths

Other points of emphasis:

- Convert from manual stabilization to cervical collar ASAP before moving or spine-boarding
- Use a long spine board that extends past feet if able
- When athlete is supine, Lift and Slide technique is better than log roll (depending on help)
- When athlete is prone, must use log roll technique to get on the spine board
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A rigid cervical stabilization device should be applied to spine injured athlete-patients prior to transport.

• A rigid cervical collar should be applied at the earliest and most appropriate time possible during pre-hospital procedures. With practice, cervical collars can be placed and removed with manual in-line stabilization and potentially minimal risk.

• The medical team needs to continue manual in-line stabilization even after the rigid cervical collar is applied. Several research studies have demonstrated that rigid cervical collars are not effective in controlling cervical spine motion in all planes of movement. Manual in-line stabilization must be maintained until the athlete-patient has been stabilized on a full body immobilization device and a head immobilization device has been applied.

Recommendation 8:

Spine injured athlete-patients should be transported using a rigid immobilization device.

• The transport of the spine injured athlete-patient requires special considerations which may include, but are not limited to the mechanism of injury, size of the athlete-patient, equipment worn by the athlete-patient, and the number and skill level of the sports medical team members.

• Throughout the years different terminology has been used by pre-hospital medical care teams to describe procedures used to prevent iatrogenic spinal cord injuries. Initially spinal traction was used and was followed by spinal immobilization. Sports medical care teams must now recognize the concepts of ***spinal motion restriction*** (SMR) as compared to spinal immobilization. SMR implies that true spinal immobilization cannot be obtained even with the patient securely strapped to a spine board. Like spinal immobilization, the premise of SMR is to prevent further harm to a spinal cord or column injury.

• Criteria for the use of SMR guidelines and immobilization devices should include:

- Blunt trauma with altered level of consciousness
- Spinal pain or tenderness
- Neurologic complaint (e.g., numbness or motor weakness)
- Anatomic deformity of the spine
- High-energy mechanism of injury and any of the following:
    - Drug or alcohol intoxication
    - Inability to communicate
    - Distracting injury

• Recent publications have expressed concern related to the use of the long spine board due to potential harmful effects to the patient if the patient remains on the long spine board for an extended period of time. However, in the case of a potentially spine injured athlete it is recommended that a long spine board or other immobilization device be used for transport.

• The ED medical team is encouraged to assess the athlete-patient on arrival to the ED. Following the assessment, the athlete-patient should be transferred off the spine board to the appropriate hospital bed for further care to decrease chances of pressure sore development and other potential detrimental side effects related to a prolonged length of time on the board.

Recommendation 9:

*Techniques employed to move the spine injured athlete-patient from the field to the transportation vehicle should minimize spinal motion***.**

• The spine injured athlete-patient should be transferred to the long spine board or vacuum mattress using a technique that limits spinal motion.

- In the case of a supine positioned athlete, the medical team should use the 8-person lift (previously described as the six-plus lift) to move the athlete-patient to the long spine board.
- The scoop stretcher may be employed to lift the supine athlete-patient from the field.
- In the case of a prone positioned athlete, the medical team should position the spine board and use a log roll push technique to place the athlete-patient on to the long spine board.

Recommendation 10:

*It is essential that a transportation plan be developed prior to the start of any athletic practice or competition***.**

Recommendation 11:

*Spine injured athlete-patients should be transported to a hospital that can deliver immediate, definitive care for these types of injuries***.**

• The choice of the *most appropriate hospital* should be determined and written in the EAP.
• If definitive care is not readily available, spine injured athlete-patients should be transported to the nearest hospital for stabilization and possible air medical evacuation to the nearest trauma center. Attempts should be made to avoid this extra delay in definitive care as the patient in this scenario might have improved outcomes with expeditious definitive management.
• Emergency medical teams should keep in mind that every time the spine injured athlete-patient is moved, the chance for additional neurological compromise increases. For this reason, transfer of the athlete-patient in the pre-hospital setting and within the ED should be kept to a minimum and appropriate transfer devices should be used.
• ED staff must avail themselves of training modules in the event an athlete arrives with equipment in place.
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Recommendation 12:

It is essential that prevention of spine injuries in athletics be a priority and requires collaboration between the medical team, coaching staff and athletes.

Recommendation 13:

The medical team must have a strong working knowledge of current research, as well as national and local regulations to ensure up-to-date care is provided to the spine injured athlete-patient.

Recommendation 14:

It is essential that future research continue to investigate the efficacy of devices used to provide spinal motion restriction.

The National Athletic Trainers' Association (NATA) and the Inter-Association Task Force for Appropriate Care of the Spine Injured Athlete advise individuals, schools, athletic training facilities, and institutions to carefully and independently consider each of the recommendations. The information contained in the statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA and the Inter-Association Task Force advise their members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The foregoing statement should not be relied upon as an independent basis for care but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from any of NATA's other statements. The NATA and the Inter-Association Task Force reserve the right to rescind or modify their statements at any time.

Pfsda-articipating Organizations

American Academy of Family Physicians
American Academy of Neurology
American Academy of Orthopedic Surgeons – Committee on the Spine
American Academy of Pediatrics – Committee on Sports Medicine and Fitness
American College of Emergency Physicians
American College of Sports Medicine
American College of Surgeons – Committee on Trauma
American Medical Society for Sports Medicine
American Orthopedic Society for Sports Medicine
Canadian Athletic Therapists' Association
College Athletic Trainers' Society
National Association of EMS Physicians
National Association of EMTs
National Association of Intercollegiate Athletics
National Association of State EMS Officials
National Athletic Trainers' Association
National Collegiate Athletic Association
National Federation of State High School Associations
North American Spine Society
Professional Football Athletic Trainers Society
United States Olympic Committee

H. Bald Eagle Asda-rea School District Emergency Action Plan (EAP)

Practice and Event Venue Index

- Alumni Stadium Complex

- Baseball Varsity Field

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- Milesburg Little League Complex

- BEA Jr/Sr High School Indoor Sports Facilities/ Athletic Training Rooms/ Wingate Gym/High School Multi-purpose Room

- Outdoor Practice Facilities: Wingate Field, High School Outdoor Practice Fields, Varsity Baseball Field, Varsity Softball Field, Junior High Softball Practice Field, Junior High Baseball Practice Field

Venue: Alumni Stadium Complex

Emergency Personnel: Scott Devore MA, LAT, ATC

Ashley Struble MS. LAT, ATC

Douglas Dyke, AD

ATS from Lock Haven University

High School Student Trainers and Security Officers (Home Varsity Only)

Emergency Communication: Scott Devore Cell # (814) 574-1524 Ashley Struble (814) 308-3342

Drayer Physical Therapy/Bellefonte Center (814)355-5660

Doug Dyke Cell # (814) 280-0250 AD (814) 355-5721

Medical Personnel and Security Officers can contact Ems

If necessary.

Emergency Equipment: The Licensed Athletic Trainer(s) (LAT) will have the following

Items on site for all home events, practices, and provide a

Medical bag for each team traveling for away contests:

Medical Kit, AED, Vacuum Splint Bag, Sam Splints, Crutches,

And Ice Cooler for emergency care if necessary.

Role of the First Responder: 1**. Immediate Care** of the Injured Athlete.

2. **Notify On-site LAT via cell phone** for immediate

access and response to care for the athlete.

3. **Activate EMS** via land line phone or cell phone

if necessary.

a. **When contacting EMS** via phone, provide the Dispatcher:

Your name, phone number, number of individuals

Injured, injury condition, treatment provided, and\;lkjfsda

Directions to the site of the injured athlete.

Never hang up first!

4. **Retrieve emergency equipment available** on site

Including Medical bag, crutches, splints, Ice, etc.

5. **Direction of EMS to the scene**

   a. Each coach should assign a staff member to direct EMS to the scene of the injured athlete. These Procedures should be discussed with all emergency - Personnel prior to each sports season. The Appropriate and doors should be unlocked for Easy EMS access to the site.

Venue Directions*: Alumni Stadium*

- After entering the main entrance to the high school, via Route 220, follow the road to the right and around to the rear of the high school. Alumni Field is located on the right. You can enter the complex through the main gate. The Ambulance may enter the main gate and park adjacent to the concession stand inside the gate at home Football and Soccer events. The LAT and EMS Personnel will transport the injured athlete via the Gator to the ambulance in the event of an emergency.

Lightning Shelter: 1. High School Rear Entrance- below restroom sign at the back of school.

2. Red Brick Building- Located inside stadium adjacent to concession stand.

3. Stadium Restrooms- Located at the far end of the stadium near scoreboard.

4. Weight Room- Adjacent to the rear entrance of the school.

Venue Map: See attached drawing of the map of Indoor/Outdoor Complex

Venue: Baseball Varsity Field/Softball Varsity Field

Emergency Personnel: Scott Devore MA, LAT, ATC

Ashley Struble MS. LAT, ATC

Douglas Dyke, AD

ATS from Lock Haven University

High School Student Trainers and Security Officers (Home Varsity Only)

Emergency Communication: Scott Devore Cell # (814) 574-1524 Ashley Struble (814) 308-3342

Drayer Physical Therapy/Bellefonte Center (814)355-5660

Doug Dyke Cell # (814) 280-0250 AD (814) 355-5721

Medical Personnel and Security Officers can contact Ems

If necessary.

Emergency Equipment: The Licensed Athletic Trainer(s) (LAT) will have the following

Items on site for all home events, practices, and provide a

Medical bag for each team traveling for away contests:

Medical Kit, AED, Vacuum Splint Bag, Sam Splints, Crutches,

And Ice Cooler for emergency care if necessary.

Role of the First Responder: 1. Immediate Care of the Injured Athlete.

2. Notify On-site LAT via cell phone for immediate

access and response to care for the athlete.

3. Activate EMS via land line phone or cell phone

if necessary.

a. When contacting EMS via phone, provide the Dispatcher:

Your name, phone number, number of individuals

Injured, injury condition, treatment provided, and

Directions to the site of the injured athlete.

Never hang up first!

4. Retrieve emergency equipment available on site

Including Medical bag, crutches, splints, Ice, etc.

5. Direction of EMS to the scene

a. Each coach should assign a staff member to direct

EMS to the scene of the injured athlete. These

Procedures should be discussed with all emergency

Personnel prior to each sports season. The

Appropriate and doors should be unlocked for

Easy EMS access to the site.

Venue Directions: *Varsity Baseball Field (Doc Etters Field)/Varsity Softball Field*

- The fields is located adjacent to Alumni Stadium. The Varsity Baseball Field and Varsity Softball field can be accessed via Route 220 with entrance near/adjacent Jr High Softball Practice field and Trailer Court on the right side. It can also be accessed via the main entrance to the high school by following the gravel lane adjacent to alumni stadium around to the field.

Lightning Shelter: Public restrooms connected to alumni stadium.

Venue Map: None.

Venue: Milesburg Little League Complex

Emergency Personnel: Scott Devore MA, LAT, ATC

Ashley Struble MS. LAT, ATC

Douglas Dyke, AD

ATS from Lock Haven University

High School Student Trainers and Security Officers (Home Varsity Only)

Emergency Communication: Scott Devore Cell # (814) 574-1524 Ashley Struble (814) 308-3342

Drayer Physical Therapy/Bellefonte Center (814)355-5660

Doug Dyke Cell # (814) 280-0250 AD (814) 355-5721

Medical Personnel and Security Officers can contact Ems

If necessary.

Emergency Equipment: The Licensed Athletic Trainer(s) (LAT) will have the following

Items on site for all home events, practices, and provide a

Medical bag for each team traveling for away contests:

Medical Kit, AED, Vacuum Splint Bag, Sam Splints, Crutches,

And Ice Cooler for emergency care if necessary.

Role of the First Responder: 1. Immediate Care of the Injured Athlete.

2. Notify On-site LAT via cell phone for immediate

access and response to care for the athlete.

3. Activate EMS via land line phone or cell phone

if necessary.

a. When contacting EMS via phone, provide the Dispatcher:

Your name, phone number, number of individuals

Injured, injury condition, treatment provided, and

Directions to the site of the injured athlete.

Never hang up first!

4. Retrieve emergency equipment available on site

Including Medical bag, crutches, splints, Ice, etc.

5. Direction of EMS to the scene

a. Each coach should assign a staff member to direct EMS to the scene of the injured athlete. These Procedures should be discussed with all emergency Personnel prior to each sports season. The Appropriate and doors should be unlocked for Easy EMS access to the site.

Venue Directions: *Milesburg Little League Complex*

- Both Softball Fields and JV Baseball Field are located adjacent to one another near the Milesburg Exit off Route 220. From State College/Bellefonte, follow though the town of Milesburg on Main Street until you cross over the bridge adjacent to the Uni-Mart in Milesburg. After crossing the bridge, make a right and the complex is on the right side. Enter one of two entrances to the facility. Entrance A for the JV Softball Field on the right, and Entrance B for the Varsity Softball Field and JV Baseball Field on the left.

Lightning Shelter: Game Field Dugouts, Concession Stands, and a Pavilion located between both softball fields, serve as the only available lightning shelters at the complex

Venue Map: See Drawing of the map of Milesburg Little League Complex.

Venue: BEA Jr/Sr High School Indoor Sports Facilities/ Athletic Training Rooms/ Wingate Gym

Emergency Personnel: Scott Devore MA, ATC

Ashley Struble MS. LAT, ATC

Douglas Dyke, AD

ATS from Lock Haven University

High School Student Trainers and Security Officers (Home Varsity Only)

Emergency Communication: Scott Devore Cell # (814) 574-1524 Ashley Struble (814) 308-3342

Drayer Physical Therapy/Bellefonte Center (814)355-5660

Doug Dyke Cell # (814) 308-4650 AD (814) 355-5721

Medical Personnel and Security Officers can contact Ems

If necessary.

Emergency Equipment: The Licensed Athletic Trainer (LAT) will have the following

Items on site for all home events, practices, and provide a

Medical bag for each team traveling for away contests:

Medical Kit, AED, Vacuum Splint Bag, Sam Splints, Crutches,

And Ice Cooler for emergency care if necessary.

Role of the First Responder: 1. Immediate Care of the Injured Athlete.

2. Notify On-site LAT via cell phone for immediate access and response to care for the athlete.

3. Activate EMS via land line phone or cell phone if necessary.

a. When contacting EMS via phone, provide the Dispatcher:

Your name, phone number, number of individuals

Injured, injury condition, treatment provided, and

Directions to the site of the injured athlete.

Never hang up first!

4. Retrieve emergency equipment available on site

Including Medical bag, crutches, splints, Ice, etc.

5. Direction of EMS to the scene

a. Each coach should assign a staff member to direct EMS to the scene of the injured athlete. These Procedures should be discussed with all emergency Personnel prior to each sports season. The Appropriate and doors should be unlocked for Easy EMS access to the site.

Venue Directions:

High School Gymnasium

- ***Emergency access through main entrance to the high school gymnasium entrance in the front of the high school. After entering the lobby you will locate the high school gymnasium on the left.***

High School Athletic Training Room

- ***Emergency access through rear entrance between Wingate Elementary and the fitness room. After entering the door go straight up hallway to the stairs or utilize the ramp up to the fitness room. Walk straight ahead past the fitness room and the entrance to the athletic training room is straight ahead.***

High School Gymnasium Boys and Girls Locker Room

- ***Emergency access is through main doors to high school gymnasium. After entering the lobby go straight up the hallway past the concession stand and make a left through the doors and down the hallway. The girls locker room is the first door on the right and the boys locker room is the second door on the right.***

Middle School Gymnasium/Lobby Area/Girls Locker Room

- *Emergency access through Main entrance to the High School. Lobby is to the left and Middle School Gymnasium is to the right upon entering the doors. Girls Locker room entrance is right inside main entrance to the right.*

Wrestling Room/ Boys Locker Roo*m*

- *Emergency access through side door, located to the right of main entrance of the high school. The wrestling room is to the right upon entering the school at this entrance. The Boys Locker Room is the second door on the right after passing the Wrestling Room up the stairs.*

Auxiliary Gym/ Fall Sports Athletic Training Room/Boys Locker Room/ Girls Locker Room

- *Emergency Access by entering main entrance to the school and follow around to rear of high school. The Auxiliary Gym is located at the rear entrance to the school with restroom signs above the doors. The Gym is located at the second door on the right after entering the rear entrance. The Fall Sports Athletic Training room is located in the Auxiliary Gym on the Left. The Boys Locker Room is on the Right at the First Door upon entering the rear entrance. The Girls Locker Room is Located on the Left of the Gymnasium.*

Venue Map: See Drawing of the map of Indoor/Outdoor Complex

Venue: Wingate Field, High School Outdoor Practice Fields, Varsity Baseball Field, Varsity Softball Field

Emergency Personnel: Scott Devore MA, ATC

Ashley Struble MS. LAT, ATC

Douglas Dyke, AD

ATS from Lock Haven University

High School Student Trainers and Security Officers (Home Varsity Only)

Emergency Communication: Scott Devore Cell # (814) 574-1524 Ashley Struble (814) 308-3342

Drayer Physical Therapy/Bellefonte Center (814) 355-5660

Doug Dyke Cell # (814) 280-0250 AD (814) 355-5721\-

Medical Personnel and Security Officers can contact Ems

If necessary.

Emergency Equipment: The Licensed Athletic Trainer (LAT) will have the following

Items on site for all home events, practices, and provide a

Medical bag for each team traveling for away contests:

Medical Kit, AED, Vacuum Splint Bag, Sam Splints, Crutches,

And Ice Cooler for emergency care if necessary.

Role of the First Responder: 1. Immediate Care of the Injured Athlete.

2. Notify On-site LAT via cell phone for immediate

access and response to care for the athlete.

3. Activate EMS via land line phone or cell phone

if necessary.

a. When contacting EMS via phone, provide the Dispatcher:

Your name, phone number, number of individuals

Injured, injury condition, treatment provided, and

Directions to the site of the injured athlete.

Never hang up first!

4. Retrieve emergency equipment available on site

Including Medical bag, crutches, splints, Ice, etc.

5. Direction of EMS to the scene

a. Each coach should assign a staff member to direct

EMS to the scene of the injured athlete. These

- Procedures should be discussed with all emergency

Personnel prior to each sports season. The \;lkj

Appropriate and doors should be unlocked for

Easy EMS access to the site.

Venue Directions:

Outdoor Practice Fields

- After entering the main entrance to the high school, via Route 220, follow the road to the right and around to the rear of the high school. The Soccer Practice Fields, Tennis Courts, JR High Softball practice fields, and JV Baseball Practice Fields are located on the right in front of the school and adjacent to Alumni Stadium. The Varsity Football and JR High Football Practice Fields are located behind the Weight Room Facility and on the hill above the Auxiliary Gym/Fall Sports Athletic Training Room Entrance. The ATC and EMS Personnel will transport the injured athlete via the Gator to the ambulance in the event of an emergency.

Wingate Field

- Enter the Main entrance to Wingate Elementary school and follow around to the rear of the school near the playground. The field is located next to the JR High Softball Practice field behind the Wingate elementary school.

Varsity Baseball Field/Varsity Softball Field

- Enter the Main entrance to the high school and follow around to the rear of the school. Take the Gravel roadway between Alumni Stadium and the Outdoor Practice Fields. Follow Gravel Road to the end and make a left on gravel road and follow to Baseball field on the right.

Lightning Shelter:

Outdoor Practice Fields

1. High School Rear Entrance- below restroom sign at the back of school.
2. Red Brick Building- Located inside stadium adjacent to concession stand.

Wingate Field

1. Wingate Elementary School or Outdoor pavilion between high school and the elementary school.
2. Weight Room- Adjacent to the rear entrance of the school.

Venue Map: See Drawing of the map of Indoor/Outdoor Complex

_____ _____/_____/_____

Signature of LAT, ATC Date

_____ _____/_____/_____

Signature of LAT, ATC Date

_____ _____/_____/_____

Signature of Licensed Physician Date

Communication

Procedures

Coaches and

Licensed Athletic Training Staff

IX. Communication Procedures Coaches and LAT Staff

A. Coaches and Team Responsibilities to the Licensed Athletic Training Staff

***Coaches play a vital role and their responsibility regarding student-athletes and the Licensed Athletic Training shall include** :*

Providing the Athletic Administration, Licensed Athletic Training staff, and Sports Medicine team with a team roster in advance of medical clearances and notify all of any changes or additions as soon as possible.

Prohibit any student-athlete from participating without medical clearance by the Licensed Athletic Training Staff. The coach will be liable if the student-athlete is allowed to participate without full medical clearance.

An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:

a. *Will not dress in uniform or participate in any way for any competition or event.*
b. *Will not suit up for practice or workouts*

They may not return to these activities in ay shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

1. *Protect the student-athletes' health, safety, and welfare as the number one priority.*
2. *Refer a student-athlete whose health, safety, or welfare is in question to the Licensed Athletic Training staff immediately.*
3. *Encourage injured athletes to adhere to scheduled Athletic Training Room and physician appointments for consultation, follow-ups, treatments, and rehabilitation in a timely fashion.*
4. *Comply with confidentiality requirements as per Federal and Pennsylvania State Guidelines.*

Coaches Responsibility:

Coaches have the responsibility to help insure the safety and well-being of the student-athletes. The Athletic Training staff will consult with coaches concerning the medical readiness (physical and/or mental) of a student-athlete to practice and/or compete in injury/illness circumstances (acute, chronic or rehabilitative). The Team Physician will have the final authority to determine an athlete's readiness to compete and participate in any athletic activity.

In an acute illness/injury circumstance where a physician is not present and available to help determine activity levels, the final decision with regards to participation status rests with the attending athletic trainer.

Coaches are not permitted, under any circumstances, to dispense or recommend drugs, medications, or nutritional ergogenic aids or supplements to any student-athlete. A nutritional supplement is defined as any food stuff or dietary procedure that either improves or is thought to improve physical performance.

Coaches shall not withhold or limit fluid intake during any practice or conditioning session.

The Athletic Training staff is available for consultation with regard to injury prevention in the design or implementation of conditioning programs. Coaches are encouraged to develop such programs cooperatively with the Athletic Training staff and weight room coordinator in order to prevent the unintentional endangering of the health and safety of any student athlete.

Psychological or other forms of direct or indirect pressure on student-athletes to participate when an injury is present will not be tolerated.

Coaches are not permitted to "diagnosis" injuries or interpret medical information for student-athletes or arrange a plan of care or physician referral. All diagnoses and plan of care decisions should be coordinated by the team physician and sports medicine staff.

Team Responsibilites

1. *All Teams will have to fill coolers and get supplies (Cups/Water Bottles/Medical Kit) Prior to departure for the event*
2. *All Teams will have to fill coolers and get supplies (Cups/Water Bottles/Medical Kit) Prior to daily practices (Fall/Spring)*
3. *All student-athletes needing to be evaluated for an injury, receiving treatment or taping, and rehabilitation should report to the athletic training room ASAP at the end of the school day. This will help you to get to your practice and events in a timely manner.*

B. Daily Communication

<u>Daily Injury Reports</u>

Daily injury reports will be emailed to all head coaches during their sports season. They will also be emailed to the other members associated with the sports medicine team on a daily basis throughout the calendar school year.

The daily injury report guidelines for all injured\;lkjfsda athletes will include*:*

"Out"- means the athlete will not be participating in practice/games until further notice

"Limited"- means the athlete may participate with some restrictions (ie: no hard running, non-contact activities, etc.)

"Full go"- athlete is able to return to full participation with no restrictions

Types of Treatment (Provided in the comments section)

- Injury Evaluation
- Re-evaluation
- Rehabilitation
- Concussion Evaluation/Testing
- Concussion 5 phase return to play
- Needs Physician clearance/Note for RTP

Additional Communication Reports

- **Concussion Management Clearance-** Associated with student-athletes per team and their level of care and clearance
- **Physician Clearance Level Seasonal Report-** Associated with all student-athletes seen by a Physician, during a particular sports season. The report will provide the student-athletes name, general injury info, name of physician providing care, and the level of clearance provided by written physician orders to determine return to partic-ipation in Physical Education class or for the next sports season.

Communication

Parents/Guardians

Student-Athletes

and

Licensed Athletic Training Staff

X. Communication with parents/guardians regarding injuries

A. Parent/Guardian Contact Regarding Injuries

- *Parents and/or guardians will be contacted in the event of a medical emergency or significant injury that requires further referral to a licensed physician. But you are encouraged to call or email the LAT staff regarding any concerns or injury progress for the student-athlete. Our contact information is provided below.*

B. Student-Athletes and Parent responsibilities with injury management

- **in accordance with the BEA Injury Policy, BEA Return to Participation Policy, and BEA Concussion Management Plan:**

1. **All athletes/coaches must continue to report all injuries to the Licensed Athletic Training Staff in accordance with the BEA Return to Play Policy** when they happen on a daily basis. This helps us triage the injury in a more efficient manner so that we can return the athlete back to the field/court faster. It also helps the athlete/parent an opportunity to get the best medical care ASAP to get them back to play.

2. **All Injured student-athletes must follow up and be cleared for return to participation in accordance with the BEA Return to Participation Policy**. Any athlete recommended by the LAT staff to be seen for an injury by a physician, **must follow up with a physician and secure a written release prior to return to participation.**

   ***An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician**:*

   3. *Will not dress in uniform or participate in any way for any competition or event.*
   4. *Will not suit up for practice or workouts*

   They may not return to these activities in ay shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

3. I**f your son/daughter is travelling and is injured at an away event/contest, please contact the LAT staff via phone call, text and/or email to provide the necessary information to follow up with the athlete that evening or the next day at Drayer or high school in the afternoon**. This helps us triage the injury in a more efficient manner so that we can return the athlete back to the field/court faster. The BEA LAT staff can also provide you the option to contact a physician of your choice and facilitate the appointment for you.

4. **<u>If an athlete is seen by a physician for an injury</u>**, **<u>they must secure a written release from the physician prior to return to play.</u>** That note should be provided directly to the Licensed Athletic Training staff and we will provide a copy to the head coach after receiving it from you and your student-athlete. If a note is not provided to the athlete/parent by the physician office, the LAT staff can contact the physician and get verbal confirmation (If the physician office is open) and secure a written release via fax or email within 24 hours.
5. **<u>All student-athlete's suspected of having a concussion must be reported to the licensed athletic training staff immediately.</u>** (In accordance with Pennsylvania State Law and the Safety in Youth Sports Act)

C. Student-Athlete Responsibilities

Student-Athletes have the responsibility:

1. To tell athletic training staff immediately about an injury and follow up appropriately that day or the following day to be evaluated appropriately.
2. To ask questions and seek clarification if you do not understand the explanation of your diagnosis, treatment, prognosis or any instructions.
3. To provide accurate information about your present illness and past medical history for your appropriate medical care.
4. To follow instructions concerning follow-up visits, recommendations, and other essential issues related to your care and course of treatment for an injury/condition.
5. For treating Sports Medicine staff and personnel in a respectful manner.
6. To arrive as scheduled for care and treatments appointments and to notify the Athletic Training Department in advance in case of canceled appointments.
7. For following all rules and regulations that are posted within the Athletic Training Room.
8. For following through on your agreed plan of care.
9. For considering and respecting the rights of others and for being courteous.

D. General Student-Athlete Return to Participation Following Injury

Following an injury, a student-athlete that is not cleared for participation in writing, via daily injury report or written note, cannot return to participation in practice or events until authorized to do so.

The decision regarding the availability of a student-athlete to participate in practice or competition will be the sole responsibility of the licensed athletic training staff and the attending physician. This has been outlined in the BEA Return to Participation Policy.

Return to Participation will include:

Full Range of Motion of Injured Joint

Full Strength of Injured Joint

Functional Assessment/Sport Specific testing

E. General Concussion Management (Revised 12/2022)

All suspected injuries along with concussions must be reported to the licensed athletic training staff immediately

- **Any athlete that has been evaluated by the licensed athletic training staff and deemed to have symptoms of a concussion,** will have to follow up with their attending physician.
- **Step by step plan** (In accordance with BEA Concussion Management Plan/ State Guidelines via Safety in Youth Sports Act)

f. **The athlete will be removed from play** (Practice and/or event)

g. **Evaluated for symptoms of a concussion**→ The Initial Evaluation is performed via SCAT 5 (Determines assessment of concussion)

h. **After determining the Assessment** – Based on SCAT 5 results/Symptoms
Athlete will be Referred to Physician- Within 24-48 hrs.

i. Parent or Guardian will be provided take home information sheet.

j. **After appointment is scheduled**- Physician will be provided with a copy of: (Via Fax or Secure Email)
   a. SCAT 5 Initial Evaluation
   b. CVS (Concussion Vital Signs) Baseline
   c. Initial SAC and Neurological Evaluation Sheet
   d. Copy of Phasic RTP

k. **A daily symptom sheet will be performed until athlete is asymptomatic**
Athlete will also perform vestibular rehab with the until they become asymptomatic.

l. **Once symptoms have resolved and athlete is symptom-free**→
The athlete will begin the 5-Phase RTP Program that same day.

- If athlete exhibits any symptoms during any phase, they will stop phase, and will revert back to the previous phase in the step process.
   a. **At the end of Phase 4 of the Phasic RTP**- A Post-test on the CVS Module will be performed prior to being cleared by the attending physician. Post-test will be performed. Athlete must test on the CVS to within 5% of Baseline or better.
   b. If the Athlete passes the CVS Post-test at the appropriate level, they may continue on to Phase 5 of the Phasic Return Program to finish up the protocol. **They must pass the CVS test prior to completing Phase 5.**

   c. **After Passing Concussion Vital Signs Post Concussion test to level of baseline → Complete 5-Phase Return to play Program** →The document will be sent back to the Physician via fax or secure email to them for final signature and release to return to activity. Physician may warrant a follow up if he/she deems necessary in order to allow for final clearance.
   d. **If the Athlete passes the CVS Post-test at the appropriate level**, they may continue on to Phase 5 of the Phasic Return Program.
   e. **After completion of Phase 5**, and completion of a full contact/full practice session, the athlete may return to full participation without restriction. The completed Phasic Program Sheet will then be forwarded to the Attending Physician for final clearance.

m. **Athletes with minimal symptoms** (1-2 symptoms, with a symptom level of 1-2)
   a. **Athlete will be removed from play** and re-evaluated in 24 hrs.
   b. **Athlete will then perform CVS Testing** – They must pass this testing within 5% of their baseline or better.
   c. **If they Fail Post-testing**, in relation to their baseline testing, they will have to go through the standard protocol.
   d. **If they pass the CVS Testing to baseline or better**, and claim the absence of symptoms on that day, they will perform 20 min of continuous exercise.
   e. **If they exhibit no symptoms after the 20 minutes of continuous exercise**, they will:
      1. RTP to light activity for 48 hrs
      2. Full participation after that period.

F. Physician referral options post-injury

In the event of an injury, the sports medicine staff can assist in making any and all necessary referrals for your student-athlete to the appropriate medical provider.

You can contact a member of the licensed athletic training staff and they can make that contact to that specific provider of your choice and set up your appointment. The only information they need to set it up for you is:

6. Athlete Name
7. Parent/Guardian Name
8. Your contact Phone Number
9. Address
10. Type of Medical Insurance

Bald Eagle Area School District

Concussion Management Plan
2022-2023

XI. Bald Eagle Area School District Concussion Management Plan

In accordance with recommendations by Law in the State of Pennsylvania, in accordance with Senate Bill 200(SB 200), also known as "Safety in Youth Sports Act, the Bald Eagle Area School District has adopted a policy for its student-athletes participating in interscholastic athletics.

The Safety in Youth Sports Act, Pennsylvania Senate Bill 200, (Section 1) Establishes standards in the state of Pennsylvania for managing concussions and traumatic brain injuries to student-athletes.

This policy also includes students involved in an athletic contest or competition that is sponsored by, or associated with the Bald Eagle Area School District, including cheerleading, club sponsored sports activities, and sports activities sponsored by the school district's affiliated organizations. This includes practices, interschool practices, and scrimmages **as outlined in Section 2 under "Athletic Activity"** in accordance with this Act.

A copy of Pennsylvania Senate Bill 200 is attached with this Concussion Management Plan. **(Document 1)**

IV. Definitions (Section 2)

A. Appropriate Medical Professional

(1) A Licensed Physician who is trained in the evaluation and management or concussions **or a** *Licensed or Certified Health Care Professional trained in the evaluation and management of concussions and designated by such Licensed Physician.* **The Licensed Athletic Trainer(s) are the Appropriate Health Care Professional(s**) and the Licensed Physician designee, trained to provide concussion evaluation and management under the Standard Operating Procedures.

(2) A Licensed Psychologist neuropsychological trained in the evaluation and management of concussions or who has post-doctoral training in neuropsychology and specific training in the evaluation and management of concussions.

B. Specific Head Injuries

(1) **Concussion or Mild Traumatic Brain Injury (MTBI)-** A concussion or MTBI is the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head.

Symptoms include, but are not limited to: brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

(2) Second Impact Syndrome-(SIS)- Refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.

V. Appropriate Health Care Plan For The District

(1) The Bald Eagle Area School District provides an appropriate healthcare plan that includes equitable access to athletics healthcare providers for each sport.
(2) The Bald Eagle Area School District provides healthcare to all student-athletes participating in interscholastic athletics, cheerleading, and club sponsored sports activities. This healthcare is provided by the Licensed Athletic Trainer(s) that provide coverage for after school practices, scrimmages, and scheduled interscholastic athletic events.

(3) The Licensed Athletic Trainer(s) on staff at the Bald Eagle Area School District follow Standard Operating Procedures (SOP), in accordance with the Pennsylvania Board of Medicine and Osteopathic Medicine. This SOP is provided by the Bald Eagle Area School District Team Physician and agreed upon in writing by the district administration.

VI. Educational Materials Related to Concussions and Traumatic Brain injuries (Section 3 (a))

A. The Pennsylvania Department of Health and Department of Education

Shall develop and post on their Internet websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity, their parents and their coaches, about the nature and risk of concussion and head injury, including the risks associated with continuing to play or practice after a concussion or head injury. In developing the guidelines and materials, the departments shall utilize existing materials developed by the Centers for Disease Control and Prevention. A copy of the links to specific internet sites, articles, and videos is **attached as Document 2.**

B. <u>Bald Eagle Area School District policies for Concussion Management Planning In-accordance with SB 200</u> (Section 3 (a)):

(1) The Bald Eagle Area School District shall require each school year, that student-athletes participating in or desiring to participate in an athletic activity, and the student's parent/guardian, prior to participation by the student in an athletic activity, sign and return to the district an acknowledgement of receipt and review of a concussion and traumatic brain injury information sheet developed in accordance with the "Safety in Youth Sports Act". In signing this information sheet, student-athletes and the parent/guardian accepts the responsibility for reporting their injuries and illnesses to the school district's medical staff (Staff Licensed Athletic Trainers), including signs and symptoms of concussions. This form is attached as **Document 3.**

(2) PIAA CIPPE Form (Attached with Pre Participation Physical Packet)

The Bald Eagle Area School District *requires all student-athletes and parent/guardian to review and sign the PIAA Concussion Information Sheet as part of the Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) required by the PIAA.*

(3) Concussion Vital Signs Baseline Testing

The Bald Eagle Area School District will record a baseline assessment for each student-athlete prior to the first practice in the sports of baseball, basketball, cheerleading, football, soccer, softball, track and field, volleyball, and wrestling, at a minimum. The same baseline assessment tools should be used post-injury at appropriate time intervals. Baselines will be updated every three years.

(a) The baseline assessment should be considered one or more of the following areas of assessment:

<u>Baseline for All Student-Athletes will include:</u>

<u>Concussion Vital Signs</u> Neurocognitive Post Injury Test

(b) All students who participate in athletics at Bald Eagle Area are eligible for and required to complete baseline testing prior to participating in their sports season.

(c) Any student athlete who suffers a concussion will be baseline retested before the next academic/athletic year.

- The development and implementation of a neuropsychological testing program should be performed in consultation with a neuropsychologist. Ideally, post injury neuropsychological test data should be interpreted by a neuropsychologist.

VII. Informational Meeting on Concussions and Traumatic Brain Injuries

The Bald Eagle Area School District will provide informational materials via voice messaging prior to the start of each athletic season for all student-athletes, parents and/or guardians, and coaches regarding concussions and other head injuries, the importance of proper concussion management and how neurocognitive testing can aid in the evaluation, management and recovery process. All members of the district coaching staff, Head and Assistants, are required to provide team information via voice messaging as well each school year. Student-athletes and their parent(s)/guardian(s) are required to attend at least one informational meeting per school year if deemed necessary to be provided by the district.

VIII. Removal from Participation in Athletic Activity following Concussions and Traumatic Brain Injuries (Section 3 (c))

A. Athlete Assessed with Concussion or Traumatic Brain Injury

A student-athlete who, as determined by a licensed or certified health care provider, whose scope of practice includes the management and evaluation of concussions, coach from the student's team, game official or other official designated by the student's school entity, exhibits signs or symptoms of a concussion or head injury while participating in an athletic activity, shall be removed from participation at that time. The student shall not return to participation until they are evaluated and cleared for return to participation in writing by a licensed or certified health care practitioner whose scope of practice includes the management and evaluation of concussions.

(1) **The Bald Eagle Area School District shall require the immediate removal of the Student-Athlete from athletic activity after sustaining a concussion or traumatic brain injury.**

The athlete may not return to activity until they are evaluated and cleared for Return to Participation (RTP) in practice or competition, in writing, by a Licensed or Certified Health Care Provider who is trained in the evaluation and management or concussions **as outlined in Definitions related to SB 200 in Section 2.**

(a) **Athletes will be provided with written instructions upon discharge (Document 6);** preferably with a parent or guardian. A Concussion and Traumatic Brain Injury Information sheet will be provided to the parent/guardian outlining signs and symptoms, further recommendations for care and Licensed Physician Follow up, complications for further injury, removal from play, and return to play guidelines.

(b) **Following evaluation and determination of a concussion or traumatic brain injury**, the student-athlete should be further evaluated by a licensed physician. This should be done prior to initiating the phasic return program and return to participation in any activity as outlined within the concussion management plan. A physician form letter, daily symptom checklist, and copy of the phasic return to participation will be provided and brought with the student-athlete to the physician appointment.

Evaluation for Concussion and Mild Traumatic Brain Injury

- Normal clinical examination must include factors relating to cognitive, visual,vestibular, cervical, and neurological.
- All evaluation and guidelines are based upon recommendations from International, National, and Pennsylvania State Law for management of concussion and mild traumatic brain injury.
  (a) Student-Athlete does not return to a game or practice if he/she displays and signs or symptoms consistent with a concussion. Athlete also will never be allowed to return to play the day of injury.
  (b) Physician Referral, if the level or number of symptoms persist, increase, or worsen after the initial injury. (ER, Primary Care Physician, Ophthalmology, Optometry, or Neurology if recommended)
  (c) Home Instructions will be provided to student-athlete and parent/guardian prior to departure from the school.
  (d) 5 Phase Return-To-Play Program must be completed with the licensed athletic trainer(s) at the Bald Eagle Area School District.
  (e) Concussion Vital Signs post-injury test after injury and/or after symptoms have resolved. Student-athlete must return to normal level of baseline testing before return to play in athletic activity.
  (f) Athlete should not return to sport until they can participate to the full extent without symptoms and have no adverse signs/symptoms at rest or following exertion.

Note- If in doubt, the student-athlete will be referred to a licensed physician and does not return to play until that physician gives a written release for return to sports and after completion of post injury Concussion Vital Signs Testing at Baseline Level followed by the 5 Phase Testing Program for RTP post-concussion to be performed under the supervision of the licensed athletic trainer(s) in the Bald Eagle Area School District

Evaluation Sequence(s) for Concussion Management

(1) On Field Evaluation Sequence (Following removal from play)

a. SCAT 5 Evaluation Form
b. Graded Symptom Checklist and Vitals
c. Standardized Assessment for Concussion (SAC Evaluation Form)
d. Rhombergs Test
e. BESS- Balance Error Scoring System
f. VOMS (Vestibular Oculomotor Screen)- VOMS Scoring Form
g. VOR – (Visual Ocular Reflex)- Pursuit, Saccades, Accommodation

- Day of Initial Injury take note of:
  Response time to questioning, relying on others to answer, fidgeting, poor eye Contact, lack of spontaneous responses, level of symptom report, increase in Symptoms with change in body positioning.

Off Field Evaluation Sequence

a. SCAT 5 (Sports Concussion Assessment Tool)
b. Concussion Vital Signs Neurocognitive Post Injury Test

(2) Re-Evaluation following the initial injury of the student-athlete will include:

a. Graded Symptom Checklist (GSC)
b. Romberg's Test
c. BESS
d. VOMS
e. VOR

(3) Return to Play Criteria (RTP) Post Initial Injury

5 Phase Return to Play (RTP) Program (Attached)

(a) Must be completed with the licensed athletic trainer(s) at the Bald Eagle Area District.
(b) Activity Progressions

1. Student-athlete must be symptom-free

2. Light aerobic exercise with no resistance training

3. Sports-specific activity

4. Non-contact training drills with resistance training

5. Full contact training drills (must have physician clearance)

**** Note- Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, a waiting period of 24 hours is implemented and then begin the progression at the beginning, not the level the symptoms appeared.**

(c) The student-athlete will receive serial monitoring for deterioration and will be assessed daily when attending school utilizing a daily symptoms score sheet provided by the Licensed Athletic Trainer(s) on staff. The Symptoms Score Sheet will be continued until symptoms relating to their head injury have resolved.

IX. Return to Participation in Athletic Activity Post Concussion/Traumatic Brain Injury

(Section 3 (d))

A. Student-Athlete Return to Play

The coach may not return a student-athlete to play in any athletic activity. The student-athlete may not return to play (RTP) until they have been evaluated and cleared for participation in writing by an appropriate medical professional, **as designated in Definitions (A) in Section 1 of SB 200.** The governing body of a school entity may designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation. In order to help determine whether a student is ready to return to participation and appropriate medical professional may consult any other licensed or certified medical professionals.

B. Bald Eagle Area Return to Participation (RTP) Policy for Student-Athletes relating to Concussions and Traumatic Brain Injury

(1) An Athlete cannot return to participation in their respective sport or physical activity until:

(a) Have been evaluated by a Licensed Physician
(b) *Symptom Free*
(c) *Successfully Complete a 5 Phase Return to Participation Program with the Licensed Athletic Trainer(s) (LAT) on staff with the Bald Eagle Area School District.*
(d) *. Return to the level of their Baseline Concussion Testing*
(e) *Evaluated and Cleared for RTP in writing, by a Licensed or Certified Health Care Provider (LAT), and Licensed Physician.*

(2) Once asymptomatic and post-exertion assessments are within normal baseline limits, return to play should follow a medically supervised stepwise process.

(3) As part of the Concussion Management Plan, all student-athletes must Satisfactorily, complete the 5 Phase RTP exertion program with the Licensed Athletic Trainers at Bald Eagle Area before they can return, along with securing a written release by a *Licensed or Certified Health Care Professional trained in the evaluation and management of concussions and traumatic brain injury designated by a Licensed Physician.*

The Licensed Athletic Trainer(s) are the Appropriate Health Care Professional(s) within the Bald Eagle Area School District and the Licensed Physician designee, trained to provide concussion evaluation and management under the Standard Operating Procedures.

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(4) Final authority for Return-to-Play of the student-athlete to athletic activity shall reside with the licensed physician and/or the physician designee, which includes, the Licensed Athletic Trainer(s) on staff within the Bald Eagle Area School District.

C. <u>Documentation of the incident, evaluation, continued management, and clearance of the student-athlete with a concussion.</u>

(1) All reported injuries, including concussions, are documented with SOAP forms, Concussion Management Forms, and kept on file with the individual student-athlete's records.

Return to Play Criteria(RTP) post initial injury

(Revised December 2022- Per Team Physician consultation and reccommedations)

<u>General Concussion Management</u>

<u>All suspected injuries along with concussions must be reported to the licensed athletic training staff immediately</u>

- **Any athlete that has been evaluated by the licensed athletic training staff and deemed to have symptoms of a concussion,** will have to follow up with their attending physician.
- **<u>Step by step plan</u>** (In accordance with BEA Concussion Management Plan/ State Guidelines via Safety in Youth Sports Act)

1. **The athlete will be removed from play** (Practice and/or event)
2. **Evaluated for symptoms of a concussion**→ The Initial Evaluation is performed via SCAT 5 (Determines assessment of concussion)
3. **After determining the Assessment** – Based on SCAT 5 results/Symptoms
4. Athlete will be Referred to Physician- Within 24-48 hrs.
5. Parent or Guardian will be provided take home information sheet.
6. **After appointment is scheduled**- Physician will be provided with a copy of: (Via Fax or Secure Email)
    e. SCAT 5 Initial Evaluation
    f. CVS (Concussion Vital Signs) Baseline
    g. Initial SAC and Neurological Evaluation Sheet
    h. Copy of Phasic RTP
7. **A daily symptom sheet will be performed until athlete is asymptomatic**
    Athlete will also perform vestibular rehab with the until they become asymptomatic.

8. **Once symptoms have resolved and athlete is symptom-free→**
   The athlete will begin the 5-Phase RTP Program that same day.

- If athlete exhibits any symptoms during any phase, they will stop phase, and will revert back to the previous phase in the step process.
  f. **At the end of Phase 4 of the Phasic RTP**- A Post-test on the CVS Module will be performed prior to being cleared by the attending physician. Post-test will be performed. Athlete must test on the CVS to within 5% of Baseline or better.
  g. **If the Athlete passes the CVS Post-test at the appropriate level**, they may continue on to Phase 5 of the Phasic Return Program to finish up the protocol. **<u>They must pass the CVS test prior to completing Phase 5.</u>**

  h. **After Passing Concussion Vital Signs Post Concussion test to level of baseline → Complete 5-Phase Return to play Program →**The document will be sent back to the Physician via fax or secure email to them for final signature and release to return to activity. Physician may warrant a follow up if he/she deems necessary in order to allow for final clearance.
  i. **If the Athlete passes the CVS Post-test at the appropriate level**, they may continue on to Phase 5 of the Phasic Return Program.
  j. **After completion of Phase 5**, and completion of a full contact/full practice session, the athlete may return to full participation without restriction. The completed Phasic Program Sheet will then be forwarded to the Attending Physician for final clearance.

9. **Athletes with minimal symptoms** (1-2 symptoms, with a symptom level of 1-2)
   f. **Athlete will be removed from play** and re-evaluated in 24 hrs.
   g. **Athlete will then perform CVS Testing** – They must pass this testing within 5% of their baseline or better.
   h. **If they Fail Post-testing**, in relation to their baseline testing, they will have to go through the standard protocol.
   i. **If they pass the CVS Testing to baseline or better**, and claim the absence of symptoms on that day, they will perform 20 min of continuous exercise.
   j. **If they exhibit no symptoms after the 20 minutes of continuous exercise**, they will:
      3. RTP to light activity for 48 hrs
      4. Full participation after that period.

Note- If in doubt, the student-athlete will be referred to a licensed physician and does not return to play until that physician gives a written release for return to sports and after completion of post injury Impact Testing at Baseline Level followed by the 5 Phase Testing Program for RTP post-concussion to be performed under the supervision of the licensed athletic trainer(s) in the Bald Eagle Area School District

Phasic Return to Play (RTP) Program

a. **Must be completed with the licensed athletic trainer(s) at the Bald Eagle Area District.**
b. **Activity Progressions**
    1. Student-athlete must be symptom-free
    2. Light aerobic exercise with no resistance training
    3. Sports-specific activity
    4. Non-contact training drills with resistance
    5. Full contact training drills (must have physician clearance)

**** Note- Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, a waiting period of 24 hours is implemented and then begin the progression at the beginning, not the level the symptoms appeared.**

D. Injury Prevention Strategies to Reduce the incidence of Head Injuries

(1) All Football headgear must be NOCSAE certified.
(2) All Football headgear should properly fit the student-athlete.
(3) For all sports that require headgear, a coach or appropriate designate with knowledge of equipment fitting should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
(4) Make sure helmets are secured properly at all times.
(5) Mouth guards should fit and be used at all times for those sports that they are required.
(6) Neuropsychological testing or Concussion Vital Signs Testing on student-athletes that participate in varsity, junior varsity, and junior high interscholastic athletic prior to the start of the season.

E. Emergency Action Plans (EAP)

The Bald Eagle Area School District has separate and specific emergency action plans(EAP) for all indoor and outdoor practice and competition event venues. These EAP's are posted in each Athletic Training Room on the bulletin board and are provided to and reviewed each member of the coaching staff prior to the start of the season. **Attached Document 8**

F. Training and Educational Course for Concussion Management Training
SB 200 Section 3 (e)

During each school year, a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Department of Health.

A coach shall not coach an athletic activity until they complete the training course outlined under this subsection.

G. Penalties for Coaches Violating SB 200 **Section 3 (f)**

(1) Any coach found in violation of the requirements under subsection (c), which penalties shall take effect two years following the effective date of this section:

(a) For a first violation, suspension from coaching any athletic activity for the remainder of the season.

(b) For a second violation, suspension from coaching any athletic activity for the remainder of the season and for the next season.

(c) For a third violation, permanent suspension from coaching any athletic activity.

Concussion Evaluation and Management Forms

(Revised December 2022)

Head Injury/ Daily Standard Assessment (SAC)

Athlete Name: **Sport/Activity:**

Date of Injury: **Re-eval Date:**

Brief History of injury:

Practice: ***Event/Game:*** ***Home*** ***Away*** ***At Home:*** ***Phys Ed:*** ***Other:***

_____ or **see initial SAC and SCAT 5**

Symptom	0	1	2	3	4	5	6
Headache							
"Head Pressure"							
Neck Pain							
Nausea/Vomiting							
Dizziness							
Blurry Vision							
Balance Problems							
Light Sensitive							
Sound Sensitive							
Feeling Slowed Down							
Feel "in a fog"							
"Don't feel right							
Difficulty Concentrating							
Difficulty Remembering							
Fatigue/Low Energy							
Confusion							
Drowsiness							
More Emotional							
Irritability							
Sadness							
Nervous/Anxious							
Sleep Disturbance							

Total Number/Symptoms=

Symptom Severity Score =

L.A.T. Signature: **Date:**

Head Injury/ Standard Assessment (SAC)

(Initial Follow-up Assessment and Post- 5 Phase RTP)

Athlete Name: **Sport/Activity:**

Date of Injury: **Re-eval Date:**

Brief History of injury:

Practice: ***Event/Game:*** ***Home*** ***Away*** ***At Home:*** ***Phys Ed:*** ***Other:***

_____ or **see initial SAC and SCAT 5**

Symptom	0	1	2	3	4	5	6
Headache							
"Head Pressure"							
Neck Pain							
Nausea/Vomiting							
Dizziness							
Blurry Vision							
Balance Problems							
Light Sensitive							
Sound Sensitive							
Feeling Slowed Down							
Feel "in a fog"							
"Don't feel right							
Difficulty Concentrating							
Difficulty Remembering							
Fatigue/Low Energy							
Confusion							
Drowsiness							
More Emotional							
Irritability							
Sadness							
Nervous/Anxious							
Sleep Disturbance							

Total Number/Symptoms=

Symptom Severity Score =

Assessment and Neurological Screen

Rhomberg's Testing	**Normal Abnormal**
Eye Tracking	**R= > < L= > <**
Eye-Tracking/ Finger Touch	**Normal Abnormal**
Light Sensitivity	**Y N**
Sound Sensitivity	**Y N**
Strength	**Normal Abnormal**
Coordination	**Normal Abnormal**

Balance Examination (BESS)

***Performed utilizing dominant and non-dominant foot with eyes closed**

Types of Errors:

Moving the hands-off hips **Opening eyes** **Step/Stumble/Fall**

Lifting of forefoot or heel **Remaining out of proper testing position >5 sec**

	Double Leg Stance	**Single Leg Stance R/L**	**Tandem Stance R/L**
Normal/Abnormal	**Normal Abnormal**	**Normal Abnormal**	**Normal Abnormal**
Errors: R>L, L>R, L=R		**R= L=**	**R= L=**
Number of Trials/Reps	**1x**	**1x ea**	**1x ea**
Balance Time Tested	**20 Sec**	**20 Sec**	**20 Sec**
Total Score: Max Error			

Vestibular-Oculomotor Screen

- Symptoms are on a 0–5-point scale

Screening Area	*Not Tested*	*Headache*	*Dizziness*	*Nausea*	*Fogginess*	*Comments/Concerns*
Baseline Symptoms						
Smooth Pursuit						
Saccades Horizontal						
Saccades Vertical						
Convergence (Near Point)						***Score #1 cm*** ***Score #2 cm*** ***Score #3 cm***
VOR Horizontal						
VOR Vertical						
Visual Motion Sensitivity						

- **Overall Comments/Concerns:**

L.A.T. Signature: **Date:**

5 PHASE TESTING PROGRAM

RETURN TO PARTICIPATION POST CONCUSSION

- Student-Athlete must be symptom free to begin Phase I after initial evaluation. Student-Athlete only continues to the next phase if symptom-free. If symptoms ***re-occur during any*** of the following phases the must start over again at the previously tested phase following 24 hours symptom-free to continue progression.

Athlete Name: **Sport:** **Date of Injury:**

Phase 1 No Strenuous Concentration tasks, Target Heart Rate (THR) 30-40%, Stationary Bike, Lower or Upper Extremity Exercise, Lower Extremity Stretching, Romberg or single leg Balance (beginning)

Activity/Exercise	Duration/Time	Sets/Reps	Side (B/R/L)
Stationary Bike	15 Min		
Standing Hip Swings	3x:30	Count Reps	B
Incline/Hamstring Stretch	15 Sec	5x	B
Bosu Wraparounds/Around the World	15 Sec	5x	B
½ Roll Walks	15 Sec	5x	B
Single Leg Stance/Airex EC	15 Sec	3x	R/L
Tandem Stance/ Airex EC	15 Sec	3x	R/L
Mini Squat to Heel Raise	2x20 Reps		

Phase 2 Mild Concentration Skills, THR 40-60%, Closed Chain Exercises, Stationary Bike, Dynamic Stretching, and Proprioception with head movement and multi-tasking.

Activity/Exercise	Duration/Time	Sets/Reps	Side (B/R/L)
Stationary Bike	20 Min		
Quick Squats/Star Taps/Hip Swings	30 Sec	4x Each	B
Push Ups/Crunches		2x 20 Reps	
High Knees / Butt Kickers		3 Laps Each	
Lunge Walks w/ Head Turns		3 Laps Each	B
Incline/ Hamstring Str.	15 Sec	5 x Each	B
Single Leg Stance/Tandem EC On Airex	20 Sec	5 x Each	B
SLS Eye Tracking/ w Head Mvmt S to S, U & D	20 Sec	3x Each	B

Phase 3 More Concentration including Video Games, THR 60-80%, Integrated Strength and Conditioning, Normal Exercise Environment, Stationary Bike, Agility Exercises, High level Balancing while Multi-Tasking.

Activity/Exercise	Duration/Time	Sets/Reps	Side (B/R/L)
Stationary Bike/Treadmill Jog	15 Min		
Video Games	10 Min		
Push Ups/Crunches/Jumping Jacks/High Knees/Butt Kicker	Continuous Exercise	2 sets ea	B
Step Ups For Time Fwd/Lat	2 Min Each		R/L
Ladder Drills		5 Laps ea	B
SLS on Airex w Ball Toss on Airex	30 Sec	5x ea	R/L
Eye Tracking Exercise w Head Mvmnt	30 Sec	4x ea	R/L
BOSU Paper pick up/Cone Reach	30 Sec	4x ea	R/L

Phase 4 Sports Performance Training, THR 80%, Non-Contact in Sports, Normal Practice in Sport Conditions, Elevated and Graded Interval Training, Basic Plyometric Training, Sport Specific Skill Patterns, Aggressive Strength Program.

Activity/Exercise	Duration/Time	Sets/Reps	Side (B/R/L)
Stationary Bike/Treadmill Jog	10 Min Each		
Step Ups for Time Fwd/Lat	2 Min	2x Each	R/L
Box Jumps Fwd		2x 20x Each	R/L
Ladder Drills	1 Min	2x Each	
Sports Specific Skills/Cone Drill	2 Min	1x Each	
Functional Agilities per sport/position	2 Min	1x Each	
Pushups/Crunches/High Knees/Butt Kickers	Continuous Exercise	2x20 Each 5 Laps Each	
Light Practice Activity (Non-Contact)/ Weight Training			

Phase 5 Sports Performance Training, THR at Full Exertion, Initiate Contact or Return to Full Contact Practice, Full Practice and Intensity, Return to Full Participation to games after cleared by Licensed Healthcare Provider Trained in the Management of Concussions.

Activity/Exercise	Duration/Time	Sets/Reps	Side (B/R/L)
Treadmill Jog/Bike	10 Min		
Step Ups for Time Fwd/Lat	2 Min	2x Each	
Sports Specific Skills/Cone Drill	1 Min	2x Each	
Functional Agilities	2 Min	2x Each	
Pushups/Crunches/Jumping Jacks/Mountain Climbers	1 Min	2x20 Each 2x Each	
Sprinting/Running	30 Sec	5x Each	
Airex SLS/Tandem Stance EO/EC	20 Sec	5x Each	R/L
Full Practice/Full Contact			

Phase 1 No Strenuous Concentration tasks, Target Heart Rate (THR) 30-40%, Stationary Bike, Lower or Upper Extremity Exercise, Lower Extremity Stretching, Romberg or single leg Balance (beginning)

Date: **Successful Completion:** **Y** **N** **LAT Signature:**

Phase 2 Mild Concentration Skills, THR 40-60%, Closed Chain Exercises, Stationary Bike, Dynamic Stretching, and Proprioception with head movement and multi-tasking.

Date: **Successful Completion:** **Y** **N** **LAT Signature:**

Phase 3 More Concentration including Video Games, THR 60-80%, Integrated Strength and Conditioning, Normal Exercise Environment, Stationary Bike, Agility Exercises, High level Balancing while Multi-Tasking.

Date: **Successful Completion:** **Y** **N** **LAT Signature:**

Phase 4 Sports Performance Training, THR 80%, Non-Contact in Sports, Normal Practice in Sport Conditions, Elevated and Graded Interval Training, Basic Plyometric Training, Sport Specific Skill Patterns, Aggressive Strength Program.

Date: **Successful Completion:** **Y** **N** **LAT Signature:**

Post-Concussion Neurocognitive Testing: (Concussion Vital Signs) (Required after Phase 4)

Date(s) of Testing: **Pass** **Fail** **Re-Testing on CVS Required:** **Y** **N**
Date(s) of Testing: **Pass** **Fail** **Re-Testing on CVS Required:** **Y** **N (If Necessary)**
Date(s) of Testing: **Pass** **Fail** **Re-Testing on CVS Required:** **Y** **N (If Necessary)**

Approval of CVS Testing Results: Y N

Date Provided to Attending Physician: ***Attending Physician Name:***

Via Fax: ***Y*** ***N*** ***Fax Number:***

Via Secure Email: ***Y*** ***N*** ***Email Address:***

Phase 5 Sports Performance Training, THR at Full Exertion, Initiate Contact or Return to Full Contact Practice, Full Practice and Intensity, Return to Full Participation to games after cleared by Licensed Healthcare Provider Trained in the Management of Concussions.

Date: **Successful Completion: Y N** **LAT Signature:**

Successful Completion of 5 Phase RTP: ***Y*** ***N*** ***Date of Completion:***

LAT/ATC Signature: ***Date:***

Date Provided to Attending Physician: ***Attending Physician Name:***

Via Fax: ***Y*** ***N*** ***Fax Number:***

Via Secure Email: ***Y*** ***N*** ***Email Address:***

Vestibular Ocular-Motor Screen (VOMS) Scoring Sheet

Instructions:

1. **Baseline symptoms** assessed via post-concussion symptom scale
2. Patient rates changes in symptoms on a 0-10 scale for symptom provocation during any of the following: Smooth Pursuit, Saccades Horizontal and Vertical, Convergence, VOR Horizontal and Vertical, and Visual Motion Sensitivity

a. **Smooth Pursuit** (Horizontal and Vertical)

Patient follows a moving target in seated position
Examiner holds target 3 ft away from patient.
Patient instructed to maintain focus on target as examiner moves it smoothly 1.5 Ft to the Rt and then 1.5 Ft to the Lt of midline in horizontal and then vertical direction

(1) Rep is complete when target moves back and forth to the starting position And 2 repetitions are performed. They are performed at a rate of 2 seconds For each rep and direction.

b. **Saccades** (Horizontal and Vertical)

Patient to follow a target between two points as quickly as possible while seated
Examiner holds two single points (fingertips/targets) and is seated.
Horizontally and then vertically held at a distance of 3 ft from the patient. 1.5 to the Right and left from the midline so that patient must gaze 30 Deg to the right and then to The left.

(1) Rep complete when the eyes move back and forth to the starting position (10 Reps)

c. Near Point Convergence

Measure the ability to view a near target without double vision.
Patient and examiner are seated and facing each other. The examiner should Observe their eye movement during the test.
Patient focuses on small target (Approx 14 Font size) at arm's length And slowly brings it towards the tip of their nose.
The patient is then instructed to stop moving the target when they see Two images or when the examiner observes an outward deviation of one eye.
The distance in cm is then measured between the target and the tip of the nose (Abnormal >_ 6 cm) Repeat measurements 3x for average measure between the 3.

d. **Vestibulo-Ocular Reflex (VOR)** (Horizontal and Vertical)

Assessing the ability to stabilize vision as the head moves
The patient and the examiner are seated
Examiner holds the target (approx. 14 point font) in front of the Patient in midline at a distance of 3 ft
Use a metronome to help speed at about 180 beats/min
Amplitude of movement is 20 deg to each side. Perform 10 revolutions
This test has the highest symptom provocation at 61%

e. Visual Motion Sensitivity (VMS)

Test visual motion sensitivity and the ability to inhibit vestibular-induced Eye movements using vision
Patient stands with feet shoulder width apart, facing a busy area
Patient holds arm outstretched and focuses on their thumb.
Maintaining focus on their thumb, the patient rotates (together as a unit) Their head, eyes, and trunk at an amplitude of 80 deg to the left and to the right.
Use Metronome 50 bpm (1 beat each direction) 5 revolutions right to left.

Vestibular-Oculomotor Screen

- Symptoms are on a 0–5-point scale

Screening Area	*Not Tested*	*Headache*	*Dizziness*	*Nausea*	*Fogginess*	*Comments/Concerns*
Baseline Symptoms						
Smooth Pursuit						
Saccades Horizontal						
Saccades Vertical						
Convergence (Near Point)						***Score #1 cm*** ***Score #2 cm*** ***Score #3 cm***
VOR Horizontal						
VOR Vertical						
Visual Motion Sensitivity						

- **Overall Comments/Concerns:**

L.A.T. Signature: **Date:**

_____

Licensed Athletic Trainer Date

_____

Licensed Athletic Trainer Date

_____

Licensed Supervising Physician Date

Wrestling

Weight Control Program

and

Skin Infection Guidelines

XII. Wrestling Weight Control Program and Skin Infection Guidelines

A. PIAA WRESTLING WEIGHT CONTROL PROGRAM GUIDELINES

The establishment of a minimum wrestling weight class based on not less than 7% body fat for males and not less than 12% body fat for females is required for all levels (varsity, junior varsity, junior high, and middle school) of interscholastic wrestling in Pennsylvania. PIAA does not advocate that a wrestler's established minimum wrestling weight class is the athlete's best weight class, but simply the minimum weight class at which the athlete will be eligible to compete.

PIAA will utilize the National Wrestling Coaches' Association (NWCA) Optimal Performance Calculator as the mechanism to calculate the minimum wrestling weight for each wrestler and use this minimum wrestling weight to assign a minimum wrestling weight class. Assessors will use the NWCA Optimal Performance Calculator as a data reporting tool. PIAA member schools will utilize the Web site as a data retrieval tool and nutritional program supplement.

I. NUTRITION COMPONENT (STRONGLY RECOMMENDED)

A. The NWCA in conjunction with the National Collegiate Athletic Association (NCAA) and the National Federation of State High School Associations (NFHS) have developed the interactive online program to allow parents and students to work together to build an appropriate nutritional plan. This component is part of the NWCA Optimal Performance Calculator and is available to every wrestler that participates in the PIAA Wrestling Weight Control Program. The program establishes its menus on a 55 percent carbohydrate, 30 percent fat, and 15 percent protein dietary profile and uses specific volumes and serving sizes. The program also recommends diets and sample menus and offers choices based on personal preferences.

B. After assessment results are entered into the NWCA Optimal Performance Calculator, the program automatically issues every wrestler a code and password that allows access into the nutritional program. Coaches have the ability to print and distribute these codes to each wrestler after their Initial Assessment has been completed and their data is entered into the program.

C. Parents are encouraged to participate in the development of an appropriate nutritional plan. The NWCA Optimal Performance Calculator can be found at: www.nwcaonline.com/performance/Scholastic.

II. ESTABLISHING CERTIFIED MINIMUM WEIGHTS

A**. A wrestler's specific gravity of urine must be equal to or less than 1.025, which is a hydrated state, in order to proceed to a body fat assessment.** Specific gravity is measured with a digital or optical Refractometer. Any wrestler not passing the urine specific gravity test must wait a minimum of 24 hours before being retested.

B. **A Lange Skinfold Caliper will be utilized to determine each wrestler's body fat percentage**. Only measurements taken by a Pennsylvania Athletic Trainers' Society/National Wrestling Coaches' Association (PATS/NWCA) trained assessor will be accepted. No wrestler may practice until the athlete has had a certified minimum wrestling weight determined by the NWCA Optimal Performance Calculator, completes a pre-participation physical evaluation or recertification, as applicable, and the minimum wrestling weight appears on the school's Alpha Master Form. Once a wrestler competes at a weight class allowed by the weight loss plan in a Contest, the option to appeal is no longer possible.

C. **The minimum weight class at which a wrestler may compete will be determined as follows**:

1. If the minimum wrestling weight, at 7% or 12% body fat, for males or females, respectively, is exactly that of one of the adopted weight classes, that weight shall be the wrestler's minimum weight class.

2. There is no variance. If the minimum wrestling weight is between two adopted weight classes, the wrestler's minimum weight class shall be the higher weight class.

3. Prior to competition, any male wrestler whose body fat percentage at the time of his Initial Assessment is below 7% must obtain, in writing, a medical clearance signed by an Authorized Medical Examiner stating that the athlete is naturally at this sub 7% body fat level. In the case of a female wrestler, Authorized Medical Examiner clearance must be obtained for an athlete who is sub 12% body fat. An Authorized Medical Examiner's clearance is for the duration of one wrestling season and expires upon completion of that season. The sub 7% male or sub 12% female, who receives such clearance, may not wrestle below their actual weight at the time of Initial Assessment. Note: The PIAA CIPPE, Section 7, Minimum Wrestling Weight Classification form, must be used for such clearance.

4. Any male wrestler whose body fat percentage at the time of his Initial Assessment is below 7% and any female wrestler whose body fat percentage at the time of her Initial Assessment is below 12% must provide the signed medical clearance at each weigh in. Failure to do so will prevent the student from weighing in and wrestling.

5. For all wrestlers, the certified minimum wrestling weight class shall be certified to by an Authorized Medical Examiner. The Authorized Medical Examiner shall initial the minimum wrestling weight class, pursuant to the Initial Assessment. If an Authorized Medical Examiner is in disagreement with the Initial Assessment, they must utilize the appeal process (see Section VI) for determining the minimum wrestling weight and subsequent certified minimum wrestling weight class.

III. TIME PERIOD FOR MEASUREMENTS

A. No wrestler may practice until they have participated in an Initial Assessment and undergone a pre-participation physical evaluation or recertification, as applicable, and their name and data are included on the school Alpha Master Form.

B. A wrestler who competes at a weight class allowed by his/her weight loss plan before or during an appeal has accepted their most recent assessment and voids all appeal options.

C. Assessments may begin six (6) weeks prior to the first Regular Season Practice date TBD. Wrestlers may be measured any time on or following this date to establish a minimum wrestling weight. All wrestlers, including those coming out after the first Regular Season Practice date (TBD), must have their minimum wresting weight established prior to their first Practice.

D. Any student who comes out for wrestling after the first Regular Season Contest date (TBD) will have 14 days to complete an appeal assessment if necessary. The student cannot Practice until the Initial Assessment is finalized and they have completed the pre-participation physical evaluation or recertification, as applicable.

E. The specific gravity of urine will determine whether a wrestler may participate in body fat assessment on any date. A specific gravity result of less than or equal to 1.025 is required in order to participate in the assessment. Any wrestler not passing the urine specific gravity test must wait a minimum of 24 hours before being retested.

G. The Wednesday following the PIAA Team Wrestling Championships (TBD) is the deadline to establish a minimum wrestling weight for the PIAA Individual Wrestling Championships Tournament series.

IV. SCHOOL RESPONSIBILITIES FOR THE MEASUREMENT PROCESS

A. It is the school's responsibility to have a trained assessor perform all required testing.

B. It is the school's responsibility to supply all necessary equipment and supplies for testing.

These include:

1. Lange Skinfold Caliper
2. Refractometer (optical or digital)
3. Certified scale
4. Urine specimen cups
5. Pipettes
6. Distilled water
7. Computer and Internet access to NWCA Web site

V. GROWTH ALLOWANCE

A. The PIAA Wrestling Weight Control Program provides for a two-pound growth allowance annually in December. (Date TBD)

Note 1: In the example weight loss plan (CHART A) the wrestler reaches their established minimum wrestling weight during Week 8. The wrestler will not be eligible to participate at a weight class below 152 lbs. regardless of their actual weight at any point after Week 7.

Note 2: If a wrestler weighs in higher than their projected weight as per the safe descent plan, the date in which a wrestler may reach a projected weight will be altered. It is advantageous for all wrestlers to follow their safe descent weight loss plan in order to assure reaching their lowest eligible weight class in time for the individual wrestling championships tournament series, if desired.

VI. APPEAL PROCESS

Any athlete may appeal his/her assessment results one time by reassessment using Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing assessment to determine body fat percentage. Results obtained at this step are automatically accepted; the athlete, family, coach, or school may not appeal further. All costs incurred during the appeal process are the responsibility of those appealing the Initial Assessment. The urine specific gravity testing will be conducted and the athlete will need to have a result of less than or equal to 1.025 in order for the appeal process to proceed.

A. The Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing Assessment shall occur before the wrestler's first Regular Season Contest. Failure to meet these conditions or timelines is cause for denial.

B. If an athlete begins wrestling Practice after the first Regular Season Practice date, they have until the first Regular Season Contest date or 14 days, whichever is longer, to complete the appeal process. Failure to meet these conditions or timelines is cause for denial.

C. PIAA will designate sites at which an appeal assessment can be done. All appeals must be done at a site with Bod Pod or Hydrostatic Weighing Assessment capabilities and by a certified assessor.

D. An appeal can be made after the Initial Assessment and prior to the first Regular Season Contest date.

E. Reassessment includes hydration assessment immediately prior to the body fat assessment at the approved appeal site.

F. If an appeal is made the results of that testing are binding.

G. The growth allowance may not be utilized to achieve a lower certified minimum wrestling weight for a wrestler.

VII. WEIGHT LOSS PER WEEK

A. An average weight loss limit of 1.5% of body weight at the time of Initial Assessment per week has been set. A season long weight loss plan will guide his/her weight loss during the season.

B. The weight loss plan will determine the lowest weight classes at which a wrestler is eligible to compete in each week. A wrestler may be eligible for a higher weight classes based on the actual stripped weight at the time of weigh-ins. Note: If a wrestler weighs in higher than their projected weight as per the safe descent plan, the date in which a wrestler may reach a projected weight will be altered.

C. PENALTY -- A wrestler who participates at a weight class below the eligible weight classes defined by the weight loss plan, before the proper amount of time has passed to achieve the weight class, will be considered an ineligible participant. The penalty (forfeiture) will be consistent with Article XIII, Section 3, of the PIAA By-Laws, for using an ineligible contestant.

The date of your Initial Assessment directly impacts the number of weeks that a wrestler has to complete the weight loss plan. Depending on Initial Assessment date and results, some wrestlers will not achieve minimum wrestling weight within the 14 week time period.

B. **Example of Descent Plan**:

Weight Loss Plan / NWCA Wrestling Weight Certification

Initial weight: **138.9 lbs**
Weight loss per week: **2.08 lbs**

Minimum weight class: **138**

Minimum weight: **137.20**

Final date: **03/12/2016**

Date			Actual Eligible Weight	Eligible Weight Class	Actual Weight
10/28/2015	Initial Assessment	138.90	145	138.90	
10/29/2015	Day 1	138.60	145		
10/30/2015	Day 2	138.30	145		
10/31/2015	Day 3	138.01	145		
11/01/2015	Day 4	137.71	138		
11/02/2015	Day 5	137.41	138		
11/03/2015	Day 6	137.20	138		
11/04/2015	Day 7	137.20	138		
11/05/2015	Day 8	137.20	138		
11/06/2015	Day 9	137.20	138		
11/07/2015	Day 10	137.20	138		
11/08/2015	Day 11	137.20	138		
11/09/2015	Day 12	137.20	138		
11/10/2015	Day 13	137.20	138		
11/11/2015	Day 14	137.20	138		
11/12/2015	Day 15	137.20	138		
11/13/2015	Day 16	137.20	138		
11/14/2015	Day 17	137.20	138		
11/15/2015	Day 18	137.20	138		
11/16/2015	Day 19	137.20	138		

11/17/2015	Day 20	137.20	138	
11/18/2015	Day 21	137.20	138	
11/19/2015	Day 22	137.20	138	
11/20/2015	Day 23	137.20	138	
11/21/2015	Day 24	137.20	138	
11/22/2015	Day 25	137.20	138	
11/23/2015	Day 26	137.20	138	
11/24/2015	Day 27	137.20	138	
11/25/2015	Day 28	137.20	138	
11/26/2015	Day 29	137.20	138	
11/27/2015	Day 30	137.20	138	
11/28/2015	Day 31	137.20	138	
11/29/2015	Day 32	137.20	138	
11/30/2015	Day 33	137.20	138	
12/01/2015	Day 34	137.20	138	
12/02/2015	Day 35	137.20	138	
12/03/2015	Day 36	137.20	138	
12/04/2015	Day 37	137.20	138	137.30
1 lbs consecutive day allowance				
12/05/2015	Day 38	137.20	138	139.00
12/06/2015	Day 39	137.70	138	
12/07/2015	Day 40	137.40	138	
12/08/2015	Day 41	137.20	138	137.40
12/09/2015	Day 42	137.20	138	
12/10/2015	Day 43	137.20	138	137.30
12/11/2015	Day 44	137.20	138	
12/12/2015	Day 45	137.20	138	
12/13/2015	Day 46	137.20	138	
12/14/2015	Day 47	137.20	138	
12/15/2015	Day 48	137.20	138	137.20
12/16/2015	Day 49	137.20	138	

12/17/2015	Day 50	137.20	138	
12/18/2015	Day 51	137.20	138	
12/19/2015	Day 52	137.20	138	
12/20/2015	Day 53	137.20	138	
12/21/2015	Day 54	137.20	138	
12/22/2015	Day 55	137.20	138	137.20
12/23/2015	Day 56	137.20	138	
12/24/2015	Day 57	137.20	138	
2 lbs growth allowance				
12/25/2015	Day 58	137.20	138	
12/26/2015	Day 59	137.20	138	
12/27/2015	Day 60	137.20	138	
12/28/2015	Day 61	137.20	138	
12/29/2015	Day 62	137.20	138	139.90
12/30/2015	Day 63	139.60	138	
12/31/2015	Day 64	139.30	138	
01/01/2016	Day 65	139.01	138	
01/02/2016	Day 66	138.71	138	
01/03/2016	Day 67	138.41	138	
01/04/2016	Day 68	138.11	138	

C. Weight Assessor Information

VIII. ASSESSORS

A. DEFINITIONS

1. Master Assessor: Responsible for the training of assessors. The Master Assessor for the West is Larry Cooper, ATC, Penn Trafford High School Athletic Trainer. The Master Assessor for the East is John Moyer, ATC, Wilson High School Athletic Trainer.

2. Assessor: Trained to conduct initial testing and collect data at their school.

B. TRAINING

1. Persons eligible to be trained are Authorized Medical Examiners (a licensed physician of medicine or osteopathic medicine, a physician assistant certified, a certified registered nurse practitioner, or a school nurse practitioner), certified athletic trainers, school nurses, or other Allied Health Care professionals of member school sport medicine staffs, as determined by the school physician in concurrence with the Principal.

2. The assessor will participate in a training session to become a trained assessor and annual update educational programs to maintain their training.

3. The assessor training will consist of a minimum of two hours of classroom training and one hour of practical training.

4. A fee may be charged to each assessor candidate to attend a training program.

C. COLLECTION

1. The assessor will conduct all required testing.

2. The assessor will be responsible for compiling and entering the measurement results in the NWCA Optimal Performance Calculator on the NWCA Web site within two working days after the Initial Assessment is made.

3. Each trained school assessor and each member school wrestling coach will be assigned codes to access the Optimal Performance Calculator. Information on the dissemination of these codes and specific directions for coaches on the use of the Optimal Performance Calculator will be mailed from the PIAA Office to the attention of the Athletic Director. Trained assessors will receive their codes and specific directions from NWCA.

4. Wrestlers failing the hydration component will not be recorded in the NWCA Optimal Performance Calculator.

5. No other testing will be conducted with the urine sample. A digital or optical refractometer that measures specific gravity shall be used.

Skin Infection Guidelines

- Examination can be performed easily
- Attention to skin can minimize outbreaks of infections among teammates & loss of participation in sports
- The LAT staff will perform skin checks at least 2 X per week to help limit and prevent the spread of skin infections.

Prevention

- Daily skin surveillance
- Education: athletes/coaches basic first aid training
- Decrease risk autoinoculation by covering affected areas of traumatized skin.
- Trained personnel: perform scheduled maintenance and cleaning of equipment, uniforms and personal protective gear.
- Minimal of Bi-weekly skin checks to identify any potential skin conditions.
- Athlete's early recognition of skin conditions to decrease the spread of disease to others.

D. NATA Position Statement Review: Skin Diseases

Recommendations

The NATA suggests the following guidelines for Prevention, Recognition, and Management of athletes with skin infections:

I. Prevention

a. Organizational support must be adequate and is necessary to limit the spread of infectious agents.
b. The administration must provide necessary resources to maintain infection control and develop a comprehensive infection control plan that involves medical staff, coaching staff, and custodial staff. The infection control plan should be included in the institutions policies and procedures manual.
c. Provide adequate hygiene materials to the athletes including but not limited antimicrobial liquid soap in the shower and sink areas.
d. Athletic Departments should consider contracting services with a dermatologist to assist with diagnosis, treatment, and implementation of infection control plans.

e. A clean environment must be maintained in the athletic training facility, locker rooms, and all athletic venues.
   1. Cleaning and disinfecting these areas on a daily or regular basis
   2. Utilizing a detailed and documented cleaning schedule for all areas.
   3. The types of disinfectant and detergents selected for routine cleaning should be products registered with the EPA.

f. Healthcare practitioners and athletes should practice good hand washing techniques and better overall hygiene practices.
   1. Correct hand-washing technique utilizing an acceptable antimicrobial cleanser. Hands should be decontaminated before and after touching the exposed skin of an athlete and after removing gloves.
   2. Athletes should be encouraged to shower after every practice and competition with an antimicrobial soap and water.
   3. Athletes should refrain from cosmetic body shaving.
   4. Soiled linen, including practice gear, undergarments, outerwear, and uniforms should be laundered on a daily basis. Equipment including knee and elbow sleeves and braces should be disinfected in the manufacturers recommended manner on a daily basis.
   5. Athletes should not share towels, athletic gear, water bottles, disposable razors, and hair clippers.
   6. Athletes with open wounds, scrapes, and scratches should avoid whirlpools and common tubs.
   7. Athletes should be encouraged to report all abrasions, cuts, and skin lesions to medical staff for proper cleansing, treatment, and dressing. Skin lesions should be covered with a semi occlusive or occlusive dressing to prevent further infection and contamination.

II. <u>Education</u>

a. The sports medicine staff must provide an opportunity to provide information to coaches, athletes, and parents to educate them on the institutions infection control plan.

b. Administrators, medical staff, support staff, custodial staff and coaches must be informed of the importance of institutional support for maintaining a proper infection control plan in all school and athletic venues.

c. Coaches need to be vigilant with their athletes regarding information relating to the infection control plan and providing guidelines for them to minimize the transmission of infectious agents.

d. Athletes need to be educated on their role in minimizing the spread of infectious diseases as outlined in the prevention strategies of the infection control plan.

III. Management of Infectious Diseases

a. Proper management is necessary in the diagnosis, treatment, and the development of criteria for return to competition relating to Infectious diseases including, but not limited to, fungal infections, viral infections, and bacterial infections.

b. Athletes should be encouraged to inform the sports medicine staff about any and all suspected skin lesions or diseases. This will help determine the appropriate follow up care necessary and limit the exposure of staff and other athletes from contracting the possible infectious disease.

c. Athletes should be referred to their attending physician or contracted dermatologist, associated with the institution, for proper follow up, treatment, and to determine return to play in their particular activity or sport.

d. The sports medicine staff should perform routine skin examinations for wrestling athletes on regular basis or minimally bi-weekly during the competition season as an added preventative practice against any impending infectious skin disease.

e. Please see attached tables outlining the type of infection, diagnosis, treatment, and criteria for return to competition.

Infection	Diagnosis	Treatment	Criteria for RTP
Fungal/ Tinea Capitus	Culture of Lesion/KOH Preparation	Systemic Antifungal Agents/Sulfide Shampoo	2 weeks minimum of systemic antifungal therapy
Fungal/ Tinea Corporis	Culture/KOH Prep	Topical Treatment/Cidal Antifungal for localized lesions/ Systemic Antifungal Agent if Diffuse	Use of topical antifungal for 72 hrs and lesions must be covered with occlusive dressing
Viral/Herpes Simplex	Culture/Tzanck Smear	Oral Antiviral Medication	Free of symptoms and malaise, developed no blisters for 72 hrs, crusted over lesions, 120 hrs of systemic antiviral therapy, active lesions cannot be covered to allow particip.
Viral/ Molluscum Contagiosum	Microscopic Inspection	Physical Destruction of Lesions with sharp curette.	Lesions curetted and covered with occlusive dressing
Bacterial/ Impetigo	Culture of Lesion	Topical Mupirocin, Fusidic Acid, and Retapamulin	No new skin lesions for 48 hrs, completion of 72 hour course of directed antibiotic therapy, no further drainage or exudate from wounds, Active infection may not be covered to return to competition
Bacterial/ Folliculitis/Furuncles/Carbuncles	Appearance of Lesions/ Culture of Lesion	Referred to Physician for incision, drainage, and culture along with Antibiotic Therapy to control local cellulitis	No new skin lesions for @ least 48 hrs, completion of 72 hrs of directed antibiotic therapy, no further drainage or exudate, active infection may not be covered for Competition.
Bacterial/ Methicillin-resistant Staphylococcus Aureus (MRSA)	Includes MRSA, Reports of “Spider Bites”, Culture of Lesion	Recognition and Referral are paramount in these cases, Athletes with these suspected lesions must be isolated from other team members, Directed Antibiotic Therapy	No new skin lesions for at least 48 hrs, Completion of 72 hr course of antibiotic therapy, no further drainage or exudate from the wound, Active infections may not be covered for competition

Information related to types of skin infections

1. **Fungal infections**

Tinea capitis- Often presents as gray, scaly patches accompanied by mild hair loss

Tinea corporis- Presents with a well-defined, round, erythematous, scaly plaque with raised borders; however, tinea corporis gladiatorum (tinea corporis in wrestlers) frequently presents with a more irregular lesion

2. **Viral infections**

Herpes simplex Lesions- Typically found on the head, face, neck, or upper extremities and present as clustered, tense vesicles on an erythematous base.

Molluscum contagiosum Typically presents as umbilicated, or delled, flesh-colored to light-pink pearly papules, measuring 1–10 mm in diameter.

3. **Bacterial infections**

Impetigo Bullous impetigo- Presents on the trunk or the extremities with raised blisters that rupture easily, resulting in moist erosions surrounded by a scaly rim.

Nonbullous impetigo- Presents with thin- walled vesicles that rupture into a honey-colored crust.

Folliculitis- Presents as papules and pustules at the base of hair follicles, especially in areas that have been shaved, taped, or abraded.

Furuncles, carbuncles Furuncles present as tender areas that, over several days, develop a reddened nodular swelling, while carbuncles present as the coalescence of multiple furuncles in a deep, communicating, purulent mass.

MRSA CA-MRSA initially presents similarly to other bacterial infections. Furuncles, carbuncles, and abscesses are the most frequent clinical manifestations. Often CA-MRSA lesions are confused with spider bites. Lesions may begin as small pustules that develop into larger pustules or abscesses with areas of erythema and some tissue necrosis.

NFHS MEDICAL RELEASE FORM
FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

- The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model which has been adopted by PIAA. The NFHS Sports Medicine Advisory Committee (SMAC) conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

- Neither the NFHS nor the NFHS SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and appropriate health-care professionals that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

- Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
- Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
- Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing "return to competition forms". Consistent use of these guidelines should reduce the likelihood wrestlers catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.
- Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

- Each state association needs to determine which appropriate health-care professional can sign off on this form.
- Ensure that appropriate health-care professionals will understand that covering a contagious lesion is not a permitted option. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
- Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should mitigate the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
- Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.

- Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
- Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully

Communicable skin disease form can be found on the PIAA website at:

PIAA.org PIAA - Resources - Forms - 29 KB

12/12/2006 Communicable **Skin Disease Form** 99 KB

Special Conditions Policies

XIII. Special Considerations guidelines and Information

A. Automated External Defibrillator (AED) Policy

Automated External Defibrillators (AEDs) have been shown in a variety of cases to greatly increase the chance of survival during a cardiac emergency. Every minute that defibrillation is delayed decreases the victim's chance for survival by 10 percent. Both the American Red Cross and American Heart Association support the use of AEDs and suggest they be present and available as much as possible.

"Cardiac Chain of Survival" The American Red Cross (ARC) and American Heart Association (AHA) suggest a "Cardiac Chain of Survival" that must be implemented in order to maximize a victim's chance of survival.

These steps include:

1. Early recognition and early access to Emergency Medical Services (EMS)
2. Early CPR
3. Early defibrillation (AED)
4. Early advanced medical care

Cardiopulmonary Resuscitation (CPR) helps to supply oxygen to the brain and other vital organs. It also increases the chance for a shockable heart rhythm once the AED arrives, especially if it is more than 4 minutes since the victim collapsed.

An AED is a machine used to analyze a victim's heart rhythm and deliver a shock, if necessary. The shock that is delivered is called defibrillation. The two most common shockable abnormal rhythms are ventricular fibrillation (V-fib) and ventricular tachycardia (V-tach). Not all heart rhythms are shockable and defibrillation is not designed to restart a heart that has no electrical activity.

Indications and Contraindications of using an AED

There are several indications and contraindications that a rescuer should be aware of before using and AED:

Indications:

1. AEDs should only be used when a victim is unconscious and presents with no breathing and no pulse.

Contraindications:

1. AEDs should NOT be used on children under 8 years of age or less than 55 pounds UNLESS you are using a pediatric AED or pediatric pads.
2. The AED should be not used if the victim is lying in water or is wet. The victim should be moved to dry ground and dried off.
3. All clothing and metal should be removed from the victim's chest and the chest should be wiped dry. However, do NOT use alcohol pads to dry the victim's chest.
4. No one should touch the victim while the AED is analyzing a victim's heart rhythm or defibrillating.

5. All nitroglycerin patches or other patches on the chests should be removed with a glove before using the AED.
6. Cell phones should not be used within 6 feet of the AED.
7. The AED should not be used around flammable materials.

General steps and protocols for using an AED:

The general steps recommended by the ARC and AHA for using an AED, regardless of the brand:

1. Turn on the AED.
2. Wipe the victim's chest dry
3. Attach the pads (one pad upper right chest and one pad lower left chest)
4. Plug the connector into the AED, if necessary.
5. Make sure no one, including the rescuer, is touching the victim.
6. Push the "analyze" button, if necessary.
7. If a shock is advised, push the "shock" button.

In 2005, the ARC and AHA created a new protocol for use of the AED

Once the AED is attached and analyzes the heart rhythm, it will either shock the victim or state "no shock advised". If no shock is advised, the rescuer should give two minutes of CPR and then have the AED reanalyze the victim. If a shock is advised, the AED will only give one shock. After the one shock, the rescuer should give two minutes of CPR and then have the AED reanalyze.

There is always one AED that is permanently housed near each gymnasium in the high school and Wingate Elementary School. We also have one AED that is kept in the athletic training room and is taken to Alumni Stadium and taken to the Baseball and Softball Fields by the LAT staff during home athletic contests. Every AED is inspected on a regular basis and inspections are set up, conducted, and documented by Cindi Stanton, School Nurse. Monthly and yearly reviews will be conducted to ensure that all AEDs are updated with the most current protocols and that supply equals potential demand.

B. Asthma and Metered Dose Inhaler Policy

The following policy was developed to provide standard guidelines for the acute care of an asthma attack. The Bald Eagle Area School District has developed the following asthma action plan for managing and urgently referring all patients who may experience significant or life-threatening attacks. This plan is based on the recommendations contained in the National Athletic Trainers Association Position Statement regarding the Management of Asthma in Athletes.

Asthma

Although the exact causes of asthma are unknown, several factors, including exercise, may induce an asthma attack. The majority of patients with asthma and patients with allergies will have exercise-induced bronchospasm (EIB). Athletes are more often seen with asthmatic symptoms than expected from the general population (23% vs. 4%, respectively), perhaps because of their repeated and strong exposure to aeroallergens and/or cold air during exercise and loss of heat and water. This effect results in heightened bronchial hypersensitivity. EIB usually occurs during or minutes after vigorous activity, reaches its peak 5-10 minutes after stopping the activity, and usually resolves in another 20-30 minutes.

Procedures and guidelines:

All athletes must receive pre-participation screening evaluations and peak flow assessment sufficient to identify the possible presence of asthma. This should be done through testing and examination by their attending family physician.

Athletic trainers should be aware of the major signs and symptoms suggesting asthma, as well as the following associated conditions:

a. Chest tightness

b. Persistent Coughing

c. Prolonged shortness of breath

d. Difficulty sleeping

e. Wheezing (especially after exercise)

f. Inability to catch one's breathe

g. Physical activities affected by breathing difficulty

h. Use of accessory muscles to breathe

i. Breathing difficulty upon awakening in the morning

j. Breathing difficulty when exposed to certain allergens or irritants

k. Exercise-induced symptoms, such as coughing or wheezing

m. Family history of asthma

n. Personal history of atopy, including atopic dermatitis/eczema or hay fever (allergic rhinitis)

The following screening questions can be asked to seek evidence of asthma:

a. Does the patient have breathing attacks consisting of coughing, wheezing, chest tightness, or shortness of breath?

b. Does the patient have coughing, wheezing, chest tightness, or shortness of breath at night?

c. Does the patient have coughing, wheezing, chest tightness, or shortness of breath after exercise?

d. Does the patient have coughing, wheezing, chest tightness, or shortness of breath after exposure to allergens or pollutants?

e. Which pharmacologic treatments for asthma or allergic rhinitis, if any, were given in the past, and were they successful?

Athletic trainers should incorporate into the existing emergency action plan an asthma action plan for managing and urgently referring all patients who may experience significant or life threatening attacks of breathing difficulties.

- All patients with asthma should have a rescue inhaler available during games and practices, and the certified athletic trainer should have an extra rescue inhaler for administration during emergencies.
- Patients with asthma should have follow-up examinations at regular intervals. (612 months) 7. Athletic trainers should understand the various types of pharmacologic strategies used for short and long acting B2 agonists.
- Patients with past allergic reactions or intolerance to aspirin or NSAIDs should be identified.
- Patients who are experiencing any degree of respiratory distress (including a significant increase in wheezing or chest tightness, a respiratory rate greater that 25 breaths per minute, inability to speak in full sentences, uncontrolled cough, significantly prolonged expiration phase of breathing, nasal flaring, or paradoxic abdominal movement) should be referred rapidly to an emergency department or to their personal physicians for further evaluation and treatment.
- Referral to an emergency room or equivalent facility should be sought urgently if the patient is exhibiting signs of impending respiratory failure.
- The athletic trainer should be aware of the various Web sites that provide general information and frequently asked questions on asthma and EIA.
- **References for information**:
  American Academy of Allergy, Asthma and Immunology (www.aaaai.org)
  American Thoracic Society (www.thoracic.org)
  Asthma and Allergy Foundation of America (www.aafa.org)
  American College of Allergy, Asthma, and Immunology (www.acaai.org)

1. HOW TO USE A PEAK FLOW METER

Peak expiratory flow rate (PEFR) monitoring should be performed on a regular basis, even when asthma symptoms are not present. PEFR should also be checked if symptoms of coughing, wheezing, or shortness of breath develops. Patients should demonstrate PEFR measurement with their healthcare provider to verify that their technique is accurate.

Different brands of peak flow meters have unique features; however, these general instructions can be adapted to an individual's peak flow meter.

Most accurate readings/Steps for PEFR Measurement

There are several steps that are important to make sure the peak flow meter records an accurate value:

- The peak flow meter should read zero or its lowest reading when not in use
- Use the peak flow meter while standing up straight
- Take in as deep a breath as possible
- Place the peak flow meter in the mouth, with the tongue under the mouthpiece
- Close the lips tightly around the mouthpiece Blow out as hard and fast as possible
- Breathe a few normal breaths and then repeat the process two more times. Write down the highest number obtained. Do not average the numbers.

- The test should be repeated if the tongue partially blocks the mouthpiece or if the patient coughs or spits during the test. Most peak flow meters need to be cleaned periodically; cleaning instructions should be available when the unit is purchased.

Establishing a baseline measurement:

There is no PEFR that is normal for everyone. For this reason, it is important to determine what PEFR value is normal for each individual.

To determine an individual patient's normal PEFR, they should measure their PEFR when they have no asthma symptoms. Three PEFR measurements should be done with the same peak flow meter two to four times daily for two to three weeks. For long term management, most clinicians will recommend testing once per day, usually in the morning.

The patient should note the highest PEFR measure achieved; this is the "personal best" PEFR. This number is used to determine if future PEFR readings are normal or low, and is also used to create a normal PEFR range (between 80 and 100 percent of the personal best PEFR).

Readings below the normal range are a sign of airway narrowing in the lungs. A low PEFR can occur before asthma symptoms such as wheezing or shortness of breath develop.

A personal best PEFR value should be remeasured each year to account for growth (in children) or changes in the disease (in both children and adults). In addition, home PEFR measurements should be verified with readings taken with equipment in a healthcare provider's office since this equipment is more sensitive.

The action plan:

Once the normal range can be established, the healthcare provider will provide tailored guidelines (also called an action plan) to follow when the PEFR begins to decrease.

Peak expiratory flow rates are divided into three zones which are assigned colors similar to those of a traffic light.

These zones can be used to make decisions about the need for treatment:

1. **GREEN** (80 to 100 percent of personal best) signals that the lungs are functioning well. When readings are within this range and symptoms are not present, patients should continue their regular medicines and activities.
2. **YELLOW** (50 to 80 percent of personal best) is a sign that the airways in the lungs are somewhat narrowed, making it difficult to move air in and out. A short term change or increase in medication is generally required. Patients should change or increase their medication to reverse airway narrowing according to the treatment recommendations previously discussed with their provider.
3. **RED** (below 50 percent of personal best) is a sign that the airways are significantly narrowed and requires immediate treatment. The "rescue" inhaler should be used according to the treatment recommendation previously discussed with the provider. PEFR should be rechecked 10 to 15 minutes after the rescue medication is used. If the PEFR improves, the patient should monitor their PEFR throughout the day. The healthcare provider should be contacted after the patient improves; daily medication may be changed or increased.

- It is the athlete's responsibility to have their inhaler at all athletic activities and to provide a separate inhaler with the supervising athletic trainer at the event or placed in the team's emergency medical kit.
- The athlete must notify the sports medicine staff if they are suffering increased symptoms associated with their asthma and of all asthma attacks.
- If an athlete suffers an asthma attack strong enough to warrant use of their rescue inhaler, the athlete is not permitted to return to practice or competition on that day until they can perform a peak flow measurement that is at least 80% of their established baseline reading.

2. NATA Official Statement-Management of Asthma in Athletes
www.nata.org/publicinformation/files/asthma.pdf

Asthma Medications Depending on the severity of asthma, medications can be taken on an as-needed basis (prn) or regularly to prevent or decrease breathing difficulty. Most of the medications fall into two major groups: quick relief medications and long-term control medications.

Quick relief medications are used to treat asthma symptoms or an asthma episode. The most common quick relief medications, the short-acting beta-agonists, relieve asthma symptoms by relaxing the smooth muscles around the airways. Common beta-agonists include Proventil and Ventolin (albuterol), Maxair (pirbuterol), and Alupent (metaproterenol). Atrovent (ipatroprium), an anticholinergic, is a quick relief medication that opens the airways by blocking reflexes through nerves that control the smooth muscle around the airways. Steroid pills and syrups, such as Deltasone (prednisone), Medrol (methylprednisolone), and Prelone or Pediapred (prednisolone) are very effective at reducing swelling and mucus production in the airways; however, these medications take 48-72 hours to take effect. B. Long-term control medications are used daily to maintain control of asthma and prevent asthma symptoms. Intal (cromolyn sodium) and Tilade (nedocromil) are long term control medications which help prevent swelling in the airways. Inhaled steroids are also long-term control medications. In addition to preventing swelling, they also reduce swelling inside the airways and may decrease mucus production. Common inhaled steroids include Vanceril, Vanceril DS, Beclovent, and Beclovent DS (beclomethasone), Azmacort (triamcinolone), Aerobid (flunisolide), Flovent (fluticasone) and Pulmicort (budesonide). Leukotriene modifiers are new long-term control medications. They may reduce swelling inside the airways and relax smooth muscles around the airways. Common leukotriene modifiers include Accolate (zafirlukast), Zyflo (zileuton) and Singulair (muntelukast). Another long-term control medication, Theophylline, relaxes the smooth muscle around the airways. Common theophyllines in oral form include Theo-Dur, Slo-Bid, Uniphyl and UniDur. Serevent (salmeterol), in inhaler form, is also a long-term control medication. As a long-acting betaantagonist, it opens the airways in the lungs by relaxing smooth muscle around the airways. C. Inhaled Medications Inhaled medications are delivered directly to the airways, which is useful for lung disease. Aerosol devices for inhaled medications may include the metered-dose inhaler (MDI), MDI with spacer, breath activated MDI, dry powder inhaler or nebulizer.

The most commonly used inhaled medications are delivered by the MDI, with or without the spacer. There are few side-effects because the medicine goes right to the lungs and not to other parts of the body. It is critical that the patient use the prescribed MDI correctly to get the full dosage and benefit from the medication. Unless the inhaler is used in the right manner much of the medicine may end up on the patient's tongue, the back of their throat, or in the air. Use of a spacer or holding chamber helps significantly with this problem and their use is strongly recommended. A spacer is a device that attaches to a MDI. It holds the medication in its chamber long enough for the patient to inhale it in one or two slow deep breaths.

Use of Inhalers

The Sports Medicine staff may assist a student-athlete in the use of a prescribed MDI as follows:

1. Remove the cap and hold the inhaler upright.

2. Shake the inhaler.

3. Tilt your head back slightly and breathe out.

4. Hold the inhaler as in one of the pictures to the right. A or B are the most effective, but C is okay for people who are unable to use A or B.

5. Spacers are useful for all patients, especially young children and older adults

6. Press down on the inhaler to release the medicine as you start to breathe in slowly.

7. Breathe in slowly for 3 to 5 seconds.

8. Hold your breath for 10 seconds to allow medicine to go deeply into your lungs.

9. Repeat puffs as directed. Wait 1 minute between puffs to allow the second puff to get into the lungs better.

To Use an MDI with a Spacer:

1. Remove the caps from the MDI and spacer device. Shake the MDI well.

2. Insert the MDI into the open end of the spacer, which is opposite the mouthpiece.

3. Place the mouthpiece of the spacer between your teeth and seal your lips tightly around it.

4. Breathe out completely.

5. Press the canister once to release the medicine. The medicine will be trapped in the spacer.

6. Breathe in slowly and completely through your mouth. With some spacers, you will hear a horn like sound if you are breathing too quickly. This means you need to slow down on your next breath.

7. Hold your breath for at least 10 seconds to allow the medication to deposit in your lungs.

8. Wait for about one minute and then repeat Steps 1-7 for every puff of medication ordered.

9. Replace the caps on your MDI and spacer when finished.

10. If you are using an MDI that contains a steroid, gargle and rinse your mouth with water or mouthwash after each use.

Basic Life Support Treatment for Severe Asthma

Student-athletes/patients who have progressed to severe asthma experience a combination of the following: shortness of breath (>30 respirations/min), mental status changes (anxious, confused, combative, and drowsy), inability to speak in sentences, sweaty and unable to lie down.

If the patient is not responding to or is unable to properly use their MDI, the sports medicine staff/physician should:

1. Call EMS (if not on site or in route)
2. Maintain a patent airway
3. Be prepared to assist ventilation with positive pressure ventilation with bag-valve mask
4. Administer epinephrine by a prescribed auto-injector (refer to epi-pen policy)
5. Initiate early emergency transport

C. Diabetic Athlete Policy

This policy will define diabetes, including its signs and symptoms, and associated risks. In addition, it will identify strategies for managing and treating athletes with diabetes. Lastly, the policy will include recommendations for the diabetic athlete.

Diabetes

A chronic metabolic disorder in which the body does not produce sufficient amounts of insulin or does not use it properly. Insulin, a hormone that is normally produced within the body, is responsible for carbohydrate (CHO) metabolism. It does this by facilitating glucose (sugar) uptake within the body's cells. Diabetics typically experience abnormally high blood glucose levels since insulin is not capable of delivering glucose to the body's tissues. Diabetics can experience very high and low blood glucose levels because of this insulin/glucose uncoupling. Chronic elevated levels of blood glucose can lead to serious damage in several of the body's systems.

There are two types of Diabetes, Type I (insulin dependent) or Type II (non-insulin dependent). Type I diabetes is characterized by decreased insulin production and it is prevalent among children and young adults. Its onset is often sudden and may follow an acute viral flu illness. Most collegiate athletes with diabetes will present as Type I diabetics.

Type II diabetes is characterized by the body's inability to utilize insulin, leading to insulin resistance. Its onset and symptoms are gradual. Potential risk factors associated with Type II diabetes include age, obesity, minority ethnicity, and family history.

Signs & Symptoms:

Fatigue, Visual changes, Excessive hunger, Extreme thirst, Frequent urination, Weight loss

(Type I)

Acute complications/Potential risks Diabetic ketoacidosis (DKA):

A buildup of ketones caused by the metabolism of fat for energy. This occurs more frequently in Type I diabetics, and it can become a potentially life threatening condition.

Hypoglycemia:

Characterized by abnormally low levels of blood glucose (< 70mg/dL). This is the most common risk. Factors that affect blood glucose levels during exercise include time and content of the previous meal; time, dosage and type of medication; and type of activity.

Signs & symptoms:

Shakiness, Sweating, Tachycardia, Difficulty concentrating, Headache, Dizziness, Mood changes, tingling in the face, tongue, and lips

Hyperglycemia:

Characterized by abnormally high levels of blood glucose (> 250mg/dL).

Signs & symptoms:

Headache, Blurry vision, Sleepiness, Increased thirst, Increased urination

Management of Type I Diabetes:

The primary goal of diabetes management is to maintain blood glucose levels around 80-120mg/dL with Insulin, Dietary modifications, and Exercise

Exercise in the Diabetic

- Increases glucose usage and therefore decreased glucose excess
- Facilitates fat loss which can lead to decreased insulin resistance
- Enhances psychological well-being

- Exercise in the Type I Diabetic If the diabetic athlete initiates exercise with elevated insulin levels (i.e., from medication), there exists a greater potential for hypoglycemia since both the exercise will stimulate glucose use and the high insulin levels will stimulate glucose use/uptake. Conversely, exercise may lead to an additional rise in blood glucose if it is already elevated prior to activity. This elevation prior to activity could be indicative of insufficient insulin potentially caused by illness or a missed dose of medication.

Recommendations for Diabetic Athletes

1. Wear diabetic ID

2. Avoid exercising at peak of insulin action

3. Adjust carbohydrate or insulin dosage prior to exercise to match expected glucose expenditure

4. Assess blood sugar before, during, and after exercise

5. Drink adequate fluids, especially during hot/humid climate

6. Have access to fast acting carbohydrate during exercise in case sugar level begins to drop

7. Have blood glucose testing equipment available

Role of the Athletic Training Staff

1. LAT identifies any athlete with history of diabetes during preseason screening
2. Attending/family physician screens diabetic athlete
3. LAT, team physician, athlete, and coach communicate about history and management strategies
4. LAT reviews Sports Medicine policy pertaining to diabetic athletes and implements all recommendations
5. All diabetic emergencies are communicated to the student-athlete's attending physician

Treatment strategies

Hypoglycemia- Ingestion of 10-15g of fast acting CHO to avoid foods that are high in fat because they interfere with sugar absorption 15 minutes after ingestion, reassess blood glucose levels. The goal is to achieve blood glucose >70mg/Dl. Administer glucagon injection if the athlete is unable to swallow voluntarily. LAT must be familiar with process as part of preseason identification.

D. Blood Donation Recommendations and Guidelines

Your blood is composed of formed elements, which include red blood cells, and plasma, which is the fluid portion. Your red blood cells carry oxygen to the various areas of your body, including your working muscles during exercise. When you donate one unit of blood, you typically lose 8 to 10 percent of your total blood volume. This means that your body's ability to transport oxygen may be affected. Your plasma levels normally return to pre-donation levels within a couple of days, especially if you stay hydrated. The formed elements can take up to six weeks or more to return to normal levels, which is why you have to wait a period before you can donate again.

General Exercise

The American Red Cross suggests that blood donors wait at least five hours after their appointment to participate in strenuous exercise or heavy lifting. Based on this suggestion, you may be able to participate in some light to moderate aerobic activity shortly after donating. However, it is important that you follow the advice of the American Red Cross and drink plenty of fluids before and after your appointment to make up for your lost blood plasma. Exercising while dehydrated is not recommended. You may also find it helpful to ingest some carbohydrates immediately after you give blood. This can combat any drop in blood sugar that may happen after your donation.

Performance

If you are training for an endurance event, your aerobic performance may be affected after your bloodqewrpoiurweq donation. Endurance training relies highly on your body's ability to carry and use oxygen to create energy. If your oxygen-carrying capacity has been lowered and your plasma levels are also reduced, you may not be able to perform at your optimal level. Elite athletes may see a difference in performance until their red blood cells return to pre-donation levels. Avoid scheduling a blood donation within one to two months of your event.

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Athletes vs Non-athletes

A pint donation of blood, reduces blood volume levels by about 10 percent. Blood cells regenerate, returning blood levels back to normal after about 48 hours. However, the level of blood hemoglobin, your body's oxygen transport mechanism, typically does not recover for up to three to four weeks after donating, so competitive athletes may observe a slight decrease in physical performance during that time period.

- **For noncompetitive athletes and casual exercisers, the American Red Cross advises avoiding strenuous physical activity and heavy weight lifting for about five hours after donation.**

- Central Blood Bank suggests that light exercise is safe, **but strenuous exercise and heavy weight lifting should be avoided for at least 24 hours**. Based on these suggestions, light exercise may be safe after donating, but you should cautiously ease back into your regular exercise routine to reduce your risk of injury or incident.

Considerations

If you feel dizzy or lightheaded during or after post-donation exercise, lie down and elevate your feet. Make sure that you are drinking fluids and contact your donation center or health-care provider if you are concerned about any symptoms. Many blood donors find that they need to reduce the intensity or the duration of their first few post-donation exercise sessions.

E. Hydration/Fluid Replacement Policy

The following policy on fluid replacement and rehydration has been developed in accordance with jkl;\fsdarecommendations by the NATA. Student-athletes who are exposed to prolonged practices and competitions in an excessively hot and humid environment may be deprived of essential fluids and electrolytes that can ultimately lead to dehydration and potential heat illness.

It has been demonstrated that dehydration of just 1-2% of body weight can negatively influence an athlete's performance. Athletes who are not properly hydrated prior to the start of practice or competition can begin to notice the signs of dehydration less than one hour or sooner into exercise. Dehydration has been identified as an increased risk factor for athletes developing heat-related illness such as heat cramps, heat exhaustion, and the potentially life-threatening heat stroke.

SIGNS AND SYMPTOMS OF DEHYDRATION:

Staff athletic trainers and athletic training students need to be aware of the signs and symptoms of dehydration to properly recognize and intervene on behalf of the student athlete.

Signs and Symptoms are:

Thirst, Irritability, Headache, Weakness, Dizziness, Nausea, Cramp

REHYDRATION GUIDELINES

The following guidelines are based on nationally accepted criteria.

Prior to Exercise:

1. All athletes should be encouraged to drink 17-20 ounces of water or sports beverage 2-3 hours - before exercise.
2. 10-20 minutes before the beginning of practice or competition athletes should be encouraged to drink an additional 7-10 ounces of water or sports beverage.

During Exercise:

1. Encourage athletes to drink early and often. Drink 7-10 ounces of water or sports beverage every 10-20 minutes.
2. It is important to stress to the athletes to drink prior to becoming thirsty. An athlete who is thirsty may already be in the early stages of dehydration.

After Exercise:

1. Encourage athletes to replace any fluid loss due to sweating within 2 hours from the end of exercise. Encourage them to drink 20-24 ounces of fluid for every pound of weight lost.
2. Isotonic or sport beverages should contain a carbohydrate level of no more than 8%. A higher carbohydrate level can retard fluid absorption and cause stomach problems.
3. Fruit juices, carbohydrate gels, and soda should not be recommended as the sole rehydration beverage of choice. Beverages containing caffeine, alcohol, or carbonation should be avoided and discouraged due to their diuretic effects and decreased fluid retention.

NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) RELEASES "PRESEASON HEAT-ACCLIMATIZATION GUIDELINES FOR SECONDARY SCHOOL ATHLETICS" CONSENSUS STATEMENT

Key strategies offered to reduce the number of heat-related athletic injuries among secondary school student athletes

NBA Hall of Famer George Gervin, founder of San Antonio charter school and youth center, to participate

SAN ANTONIO, TEXAS, June 18, 2009 – As part of an ongoing effort to reduce the number of heat-related athletic injuries in secondary schools, today at its 60th annual meeting and clinical symposia at the Henry B. Gonzales Convention Center in San Antonio, the National Athletic Trainers' Association (NATA) released an inter-association task force consensus statement which includes comprehensive recommendations on heat-acclimatization guidelines for secondary school athletics programs. The statement appears in the June 2009 issue of the *Journal of Athletic Training*, NATA's scientific publication.

An electronic version of the complete statement is available at http://www.nata.org/jat/readers/archives/44.3/attr-44-03-332.pdf.

Nearly 7 million high school students nationally participate in sports, with an estimated 715,000 high school sport-related injuries occur each year. If athletes are not properly acclimatized for play and treated properly, they can have chronic if not fatal consequences. With the proliferation of deaths in recent years from heat-related illnesses, this is believed to be the first ever set of high school-specific guidelines published in a scientific journal, and is critical education for student athletes, parents, coaches, athletic trainers, medical professionals and school staff on measures that can reduce the risk of these illnesses.

Athletic trainer Douglas J. Casa, PhD, ATC, FACSM, FNATA, co-chair of the task force and director of athletic training education at the University of Connecticut, revealed that "when an athlete undergoes a proper heat-acclimatization program, the body's response to exercise and heat is improved, while athletes not following a proper program face measurable risks for heat illness. A proper plan in secondary school athletic programs is essential to minimize these risks."

According to a presentation given by Francis G. O'Connor, MD, MPH, president-elect of the American Medical Society for Sports Medicine, associate professor at the Uniformed Services University and medical director for the Consortium on Health and Military Performance, "exertional heat stroke is the leading cause of preventable non-traumatic exertional sudden death for young athletes in the U.S., and studies strongly suggest that heat acclimatization appears to be one of the best strategies for reducing the risk of heat illness." NATA Press Release, Page 2 of 3.

The 14-Day Heat Acclimatization Period

The heat-acclimatization period is defined as the initial 14 consecutive days of preseason practice for all student athletes. The goal of the acclimatization period is to increase exercise heat tolerance and enhance the ability to exercise safely and effectively in warm and hot conditions. This period should begin on the first day of practice or conditioning, prior to the start of the regular season. Any practices or conditioning conducted before this time should not be considered a part of the heat-acclimatization period.

Regardless of the conditioning program and conditioning status leading up to the first formal practice, all student athletes (including those who arrive at preseason practice after the first day of practice) should follow the 14-day heat-acclimatization plan.

David Csillan, MS, LAT, ATC, co-chair of the task force and an athletic trainer at Ewing High School in Ewing, N.J., knows first-hand the dangers of heat illness in secondary students. According to Csillan, “these recommendations are only minimum standards, based on the best heat-acclimatization evidence available. Following these guidelines provides all secondary school athletes an opportunity to train safely and effectively during the preseason practice period.” He also underscored the importance of a pre-participation medical examination administered by a physician for all student athletes.

George “Iceman” Gervin, a retired San Antonio Spurs player, NBA Hall of Fame recipient and champion of youth education and activities, supported the recommendations and important sports safety education. Gervin has founded a charter school and youth center, among other programs in the local community. “As someone who is committed to helping shape the future of our youth today – on and off the field and court – I applaud NATA and the other participating organizations on this important information. Here in San Antonio, we are making great \;lkjstrides to address youth wellness.”

Other speakers included Paul Saenz, DO, San Antonio Spurs team physician, who addressed the importance of these recommendations for all ages and levels of sport, from amateur to elite. “An integral part of these recommendations is to ensure all athletes are also well hydrated and that appropriate ventilation for indoor workout facilities and gyms are made available,” he said.

Lynn Hickey, director of athletics at the University of Texas San Antonio applauded the guidelines. She reinforced the importance of sports safety in secondary school sports and how vital this information is in college as well. “It is never too early to begin putting these guidelines into effect to ensure good health and safe sports participation.”

Consensus Statement Recommendations

The consensus statement lists seven key recommendations for a 14-day heat-acclimatization period prior to full-scale athletic participation by secondary school students, as follows:

1. During the first five days of the heat-acclimatization process, athletes may not participate in more than one practice per day.

2. If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe, but total practice time should not exceed three hours per day.

3. A one-hour maximum walk-through is permitted during the first five days of the heat-acclimatization period; however, a three-hour recovery period should be inserted between the practice and walk-through (or vice versa).

4. During the first two days of the heat-acclimatization period, in sports requiring helmets or shoulder pads, a helmet should be the only protective equipment permitted (goalies, as in the case of field hockey and related sports, should not wear full protective gear or perform activities that would require protective equipment). During days three through five, only helmets and shoulder pads should be worn. Beginning on day six, all protective equipment may be worn and full contact may begin.

5. Beginning no earlier than the sixth day and continuing through the 14th day, double-practice days must be followed by a single-practice day. On single-practice days, one walk-through is permitted, but it must be separated from the practice by at least three hours of continuous rest. When a double-practice day is followed by a rest day, another double-practice day is permitted after the rest day.

6. On a double-practice day, neither practice's duration should exceed three hours total, and student-athletes should not participate in more than five total hours of practice. Warm-up, stretching, cool-down, walkthrough, conditioning and weight-room activities are included as part of the practice time. The two practices should be separated by at least three continuous hours in a cool environment.

7. Because the risk of exertional heat illnesses during the pre-season heat-acclimatization period is high, the consensus statement strongly recommends that an athletic trainer be on site before, during, and after all practices.

In addition to NATA, the task force that developed the consensus statement comprises seven other groups, including American College of Sports Medicine, Gatorade Sports Science Institute, National Strength and Conditioning Association, United States Army Research Institute of Environmental Medicine, American Orthopaedic Society for Sports Medicine, American Medical Society for Sports Medicine and American Academy of Pediatrics. For more information, please visit www.nata.org.

National Athletic Trainers' Association (NATA) – *Health Care for Life & Sport:* Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers' Association represents and supports 30,000 members of the athletic training profession. Only 42 percent of high schools have access to athletic trainers. NATA members adhere to a code of ethics. NATA supports the right of all patients to have equal access to the services of athletic trainers through the Athletic Trainers' Equal Access to Medicare Act (H.R. 1137). Visit www.nata.org.

F. WEIGHT LOSS/GAIN GUIDELINES

1. It is recommended that all athletes exercising in hot and humid environments be weighed in prior to and after practice or competition to determine the percentage of body weight lost due to sweating and the amount of rehydration that has occurred prior to the next practice session.
2. The percentage of weight loss between practice sessions will be used to determine if an athlete can safely continue to practice. Athletes should ideally have the pre-exercise body weight remain relatively consistent.
3. A 2% body weight difference should be noted by the athletic trainer and that athlete should be closely monitored for any signs or symptoms of dehydration. An athlete with greater than 2% body weight loss should not be allowed to return to practice until proper fluid replacement has taken place.

Safe Weight Loss and Maintenance Practices in Sport and Exercise

Athletic Trainers are often THE source of nutrition info for athletes

1. **Assess Body Composition** – must be hydrated

- Body Fat Standards- skinfold +-3.5% error
- Be mindful of patient privacy
- Males- 10-22% Females- 20-32%

2. **Determine Goal Wt from Body Composition**(formula)

- Athletes should not gain or lose excessive amounts during training
- Total Caloric intake should be determined by calculating BMR and energy needs of exercise
- Caloric Intake should be based on BW goal
- Dietary plan that supplies energy and nutrients should be maintained throughout year
- Food Pyramid to ensure adequate nutrient intake
- Safe aerobic exercise will facilitate weight and Body Fat loss
- Ergogenic aids should be ingested cautiously under advisement of those knowledgeable of requirements of governing bodies

3. Determine Caloric needs based on BMR and activity needs

Athletes- CARBOHYDRATES- 7-10g/kg BW- single event
.5-1g/kg BW/hr.- moderate intensity greater than 1 hour
PROTEIN- 1.7-1.8 g/kg BW – strength, 1.2-1.4g/kg BW- endurance

- For Lyposis- 55-69% of max HR (220-age)
- Hydration key in Performance
- Be mindful of disordered eating – 11% of wrestlers have eating disorders

G. MRSA/Skin Infection Policy

The LAT Staff strives to prevent and protect all staff and participants from skin infections with special emphasis toward community-acquired methicillin-resistant Staphylococcus aureus (MRSA).

MRSA

The organism Staphylococcus aureus is found on many individuals' skin and generally causes no major problems. However, if inoculated (e.g. under the skin or into the lungs), it can cause significant infections such as boils or pneumonia. Individuals who carry this organism are usually healthy, and are considered asymptomatic carriers of the organism.

The term MRSA or methicillin resistant Staphylococcus aureus is used to describe those examples of this organism that are resistant to this commonly used class of antibiotics. Methicillin was an antibiotic used many years ago to treat patients with Staphylococcus aureus infections. It is now no longer used except as a means of identifying this particular type of antibiotic resistance.

Individuals can become carriers of MRSA in the same way that they can become a carrier of ordinary Staphylococcus aureus, which is by physical contact with the organism. If the organism is on the skin, then it can be transmitted around by physical contact. If the organism is in the nose or is associated with the lungs rather than the skin, then it may be transmitted by droplet spread from the mouth and nose.

We can find out if and where Staphylococcus aureus is localized on a patient by culturing the suspected site, sending them to the laboratory and growing the organism. Tests done on any Staphylococcus aureus grown from such specimens can then be tested to determine the sensitivity of the organisms to various antibiotics. The test results are usually available in 2-3 days.

According to the Center for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports. "Staph" and/or MRSA infections usually first presents as some type of skin or soft tissue infection such as pimples, abscesses, pustules, and/or boils. Some can be red, swollen, painful, and/or have pus or other drainage. The pustules may be confused with insect bites initially, and may also be associated with existing turf burns and/or abrasions.

If an athlete or staff member has what appears to be "staph" and/or MRSA or has any of the related signs, please contact your licensed athletic trainer immediately.

Prevention Measures:

Measures to prevent the spread of organisms from one person to another are called isolation or infection controls. The specific type of infection control or isolation procedure required for a patient depends on the organism, where the organisms are found and its virulence.

The most important type of isolation required for MRSA is called Contact Isolation. This type of isolation requires everyone in contact with the patient to observe proper hand washing protocols after touching either the patient or anything in contact with the patient. Because dust and surfaces can become contaminated with the organism, cleaning of surfaces are also important.

If a number of patients are infected with the same organism it may be necessary to move carriers of MRSA to an isolation unit/area.

Prevention Although treatable, complications can be associated with "staph" and/or MRSA infections, making prevention the best measure to combat these infections.

The Centers for Disease Control suggest the following measures for preventing staphylococcal skin infections, including MRSA:

1. Practice good hand hygiene by washing hands frequently and in a thorough fashion with soap and warm water or using an alcohol-based hand sanitizer.

2. Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).

3. Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.

4. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.

5. Wipe surfaces of equipment before and after use with an approved disinfectant.

6. Clean and properly cover any open wounds such as turf burns, abrasions, lacerations, etc. with an appropriate bandage at all times.

7. Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.

8. Maintain clean facilities and equipment.

9. Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a Sports Medicine staff member and/or physician immediately.

Cleaning Procedures.

All individuals participating in cleaning should adhere to the following guidelines and practice universal precautions.

Potential Skin Infection Care

1. Initial evaluation by certified athletic trainer followed by a referral to one of the team physicians.

2. If evidence of pus-like discharge exists, incise, drain and culture the wound for laboratory testing.

3. Begin appropriate antibiotic therapy based on current guidelines

4. Antiseptic/Antimicrobial Irrigation bid such as Hibiclens.

5. Home instructions and individual antiseptic/antimicrobial packets for showering bid.

6. Daily application of an appropriate topical antimicrobial (Bactroban) with Telfa Antimicrobial Non-Adherent Dressing (Kendall)

Hard Surfaces

- Treatment tables, taping tables, weight room/rehabilitation equipment, countertops, stools, etc. must be cleaned every day and/or following a possible contamination using an antimicrobial cleanser.
- Coolers, water bottles, pitchers, etc… must be cleaned and disinfected after every session using household dishwashing detergent or other appropriate cleaner.
- Towels , Cloth towels should ideally only be used on a single patient and should be laundered following every use. Disposable towels should be used whenever feasible on the field/court and should be disposed of after a single use. o Any towel subjected to potentially contaminated bodily fluids should be handled according to OSHA guidelines.
- Hydrocollator covers should be laundered every day and/or following a possible contamination.

H. Sudden Cardiac Arrest (SCA) Policy

The following policy is intended to assist the sports medicine staff in establishing the steps necessary to prepare and respond to a potentially unexpected sudden cardiac arrest (SCA) episode. The policy is based on the recommendations found in the consensus statement established by the Inter-Association Task Force on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs.

Definition of SCA

Sudden Cardiac Arrest is a leading cause of death in the United States, claiming an estimated 325,000 lives each year. During a sudden cardiac arrest, heart function ceases abruptly and without warning. When this occurs, the heart is no longer able to pump blood to the rest of the body, and in 95% of victim's death occurs. Fsda-

While Sudden Cardiac Arrest (SCA) is a significant public health crisis, it is often misunderstood. SCA is not a heart attack. A heart attack occurs when a blood vessel becomes blocked and interrupts blood flow to the heart, causing heart muscle to die. Sudden cardiac arrest occurs when the heart's electrical system malfunctions and the heart stops beating. Most of these deaths occur with little or no warning, from a syndrome called sudden cardiac arrest. The most common cause of sudden cardiac arrest is a disturbance in the heart rhythm called ventricular fibrillation.

Recognition of SCA Prompt recognition and identification of SCA is critical in the management of this life threatening emergency. Any collapsed athlete who is unresponsive requires an immediate assessment for SCA. On-site responders must maintain a high level of suspicion for SCA, as unrecognized SCA in a collapsed athlete causes critical delays in the initiation of CPR and defibrillation. Resuscitation is often delayed because the victim is reported to have signs of life. Sudden cardiac arrest can be misdiagnosed as a seizure in the form of involuntary myoclonic jerks; seizure-like activity is present in approximately 20% of patients with cardiogenic collapse. To avoid life-threatening delays in resuscitation, brief seizure-like activity should be assumed to be due to SCA and initial management steps for SCA taken immediately until a non-cardiac cause of the collapse is clearly determined.

Other obstacles to recognizing SCA in athletes include inaccurate rescuer assessment of pulse or respirations. Occasional or agonal gasping can occur in the first minutes after SCA and is often misinterpreted as normal breathing. Occasional gasping does not represent adequate breathing and, if present, should not prevent rescuers from initiating CPR. Health care providers should take no longer than 10 seconds to check for a pulse and should proceed with chest compressions if a pulse is not definitively detected.

Sports medicine staff members, physicians, and other potential first responders to an SCA in a student-athlete must understand these potential obstacles to recognizing SCA, as inaccurate assessment of SCA results in critical delays or even failure to activate the EMS system, emergency action plan, initiate CPR, and provide early defibrillation.

Common Signs and Symptoms of SCA

1. Chest pain (angina pectoris)

2. Difficulty breathing (dyspnea)

3. Rapid/racing heart rate (tachycardia)

4. Nausea/Vomiting

5. Dizziness/Feeling faint (syncope)

6. Sometimes SCA can occur with no prior symptoms

Management of SCA

1. Early activation of EMS, emergency action plan, early CPR, early defibrillation, and rapid transition to advanced cardiac life support (ACLS).

2. Sudden cardiac arrest should be suspected in any collapsed athlete.

3. An AED should be applied as soon as possible on any collapsed and unresponsive athlete for rhythm analysis and defibrillation if indicated.

4. CPR should be provided while waiting for the AED.

5. Interruptions in chest compressions should be minimized and CPR stopped only for rhythm analysis and shock.

6. CPR should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis after every 2 minutes or 5 cycles of CPR, and continued until advanced life support providers take over or the victim starts to move.

7. Sudden cardiac arrest in athletes can be mistaken for other causes of collapse, and rescuers should be trained to recognize SCA in athletes with special focus on potential barriers to recognizing SCA, including inaccurate rescuer assessment of pulse or respirations, occasional or agonal gasping, and myoclonic jerking or seizure-like activity.

8. Young athletes who collapse after shortly being struck in the chest by a firm projectile or by player contact should be suspected of having SCA from commotion-cordis also called a cardiac contusion.

9. Rapid access to the SCA victim should be facilitated for EMS personnel.

I. Sickle-Cell Trait Policy

The following policy regarding athletes with the Sickle Cell Trait and the assessment and management as well as return to play guidelines. This policy is based on the National Athletic Trainers' Association Consensus Statement regarding Sickle Cell Trait and the Athlete.
http://www.nata.org/statements/consensus/sicklecell.pdf.

SICKLE CELL TRAIT:

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red blood cells from round to crescent-shaped.

"sickling" of the red blood cells may put our student-athletes in great danger during intense exercise. Under unusual circumstances, serious morbidity and mortality resulting from complications in the student-athlete might include:

- infarction of the spleen with hypoxia or exercise, exertional heat illness such as exertional rhabdomyolysis (due to muscle break-down), heat stroke, renal failure, or sudden death syndrome. Hypoxia (seen in high altitude training with poor conditioning or combined with asthma), acidosis, dehydration, hyperthermia, or hypothermia can trigger shape changes of red blood cells that may precipitate vaso-occlusive complications.

Sickle cell anemia is more commonly found in the African American (1 out 12), middle eastern, and Central and South American populations compared to the Caucasian population (1 out of 2,000 – 10,000). Currently, the U.S. Department of Health & Human Services requires mandatory testing for ALL newborns to test if the trait is present. This complication may result in a decrease amount of oxygen supply to the tissues of the body. There are NOT any restrictions to athletic participation, but recommendations by the National Athletic Trainer's Association have been proposed during exertional exercise for those individuals with sickle-cell trait. Although the consequences can be severe sufficient rest, hydration, and cooling may be the treatment required to prevent most cases of "exertional sickling".

Signs of a Sickle Cell Crisis Sickling collapse can be mistaken for cardiac collapse or heat collapse. However, unlike sickling collapse, cardiac collapse tends to be "instantaneous' (see sudden cardiac arrest policy), has no "cramping" with it, and the athlete (with ventricular fibrillation) who hits the ground no longer talks. Unlike heat collapse, sickling collapse often occurs within the first half hour on field, as during initial sprints. Core temperature is not greatly elevated.

Sickling is often confused with heat cramping; but, athletes who have had both syndromes know the-difference.

1. Heat cramping often has a prodrome of muscle twinges; whereas sickling has none.

2. The pain is different—heat cramping is more excruciating.

3. What stops the athlete is different—heat crampers hobble to a halt with "locked up muscles", while sickling players slump to the ground with weak muscles.

4. Physical findings are different—heat crampers writhe and yell in pain, with muscles visibly contracted and rock hard; whereas, sicklers lie fairly still, not yelling in pain, with muscles that look and feel normal.

5. The response is different—sickling players caught early and treated right recover faster than players with major heat cramping.

STUDENT-ATHLETE SICKLE CELL SCREENING

Based on recommendations by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports and the National Athletic Trainers Association. The sickle cell screening is performed from a routine blood sample and student-athletes will need to have this test performed unless they can provide documentation, prior to participation, that they have already been tested for the sickle cell trait.

There are two options to obtain this documentation:

1. Have the sickle-cell trait testing completed by their physician prior to start of their specific sports season.
2. Provide documentation of their test results if they were tested at birth. Contact their respective state Health Department (birth state) or pediatrician to obtain this documentation. The student–athlete will probably need to sign a release of information and complete other ;\paperwork based on the requirements of the respective health department. There might be some complications with this option.

If a student-athlete is confirmed to have the sickle cell trait, the student athlete will be directed for medical follow-up and referred to the local sickle cell counseling service to receive education and genetic counseling. Additionally, appropriate athletic department staff members will be notified and educated in an effort to assist in the monitoring of the individual's physical involvement and well-being (e.g. coaches, athletic trainers, etc.).

ATHLETES WITH KNOWN SICKLE CELL TRAIT :

Certified athletic trainers and athletic training students should closely monitor known student-athletes with the sickle cell trait during periods of acute illness, especially fever. The student-athletes should be carefully monitored during preseason activities, as they become conditioned and acclimatized for heat and humidity. Student-athletes that have had medical issues while engaged during athletics as a result of their sickle cell trait should by their attending/family physician and referred for further diagnostic testing and evaluation on a per case basis. During this evaluation period the team physician will dictate the activity level for the student- athlete and when and if they can return to scholastic athletics.

RECOMMENDATIONS FOR STUDENT-ATHLETES WITH S-C TRAIT

1. Build up in training slowly with paced progressions, allow for longer rest and recovery periods. Student athletes should be involved in preseason strength and conditioning to enhance preparedness of athletes.
2. Student-athletes with sickle cell trait should be excluded from participation in performance tests such as mile runs, serial sprints, etc.
3. Cessation of activity with onset of systems (muscle “cramping”, pain, swelling, weakness, tenderness, inability to “catch breath”, fatigue, etc.)
4. Allow sickle cell trait student-athletes to set their own pace.
5. The student-athlete should be involved in year-round strength and conditioning programs.
6. Student-athletes with sickle cell trait that perform repetitive high speed sprints and/or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions.
7. Allow student-athletes to seek evaluation once signs and symptoms arise.
8. Encourage proper hydration.
9. Asthma, heat illness, and altitude CAN increase the likelihood of sickling.
10. Sickle cell trait student-athletes should NOT participate when they are ill.
11. Educate the student-athlete about the signs and symptoms and encourage them to report these symptoms.
12. Student-athletes with positive test results, family medical history, or other indicators of sickle cell disease are encouraged to share their test results and relevant medical information with the primary care physicians and seek individualized medical advice and counsel.
13. Student-athletes understand and agree that this policy and procedure are not substitutes for proper medical care, advice, and treatment.

MANAGEMENT OF SICKLE CELL CRISIS

In the event of a sickling collapse, treat it as a medical emergency by doing the following:

1. Activate the Emergency Action Plan for that venue

2. Check vital signs

3. Contact EMS and attach an AED for any athlete whose vitals decline.

4. Cool the athlete if necessary

5. Administer high flow oxygen if available with a non-rebreather mask

6. Tell the physicians to expect acute explosive rhabdomyolysis and serious metabolic complications.

J. Information relating to Anabolic-androgenic Steroids (AAS):

- Legally classified as Schedule III controlled substances
- These hormones increase lean muscle mass and can improve athletic performance
- Those involved in organized athletics and non-athletes both abuse AAS
- Nontherapeutic users often obtain AAS information and products from a variety of dubious sources and make questionable health decisions

*Health care professionals, including athletic trainers and educators, may interact with individuals who abuse or intend to abuse AAS. Therefore, it is imperative that such professionals understand these substances so that they can educate others using the most current and accurate evidence.

Strength of Physician Recommendations:

A	Recommendation based upon consistent and good-quality patient-oriented evidence (morbidity, mortality, symptom improvement, cost reduction, and quality of life)
B	Recommendation based on inconsistent or limited-quality patient-oriented evidence
C	Recommendation based on consensus, usual practice, opinion, disease-oriented evidence (measures of intermediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes), or case series for studies of diagnosis, treatment, prevention, or screening

AAS Prevalence & Abuse:

- In 2007, national high school AAS abuse rates were 4.3% and 2.2% for males and females, respectively (3.3% overall)
- A summation of 4 independent studies at 119 US universities indicated that 0.9% of all college students abused AAS
- Although very few reports have been written, A 2009 paper indicated that 9.1% of retired National Football League athletes admitted using AAS during their professional careers
- Research suggests that most AAS abusers administer doses well beyond medicinal levels
- A 2009 national Centers for Disease Control and Prevention study of adolescents found that male teens (4.3%) were more likely to abuse AAS than female teens (2.2%)

Other points of emphasis:

- Abusers of AAS often rely on questionable information sources.
- Sports medicine professionals can therefore serve an important role by providing accurate, reliable information
- The recommendations provide health care professionals with a current and accurate synopsis of the AAS-related research

What can we do?

- Keep athletes' self-esteem high with alternatives to AAS, such as evidence-based nutrition and weight-training principles, along with collaboration from conditioning experts and sport nutritionists, among others.
- Build trust with patients, clients, athletes, and coaches through consistent, year-round, evidence-based educational meetings and in-service sessions.

- Do not threaten suspected AAS abusers but instead cautiously state your suspicions (eg, ‘‘I have noticed a change in your behavior, supplement use, or interest in AAS.’’) and offer evidence-based information and assistance. Be an accessible agent of positive behavioral changes.
- Acknowledge the minimal, short-term (physical) consequences of AAS abuse but stress education from health, moral and ethical, and legal perspectives.
- Comment on the negative aspects of AAS abuse, such as increased acne, stunted growth, or jaundice (ie, the issues younger adolescents and adults will likely be concerned about).
- Be sure not to complement their physical appearance (eg, muscularity) or strength gains because this may reinforce or encourage AAS abuse.
- Discuss personal sacrifices that accompany AAS abuse such as money, time, social experiences, risk of disease and injury, and counterfeit or tainted products, among others.
- Remain attentive because AAS abusers typically are secretive and good at not getting caught. A passed drug screen does not prove AAS nonuse.

K. NATA Position Statement Review: Environmental Cold Injuries

Types of Cold Injury which are cause by prolonged exposure to cold, wet, and windy conditions

- Hypothermia – CBT below 95^{o}F (mild 95-98.6, Moderate 90-94, Severe <94)
- Frostbite/Frostnip – The freezing of body tissue in extremities. A protective mechanism to keep CBT stable that ↓blood flow to the extremities
    - Stages are Frostnip, Mild and Severe
- Chilblain (Perino) – An exaggerated or uncharacteristic inflammatory response to cold exposure; most common in hands and feet; time and temperature dependent to cold exposure

Prevention of Cold Injuries

- PPE – identify athletes with previous cold injury or predisposed to cold injury
- Have appropriately trained personnel to prevent, recognize and treat cold injuries
- Educate coaches administrators to dangers of prolonged cold exposure
- Proper Hydration and a well-balanced diet
- Have event and practice guidelines for cold weather
- Layer clothing that allows for sweat evaporation without absorption

Recognition and Treatment of Hypothermia

- Will see an impairment of fine motor skills
- Athlete will display lethargy, apathy, and/or mild amnesia
- Remove wet/damp clothing
- Insulate with warm, dry clothing and blankets
- Cover the head, take athlete inside
- Avoid rewarming the extremities too fast (don’t want cold blood to travel into core areas)
- Provide warm fluids and foods with 6-8% carbohydrates (energy to shiver)
- Be prepared to administer CPR as needed

Treatment frostbite/frostbite

- Using a rewarming pool keep temp between 98-104^{o}F.
- Do not allow body tissues to refreeze
- Avoid using steam or dry heat to rewarm.

Treatment of Chilblain

- Remove wet and constrictive clothing
- Wash and dry gently
- Cover wish warm, loose, and dry clothing
- No Massages, creams and keep NWB

Non-environmental Risk Factors

- Previous cold injury
- Low caloric intake, dehydration, and fatigue
- Race (African Americans > risk)
- Nicotine, alcohol, and drug use
- Body size and composition
- Aerobic fitness level and training
- Sex (females > males)
- Clothing

NATA Position Statement Review:

L. Preventing, Detecting, and Managing Eating Disorders

By definition, disordered eating can be conceptualized in the continuum of pathogenic and weight control behaviors within the entire clinical subclinical classification.

- Purpose is to recommend and better prepare Certified Athletic Trainers, coaches, other health care providers, sports management personnel, to understand and work with athletes who have or are at risk to have and eating disorder.

NATA Recommendations:

- Team infrastructure: qualified care givers; medicine, mental health, nutrition, and athletic training.
- Collaborative relationships: use the team to develop and implement comprehensive management of a protocol.
- Strategies:
  - Prevention: early detection and treatment of signs and symptoms.
  - Detection: warning signs and symptoms of anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. Also the use of pre participation exams.
  - Managing: use of questionnaires, screens, and the team infrastructure. Personal interviews, monitoring body compositions and BMI are also used.

Predisposing Risk Factorsjkl;\

- Sports that closely watch weight and sports appearance; i.e. wrestling, swimming, diving, gymnastics, cross country, and track.
- Media emphasis on appearance and social culture.

Signs and Symptoms

- Physical:
    - Cardiovascular: arrhythmias, hypotension, bradycardia
    - Endocrine: bone loss, stress fracture, hypoglycemia, decreased testosterone, amenorrhea
    - Gastrointestinal: abdominal pain, bowel irregularities
    - Fluid electrolyte: dehydration, electrolytes abnormalities, edema, muscle cramps, hypokalemia
    - Thermoregulation: hypothermia
    - Hematologic: anemia
    - Dermatologic: hair loss, dry skin, and brittle hair and nails
    - Oral/Facial: dental decay, pain in pharynx
    - Other: muscle weakness, increased fatigue, significant weight loss, and frequent/often extreme weight fluctuations
- Psychological:
    - Dieting
    - Avoidance of eating in public
    - Ritualistic eating patternsfsda-
    - Depression, insomnia
    - Social withdrawal
    - Binge eating
    - Change in behavior from open, positive, and social to suspicious, untruthful, and sad

Managing

- Initial contact
- Treatment settings: accurate assessment to determine a course of action and treatment setting; i.e. hospital, inpatient, outpatient care, or special facility
- Therapeutic intervention:
    - Athlete's acceptance
    - Modify maladaptive thoughts, attitudes, feelings, and habits
    - Identify and resolve psychological triggers
    - Stabilize medical conditions
    - Reestablish healthy eating habits
    - Enlist family support as appropriate
    - Prevent relapses
- Issues in treatment: non-compliance
- Follow-up care
- Uniqueness of adolescence: Special Considerations
    - Understanding in the body and behavioral changes for that gender and age.

Prevention

- Education: Nutrition and eating disorders
    - All persons: coaches and athletes
    - Certified Athletic Trainers
        - Should hold annual meetings and learning sessions

Anorexia nervosa has the HIGHEST mortality rate of any psychiatric illness.

Role of the Certified Athletic Trainer

- Close working relationships with athletes, allow for ease/ early detection
- Prominent member of the health care team
- Confront athlete and set up referrals and treatment
- Adhere to communication, confidentiality, health status, participation in athletics, non-compliance, billing, and insurance
- Are to DISREGARD diagnosis and treatment due to the scope of practice of limitations

M. Lightning and Severe Weather Policy

Chain of Command

The decision to terminate athletic activity in the event of lightning, severe weather, and/or storms will be made by the director of athletics at a practice or the director of athletics and/or event manager present at a game in consultation with athletic training personnel and game officials. sfdafsda

During a game situation, the event manager will monitor the weather via Weatherbug or WeatherSentry Online for lightning, severe weather, and/or storms.

During a game situation, when lightning is 8 miles away, the event manager will notify the following persons: i. The athletic director, the licensed athletic trainer, head coaches from each team game officials and/or appropriate member of the Staff (if applicable) and fans attending the event.

During a practice situation, when lightning is 8 miles away, Criteria for Evacuation of the Practice/Game Area—All outdoor game/practice activities are to cease IMMEDIATELY, and ALL personnel are to evacuate to a safe structure or location as designated with the emergency action plan.

The head coach and/or his/her designee are not permitted to override the decision to stop an outdoor game/practice in the event of lightning and/or severe weather. If a coach and/or game official makes the decision to continue to practice and/or continue with a game or other activity despite a National Weather Service Severe Weather Warning, they will be doing so against the recommendations of the school district policy.

A safe structure or location is defined as any sturdy, fully enclosed, substantial, and frequen-tly inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure.

Examples of locations that routinely DO NOT meet the criteria include: Baseball/softball dugouts ii. Baseball/softball "covered" batting cages iii. Convertible/ "soft-top" vehicles iv. Golf carts/John Deere Gator vehicles v. Outside storage sheds vi. Canopy/awning/tent

In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle! Convertible and "soft-top" vehicles and golf carts do not provide a high level of protection and cannot be considered safe from lightning.

Persons should avoid taking showers and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis, and hot tubs) and land-line telephones during a thunderstorm. Cordless or cellular telephones are safer to use when emergency help is needed.

If unable to reach safe shelter, persons should find a thick grove of small trees surrounded by taller trees or a dry ditch, and stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field. Everyone should assume the "lightning-safe" position—a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. DO NOT LIE FLAT! Minimize the body's surface area and minimize contact with the ground.

In situations where thunder and/or lightning may or may not be present, yet someone feels his/her hair stand on end and skin tingle, LIGHTNING IS IMMINENT! Therefore, all persons should assume the rweq"lightning-safe" position as described above.

Cordless or cellular phones are a safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.

If the school district administration has cancelled classes in the school district due to severe weather, the district athletic department strongly recommends the cancellation of all games, practices, and other activities.

All individuals should have the right to leave a site or activity, without fear of repercussion or penalty, in order to seek a safe structure or location if they feel that they are in danger from impending lightning activity.

Criteria for Safe Return to the Practice/Game Area The decision to return to an athletic activity after a period of evacuation, will be made by the director of athletics at a practice or the director of athletics and/or event manager present at a game in consultation with athletic training personnel and game officials.

Personnel should not return to the practice/game area until an "All Clear" has been given through WeatherSentry or Weatherbug Online.

Pre-hospital Care of Victims of a Lightning Strike Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and to render medical treatment. During an ongoing thunderstorm, lightning activity in the local area still poses a deadly hazard for personnel responding to the victim. Personnel should consider their own personal safety before venturing into a dangerous situation to render care. The first priority of personnel is to move the lightning strike victim to a safe location. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED use is initiated as soon as safely possible. Lightning strike victims should also be evaluated and treated for hypothermia, shock, fractures, and burns.

Lightning/Severe Weather Statement for Outdoor Events:

PREGAME: In the event of lightning, thunder, or other severe weather, it is the policy of the school district that spectators immediately evacuate all areas of the athletic facility venue. It is advised that spectators evacuate to hard-topped vehicles or nearby school building entrance. Event personnel will lock the entrance to the facility to prevent spectators from returning to the athletic venue before it has been determined to be safe. Thank you for your prompt cooperation.

IN EVENT OF OCCURENCE: Severe weather is in the immediate area. You must immediately evacuate the athletic facility venue and seek shelter in a hard-topped vehicle or nearby school building entrance. We will advise you when it is safe to return. Thank you for your prompt cooperation.

Review and Evaluation of Emergency Action Plan Annual review of this EAP is conducted with all athletic personnel so that each member of the emergency care team is aware of their respective role in the event of an emergency. This information is verbally communicated during athletic department staff meeting at the beginning of each year. This is also communicated via email to all athletic department personnel and student-athletes at the beginning of each school year.

Annual evaluation of the policies and procedures is conducted by the Director of Athletic Training with the assistance of the Assistant Athletic Trainers. This evaluation takes the form of ongoing discussion of day-to-day matters between the Director of Athletic Training and their staff. The Athletic Training Department also collaborates closely with the University's Student Health Services/Health Center in order to address any concerns regarding emergency care of student-athletes that may take place on campus. Throughout the year, the Athletic Training Department exercises a policy of open communication with coaches and athletes in order to promote a healthy and safe environment for student-athletes.

Bald Eagle Area Athletic Training

BLOOD-BORNE PATHOGENS POLICY

Standard Precautions

The Bald Eagle Area Athletic Training Staff complies with the Occupational Safety and Health Administration (OSHA) Standard 29 CFR, Part 1910.1030 set forth in 1992. Standard Precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood. Athletic Trainers can be exposed in a variety of ways including open wounds, vomit, saliva, and blister serum. Therefore, it is imperative to practice preventative measures to protect both the athletic trainers and student-athletes. All blood, body fluids or tissues will be considered to be potentially infectious, and standard precautions will be used on all patients and athletes regardless of status. Standard precautions are strictly followed in both the athletic training room and on the field. Coaches should also practice standard precautions when dealing with injury situations involving bodily fluids.

Direct exposure of personnel and/or students to blood or other body fluids via skin, mucus membranes or potential contact represents a hazard for transmission of blood-borne and other infections. To decrease the likelihood of transmission of those infections and to minimize contact with blood and body fluids, the following policy is in effect. The following recommendations were adopted in accordance with the Pennsylvania Interscholastic Athletic Association (PIAA) Sports Medicine Guidelines, from the 2017-2018 Handbook, which can be found on file and on display in the Auxiliary Gym and High School Gymnasium Athletic Trainqpoiuing Room.

"BLOOD-BORNE PATHOGENS AND INTERSCHOLASTIC ATHLETICS"

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform, it must be either cleaned with an appropriate solution or completely changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated. 8 3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes. Typically a bleach/water solution is used or a broad spectrum cleaner designed to kill MRSA, HIV, and Hep-B.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/Coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.

9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards and other articles containing body fluids.
10. Proper disposal of all bio-hazardous waste, including blood-soaked bandages and dressings, contaminated towels or uniforms, etc. should be performed, using specifically designed bags/boxes marked as “bio-hazardous,” which are typically provided by and disposed of by an outside company. This can often be coordinated with the school nurse’s office.

1. Disposable latex gloves will be worn when treating an injury involving open skin, mucus membranes, blood, or bodily fluids. Gloves must be changed after contact with each athlete. Gloves must be immediately replaced in the event that they tear. Some gloves may be slightly permeable; so two layers may be worn. Gloves should be changed if worn more than ten minutes. Soiled gloves should be discarded in a biohazard bag after use.
2. Wash hands thoroughly with soap and warm water immediately after exposure to blood or body fluids, even if protective gloves have been used.
3. Clean all surfaces that have been exposed to blood or body fluids with a solution consisting of one part chlorine bleach to 10 parts water (1:10) or an approved antimicrobial disinfectant. It is advised to wear latex gloves when cleaning a contaminated area. Fluids should be absorbed using paper towels that should be discarded in the biohazard waste container bags. The contaminated area should then be saturated with cleansing solution and allowed to soak for 10-20 minutes, if possible. The area should be wiped clean again using clean paper towel.
4. All existing wounds, abrasions, or cuts that can serve as a source of bleeding, or as a port of entry for blood borne pathogens, must be covered with an occlusive dressing that can withstand the demands of competition.
5. Specialized sharps containers should be readily available for sharp objects including, but not limited to, scalpel blades, razors, uncapped syringes, and needles. This container should be red and clearly marked as biohazard material.
6. Designated containers should be readily available for biohazard waste only. These containers must have a proper red biohazard label and should contain a red labeled biohazard bag. Biohazard materials include, but are not limited to, soiled gauze, adhesive bandages, and latex gloves.
7. If an athlete is bleeding during competition or practice, he/she must be removed from the practice or game as quickly as possible. Once the athlete has been removed, the bleeding should be stopped and the open wound covered with an occlusive dressing that can withstand the rigors of competition.
8. Athletes with blood on their uniform must be removed from competition until the uniform can be properly cleaned with Blood buster solution. Uniforms that have been saturated with blood should be removed and changed before the athlete can return to competition.
9. OSHA regulates that all employees who are at risk of exposure to a blood-borne pathogen must be offered the Hepatitis B vaccination series. A written statement must be signed if the employee declines Hepatitis B vaccination. However, they may still receive the vaccination if they change their mind

Blood-Borne Pathogens Exposure Control Plan

OSHA has developed federal regulations for employees whose jobs may put them at risk to blood-borne pathogens. OSHA requires each workplace to develop and keep on file an Exposure Control Plan (ECP). The purpose of the ECP is to promote safe working conditions for Athletic Training Staff and to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood-borne pathogens (BBP)". The ECP lists and defines relevant training of the athletic trainers, documentation of exposure, personal protective equipment, and other pertinent items. Copies of the ECP are kept on file in the Athletic Training Rooms listed previously.

The following steps should be taken in the event of a mucus membrane or cutaneous blood/body fluid exposure:

1. Write anecdotal notes of the exposure and information regarding adherence to recommendations.
2. Report the exposure to the appropriate health care agency
3. Ensure necessary follow- up care and investigation of the incident
4. Maintain strict confidentiality regarding the incident with the exception of the appropriate supervisor

Exposure Determination

Possible work-related activities staff may encounter for potential exposure to a blood-borne pathogen include, but not limited to:

- Wound care
- Blister management
- Disposing of biohazard waste
- Disposing of soiled uniforms or towels
- Cleaning tables and infected areas
- Suture removal
- Caring for an ill athlete (vomit)
- Compound fracture management
- Mouth-to-mouth resuscitation
- Performing CPR

Method of Compliance

There are many ways to minimize and prevent exposure to a blood-borne pathogen. These include implementing workplace practice controls, such as having rules and regulations in the work place, providing and using personal protective equipment, and appropriate cleaning procedures.

Hepatitis B Vaccinations

Hepatitis B vaccinations consist of a series of three shots or inoculations over a six-month period. If an athletic trainer is involved in an incident that exposes him/her to a blood-borne pathogen, they may receive medical consultation and treatment as soon as possible. All reports will be documented.[19]

Blood Borne Pathogen Exposure Plan

Protection and precaution should be taken whenever dealing with blood or bodily fluids. Gloves should be worn at all times and soiled gauze, bad-aids, and other soiled material should always be disposed of in a biohazard bag.

The following is procedure when dealing with bodily fluids:

1) ATC and/or ATS should always wear gloves to protect themselves from blood borne pathogens

a) After gloves are put on, the gloves hands should not come into contact with other surfaces that cannot be properly disposed of as they will contaminate the surface

b) To remove gloves after use, use one had to pinch the soiled end of other glove and pull off – ball up first glove in the palm of hand and use other first finger to hook under the glo-ve of the second hand – pull second glove (with the first glove inside) completely off, turning it inside out and discard in a biohazard bag

2) If there is exposure to blood borne pathogen ATC and/or ATS should immediately irrigate the affected area with soap and water, may also wash out with hydrogen peroxide.

a) The affected person should immediately notify their supervisor of the situation

b) Supervisor will notify appropriate personnel and make accommodations for the affected person to receive all medical attention needed following the exposure

3) Bodily fluids that are spilled on the floor or other cleanable areas should be cleaned \-321immediately after patient is appropriately bandaged

4) All soiled gauze pads, paper towels, towels, etc. should be disposed of in a biohazard bag or container In the nurses office.

NATA information regarding:

Position, Official, and Consensus Statements (NATA.org)

Consensus Statements

- *Executive Summary: Appropriate Prehospital Management of the Spine Injured Athlete (update from 1998 document) (pdf) (June 2015)*
  - *Press Release*
- *Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges(Jan 2014)*
- *Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics(July 2013)*
- *Preseaso\;lkjn heat-acclimatization guidelines for secondary school athletics (2009)*
- *Appropriate medical care for secondary school-age athletes (Feb. 2003)*
- *Inter-Association Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs (March 2007) (pdf)*
  - *Executive Summary (pdf)*
- *Inter-Association Task Force on Exertional Heat Illnesses (June 2003)*
- *Sickle Cell Trait and the Athlete (pdf)*
  - *News Release*
  - *Fact Sheet (pdf)*

Official Statements

- *College Supervision of Student Aides ((pdf)Jan 2016)*
- *Pre-hospital Care of the Athlete with Cervical Spine Injury (pdf)(May 2014)*
- *Automated external defibrillators (pdf) (2003)*
- *Commotio cordis (pdf)(Oct. 2007)*
- *Communicable and Infectious Diseases in Secondary School Sports (pdf)(March 2007)*
- *Community-acquired MRSA infections (pdf)(March 2005)*
- *Calling Crown of the Helmet Violations (pdf)(August 2013)*
- *Full-time, on-site athletic trainer coverage for secondary school athletic programs (pdf)*
- *Providing Quality Health Care and Safeguards to Athletes of All Ages and Levels of Participation (pdf)(December 2011)*
- *Steroids and performance enhancing substances (pdf)(March 2005)*
- *Use of qualified athletic trainers in secondary schools (pdf)(Feb. 2004)*
- *Youth football and heat related illness (pdf)(July 2005)*

Support Statements

- *The Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services (Dec. 2005)*
- *American Academy of Family Physicians' support of athletic trainers for high school athletes (2007)*
- *American Medical Association's support of athletic trainers in secondary schools (July 1998)*
- *Appropriate medical care for secondary school-age athletes (Manuscript) (2004)*
- *Endorsement of NATA Lightning Position Statement by the American Academy of Pediatrics (April 2002)*

Position Statements

- *Exertional Heat Illnesses (September 2015)*
- *Management of Sport Concussion (March 2014)*
- *Preparticipation Physical Examinations and Disqualifying Conditions (February 2014)*
- *Lightning Safety for Athletics and Recreation (March 2013)*
- *Evaluation of Dietary Supplements for Performance Nutrition (February 2013)*
- *Anabolic-Androgenic Steroids (Sept. 2012)*
- *National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports (Feb. 2012)*
- *Heat Illness Treatment Authorization Form*
- **Please see Consensus Statements for* **Heat Illness Guidelines**
- *National Athletic Trainers' Association Position Statement: Safe Weight Loss and Maintenance Practices in Sport and Exercise (June 2011)*
- *Pediatric Overuse Injuries (April 2011)*
- *Preventing, Detecting, and Managing Disordered Eating in Athletes (Feb. 2008)*
- *Management of the Athlete with Type 1 Diabetes Mellitus (Dec. 2007)*
- *Management of sport-related concussion (Sept. 2004) | PowerPoint presentation*
- *Management of asthma in athletes (Sept. 2005) | PowerPoint presentation*
- *Endorsed by the American Academy of Pediatrics*
- *Head down contact and spearing in tackle football (March 2004) | PowerPoint presentation*
- *Heads Up video*
- *Fluid replacement for athletes (June 2000) | PowerPoint presentation*
- *Exertional heat illnesses (Sept. 2002) | PowerPoint presentation*
- *Emergency planning in athletics (March 2002) | PowerPoint presentation*
- *Environmental Cold Injuries*
- *Acute management of the cervical spine-injured athlete*
- *National Athletic Trainers' Association: Skin Disease*

NATA Position Statement Disclaimer

The NATA publishes its position statements as a service to promote the awareness of certain issues to its members. The information contained in the position statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA advises its members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The position statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from NATA's position statements. The NATA reserves the right to rescind or modify its position statements at any time.

Information for the polices and procedures manual was adapted, in conjunction with current school district policies and procedures, from sources accessed via the internet:

Albright College

American Red Cross

Bow High School

Center for Disease Control (CDC) Baseline Testing Guidelines

Cornell University

Eastern Washington University

Greensboro Day School

NATA- National Athletic Trainer's Association

Nazareth High School

PATS- Pennsylvania Athletic Trainers Society

PIAA- Pennsylvania Interscholastic Athletic Association

Ptoctor Academy

University of Georgia

University of North Carolina-Wilmington

University of Scranton

Wilkes University

Bald Eagle Area School District
Athletics Department

Reopening Procedures and Resocialization of Sports Recommendations

(2020 Pandemic-Reinstate if and when needed)

Bald Eagle Area School District

Athletics Department

Resocialization of Sports Recommendations

*****The guidelines set forth in this document are based on the best available current information. As more public health information becomes available, the administration will work with impacted entities to release further guidance which could impact future school sport seasons.

INTRODUCTION

Bald Eagle Area School district believes it is essential to the physical and mental well-being of our student athletes to return to physical activity and athletic competition as safely as possible. Bald Eagle Area administrators endorse the idea of returning students to school-based athletics and activities in any and all situations where it can be done safely. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to student athletes, coaches, and their families.

Bald Eagle Area School District will take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the NFHS and PIAA. Our administration realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed as new information becomes available in order to decrease the risk of exposure for our staff, student athletes, and spectators.

Guidance Applicable to All Sporting Events

(Recommendations: ***ALL LEVELS of junior and senior high athletics***.)

1. **Athletes, Coaches, and Staff will undergo a COVID- 19 health screening** prior to any practice, event, or team meeting. The type of screening will be dependent upon the available resources and the Phase level. The purpose is to check for signs and symptoms of COVID-19.
2. **Before each workout, each student athlete and coach will have their temperature taken and recorded**. (see appendix A).

    a. Parents/guardians will have access to the BEA covid-19 health questionnaire so to perform at-home screenings of their student athletes prior to any on-campus events. At-home screenings are highly encouraged to be performed before any sporting event, both on and off campus.
    b. If your temperature is 100.4 or higher, an individual is showing symptoms or is sick, stay home.
    c. Cover your mouth and nose with a tissue when coughing or sneezing.
    d. Adhere to school adopted plans if you begin to show symptoms.

2. **All participants will promote healthy hygiene practices such as hand washing (20 seconds with warm water and soap)**, using hand sanitizing stations, and practicing social distancing as per state and local guidelines. Hand Sanitizer will be available for team use as resources allow.

3. **Face masks will be used as per local/state government requirements**. (Face coverings are recommended to help decrease potential exposure to COVID-19 respiratory droplets by an infected individual. Face Coverings will not be used for athletes while practicing or competing.)

4. **Our task force will include the custodial and maintenance staff** for scheduled cleaning, disinfecting and proper ventilation during all athletic activity.

5. **PPE (gloves, masks, eye protection)** will be used as needed and situations warrant or determined by local/state governments.

6. **Activities that increase the risk of exposure to saliva must not be allowed**, and includes: chewing gum, spitting, licking fingers, and spitting sunflower seeds.

7. **Avoid shaking hands, fist bumps or high fives** before, during or after games and practices. Limit unnecessary physical contact with teammates, other athletes, coaches, officials and spectators.

8. **<u>ALWAYS</u> encourage social distancing through increased spacing**, small groups and limited mixing between groups when able. PIAA and PA state guidelines recommend the use of facemasks when not involved in athletic activity on the sidelines or in between activity in practice including proper social distancing.

9. **Whenever possible, equipment and other personal items should be separated and not shared.** If equipment must be shared, all equipment should be properly disinfected between use.

10. **Anyone who is sick MUST stay home.** As stated previously, parents and athletes should refer to the Bald Eagle Area School District Covid-19 questionnaire sheet as an at-home guide to determine ahead of time whether or not an athlete should attend school/sporting events.

11. **Any person with positive symptoms reported** will not be allowed to take part in workouts, practices or games and should immediately contact his or her primary care provider or other appropriate health-care professional. **A clearance note will be required in order to return to normal sport activity.**

12. **Any exposure of a staff member or student-athlete to any other individual(s)** that have tested positive for Covid-19 must get tested before returning to school or any athletic activity and must follow the CDC and PA state guidelines related to quarantine. All athletes and or staff member involved in that individual's group must also follow the same guidelines until the test results for that individual are revealed. **A clearance note from their attending physician will be required in order to return to normal sport activity and school.**

13. **Regularly communicate and monitor developments** with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures

14. **Athletes and Coaches MUST provide their own FILLED water bottles** for hydration during athletic activity. Water bottles may not be shared.

15. **Identify Staff and student athletes who may be at a higher risk** of severe illness from COVID-19 due to underlying medical conditions (See - CDC "People who are at a Higher Risk for Severe Illness").

15. **Concession stands or other food** must adhere to the Guidance for Businesses in the Restaurant Industry.

Primary Point(s) of Contact

The primary point(s) of contact will have defined roles and responsibilities for health and safety preparedness and response planning for sports-related activities. The point of contact will be responsible for responding to all questions related to COVID-19. All parents, student athletes, officials, and coaches must be provided the person's contact information.

Point of Contact Name	Position of Point of Contact	Contact Information
John Tobias	Principal	John.Tobias@Beasd.net
Douglas Dyke	Athletic Director	Douglas.Dyke@Beasd.net
Scott Devore	Licensed Athletic Trainer	Scott.Devore@Beasd.net

Necessary Paperwork

- All athletes must have a daily COVID-19 Pre-Screening information sheet on file and/or fill out the google form daily prior to workouts/competition.
- Athletes must have a completed, current PIAA CIPPE form on file with the Sports Medicine Department in order to participate in a school sport.
- Student-athletes should obtain their physicals from their family physician, or from a walk-in-clinic. All physicals must be completed on or after June 1, 2020.
- All physicals are due to the Bald Eagle Area Athletic Office (located in the high school) PRIOR to the start of the fall sport season, no later than Monday, August 10, 2020.

3 Phases of Participation

Phase 1 (PA State Red)

Team Activities: No in-person gatherings allowed. Athletes and coaches may communicate via online meetings. Athletes may participate in individual home workouts.

- All school facilities remain closed as per PA State Guidelines
- Athletes and coaches should abide by guidelines set forth by the local and state governments.

Phase 2 (PA State Yellow)

Pre-Workout Screenings

- Individuals (student-athletes, coaches, officials, and other athletic personnel) should complete a personal health assessment daily.
    - Parents/guardians will have access to the GM covid-19 health questionnaire so to perform at-home screenings of their student athletes prior to any on-campus events
    - If your temperature is 100.4 or higher, an individual is showing symptoms or is sick, stay home.
    - Cover your mouth and nose with a tissue when coughing or sneezing.
    - Adhere to school adopted plans if you begin to show symptoms.
- COVID-19 screenings on campus may continue as per school district or state and local government recommendations
- Responses to screening questions should be recorded and stored should there be an incident of a positive COVID-19 participant.
- Any person with positive symptoms reported should not be allowed to take part in any practice or game and should immediately return home and contact his or her primary care provider or other appropriate health-care professional. A physician's clearance note will be required in order for an athlete to return to play. All appropriate individuals and school administrators will be notified.

.**Limitations on Gatherings**

- No gatherings of more than **25** individuals per group, including coaches, per practice area, indoors or outdoors as per state and local guidelines.
- During the Yellow and Green phases of reopening, sports-related activities at the PK-12 level are limited to student athletes, coaches, officials, and staff only.
- Appropriate social distancing of 6ft should be applied during practices and games and in gathering areas.
- If social distancing is not applicable, face masks will be required of athletes and coaches/staff/volunteers.

Phase 3: PA State Green

Pre-Practice/Contest Screening

- Individuals (student-athletes, coaches, officials, and other athletic personnel) should complete a personal health assessment daily.
    - Parents/guardians will have access to the BEA covid-19 health questionnaire so to perform at-home screenings of their student athletes prior to any on-campus events
    - If your temperature is 100.4 or higher, an individual is showing symptoms or is sick, stay home.
    - Cover your mouth and nose with a tissue when coughing or sneezing.
    - Adhere to school adopted plans if you begin to show symptoms.
- COVID-19 screenings on site may continue as per school district or state and local government recommendations
    - Any person with positive symptoms reported should not be allowed to take part in any practice or game and should immediately return home and contact his or her primary care provider or other appropriate health-care professional. A physician's clearance note will be required in order for an athlete to return to play. All appropriate individuals and school administrators will be notified.
- Team attendance should always be recorded and stored daily.

Limitations on Gatherings

- As per state and local guidelines (250 outdoors and 25 indoors)
- During the Yellow and Green phases of reopening, sports-related activities at the PK-12 level are limited to student athletes, coaches, officials, and staff only.
- When not directly participating in practices or contests, social distancing should be considered and applied when able.
- If social distancing is not applicable, face masks will be required of athletes and coaches/staff/volunteers.

OTHER RECOMMENDATIONS

Physical Activity and Athletic Equipment

- Student-athletes are encouraged to develop healthy habits including, but not limited to, a balanced diet, adequate sleep, and proper hydration.
    - Healthy eating and attention to hydration is especially important for student-athletes to enhance training capacity and reduce the risk of illness and injury.
- **Face masks will be used as per local/state government requirements**.
- **Face masks will not be required of athletes or coaches while training or competing** so as to prevent any further respiratory illnesses or issues. The use of face coverings are recommended to help decrease potential exposure to COVID-19 respiratory droplets by an infected individual.
- **Student athletes should refrain from sharing clothing/towels** and all should be washed after each practice, including pinnies.
- **All athletic facilities will be properly sanitized** and will have hand sanitizer readily available for practices and contests.
- **Clean and disinfect frequently touched surfaces and equipment, including balls**, when possible.
- **Regularly and thoroughly wash your hands with soap and water for at least 20 seconds** or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Facilities Cleaning

- Custodial staff will be included in COVID task force.
- Cleaning schedules will be created and implemented, based on sports team's schedules, for all athletic facilities to mitigate any communicable disease
- Cleaning, sanitizing, disinfecting, and ventilating spaces, surfaces, and any other areas used by student athletes and sporting activities will take place in accordance with the BEASD Health and Safety Plan.
- All staff will utilize proper protocols with all BEA distributed cleaning solutions and will educate any student athletes on proper use when necessary.
- Clean and disinfect frequently touched surfaces and equipment including balls.
- Locker room use will be determined
- Weight equipment must be wiped down before and after an individual's use of equipment
- Appropriate clothing/shoes must be worn at all times.
- Students must be encouraged to shower and wash their workout clothing immediately upon returning home.

Cleaning Products/Protocols for Use: Along with the custodial staff, BEA athletics will be relying on our coaching and volunteer staff to assist in the daily cleaning of locations and equipment that will be used during school athletic activities. We will be using two EPA-approved disinfecting products; QT Plus and QT3 which are both non-hazardous products. Both chemicals will be distributed in the ready to use (RTU) formulation. The Safety Data Sheets (SDS) and labels for both products are documented with the custodial staff as well as with all GM coaches and staff.

The athletic office will be supplied with cleaning kits for coaches and volunteer staff. The kits will include proper disinfectant, gloves, SDS sheets, and microfiber rags. Reloading and refiling can be achieved through the custodial department.

Please see the link in the attached appendix to a short video regarding the use of the disinfectant products. Coaches will be asked to educate student athletes on the use of the cleaning products in areas where they may be tasked with cleaning. These areas will include the weight room as well as on practice and game fields where shared equipment is used. Coaches must also ensure that there are SDS sheets available before students are issued any cleaning chemicals.

Bald Eagle Area
Athletics Department

Hydration Plan
and
Emergency Cooling Plan

Hydration Plan

- **Students and all athletic staff MUST bring their own filled water bottle**. Water bottles must not be shared, and team water bottles will not be provided.
- **It is important for each athlete to have a sufficient amount of fluids on hand if needed**. It is recommended that each athlete supplies at least a 3-5 Liter container labeled properly with their name easily seen visibly by others.
- Fluid consumption should be based on individual needs.
- **There are hands free water filling stations inside the building** near the restrooms and at the stadium.
- **A single coach or manager on each team will be the designated person** to refill the cooler as necessary. They will sanitize their hands, wear gloves, and wear a mask when refilling the contactless hydration station.
- **Contactless hydration stations may be used but MUST be cleaned after every practice/event.** Practice and Gameday plans are being considered with contactless water stations**.**

*** These hydration stations are 10 gallon coolers fitted with a foot pedal and faucet attached to the cooler.** Each team will be provided at least one of these hydration stations and a refillable cooler as designated by the Athletic Training Staff**.**

Cooling Procedures for Student-Athletes

*** On-field cooling procedures during high temperature and humid practice/event days** will be provided via water pump sprayers with spraying wands.

*** A Cooling tank and Cooling Vest system will be utilized in an emergency situation when a student-athlete has signs and symptoms of heat related illness.**

Bald Eagle Area Athletics Department

Team Transportation and Personnel Policy at Home and Away Events

Team Transportation and Personnel

at Home and Away Events

Transportation to Events: These potential modifications will be determined by the school district, bus companies, Department of Education, state and local governments.

- **BEA teams traveling to away games:**
  - Host schools will be contacted with regards to BEA's policy on athlete/coach covid-19 screenings.
  - All BEA athletes and traveling coaches/volunteers will be screened prior to traveling to away games.
  - Coaches must provide documentation for host schools of pre-travel screenings.
  - Coaches and athletes must be prepared for a second round of screenings at away schools as per that school district's policies.
  - Teams will bring their own medical supplies
  - Coaches will have their own emergency action plan in place if someone begins to show symptoms while adhering to guidelines provided by the host school. (who will contact parent/guardian, how will athlete get home if no parent present, how will they safely isolate athlete)
  - BEA staff will ask host schools to provide their own policies and procedures for game day ahead of time.

- **Teams traveling to BEA campus:**
  - Appointed administrative contact for away teams: name/email/cell
  - Away schools will be contacted with regard to BEA's Covid-19 policies and procedures prior to traveling to our campus. This will include proper instruction if an away athlete or staff member starts to feel ill.
  - The BEA sports medicine staff will request that screenings of traveling athletes are performed PRIOR to arriving at BEA campus. If this is not possible, a qualified BEA staff member will provide a screening for all athletes/coaches upon arrival to BEA campus.
  - Hand sanitizing stations will be provided for all away teams
  - BEA staff will coordinate with visiting teams to ensure that they have safe access to water for their participants.

Social Distancing During Contests/Events,

- Sidelines/benches: appropriate social distancing of 6ft will need to be maintained on sidelines/benches during contests. If social distancing is not applicable, face masks will be required of athletes and coaches/staff/volunteers.
    - **If an athlete is subbed out of a practice or game, they may keep their face mask off as long as they maintain 6ft between other athletes and coaches/staff members**. When they are physically ready to return to their teammates within 6 ft, a face mask is then worn.
- Coaches will adhere to the guidelines set forth by the PIAA for their individual sport.

Who will be allowed at events?

- At the present time, During the Yellow and Green phases of reopening, sports-related activities at the PK-12 level are limited to student athletes, coaches, officials, and staff only.
- According to the Preliminary School Sports Guidance document, "the addition of visitors and spectators will be contingent upon future health conditions within the state and local communities."
- Spectators should not enter the field of play or bench areas.
- Nonessential visitors, spectators, and volunteers should be limited when possible, including activities with external groups or organizations.
- Should spectators eventually be permitted to attend contests, we anticipate that such attendance will be subject to some important limitations that were also included in the Preliminary School Sports Guidance
    - Seating areas, including bleachers, must adhere to social distancing requirements of at least 6 feet of spacing for anyone not in the same household.
    - To assist with proper social distancing, areas should be clearly marked.
    - Adults must wear face coverings (masks or face shields) at all times.

Considerations for Parents/Guardians:

(A family's role in maintaining safety guidelines for themselves and others):

- Parents/Guardians should monitor their children of any symptoms prior to any sporting activities. Children who are sick or showing symptoms must stay home. (If there is doubt stay home).
- Parents/Guardians and coaches should assess levels of risk based on individual athletes on the team who may be at a higher risk for severe illness.
- Provide personal items for your child and clearly label them.
- Disinfect your student's personal equipment after each game or practice.
- Be prepared with face coverings for members of your family if permitted to attend events.

- Inform coaches if your student-athlete has been exposed to someone who is known to have COVID-19.

Overnight/Out of State Events/ Events in COVID-19 Hot Spots

- The BEA School District will evaluate each event and follow all local/state government guidelines on a case by case basis. Every consideration will be taken as to not expose students to unnecessary or potential high-risk exposure.

EDUCATION

Athletic Trainer or Athletic Director will show head coaches how to properly take the temperature of coaches and students.

Staff, Coaches, Parents and Athletes will be educated on the following (through posters, flyers, meetings, emails, phone calls):

- COVID-19 signs and symptoms
- Proper ways to limit exposure to COVID-19 (hand washing, cough in your elbow, disinfecting touched surfaces, social distancing, avoid touching eyes, nose, face and mouth, no spitting, gum chewing, etc.)
- No Handshakes/Celebrations (high fives, fist/elbow bumps, chest bumps, hugging), etc.
- The content of this Return to Sport Guidelines Document
- Any pertinent COVID-19 information released by state/local governments, NFHS, and PIAA.
- students should come dressed for activity
- Limit indoor activities and the areas used. Locker room use is not permitted Facility showers cannot be used
- Student Athletes should remain with their assigned groups during each workout and during daily workouts to limit the number of people they come in contact with.
- No students allowed in training areas without the presence of an athletic trainer

Bald Eagle Area School District

Covid-19 Associated Forms and Policies

Bald Eagle Area School District
Athletic Department

Participation Waiver for Communicable Diseases Including COVID-19

Bald Eagle Area School District
Athletic Department
Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the BEASD will take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, PA DOH, as well as the NFHS and PIAA, to reduce the risks to students, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, BEASD reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators. Some precautionary methods in the BEASD Resocialization of Sports Recommendations include but may not be limited to:

1. Health screenings prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
2. Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
3. Intensify cleaning, disinfection, and ventilation in all facilities.
4. Educate Athletes, Coaches, and Staff on health and safety protocols.
5. Require Athletes and Coaches to provide their own water bottle for hydration.

By signing this form, the undersigned voluntarily agree to the following Waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the Student named below, against the BEASD, its Board of Directors, successors, assigns, officers, agents, employees, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the Student or the undersigned relating to or as a result of the Student's participation in athletic programs, events, and activities during the COVID-19 pandemic.

The undersigned acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for Student's participation in athletics during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by the BEASD to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that

Student is in good physical condition or believe Student to be in good physical condition and allow participation in this sport at our own risk.
Sport(s): _____

Signature of Parent/Guardian: _____Date: _____
Signature of Student Athlete:_____ Date:_____

*Parents/Guardians may request a full copy of the BEASD Resocialization of Sports Recommendations. Contact Doug Dyke, AD at douglas.dyke@beasd.net or Scott Devore, LAT, ATC scott.devore@beasd.net

Bald Eagle Area Athletic Department

Athlete and Staff COVID-19 Screening Forms

Bald Eagle Area Athletic Department

Athlete and Staff COVID-19 Screening

Name: _____ Date: _____

Grade: _____ Sports: _____

Students/Coaches should self-report as deemed necessary prior to each practice/event.

Temperature may be taken from a designated trained individual as needed. The other symptoms should be marked as "N" – NO or "Y" Yes answers.

For the column - "Close Contact" - the answer should reflect the following question:

Within the past 14 days, have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes, without PPE equipment.)

If any responses are "YES", student will NOT be allowed to practice or compete, and will be asked to leave school grounds. Parent/Guardian will be notified.

DATE	TEMP	Fever/ Chills	Cough	Sore Throat	Short of Breath	Loss Taste/ Smell	Vomiting Diarrhea	Close Contact ***

In the last 14 days have you had any of the following symptoms: Fever or chills (100.4 or Higher), Cough, Shortness of breath or difficulty breathing (not from a pre-existing condition), Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore Throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. YES _____ NO _____

If yes, please describe: _____

If yes, did you seek medical treatment. YES _____ NO _____

In the last 14 days have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes, without PPE equipment.) YES _____ NO _____

If yes, please describe: _____

If yes, did you seek medical treatment? YES _____ NO _____

Print Name: _____

Signature _____ Date: _____

IF YOU ANSWER YES TO EITHER QUESTION YOU CAN'T PARTICIPATE UNTIL APPROVED BY Scott Devore, Doug Dyke, or Jack Tobias.

In the last 14 days have you had any of the following symptoms: Fever or chills (100.4 or Higher), Cough, Shortness of breath or difficulty breathing (not from a pre-existing condition), Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore Throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. YES _____ NO _____

If yes, please describe: _____

If yes, did you seek medical treatment? YES _____ NO _____

In the last 14 days have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes, without PPE equipment.) YES _____ NO _____

If yes, please describe: _____

If yes, did you seek medical treatment? YES _____ NO _____

Print Name: _____

Signature _____ Date: _____

IF YOU ANSWER YES TO EITHER QUESTION YOU CAN'T PARTICIPATE UNTIL APPROVED BY Scott Devore, Doug Dyke, or Jack Tobias.

BALD EAGLE AREA SCHOOL DISTRICT

ATHLETICS DEPARTMENT

COACHES AND ATHLETIC STAFF AGREEMENT

BALD EAGLE AREA SCHOOL DISTRICT ATHLETICS DEPARTMENT

COACHES AND ATHLETIC STAFF AGREEMENT

By signing this form, I acknowledge that I have reviewed, understand and agree to comply and reinforce to the best of my ability the guidelines, recommendations and requirements detailed in the "Bald Eagle Area School District Return to Summer Workouts Plan.

I acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease. I further acknowledge that I am aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation in athletics during the COVID-19 pandemic. I willingly agree to comply with the stated recommendations put forth by the Bald Eagle Area Athletics Department to limit the exposure and spread of COVID-19 and other communicable diseases.

_____ _____

Coach/Staff Member Printed Name Coach/Staff Member Signature

_____ _____

Athletic Director Signature Date Approved

Bald Eagle Area School District

Student Athlete & Coach Reminders for Summer Workouts & Weight Room

Student Athlete & Coach Reminders
for Summer Workouts & Weight Room

1. **Each student must turn in a Communicable Disease waiver** signed by a parent and themselves before they can participate in their first workouts.
2. **Each person must either complete the Google Form that was sent to your Google email account or the paper form when you arrive** before you can work out. Also, your temperature will be taken by a staff member. If you show any symptoms or have a fever of 100.4 or higher you will not be allowed to workout. **Anyone who is sick MUST stay home**.
3. **You must bring your own water**. It is recommended that you have 2-5 liters per work out. **If you do not bring own water, you will not be allowed to work out.**
4. **Athletes will take ALL of their equipment home daily** and have it washed before returning to practice, open gyms, etc.
5. **To ensure the safety of our students & coaches**, if you are staying on school property and not walking around the parking lot, please stay in your vehicle.
6. **All equipment must be wiped down at the completion of a workout**. Whenever possible it should be wiped down during workouts.
7. **No Handshakes, celebrations, high fives, fist/elbow bumps, chest bumps, hugging, etc**. Provide continual reminders of ways to limit exposure to COVID-19 (hand washing, coughing in your elbow, disinfecting touched surfaces, social distancing, avoid touching eyes, nose, face and mouth, no spitting, gum chewing, etc.)
8. **Student Athletes should remain with their assigned groups** during each workout and during daily workouts to limit the number of people they come into contact with.
9. **Locker rooms are not available**. Stadium workouts will use the restrooms behind the scoreboard. Gym workouts will use the following:
   High School Gym – either the individual restroom adjacent to the water fountains between the men's and women's restrooms or the individual restroom located near the fitness room.
   Middle School Gym – the 2 individual restrooms behind the boy's locker room before you get to Mrs. Todd's and Mrs. Gardner's classrooms.
   Auxiliary Gym – Individual restrooms located before the library on the left side of the hallway just past the boys' rest room.

Bald Eagle Area
School District

Weight Room Regulations

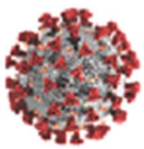
B.E.A. Weight Room Regulations

1. **Each person must either complete the Google Form that was sent to your Google email account or the paper form when you arrive before you can work out**. Also, your temperature will be taken by a staff member. If you show any symptoms or have a fever of 100.4 or higher you will not be allowed to workout. Anyone who is sick MUST stay home.
2. **Proper attire** – long sleeved shirt & pants. This is so there is minimal skin exposed. If you don't meet these requirements you can't workout.
3. **Maximum # persons allowed** is 24 students, Tim Young & 2 board approved coaches.
4. **Times for workouts must be arranged through Tim Young**. You will have 45 minutes for your group to complete their workout.
5. **Athletes & Coaches must provide their own water**.
6. **You must bring a mask in case it is needed while spotting another person.** Wearing a mask while working out is optional**.**
7. **Each area must be wiped down after you finish an exercise**.
8. **Hand sanitizer should be used frequently**.
9. **No Handshakes, celebrations, high fives, fist/elbow bumps, chest bumps, hugging, etc.**
10. **Provide continual reminders of ways to limit exposure to COVID-19**
    (hand washing, coughing in your elbow, disinfecting touched surfaces, social distancing, avoid touching eyes, nose, face and mouth, no spitting, gum chewing, etc.)

APPENDIX

CDC and PA State Guidelines

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

cdc.gov/coronavirus

pennsylvania
DEPARTMENT OF HEALTH

WHAT IS CONTACT TRACING?

BACKGROUND

Contact tracing is the process of reaching out to anyone who came into close contact with an individual who is positive for COVID-19. Contact tracing helps monitor close contacts for symptoms and to determine if they need to be tested. Contact tracing is a key strategy for preventing the further spread of infectious diseases such as COVID-19.

WHAT DOES THIS PROCESS LOOK LIKE?

- In contact tracing, public health staff work with a case to help them recall everyone they have had close contact with during the time they were infectious.
- Public health staff then inform individuals who have had close contact (e.g. "close contacts") that they have potentially been exposed to COVID-19. Close contacts are only told that they may have been exposed to someone who has COVID-19; they are not told who may have exposed them.
- Close contacts are given education, information and support so they understand their risk. They receive information on what they should do to separate themselves from others who have not been exposed, how to monitor themselves for illness, and are made aware that they could possibly spread the infection to others, even if they do not feel sick.
- Close contacts will be asked to quarantine themselves and are encouraged to stay home and maintain social distancing through the end of their infectious period, which is about 14 days, in case they become sick. They should monitor themselves by checking their temperature twice a day and watch for any other symptoms of COVID-19. Public health staff will check in with these contacts to make sure they are self-monitoring and have not developed symptoms.
- If a close contact develops symptoms, they should isolate themselves and let public health staff know. The close contact will be evaluated to see if they need medical care. A test may be necessary unless the individual is already in a household or long-term care facility with a confirmed case, then the close contact would be considered a probable case without a test.

WHAT TERMS SHOULD I KNOW WHEN IT COMES TO CONTACT TRACING?

- A **case** is a patient who has been diagnosed with COVID-19. A case should isolate themselves, meaning they should stay away from other people who are not sick to avoid spreading the illness.
- A **close contact** is an individual who had close contact with a case while the case was infectious. A close contact should quarantine themselves, meaning they should stay at home to limit community exposure and self-monitor for symptoms.
- A **contact of a close contact** is an individual who had or continues to have contact with a close contact. A contact of a close contact should take all regular preventative actions, like washing hands, covering coughs and sneezes, and cleaning surfaces frequently. A contact of a close contact should be alert for symptoms.

RESOURCES:

***For the most up-to-date, reliable information**:

Commonwealth of Pennsylvania's website for Responding to COVID-19 in Pennsylvania

***Centers for Disease Control and Prevention**

https://www.cdc.gov/coronavirus/2019-ncov/index.html

***PA Department of Health**

https://www.health.pa.gov/Pages/default.aspx

*Guidance for All Sports Permitted to Operate During the COVID-19 Disaster Emergency to Ensure the Safety and Health of Employees, Athletes and the Public

https://www.governor.pa.gov/covid-19/sports-guidance/

***Informational Videos**

https://www.youtube.com/watch?v=d914EnpU4Fo **- hand washing**

https://www.cdc.gov/video/socialmedia/symptoms.mp4 **- COVID-19 symptoms**

https://www.youtube.com/watch?v=uOtg3C8dqlY **–stay home**

Bald Eagle Area School District

Covid-19 Clinical Guidance Plan and Return to Sport Considerations

The COVID-19 pandemic has sparked dramatic changes across all aspects of our daily lives. The combination of lifestyle modifications and potential comorbidities associated with COVID-19 also presents important, athlete specific health and safety risks as return to sport plans emerge.

It has been clear that transition periods have a higher risk for catastrophic sport injury, 1–6 some of the factors that place athletes at higher risk during these periods may be amplified as a result of social distancing measures. These risk factors may also be amplified at various levels – so even athletes within the same team may have a spectrum of risk profiles. As plans for a return to organized sport begin, over 10 million high school and college athletes emerge from this unprecedented period, calling for healthcare providers and administrators to give greater consideration for how to reduce risk while re-introducing sport.

This policy and template were developed based upon the principles outlined in the document:

Return to Sports and Exercise during the COVID-19 Pandemic Guidance for High School and Collegiate Athletic Programs

* **This policy is intended to** address return to physical activity considerations during, and immediately following physical distancing. This policy describes frequently asked questions, best practice procedures for returning to sport, and exercise following a period of prolonged physical distancing for students/athletes of the Bald Eagle Area School District

* **This policy is not intended to**:

1. Provide a recovery plan specific for COVID-19 patients
2. Discuss administrative considerations and practices
3. Discuss cleaning procedures or personal protection practices
4. Provide a detailed discussion of screening, testing, isolating, and contact tracing for sport programs.

Definitions

·A. **Close Contact Exposure**

- **A close exposure is defined as** having a household member with COVID-19, prolonged exposure (>10 minutes) within 6 feet of an individual with confirmed COVID-19, direct exposure to infectious secretions (e.g., being coughed on) or direct physical contact during sports from an individual with COVID-19.
- **An infected person can spread COVID-19 starting 48 hours (or 2 days) before** the person had any symptoms or tested positive for COVID-19.
- **You are still considered a close contact even if you were wearing a mask** while you were around someone with COVID-19. Masks are meant to protect other people in case you are infected, and not to protect you from becoming infected.

B**. Scope**

* Applies to all staff members including athletic trainers, physicians, athletic administrators, coaches, strength and conditioning staff, school administrators, advisors, who are associated with athletics.at Bald Eagle Area

C. **Procedures**

Preparticipation Physical Evaluations

* Access to healthcare professionals to complete an in-person preparticipation physical evaluation (PPE) may be limited for the 2020-2021 academic school year. Our organization's policy for PPE requires a new PPE every [insert length of time here, 12 months, 13 months, etc.] to be on file with the [athletic trainer, athletic director, school nurse, etc.]. Given this may not be feasible in our current pandemic, the following procedures are in place for the duration of this policy:

* Athletes who had a valid PPE on file for the 2019-2020 academic year will be granted a one-year extension to receive their PPE. In other words, for athletes whose PPE would expire in the 2020-2021 academic year, will be granted a one-year extension to receive a new physical.

D. **Contact tracing** (In accordance with CDC and PA State Guidelines)

* Contact tracing shows the spread of COVID-19 by

- Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19
- Helping people who may have been exposed to COVID-19 get tested
- Asking people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact of someone with COVID-19
- Those identified will need to be put in social isolation for 14 days and closely monitored for the development of symptoms. While testing of the asymptomatic contact may be available, it does not confirm the infection potential of that individual, so cannot be relied on for return to play. • The athlete with the positive COVID-19 test may return to social interaction 72 hours after resolution of symptoms, including but not limited to: fever (without the use of fever reducing medications), cough, shortness of breath, AND at least 10 days have passed since symptoms first appeared.

To learn more about contact tracing, visit the Pennsylvania Department of Health or CDC websites: PA Department of Health Centers for Disease Control and Prevention -

WHAT TERMS SHOULD I KNOW WHEN IT COMES TO CONTACT TRACING?

A. A **case** is a patient who has been diagnosed with COVID-19. A case should isolate themselves, meaning they should stay away from other people who are not sick to avoid spreading the illness.
B. A **close contact** is an individual who had close contact with a case while the case was infectious. A close contact should quarantine themselves, meaning they should stay at home to limit community exposure and self-monitor for symptoms.
C. A **contact of a close contact** is an individual who had or continues to have contact with a close contact. A contact of a close contact should take all regular preventative actions, like washing hands, covering coughs and sneezes, and cleaning surfaces frequently. A contact of a close contact should be alert for symptoms.

General Illness Considerations

- If an athlete develops an illness with symptoms that are like that of COVID-19, they should follow national guidance, speak to their sports medicine doctor, and undertake appropriate quarantine, testing and tracing.
- They should maintain good hydration, a balanced diet.
- If symptoms worsen or persist beyond 7 days, seek further medical review.
- Quarantine when living with others includes practical aspects such as isolating within rooms not accessed by other persons, maintaining supplies of food and water, use of a different toilet and washing dirty linen and clothes regularly.

Coronavirus Symptoms & Testing

POSITIVE CASES AND COACHES, STAFF, OR ATHLETES SHOWING COVID-19 SYMPTOMS

What are the signs and symptoms of COVID-19?

Symptoms may appear 2-14 days after exposure to the virus. The symptoms may range from mild to severe. (See CDC Fact Sheet in Appendix).

Symptoms may include:

- Fever or chills (100.4 or High)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore Throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptom Checker is: CDC online tool Opens In A New Window to help you make decisions and seek appropriate medical care

If I have Symptoms. Now What do I do?

1. **If they're mild:** Most people who have mild symptoms can recover at home without medical care.
2. **If you'd like to get tested for a diagnosis**, contact your healthcare provider or schedule an appointment at a publicly accessible testing site. Find a testing site in Pennsylvania Opens in A New Window.
3. **If you do not want to get tested**, it's still important to stay home, isolate and avoid contact with others, rest, and drink fluids. Take acetaminophen to bring down your fever. If you feel worse, call your health care provider.
4. **If they're severe:** For severe symptoms (including a fever above 100°), call your health care provider. If you don't have a health care provider, call the nearest hospital or urgent care to schedule an appointment.
5. **If it's an emergency:** Call 911. Emergency warning signs can include:
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion
    - Inability to wake or stay awake
    - Bluish lips or face

If I don't have Symptoms, but I've been exposed or possibly exposed to an infected person. Now What do I do?

1. **If you were notified by a contact tracer that you've potentially been exposed**, you're caring for someone who has COVID-19, or you traveled to a high-risk area, you can request to be tested by your primary care provider or schedule an appointment at a publicly accessible testing site.
2. **Regardless of your test result**, you will still need to quarantine for 14 days after your last exposure to an infected person.

General Guidelines Related to Illness and Possible Exposure to Covid-19

1. **Anyone who is sick MUST stay home.** As stated previously, parents and athletes should refer to the Bald Eagle Area School District Covid-19 questionnaire sheet as an at-home guide to determine ahead of time whether or not an athlete should attend school/sporting events.
2. **If you have been around someone who is sick with COVID-19, CDC recommends that you get tested for COVID-19.** Get tested for COVID-19 as soon as you know that you have been around a person diagnosed with COVID-19. The health department may be able to provide resources for testing in your area.
3. **Any exposure of a staff member or student-athlete to any other individual(s)** that have tested positive for Covid-19 must get tested before returning to school or any athletic activity and must follow the CDC and PA state guidelines related to quarantine. All athletes and or staff member involved in that individual's group must also follow the same guidelines until the test results for that individual are revealed. **A clearance note from their attending will be required in order to return to normal sport activity and school.**
4. **Should an individual athlete become ill during any workouts**, they should be immediately removed from the group, masked if not already, and isolated in their individual space. The parent or guardian should be notified right away.
5. **Testing for COVID-19 should be done**.
6. **While you are waiting for your COVID-19 test result, stay home away from others**. Self-quarantine and monitor your health for symptoms of COVID-19 to protect your friends, family, and others from possibly getting COVID-19.
7. **If testing is positive**, contact tracing should be initiated.
8. **If your test is positive**, you should continue to stay home and self-isolate away from others and monitor your health.

   If you have symptoms of COVID-19 and they worsen or become severe, you should seek emergency medical care. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face. **Someone from the health department may call you to**:

   - Check on your health, discuss who you have been around, and Ask where you have spent time while you may have been able to spread COVID-19 to others.

9. **Any person with positive symptoms reported** will not be allowed to take part in workouts, practices or games and should immediately contact his or her primary care provider or other appropriate health-care professional.
10. **A clearance note will be required in order to** return to normal sport activity**.**
11. **If your test is negative and you don't have symptoms** you should continue to stay home and self-quarantine away from others for 14 days after your last exposure to COVID-19 and follow all recommendations from the health department. This is important because symptoms can appear up to 14 days after you've been exposed and are infected. *A negative result before the end of your quarantine period does not rule out possible infection*. **Additionally, you do not need a repeat test unless you develop symptoms, or if you require a test to return to sport**.

12. **If your test is negative and you have symptoms** you should continue to self-quarantine away from others and follow all recommendations from the health department. A second test and additional medical consultation may be needed if your symptoms do not improve.
13. **If you are diagnosed with COVID-19**, someone from the health department may call you to check on your health, discuss who you have been around, and ask where you spent time while you may have been able to spread COVID-19 to others. You will also be asked to continue to stay at home and self-isolate, away from others. **Your name will not be shared** with those that you encountered.

- **Self-isolation means staying at home in a specific room away from other people and pets**, and using a separate bathroom, if possible.
- **Self-isolation helps slow the spread of COVID-19 and can help protect the health** of your family, friends, neighbors, and others you may come in contact.
- **If you need support or assistance while in self-isolation**, your health department or community organizations may be able to provide you with assistance.
- **Watch for or monitor your symptoms of COVID-19**

Remember, symptoms may appear 2-14 days after you were exposed to COVID-19. Tell the health department if you develop any symptoms. Tell people you were around recently if you become ill, so they can monitor their health. If your symptoms worsen or become severe, seek medical care. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face.

Covid-19 Risk Factors

1. **With risk of cardiological, renal, respiratory and hematological complications,** it is best practice to follow steady resumption of training, paying attention to physical and psychological factors after COVID-19 infection**.**
2. **Those at greater risk for developing severe COVID-19 disease or complications** should undergo an informed decision-making process with their medical provider before a return to sports as exposure to teammates and opponents may increase their risk of becoming infected.
3. **Individuals at higher risk of severe COVID-19 include** those with a serious heart condition, uncontrolled or moderate to severe asthma, chronic lung disease, diabetes, obesity, pre-existing kidney disease, or a weakened immune system.

- Although the Centers for Disease Control and Prevention states that patients with these conditions may be at greater risk for more severe disease, there are limited published data in young athletes to support this determination at this time.
- **Alternative suggestion**: once the COVID-19 specific health history and the past medical history of the PPE are completed; the AT will review and recommend any follow-up precautions to the team physician and the athlete/parents/guardians.
- **All athletes with prior COVID-19 will be screened for ongoing symptoms** of chest pain/pressure with exercise, difficulty breathing or dizziness with exercise, or decreased exercise tolerance.

Frequently Asked Questions

1. <u>What to do if you are sick?</u>

a. **If you are sick with COVID-19 or think you may be infected with the virus, STAY AT HOME**. It is essential that you take steps to help prevent the disease from spreading to people in your home or community. If you think you have been exposed to COVID-19 and develop a fever and symptoms, call your healthcare provider immediately for medical advice.

b. ***Notify the primary point(s) of contact immediately***.

c. **If a positive case of COVID-19 is diagnosed**, contact tracing will be implemented with the assistance of local health professionals and the CDC/PA DOH. (See Information in Appendix)

2. <u>What if an athlete/coach tests positive for COVID-19?</u>

- **If a positive COVID-19 case is determined**, the BEA School District school safety plans will be followed, as well as the Department of Health, CDC, and local health guidelines to determine a plan of action.
- **If a positive case of COVID-19 is diagnosed**, contact tracing will be implemented with the assistance of local health professionals and the CDC/PA DOH. (See Information in Appendix).

3. <u>What to do if a student or staff become ill with COVID-19 symptoms during practice, event, or during transportation to or from an event?</u>

- Athletes should tell coaches immediately when they are not feeling well.
- Every effort will be made to isolate the ill individual from others, until the student or staff member can leave the school or event

c. A parent/guardian will be contacted immediately, and arrangements will be made for the student to be picked up

d. The ill individual will be asked to contact his/her physician or appropriate healthcare professional for further direction.

e. If at an away contest, coaches will make sure that the proper primary point of contact will be immediately notified.

f. If a positive case of COVID-19 is diagnosed, contact tracing will be implemented with the assistance of local health professionals and the CDC/PA DOH. (See Information in Appendix)

4. **<u>What if my son/daughter fails his/her Covid-19 screening or starts to feel ill at an away event? What if a traveling athlete fails his/her Covid-19 screening or starts to feel ill at our campus</u>?**
    - Athletes should tell coaches immediately when they are not feeling well.
    - Every effort will be made to isolate the ill individual from others, until the student or staff member can leave the school or event
    - A parent/guardian will be contacted immediately, and arrangements will be made for the ill student athlete to be picked up.
    - An appropriate authority figure on the host campus will determine the proper plan of action for that athlete and will also determine whether or not team competition will continue for that day.
    - All necessary school personnel from both participating schools will be contacted.

5. <u>How can a student athlete or staff member return to athletics following a COVID-19 diagnosis or other general illness?</u>

a. Students or staff must have a medical clearance note from their physician or appropriate healthcare professional and must turn that note into the sports medicine department in order to return to school athletic activity.

b. **Any person with positive symptoms reported** will not be allowed to take part in workouts, practices or games and should immediately contact his or her primary care provider or other appropriate health-care professional. **A clearance note will be required in order to return to normal sport activity.**

c. **Any exposure of a staff member or student-athlete to any other individual(s)** that have tested positive for Covid-19 must get tested before returning to school or any athletic activity and must follow the CDC and PA state guidelines related to quarantine.

d. **All athletes and or staff member involved in that individual's group must also follow the same guidelines** until the test results for that individual are revealed.

6. <u>How can a student athlete or staff member return to athletics following a COVID-19 diagnosis or other general illness?</u>

a. Students or staff must have a medical clearance note from their physician or appropriate healthcare professional and must turn that note into the sports medicine department in order to return to school athletic activity.

b. **Any person with positive symptoms reported** will not be allowed to take part in workouts, practices or games and should immediately contact his or her primary care provider or other appropriate health-care professional. **A clearance note will be required in order to return to normal sport activity.**

C. **Any exposure of a staff member or student-athlete to any other individual(s)** that have tested positive for Covid-19 must get tested before returning to school or any athletic activity and must follow the CDC and PA state guidelines related to quarantine. All athletes and or staff member involved in that individual's group must also follow the same guidelines until the test results for that individual are revealed.

Graduated Return to Play (GRTP) Protocol

- A GRTP is a progressive program that introduces physical activity and sport in a stepwise fashion.
- Emerging evidence in the field of cardiology recommends a 14-day convalescent period from the start of symptoms prior to starting back to strenuous activity and consideration of cardiac testing. Students who test positive for COVID-19 should provide a written release for return to activity from their medical provider before allowing continued participation.

Variables and Consideration for GRTP Post Covid-19

There are three variables to consider:

1. How recent was the COVID-19 infection?
2. How severe was the infection?
3. What is the physical activity or sport being considered?

- **Assuming there were no clinical or laboratory findings** suggesting myocardial involvement during the acute infection, before considering return-to-play, *Athletes should be asymptomatic for at least two weeks*.
- **This two-week period will allow for the full clinical manifestations of COVID-19 to present themselves** and, perhaps most importantly, decrease the risk of transmitting the infection to teammates or opponents.
- **Regarding the severity of the illness**, we believe that asymptomatic or mild illnesses in the pediatric population should be treated similarly to other viral illnesses in the pediatric population.
- **This typically means that children refrain from physical activity and sports while actively sick or febrile** and gradually return to activities as they feel able.
- **These athletes likely did not require cardiac testing** during their acute infection, so we do not believe cardiac testing is needed to clear them for participation.

Key considerations

a. Before considering GRTP, the athlete must be able to complete activities of daily living and walk 500 m on the flat without excessive fatigue or breathlessness.

b. They should have at least 10 days' rest and be 7 days symptom-free before starting any intense activity.

c. Experience suggests that some athletes take over 3 weeks to recover.

<u>Some continued monitoring may include</u>:

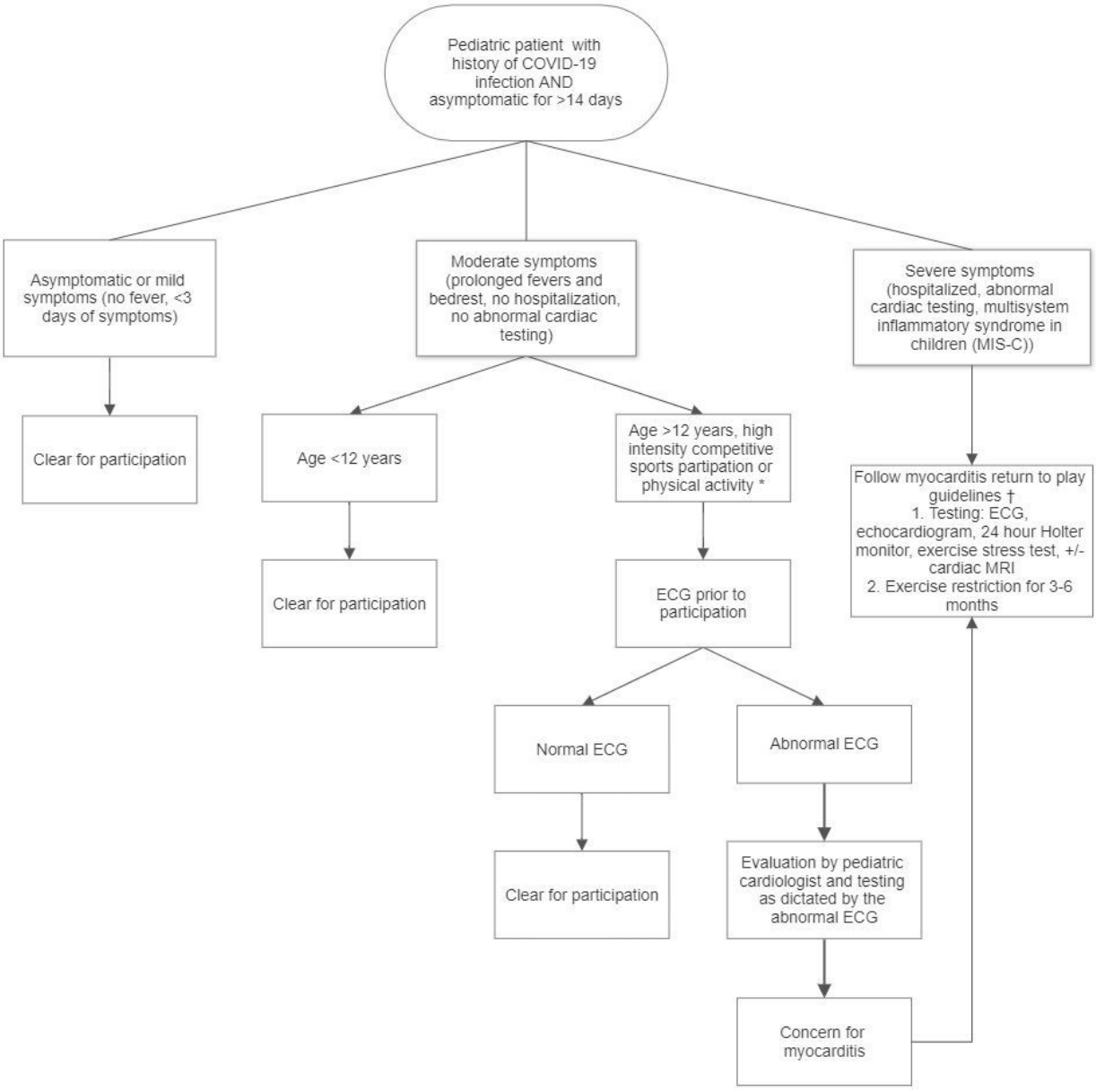
1. Resting heart rate.
2. Rated perceived exertion.
3. Sleep, stress, fatigue and muscle soreness.
4. Injury-Psychological Readiness to Return to Sport.
5. If any symptoms occur (including excessive fatigue) while going through GRTP, the athlete must return to the previous stage and progress again after a minimum of 24 hours' period of rest without symptoms.
6. Upper Limit - workout would be the highest level of intensity and volume an athlete would be able to tolerate when in peak condition.

Athletes with Comorbidities

a. **Athletes diagnosed with COVID-19 and who have medical conditions** such as diabetes, cardiovascular disease or renal disease should have a medical assessment before commencing GRTP.
b. **Further assessments for** athletes who have a complicated or prolonged COVID-19 illness may need further investigations, including:

c. **Blood testing for markers** of inflammation (high sensitivity-Troponin, Brain Natriuretic Peptide and C reactive protein).
d. **Cardiac monitoring** (12-lead ECG, echocardiogram, exercise tolerance test and cardiac MRI)
e. **Respiratory function assessment** (spirometry).
f. Renal and hematological monitoring

Return to Play After COVID-19 Infection in Pediatric Patients



American Pediatric Association

Corey Stringer Institute

RETURN TO SPORTS AND EXERCISE DURING THE COVID-19 PANDEMIC: GUIDANCE FOR HIGH SCHOOL AND COLLEGIATE ATHLETIC PROGRAMS

Past Medical History

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the novel coronavirus that causes COVID-19,presents unique health issues that should be considered prior to a return to sports and exercise. While most young persons afflicted with the coronavirus have mild symptoms or remain asymptomatic, rarely the infection can cause direct injury or inflammation to the heart or kidneys, concerns for cardiac complications from COVID-19 arise from data in the sickest of hospitalized patients, and evidence on the prevalence and risks of myocardial injury during more mild illness remains limited. Likewise, acute kidney injury has been seen in critically ill patients, affecting nearly one-third of patients requiring intensive care. Nonetheless, the sports medicine community believes that patients with prior COVID-19 should undergo a medical assessment before returning to exercise.

We recommend that every student-athlete with a prior diagnosis of COVID-19, symptoms suggestive of COVID-19, or a "close exposure" to someone with COVID-19 should contact their medical provider to determine if further evaluation is warranted prior to returning to sports. A close exposure is defined as having a household member with COVID-19, prolonged exposure (>10 minutes) within 6 feet of an individual with confirmed COVID-19, direct exposure to infectious secretions (e.g., being coughed on) or direct physical contact during sports from an individual with COVID-19. A medical evaluation is strongly recommended for student-athletes with a confirmed diagnosis of COVID-19. Those at greater risk for developing severe COVID-19 disease or complications should undergo an informed decision-making process with their medical provider before a return to sports as exposure to teammates and opponents may increase their risk of becoming infected.

Individuals at higher risk of severe COVID-19 include those with a serious heart condition, uncontrolled or moderate to severe asthma, chronic lung disease, diabetes, obesity, pre-existing kidney disease, or a weakened immune system. Although the Centers for Disease Control and Prevention states that patients with these conditions may be at greater risk for more severe disease, there are limited published data in young athletes to support this determination currently.

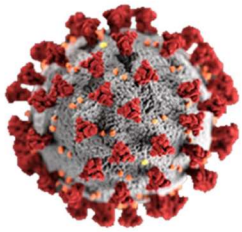
All athletes with prior COVID-19 should be screened for ongoing symptoms of chest pain/pressure with exercise, difficulty breathing or dizziness with exercise, or decreased exercise tolerance. Additional cardiac testing, such as an electrocardiogram (ECG), cardiac biomarkers (i.e. hs-troponin), and an echocardiogram may be indicated depending on the severity of past COVID-19 illness, ongoing symptoms, or clinical suspicion. Specific medical guidance can be found from a publication by Baggish et al.10. Tests to evaluate kidney function (i.e. urinalysis, serum creatinine) should be considered to evaluate kidney function after recovery from COVID-19. Athletes with ongoing respiratory symptoms associated with COVID-19 should undergo cardiac and pulmonary testing as guided by a physician.

Secondary schools and collegiate athletic programs should consider a supplemental questionnaire addressing COVID-19 specific medical issues (see Appendix A).
Positive responses from this questionnaire should trigger an evaluation by a medical provider prior to participation.

Appendix A

COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE ATHLETES: GUIDANCE FOR MEDICAL PROFESSIONALS

INDICATORS OF COVID-19 INFECTION



- SHORTNESS OF BREATH
- NEW, PERSISTENT DRY COUGH
- FEVER
- GI SYMPTOMS SUCH AS DIARRHOEA & NAUSEA
- LOSS OF TASTE AND SMELL

THIS GUIDANCE IS AIMED AT ATHLETES WITH MILD TO MODERATE SYMPTOMS OF COVID-19. ATHLETES SHOULD FOLLOW LOCAL GOVERNMENT GUIDELINES OF COUNTRY OF RESIDENCE FOR MANAGEMENT OF SYMPTOMS INCLUDING ISOLATION AND TESTING PROCESSES. ATHLETES WHO HAVE MORE COMPLICATED INFECTIONS, OR REQUIRED HOSPITAL SUPPORT SHOULD HAVE A MEDICAL ASSESSMENT BEFORE COMMENCING GRTP. ASSESSMENT MAY INCLUDE:

- BLOOD TESTING FOR MARKERS OF INFLAMMATION (HS-TROP, BNP, CRP), CONSIDER RENAL & HAEMATOLOGY MONITORING
- CARDIAC MONITORING (ECG, ECHO, ETT, CARDIAC MRI)
- RESPIRATORY FUNCTION ASSESSMENT (SPIROMETRY)

10 DAYS REST FROM ONSET **&** AT-LEAST **7 DAYS** SYMPTOM FREE **&** OFF ALL TREATMENT, E.G. PARACETAMOL → **GRTP** GRADUATED RETURN TO PLAY PROTOCOL

GRADUATED RETURN TO PLAY PROTOCOL

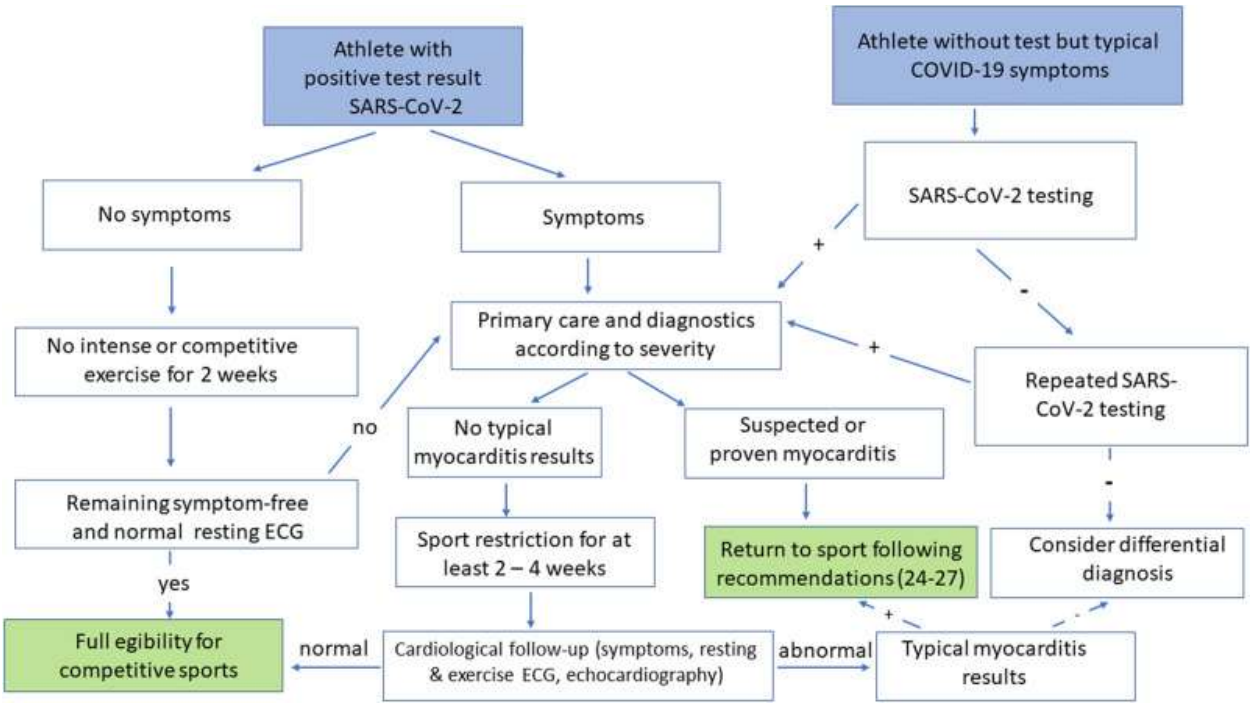
UNDER MEDICAL SUPERVISION

	STAGE 1 (10 DAYS MINIMUM)	STAGE 2 (2 DAYS MINIMUM)	STAGE 3A (1 DAY MINIMUM)	STAGE 3B (1 DAY MINIMUM)	STAGE 4 (2 DAYS MINIMUM)	STAGE 5 (EARLIEST DAY 17)	STAGE 6
ACTIVITY DESCRIPTION	MINIMUM REST PERIOD	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE. NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX		<70%	<80%	<80%	<80%	RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME. PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY. MANAGE ANY POST VIRAL FATIGUE SYMPTOMS	EXERCISE, COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)

NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT

INFOGRAPHIC CREATED BY UK HOME COUNTRIES INSTITUTES OF SPORT; ELLIOTT, N. ELLIOTT, J. BISWAS, A. MARTIN, R. HERON, N.


Athlete with positive test result SARS-CoV-2
Athlete without test but typical COVID-19 symptoms
No symptoms
Symptoms
SARS-CoV-2 testing
+
-
No intense or competitive exercise for 2 weeks
Primary care and diagnostics according to severity
+
Repeated SARS-CoV-2 testing
no
No typical myocarditis results
Suspected or proven myocarditis
Remaining symptom-free and normal resting ECG
Sport restriction for at least 2 – 4 weeks
Return to sport following recommendations (24-27)
Consider differential diagnosis
yes
+
-
Full egibility for competitive sports
normal
Cardiological follow-up (symptoms, resting & exercise ECG, echocardiography)
abnormal
Typical myocarditis results

Additional Related Articles and References:

1Casa DJ, Anderson SA, Baker L, et al. The Inter-Association Task Force for Preventing Sudden Death in Collegiate Conditioning Sessions. Strength and Conditioning Journal. 2015;37(6):113-116.

2Yau RK, Kucera KL, Thomas LC, Price H, Cantu RC. Catastrophic Sports Injury Research Thirty-Fifth Annual Report: Fall 1982 – Spring 2017. National Center for Catastrophic Sport Injury Research at the University of North Carolina at Chapel Hill; 2018.

3Kay MC, Register-Mihalik JK, Gray AD, Djoko A, Dompier TP, Kerr ZY. The Epidemiology of Severe Injuries Sustained by National Collegiate Athletic Association Student-Athletes, 2009–2010 Through 2014–2015. Journal of Athletic Training. 2017;52(2):117-128. doi:10.4085/1062-6050-52.1.01

4Casa DJ, Guskiewicz KM, Anderson SA, et al. National athletic trainers' association position statement: preventing sudden death in sports. Journal of Athletic Training. 2012;47(1):96–118.

5Parsons JT, Anderson SA, Casa DJ, Hainline B. Preventing catastrophic injury and death in collegiate athletes: interassociation recommendations endorsed by 13 medical and sports medicine organizations. Br J Sports Med. 2020;54(4):208-215. doi:10.1136/bjsports-2019-101090

6Casa DJ, Almquist J, Anderson SA, et al. The inter-association task force for preventing sudden death in secondary school athletics programs: best-practices recommendations. Journal of Athletic Training. 2013;48(4):546–553.

<u>All information related to the development of this policy was provided by</u>:

Center for Disease Control (CDC)

PA State Department of Health

American Academy of Pediatrics

British Journal of Medicine

The Corey Stringer Institute