

Shady Side Academy  
Athletic Training – Sports Medicine  
Policy Handbook

## **I. Sports Medicine Staff and Facilities**

1. Certified Athletic Trainer (ATC)- A Certified Athletic Trainer is a qualified allied health care professional, educated and experienced in the management of health care problems, associated with sports participation. In cooperation with physicians and other allied health care personnel, the Athletic Trainer functions as an integral member of the athletic health care team at Shady Side Academy. The Athletic Trainer functions in cooperation with medical personnel, athletic and school administrators, coaches and parents, and insurance companies in the development and coordination of efficient responsive athletic health care delivery systems. The domains of the profession of Athletic training include: prevention, recognition and evaluation, management/treatment and disposition, rehabilitation, organization and administration, and clinical education and counseling.
  - a. They are responsible for the overall supervision of all athletic training facilities. Coordinates all aspects of sports medicine for all athletic teams at Shady Side Academy. This includes the prevention, evaluation, and treatment of all student athletes. Responsible for the direction and instruction of all athletic training students. Responsible for coverage of school athletic teams and contracted camps.
2. Athletic Training Students (ATS)- Come to Shady Side Academy from the accredited undergraduate athletic training program at Duquesne University. They assist the ATC's in medical coverage of the varsity athletic teams. They receive instruction and aid with the prevention, evaluation, and treatment of student athletes on all varsity teams. They also assist the ATC's with preseason physicals and take notes during the sports medicine clinics. ATS's help cover practices, home games, and travel with teams for away-game exposure. The student's role is to practice under the direction of both the certified athletic trainers and the team physicians.
3. Team Physician- The team physician is contracted through Greater Pittsburgh Orthopedics. They are responsible for the delivery of medical care to all Shady Side Academy athletes; including injury/illness evaluation, referral to medical specialists, prescription of therapeutic modalities, and rehabilitation exercises for return of the injured/ill athlete to competition. In all instances, the team physician determines the return criteria and makes the final decision relative to the injured/ill athletes' return to competition. It is also critical that the team physician and the Athletic Trainer share the same philosophical opinions regarding injury management and rehabilitation programs.

## Team Physicians

Dr. Mike Rytel, GPOA

4. The Athletic Training Facility- located in Curry will act as a full time athletic training area, used for taping, treatments, injury evaluations, and rehabilitation.
5. Ice Arena Athletic Training Facility- will act as an athletic training room used for taping, treatments, and injury evaluations for in-season ice hockey events only.

## II. Pre-Participation Physical Examination

1. Each athlete must obtain a physical examination prior to sports participation at Shady Side Academy. This examination is comprehensive and includes physical examination, health history, and orthopedic testing. According to PIAA guidelines, all athletes are required to obtain a comprehensive physical exam.
2. All preseason physical dates will be scheduled by the parents to coincide with the PIAA requirements of having the pre-participation physicals performed on or after June 1<sup>st</sup> of the next school year. No athlete may participate without proper health history and physical examination materials completed.
3. Acceptance of Risk  
Prior to completion of pre-participation physicals and entrance into competition all student-athletes must have a completed acceptance of risk waiver form, signed by their parents/guardians, assuring their informed consent of risk of injury.

## III. Injury Procedures

### Liability

To ensure that risk of injury is minimized, the athletic department has provided the following safeguards:

**Adequate coverage** – Practice, competition and travel supervised by appropriate staff.

**Health concerns addressed with fair access** – Pre-participation physicals required, medical staff available during posted times during the day and at all practices and competitions.

**Proper Facilities** – Facilities made available to suit the needs and safety of the student-athlete.

**Administered Pre-season conditioning** – All athletes have been exposed to proper activity during safe conditions, as to ready them for the rigors of the regular season.

**Emergency Action procedures documented  
Equipment maintained**

1. All injuries should be reported ASAP to the staff Athletic Trainers, home or away. Whenever they are needed, the ATC will make arrangements for referral of the athlete to the appropriate medical professionals.
2. A student athlete who goes for outside treatment must obtain a written note of medical clearance for athletic participation from that physician. Word-of-mouth or parent permission is not acceptable. Final approval for participation is still the team physician's responsibility.

**IV. Treatment Procedures**

1. Treatment hours will be posted on a season-to-season basis. Saturday and Sunday hours will be in accordance with practice and game schedules. Injured athletes who are unable to practice must report to the athletic training room for treatments at the ATC's discretion. Failure to complete treatments for prescribed rehab will be reported to the athlete's coach.
2. Athletic Training Facility Hours- Normal hours of operation are Monday through Friday 2:30-6:30.
3. Ice Arena Athletic Training Facility Hours- Monday through Friday according to event schedule.
  - Saturday and Sunday hours are dependent on team practice and game schedules in all athletic training facilities.
  - ALL REHAB TIMES ARE BY APPOINTMENT ONLY!
  - Non-acute injury evaluations will be performed by appointment

**V. Practice Policies for Injured Athletes**

1. Everyone will dress in full gear for practice unless excused before hand by a coach or ATC. If a player is injured, he or she will be required to report to all practices on time and in the gear suggested by the ATC depending on to what degree the athlete is limited. All field rehabilitation will be done under the supervision of the athletic trainers. No one will leave the practice area because of an injury or illness without permission from the ATC, Physician, or Coach.

2. Injured athletes able to practice with limitations must see the Certified Athletic Trainer for treatment and rehab schedules.
3. Any athlete that has sustained an injury that has caused bleeding to a body part should have the injury taken care of ASAP. All open wounds should be cleaned and properly covered before the athlete is allowed back to competition. All clothes contaminated with blood should be removed and put into a properly marked container for cleaning. All other contaminated materials (gauze, bandages, gloves) should be thrown away in biohazard container for disposal. Do not handle contaminated materials with bare hands.
4. Coaches' injury reports will be utilized in situations where verbal communication is limited. They will be placed in the mailbox of the coach at their request. If a coach has a concern with an injured player, it is suggested that they contact the Athletic Trainer in person or by phone during the day well before practice.
5. The Certified Athletic Trainer and/or Physician shall be the sole judge as to when an athlete is able to return to full participation in practice and return to competition.

## **VI. General Considerations**

### Equitable Medical Care

Access is granted to all student-athletes without regard for race, sex, creed, national origin, age, disability, social/financial status, sexual orientation, or religious affiliation within the sports medicine program with stated hours.

### Pre-season Participation

All student-athletes participate in sanctioned preseason practice sessions in order to maximize readiness to rigors of the sport by the first practice.

### Planning/Supervision

Organized/sanctioned practice and game events, at home or away, are adequately supervised by qualified individuals to ensure that the safety of the student-athletes is upheld. Athletic Trainer, first responder, or when appropriate team physician, are on site

1. Every attempt will be made to conduct the services of all athletic training facilities in a professional manner. The athletic training rooms will not be used a

lounge or a meeting room for athletes. All individuals should enter the athletic training facilities receive their treatment, rehab, taping and then exit.

2. Coaches should contact the ATC ASAP if there is a problem with one of their student athletes. A meeting can and should be arranged between the coach, ATC and athlete in regards to any injury evaluation or treatment.
3. When a player is injured and goes down during practice, coaches should either stop participation, or move the drill/practice away from the injured athlete. Do not allow a teammate to instinctively move, roll or unfasten the helmet of an injured player. The certified Athletic Trainer covering the event will determine the course of action when they arrive to the downed player. If an Athletic Training Student is on scene first they will send for the ATC and monitor the situation until that time. If a coach is the only one present, they will assess the situation and contact the athletic trainer by phone or walkie-talkie when necessary.

\*While Athletic Training Students help in the functioning of the athletic training room, we must remember that they are here to fulfill educational requirements set forth by the National Athletic Trainers Association. This allows them to become eligible for certification/licensure as a professional athletic trainer. Their duties on and off the field are limited to observing and assisting the staff athletic trainers in the prevention, treatment, and rehabilitation of athletic injuries. They are not allowed to cover a sporting event at which a certified athletic trainer will not be present. In the event that they are traveling without an ATC, they are limited to acting as a First Responder. This means that they may only perform First Aid tasks in the event of a new injury, i.e. applying ice. They may also act preventively as in taping of old injuries. They may not evaluate new injuries and make return to play decisions. This must be done by the hosting ATC. All efforts will be made to contact the Certified Athletic Trainer that will be present at the opposing institution beforehand. If a coach has a problem with an athletic training student they should report these concerns to the staff ATC's. All athletic training responsibilities are coordinated by the staff ATC's including team travel and team assignments.

### Equipment

To maintain the safety of all sports equipment used, the manufacturers' instructions regarding use and maintenance schedules are utilized. Student-athletes are made aware of the equipment safety.

Protective equipment is essential in sports to reduce the risk of injury and/or death. The following protective equipment guidelines are to be followed:

It is also important to ensure that all protective equipment is in good condition. The athletic trainers and equipment manager will check the equipment periodically, but it is important for the coaches to be aware of any defects and/or worn equipment on a daily basis and report these to the athletic trainers or equipment managers

1. All equipment should be checked twice a year (At the beginning of the season and at the end of the season)
2. Any helmet that is cracked must be replaced
3. Any face mask that is bent must be replaced
4. All coaches must make sure that the equipment is properly fit to each player
5. The coaches should also check the bases periodically for safety and condition

**Emergency Phone Numbers:**

<b>Athletic Training Staff</b> Christopher Rose, MS, ATC	<b>(Athletic Training Room)</b> (Cell) (Office)	<b>(412) 968-3127</b> (412) 491-7623 (412) 968-3127
Renee Zingaro MS, ATC	(Cell) (Office)	(412) 965-9542 (412) 968-2214
<b>Foxwall Emergency Medical Services</b> 145 Squaw Run Road Pittsburgh, PA 15238	(Emergency) (Non-Emergency)	9-1-1 (412) 963-6611
<b>Fox Chapel Police</b> 401 Fox Chapel Road Pittsburgh, PA 15238	(Emergency) (Non-Emergency)	9-1-1 (412) 963-7220
<b>Fox Chapel Volunteer Fire Department</b> 401 Fox Chapel Road Pittsburgh, PA 15238	(Emergency) (Non-Emergency)	9-1-1 (412) 963-1100
<b>UPMC St. Margaret's Hospital</b> 815 Freeport Road Pittsburgh, PA 15215-3301	(Emergency Room)	(412) 784-4009
<b>Children's Hospital of Pittsburgh of UPMC</b> Children's Hospital Drive 45th St. & Penn Ave. Pittsburgh, PA 15201		(412) 692-5325
<b>Poison Control of Allegheny County</b>		(412) 681-6669

## **VII. In-Season – Out of Season Coverage**

Coverage priorities are based on the risk of injury inherent to each sport with collision/contact having first priority, followed by non-contact events. In-season sports will have precedence over out-of-season and non-traditional season sports.

1. Athletic Training Coverage for varsity athletics occurs only during In Season dates. This will include practice coverage for most sports, all home game, match or meet coverage and selected away game coverage. Athletic training coverage will include a certified athletic trainer and athletic training students when available.
2. During the Out of Season dates there is no athletic training coverage. If an Athletic Trainer is present they will render first aid and communicate with Security, 911 or make arrangements to see the Team Physician when necessary.
3. It is recommended that at least one coach (and preferably all coaches) from each sport be properly certified in CPR, first aid, and automated external defibrillator (AED). Certification can be through the American Heart Association or the American Red Cross. All coaches should carry CPR, First Aid, and AED certification cards on them at all times. Coaches should also carry a cell phone, medical kit and emergency medical cards for each player to all games and practices. Medical kits will be provided for each team, and will be stocked and checked on a regular basis by the athletic training staff. If a kit needs to be restocked, or you would like something in the kit that is not given to you, please contact the athletic trainers.

## **VIII. Shady Side Academy Athletics Emergency Procedures**

\*These procedures should be utilized as closely as possible in an athletic emergency

### **Stadium Fields**

1. Evaluate injury and stabilize the athlete
2. Send someone to call EMS - 911
3. **When calling 9-1-1, have the following information:**
  1. Consciousness level of the patient
  2. Is the patient breathing?
  3. Does the patient have a pulse?
  4. Age of the patient
  5. Location of the Emergency
  6. Chief Complaint of the Patient/Brief Summary of Problem
4. Inform Staff Athletic Trainer of emergency situation if not already present
5. Assist EMS if needed
6. AED is stored in Stadium Athletic Training Room



### Ice Arena

1. Evaluate injury and stabilize the athlete
2. Send someone to call EMS - 911
3. **When calling 9-1-1, have the following information:**
  1. Consciousness level of the patient
  2. Is the patient breathing?
  3. Does the patient have a pulse?
  4. Age of the patient
  5. Location of the Emergency
  6. Chief Complaint of the Patient/Brief Summary of Problem
4. Inform Staff Athletic Trainer of emergency situation if not already present
5. Assist EMS if needed
6. AED is located

### Curry Gymnasium - Swimming Pool

1. Lifeguards handle all water emergencies until athlete is out of the water.
2. Athletic Trainers will assume care of athlete after removal from water.
3. Evaluate injury and stabilize the athlete
4. Send someone to call EMS - 911
5. **When calling 9-1-1, have the following information:**
  1. Consciousness level of the patient
  2. Is the patient breathing?
  3. Does the patient have a pulse?
  4. Age of the patient
  5. Location of the Emergency
  6. Chief Complaint of the Patient/Brief Summary of Problem
6. Inform Staff Athletic Trainer of emergency situation if not already present
7. Assist EMS if needed
8. Emergency equipment on pool deck include spine board with straps and cervical collar, ambu-bag with mask and rigid set of splints
9. AED is located on wall at the hallway opening to the main lobby on the main floor

## **IX. Shady Side Academy Athletic Training Room Rules and Procedures**

1. Please report all injuries after practice on the day they occur to the certified athletic trainer. Evaluations will be performed at that time. If the athlete chooses to wait until a later time to disclose an injury, evaluations will be performed by as necessary.
2. When you are injured and unable to practice, be sure to get treatment as much as possible when scheduled by the ATC.
3. Report all illnesses to the ATC as early as possible in the day.
4. You must check with your certified athletic trainer, not athletic training student, before any practice/game modification.
5. Contact ATC in person or by phone when unable to keep an appointment with a doctor or athletic trainer.
6. All athletic training rooms are co-ed facilities. Please wear shirts and shorts at all times. Spikes are not permitted in athletic training room and shoes are not to be worn while on treatment tables. Please shower before receiving post-practice/game treatment.
7. Appropriate conduct is expected in the athletic training room at all times. No loitering, food, tobacco products or profanity allowed.
8. Ask for assistance from an athletic trainer before taking any supplies or using any equipment.
9. Please respect the privacy of the certified athletic trainer while in his/her office. Knock prior to entrance. Do not use athletic trainers' telephone or computer without permission.
10. Our athletic trainers, athletic training students and physicians are dedicated to your safety and health. They will give you the best possible care. Your courtesy in return will be appreciated.

## **X. Blood Handling Procedures**

Blood borne pathogens are microorganisms that are present in certain body fluids and cause diseases such as:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)
- Malaria
- Syphilis
- Brucellosis

Blood borne pathogens can be transmitted through any of the following:

- Blood
- Semen
- Vaginal Secretions
- Any other body fluid contaminated with blood
- Amniotic Fluid
- Synovial Fluid
- Pleural Fluid
- Cerebrospinal Fluid

The Occupational Safety and Health Administration (OSHA) develops guidelines that regulate the management of bloodborne pathogens and other infectious materials. This helps to reduce the risk of occupational exposure to bloodborne pathogens, and therefore reduces the occupational risk of disease associated with these infectious materials. It is recommended that all coaches attend the OSHA training so they can properly handle and dispose of all blood, bodily secretions, and contaminated garments.

The risk of disease can be minimized by following Universal Precautions. Universal Precautions include the following:

Personal Protective Equipment:

- Gloves
- Goggles
- Face Shield
- Apron

When handling body fluids:

- Always wear gloves
- Always wash hands afterward

All contaminated materials including gloves should be disposed of properly in a red biohazard bag. Each first aid kit should be stocked with at least one biohazard bag at all times. It is recommended that a universal biohazard waste container be located

somewhere in the facility so the individual biohazard bags can be collected and properly disposed of on a regular basis. In addition, all equipment that is contaminated with blood should be cleaned with a 10% bleach solution.

In case of exposure, the following measures should be taken:

1. Wash the area thoroughly with soap and water
2. If blood enters the eyes, nose, or mouth, flush with running water for 15 minutes.
3. Receive proper care at the hospital
4. Get tested for any communicable diseases (HIV, HBV)

## **Varsity Sports**

1. When bleeding occurs to an athlete, the coach should stop the activity and remove the injured individual as soon as possible.
2. Coaches should defer bleeding injuries to an Athletic Trainer when they are present. Notify ATC as soon as possible in the event the coach is responsible for handling the situation.
3. All bleeding injuries should be taken care of right away. Stop bleeding, clean the area involved and cover the wound.
4. Always put a clean barrier such as latex gloves between your hand and the bleeding injury. Cover all open wounds with a bandage to decrease the risk of exposure. Always wash your hands after treating a bleeding injury.
5. If first to a scene, and there is not a kit around with gloves and gauze in it, use a clean towel or piece of clothing as a barrier to stop the bleeding. Do this until assistance arrives and a kit can be found. Try not to come in contact with the blood.
6. All blood contaminated bandages and barriers should be disposed of in properly marked red biohazard bags. They can be located in all medical kits and athletic training rooms as well as equipment rooms.
7. Make sure all blood contaminated clothes and uniforms are removed from the injured athlete and placed in properly marked laundry bag. These red laundry bags will be placed in all equipment and laundry rooms. Be sure to wear latex gloves when handling blood stained uniforms. Instruct all athletes to put contaminated clothes and uniforms in red bags before putting in laundry cart or equipment room.
8. All equipment and surfaces contaminated by blood should be cleaned up as soon as possible. There will be a disinfectant placed in all medical kits, athletic

training rooms and equipment rooms for that purpose. All disinfectant bottles will be clearly marked.

9. It is important for all coaches, athletes, and athletic trainers to follow all rules that protect against contracting HIV and HBV. The PIAA has their own blood borne pathogen procedures. Officials are aware of these rules and will stop a game for the correct protocol.

### **Athletic Trainer Policy – Blood Exposure**

1. Gloves should be worn for touching blood and body fluids of all athletes. This would include performing incisions for blisters. Gloves should be changed after contact with each individual.
2. Hands and other skin surfaces should be washed immediately if contaminated with blood or other body fluids. Hands should also be washed after gloves are removed.
3. All used scalpel blades and needles should be disposed of properly after use. Please place into proper sharps' containers carefully.
4. Pocket masks should be used while performing CPR. Masks are in the medical kits and in all athletic training rooms.
5. In the event of a “spill of blood”, a germicide solution should be used to decontaminate the spill. The solution can be found in each athletic training room.
6. All soiled clothing and towels should be removed and placed in a red biohazard bag that will be sent to the laundry room for special cleaning. Please wear latex gloves for the handling of these materials.
7. All used dressings and bandages that have been contaminated should be disposed of in special red biohazard bags. Bags and special marked trashcans are placed in each athletic training room.
8. If an athletic training student is exposed to blood or other potentially infectious material, this should be reported to a staff ATC ASAP.
9. Do not eat or drink in areas in which exposure to blood or other body fluids may occur.

- \* All athletic training students should take precautions to prevent injuries to themselves from sharp instruments, and any other blood exposure. If there are questions on policy a staff ATC should be asked!

### **Equipment and Laundry Room Personnel**

1. Please keep all medical kits properly labeled and available at all times.
2. Please separate blood stained clothing and keep them in red bags.
3. Wash all blood stained clothing separately in hot water.
4. Handle all blood stained clothing with latex gloves that are provided in kits.
5. Throw out red clothing bag and latex gloves in biohazard container in stadium and/or gymnasium athletic training rooms.
6. When medical kits need to be restocked, please inform staff athletic trainers.
7. If exposed to blood stained clothing without proper precautions, please notify an athletic trainer as soon as possible.
8. As a precaution, it is recommended to use gloves on a daily basis when handling the laundry of the athletic department. These gloves can be a reusable or disposable. Throw the reusable type away if they've become torn and/or if they've come into contact with blood stained clothing.

### **Other Important Blood Borne Pathogen Information**

1. Medical kit contents:
  - Latex gloves, non-latex gloves for those allergic available also
  - Sterile gauze
  - Band-Aids and tape
  - Red disposable biohazard bags
  - Germicidal disinfectant spray
2. Locations for medical kits:
  - All equipment/laundry rooms
  - Gym athletic training room
3. Locations for red biohazard disposal containers:
  - Stadium and gym athletic training rooms

## **XI. Athletic Training Duties – Football**

(Other sports may have different requirements – Check with ATC)

### **Indoor Duties:**

1. Tape and prepare athletes for practice

2. Clean and restock tables
3. Fill 3 – 10 gallon coolers with ice water & take outside along with sleeve of cups/water bottles, ice chest full of ice
4. Take care and record all treatments
5. Update paperwork for all injury evals & rehab sheets – check folders
6. Clean off all modalities and rehab equipment
7. Make up ice bags only for athletes who cannot, due to physical limitation, help themselves to ice

#### Outdoor Duties:

1. Take out field kit, splints and spine board
2. Take out and hook up water caddies
3. Stay in separate areas of field to observe practice
4. Keep record of all injuries
5. Carry tape and bandage material with you
6. Bring in kit and coolers

#### After Practice:

1. Record all treatments
  2. Return and clean all coolers and ice chests
  3. Drain and clean all whirlpools
  4. Clean all treatment tables
  5. Check with staff ATC to fill out or update evaluation and/or rehabilitation sheets
- Game day setup will vary and will be discussed with students by staff athletic trainer.

## **XII. Lightning Safety**

Lightning has been shown to be the second leading cause of weather related death in the United States. Any outdoor sports and recreational activities pose an inherent danger to athletes and staff in the event of a lightning storm. Therefore, the National Athletic Training Association (NATA) has developed guidelines to follow in the event of an electrical storm. These guidelines serve to protect the athletes, staff, and bystanders from lightning related injury and/or death. They include the detection of lightning as well as what safety precautions should be taken when, and how to respond if someone does, in fact, get struck by lightning.

The chain of command for monitoring threatening weather is as follows:

## Lightning During Practice

1. There are a few ways to detect the vicinity of lightning. One is a handheld lightning detector that will provide the user with a range, actual distance, or even estimated amount of time until the lightning hits the area. This is the recommended approach. However, a less costly method is the flash-to-bang system. The flash-to-bang method is as follows:
2. Athletic Trainer or Athletic Training Student – As soon as the first flash of lightning or clap of thunder occurs, the staff athletic trainer on site, or the athletic training student if no staff ATC is available, is to begin to monitor the distance of the storm from the site by measuring the flash to bang time.

“Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away (in miles) the lightning is occurring. For example, if an individual counts to 15 seconds between seeing the flash and hearing the bang, 15 divided by five equals three; therefore, the lightning flash is approximately three miles away.” (2004-2005 NCAA Sports Medicine Handbook)

The individual monitoring the lightning (certified athletic trainer, athletic training student) is to keep the head coach constantly apprised of the storm distance from the practice site. “As a minimum NSSL staff strongly recommend that by the time the monitor obtains a flash-to-bang count of 30 seconds (equivalent to six miles), all individuals should have left the athletics site and reached a safe structure or location. Athletics events may need to be terminated.”

The primary choice for safe shelter will be the concession stand pavilion. In the event that the shelter becomes full, the next best choice for shelter will be a fully enclosed vehicle with a metal roof and closed windows (convertibles and soft-tops are not sufficient). If seeking shelter in a vehicle, you should avoid touching the sides of the vehicle.

3. Assistant Coach – In the absence of a staff athletic trainer or an athletic training student the assistant coach on site is responsible for monitoring storm distance.
4. Head Coach – The head coach is responsible for making sure that by the time the storm is within six miles, flash to bang of 30 seconds, all participants have reached a safe structure or location.

The head coach is also responsible for deciding when activity can resume. Coaches must wait at least 30 minutes after the last flash of lightning or sound of thunder before resuming practice activities outdoors.

## Lightning During a Competition

1. Game Administrator – The game administrator is responsible for making decision when to suspend play. He/She should be assisted by the athletic training staff or



- the other operations personnel available in monitoring a storm's distance from the competition site.
2. Prior to the start of the contest the game day administrator, or his/her designee, is to inform the game officials of the policy to have the field cleared of participants by the time a storm is within six miles of the site.
  3. As the game administrator monitors the storm, he/she should keep the game officials informed of the storm's distance from the site.
  4. In the unlikely event that the game officials fail to suspend play when the storm is six miles away, it is the responsibility of the game administrator to overrule the official and suspend play.
  5. The game administrator will signal resumption of play thirty minutes after the last flash of lightning is seen or clap of thunder is heard.

### Lightning Education

Other precautions to take in the event of a lightning storm include the following: Avoid high places, open fields, isolated trees, baseball dugouts, bleachers, flagpoles, telephones, metal fences, or any standing water. If anyone should feel his/her hair stand on end, feel his/her skin tingle, or hear crackling noises should assume the lightning-safe position (crouched as low to the ground as possible, feet together with weight on the balls of the feet, and head tucked with ears covered). **DO NOT LIE FLAT!**

In the event that someone is struck by lightning, the following procedure should be followed:

1. Check the scene for safety, as continuing thunderstorms may pose a threat to emergency personnel.
2. Call EMS
3. Carefully move the victim to a safer area, if needed.
4. Evaluate the patient for pulse, breathing, hypothermia, shock, burns, and/or fractures.
5. Treat the victim as needed. If AED is indicated, it is imperative that the victim be as far away from any water as possible.

### Strike Alert Lightning Detector Unit

1. Located in athletic trainer's office
2. Unit goes outside – turn on using black switch at side
3. Select range of 3-8 miles for best detection
4. If light blinks at that 3-8 mile distance area, please remove everyone from all outside fields to safety.
5. Safe return when light stops blinking and you also do not see lightning in area

### **XIII. Cold Temperature Policy:**

Cold weather can become a factor in outdoor sports and activity, and the participants' susceptibility to injury. This becomes more evident in sports that do not require a lot of heavy protective clothing or equipment. Cold temperature, wind, and dampness all contribute to the environment. Common conditions that cold weather causes are hypothermia, frostnip, and frostbite.

**Hypothermia** is a decrease in core body temperature below 95°F. A small decrease in temperature will induce the body's protective mechanism of shivering. Once the core temperature drops below 85°F shivering will stop, and if the core temp falls below 77°F and 85°F death is imminent. Signs to be cautious of include:

- Shivering at first, but stops
- Rapid breathing
- Loss of coordination
- Muscle stiffness
- Slowing respirations
- Slow pulse
- Confusion
- Lethargy/sleepiness

If an athlete, coach, or bystander experiences any of the previous signs or symptoms, the following steps should be taken:

1. Remove the patient from play/practice
2. Call EMS
3. Move the patient to a warmer location if possible (inside concession stand, inside a vehicle)
4. If the patient's clothing is wet, remove as much as possible
5. Wrap the patient in blanket(s)
6. Monitor the patient's vitals until EMS arrives

**Frost nip** is a local decrease in temperature of a body part that is usually caused by high winds, severe cold, or more often a combination of both. Frost nip generally involves extremities including fingers, toes, ears, nose, chin, and cheeks. This can be treated early by direct sustained pressure (without coincident rubbing) applied to the affected area.

**Frostbite** is a more serious local cold injury, because the tissue is actually frozen. It is usually caused by exposure to temperatures well below freezing that is not necessarily accompanied by dampness in the air. Superficial frostbite involves just the skin and subcutaneous tissue, while a deep frostbite will affect the underlying tissues as well. Both superficial and deep frostbite will present virtually the same. The skin may look pale, waxy, blistered, and/or swollen. The skin will feel cold and hard to the touch, and the underlying tissues may or may not be pliable. If anyone sustains frostbite, the following steps should be taken:

1. Call EMS
2. Remove the patient from the cold (Inside concession stand or a vehicle)
3. DO NOT REWARM the body part or apply heat (This is best done in the ER under controlled conditions)
4. Protect the injured part from further injury
5. Remove any wet clothing from the injured part
6. If the frostbite is on the feet, do not allow the patient to stand or walk

## **XIV. EpiPen® Protocol**

### Important Information

- Is disposable, pre-filled automatic injection device
- For allergic Emergencies
- Contains a single dose of epinephrine (0.3mg intramuscular)
  - \* Most (90%) of the liquid stays auto-injector after use and cannot be reused
- Contains no latex
- Should have prescription
- Athlete must administer themselves unless unconscious and must go to ER after administering

### When to use

Use the EpiPen® auto-injector only if you are a hypersensitive (allergic) person and your doctor has prescribed it for allergic emergencies. Such emergencies may occur from insect bites or stings, foods, drugs, latex, other allergies, exercise-induced anaphylaxis, or unknown causes (idiopathic).

### Care and Storage

- Keep EpiPen® ready for use at all times
- Store in a dark place at room temperature (59-86°F)
- Do not refrigerate
- Do not expose to extreme heat or cold
- Note expiration date on unit/replace before expiration date
- Replace the unit if the solution is discolored or contains solid particles

### Emergency Treatment/Allergic Reaction

- Use when signs/symptoms of anaphylaxis appear
- Use through clothing if necessary
- Repeat injection when necessary
- Avoid exertion

### Insect Sting

- Remove insect stinger with your fingernails if possible
- Do Not squeeze, pinch, or push it deeper into the skin
- If available, apply ice packs or sting kill to the sting area

## **XV. Guideline for the Diabetic Athlete**

The diabetic athlete will be identified during the pre-participation exam. It will be documented and all of the staff Athletic Trainers, as well as the coach will be informed of the athlete's condition. It is important to keep the athlete's blood glucose level normal during physical activity and will require an individualized plan. Please remember that each person with diabetes will react differently and should have their own, personalized plan.

1. Eat a balanced and nutritious breakfast each morning
2. Eat a balanced and nutritious lunch each afternoon.
3. Test blood glucose level before the start of practice. Normal blood glucose when not fasting should be between 90-130 mg/dl
4. Do not exercise if blood glucose level is greater than 250 mg/dl. Do not exercise if you are not feeling well. If blood glucose level is less than 100 mg/dl, eat a small carbohydrate snack before exercise.
5. Test blood glucose level every 30-45 minutes during practice/game or as needed. Stop exercising if you feel ill.
6. Consume carbohydrates as needed to maintain blood glucose level. Check feet for blisters or other injuries. Talk to the Athletic Training staff about what to do if you are having problems with your feet.
7. In case of emergency, campus police will be contacted.

## **XVI. Head and Neck Injuries**

If you think you have had a head injury or concussion, please inform the certified Athletic Trainer as soon as possible.

The athletic Trainer will coordinate any necessary follow-up care with the team physician.

1. Stabilize the head and neck
2. Check ABCs
3. Initiate CPR if indicated. This will include appropriate removal of helmet and shoulder pads in football
4. Remove facemask from football helmets
5. Check and monitor vital signs including level of consciousness
6. Obtain history including mechanism of injury, loss of consciousness. Examine for headache, photophobia, diplopia, dizziness, tinnitus, unsteady gait, confusion, retrograde and/or anterograde amnesia, behavioral changes, cognitive activities, nausea and vomiting.
7. Perform observation including looking for deformity, discoloration, swelling pupil abnormalities and facial expressions/behavior.
8. Palpation of bony structures and soft tissues for swelling, deformity, point tenderness, crepitus and skin temperature.

9. Perform special testing. Include 3 word recall, serial 7s, Romberg test and coordination test as well as full upper quarter neurological screen.
10. Look for other danger signs: cerebral spinal fluid from the nose/ears, continued headache, prolonged amnesia, nausea/vomiting, raccoon eyes, increase in systolic blood pressure or decrease in diastolic, speaking difficulties.
11. Medical/emergency referral if there is any question with the athlete's well being.
12. If signs/symptoms last for more than 15 minute, a liscenced physician must release athlete before return to play.
13. Athletes who sustain a head injury may be asked to take the ImPact neuropsychological test.
14. The case will be discussed and the neuropsychologist will make a return to play recommendation. The return to play recommendation will be communicated to the team physician and certified Athletic Trainer.

## CONCUSSIONS

Concussion and second-impact syndrome are two potentially life-threatening risks to which student-athletes are exposed. It is estimated that concussions are suffered by one (1) in five (5) high school football players each season, which, if accurate, means that more than 250,000 concussions occur annually at that level alone.

Some of the mild concussions, the so-called "bell rung" or "ding", with no loss of consciousness or posttraumatic amnesia may go unrecognized by the coaches, athletic trainers, teammates or team physicians.

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness

- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

The Colorado Medical Society Sports Medicine Committee has developed basic guidelines for the management of concussion in sports. These guidelines have reasonable application to clearance guidelines in the pre-participation physical evaluation. Although these guidelines may assist in clinical decision-making, they are not absolute and should not be substituted for the clinical judgment of the evaluating physician. If there are any questions as to the severity of past head trauma, or if the trauma required intracranial surgery, clearance should be deferred until further records are obtained and/or neurosurgical evaluation is performed.

No athlete should be allowed to return to contact sports until proper medical evaluation is obtained. Attending medical staff should not allow a player to resume participation in sports until the injured student-athlete has fully recovered from his/her post-concussive symptoms. Any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the practice/game and shall not return to play until cleared by an appropriate health-care professional.

With regard to injury prevention in football, coaches, athletic trainers and medical personnel should strive to help educate the player in proper tackling techniques so that these injuries can be minimized. Neck strengthening exercises are important in preventing rapid acceleration/deceleration injuries that can occur without a direct blow to the head. In addition, proper equipment and maintenance, including adequate helmet fit (inflation of air bladder in helmet) and shock-absorbing mouthpieces, are essential in preventing concussions. All medical personnel need to be reminded that all unconscious student-athletes should be suspected of a cervical-spine injury until proven otherwise. Special care to the cervical spine should always be used in transporting an unconscious player.

Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.

The student should be evaluated. A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.

Concussed students should give themselves time to get better. If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free. Every sport is different, but there are steps students can take to protect themselves. Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:

The right equipment for the sport, position, or activity;  
Worn correctly and the correct size and fit; and  
Used every time the student Practices and/or competes.  
Follow the Coach's rules for safety and the rules of the sport.  
Practice good sportsmanship at all times.

In accordance with PIAA guidelines all parents and students must sign the "UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY" section of the CIPPE packet and take a baseline concussion test to be eligible to participate.

All staff associated with interscholastic competition must turn in certificate of concussion recognition training through the NFHS website after completion.

Return to play protocol:

1. Athlete must be asymptomatic for 48 hours, with one day including academic classwork, before initiation of any exertional activities.
2. Athlete will start low level exertion, jogging, biking, elliptical, low weight/high rep weight lifting, on first day after being asymptomatic during academic day, for 20-30 minutes.
3. If no return of symptoms after low level intensity, the athlete will engage in moderate intensity workouts consisting of jogging/running, biking and weight lifting.
4. If no return of symptoms athlete may participate in high intensity drills of sprinting/running, regular weight lifting and non-contact sport drills.
5. Upon completion of this progression the athlete may be deemed ready to return to full contact practice. It is recommended to participate in full practice prior to release to interscholastic game play.

## XVII. Heat Illness:

Heat illness is a major concern in outdoor sports. Athletes who participate in activity in hot humid weather are particularly susceptible to heat illness of varying degrees including heat cramps, heat exhaustion, and heat stroke. There are many precautions that should be taken to prevent the occurrence of heat related illness. These include:

- Continuous hydration with both water and electrolyte-containing sports drink before, during, and after activity
  
- Appropriate uniforms (breathable fabric, shorts, short-sleeved T-shirts, etc)
- Adequate breaks
- Gradual acclimation to activity in heat and humidity
- Well-balanced diet including sodium, potassium, and calcium
- Monitoring temperature and humidity readings before activity

The Universal Wet Bulb Globe Temperature (WBGT) index is a tool that is used to objectively determine heat categories, and what precautions should be taken regarding activity in hot and humid conditions. The WBGT index is as follows:

Heat Category	WBGT °F	Work:Rest Ratio		
		Easy Work	Moderate Work	Hard Work
1	78.0-81.9	NO LIMIT	NO LIMIT	40:20 min
2	82.0-84.9	NO LIMIT	50:10 min	30:30 min
3	85.0-87.9	NO LIMIT	40:20 min	30:30 min
4	88.0-89.9	NO LIMIT	30:30 min	20:40 min
5	≥90	50:10 min	20:40 min	10:50 min

In addition to taking all necessary precautions to avoid heat illness, it is critical to recognize the signs and symptoms associated with heat illnesses and take the proper measures when heat illness does occur.

**Heat cramps** are intense muscle spasms that are very painful. Heat cramps are related to the excessive loss of water and electrolytes. Signs and symptoms of heat cramps include:

- Muscle cramps
- Fatigue
- Muscle Spasms

If anyone should experience heat cramps, the following action should be taken:

1. Stop Activity
2. Rehydrate with large amounts of water and sports drinks
3. Stretch the cramping muscle
4. Ice massage over the cramping muscle

**Heat exhaustion** is a more severe heat illness than heat cramps. It is caused by prolonged sweating and inadequate fluid replacement leading to severe dehydration.



Generally someone suffering heat exhaustion will collapse and present with the following signs and symptoms:

- |                                       |                       |
|---------------------------------------|-----------------------|
| -Polydipsia (excessive thirst)        | -Nausea               |
| -Dry tongue/mouth                     | -Dizziness            |
| -Hyperanhydrosis (excessive sweating) | -Lack of Coordination |
| -Weakness and fatigue                 | -Hyperventilation     |
| -Elevated core temperature (102°F)    | -Cool, pale skin      |
| -Rapid pulse                          | -Confusion            |

In the event that someone experiences heat exhaustion, the following measures should be taken:

1. Stop activity
2. Rapid rehydration with water and sport drinks
3. Rest in the shade

If the condition worsens or fails to improve, call 9-1-1, as the patient may require hospitalization for intravenous fluid replacement.

**Heatstroke**, as opposed to heat cramps and heat exhaustion, is a serious, life-threatening condition that requires immediate medical attention. Heatstroke is a sudden onset thermoregulatory failure, of which the exact cause is unknown. Someone suffering from heatstroke will experience a sudden collapse, usually with coincidental loss of consciousness. The following signs and symptoms will be observed in a patient with heatstroke:

- |  |                    |
|--|--------------------|
| -Flushed, hot skin   | -Vomiting          |
| -Rapid, strong pulse   | -Shallow breathing |
| -Sweating decreases or stops                                       |                    |
| -Rapid increase in core temperature ( $\geq 104^{\circ}\text{F}$ ) |                    |

If someone should experience heatstroke, the following actions should be taken:

1. CALL EMS
2. Move to cool shaded area
3. Remove as many clothes as possible
4. Use cold, wet towels to reduce body temperature
5. Fan the patient with towel
6. Monitor vitals until EMS arrives

### **XVIII. Fire Policy:**

Each year, approximately 2 million fires are reported to emergency services. Death from a fire is the third leading cause of accidental deaths occurring at home. It is important to know some basic information regarding fires, and how to respond in the event that one does break out. There are four different types or classes of fires. The type of fire extinguisher used to put out a fire is determined by the type of fire.

- Class A: regular flammable materials – wood, **paper, cloth, trash, plastics**
  - **Leaves ashes when burned.**
  - **Extinguisher type: blanket or water extinguisher**
- Class B: flammable liquids – gasoline, grease, oil, acetone, thinners
  - Materials that bubble or boil when burned.
  - Extinguisher type: carbon dioxide, dry chemical, or halogenated.
- Class C: electrical equipment
  - Electrical currents involved.
  - Extinguisher type: carbon dioxide
- Class D: flammable metals – magnesium, aluminum
  - Extinguisher type: specific dry powder

In the event that a fire does break out the following actions should be taken:

1. Call 911 immediately if someone or something catches on fire.
  - Tell the operator where you are, give directions to the fire's location, and give the number of people injured (if any).
  - Listen for instructions from the operator.
  - Monitor vital signs of burned people until help arrives.
2. If clothing catches on fire, **stop** what you are doing, **drop** to the ground, and **roll** around on the ground to extinguish the fire.
3. If fire is small, you can use a fire extinguisher to put out the fire, only if you know what substance is burning and if you are in a safe range where you are not inhaling toxic smoke.

How to Use a Fire Extinguisher: **PASS**

**P** - PULL out the pin at the top of the fire extinguisher

**A** - AIM at the base of the fire – the spot where the flames started

**S** - Squeeze the handle to release the extinguishing substance

**S** – Spray/sweep fire extinguisher from side to side until the flames are completely gone.

## **XIX. Medical Conditions**

### **Asthma:**

Asthma is a common condition that causes the airway become swollen or inflamed, affecting the breathing pathway to the lungs. Approximately 1 in 15 Americans suffers asthma. During an attack, the airway narrows, and the amount of air reaching the lungs therefore decreases. Asthma ranges in severity from mild to severe. Moderate to severe asthma can result in visits to the hospital or death if not treated properly. Attacks can be triggered by allergies, exercise, cold air/weather changes, stress/anxiety, or viral infections.

Many athletes will be diagnosed with asthma, and will have it controlled by both a daily long-acting powder inhaler to prevent attacks and a fast acting meter dosed inhaler (MDI) to use in case of an attack. It is important to make sure athletes with asthma carry a current “rescue” inhaler to all practices and games, and that the coach knows where the inhaler is at these events.

Whether someone is diagnosed with asthma or not, it is important to recognize when an asthma attack is happening and take the proper measures to prevent complications. Signs and symptoms to look for during an asthma attack include:

- Difficulty breathing
- Coughing
- Wheezing
- Hyperventilation
- Sweating
- Pallor
- Anxiety
- Fatigue
- Hunched over posture
- Triped position
- Flaring nostrils

In the event that someone experiences a mild attack, the following steps should be taken:

1. Stop activity
2. Use fast-acting MDI
3. Rest until signs and symptoms alleviate
4. Notify the parents about the attack

In the case of a severe attack, the following actions should be taken:

1. Stop activity
2. Call EMS
3. Assist with administration of medication
4. Encourage the athlete to perform controlled breathing (In on a count of 4, out on a count of 4)
5. Monitor airway and breathing until EMS arrive.

Use of an MDI with spacer:

1. Remove the cap from the inhaler.
2. Squirt a “puff” of medicine into the air to prime the MDI.
3. Insert the mouthpiece of the MDI into the end of the spacer.

4. Hold the spacer and the MDI together and shake well.
5. Have the person breathe out and put the mouthpiece of the spacer into the person's mouth.
6. Press down on the MDI canister to administer 1 puff of medicine.
7. Breathe in slowly and deeply.
8. Hold breath for 10 seconds, remove spacer from mouth, and breathe out slowly.
9. Wait 1 minute before giving another puff if advised.

Use of and MDI without spacer:

1. Remove the cap from the inhaler.
2. Squirt a "puff" of medicine into the air to prime the MDI.
3. Shake the MDI well.
4. Put the MDI up to the mouth as the person slowly breathes out.
5. Put the inhaler in the mouth and push down on the top of the MDI as the athlete slowly breathes in.
6. Have the person hold his/her breath for 10 seconds.
7. Wait a minutes before administering another puff if advised.

**Food Allergies:**

## **Insect Bites/Stings:**

Insect bites and stings can be dangerous because of the possibility of anaphylaxis, and therefore, have to be taken very seriously. Most bites/stings will only need symptomatic treatment. However, if someone is allergic to the insect, much more serious measures must be taken. All coaches educated on how to handle these situations if they arise. In addition, any athletes who have a known allergy should carry a prescription Epi-pen with them to all practices and games. The coach should know where this Epi-pen is located at these events.

The signs and symptoms of a **local reaction** include:

- Redness
- Swelling
- Itching
- Pain

\*Normal reaction will only last up to a few hours (sting site affected only)

If a **local reaction** occurs, the following steps should be taken:

1. Remove Stinger (if present)
2. Wash area with soap and water
3. Use medicaine swabs or sterile alcohol swabs over the area
4. Apply ice as soon as possible (slows allergic response)
5. Sit quietly to reduce circulation of venom
6. Tylenol or aspirin to relieve pain (Upon parental permission only)
7. Antihistamine to relieve itching (Upon parental permission only)
8. Use lotion to soothe (calamine)

The signs and symptoms of a **systemic (anaphylactic) reaction** include:

-Hives	-Dizziness
-Nausea	-Vomiting
-Fainting	-Diarrhea
-Hoarseness	-Thickened speech
-Weakness	-Tightening of chest
-Difficulty in breathing	-Burning (chest or face)
-Heart palpitations	

\*Signs and symptoms can seem mild at first, but can progress to life-threatening rapidly.

The following steps should be taken in the case of an **anaphylactic reaction**:

1. Call EMS
2. Assist with administration of Epi-pen (if available)
3. Monitor vitals until EMS arrives

4. Steps listed above for local reaction
5. Identify insect if possible (Scoop it up and bring to emergency department)

***\*Treatment must be started as soon as possible***

Prevention of Insect Bites/Stings:

- Do not swat at wasps and bees, as it can agitate them
- Closed shoes are suggested
- Garbage cans should not be located directly where people sit
- All nests should be destroyed when no one is around (high volume spray)
- Keep food covered
- Do not plant flowering trees where many people sit
- Some insects are attracted to certain perfume, cologne, bright colors, hair spray, hair tonic, suntan lotion, aftershave lotions, and cosmetics, so avoid too much

### **Seizures:**

A seizure is a bout of abnormal electrical activity in the brain that causes systemic convulsions. These systemic symptoms vary depending on what area of the brain is affected by the irregular activity. Seizures can be caused by head trauma, low blood glucose level, allergic reaction, poisoning, a pre-existing condition such as epilepsy, tumors, or other neurological problems. In addition, many seizures are idiopathic (have no determined cause at all). Seizures can present with a wide variety of signs and symptoms that range from mild to severe. These include:

- |  |                                |
|--|--------------------------------|
| Confusion                                      | Paranoia/fear                  |
| Exhaustion                                     | Incontinence                   |
| Lethargy                                       | Tongue biting                  |
| Loss of attention (3-15 seconds)               | Convulsions (up to 30 minutes) |
| Sweating                                       |                                |
| Tingling/numbness                              |                                |
| Involuntary spasms of the face, limbs, or head |                                |

A seizure is usually followed by a postictal state. This can be characterized by confusion, exhaustion, labored breathing, lethargy, combativeness, and/or hemiparesis (weakness on one side of the body). If any player, coach, official, or bystander suffers from a seizure the following protocol should be followed:

1. Call EMS
2. Cushion the fall if possible
3. Keep the patient safe from harm (remove any dangerous objects from area)
4. DO NOT RESTRAIN the patient
5. NEVER ATTEMPT TO PUT ANYTHING IN THE MOUTH of the patient
6. Allow the seizure to run its natural course
7. Once the seizure is over, place the patient in the recovery position (on the left side with the head resting on the left arm) and monitor the vital signs until EMS arrives

## **XX. Other Policies**

### **Communicable Diseases:**

Communicable diseases are contagious diseases caused by bacteria, viruses, or parasites. They are spread from one person to another through physical contact and bodily fluids. Some communicable diseases can easily be treated, whereas some can lead to death and cannot be cured. Communicable diseases include, but are not limited to respiratory infections, meningitis, conjunctivitis, skin lesions such as staph infections, lice, scabies, tuberculosis, sexually transmitted diseases and HIV/AIDS. The following preventative measures should be taken in order to decrease the risk of transmission of communicable diseases:

1. Always demonstrate proper hygiene.
2. Always cover your mouth when coughing or sneezing.
3. Frequently wash hands to avoid spreading infections.
4. Never share cups, drinks, or water bottles
5. Never share personal hygiene items such as brushes, combs, towels, etc.
6. Keep immunizations up-to-date
7. Equipment should be frequently washed/sanitized in order to decrease the risk of infection/transmission.

### **Respiratory Infections**

### **Meningitis**

### **Conjunctivitis**

### **Skin Lesions**

### **Lice**

### **Scabies**

### **Tuberculosis**

### **Sexually Transmitted Diseases**

### **HIV/AIDS**

### **Drug/Substance Abuse Policy:**

-The use of any drugs/substances (including illegal drugs and chewing tobacco) by athletes, coaches, or spectators is strictly prohibited at Shady Side Academy. Anyone using these substances will be asked to leave immediately.

-Athletes are not to use any performance enhancing steroids. Any athlete found to be using these substances will be removed from the team.

-Coaches may not provide any medications, prescription or over-the-counter medications to any athletes.

**Alcohol/Smoking Policy:**

Both alcohol and smoking is prohibited at all times at Shady Side Academy. Alcohol may be related to vandalism, public disturbances, and fighting. Smoking can introduce second-hand smoke that may be harmful to athletes and other bystanders. Anyone caught smoking or with alcohol will be asked to leave the premises immediately.

**XXI. Poisoning:**

A poison is any substance that can cause harm to the body. Poisons can enter the body intentionally and accidentally. Commonly ingested poisons include cleaning product, antifreeze, windshield washer fluid, pesticides, and wild mushrooms. In addition, any medication, if taken in excess, can be considered a poison. It is critical to know what to do in case a poison is ingested. In the case that someone comes in contact with any poison, the following steps should be taken:

1. Call EMS
2. Determine the substance and amount ingested if possible
3. Do not allow the patient to eat or drink anything before calling poison control
4. Do not administer Ipecac or any other emesis-inducing agent before calling poison control
5. Call poison control and follow instructions given by poison control operator  
**Poison Control of Allegheny County** (412) 681-6669
6. Monitor vitals until EMS arrives

**XXXII. FORMS**

**Coach's Emergency Card**

<b>Foxwall EMS</b> (Emergency)	9-1-1	<b>Fox Chapel Police</b> (Emergency)	9-1-1
(Non-Emergency)	(412) 963-6611	(Non-Emergency)	(412) 963-7220



**Fox Chapel Volunteer Fire Department** (Emergency) 9-1-1  
(Non-Emergency) (412) 693-1100

**Christopher Rose, MS, ATC**

Cell (412) 491-7623

Office (412) 968-3127

**Renee Zingaro MS, ATC**

Cell (412) 965-9542

Office (412) 447-2214

**Athletic Training Room** (412) 968-3127

**Gene Deal, Athletic Director** (412) 352-7646

**Role of Coach/Counselor in an Emergency**

>**Check** the scene for **safety** of yourself, the patient, and bystanders.

>**Check** the status of the **patient** (**Airway-Breathing-Circulation, Bleeding, Level of Consciousness, etc**)

>**Stabilize** the patient – **DO NOT MOVE**

>Instruct someone to **call emergency personnel** (EMS-Police-Fire), and **give directions** to the location

>Instruct someone to **retrieve** the **Automated External Defibrillator** (AED)

>Provide **care** to the patient (CPR-Rescue Breathing-AED-Bleeding-Choking, etc)

>**Transfer** care to EMS upon arrival and give a brief summary of your findings and immediate care.

# **Catastrophic Injury Procedures**

## **Introduction**

The risk of injury, permanent disability, and/or death is inherent to athletic competition. For the purposes of this document catastrophic injury, permanent disability and/or death will be termed as a catastrophic injury (CI). CI's are not limited to incidents that student-athletes will encounter on the field of play. This can happen during travel, on the general campus or in the surrounding community.

## **Purpose**

To provide a written guideline to facilitate the proper action of the Athletic Department in the event of a CI to a student-athlete, student staff, coach, administrative staff, and/or support staff. This serves as a guide which can be adapted to the specifics of the circumstances surrounding the incident.

## **Goals**

- To respond appropriately in the event that a student-athlete and/or athletic department staff members suffers a CI.
- To ensure that all affected individuals receive proper medical attention and are referred to the appropriate counseling services or support groups.
- To maintain confidentiality surrounding the event
- To perform a post event critique after an incident and revise the guideline as needed.

## **Definition of a Catastrophic Injury**

- Significant Injury
- Permanent Disability
- Brain Damage
- Death
- Acts of Violence
- Suicide
- Loss of a Paired Organ

## **Catastrophic Injury Team (CIT)**

- Consists of both athletic department staff and regular university staff and may include members outside of the university.
- Includes the following individuals

Athletic Director	Head Athletic Trainer
Team Physician	Assistant Athletic Director
Team Athletic Trainer	Head of School
Counseling Services	School Nurse

### **CIT Member Roles**

#### **Athletic Director (AD)**

- The AD may delegate any and/or all of the following duties s/he deems appropriate
- Notifies or is notified by appropriate staff member of a CI
- Notifies CSM, Assoc AD, Asst AD, Director of Risk Management, Director of Student Life, Sports Information Director, Director of Campus Police (if necessary), head coach (if non-athletic related or coach was not present)
- When appropriate, notify the family of the individual(s) involved
- Organizes athletic department staff meeting to update staff on situation
- Organizes team meeting when appropriate
- Organizes post-event critique
- Organizes yearly review of CIG and EAPs

#### **Coordinator of Sports Medicine (CSM)**

- Notifies AD, Team Physician, other Sports Medicine staff, and Risk Management
- Notifies head coach if not already done
- Coordinates communication between team physician and any non-athletic department medical personnel involved
- Communicates insurance issues with Risk Management and/or appropriate department
- Assists Director of Compliance with initiating NCAA Catastrophic Injury Insurance paperwork
- Provides health and insurance information to outside medical personnel as appropriate
- Assists in post-event critique
- Assists in yearly review of CIG and EAPs

### Team Physician

- Communicates with AD and CSM regarding medical facts
- Communicates with non-athletic department personnel involved
- Serves as contact for family of person(s) involved

### Assoc AD

- Coordinates travel, lodging, meals for family, coaches, and/or staff
- Notifies professors/teachers of impacted student(s), if any
- Works closely with counseling services to ensure proper referrals of student-athletes needing counseling

### Coaches and Support Staff

- Notifies AD and CSM of CI
- Initiate and follow established EAP
- Warn students about conversations with media outlets
- Encourage student to attend meeting with AD

### Staff Athletic Trainer

- Help identify “at risk” athletes
- Assist CSM in coordinating health and insurance info to appropriate medical facilities

### Counseling Services

- Assist in referring people to appropriate services
- Man A 24 hour telephone hotline
- Set up “drop in” rooms
- Remember that “non-athletes” may be affected also

### **Emergency Action Plan**

- In the event of a CI, the individual in charge is to initiate the EAP for the specific venue
- In most instances this will include activation of EMS
- Once EAP is initiated and the individual(s) is medically stable, the person in charge is to notify the AD/or the CSM
- In cases where the AD and /or CSM is not immediately available, the person in charge is to notify any member of the CIT in order to initiate the CIG

### **Off Campus Events/Team Travel**

- In the event of a CI during a team trip, the athletic staff is to ensure appropriate medical care of the individual(s) involved to the best of their ability
- Once the individual(s) is medically stable, an athletic department staff member should notify both the AD and the CSM
- Athletic department staff should work closely with local medical personnel to ensure that the individual(s) receive prompt and appropriate medical care
- As determined by the person in charge, an athletic department staff member is to stay with the involved individual(s) to act as a liaison with university staff
- Travel rosters will be provided before departure for all teams

### **Visiting Teams**

- In the event that a member of the visiting team suffers a CI, the university should employ the CIG until the visiting team's university can take control of the situation
- Every step should be taken to ensure that the individual(s) involved is treated as if they were a member of the host's own staff or student

### **Criminal Circumstances**

- There are instances where the CI is a result of criminal activity
- Involved individuals must realize that the scene may be considered a crime scene and precautions should be taken to ensure the scene is not compromised
- Once an athletic department staff member is made aware of an incident involving an athlete or staff member, notify the AD
- A member of the CIT must notify the Director of Police in these instances

### **Spectators**

- The EAP is to be initiated for the venue
- Campus Police/EMS, if not on sight, should be notified immediately

### **Post-Event Critique**

- In the event that the CIG was utilized, a post-event critique should be scheduled once all persons involved are medically stable
- The purpose of this post-event critique is to improve the CIG in areas that were found to be lacking in their deployment
- The post-event critique is also a time to update EAPs and other pertinent information

### **Yearly Review**

- The CIG should be reviewed on a yearly basis. During the review, EAPs and all other pertinent information should be updated

## **Pertinent Telephone Numbers/Contacts**

### **Local Contact Numbers**

- Allegheny County Telephone Crisis Hotline 1-888-424-2287
- Center for Victims of Violence and Crimes Hotline 412-392-8582  
[www.cvvc.org](http://www.cvvc.org)
- Contact Pittsburgh 412-820-HELP(4357)
- United Way Helpline 412-255-1155  
[www.unitedwaypittsburgh.org](http://www.unitedwaypittsburgh.org)