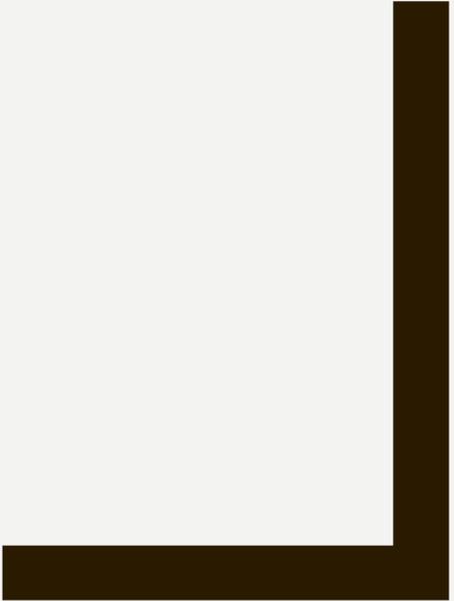


**Westside High School**

**SPORTS MEDICINE POLICIES  
AND PROCEDURES**



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## **Purpose**

The Westside High School Sports Medicine Policies and Procedures have been created to establish a safe environment for all student-athletes, coaches, and spectators. The following document includes athletic training room standard operating procedures, contact information, and venue specific emergency action plans. Westside athletes and personnel are recommended to review policies and procedures annually.

## **Mission Statement**

The Westside High School Athletic Training room (ATR) and facilities provides athletic training services including prevention, evaluation, treatment and rehabilitation of emergent, acute, or chronic injuries along with medical conditions. Our mission is to provide the best holistic healthcare, at the highest quality, with compassion and understanding to all Westside High School student-athletes by prioritizing their health and safety through evidence-based practice.

## **Contact Information**

### **Dr. Candice Roberson**

Athletic Director

[Candice.roberson@bcsdk12.net](mailto:Candice.roberson@bcsdk12.net)

### **Madison Turner, LAT, BSPH, MSAT, ATC**

Athletic Trainer

[Madison.turner@bcsdk12.net](mailto:Madison.turner@bcsdk12.net)

(678) 761-5827

### **OrthoAtlanta (Piedmont)**

Partnered Orthopedics

(478) 200-5710

[OrthoAtlanta.com](http://OrthoAtlanta.com)

## **Athletic Training Description**

### **What is an Athletic Trainer?**

Certified by the Board of Certification (BOC) of the National Athletic Training Association (NATA) Athletic Trainers (ATCs) are highly qualified, multi-skilled health care professionals who provide service or treatment, under the direction of a physician, in accordance with their education, training, and the state's statutes, rules and regulations. As a part of the health care team, services provided by Athletic Trainer include primary care, emergency care, injury and illness prevention, wellness promotion and education, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

### **Sports & Events Coverage Priorities**

At Westside High School, there is only one certified Athletic Trainer on staff. Because of limitations, there may or may not be an Athletic Trainer available for all games, events,

competitions, and/or practices. However, all student-athletes are welcome to utilize the Athletic Training Room services during the posted hours. If an athlete is injured during athletic participation, they need to be evaluated by the Athletic Trainer.

The Athletic Trainer will attend as many practices, events, and games as possible; however, as there is only one certified Athletic Trainer, coverage will be prioritized based on the NATA classification of high-risk sports.

All WHS athletes deserve the highest quality care, therefore no sport or athlete will be favored over another for services. Generally, athletes are treated on a first-come first-serve basis, but those needing quick services such as taping, or bracing will be completed prior to evaluations and rehabilitations. Lastly, those athletes who are currently in season will take priority over those who are not in terms of order of service.

- Fall event coverage is as follows:
  1. Varsity Football
  2. JV Football
  3. Softball
  4. Volleyball
  5. Flag Football
  6. Cross Country
- Winter event coverage is as follows:
  1. Basketball
  2. Wrestling
- Spring event coverage is as follows:
  1. Soccer
  2. Baseball
  3. Track & Field
  4. Tennis

## **Accessing the Athletic Training Room**

### **Location**

The Westside High School Athletic Training Room is located inside the Basketball gym.

### **Hours**

During regular business hours, the Westside High School ATR will be available to all WHS student athletes starting at 1:30pm Monday through Friday from the months of August to May. Closing hours will vary according to in-season sports and school schedules. Summer operating hours and days will also vary according to camp schedules. All hours are subject to change at any time according to WHS games, practices, competitions, and district holidays/closures. To get in contact with the WHS Athletic Trainer outside of normal hours, please use the messaging feature on Healthy Rosters to leave a message for the Athletic Trainer.

### **Facility Usage & Rules**

The Athletic Training Room is a healthcare facility where student-athletes can receive treatments for illnesses, injuries, and general medical conditions. In order to protect

personal health and medical information, along with maintaining cleanliness and a safe facility, all individuals are required to adhere to the ATR rules listed below:

- Athletes ***MUST*** sign in.
- **No Photos or videos** allowed while in the Training Room.
- No loitering or “*hanging out*” in the Training Room.
- Athletes are responsible for cleaning up after themselves in the Training Room. If you use rehabilitation equipment please *clean it* and *return it* to the proper location in the Training Room when you are done.
- No food or beverages (other than water) allowed inside the Training Room.
- Ask permission before taking or using any supplies/equipment.
- Athletes must shower after practice/competition before to receiving treatments.
- Athletes ***do not*** treat themselves. The Athletic Trainer must always be present during treatments.
- Shoes are not allowed on any treatment tables.
- Athletes ***MUST*** use a check-out slip

The Athletic Training Room is a medical facility. Please be respectful of the staff, students, other patients, and equipment.

### **Visiting Teams**

Athletic Training services will be provided to all visiting teams during Westside High School home events and competitions. Visiting teams are permitted to utilize the Athletic Training Facility under the supervision of the Athletic Trainer. Injuries sustained by visiting team athletes or participants requiring additional follow-up care by a healthcare provider will be reported to the visiting team’s Athletic Trainer, sport’s respective head coach present, and/or Athletic Director.

## **Emergency Department & Urgent Care**

### **ER vs. Urgent Care**

Urgent Care should be utilized for injuries or illnesses that do not appear to be serious or life-threatening but cannot wait until the morning. Urgent Care facilities are usually not open 24 hours, whereas Emergency Departments are open 24/7. Emergency Departments are for injuries and illnesses with life threatening needs.

### **Orthopedic Partner: OrthoAtlanta**

Westside High School has partnered with OrthoAtlanta and Piedmont Orthopedics to provide expedited medical care for student athletes. This typically includes appointments within 24-48 hours for evaluation and diagnostic treatment and imaging. Appointments can be facilitated through the WHS Athletic Trainer or completed by a parent or guardian by booking an appointment online or over the phone. The contact information for OrthoAtlanta here in Macon is listed below. This partnership allows for the WHS Athletic Trainer and the physicians at OrthoAtlanta to work in close relations creating a quality comprehensive healthcare team for all student-athletes to rely on.

Online: [OrthoAtlanta.com](http://OrthoAtlanta.com)

Phone: (478) 200-5710

Address: 440 Charter Blvd Suite 3302, Macon, Georgia 31210

## **Pre-Participation Requirements**

### **Pre-Participation Exams (PPE)/Physicals**

All WHS students, both new and returning, must complete a Pre-Participation Exam/Physical prior to any form of participation in any athletic practices, events, or competitions. This includes try-outs, strength and conditioning activities, off-season practices, or camps. A PPE/Physical can be completed by a primary care physician, by appointment through our partner OrthoAtlanta, or when offered by WHS athletics department. All PPE or physicals must be turned into the Athletic Trainer. These forms can be found on the Bibb County School District's website under Physical Forms and Flyers.

### **DragonFly**

Dragonfly is an online computer database that all Bibb County Schools use, including Westside High School, to compile all eligibility forms that are needed for an athlete's participation in sports. Students are responsible for creating their own free account and completing the required forms provided to them to fill out electronically. In addition, the student-athletes' PPE(s)/Physical(s) will be stored for emergency response and liability reasons. This database is the basis for determining a student's eligibility to participate in athletics.

### **Baseline Concussion Testing**

Baseline concussion testing is considered to be best practice for all student-athletes at the beginning of their respective sport's season. This testing will be conducted each year at no cost. Westside High School utilizes SWAY as the program to not only obtain baseline information but also to aid in the diagnosis and progression of a concussion. SWAY is an FDA class II cognitive testing system that assess an individual's balance and cognitive functions which provide an insight into the current level of cognitive function at both a baseline level and after an injury. The comparison of these before and after measurements aid in determining and understanding concussions.

SWAY testing will be conducted by the WHS Athletic Trainer prior to the start of the athlete's season. All recorded data will follow both HIPPA and FERPA laws to protect the health data and information of all students. These measurements will be utilized in the return-to-play progress described in the Concussion Management section.

## **Injuries**

### **On-Field Injuries**

If an athlete is injured on the playing surface (field, court, etc.), they should never be moved until the origin of the injury can be determined. If a head, neck, or spinal injury is suspected, follow the Emergency Action Plan. If the Athletic Trainer is present, then they will make all decisions pertaining to the injured athlete. If the Athletic Trainer is not present, the Athletic Trainer should be notified immediately, and the coach should attempt

to identify the origin of injury to the best of their ability. If a student athlete is hurt during a game or practice, a sideline evaluation will then be performed to further evaluate the injury and return to play will be decided based on the case at that time.

### **Reporting Injuries**

The student-athlete is responsible for reporting all injuries or illness to the Athletic Trainer as soon as possible. If the Athletic Trainer is present, the athlete should report directly to the trainer immediately; however, if the Athletic Trainer is not present, then it is the student's responsibility to report the injury to the coach and the Athletic Trainer should be notified as soon as possible. If the sustained injury is severe, then the Emergency Action Plan should be followed, with the Athletic Trainer being contacted as soon as it is safe to do so. In addition, if an injury is debilitating enough to pull the athlete from the remainder of the practice or game, the coach will be notified immediately. Then, the athlete's parents/guardians will be contacted immediately if the injury sustained requires a doctor's visit or if the athlete will be out for three or more days. In most cases, the coach(es) will still request the athlete's presences at following games and/or practices and the Athletic Trainer will support that as much as possible. If the athlete is instructed to obtain treatment or rehabilitation from the Athletic Trainer, it is the student's responsibility to show up on as scheduled to the Training Room.

If the Athletic Trainer is not present at the time of injury or is seen afterwards, the coach(es) should have the injured athlete report to the training room the following day prior to the start of their practice, game, or competition. All athletic injuries at Westside High School are required to be documented so notification to the Athletic Trainer is vital.

The Athletic Trainer will report injuries and illnesses to coaches on a weekly basis, and immediately to parents with any students under the legal age of 18 years old. For those over the age of 18, the student must authorize the Athletic Trainer permission to provide any individual with medical information in accordance with the Health Insurance Portability and Accountability Act of 1996.

### **Treatment of Injuries**

The Athletic Trainer will provide the most appropriate care on a case-by-case basis for student-athletes. These treatments are performed as need by the Athletic Trainer. Any medical referrals will be coordinated by the Athletic Trainer along with assisting in scheduling appointments with the least interruption to both class or practice time as possible; however, practice and game schedules will be interrupted prior to any academic or class schedules.

### **Physician Referrals**

If the Athletic Trainer determines that a student-athlete requires a physician referral for general medical or primary care issue(s), they will be referred to their Primary Care Physician and/or Piedmont Hospital. For orthopedic injuries, students will be referred to OrthoAtlanta; however, the athlete and/or the parents/guardians have the right to seek medical care outside of this facility at any time.

If a physician referral is necessary for any injury, even if the athlete was not seen by the Athletic Trainer, the athlete and the Athletic Trainer must then follow that physician's instructions for treatment, rehabilitation, and return to play.

### **Return-to-Play**

Return to play following an injury is at the sole discretion of the Athletic Trainer and the supervising attending physician. Medical clearance(s) and/or Doctor's notes are required to be provided to the Athletic Trainer in order to create an appropriate return-to-play protocol for that athlete. A clearance note must include the following information:

- Date of evaluation
- Body part evaluated and diagnosis
- State any restrictions, limitations, and/or date of return to participation.
- Signature/stamp of the Physician

If an athlete is referred out or chooses to seek medical care from an outside source, return-to-play will be determined by the physician seen. In addition, the student must provide a medical clearance form provided by the physician seen in order to return to participation in any sporting activities regardless of the Athletic Trainer, Coaches, or Parents/Guardian's wishes.

The Athletic Trainer will report injuries and illnesses to coaches on a weekly basis, and immediately to parents with any students under the legal age of 18 years old. For those over the age of 18, the student must authorize the Athletic Trainer permission to provide any individual with medical information in accordance with the Health Insurance Portability and Accountability Act of 1996.

## **Athletic Training Services**

### **Taping and Treatment**

The Westside High School Athletic Trainer will only tape athletes that have been recognized as having orthopedic issues. Preventative taping can be performed, as long as the athlete also participates in a preventative exercise program. Sore body parts are not necessarily unstable body parts and may not need taping.

Other services provided in the athletic training room include, but are not limited to, wound care, cold therapy (ice/whirlpool), thermotherapy (heat packs), strength training, assisted stretching, injury evaluation, and rehabilitation.

### **Mediations**

The Athletic Trainer cannot legally dispense medication to any athlete, coach, or participant(s). Some over-the-counter medications are kept locked in the Athletic Training Room and can be administered in one single dose for those who truly need it. In addition, if any athlete under the age of 18 years old is to receive any medication from the Athletic Trainer, a parent or guardian must sign off on allowing their athlete(s) to consume the medication(s). If an athlete has a prescription or emergency prescription medication(s), such as an inhale or epi-pen, the athlete is encouraged to handle these medications on their own; however, the Athletic Trainer may be asked to hold onto such medications.

## **Student Emergency Information**

All student-athlete emergency information is stored on the DragonFly database. All coaches and medical staff have access to this information in case of an emergency. It is the student's responsibility to ensure that all medical and emergency information uploaded onto DragonFly is current and up to date.

## **Team Medical Kits**

All teams that are traveling without an Athletic Trainer will be provided with needed medical kits/supplies for their team. However, supplies are limited, and athletes should not use the supplies provided without a specific medical need. It is the coach's responsibility to pick up and return the kit when traveling for games. These kits will be restocked and maintained when needed by the Athletic Trainer. These kits will be kept in the Athletic Training Room.

## **Concussion Protocol**

### **What is a Concussion?**

A concussion is a serious injury called a Traumatic Brain Injury (TBI). Concussions can happen both with and without direct contact and causes the brain to jolt rapidly back and forth in the skull. This sudden movement can cause the brain to bound around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. While many see concussions as a "mild" head injury, the effects can have serious implications, and without proper diagnosis, evaluation, and restriction it can lead to life threatening situations. If a player sustains any injury that presents with any signs or symptoms of a concussion, the player must be removed from participation and evaluated by the Athletic Trainer or a physician. Only the Athletic Trainer may clear a student to return-to-play.

### **Equipment Concerns**

All football helmets used by Westside High School meet and pass the NOCSAE standards. Although the athlete should never lead or hit with their head, blows to the head will occur. Therefore, it is vital that a properly fitted helmet is worn at all times during any participation in order to attempt to minimize concussions. The Athletic Trainer or safety equipment coach must fit and/or sign off on every helmet check out to an athlete. Players and coaches should not swap or trade helmets without the safe equipment coach's and/or the Athletic Trainer's approval.

### **Recognizing a Concussion**

Any blow to the head or face, blow to the body, or act of whiplash should be considered a mechanism for concussions. While having a headache is the most commonly reported symptom, all concussions are experienced differently, and are treated on a case-by-case basis. The loss of consciousness is not required for a concussion to have happened. Other signs and symptoms that can occur includes, but is not limited to, vomiting, nausea, dizziness, confusion, amnesia, decreased cognitive function, vision changes, emotional changes, personality changes, vacant stare, and many others.

## **Diagnosing a Concussion**

If an athlete is suspected of having a concussion, after removing them from play, the coach should notify the Athletic Trainer immediately if one is not present. The Athletic Trainer will then perform a thorough examination to determine if the athlete has sustained a concussion. This includes utilizing the SWAY system and the SCAT-5 sideline evaluation tool. If the Athletic Trainer is not available, the athlete should be referred to a physician.

### Baseline Testing

As discussed previously in the Pre-Participation Requirement section of this document, baseline testing is required for student-athletes through the use of SWAY. This free testing will measure the athlete when they are at their baseline (healthy, normal, and not hurt) in order to compare post-injury measures to determine severity, progress, and changes in function. As with all concussion testing, this will not be the final say or deciding factor for allowing return-to-play but will rather be a tool to aid in decision making for the Athletic Trainer.

### On-Field Assessment

If an athlete is suspected of having a concussion, then the Athletic Trainer will immediately perform three short tests to determine if SWAY and a full SCAT-5 should be undergone by the athlete. These three tests include the Glasgow Coma Scale, Maddocks Score, and a symptom evaluation. Scores that are below the baseline measures, or any testing that leads the Athletic Trainer or Physician to believe the athlete has sustained a concussion will result in immediate removal for the remainder of the practice, game, event, and/or competition. There will never be a same-day return-to-play with a concussion. An athlete with a suspected concussion will continually be reevaluate and monitored every fifteen minutes to ensure their medical status and level of consciousness is not decreasing. If the athlete shows signs of continuing to decrease the athlete will immediately be transported to Piedmont Hospital by EMS for emergency care.

### Post-Concussion Diagnosis

After an athlete has been diagnosed with a concussion, they are responsible for following up with the Athletic Trainer every day to ensure that the athlete is making adequate process. If there is cause for concern from the Athletic Trainer, then the athlete will be referred out to a physician. This is also true for a lack of progress over time as well.

## **Return to Play**

An athlete will follow the protocol set out by the Athletic Trainer or physician to return from a concussion. The Athletic Trainer will follow a step-wise return protocol which includes the following phases: no activity, light aerobic exercise, sports specific exercise, non-contact practice, full-contact practice, and game participation.

Each phase will take at least 24 hours. An athlete will not progress to the next step unless they are symptom free at that level for 24 hours. If any post-concussion symptoms return, the athlete will go back to the previous asymptomatic level and try to progress again after another 24 hours.

***In accordance with Bibb County School System policy, only the Westside High School Athletic Trainer is able to clear the athlete to return to play***, regardless of physician, nurse practitioner, or any other form of clearance note provided. These notes will be considered, and aid in the decision process for each child. The Athletic Trainer will push for the student-athlete to return to play as quickly and as soon as possible, but not at the cost of the athlete's health and safety.

Concussion Protocol Phases:

Phase	Allowed Activity
1: No activity	Only required daily activities that do NOT provoke any symptoms
2: Light Aerobic Exercise	Walking/Stationary bike (lightly increase heart rate)
3: Sport Specific Exercise	Running, Sprinting, Shooting (NO CONTACT)
5: Non-Contact Practice	Harder training drills, resistance training (NO CONTACT)
6: Full-Contact Practice	Participate in normal practice
7: Return to Play	No restrictions – Normal Game Play

**Protocols for Heat Related Injuries**

Heat illness is a dangerous occurrence that can happen when an individual's body temperature reaches too high of a level, usually due to prolonged exposure to high outdoor temperature and high humidity. The illness occurs when the body is not able to get rid of excess heat and properly cool down.

**Prevention**

There are multiple factors that can contribute to the cause of heat illness including, hot and humid weather, dehydration, obesity, poor circulation, fever, sunburn, drug/alcohol abuse, and some medications. The prevention of heat illness can be based around the key factors of drinking plenty of cold water prior to, during, and after any activity, ingestion of electrolytes (salt, sodium, and potassium) in fluids, eating or drinking carbohydrates, wearing minimal/light colored clothing, avoiding caffeine, wearing sunscreen, scheduling outdoor practices and events during cooler parts of the day, and gradually acclimating athletes to the heat.

In addition, proper monitoring of weather conditions, specifically the Wet-Bulb Globe Temperature, (WBGT) which takes in air temperature and humidity as a measured number. Westside High school utilizes a continuous thirty-minute monitoring system through both Perry Weather installed at out sites, along with manual WBGT readings by the Athletic Trainer. All WHS sports follow the GHSA heat index chart to determine

practice conditions including time spent outside, length, quantity, and frequency of water breaks, equipment worn, and total practice times.

## **Hydration**

Athletes are strongly advised to stay aware and cautious of their hydration levels at all times. While drinking water is vital, it is also very important to replace key electrolytes (salt, sodium, potassium) that will help the athlete retain their water and hydration levels, along with eating plenty of carbohydrates and maintaining a well-balanced diet. Those athletes prone to sweating more should take in even more and should be extra cautious about their hydration levels. The consumption of caffeine is strongly discouraged among athletes due to its diuretic nature, leading to rapid loss of water and dehydration in athletes.

It is the student's responsibility to take charge in their hydration status and to monitor their hydration throughout the day. Ways the athlete can monitor their levels include checking their urine color and frequency of urination, percentage of weight loss after exercise, thirst levels, and energy levels. Signs of dehydration include headaches, feeling lethargic, thirst, discomfort, irritability, dizziness, chills, cramps, nausea, and overall decreased performance.

Athletes should consume 16 ounces (2 cups) of water for every pound of weight that they lose after exercise. Athletes that are determined to be at higher risk will be placed on a hydration protocol by the Athletic Trainer which will include the use of electrolyte supplements, weigh-ins and outs before and after practices, and close monitoring of dietary needs.

## **Treatment of Heat Illnesses**

### Dehydration

When athletes do not replenish the fluids that they lost then they become dehydrated. The first sign of dehydration is thirst, followed by the list of signs provided above.

Treatment → – Move the athlete to a cool environment and have them rehydrate (but not over hydrate). Do not “chug” water. Be sure athletes also replace fluids (including electrolytes and carbohydrates) within 1-2 hours after a practice or competition. Ensure athletes maintain hydration status throughout practice. If the athlete cannot keep fluids down, seek medical attention. If dehydration is minor and the athlete has no symptoms, return to participation is acceptable.

### Heat Cramps

Heat cramps are caused by a lack of water within the muscles along with electrolytes and carbohydrates. This can occur when an athlete is practicing in the heat and becomes dehydrated. Signs and symptoms include pain, tightening of muscles, and continuous contracting of muscles.

Treatment → Replenish water and electrolytes in attempt to reestablish proper hydration levels. Light stretching and massaging of the muscles can aid in relieving cramps

as well. In addition, ice bags can be used in more persistent or severe cases if needed. Once proper hydration status is achieved, if the athlete can perform at an acceptable level without the return of signs or symptoms then the athlete may return to play.

### Heat Exhaustion

Heat exhaustion is a serious medical event that occurs due to environmental heat stress and exertion. Signs and symptoms include dehydration, fatigue, dizziness or fainting, loss of coordination, profuse sweating, pale skin, headache, nausea, vomiting, rapid breathing, rapid pulse, and persistent cramps. Heat exhaustion is marked by a core temperature of up to 103 F. NATA recommendations require that core temperature be checked by a rectal thermometer. However, at this time, there is no policy in place to do this at Westside High School.

Treatment → Immediately and quickly remove the athlete from play and get them to a shaded or air-conditioned area. Remove all excessive clothing and equipment, provide cool fluids for the athlete to sip, and cool the athlete with fans, cold towels, and ice. Using dry towels to wipe off excess moisture and sweat to allow for more rapid cool down as well. There should be continuous monitoring of their heart rate, respirations, temperature, and mental status once in the new location. If rapid improvement is not noted, transport the athlete to a medical facility immediately. In order to return to participation, the athlete should be symptom free and fully hydrated.

### Heat Stroke

Heat stroke is medical emergency and should be treated with the utmost urgency and care. Heat stroke is characterized by Central Nervous System (CNS) abnormalities/failures due to an elevated body temperature and strenuous exercise in the heat.

Signs and symptoms include a core body temperature measure of 104 F or greater, altered levels of consciousness, decreased cognitive function, seizures, decreased blood pressure, nausea, headaches, vomiting, weakness, hot and red skin to the touch, and minimal to no sweating. NATA recommendations require that core temperature be checked by a rectal thermometer. However, at this time, there is no policy in place to do this at Westside High School.

Treatment → Immediately call 9-1-1 if heat stroke is suspected. Aggressive and immediate, full body cooling is key to the health and safety of the athlete. Do not wait for paramedics. Start cooling the athlete immediately, by removing all restrictive clothing and fully submerging the athlete in ice water. If not, then cover the athlete in iced towels and ice packs. Continuous cooling should occur until EMS arrives and take over. Return to play will be guided by the athlete's physician and they will not return until they have been fully cleared by the physician.

### Exertional Hyponatremia

While drinking plenty of water is great, athletes can overhydrate and/or not take in the proper sodium amount after exercise and sweating. This can lead to exertional

hyponatremia. Signs and symptoms include excessive fluid intake, increasing headache, nausea, vomiting, swelling of the extremities, and severe muscle cramping.

Treatment → If hyponatremia is suspected, hydrating the athlete can worsen the condition. They should be transported to the nearest medical facility. Physicians clearance will be required for return to play.

## **Protocols for Skin Disorders**

If undetected, MRSA can be fatal. It is absolutely imperative that all rashes and red areas be reported to the Athletic Trainer and evaluated by a physician. To prevent MRSA and other skin disorders, athletes should practice good hygiene. Practice and game clothes should be washed after each use. Lockers should be cleaned out nightly. Athletes should shower with soap after engaging in physical activity. Towels should never be shared.

Any athlete suspected of having a skin disorder will not be allowed to participate until the area is examined. In some cases, the athlete may be allowed to participate if the area is completely covered, but this will be determined by the Athletic Trainer or physician, and not the coach or athlete.

## **Risk Management Policies & Procedures**

### **Blood Borne Pathogens**

Purpose: In accordance with the OSHA Bloodborne pathogens (BBP) Standard, 29 CFR 1910.1030, the following exposure control plan has been developed to minimize exposure to pathogens found in blood and other bodily fluids.

Procedure:

Determination of exposure → The potential of being exposed to blood borne pathogens exists in the Athletic Training facility, practice venues, and/or competition venues. Individuals at risk include Certified Athletic Trainer, student Athletic Trainers, and/or any individuals rendering First Aid care for any open wound, sore, or body fluid that is present.

Methods of Compliance:

- Universal Precautions
  - All individuals with the potential for exposure should use universal precautions when coming in contact with blood or body fluids. Universal Precautions is the belief that all blood or other potentially infectious body fluids are considered infectious regardless of the perceived status of the source individual.
- Work Practice Controls
  - *Handwashing:* All individuals shall wash hands and any other exposed skin with soap and warm running water for a minimum of 30 seconds after removing gloves. If soap and warm running water are not readily available, an alcohol-based hand sanitizer that contains at least 60%

alcohol. When an antiseptic hand sanitizer is used, hands shall be washed with soap and warm running water as soon as feasible. Hands should also be washed between all patient contacts.

- *Biohazard Bin*
  - There is a specialty bin located in the Athletic Training Room with a biohazard waste bag and sign
  - The following is considered 'regulated waste' and should be disposed in biohazard bin:
    - Blood or other potentially infectious material (OPIM)
    - Blood soaked gauze
    - Dried blood-soaked gauze where dried blood could flake off
    - Bloody gloves
    - Contaminated sharps
    - Pathological and microbiological waste containing blood or OPIM
- Personal Protective Equipment (PPE)
  - Personal protective equipment includes items such as gloves, CPR masks, gowns, face shields, and eye protection. This equipment will be purchased and maintained by the Athletic Training staff. PPE's shall be used when available and deemed necessary when coming in contact with blood or other body fluids.
  - All individuals using PPE must observe the following precautions:
    - Wash hands immediately or as soon as feasible after removal of gloves or any other PPE
    - Remove PPE after it becomes contaminated
    - Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood and when handling or touching contaminated items or surfaces
    - Replace gloves if torn, punctured, contaminated, or if their ability to function as barrier is compromised
    - Never wash or decontaminate
- General Housekeeping
  - Treatment tables, rehab equipment, and supplies should be cleaned after each use and at the end of the day with an appropriate disinfectant solution.
  - Uncontaminated laundry shall be laundered regularly
  - Contaminated laundry shall be soaked in a 1:10 bleach to water solution for ten minutes, then laundered as normal

Management:

- Exposure Incidents
  - Provide immediate care to the exposure site. If exposure to blood or other bodily fluid occurs, the affected area must be washed immediately with soap and warm water. If affected area is the eye, mouth, or nose, flush area with water for 15 minutes.

## **Cervical Spine Management**

**PURPOSE:** To describe policy for management of cervical spine injuries

### **PROCEDURE:**

Symptoms and or observations when cervical spine injury is suspected:

- Witnessing mechanism of injury – Axial load contact (e.g.) Top of head is used to tackle
- Witnessing athlete who remains down or motionless after play
- Unconsciousness or altered level of consciousness
- Abnormal bilateral neurologic findings/complaints
- Loss of motion in extremities
- Significant cervical midline spine pain with or without palpation
- Obvious cervical spine deformity

Determining if incident is a cervical spine injury:

- Assess breathing/circulatory status (Normal 10-30 breaths per minute)
- Assess pulse (quality, rate, and rhythm)
- Assess neurologic status/level of consciousness
- If conscious, ask patient what symptoms they are experiencing
- Feel for cervical spine deformity

Presence of any or all 4 clinical indicators warrants activation of EMS:

1. Unconsciousness (or altered consciousness)
2. Bilateral neurologic complaints/findings
3. Significant cervical spine pain (with or without palpation)
4. Obvious spinal column deformity

### **MANAGEMENT**

1. Activate EMS as soon as cervical spine injury is suspected
2. Access & monitor vital signs
3. Apply manual cervical spine stabilization

## **Anaphylaxis**

Anaphylaxis should be suspected when any of these three criteria are fulfilled:

1. Quick onset of illness which involves changes to the skin, mucosal tissue (such as the eyes/mouth etc.) or both with at least one of the following:
  - Breathing difficulty or breathing complications
  - Reduced blood pressure
2. Two or more of the following occurs rapidly after an exposure to a suspected allergen:
  - Any of the items listed in point 1
  - Persistent gastrointestinal symptoms
  - Reduced blood pressure after exposure to a known allergen for that person

Other signs and symptoms include:

- Sudden and rapid onset of signs and symptoms

- *Breathing complications:* wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, trouble swallowing, itchy mouth/throat, nasal stuffiness/congestion
- *Circulation compromise:* pale/blue color, low pulse, dizziness, lightheadedness/passing out, low blood pressure, shock, loss of consciousness, chest pain, fast beating heart
- *Skin reaction* (present in 80-90% of all cases): hives, pain/cramps, vomiting, diarrhea
- *Other:* anxiety, feeling of impending doom, itchy/red/watery eyes, headache

On the field, anaphylaxis is recognized as a disruption in breathing directly caused by a trigger or allergen. Field recognition hinges on knowing that the athlete has an allergy before the reaction ever happens. In some cases, anaphylaxis may mimic an asthma attack, which highlights the importance of having important patient information available at all times.

#### MANAGEMENT

1. Check for ABC's (airway, breathing, circulation)
2. Activate Emergency Medical Services (EMS)
3. Remove triggers
4. Administer epinephrine pen (If provided by athlete)
5. Place patient in comfortable position
6. Monitor vitals until advanced medical personnel arrives

### **Lightning Safety & Strike Management**

**PURPOSE:** To establish guidelines during practices and competition when weather conditions may produce lightning and identifying and treating lightning victims.

#### **PROCEDURE:**

Environmental assessment of immediate and projected weather information including air temperature, wind, chance of precipitation, and altitude should be evaluated prior to and during any practice or competition. All Bibb County Schools, Including WHS, utilize the Perry Weather detection devices and monitoring systems for lightning strikes in and around the area. All coaches and Athletic Trainers have access to the monitoring system at all times.

The following guidelines have been put in place by the district and will be utilized to determine when to discontinue activity. A lightning strike detected within a ten-mile radius of the location will activate the alarm and warning system. All coaches and the Athletic Trainer will receive an automated notification that all outdoor activities should immediately cease, and all spectators should seek safe shelter. A thirty-minute period will begin, restarting every time lightning strikes within the same ten-mile radius. After clearing this thirty-minute period, activities, practices, games, and events may resume and all coaches will be sent an automated alert allowing them and spectators back to the area.

## MANAGEMENT

Lightning may cause injury or death can occur through several different mechanisms including direct strike, contact injury, side flash, ground surface arc, upward leader, and concussive injury. Lightning has several direct effects on the cardiovascular, neurologic, and sensory organs; a person may also sustain indirect injuries as well as burns and fractures. Lightning victims do not carry an electrical charge; therefore, it is safe to administer first aid immediately. However, active thunderstorms pose an ongoing threat to rescuers, spectators, and participants and rescuers and emergency personnel should ensure their own personal safety before venturing into the venue to render aid.

In the event of a lightning injury, responders should:

- Activate the emergency management system
- Evaluate and treat patients in the following order:
  - Move patient(s) to a safer location if needed
  - Evaluate and treat for apnea and cardiac arrest.
  - Assess level of consciousness o If an automated external defibrillator (AED) is available, it should be applied on anyone who appears to be unconscious