



Vista Grande High School EMERGENCY ACTION PLAN FOR ATHLETICS

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VISTA GRANDE HIGH SCHOOL EMERGENCY ACTION PLAN FOR ATHLETICS

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VISTA GRANDE HIGH SCHOOL

EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at anytime and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Athletic Trainers, Student Aides, Coaches, and Administrators
5. Venue Directions

The Vista Grande High School Emergency Action Plan also includes the following:

- Athletic Training Facility Policies and Procedures
- Basic Injury Management for Coaches

Emergency Plan Personnel

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly an athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in many instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletic personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of several healthcare providers including physicians, emergency medical technicians, athletic trainers; student aids; coaches; parents; and potentially other bystanders. Roles of

these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the athletic trainer, although if the team physician is present, he/she may be called in. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student aids and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student aid, administrator, or coach may be appropriate for this role.

Roles within the Emergency Team	
1.	Establish scene safety and immediate care of the athlete
2.	Activation of the Emergency Medical System
3.	Emergency equipment retrieval
4.	Direction of EMS to scene

Activating the EMS System	
Making the Call:	
911 (all emergencies)	
Providing Information: Listen to operator and answer questions (sample questions below)	
<ul style="list-style-type: none"> • name, address, telephone number of caller • nature of emergency, whether medical or non-medical * • Age and number of athletes • Condition of athlete(s), breathing, pulse etc. • first aid treatment initiated by Athletic Trainer/Physician • specific directions as needed to locate the emergency scene ("Come to Girls' side of the Gym , Enter off Quartz Street, Furthest field West on Campus") • other information as requested by dispatcher 	

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. The school's athletic trainer should be trained and responsible for the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise

Medical Emergency Transportation

Emphasis should be placed at having a "prearranged route" for the ambulance. Entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a "load and go" situation and emphasis placed on rapid evaluation, treatment and transportation. *It is highly encouraged to have the athlete transported to the nearby Banner Casa Grande Medical Center Emergency Room ER (Hospital) if any of these type of emergency situations occurs on the Vista Grande High School campus.*

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration, sport coaches and sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Vista Grande High School helps ensure that the athletes will have the best care provided to them when an emergency situation arises.

Part II: VISTA GRANDE HIGH SCHOOL EMERGENCY ACTION PLAN FOR ATHLETICS **Emergency Action Plans by Venue**

Emergency Action Plan for Baseball/Softball Complex and Tennis Courts:

(Baseball Fields, Softball Fields, Tennis Courts, Practice Field #2)

Emergency Personnel/First Responders are: Athletic trainers (during games and specified practices), coaches, and administration (during normal school hours and after school activities). Student aids may be provided to assist coaches but are not legally responsible for the athletes.

Emergency Communication: The nearest on-campus phone is located in athletic training facility / athletic locker rooms (if accessible). Because of the distance of a reliable phone, each coach is asked to carry a cellular phone with them in case of an emergency. The athletic trainer will carry a cellular phone at all times.

Emergency Equipment: All wound care equipment is located with the head athletic trainer and in the athletic training facility. Each team will be provided with a first aid kit to assist in expediting wound care. AED is located in the athletic training facility east wall or will be with the athletic trainer during events.

Role of First Responders:

1. Immediate care/survey of injured or ill victim.
2. Activation of emergency medical systems (EMS) as needed:
 - a. Contact EMS and provide patient name, age, location, number of individuals injured, treatment, directions, and any other information needed
 - b. Contact athletic trainer on duty via cellular phone or campus phone
 - c. Contact athletic director and inform of the situation after it subsides.
3. Emergency equipment retrieval.
4. Direction of EMS to scene.
 - a. Open appropriate doors or gates immediately. (Key – H24)
 - b. Designate an individual to flag down ambulance and direct to scene.
 - c. Scene control: direct bystanders away from the area.

Roles When Athletic Trainer is on Campus:

Roles of Athletic Trainer (AT)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously injured or ill student-athletes.
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.
 - Notify Administration and Security that 911 has been called VIA radio
- Return to play decision-making on the injured student-athlete.
- Physician referral of the injured student-athlete.
- Contacting the parent(s) of the injured student-athlete.
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Students aids/Coaches/Security

- Direct EMS personnel (ambulance) to scene;
- Designate individual to “flag down” EMS and direct to scene;
- Unlock gates if no administration is present.

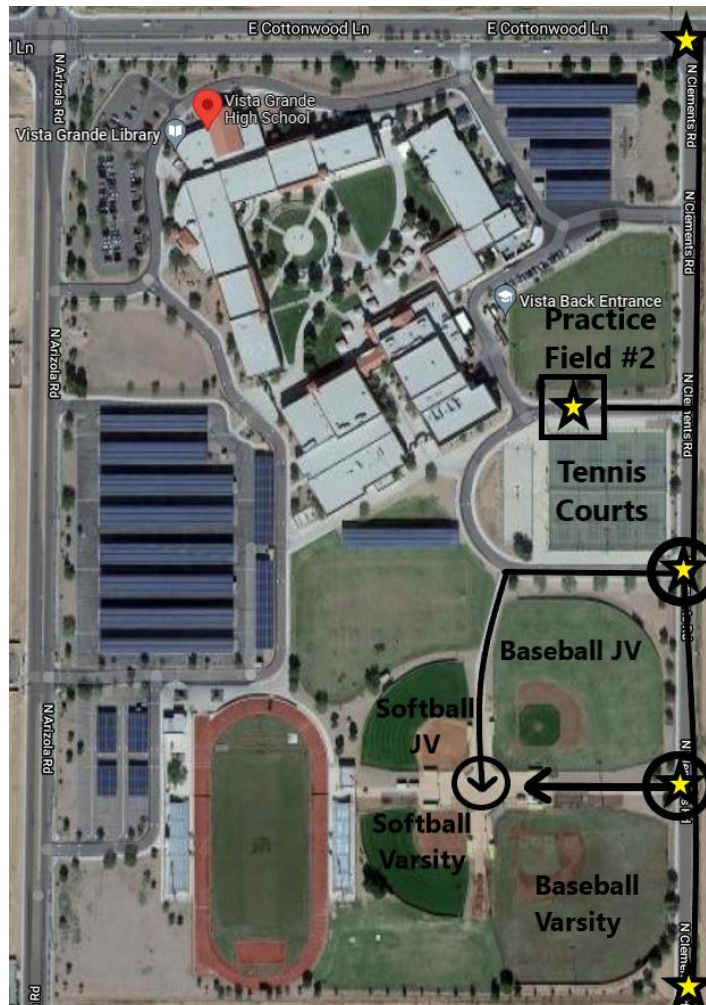
Roles of Administrative Staff

- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Ensure parking lot is clear and accessible to emergency personnel
- Unlock any gates from parking lot and driveway into complex;

Venue Directions: 1556 N Arizola Rd, Casa Grande, AZ 85122

Baseball and Softball Complex at Vista Grande: Take E Cottonwood (North Entrance) or E McMurray Blvd (South Entrance) to N Clements Rd. Proceed along N Clements Rd and turn west through an open gate onto campus towards baseball/softball complex (circled stars on map). Proceed along the path to the center of the four fields.

Tennis Courts and Practice Field #2 at Vista Grande: Take E Cottonwood (North Entrance) or E McMurray Blvd (South Entrance) to N Clements Rd. Proceed along N Clements Rd and turn west onto campus north of the tennis courts (squared star on map).



Emergency Action Plan for Gymnasium Venues: *(Main Gym, Small Gym, Wrestling Room, Dance Room, Weights Room and Adjacent Locker Rooms.)*

Emergency Personnel/First Responders are: Athletic trainers (during games and specified practices), coaches, and administration (during normal school hours and after school activities). Student aids may be provided to assist coaches but are not legally responsible for the athletes.

Emergency Communication: The nearest on-campus phone is located in athletic training facility / athletic locker rooms (if accessible). Because of the distance of a reliable phone, each coach is asked to carry a cellular phone with them in case of an emergency. The athletic trainer will carry a cellular phone at all times.

Emergency Equipment: All wound care equipment is located with the head athletic trainer and in the athletic training facility. Each team will be provided with a first aid kit to assist in expediting wound care. AED is located in the athletic training facility east wall or will be with the athletic trainer during events.

Role of First Responders:

1. Immediate care/survey of injured or ill victim.
2. Activation of emergency medical systems (EMS) as needed:
 - a. Contact EMS and provide patient name, location, number of individuals injured, treatment, directions, and any other information needed
 - b. Contact athletic trainer on duty via cellular phone or campus phone
 - c. Contact athletic director and inform of the situation after it subsides.
3. Emergency equipment retrieval.
4. Direction of EMS to scene.
 - a. Open appropriate doors or gates immediately. (Key – H24)
 - b. Designate an individual to flag down ambulance and direct to scene.
 - c. Scene control: direct bystanders away from the area.

Roles When Athletic Trainer is on Campus:

Roles of Athletic Trainer (AT)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
 - Notify Administration and Security that 911 has been called VIA radio
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Aides/Coaches/Security

- Direct EMS personnel (ambulance) to scene;
- Designate individual to “flag down” EMS and direct to scene;
- Unlock gates if no administration is present.
- Assist AT with injured athlete;

Roles of Administrative Staff

- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Ensure parking lot is clear and accessible to emergency personnel
- Unlock any gates from parking lot and driveway into complex;

Venue Directions: 1556 N Arizola Rd, Casa Grande, AZ 85122

Gymnasium Complex at Vista Grande: Take E Cottonwood (North Entrance) or E McMurray Blvd (South Entrance) to N Arizola Rd. Proceed on N Arizola Rd until the traffic lights (Star on map) near the football/track complex, turn east on Spartan Way to enter school campus. Proceed along road until reaching the west side of the gymnasium (circled star on map).



Emergency Action Plan for Stadium Venues and Athletic Training Facility:

(Football / Soccer / Track) (Practice Field #1) (ATF: Athletic Training Facility)

Emergency Personnel/First Responders are: Athletic trainers (during games and specified practices), coaches, and administration (during normal school hours and after school activities). Student aids may be provided to assist coaches but are not legally responsible for the athletes.

Emergency Communication: The nearest on-campus phone is located in athletic training facility / athletic locker rooms (if accessible). Because of the distance of a reliable phone, each coach is asked to carry a cellular phone with them in case of an emergency. The athletic trainer will carry a cellular phone at all times.

Emergency Equipment: All wound care equipment is located with the head athletic trainer and in the athletic training facility. Each team will be provided with a first aid kit to assist in expediting wound care. AED is located in the athletic training facility east wall or will be with the athletic trainer during events.

Role of First Responders:

1. Immediate care/survey of injured or ill victim.
2. Activation of emergency medical systems (EMS) as needed:
 - a. Contact EMS and provide patient name, location, number of individuals injured, treatment, directions, and any other information needed
 - b. Contact athletic trainer on duty via cellular phone or campus phone
 - c. Contact athletic director and inform of the situation after it subsides.
3. Emergency equipment retrieval.
4. Direction of EMS to scene.
 - a. Open appropriate doors or gates immediately.
 - b. Designate an individual to flag down ambulance and direct to scene.
 - c. Scene control: direct bystanders away from the area.

Roles When Athletic Trainer is on Campus:

Roles of Athletic Trainer (AT)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
 - Notify Administration and Security that 911 has been called VIA radio
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Students aids/Coaches/Security

- Direct EMS personnel (ambulance) to scene;
- Designate individual to “flag down” EMS and direct to scene;
- Unlock gates if no administration is present.

Roles of Administrative Staff

- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Ensure parking lot is clear and accessible to emergency personnel
- Unlock any gates from parking lot and driveway into complex;

Venue Directions: 1556 N Arizola Rd, Casa Grande, AZ 85122

Main Stadium Complex at Vista Grande: Take E Cottonwood (North Entrance) or E McMurray Blvd (South Entrance) Ln to N Arizola Rd. Proceed on N Arizola Rd until the traffic lights (star on left of map) near the football/track complex, turn east on Spartan Way to enter school campus. Proceed along road until reaching the north side of the stadium complex (squared star on map). Turn south and proceed through the north gate if field access is necessary.

(FOR SAFETY AND EASE OF ACCESS, EMS WILL COME THROUGH THE GATE AT THE FAR NORTH SIDE OF STADIUM)

Practice Field #1 and Athletic Training Facility at Vista Grande: Take E Cottonwood (North Entrance) or E McMurray Blvd (South Entrance) Ln to N Arizola Rd. Proceed on N Arizola Rd until the traffic lights (star on left of map) near the football/track complex, turn east on Spartan Way to enter school campus. Proceed along road until reaching the northwest side of the practice field (circled star on map).



Emergency Action Plan: Campus Map



PART III: Athletic Training Facility Policies and Procedures

The Role of the Athletic Trainers

Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render care or treatment, under the direction of, or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a member of the essential health care team, services provided by ATs include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions and primary triage plus management of mental health issues.

Athletic Training Facility Office Hours

1. Provide athletic training services for all regular season home AIA contests and away varsity football games.
2. Provide athletic training services to all AIA practices which occur on regular school days during normal athletic training facility hours which are as follows:
 - a. Normal Release Hours: Coverage begins at 3:10pm through approximately 5:30pm
 - b. Early Release Hours: Coverage begins at 1:30pm through approximately 5:00pm
 - c. Athletic training facility may close early if there are no in-season practices being conducted.
 - d. **DO NOT** expect an athletic trainer to be on-site in the mornings or at night beyond facility office hours unless there is a home event that day.
3. Any other coverage for practices needs to be discussed in advance with the head athletic trainer and accommodations will be at the discretion of the head athletic trainer.
 - a. Coaches are still allowed to practice outside of athletic trainer coverage but must contact EMS in the event of an emergency. Information of any potential injuries should be communicated to the athletic trainer via call or text to provide best possible care.

Athletic Trainer Priorities

The athletic trainers will be at as many athletic practices and games as possible. Coaches should remember that the athletic trainers have other responsibilities at Vista Grande, so they are not available (as a general rule) during the school day. Event coverage adheres to NATA injury surveillance studies and will be prioritized as follows:

Fall:

1. Varsity Football: (all home and away games)
2. Junior Varsity Football: (all home games)
3. Cross Country: (home meets)
4. Women's Volleyball: (home games only – when available)
5. Badminton: (home games only – when available)
6. Golf: On call for home games but can not be at venue because of distance

Winter:

1. Wrestling: (all home matches)
2. Boys Basketball: (all home games after Soccer if on same night)
3. Girls Basketball: (all home games after Soccer if on same night)
4. Boys Soccer: (all home games)
5. Girls Soccer: (all home games)

Spring:

1. Baseball: (all home games – somewhere in the complex)
2. Softball: (all home games – somewhere in the complex)
3. Track & Field: (all home meets - somewhere in the complex)
4. Tennis: (all home meets - somewhere in the complex)

Playoff games will take precedence (unless there is a conflict according to NATA Injury surveillance studies)

Athletic Training Facility Rules: The fifteen Commandments

- I. Thou shalt not interrupt the athletic trainers during the school day and ask them to administer athletic training services unless that service has been pre-arranged.
- II. Thou shalt not ask to have “sore” ankles taped. The athletic trainers will be more than willing to teach thou how to treat those sore ankles, however.
- III. Thou shalt sign in to the “Daily Treatment Log” before utilizing any athletic training facility service (including getting ice). Thou should be careful when signing in to be sure the correct treatment is checked.
- IV. Thou shalt show up for injury treatments when they are scheduled.
- V. Thou shalt wait until all in season athletes are taken care of before receiving treatments out of season.
- VI. Thou shalt not ask for a massage if “sore”.
- VII. Thou shalt not bring food into the athletic training facility.
- VIII. Thou shalt not loiter in the athletic training facility.
- IX. Thou shalt not use disrespectful language in the athletic training facility.
- X. Thou shalt practice good hygiene if thou wants to be treated.
- XI. Thou shalt wear appropriate and modest dress when in the athletic training facility. Underwear shalt not be seen and all shoes/cleats shalt not be worn when inside the facility.
- XII. Thou shalt not go anywhere near the athletic trainers’ desks nor disturb any of the athletic trainers’ belongings.
- XIII. Thou shalt not enter the athletic training facility unless an athletic trainer has first unlocked the room and are present.
- XIV. Thou shalt not render any treatments (whirlpool, stim. or ultrasound) unless an athletic trainer is present in the athletic training facility.
- XV. Thou shalt not take anything from the athletic training facility (kits, coolers, equipment, etc.) without the consent of an athletic trainer.

Reporting Injuries to the Athletic Trainer After Hours

If an athlete is injured and an athletic trainer is not available at the time, the coach should have the injured athlete report to the athletic training facility the next day right after school. Coach and/or athlete should also call the athletic trainer to alert them to the injury if the injury is severe. If the injury is serious, coaches should send the athlete immediately to a physician if possible (Team physician). All injuries sustained by Vista Grande athletes and subsequent evaluations and treatments rendered by Vista Grande’s athletic trainers must be documented. Athletes are responsible for signing in daily before getting treatment. All physician release forms must go to athletic trainers before returning to sport.

Taping & Treatments: Services Available

The Vista Grande High School athletic trainers and students aids will only tape athletes who we recognize as having orthopedic issues. If an athlete needs to be taped, it will be because an athletic trainer have first assessed the athlete and decided upon the need. Sore ankles are not necessarily unstable ankles. Please don’t send athletes in to get taped. Other treatment services available in Vista Grande’s athletic training facility include cryotherapy (ice), thermotherapy (heat packs), electronic stimulation, ultrasound, assisted stretching, wound care, and some forms of assistance with rehabilitation.

Over the Counter Medications

Coaches are not allowed to dispense any type of medication and should strongly discourage athletes from carrying their own. **NO** over the counter medications are available in the athletic training facility. These include Tylenol, and/or Advil **you must see the nurse for these.**

Physician Referrals

Should an injury or illness warrant additional treatment and care, the athletic trainers at Vista Grande can assist in the referral process. Any athlete who sees a physician for an injury sustained while participating in a sport or activity at Vista Grande High School **should** present a signed physician release form to the athletic trainer. Any athlete who does not present a physician release to the athletic trainer may not be allowed to resume practice or participate in games.

Getting Hurt on the Field

If an athlete is injured on the field, no matter what type, **he/she should never be moved if a head or neck injury is suspected.** If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should **never move an injured athlete!** In the case of football, wrestling, soccer and home basketball games, an athletic trainer will always be present. At other sporting events, however, it will be necessary for the coach to evaluate the injury and use a "common sense" approach to determine whether it will be necessary to call for an ambulance.

When in doubt, dial 9-1-1.

Other Injury Management

When an athlete sustains an injury, it is his/her responsibility to contact an athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. When a physician referral is necessary, the athletic trainers at Vista Grande will refer the athlete to a physician(s). Additionally, the athletic trainers will also follow that physician's instructions as a guide for any treatment and rehabilitation. If the athlete is injured enough that he/she can not participate in practice or games, the athletic trainers will inform the coaches promptly. In most cases, coaches prefer that injured athletes attend practice as an observer if possible. When treatment plans have been arranged by the athletic trainers for an injured athlete (i.e., sprained ankle gets treatments), it is that athlete's responsibility to show up at the designated time **daily** to receive treatment.

Physical Form

Before any treatment can be provided, the athlete must have completed all preseason paperwork and cleared on Register My Athlete. This authorizes the athletic trainers to render care for sports related injuries. These forms are given to each athlete at the beginning of their first sport season of the year and must be returned before the athlete will be allowed to travel. The form also authorizes emergency consent to treat in the event a parent or guardian cannot be reached.

First Aid & CPR Training for Coaches

In accordance with the National Athletic Trainers' Association's rules and recommendations, all coaches, both head and assistant, at Vista Grande High School should be trained in first aid and CPR.

Travel Kits for Coaches

The athletic trainers will supply a first aid kit/bag to all sport teams that do not have an athletic trainer scheduled to travel with them. Supplies are limited. Kits must be picked up in the training room and then returned for supply restocking purposes.



Student Aides

By law, all student aids must be directly supervised at all times (within sight and sound). That means they can not travel with teams by themselves unless the coach feels comfortable providing supervision of those students aids and the athletic trainers feel comfortable sending them. In this instance, the only thing student aides can do is to provide assistance to the coach. **NEVER** can a student aide make a diagnosis or make any return to play decisions on athletic injuries.

Injury Privacy and the Law

The Health Insurance Portability and Accountability Act (HIPAA) prohibits any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personnel should never release any information about an athlete’s injury or condition to any person without expressed consent of the athlete’s parent.

Equipment Concerns:

Recommended Procedure for Football Helmet Fitting Session

- Athletic trainers should sign off on every football Helmet. **Helmets should never be shared between athletes.**

Contacting the Athletic Trainers

Matt Borowski	
C: (480) 252-7498	C:
C:	

ATHLETIC TRAINING FACILITY PHONE: 520-876-9400 ext 4104

Additional Vista Grande Sports Medicine Team Members

Dr. , MD

Dr. , DO

Nancy Minck, RN
Vista Grande High School Nurse
520-876-9400 x 4137

Dr.

Hydration / Nutrition Game plan for Safety and Performance

*Hydration / nutrition play an important role in athletic activity. In Arizona athletes are subjected to extreme temperatures and it is very important that they are aware of their hydration and nutrition in order to prevent **heat illness** and optimize athletic performance.*

Important Facts about Hydration

- Hydration is critical to every function of the body (water is so important that it comprises 60 – 65% of an athlete's body weight).
- Losing even 2% of body fluids (3 ½ lbs of fluid for 180 lb athlete) can affect athletic performance by causing muscle fatigue, increase risk for heat illness, and affect cognitive skills.
- **Caffeine/Energy Drinks** – Can increase fluid loss and works against efforts to stay hydrated. No drinks such as **SODA, MONSTER, RED BULL etc.**

How an Athlete knows they are dehydrated

- Most athletes don't realize how much they really sweat, and how quickly they can dehydrate.
- Athletes can record their body weight before and after practice to determine fluid loss during practice. Weight loss in one practice or game is water loss, **NOT fat loss**. It is important that athletes replace the fluid loss before the following practice. Fluid replacement (16 oz = 1 pound)
- **Athletes can double-check hydration status throughout the day by checking the amount & color of their urine.** A well-hydrated athlete will urinate often and it will be clear / lighter in color.
- A dehydrated athlete's urine will be very dark in color.

Pre-hydration

- Remember fluids throughout the day. Student athletes should have a water bottle or sports drink with them throughout the day. They should drink up to 64 oz a day before athletic activity.

Rehydrate

- Fluid loss during performance should to be replaced after and urination should occur before going to bed. Rehydration after exercise involves not only replacement of fluids lost in sweat, but also replenishment of electrolytes, primarily sodium.
- Electrolytes like sodium, potassium and chloride are lost in sweat. Good nutrition, and sport drinks help replenish the lost electrolytes.
- Fluid replacement should include 50% water 50% sports drink.
- Fluids for rehydration
 - Water
 - Gatorade
 - Vitamin Water

Gatorade's web site is an excellent resource for information regarding hydration. Visit their science and innovation.

Nutrition

Fueling the body for optimal performance

Athletes often don't understand that the food they eat has a direct impact on their performance as an athlete. Food is fuel for the body, and it is very important that the amount and quality of food is taken into consideration.

WHAT ATHLETES TEND TO DO THAT MAY DETRACT FROM PERFORMANCE:

- **Skip Meals**
- **Not drink enough water before, during, and after activity**
 - **Wait too long to refuel after exercise**
 - **Not always get enough calories**
- **Not Enough Sleep (8 Hours Minimum a night)**

Important information about nutrition

- Athletes should be eating three good meals a day with lights snacks in-between. They should not be skipping any meals including breakfast. Breakfast try yogurt, a sports bar or drink, and piece of fruit, or a smoothie as a lighter alternative to eggs if you workout in the morning.
- Athletes shouldn't leave the house empty-handed. They should take easy-to-pack snacks like sports bars, sports drinks, fruit juices, trail mix, granola bars etc. **(Students eat lunch 3-4 hours before practice, they need a snack before practice!!!)**
- Athletes should lightly salt their foods to help replenish the Electrolyte (sodium) lost during exercise.
- Athletes should also take a multi-vitamin as recommended by the product used.
- Athletes may also use the Gatorade performance series nutrition shakes, Slim fast shakes & bars, Hooah energy bar (developed by the military), **Harvest power bars, Cliff bars**, or traditional foods such as granola, & fruit etc. **for a snack in-between meals.** These foods provide additional calories, and essential vitamins.
- **Carbs are key!! Carbohydrates must be your main fuel source** for your muscles. **DO EAT:** Potatoes, Rice, pasta with red sauce, smoothies, cereal, fruit, bread, bagels, salad, vegetables, frozen yogurt, pretzels, sports bars and drinks, fruit juice. Each meal should resemble a peace sign: One-third PROTEIN (meat, poultry, fish, cheese, beans), one-third STARCH (potatoes, rice, pasta) and one-third FRUITS AND VEGETABLES
- **Eat less fat.** Fat does not supply the fuel needed to build muscles. Carbs and strength training do this. Fat will slow you down, and may cause cramping

Post – Workout Fuel (Post-Practice)

Athletes burn a lot of calories during a workout. Their bodies' muscles lose the energy that's been stored for exercise. That's why it's important athletes:

- Get energy back to the muscles as quickly as possible (within 30 minutes and again within 2 hours) to help rebuild muscle energy stores for the next workout.

When looking to gain lean muscle mass, add 500 to 1,000 additional calories per day combined with proper nutrition and a solid strength-training program.

Lightning

The on-site athletic trainer will be responsible to monitor sky conditions. If lightning is suspected, distance of the lightning will be monitored through weather tracking phone applications (typically via spark feature on WeatherBug app). At Vista Grande, the athletic trainers utilize the NATA general guidelines to help determine if activities should be postponed or continue. These are the general guidelines regarding lightning distance and suggested alerts:

- Lightning within 15 miles – “Heads up” constantly monitor lightning travel direction
- Lightning within 10 miles – “Begin safety procedures”, especially if lightning is moving towards school
- Lightning within 6 miles – “You are now in danger, safety procedures should be complete”
- Lightning outside of 15 miles for 30 minutes – “All clear to resume activity”

Special Concerns:

Bee Stings (*noticeable bite/sting, blotchy skin, pain or itching, burning, weakness, chills, fever, nausea, etc*)

The two greatest risks from most insect stings are allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious). If an athlete is stung by a bee, wasp, hornet, or yellow jacket, follow these instructions closely:

- It doesn't matter how you remove the stinger. Remove it ASAP, the longer it is in, the more venom the body is exposed too. Under 15 seconds is ideal.
- Wash the area carefully with soap and water.
- Apply a topical antihistamine to control itch and swelling.
- An ice pack may be used to alleviate pain.
- Instruct athlete to take acetaminophen (Tylenol) for pain. (parental consent)

If the athlete acknowledges an allergy to stings or has trouble breathing, call 9-1-1

Allergic Reactions

- If an athlete has an allergic reaction, it is important that he/she gets medical treatment immediately.
- If the athlete experiences breathing difficulty and and/or if he/she has an Epi-Pen, get it for them and have him/her give themselves an injection. Do not do it for them. If they cannot do it themselves, call 9-1-1.
- If the athlete's reaction is minor (hives, itching, irritation, etc.), contact parent. In most cases, a Benadryl will fix the problem but as a coach, you cannot give that medicine to the athlete.

Asthma

- Only athletes who have been diagnosed with asthma should use inhalers that are prescribed for them;
- Athletes with asthma should only be allowed to use their own inhaler;
- If trouble persists, **call 9-1-1**.

Dental - Broken Tooth

If an athlete gets a tooth knocked out (or broken off)

- Keep the tooth; DO NOT TOUCH THE ROOT
- Put the tooth in a cup of milk (only enough to cover tooth). If milk is unavailable, use water, or athletes own saliva.
- Have athlete chew gum and put over the exposed tooth in mouth (to prevent nerve irritation);
- Send to dentist – don't forget to send the tooth.

Diabetics

Signs & Symptoms: rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, seizures, anxiousness

What to Do: Ask the athlete. The athlete may direct you (is he/she hypoglycemic or hyperglycemic?). Does he/she have anything with sugar (gel packet etc)? Get him/her what they need. Call 9-1-1

Muscle Cramping

- Poor hydration and low electrolyte count could be the cause.
- Administer Gatorade or other sports drink;
- Light stretching, do not over stretch the muscle.
- Refer to Hydration / Nutrition game plan sheet.

Seizures

- Have athlete lie down. Remove any objects in hand or nearby;
- Loosen restrictive clothing; cushion head if possible
- Allow the seizure to finish;
- After the convulsions have ended, protect the airway. If athlete is blue, lift chin and tilt head back.

Call 9-1-1

Skin Disorders:

Impetigo & Staph Infection

If undetected, the MRSA virus can be fatal. It is absolutely imperative that all rashes and red areas be reported to an athletic trainer and evaluated by a physician. To prevent MRSA, athletes should practice good hygiene. Practice and game clothes should be washed daily. Lockers should be cleaned and aired out nightly. Athletes should shower with soap after engaging in any physical activity. Towels should never be shared.

Signs of MRSA

- skin boils or blemishes
- redness (first appears like a spider bite in most cases)
- sometimes accompanied by fever and chills

Preventing MRSA and other skin disorders

- Avoid contact with infected individuals
- Cover all wounds
- Practice good hygiene: SHOWER with SOAP immediately after EVERY practice/game and do not re-wear sweaty clothing
- Wash practice clothing DAILY
- Do not share clothing
- Clean all equipment - helmets, shoulder pads, wrestling mats, wrestling clothing and shoes, weight equipment, etc. after each use
- Report all skin blemishes/changes to athletic trainer for evaluation
- Wash hands REGULARLY

Treating MRSA

- Requires physician evaluation and prescription for specific type of oral antibiotics and topical cleanser

IT SHOULD BE STRESSED THAT ATHLETES WASH ALL PRACTICE CLOTHING AFTER EACH USE

ATHLETES SHOULD SHOWER WITH SOAP IMMEDIATELY AFTER PRACTICES AND GAMES

Appendix A

VISTA GRANDE HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS
Emergency Contacts

Emergency Medical Services	9-1-1
Casa Grande Police Department – Non Emergency	520-421-8700
Casa Grande Fire Station	520-421-8777
Casa Grande Fire Emergency Medical Services - Office	520-421-8777
Banner Casa Grande Medical Center ER	520-381-6300
Vista Grande High School Athletic Training Facility	520-876-9400 ext-4104
Thomas Hammers AT, MAT – cell phone	480-252-7498
(Insert a healthcare facility partnered with VGHS here)	
Casa Grande Union High School District – Main Office	520-316-3360
Vista Grande High School – Main Office	520-876-9400
Vista Grande High School – Athletic Director Office	520-876-9400 ext-4104
Miguel Marrero, Assistant Principal, Student Affairs	
Vista Grande High School – Nurses Office	520-876-9400 ext-4137

Appendix B

VISTA GRANDE HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

Emergency Plan for Individual Teams

Athletic Emergency Plan

The emergency plan addresses immediate need for medical assistance in the instance of traumatic injury or illness. The emergency plan assigns specific duties for effective evaluation, transport and follow-up of the situation. The emergency plan impacts coaches, spectators, practice/game personnel as well as athletes. The emergency plan must address situations that may occur from the first practice through the last team meeting; it includes weekdays as well as weekends.

A checklist is attached for duties assigned to specific individuals, or information pertinent to the specific team/sport.

This plan may be used for any sport, for any site where the team practices and/or competes. It must be available at any time. It should also include additional information specific to a unique site or other circumstance.

Should an injury occur which needs medical assistance; the following are critical items that would need to be addressed by a coach, athletic trainer (AT), designated first aid responder and/or athletic administrator.

- Primary evaluation
- ABCs
- Access ATC by radio or cellular phone if on site
- Access EMS (activated EMS before contacting ATC if needed)
- Immediate primary care
 - Coach notifies ATC of all injuries within 24 hours.
- Medical Emergency
 - Notification of parent
 - Notification of AT
 - Vista Grande Athletic Trainer
 - AT/Coach will notify athletic administrator
 - Athletic Administrator: Miguel Marrero, 520-876-9400
 - Principal: Vance Danzy, 520-876-9400 ext 4105
 - Do not send teammates to the hospital.

Emergency care cards should be the standard for each practice and event. Athletic trainer or other trained emergency first aid responder (coach) shall be within easy contact to provide care.

In case of a catastrophic injury, no information should be given to any party other than EMS. The AT and/or coach shall notify the athletic administrator. The athletic administrator shall be responsible for contacting the principal of the school. The athletic administrator or principal will release appropriate information to the media. Other strategies can be developed by individual schools.

The following page is a template for use at individual schools by individual teams. Other emergency plan templates are available from a variety of groups. The Sports Medicine Handbook from the National Federation of High School Sports has such an option.

Vista Grande High School Athletic Emergency Action Plan

Date: _____

Sport: _____

Coach: _____ Contact Number _____

Venue: _____

Directions. Please complete and distribute a copy to all members of your coaching staff, the athletic administrator and AT. Discuss this plan with your coaching staff. Proper preparation can lead to quick, appropriate action.

_____ Where should EMS come to have quick access to the injured athlete?

_____ Who will give primary care to the athlete?

_____ Where is the AED?

_____ Where is the first aid kit?

_____ Where are the emergency care cards?

_____ Who calls EMS?

_____ From which cell phone/telephone will the call to EMS be made?

_____ Who will notify the parents that the athlete is being transported to an emergency care facility?

_____ To which emergency care facility will athletes be transported?

_____ Who will notify the AT?

_____ Who will manage the rest of the team while care is given to the injured athlete?

_____ Who will open any gates or doors for EMS?

_____ Who will meet EMS and direct them to the injured athlete?

_____ Who will travel with the injured athlete to the emergency care facility?

_____ Who will follow-up with the parents?

_____ Who will document the injury?

_____ Who will speak to parent in the instance of catastrophic injury?

Emergency Telephone Numbers

EMS _____
Emergency Department _____

Certified Athletic Trainer _____
Athletic Administrator _____

Head Coach
Signature of Completion/Understanding

Date

Appendix C

Vista Grande High School

“Athletic Department Protocol and Procedures for Management of Sports-Related Concussion”

Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research into sports-related concussion in high school athletes. Vista Grande High School has established this protocol to provide education about concussion for athletic department staff and other school personnel. This protocol outlines procedures for staff to follow in managing head injuries, and outlines school guidelines as it pertains to return to play issues after concussion.

Vista Grande High School seeks to provide a safe return to activity for all athletes after injury, particularly after a concussion. To effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to activity.

In addition to recent research, two (2) primary documents were consulted in developing this protocol. The “Consensus Statement on Concussion in Sport 4th International Conference on Concussion in Sport, Held in Zurich, November 2012”¹ (referred to in this document as the Zurich Statement), and the “National Athletic Trainers’ Association Position Statement: Management of Sport Concussion”² (referred to in this document as the NATA Statement).

This protocol will be reviewed on a yearly basis, by the VGHS sports medicine staff with input from the other sports medicine professionals. Any changes or modifications will be reviewed and given to athletic department staff and appropriate school personnel in writing.

All athletic department staff will attend a yearly in-service meeting in which procedures for managing sports-related concussion are discussed.

Contents:

- I. Recognition of concussion
- II. Management and referral guidelines for all staff
- III. Procedures for the Athletic Trainer (AT)
- IV. Follow-up care during the school day
- V. Return to play procedures
- VI. Vista Grande High School Compliance Signature

¹ McCrory P, et al. Summary and Agreement Statement of the 4th International Conference on Concussion in Sport, Prague 2012. *Br J Sports Med.* 2013; 47:250-258.

² Guskiewicz KM, et al. National Athletic Trainers’ Association Position Statement: Management of Sport Concussion. *J Athl Train.* 2014;49(2):245-265.

I. Recognition of concussion

A. Common signs and symptoms of sports-related concussion

1. Signs (observed by others):

- Athlete appears dazed or stunned
- Confusion (about assignment, plays, etc.)
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

2. Symptoms (reported by athlete):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating
- Problems remembering

3. These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

B. Cognitive impairment (altered or diminished cognitive function).

1. General cognitive status can be determined by simple sideline cognitive testing.
 - a. Days of the week in reverse
 - b. 100 – 3
 - c. Months in reverse
 - d. Addition of money

II. Management and Referral Guidelines for Coaching Staff

RECOGNIZE, REMOVE, REFER

A. **Recognize** concussion

1. All coaches should become familiar with the signs and symptoms of concussion that are described in section I

B. **Remove** from activity

1. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated by a medical professional.
 - a. **Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.**

C. **Refer** the athlete for medical evaluation

1. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department by EMS personnel.
2. Any athlete who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest emergency department by EMS personnel.
3. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, by EMS personnel.
 - a. Deterioration of neurological function
 - b. Decreasing level of consciousness
 - c. Decrease or irregularity in respirations
 - d. Decrease or irregularity in pulse
 - e. Unequal, dilated, or unreactive pupils
 - f. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - g. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - h. Seizure activity
 - i. Cranial nerve deficits
4. An athlete who is symptomatic but stable, needs to be evaluated by a qualified medical professional (Athletic Trainer, MD, DO, PA-C, NP) the day of the injury. The options for evaluation are to contact an athletic trainer from the school, or transport by parents to a urgent care / emergency room. The coach is responsible for notifying the athlete's parents of the injury.
 - a. **ALWAYS** give parents the option of emergency transportation, even if you do not feel it is necessary.

5. Coaches should report all suspected head injuries to a qualified medical professional (Athletic Trainer, MD, DO, PA-C, NP) as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
6. Coaches should seek assistance from the host site AT if at an away contest.
7. If an athlete's parents cannot be reached:
 - a. The Coach should ensure that the athlete will be with a responsible individual, who can transport the athlete to a qualified medical professional for evaluation.
 - b. The Coach should continue efforts to reach the parent.
 - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be transported to the emergency department for evaluation. A coach should accompany the athlete and remain with the athlete until the parents arrive.
 - d. Athletes with suspected head injuries should not be permitted to drive home.

III. Procedures for the Athletic Trainer (AT)

- A. The AT will assess the injury.
 1. Immediate referral to the team physician or the athlete's primary care physician or to an emergency room will be made when medically appropriate (see section II).
 2. Without immediate referral action taken, the athletic trainer will notify the athlete's parents and give written and verbal home and follow-up care instructions.
- B. The AT will notify the school nurse of the injury, so that the school RN can initiate appropriate follow-up in school immediately upon the athlete's return to school.
 1. The AT will continue to provide coordinated care with the school RN, for the duration of the injury, if needed.
 2. The AT will communicate with the athlete's parents to contact the guidance counselor regarding the athlete's neurocognitive and recovery status, if needed.
- C. The AT or team physician have the option to utilize neuropsychological testing for post concussion assessment.
 1. If neuropsychological testing is used, repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation.
 2. Team Physician or AT will review neuropsychological scores and consultation.

3. The AT will monitor the athlete during the recovery time. (Athlete attendance is required for this)
4. The AT and/or treating physician are responsible for monitoring recovery & coordinating the appropriate return to play activity progression.
5. The AT will maintain appropriate documentation regarding assessment and management of the injury.

IV. FOLLOW-UP CARE OF THE ATHLETE DURING THE SCHOOL DAY

A. Responsibilities of the school nurse after notification of student's concussion

1. The athlete will be instructed to report to the school nurse upon his or her return to school. At that point, the school nurse will:
 - a. Communicate with athlete
 - b. Provide care for athlete during the school day.
 - c. Communicate with parents and teachers about injury.
2. Notify the student's teachers that the athlete has sustained a concussion.
3. If the school RN receives notification of a student-athlete who has sustained a concussion from someone other than the AT (athlete's parent, athlete, physician note), the AT should be notified as soon as possible, for further follow-up.

B. Responsibilities of the student's guidance counselor

1. Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting symptoms of post-concussion syndrome.

V. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

A. Returning to participate on the same day of injury

1. As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, will not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing will be held out of activity.
2. "When in doubt, hold them out."

B. Return to play after concussion

1. The athlete must meet all the following criteria to progress to activity:
 - a. Asymptomatic at rest and with physical exertion (including mental exertion in school) AND:
 - b. Within neuropsychological test reliable change methodology from baseline to post-concussion testing AND (If neuropsychological testing is used and baseline is available):
 - c. If student-athlete has been evaluated by a physician or AT has referred the athlete to a physician, they must have written clearance. (It is recommended an athlete be cleared for progression to activity by a physician knowledgeable in sport related concussions).
 - d. Team Physician (not applicable at this time) for Vista Grande High School has final decision on all return to play
2. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process, (as recommended by both the Zurich and NATA Statements), under the supervision of the AT.
 - a. Step 1: Light aerobic exercise (ie: stationary bike, elliptical machine)
 - b. Step 2: Moderate aerobic exercise (begin running)
 - c. Step 3: Functional exercise (Increased intensity running, agility movement, non-contact sports movements)
 - d. Step 4: Non-contact practice activities
 - e. Step 5: Full contact practice
 - f. Step 6: Cleared to return to full game if completed steps 1-5 without setbacks

* Each step is separated by ~ 24 hours. If any symptoms occur, the athlete will drop back to the previous step and try to progress again after ~ 24 hours have passed.
3. Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly.
4. The athlete should see the AT daily for re-assessment and instructions until athlete has progressed to unrestricted activity.

Heat Illness Awareness and Prevention Plan

(Adopted from Gilbert Unified School District)

Athletes that participate in fall sports (football, cross country) are placed at greater risk and are more prone to heat illness than those playing at any other time throughout the year. Heat stress problems occur when: 1) Prolonged perspiration causes dehydration and electrolyte depletion, and 2) prolonged high intensity of activity, and 3) external conditions, high air temperature and humidity, impair the body's natural mechanisms for dissipating heat. The heat stress problems predominantly seen in athletics are: **Heat Cramps, Heat Exhaustion and Heat Stroke.**

SIGNS AND SYMPTOMS:

Heat Cramps

- *Muscle twitching*
- *Muscle Cramps*
- *Sweating*

Heat Exhaustion

- *Sweating profusely*
- *Weak and rapid pulse*
- *Cool and clammy skin (pale)*
- *Excessive thirst*
- *Dry tongue and mouth*
- *Fatigue (weakness)*
- *Shallow respiration's*
- *Elevated core body temp. (98.6 deg. F. - 104 deg F.)*

Heat Stroke (Medical Emergency / Can be Fatal)

Possible absence of sweating

- *Increase in pulse (strong and rapid)*
- *Hot and dry skin (flush skin color)*
- *Sensation of burning up inside*
- *Unconsciousness*
- *Dizziness (mental confusion)*
- *Abrupt onset of headache, fatigue*
- *Labored respiration's*
- *Elevated core body temp. (105 deg. F. - 109 deg. F.)*

*Those supervising athletes should be able to recognize these basic signs and symptoms of dehydration. A conscious, cognizant, dehydrated athlete without gastrointestinal distress can aggressively rehydrate orally, while one with mental compromise from dehydration or gastrointestinal distress should be transported to a medical facility (activating EMS/911).

• **PREVENTING HEAT STRESS PROBLEMS**

1) Ensure pre-exercise hydration

Remember fluids throughout the day. Student athletes should have a water bottle or sports drink with them throughout the day. They should drink up to 64 oz a day before athletic activity.

2) Fluid replacement during exercise

Fluid replacement should approximate sweat and urine losses and at least maintain hydration at less than 2% body weight reduction. This generally requires 200 to 300 ml (7 to 10 fl oz) every 10 to 20 minutes.

3) Post exercise hydration

Ideally completed within 2 hours, rehydration should contain water to restore hydration status, carbohydrates to replenish glycogen stores and electrolytes to speed rehydration.

4) Acclimatization

Heat acclimatization induces physiologic changes that may alter individual fluid--replacement considerations. It is suggested that a graduated physical conditioning program be used and that 80 percent acclimatization can be expected to occur after the first 10 days. ***Sweat rate generally increases after 10 to 14 days of heat exposure, requiring a greater fluid intake for a similar bout of exercise.

5) Adequate rest breaks during exercise / reduce intensity – Intensity of exercise increases metabolic heat production, which elevates core body temperature. Rest Breaks every 15-20 minutes for 3-5 minutes can help lower core body temperature.

6) Practice modifications – Depending on temperature, practice modifications (Ex. Reduce equipment, and running etc) can assist with the body’s ability maintain safe core temperature and allow the body a better opportunity to cool during exercise.

*****One of the most important things a coach can do is to educate his/her athletes about the signs and symptoms of heat illness and dehydration and the proper steps to take (Steps 1-3 above) to reduce the risk of occurrence.**

Prevention of Heat related injuries is the best way to keep them from occurring. In order to ensure that student safety is met in times of intense heat each school must adhere to the following protocol:

ACCLIMITIZATION

- This can be accomplished by gradually increasing the duration and intensity over 10 days of supervised activity
 - Begins the first day of AIA permissive week.
 - Following AIA practice guidelines, if permitted under Safe Competition Protocol
 - **First 3 Days Helmets only, Days 4-6 Helmets and Shoulder Pads Only**
 - Ideally, practices should begin in the early evening or later afternoon during acclimatization to avoid excessive heat exposure. Suggested practice times listed below-
 - **5:00pm – 5:30pm – No Helmets or Shoulder Pads (Pants only starting day 7)**
 - **5:30pm – Full Pads may begin**
 - Morning practices must meet safe competition protocol and be concluded by 10am.
 - Practices that involve physical activity, must not exceed **3 Hours**
 - Cross Country
 - Recommended to alternate morning/indoor practices with afternoon practice combined with reduced running distance (ON CAMPUS)
 - ✓ Example:
 - M, W, F – Morning Practices
 - T, Th -- After school practice with reduced running distances
- Educate coaches, athletes, and parents regarding heat illness and hydration
 - The athletic trainer will provide guidelines for heat illness and proper hydration
- Coaches must ensure:
 - **Each athlete is allowed water at anytime**
 - Planned water breaks on practice schedule
 - Allow athletes a minimum of 3 minutes during planned water breaks, to reduce metabolic heat production and encourage evaporative cooling
 - ***Remove helmets during breaks

SAFE COMPETITION PROTOCOL

The athletic trainer may make modifications to practice / competitions depending on the outdoor Wet Bulb Globe Temperature (WBGT) measurements. Modifications to practices will follow the WBGT regional activity guidelines (Cat 3 for VGHS) as suggested by the Korey Stringer Institute housed at the University of Connecticut.

DO NOT expect to conduct any practices when Heat Index is above 125 or with the WBGT above 92.1° F

Below are several practice modification that may need to be enforced to keep athletes safe from heat exposure:

- Reduce amount of equipment worn
- Half padded practice or helmets only
- Reduce conditioning
- Water breaks every 10-15 minutes
- Postpone or cancel activity

Wet Bulb Globe Temperature (WBGT) Regional Activity Guidelines



Fig. 2. Heat safety regions.

Vista Grande High School falls under category 3 (left column):

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F < 27.8°C	< 79.7°F < 26.5°C	< 76.1°F < 24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°C	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. <u>For Football:</u> players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. <u>For Football:</u> No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥ 32.1°C	≥ 86.2°F ≥ 30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.

AIA Heat Acclimatization Protocol

(A team may not choose to train in a less severe climate)

*** This Protocol Must Be Followed, No Exceptions!!!**

Days 1 – 5:

- Days 1 through 5 of the heat-acclimatization period consist of the first 5 days of formal practice. During this time, athletes **may not participate in more than 1 practice per day**.
- If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe. Total practice time should not exceed 3 hours in any 1 day. In addition to practice, a 1-hour maximum walk-through is permitted during days 1-5 of the heat acclimatization period. However, a 3-hour recovery period should be inserted between the practice and walk-through (or vice versa). (Note: A walk-through is defined as no contact with other individuals, dummies, sleds or shields).
- During days 1-3 of the heat-acclimatization period, in sports requiring helmets or should pads, a helmet is the only protective equipment permitted. The use of shields and dummies during this time is permissible as a non-contact teaching tool.
- During days 4-6, only helmets and shoulder pads may be worn.
- Football only: on days 4-6, contact with blocking sleds and tackling dummies may be initiated.

Days 6 – 14:

- Beginnings no earlier than day 6 and continuing through day 14, double-practice days must be followed by a single-practice day.
- On single-practice days, 1 walk-through is permitted, separated from the practice by at least 3 hours of continuous rest. When a double-practice days is followed by a rest day, another double-practice day is permitted after the rest day.
- On a double-practice day, neither practice should exceed 3 hours in duration, nor should student athletes participate in more than 5 total hours of practice. Warm-up, stretching, cool-down, walkthrough, conditioning and weight-room activities are included as part of practice time. The 2 practices should be separated by at least 3 continuous hours in a cool environment.
- Beginning on day 7, all protective equipment may be worn and full contact may begin.
- Full-contact sports may begin 100% live contact drills no earlier than day 7.
- Because the risk of exertional heat illnesses during the preseason heat acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during and after all practice.

