

North Central High School Athletic Training Policy and Procedure Manual



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North Central High School Athletic Training

Mission Statement:

The mission statement of the North Central High School Athletic Training Department is to assure the overall well-being and to provide the appropriate treatment, rehabilitation, and medical care using evidence-based medicine for athletes at North Central High School.

Certified Athletic Trainer Roles and Expectations

Head Athletic Trainer Responsibilities

- Work and collaborate with team physician and/or other health care providers
- Open communication with coaches, school administration, and parents
- Work within the scope of practice to administer adequate care to athletes
- Cover all home games and away football games, as well as designated away games in other sports
- Maintain inventory and order athletic training supplies
- Direct and supervise daily operation of the athletic training room
- Supervise and collaborate with Graduate Assistants
- Supervise and direct athletic training students while in the preceptor role
- Organize and designate coverage needed for all sports
- Document all injuries and treatments
- Maintain monthly referral log for Union Hospital
- Meet with the School Nurse and/or Athletic Director daily to discuss accommodations for athletes

Graduate Assistant Responsibilities

- Work and collaborate with the head athletic trainer, team physician and/or other health care providers
- Follow guidelines set by Indiana State University and Union Hospital found in the: Post-Professional Athletic Training Program Handbook
<http://www.indstate.edu/amr/post-professional-athletic-education-program/pdfs/at-graduate-student-handbook.pdf>
- Work within the scope of practice to administer adequate care to athletes
- Cover all home games of designated sport as well as previously designated away games
- Assist in coverage of all home football games as well as designated away games
- Assist head athletic trainer in daily duties of the athletic training room as well as maintaining inventory
- Supervise and direct Athletic Training students while in the preceptor role
- Document all injuries and treatments
- Assist in completing monthly referral logs for Union Hospital

Preceptor Responsibilities

- A Preceptor serves as an instructor, mentor, and role model for Athletic Training Students as they matriculate through their clinical education and clinical skill development
- Maintains and approves athletic training students hours weekly in Atrack
- Works in collaboration with the Undergraduate Athletic Training department at ISU

Communication

- Appropriate communication via preceptors and athletic training students will be in the form of texts, calls, or in person
 - Email is acceptable but not the quickest form of communication.
 - Contact numbers will be given to staff at beginning of rotation, to be stored in personal phones rather than posted
- Practice time change and school closings will be communicated to staff and students via text
 - If the school is closed for a weather related issue, there will be no clinical duties that day
 - If the school is closed for a holiday or previously scheduled dismissal, practice times will be changed and discussed with staff and students
 - If NCHS is in school but due to approaching inclement weather events are canceled, the Head Athletic Trainer will text everyone.
 - An official decision from NCHS Athletic Director, regarding cancellations, is generally not made until after 2pm.
- Concussion and injury communication will be addressed in their individual sections of the policy and procedure manual

Athlete Referrals

The North Central High School Athletic Training Department works under the Union Hospital Therapy group in relation with the UAP physicians.

- When making a referral, an effort to refer them to a UAP physician is preferred.
 - It is understood that it is the right of the parent to take an athlete to whichever doctor they choose.
 - The Athletic Training Staff is by no means to refer the athlete to a doctor outside of the UAP physician network.
- If a referral is going to be made to the UAP physicians, the following steps need to occur:
 - Call the physician's Athletic Trainer
 - Give them the athlete's name, date of birth, parent name with contact number, and injury (be as specific as possible so imaging can be ordered in advance if needed).
 - Inform the Head Athletic Trainer that a referral was made, and give an overview of the injury.
- In the instance a concussion, a referral to Dr. McDonald will be made.

Emergency Equipment

North Central High School has the following emergency equipment:

- Splint Bag- located in the ATR
- Med Kits- located in the ATR
- Crutches- located in the ATR
- AED- located in the Weight Room, and the North Gym

Travel

- Traveling to away events is dependent on sport, host school, athletic training coverage of host school, and type of event.
 - The Head Athletic Trainer, as well as a Graduate Assistant, will travel to all varsity away football games.
- Traveling to away events will be done primarily on a school bus.
 - There will be times when the preceptor will drive to an event, and the students designated to that preceptor will be permitted to ride with them.
-

Medications

- Athletic trainers are not permitted by any means to give out medication.
- If an athlete uses an EpiPen or inhaler, they are asked to bring in a spare one to be kept with the certified athletic trainer designated to their sport and a form needs to be in their file
 - Their name needs to be on the inhaler or epiPen and is to be kept in the medical kit during events and practices.
 - If an inhaler is used, the incident needs to be documented.
- If the athlete has a prescription medication needed to be dispensed by an Athletic Trainer after school hours, the appropriate NESC forms must be filled out by both the parent and prescribing physician and kept in their file
 - The medication needs to be a single dose with the name of the athlete located on the package.
 - Documentation is required each time medication is given and taken
- All medication is to be placed in the locked medicine cabinet in the tall cabinet in the corner of the Athletic Training Room

Modalities

North Central High School has the following modalities:

- GameReady®
- Cryotherapy
- Hydrocollator
- TENS
- Graston Technique® tools

The use of modalities will be done under the direction of the doctors at the Union Center for Sports Medicine while incorporating the modality protocol

Media and Confidentiality

While at North Central High School situations will arise where the media will be present.

- Be aware of your surroundings when talking about athletes and his/her injuries.
 - Information about an athlete and their injury/playing status should not be discussed with anyone other than those working on the direct care of the athlete.
 - Discussing private information is a HIPPA violation as stated in the following:
 - <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/>
 - Any violation will result in the dismissal of the student from the clinical site and will be treated according to the Indiana State University Professional Athletic Training Program's Policy and Procedure Handbook under the Retention Policy.
- North Central Athletic Training Staff is only able to do a media interview after the following permission is attained:
 - Head Athletic Trainer or Graduate Assistants
 - Permission from Yvette Cress and Union Hospital
 - Permission from Trent Olson

Social Media

- Athletic Training staff and undergraduate students should not follow or friend any athletes on personal social media accounts
- Pictures or videos should not be taken of any athlete or athletes' injury

Practice/Game Setup

- For practices, the fields should be set up before 3:15 when school lets out.
- Event set up should be done at least 30 minutes before an event

Cleaning and Sanitation

The North Central Athletic Training staff will follow the OSHA Guidelines and Universal Precautions (posted above the sink in the ATR) in regards to sanitation.

- There is a sink located in the ATR as well as hand sanitizer next to the sink
 - Each medical kit should be supplied with a bottle of hand sanitizer
- Water bottles, coolers, and ice chest are to be cleaned with diluted Whizzer
- The tables are to be cleaned with diluted Whizzer.
 - A cleaning checklist can be found on the next page, as well as posted in the AT

NCHS ATR Cleaning Checklist

Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Fill Hydrocollator						
Stock/Organize Tape Tables						
Spray and wipe down all tables Straighten up pillows on tables Throw away any trash						
Clean/store coolers						
Complete all documentation/filing						
Laundry (As needed) Stock towels Shut down computer Turn off lights and lock the door						
Weekly						
Fill Whizzer						
Re-Stock kits						
Stock Band-Aids						
Organize drawers, cabinets, etc.						
Sweep Floor						
Clean/organize under tables						
Clean Sink						
Clean returned equipment (boots, crutches) Laundry before and after Friday						

Record Keeping

The North Central High School athlete training department should have access to all athletic physicals.

- An athlete must have a physical and school associated paperwork on file with the athletic office, to participate in any athletic event.
 - It is the responsibility of the coaching staff of individual sports to make sure all athletes have a physical and associated paperwork on file before the start of any physical activity with the team.
 - The physical must be done after April 1st of the current athletic year to be valid.
 - The athlete must also have an Emergency Consent form on file with the athletic training department to be treated by the athletic training staff.
- The physicals and paperwork will be given to either the athletic department or athletic training department. All physicals and paperwork will be stored in the locked filing cabinet in the ATR.

Suspected Eating/Mental Disorder

- If an athlete is suspected of struggling with an eating/mental disorder, the incident is to be documented and the head athletic trainer will need to be made aware immediately.
 - The Head Athletic Trainer will then report the case to the school nurse as well as the Athletic Director
 - Athletic Trainer is then void of further responsibilities other than normal oversee

Suspected Drug/Alcohol Abuse or Child Abuse/Neglect

- If an athlete is suspected of being involved in the above, it needs to be documented and the head athletic trainer will need to be made aware immediately.
 - The Athletic Director, Principal, and Assistant Principal need to be notified
 - A report will then need to be made to the Child Abuse/Neglect Hotline
 - The phone number is: 1-800-800-5556
 - If an athlete is overheard talking about/ or they tell you about going to a party where there was drug and/or alcohol involved or you are asked to supply it for them (jokingly or not), it is your responsibility to report it.

Injuries and Documentation

North Central High School Athletic Training Department uses Final Forms for electronic medical records.

- If an athlete is injured during a practice or event and after 24 hours still experiencing issues, the injury needs to be documented.
 - If after 24 hours they are cleared without pain or restrictions, injury documentation is not needed.
 - If access to a computer is available, the initial evaluation needs to be documented into Final Forms
 - If unable to access a computer, a hard copy of a SOAP note is located in the ATR
 - SOAP note should be entered into Final Forms when accessible
 - If the athlete is cleared after one day and there was not further documentation done, the hard copy will suffice as proper documentation and filed away
 - If there is more follow-up to the initial injury, the rest of the documentation will need to be done in Final Forms.
- If an athlete needs to be placed on crutches or in a walking boot, the Crutch Prescription Form (located in my documents on the desktop) will need to be filled out, and the head athletic trainer will be made aware
- Head Athletic Trainer will email Crutch Form and notify the appropriate school administration (Nurses Aid)
- If an athlete is injured enough to warrant further medical attention resulting in the leaving of practice to seek emergent medical attention, the following will need to occur:
 - The Head Athletic Trainer will need to be notified immediately if not present.
 - The Athletic Director and Principal will be contacted
 - The supervising Athletic Trainer will fill out an incident report.
 - A blank form is located on the desktop in the Forms folder (as well as in appendix of manual)
 - Incident report should be emailed by Head Athletic Trainer to the appropriate school administration (Nurses Aid)
 - This process needs to be completed within 24 hours of injury
- If an injury warrants EMS transport, the North Central High School Emergency Action Plan will be implemented.
 - A copy of the plan can be found in the P&P and posted in the ATR behind the computer and next to the door

Emergency Response Team

(Ten to fifteen members according to size of school)

- **Leaders:**
 - Principal, Assistant Principal(s), Principal Designee, Dean(s), Counselor(s), Teachers.
 - The leaders will select other team members and assign responsibilities.
 - Backups for each member should also be selected\

- **Guidelines for assignments:**
 - One member should handle communication and insure space available for command center
 - One member should meet and coordinate with law enforcement (work with Office of Student Services)
 - One member should meet and coordinate with emergency services- fire, rescue, and medical
 - One member should meet and handle parents (work with central administration team members)
 - One member should meet and coordinate with news media (work with central office and law enforcement personnel)
 - One or two members should monitor, coordinate evacuation/relocation of students, if necessary (work with Transportation Director)
 - Three to Ten members should be trained in first aid procedures with emphasis on gun shot wounds
 - One member should maintain a log of events as accurately as possible
 - One member would be responsible for arranging a place where witnesses, students and staff can be secured, isolated and be available for interviews by law enforcement as soon as possible
 - The leader will insure that all team members understand their assignments and are prepared to carry them out when, and if, the plan is activated

- **Assistance Provided**
 - The School Emergency Response Team assists the school by:
 - Determining where the students are in their reaction to the situation
 - Determine which students need further intervention
 - Providing bereavement/loss and grief counseling
 - Assisting in planning follow-up activities
 - Providing consultation to parents
 - Becoming involved in prevention activities
 - Being a general resource to the community

North Central High School Emergency Action Plan

School Address: 910 E. Co. Rd. 975 N., Farmersburg, IN 47850

Emergency Personnel: Certified Athletic Trainer, Athletic Director, Coaches, and Bystanders

Emergency Communication: Cell phone: 911
School Landline: 9-911

Roles of First Responders:

1. Certified Athletic Trainer provides immediate care to the injured or ill patient.
2. Coach/AD retrieves emergency medical equipment.
3. Activate EMS if necessary:
 - a. ATC, AD, coach, or bystander (to be delegated by ATC) calls 911 (providing name, address, telephone number, number of individuals injured, the condition of the injured, first aid that is being provided, and specific directions to the venue).
 - b. Delegated person who called 911 will flag down EMS and direct EMS to desired location.
 - c. Coaches are needed for crowd/player control.
 - d. Head Athletic Trainer, Athletic Director, and Principal need to be contacted (in the event they are not present).

Directions to Venue:

- Football, Baseball, Softball, Tennis- Direct EMS to appropriate field by access of either entrance to the East side of the school off of Highway 41.
- Main Gym- Direct EMS to use the North entrance of the school that faces the High School Parking Lot. Direct EMS to enter through the door on the North side of the school. Direct EMS to Main Gym.
- Athletic Training Room and Auxiliary Gym- Direct EMS to use North Entrance to the school and proceed to the South East corner Middle School Parking lot. Direct EMS to enter through the South East Door and Direct them to the appropriate location.

Transportation

- Injured athletes will be transported via EMS (in the event a parent/guardian is not present or a life threatening injury) to Union or Regional Hospital.
 - Union Hospital- 1606 N 7th St, Terre Haute, IN 47804
 - Regional Hospital-3901 S 7th St, Terre Haute, IN 47802

Documentation

- All injuries/incidents will be documented through the Final Forms computer system.

Contact Information

Louis Rusch Head Athletic Trainer	Cell Number: (812) 890-8449 Email: ruschl@nesc.k12.in.us
Trent Olsen Athletic Director	Cell Number: (812) 236-6151 Email: olsont@nesc.k12.in.us
Nancy Liston Principal	Cell Number: Email: listonn@nesc.k12.in.us

North Central High School Emergency Action Plan for Main Gymnasium

The athletic trainer will remain with the injured party. If administration or campus security is available, they will call 911. If they are not, a member of the coaching staff will use the nearest phone (cellular phone or phone in the athletic training room) to call 911. Make sure to explain your exact location on campus (gymnasium, practice football field, etc.) and how the ambulance can access that area.

**North Central High School
910 E. Co. Rd. 975 N.
Farmersburg, IN 47850**

To access the main gymnasium:

- Direct EMS to enter through the Northwest door. Direct EMS to stairs by elevator.
- Attempt to contact the injured party's parents/guardians and inform them of the situation. If a parent cannot be reached, the athlete is to be transported to the preferred hospital specified on their emergency contact form. If a preferred hospital is not listed, they will be transported to the closest location.
- Assign an individual to keep away from the injured party those who are not directly treating the injured party.
- The individual that made the 911 call should meet the ambulance as it arrives on campus and guide it to the location of the injured party.
- If the injured party's status worsens before the ambulance arrives and you are not still on the phone with 911, call 911 again and provide an update on the injured party's status.
- Should an athlete need to be spine boarded, the NCHS policy for spine boarding will be activated.
- If a parent has not been reached and it is time for transport, an administrative member or an individual from the coaching staff should ride with the athlete (if available).

Important phone numbers:

- Police, Fire, Ambulance emergencies: 911 (9-911 if calling from landline in school)
- Athletic Director (Trent Olson): (Cell) 812- 236-6151
- Head ATC (Louis Rusch): (Cell) 812-890-8449
- Main Office: 812-397-2132

North Central High School Emergency Action Plan for South Gym

The athletic trainer will remain with the injured party. If administration or campus security is available, they will call 911. If they are not, a member of the coaching staff will use the nearest phone (cellular phone or phone in the athletic training room) to call 911. Make sure to explain your exact location on campus (gymnasium, practice football field, etc.) and how the ambulance can access that area.

**North Central High School
910 E. Co. Rd. 975 N.
Farmersburg, IN 47850**

To access the South gymnasium:

- Direct EMS to use the South East Door
- Attempt to contact the injured party's parents/guardians and inform them of the situation. If a parent cannot be reached, the athlete is to be transported to the preferred hospital specified on their emergency contact form. If a preferred hospital is not listed, they will be transported to the closest location.
- Assign an individual to keep away from the injured party those who are not directly treating the injured party.
- The individual that made the 911 call should meet the ambulance as it arrives on campus and guide it to the location of the injured party.
- If the injured party's status worsens before the ambulance arrives and you are not still on the phone with 911, call 911 again and provide an update on the injured party's status.
- Should an athlete need to be spine boarded, the NCHS policy for spine boarding will be activated.
- If a parent has not been reached and it is time for transport, an administrative member or an individual from the coaching staff should ride with the athlete (if available).

Important phone numbers:

- Police, Fire, Ambulance emergencies: 911 (9-911 if calling from landline in school)
- Athletic Director (Trent Olson): (Cell) 812- 236-6151
- Head ATC (Louis Rusch): (Cell) 812-890-8449
- Main Office: 812-397-2132

North Central High School Emergency Action Plan for Football Stadium

The athletic trainer will remain with the injured party. If administration or campus security is available, they will call 911. If they are not, a member of the coaching staff will use the nearest phone (cellular phone or phone in the athletic training room) to call 911. Make sure to explain your exact location on campus (gymnasium, practice football field, etc.) and how the ambulance can access that area.

**North Central High School
910 E. Co. Rd. 975 N.
Farmersburg, IN 47850**

To access the football stadium:

- Direct EMS to football stadium and to enter through the South Side of the field
- Attempt to contact the injured party's parents/guardians and inform them of the situation. If a parent cannot be reached, the athlete is to be transported to the preferred hospital specified on their emergency contact form. If a preferred hospital is not listed, they will be transported to the closest location.
- Assign an individual to keep away from the injured party those who are not directly treating the injured party.
- The individual that made the 911 call should meet the ambulance as it arrives on campus and guide it to the location of the injured party.
- If the injured party's status worsens before the ambulance arrives and you are not still on the phone with 911, call 911 again and provide an update on the injured party's status.
- Should an athlete need to be spine boarded, the NCHS policy for spine boarding will be activated.
- If a parent has not been reached and it is time for transport, an administrative member or an individual from the coaching staff should ride with the athlete (if available).

Important phone numbers:

- Police, Fire, Ambulance emergencies: 911 (9-911 if calling from landline in school)
- Athletic Director (Trent Olson): (Cell) 812- 236-6151
- Head ATC (Louis Rusch): (Cell) 812-890-8449
- Main Office: 812-397-2132

North Central High School Emergency Action Plan for Tennis Courts

The athletic trainer will remain with the injured party. If administration or campus security is available, they will call 911. If they are not, a member of the coaching staff will use the nearest phone (cellular phone or phone in the athletic training room) to call 911. Make sure to explain your exact location on campus (gymnasium, practice football field, etc.) and how the ambulance can access that area.

**North Central High School
910 E. Co. Rd. 975 N.
Farmersburg, IN 47850**

To access the tennis courts:

- Direct EMS to access the courts by directing them to the South side of the Football stadium.
- Attempt to contact the injured party's parents/guardians and inform them of the situation. If a parent cannot be reached, the athlete is to be transported to the preferred hospital specified on their emergency contact form. If a preferred hospital is not listed, they will be transported to the closest location.
- Assign an individual to keep away from the injured party those who are not directly treating the injured party.
- The individual that made the 911 call should meet the ambulance as it arrives on campus and guide it to the location of the injured party.
- If the injured party's status worsens before the ambulance arrives and you are not still on the phone with 911, call 911 again and provide an update on the injured party's status.
- Should an athlete need to be spine boarded, the NCHS policy for spine boarding will be activated.
- If a parent has not been reached and it is time for transport, an administrative member or an individual from the coaching staff should ride with the athlete (if available).

Important phone numbers:

- Police, Fire, Ambulance emergencies: 911 (9-911 if calling from landline in school)
- Athletic Director (Trent Olson): (Cell) 812- 236-6151
- Head ATC (Louis Rusch): (Cell) 812-890-8449
- Main Office: 812-397-2132
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North Central High School Emergency Action Plan for Baseball Field

The athletic trainer will remain with the injured party. If administration or campus security is available, they will call 911. If they are not, a member of the coaching staff will use the nearest phone (cellular phone or phone in the athletic training room) to call 911. Make sure to explain your exact location on campus (gymnasium, practice football field, etc.) and how the ambulance can access that area.

**North Central High School
910 E. Co. Rd. 975 N.
Farmersburg, IN 47850**

To access the baseball field:

- Direct EMS to the baseball field.
- Attempt to contact the injured party's parents/guardians and inform them of the situation. If a parent cannot be reached, the athlete is to be transported to the preferred hospital specified on their emergency contact form. If a preferred hospital is not listed, they will be transported to the closest location.
- Assign an individual to keep away from the injured party those who are not directly treating the injured party.
- The individual that made the 911 call should meet the ambulance as it arrives on campus and guide it to the location of the injured party.
- If the injured party's status worsens before the ambulance arrives and you are not still on the phone with 911, call 911 again and provide an update on the injured party's status.
- Should an athlete need to be spine boarded, the NCHS policy for spine boarding will be activated.
- If a parent has not been reached and it is time for transport, an administrative member or an individual from the coaching staff should ride with the athlete (if available).

Important phone numbers:

- Police, Fire, Ambulance emergencies: 911 (9-911 if calling from landline in school)
- Athletic Director (Trent Olson): (Cell) 812- 236-6151
- Head ATC (Louis Rusch): (Cell) 812-890-8449
- Main Office: 812-397-2132

North Central High School Emergency Action Plan for Softball Field

The athletic trainer will remain with the injured party. If administration or campus security is available, they will call 911. If they are not, a member of the coaching staff will use the nearest phone (cellular phone or phone in the athletic training room) to call 911. Make sure to explain your exact location on campus (gymnasium, practice football field, etc.) and how the ambulance can access that area.

**North Central High School
910 E. Co. Rd. 975 N.
Farmersburg, IN 47850**

To access the softball field:

- Direct EMS to access the softball field.
- Attempt to contact the injured party's parents/guardians and inform them of the situation. If a parent cannot be reached, the athlete is to be transported to the preferred hospital specified on their emergency contact form. If a preferred hospital is not listed, they will be transported to the closest location.
- Assign an individual to keep away from the injured party those who are not directly treating the injured party.
- The individual that made the 911 call should meet the ambulance as it arrives on campus and guide it to the location of the injured party.
- If the injured party's status worsens before the ambulance arrives and you are not still on the phone with 911, call 911 again and provide an update on the injured party's status.
- Should an athlete need to be spine boarded, the NCHS policy for spine boarding will be activated.
- If a parent has not been reached and it is time for transport, an administrative member or an individual from the coaching staff should ride with the athlete (if available).

Important phone numbers:

- Police, Fire, Ambulance emergencies: 911 (9-911 if calling from landline in school)
- Athletic Director (Trent Olson): (Cell) 812- 236-6151
- Head ATC (Louis Rusch): (Cell) 812-890-8449
- Main Office: 812-397-2132
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Union Center for Sports Medicine Modality Protocol

Modalities are to be used by Union Center for Sports Medicine employed ATC, ISU GA, or undergraduate students.

- No undergraduate student is permitted to use modalities until they have completed their coursework and proficiency has been indicated. All modalities will be used under the supervision of a certified athletic trainer.

Each site has a list of modalities available included cold, heat, sound, electricity, light, and mechanical devices. All modalities are to be used within manufacturer and NATA/BOC standards.

Ultrasound (US):

US should not be used for longer than 14 treatments. If treatments are ongoing more than 1 week discussion with team physician is necessary.

US may be used for the treatment of muscle spasm, scar tissue, trigger points, and muscle strain. Other conditions need approval from the team physician. US is NOT to be used over the joint space or bone without an X-ray and approval by physician.

Electrical Stimulation (ES):

ES may be used by the AT staff. For consistent treatments longer than 1 week, approval is needed by the team physician. Additional approval is needed to continue past 4 weeks of continued ES treatment.

ES may be used to treat edema, pain, muscle spasm, and muscle re-education. Other conditions must be approved by the team physician prior to use.

Pulsed Laser (light therapy):

Laser may be used by the AT staff. For consistent treatments longer than 1 week, approval is needed by the team physician. Additional approval is needed to continue past 4 weeks of continued Laser treatment.

Laser may be used to treat edema, pain, scar tissue, trigger points, muscle spasm and muscle strain. Other conditions must be approved by the team physician prior to use.

Updated 08/2020

Psychological Concern: Recognition and Referral

Introduction:

The rate of mental disorders in youth is high, with approximately 1 in every 4-5 meeting the criteria.¹ Athletic trainers in the secondary school setting may play a vital role in identifying and referring patients with psychological concerns. Adolescent athletes are exposed to the same stressors that place them at-risk for new or worsening mental disorders as other adolescents; however, performance expectations, time-loss, career ending injuries, team conflict, and other sports-related pressure may cause additional strain.¹ Although approaching patients regarding mental health may be uncomfortable or new for athletic trainers, we may have unique relationships with our patients that allow them to confide, seek help, or speak openly in our presence. The secondary school athletic trainer must be prepared to recognize, respond, refer, and advocate for a patient's mental health appropriately.

This policy was developed for Union Health Sports Medicine athletic trainers with the purpose of outlining the referral and management process of psychological concerns. The policies outlined below were highly reflective of the suggestions from the NATA *Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement*,¹ and athletic trainers should familiarize themselves with this resource. This consensus statement as well as an NATA position statement regarding mental health can be found on the NATA website.

Policy

The athletic trainer is responsible for the recognition and referral of psychological concerns in student-athletes. The athletic training staff will differentiate between emergent and non-emergent concerns and refer to the school administration and appropriate medical professionals in all cases. The athletic training staff will report any concerns to the high school administration and parents/guardian for further case management.

Recognition:

Distinguishing an emergent versus a non-emergent case is crucial in the management of psychological concerns in athletes and is outlined in the consensus statement as well as later in this policy. As athletic trainers we interact with our patients often daily, and build close relationships. Triggering events in life or sport can cause the worsening or development of a psychological concern. It is important for athletic trainers to be empathetic and recognize when these triggering events may have occurred to better monitor the patient's status. Triggering events specific to athletes may be overtraining, termination of sport participation, inability to manage sport, academic, and personal expectations, injury, as well as any changes in home or social environments. Athletic trainers may see these events begin to affect motivation, pain levels, injury occurrence, attention, mood, or behavior. Although there does not always

need to be a specific triggering event prior to development or worsening of a mental disorder, athletic trainers need to recognize these changes as they are some of the primary signs of mental disorders. The primary mental disorders discussed in the NATA consensus statement include:

- Depression
- Anxiety Disorders
- Substance and Alcohol Abuse
- ADHD
- Eating Disorders
- Bullying and Hazing

Athletic trainers should read this consensus statement and understand the signs and symptoms of each. Detailing each disorder is beyond the scope of this policy, but athletic trainers should attest to having read and understood this document, as well as the consensus statement, prior to patient contact at THS.

Suicide: Any student-athlete who has expressed intent, indicated a plan, or has attempted or discussed attempted suicide, should be treated as an emergency referral. Athletic trainers should not engage in an attempt to determine the seriousness of the expressed thoughts. Stay with the patient, listen, and make an immediate referral.

- If an attempt is in progress: Call EMS
- If an attempt has not already begun: Call the school counselor and/or school administrator. Parent/guardian will also be notified immediately. If these individuals are not available to respond, call the Hamilton Center emergency line (800) 742-0787

Procedures

As stated in NATA *Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement*, a "Yes" to ANY of the following questions should constitute an emergency:

- Am I concerned the student-athlete may harm himself/herself?
- Am I concerned the student-athlete may harm others?
- Am I concerned the student-athlete is being harmed by someone else?
- Did the student-athlete make verbal or physical threats?
- Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the student-athlete have access to a weapon?
- Is there potential for danger or harm in the future?

Any threat or perceived suicide attempt, changes in mental status or destructive behaviors constitutes an emergency under any circumstances and EMS should be activated.

In the case of a “yes”, school administration (principal/athletic director and school counselor) should be immediately notified. If administration is currently not on-site, they should still be notified about the incident as soon as reasonably possible. If possible, one athletic trainer will continue to monitor and manage the patient, while another athletic trainers call administration, parents, and/or referral. If a second athletic trainer is not available, a school administrator can be used to contact parents. The responding school administrator will also be responsible for activating EMS if needed.

If possible, the athletic trainer should always defer the incident to a school nurse, counselor, or administrator. Once a non-emergent situation is deferred to a school administrator, the athletic trainer can be relieved of immediate responsibility and return to other duties.

Bullying: North Central High School has a no-tolerance policy for bullying of any kind. Bullying can include physical, sexual, or emotional abuse. If the athletic trainer witnesses or suspects bullying, this includes hearing student-athletes discussing previous events, they are to report to the school administration or school guidance counselors immediately. The athletic trainer will intervene in the case of active bullying.

Child Abuse: SUSPICION alone mandates and justifies action by a healthcare provider. Athletic trainers will make a direct report to Department of Children’s services or a law enforcement agency. However, athletic trainers will report that a call was made to appropriate school administrators and the Union Health Sports Medicine Director.

- Child Protective Services: 1-800-800-5556

Emergent Referral Process

Listed below are the options for referral or resources in the case of an emergency.

1. Hamilton Center Hamilton Center
620 Eighth Avenue
Terre Haute, IN 47804
(800) 742-0787

The Hamilton Center staff is on call 24 hours a day, 7 days a week for emergency treatment and services. Services Available for those under 18 years old:

- Outpatient Counseling Services
- Home and Community-Based Services
- Adolescent Substance Abuse programs
- Early Childhood Services
- Education:
 - o Child and Adolescent Suicide
 - o Warning Signs
 - o Action Steps
 - o Resources

<http://www.hamiltoncenter.org/educational/child-and-adolescent-suicide/>

2. Local Emergency Room:
 - a. Regional Hospital
 - i. Behavioral Health (812)237-1630
 - ii. Emergency Services (812) 237-1622
 - b. Union Hospital
 - i. Behavioral Health (812) 238-7384
 - ii. Emergency (812)238-7523
3. HARSHA Behavioral Health Center Group
1980 East Woodsmall Drive
Terre Haute, IN 47802
(812) 298-8888
4. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
5. Child abuse/neglect hotline: 1-800-800-5556

Non-Emergent Referral Process

Student-athletes must be referred to the school counselor prior to non-emergent referral.

Documentation

After any of the above incidents, multiple levels of documentation are required within 48 hours of the incident.

1. North Central high school "Incident Report" form. This form is available from the athletic office. Upon completion, follow instructions on the form to distribute to the Athletic Director or appropriate administrator.
 - a. This form can be saved on the computer, but needs to be password protected.
2. Final Forms- Document this incident in the "Notes" tab under the "athletes" tab. No specific injury needs to be created unless relevant. This documentation needs to at least include:
 - a. Date
 - b. Time
 - c. Observations
 - d. Summary of patient encounter
 - e. Who was contacted and when
 - f. Referral
 - g. Plan of care/follow-up
3. Following a mental health referral, a note from the treating healthcare provider should be obtained prior to return to activity.

Legal Considerations

In the case of self-harm, or harm to others, patients and parents should be aware that patient and personal information will be shared among appropriate personnel. This is addressed in the medical release form of the pre-participation physical packet.

Contact Information

Each individual school should compile a contact list and working relationships with the following personnel to effectively execute these policies and procedures:

- Principal
- Assistant Principal
- Athletic Directors
- Assistant Athletic Directors
- School Nurse/Nurses
- School Counselors
- Local behavioral health centers and hospitals

Sources of Additional Information

- Emergency Action Plan Guidelines: Mental Health Emergency Secondary School Athletes https://www.nata.org/sites/default/files/mental_health_eap_guidelines.pdf
- Interassociation Recommendations for Developing a Plan to Recognize and Refer Student Athletes with Psychological Concerns at the Secondary School Level: A consensus Statement
- Indiana State Suicide Prevention Plan: <http://www.in.gov/issp/files/plan.pdf>
- Indiana state statutes: <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?CWIGFunctionsaction=statestatutes:main.getResults>
- Suicide prevention organizations in Indiana (contacts) <http://www.in.gov/isdh/25392.htm>

References

1. Neal TL, Diamond AB, Goldman S, et al. Interassociation recommendations for developing a plan to recognize and refer student-athletes with psychological concerns at the secondary school level: a consensus statement. *J Athl Train*. 2015;50(3):231-249.

Union Center for Sports Medicine Heat Protocol

Practice & Conditioning

- During the summer months, coaches are encouraged to practice as early as possible or as late as possible with the understanding that student athletes (at times) still need to practice in the heat so that they can be physically prepared for real game conditions.

Heat Index 110+:

- No outside practices

Heat Index 105–109:

- No outside activity between 12 p.m. – 6 p.m. without principal approval.
- Provide ample water; athlete should be allowed to take in as much water as they desire
- Decrease length of drills and practice
- Mandatory water breaks; 5 minute break every 15-20 minutes
- 10 minute break every hour
- Provide shade for cooling, ice towels, and submersion tub
- Recheck and document temperature and humidity every 30 minutes for changes at heat index 100 and above

Football Specific:

Heat Index 105 or above (Guidelines from HI 100-104 adding):

- Use extreme caution
- Restricted equipment during practice to helmets only
- Decrease intensity of drills
- Limit conditioning

Heat Index 100-104 (Guidelines from Heat Index (HI) 95-100 adding):

- Use extreme caution
- Removal of helmets when not involved in drills
- Restrict equipment for practice to pro-pads

Heat Index 95-100

- Use extreme caution
- Frequent water breaks with mandated helmet removal every 20 minutes
- Provide ample water; athletes should be allowed to take in as much water as desired
- Provide shade for cooling, ice towels and submersion tub
- Recheck and document temperature every 30 minutes for changes in heat index
- Closely Monitor Athletes

HEAT PROTOCOL (Games)

- It is recommended when the heat index is 100 or above, school officials, coaches, and IHSAA game officials are asked to conference before the game to decide what precautions (if any) need to be in place.

Signs and Symptoms of Heat Exhaustion:

- Severe thirst
- Muscle weakness
- Nausea, sometimes vomiting
- Fast, shallow breathing
- Irritability
- Headache
- Increased sweating
- Cool, clammy skin
- Elevation of body temp to less than 104 degrees
- Signs of concussion are also signs of heat exhaustion

Signs and Symptoms of Heatstroke:

- Severe, throbbing headache
- Weakness, dizziness, or confusion
- Difficulty breathing
- Decreased responsiveness or loss of consciousness
- May not be sweating
- Elevation of body temp to 104 degrees or higher

What to do if heat illness is suspected:

For Heat Stroke:

- Heatstroke is an emergency condition, Call 911 in addition to performing the following first aid stated for heat exhaustion plus:
- Submerge in closest tub (filled with ice water)
- Monitor temperature and other vitals
- Wait to pull athlete from tub and/or transport until temperature drops below 104

For Heat exhaustion:

- Bring the student indoors or into the shade immediately
- Remove unnecessary clothing or equipment
- Monitor the student's temperature
- Have the student lie down; elevate feet slightly
- Apply ice towel to student's neck
- Place student athlete in ice water (if temp is elevated)
- If the student is alert, give frequent sips of cool, clear fluids (clear juices or sports drinks are best)
- If the student is vomiting, turn his or her body to the side to prevent choking

Sickle Cell Management Policy

Purpose:

From 2000 to 2007 the NATA reported 9 deaths from collapse during athletics due to complications from sickle cell trait¹. According to the NATA consensus statement, the top four causes for non-traumatic sports deaths in high school and college athletes include: cardiovascular conditions, hyperthermia, acute rhabdomyolysis tied to sickle cell trait and asthma. The purpose of this policy is to raise awareness of the sickle cell trait in an effort to ensure a safe and secure environment for participation in NCAA Division I athletics. Included is a set of guidelines for the prevention, management, and treatment of the condition.

Introduction:

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin¹. During heavy and intense exercise, those red blood cells that have sickle hemoglobin have the ability to change shape from round to quarter-moon, or “sickle”. Red blood cells that are sickled may accumulate in the bloodstream and hence block normal blood flow to the muscles and tissues². Athletes that have this trait have experienced significant physical distress, collapsed, and even died during exercise². In sickle cell trait, strenuous exercise induces four factors that cause sickling; severe hypoxemia, metabolic acidosis, hyperthermia in muscles and red-cell dehydration³.

Research shows how and why sickle red cells can accumulate in the bloodstream during intense exercise³. Sickle cells can “logjam” blood vessels and lead to collapse from ischemic rhabdomyolysis, the rapid breakdown of muscles starved of blood. Major metabolic problems from rhabdomyolysis can threaten life. Sickling can begin in 2-3 minutes of any all-out exertion – and can reach grave levels soon thereafter if the athlete continues to struggle³. Heat, dehydration, altitude, and asthma can increase the risk for and worsen sickling, even when exercise is not all-out. Despite telltale features, collapse from exertional sickling in athletes is under-recognized and often misdiagnosed.

Signs and symptoms from sickling include pain in the legs, buttocks and low back that seems milder and more ischemic than cramps, pain in the upper left quadrant of the abdomen or in chest area due to splenic infarction and difficulty breathing⁴. Upon palpation, muscles feel and look normal but the athlete will report mild pain and weakness⁴. The athlete may not lose consciousness and will be able to communicate their symptoms. Additionally, athletes will not report a gradual onset of symptoms or ill feeling⁴. Sickling collapse is a medical emergency.

Sickle cell trait is more prevalent in people whose ancestors come from Africa, Caribbean, South and Central America, India, Middle Eastern, and Mediterranean^{1,2}. According to the NCAA, sickle cell trait predominantly occurs in African American population². Most deaths related to sickle cell trait are seen in high school athletics, college athletics and the Army⁴.

Prevention

While the definite cause of collapse among sickle cell trait athletes is not yet known, one hypothesis about what may be happening is that exercise intensity is a leading factor for sudden collapse, rather than the medical condition itself. Simple precautions can be taken to prevent deaths and help athletes with sickle cell trait safely participate in their sport. These precautions include mandatory screening for sickle cell trait and the education of staff, coaches and athletes.

Screening

All athletes must undergo a pre-participation physical exam that includes screening for sickle cell trait in order to identify those who are at risk. Every individual in the United States is screened at birth for SCT and these results should be documented during the athlete's PPE. In absence of these records, athletes must be screened in order to provide proper treatment and management of this condition during sports participation. No sickle trait athlete will be disqualified or discriminated against but they must adhere to precautionary guidelines in attempt to prevent a collapse. Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing them to thrive in their sport².

Education

Athletes who test positive for SCT will be educated by the sports medicine team members about their condition. Further measures, treatment, and management will be explained to the athlete, coaches, strength and conditioning staff, and other medical professionals involved in the athlete's care. This process will include individual meetings with the athlete and the team's athletic trainer and/or team doctor. In addition, the sports medicine team will meet with the coaching staff in order to go over the guidelines and the school's policy regarding SCT management. The athlete and involved medical and coaching staff will be given a copy of the sickle cell trait policy.

Education to all athletes in general will occur prior to screening. This will involve a small team meeting with the team's athletic trainer and team physician to go over the definition of sickle cell trait, physiological effects, and signs and symptoms.

Treatment and management

- Risk factors
- Adequate rest/recovery
- Slow progression
- Preseason strength and conditioning program

Emergency Action Plan:

In the event of a sickling collapse, the athletic department staff, coaches and medical staff should treat it as a medical emergency by doing the following:

- Check vital signs
- Administer high-flow oxygen, if available, with a non-rebreather face mask
- Cool the athlete, if necessary
- If the athlete appears to have slowed mental responses, or as vital signs decline, call 911, attach AED, start an IV, and get the athlete to the hospital
- Tell the doctors to expect explosive rhabdomyolysis and grave metabolic conditions
- Proactively prepare by having an Emergency Action Plan and appropriate emergency equipment for all practices and competitions.

RTP

- Cleared by physician
- Progression

References

1. Waxenburg R, Satlof E. National Athletic Trainers' Association. The NATA releases "Sickle Cell Trait and The Athlete" consensus statement . June 27, 2007. Available at <http://www.nata.org/NR062107>. Accessed November 7, 2012.
2. National Collegiate Athletics Association. A fact sheet for student athletes: Sickle Cell Trait. Available at http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf. Accessed November 10, 2012.
3. Anderson S, Eichner E. National Athletic Trainers' Association. Consensus Statement: Sickle Cell Trait and the Athlete. Available at <http://www.nata.org/sites/default/files/SickleCellTraitAndTheAthlete.pdf>. Accessed November 11, 2012.
4. Fidler E. Sickle cell trait: A review and recommendations for training. *Strength and Conditioning Journal*. June 2012;34(3)28-32.

NORTH CENTRAL HIGH SCHOOL
BLOOD BORNE PATHOGEN PROTOCOL
UNIVERSAL PRECAUTION

“Universal Precautions” should be followed by ALL personnel at ALL times on ALL patients. The use of Universal Precautions is based on an individual’s skills and interaction with patient’s body substance, non-intact skin, and mucous membrane. This applies to all personnel at all times regardless of the patient’s diagnosis.

1. All patients must be regarded as potentially infected with blood-borne pathogens.
2. Strict hand washing must be practiced before and after each patient contact. **HANDS MUST BE WASHED IMMEDIATELY IF THEY ARE CONTAMINATED WITH BLOOD OR BODY FLUIDS.**
3. Gloves should be worn:
 - a. If soiling with blood or body fluids is anticipated,
 - b. For placement of intravenous lines,
 - c. Gloves should not be reused.
4. Articles contaminated with blood or body fluids should be discarded:
 - a. If disposable, in red bags labeled “infectious waste”
 - b. Non-disposable items should be cleaned with a hospital approved disinfectant and sent to Central Services for sterilization.
5. Care should be taken to avoid needle-stick injuries. Used needles should not be recapped or bent; they should be placed in a prominently labeled puncture resistant container designated specially for such disposal.
6. Blood spills should be cleaned up promptly with a solution of 5.25% sodium hypochlorite diluted with water (1:10 household bleach).
7. Health care workers who have exudative lesions or weeping dermatitis should refrain from all patient care and handling equipment until the condition is resolved.
8. To minimize the need for emergency mouth-to-mouth resuscitation, disposable mouth pieces, resuscitation bags or other ventilation devices should be available for use.
9. Pregnant health care workers should strictly adhere to precautions to minimize the risk of HIV transmission.
10. All specimens must be contained in a leak-proof plastic bag labeled “bio-hazard.”

Union Center for Sports Medicine Center

Lightning Policy

Chain of Command:

- 1) Athletic Director: Set the plan in motion and monitors weather during the school day.
- 2) Athletic Trainer: Liaison with coaches and athletes with severe weather.
- 3) Athletic Training Students/Designated Coaches: Weather Watchers

Weather Watchers: These individuals will watch the sky for any changes in cloud formation, change in color, sudden change in temperature, and sudden change in direction.

Warning levels:

Grey 1: Start clearing/evacuating athletic fields and stands with **approaching weather** that has lightning and is within 15 miles of location

Grey 2: Evacuation should be complete with everyone in designated safe building (according to EAP) with **approaching weather** with lightning and is within 10 miles of location.

All clear: Severe weather has passed, lightning is 15 miles from location, and no visible lightning/thunder has been heard in the last 30 minutes. Everyone is to remain in the shelter until the all clear is given.

Approved lightening tracking:

Spark on Weather Bug App
US National Lightning Detection Network
US Precision Lightning Network

Approved Shelters:

Fully enclosed (4 walls and roof) building with wiring and plumbing
Fully enclosed metal vehicles with metal roof

****IHSAA and NFHS guidelines still state if you see lightning or hear thunder to suspend play. Referees may still use these guidelines.**

References:

IHSAA Guidelines and Resources
NFHS Lightning Guidelines and Resources
National Weather Service Lightning Sports and Outdoor Activity Guidelines
National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation.

North Central High School Inclement Weather Emergency Action Plan

- A. Should inclement weather be suspected the North East School Corporation Lightning Policy in conjunction with the IHSAA Guidelines for Lightning Safety will be implemented
 - a. Spark on the Weather Bug app should be the form of lightening tracking used along with visual monitoring.
 - i. Should there be issues with Spark; the IHSAA Guidelines for Lightning Safety should be put into action.
 - 1. According to the IHSAA Guidelines for Lightning Safety, thunder is considered to be a result of lightning and even if lightning is not spotted but thunder is heard, athletes should seek shelter and the clock for return to play should be started.
- B. If it is deemed necessary for athletes to seek shelter, the following locations are the designated areas in which the teams should go:
 - a. Track and Field, Cross Country, Football, and Baseball should seek shelter in the South gym or Main gym located in the high school.
 - b. Tennis and Softball should seek shelter in the South Gymnasium
 - c. All visiting athletic teams will be escorted to the same location as home teams.
 - d. If inclement weather occurs during a baseball or softball event, the dugouts are **NOT** approved designated shelters.
 - i. Athletic teams must be escorted to the designated shelter listed above.
 - ii. Each team should be escorted as a group and stay as a group until further notice.
- C. If it is deemed necessary for athletes to seek shelter, the coaching staff should account for all athletes and keep them sheltered in the designated area.
- D. The ATC will work in conjunction with administration and the officiating team (during contests) to deem when it is safe for athletes to return to activity.
- E. When evacuating during an athletic event, an announcement will be made to direct fans inside. Fans will enter the designated shelter locations and directed to waiting areas by school administration. It is **NOT** the schools' responsibility to require all fans seek shelter. It is the schools' responsibility to ensure a shelter location and inform patrons of severe weather.

Sudden Cardiac Arrest

The following are warning signs of sudden cardiac arrest:

-
- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

If an athlete shows possible symptoms of sudden cardiac arrest

- The athlete should be pulled from activity immediately.
 - If athlete shows signs/symptoms of a medical emergency call 911 and activate the EAP
 - If athlete is stable, parent or guardian needs to be notified
 - Athlete may only return to play with verbal permission from parent/guardian
 - This will then need to be replaced with written permission within 24 hours (form found in appendix).

Concussions

- Should an athlete be suspected of sustaining a concussion, the UAP Concussion Policy will take effect.
 - The parent will need to be called and informed of the diagnosis.
 - Referral will need to be made to MD or DO trained in management of concussion. Referral can be made to UAP or to athletes PCP.
 - This should be done as soon as diagnosis is made.
 - The UAP doctor we refer to is Dr. McDonald
 - The UAP Concussion card will be sent home with athlete as well as the NCHS RTP Guidelines with appropriate forms.
 - The head athletic trainer should be notified
 - Head Athletic Trainer will notify school nurse to allow for proper school accommodations

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Union Sports Medicine Concussion Policy
Concussion Evaluation and Return to Play Guidelines

Definition of Concussion:

A concussion is a disturbance in brain function that occurs either following a blow to the head or as a result of a violent shaking of the head. It is a mild form of traumatic brain injury.

Signs and Symptoms of Concussion:

Signs of a concussion may include the athlete appearing dazed or stunned, confused about plays or score, moving clumsily, answering questions slowly, behavior changes, forgetting events prior to or after a collision, or loss of consciousness.

Symptoms of a concussion may include headache, nausea, balance problems or dizziness, double or fuzzy vision, sensitivity to light or noise, feeling sluggish or “foggy”; change in sleep pattern, concentration or memory problems.

Symptoms of a concussion may last days or even weeks.

A diagnosis of concussion may be made by the school’s certified athletic trainer or team physician. The athlete and his/her parents will be notified of the diagnosis of concussion.

Athletes are expected and coaches are required to report signs or symptoms of a concussion that were not witnessed by the medical staff.

Guidelines for Emergency Department Transport:

Any athlete who has prolonged loss of consciousness, post-traumatic convulsions, complaints of associated neck or back pain, or has a focal neurologic examination will be treated as a cervical spine injury: activation of emergency medical response system (EMS), provide cervical spine stabilization, transport via ambulance with cervical collar and spine board immobilization.

Any athlete who exhibits a brief loss of consciousness, multiple episodes of vomiting, abnormal mental status changes greater than 1 hour, deteriorating cognitive function, or increasing agitation will be referred to the emergency department. EMS will be activated if a parent/guardian is not readily available.

Ongoing management of concussion:

Any athlete who has suffered a concussion will not be allowed to return to play in the same game or practice.

All athletes diagnosed with a concussion must be evaluated by a medical provider trained in the management of concussion. If the athlete does not have access to their personal physician, they will be referred to a Union Center for Sports Medicine physician for further evaluation.

The school's certified athletic trainer will discuss each incident of concussion that occurs, including the mechanism of injury, concussion history and examination findings, and results of neurocognitive testing with the school's team physician to coordinate return to play.

Return to Play Decision Making:

-Re-examination by the team's certified athletic trainer each day that the athlete is at school or practice.

-An ImPACT test (computerized neurocognitive test) will be performed within 24-72 hours of the concussion and compared to preseason baseline tests when available.

-Symptomatic athletes should avoid all physical and mental exertion (including limited screen time with electronics) to allow the brain injury to heal as quickly as possible and may require an excused absence from school or need accommodations for returning to school.

-When the athlete is completely asymptomatic at rest, he/she may begin a graduated return to activity (example: day 1-light activity, day 2-vigorous activity).

-Athletes will be required to have written medical clearance from a physician (their family physician or team physician) trained in the management of concussions that has performed a post-concussion evaluation prior to continuing their return to play progression beyond days 1 and 2.

-The athlete may continue through a graduated return to play progression when completely asymptomatic with exertion and post-concussion ImPACT test is within baseline values (example: day 3-noncontact training drills after medical clearance, day 4-contact training drills, day 5-game play).

-The athlete will be required to complete a return to play progression prior to any competition regardless of medical clearance from a health care provider.

-A concussion may require additional monitoring and a delayed return to play progression if it is associated with modifying factors such as loss of consciousness greater than one minute, prolonged cognitive impairment greater than twenty-four hours, persistent symptoms beyond 10 days, if it is the second concussion of the season, or if the athlete has had three or more lifetime concussions.

ImPACT Test:

All at risk athletes will be asked to take a baseline neurocognitive test. Baseline tests should be repeated every two years in the high school athlete. Following a concussion, a post-concussion test will be administered 24-72 hours after the concussion. Depending on post-concussion results, it may need to be repeated when the athlete is asymptomatic until post-concussion results improve to within baseline values. Test values will be reviewed and compared to baseline scores by either Dr. Andrew McDonald (sports medicine physician, UAP Clinic) or Dr. Evan Plowgian (sports medicine physician, UAP Clinic)

to aid in medical decision making. The results of ImPACT testing should be used as a complement to medical decision making that a concussion has resolved but not as the sole determining factor.

Complications of a Concussion:

Complications of a concussion are concussion symptoms that last from several weeks to over a month after the injury and are known as post-concussive syndrome. Complications are more likely to occur in the setting of multiple, previous concussions, but may occur after the first concussion. If persistent symptoms occur or an individual has suffered multiple concussions during his/her life, concussion management may be managed with a physician that specializes in concussion by scheduling an appointment through Union Center for Sports Medicine at 812-238-7677.

Union Center for Sports Medicine Post-Concussion Academic Accommodations

Patient Name: _____ Date of Concussion: _____

The named student athlete has suffered a concussion and is currently under the care of Union Center for Sports Medicine and the team physician.

He/she is not permitted to participate in any sports or physical education activity until cleared.

These academic accommodations may reduce the cognitive load, reduce the post-concussion symptoms, and reduce the length of time until complete resolution of symptoms. It will allow the student to better participate in the academic process during the injury period.

Testing: Extra time to complete tests Testing in a quiet environment
 Reduce length of test Postpone tests when possible

Students with concussion have increased memory and attention problems. They will not be able to learn as effectively or quickly as before. High-demand activities like testing can significantly raise symptoms (e.g. headache, fatigue) which in turn make testing more difficult.

Note Taking: Allow student to obtain class notes or outline ahead of time; if this is not possible, allow the student to photocopy notes from another student

Note taking may be difficult due to impaired multi-tasking abilities and increased symptoms.

Workload Reduction: Reduce overall amount of make-up work or homework (typically by 50-75% though may vary by class) Allow to turn in homework late

It takes a concussed student much longer to complete assignments due to memory problems and decreased cognitive processing. Recovery is delayed when a student pushes through symptoms. Cognitive load should be reduced just as physical exertion is reduced.

Breaks: If headache or dizziness worsens during class, the student should be allowed to rest with their eyes closed in a quiet, dark environment.

Attendance: No school until _____, then attempt half / full days as tolerated.

***Full or partial days missed due to post-concussion symptoms should be medically excused.*

Updated August 2020

Signature: _____

Date: _____

North Central High School Concussion Guidelines for Return to Play

Once your child has sustained a concussion, the follow steps needs to be followed before they are able to return to play:

- Athlete needs to take the ImPact test 24-72 hours after the initial diagnosis of a concussion
 - This will be done to see if the athlete has cognitive deficits and get an idea of severity of symptoms.
 - If the athlete is still within baseline measurements, the impact test does not need to be retaken.
 - The athlete's post concussive ImPact score must be within baseline before they are able to return to play.
- They will also be referred to a physician (MD or DO) trained in the management of concussions directly after the diagnosis.
 - The athletic training staff can make a referral with doctors from UAP or you can make the referral with your child's primary care physician.
 - Dr. Andrew McDonald from UAP Bone and Joint are physicians trained in the management of concussions who the North Central Athletic Training staff normally refers to. If you are going to see your PCP, there are two forms needed to be filled out by the clearing physician (The Concussion Evaluation and Release form and the Union Center for Sports Medicine Post-Concussion Academic Accommodations).
- Once the athlete has doctor clearance and is symptom free, they will need to complete a 5-day graded return to play
 - Day 1-Light activity (10 minutes on an exercise bike, walking, or light jogging; but no weight lighting, jumping or hard running)
 - Day 2- Heavy conditioning (exercise bike, jogging, or weight lifting)
 - Day 3- Sports related activity (non-contact)
 - Day 4- Full contact practice
 - Day 5- Full game play
- Even if the athlete gains doctor clearance, they still have to meet the rest of the return to play criteria before returning to full activity.

Concussion Evaluation and Release to Play

CONCUSSION EVALUATION AND RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS

(SECTION ONE: Completed by School Personnel)

Student Name: _____ Date: _____

Sport's Team: _____ Grade: _____ Number of Past Concussions: _____

Brief Description by School Personnel of How Injury Occurred and Why Concussion is Suspected:

(SECTION TWO: Completed by Licensed Health Care Provider)

Health Care Provider Name: _____

License Number: _____ Licensing Board: _____

I have evaluated the above mentioned student athlete and the student athlete is:

_____ NOT cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam

_____ Cleared, as of today, to return to all activities, including sports, without restrictions

_____ Cleared to return to all activities, including sports, without restrictions, on the following date* - _____

_____ Cleared to return to sports following the schedule below:

Step 1: May participate in light activity on the following date* - _____
(10 minutes on an exercise bike, walking, or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date* - _____
(Moderate Intensity activity on an exercise bike, jogging or weight lifting (reduced time and/or weight than normal))

Step 3: May participate in heavy, non-contact physical activity on the following date* - _____
(Sprinting, running, high-intensity exercise bike, and weight lifting; but no contact sports)

Step 4: May return to practice and full contact in a controlled practice setting on the following date* - _____

Step 5: May return to full game play on the following date* - _____

_____ Other – please list:

* Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

(Signature of Health Care Provider)

(Date)

Concussion Symptom Checklist

Name: _____ Age/DOB: _____ Date of Injury: _____

Post Concussion Symptom Scale

No symptoms "0" — Moderate "3" — Severe "6"

Time after Concussion

<u>SYMPTOMS</u>	Days/Hrs			Days/Hrs			Days/Hrs														
	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Headache	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Trouble falling to sleep	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Excessive sleep	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Loss of sleep	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Light sensitivity	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Noise sensitivity	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Nervousness	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Numbness	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Feeling "slow"	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Feeling "foggy"	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6
Visual problems	0	1	2	3	4	5	6	0	1	2	3	4	5	6	0	1	2	3	4	5	6

TOTAL SCORE _____

Use of the Post-Concussion Symptom Scale: The athlete should fill out the form, on his or her own, in order to give a subjective value for each symptom. This form can be used with each encounter to track the athlete's progress towards the resolution of symptoms. Many athletes may have some of these reported symptoms at a baseline, such as concentration difficulties in the patient with attention-deficit disorder or sadness in an athlete with underlying depression, and must be taken into consideration when interpreting the score. Athletes do not have to be at a total score of zero to return to play if they already have had some symptoms prior to their concussion.

(MRSA) METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS

PURPOSE

Identify and seek appropriate treatment for possible MRSA infections; apply appropriate measures to prevent the spread of the infection.

DEFINITION

Methicillin-Resistant Staphylococcus Aureus, (MRSA) is a type of bacteria that is not easily treated with common antibiotics. MRSA can cause skin infections that may look like spider bites, infected turf burns, impetigo, boils or abscesses. It is spread by touching the infection/drainage or by touching surfaces that have come in contact with the infection/drainage. MRSA can stay alive on surfaces for weeks, even months.

PROCEDURE

- A. If a student reports to the Health Room with a sore that appears to be infected, consult the school nurse
- B. The school nurse will notify the parent and advise him/her to take the child to their physician for an evaluation. The parents will need to provide a note from the doctor to return to school.
- C. If the physician makes a diagnosis of MRSA, the health assistant will notify the school nurse.
- D. If a diagnosis of MRSA is confirmed, the Principal should be notified and he/she will instruct the custodial staff to clean all desks and lockers in the rooms where the student has classes. If it is an athlete, the Athletic Director is notified so intense cleaning of the athletic equipment can be implemented. (This cleaning is in addition to the routine cleaning that is done).
- E. If a diagnosis of MRSA is made, the student must have a release from the physician to return to school.
- F. Encourage students NOT to share personal items
- G. Encourage students to wash hands frequently.

SPECIAL CONSIDERATIONS

MRSA is spread by direct physical contact and not through the air. It can also occur through indirect contact by touching objects, such as towels, clothes, bandages, or sports equipment. **Hand washing is the most effective mechanism to prevent the spread of all infections, including MRSA**

Union Health Center for Sports Medicine

Return to Sport Following COVID-19 Diagnosis

This policy outlines the current recommendations for an athlete returning to sport following a positive COVID-19 diagnosis. Union Health Center for Sports Medicine athletic trainers and related personnel will follow this policy and procedure as a guideline for safe return to intense sport exercise (specifically sports with an aerobic component).

Defined:

COVID-19 is a novel strain of the coronavirus initiated in 2019. This virus is related to the same group of viruses as Severe Acute Respiratory Syndrome (SARS) and variations of the common cold. COVID-19 is known to be spread via droplet transmission and direct contact with an infected individual. Groups at most risk include those with chronic medical conditions and older in age; however, any person and age can be affected in different ways. Individuals experiencing signs and symptoms (cough, fever, shortness of breath, etc.) of this virus have shown lingering cardiac and respiratory complications.

Rest period during stage 1 is required as a part of quarantine mandated by the Vigo County Health Department. During this phase the patient will remain in isolation. This stage is considered the "infectious" stage and is a minimum of 10 days. This stage consists of rest as much as possible, activities of daily living and walking.

Cardiac clearance is required after stage 1 for a positive COVID-19 diagnosed patient to return to activity. Specific testing recommendations include ECG, blood testing for inflammatory markers (e.g. high-sensitivity-Troponin), and echocardiogram for any abnormal findings.

Throughout each phase of the progression, the patient should be monitored for signs/symptoms, vitals (HR, spirometry, O2 sat, etc.) and rate of perceived exertion comparing to normative and average values. A perceived readiness for return to sport activity I-PRRS questionnaire is recommended for patient subjective readiness if access is available. The athletic trainer should use digression and take subjective and objective measurements into

account throughout the progression process. Throughout the process the athletic trainer should incorporate sport specific function into the cardiac progression.

Return to Activity Progression Guidelines:

Positive COVID-19 Diagnosis: Mild Symptomatic and Asymptomatic Patient

- Patient must complete a full 10-day isolation as directed by the Vigo County Health Department
- Patient must receive and present written participation clearance to the staff athletic trainer
- Staff athletic trainer will take illness history and normal vital signs
- Patient will complete Union Health 5-day Sport Specific return to play progression

Positive COVID-19 Diagnosis:

Moderate Symptomatic:

- Patient must complete a full 10-day isolation as directed by the Vigo County Health Department
- Patient must receive and present cardiac clearance form completed by physician
 - o See Union Health Center for Sports Medicine release form attached
- Staff athletic trainer will take illness history and normal vital signs
- Patient will complete graded progression for return to activity under staff athletic trainer supervision
 - o See attached progression
 - o Stage 1: 10-day minimum isolation and rest
 - o Stage 2: 2-day minimum light activity
 - o Stage 3:
 - A: 1-day minimum training frequency increases
 - B: 1-day minimum training duration increases
 - o Stage 4: 2-day minimum training intensity increases
 - o Stage 5: must be at least 7-days after completion of rest period

Severely Symptomatic/ hospitalized patient:

- Patient must receive and present clearance from cardiologist and hospital release recommendations

- See Union Health Center for Sports Medicine release form attached
- Staff athletic trainer will take illness history and normal vital signs
- Patient will complete graded progression for return to activity under staff athletic trainer supervision
 - See attached progression
 - Stage 1: 10-day minimum isolation and rest
 - Stage 2: 2-day minimum light activity
 - Stage 3:
 - A: 1-day minimum training frequency increases
 - B: 1-day minimum training duration increases
 - Stage 4: 2-day minimum training intensity increases
 - Stage 5: must be at least 7-days after completion of rest period

References:

- <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>
- https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4
- <https://bjsm.bmj.com/content/early/2020/06/22/bjsports-2020-102637>

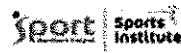
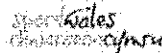
Return to sport activity progression:

GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

	STAGE 1 WALKING RESTING	STAGE 2 WALKING LIGHT ACTIVITY	STAGE 3 WALKING LIGHT ACTIVITY FREQUENCY OF TRAINING INCREASES	STAGE 4 WALKING LIGHT ACTIVITY DURATION OF TRAINING INCREASES	STAGE 5 WALKING LIGHT ACTIVITY INTENSITY OF TRAINING INCREASES	STAGE 6 RESUME NORMAL TRAINING PROGRESSIONS	STAGE 7 RESUME NORMAL TRAINING PROGRESSIONS
ACTIVITY DESCRIPTION	MINIMAL REST PERIODS	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, LIGHT ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE, NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX		<70%	<80%	<80%	<80%	RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME, PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY, MANAGE ANY POST-VIRAL FATIGUE SYMPTOMS	EXERCISE COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)
NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT



INFOGRAPHIC CREATED BY UK HOME COUNTRIES INSTITUTES OF SPORT: ELLIOTT, N.; ELLIOTT, J.; BISWAS, A.; MARTIN, R.; HERON, N.

Updated August 2020

Elliott N, Martin R, Heron N, et al Infographic. Graduated return to play guidance following COVID-19 infection British Journal of Sports Medicine Published Online First: 22 June 2020. doi: 10.1136/bjsports-2020-102637

Borg Rated of Perceived Exertion Scale:

RPE SCALE	RATE OF PERCEIVED EXERTION
10 /	MAX EFFORT ACTIVITY Feels almost impossible to keep going. Completely out of breath, unable to talk. Cannot maintain for more than a very short time
9 /	VERY HARD ACTIVITY Very difficult to maintain exercise intensity. Can barely breathe and speak only a few words
7-8 /	VIGOROUS ACTIVITY Borderline uncomfortable. Short of breath, can speak a sentence
4-6 /	MODERATE ACTIVITY Breathing heavily, can hold a short conversation. Still somewhat comfortable, but becoming noticeably more challenging
2-3 /	LIGHT ACTIVITY Feels like you can maintain for hours. Easy to breathe and carry a conversation
1 /	VERY LIGHT ACTIVITY Hardly any exertion, but more than sleeping, watching TV, etc

https://cdn.shopify.com/s/files/1/0064/6984/5057/articles/RPEscale_1024x1024.png?v=1565709028

COVID-19 CARDIAC EVALUATION RELEASE TO SPORT ACTIVITY
FOR LICENSED HEALTH CARE PROVIDERS

(Section One: Completed by Athletic Training Staff)

Patient Name: _____ Date: _____

Sport: _____ Grade: _____ Duration of Symptoms: _____

Brief Description of Symptoms: _____

(Section Two: Completed by License Health Care Provider)

Athletes returning to sport following a positive diagnosis of symptomatic COVID-19 are at higher risk for cardiac injury (e.g. myocarditis) with participation in intense exercise. The American College of Cardiology has recommended cardiac screening upon return to sport exercise in these patients. Tests recommended include but are not limited to ECG or blood testing for inflammatory markers.

Health Care Provider Name: _____

License Number: _____ Licensing Board: _____

Testing Performed/ Ordered:

I have evaluated the patient mentioned above, and the patient is:

___ **NOT** cleared to participate in any sport-related activities (including gym class) until further evaluated

___ Cleared as of _____(date) to begin return to sport activity progression

___ Other (please list below):

(Signature of Health Care Provider)

(Date)

TAKING MEDICATIONS AT SCHOOL

Short Term Medication or Over the Counter Medication

If it is necessary that a child have medication once in a while during the school day, the parent should arrange the time of taking the medication so that only one dose will need to be taken at school. The medication should come in the original container. Please note guidelines for dosage on the bottle will be strictly adhered to. The parent should bring the medication to school. The following information is needed:

<i>Date</i>	<i>Student Name</i>	<i>School Site</i>
-------------	---------------------	--------------------

<i>Name of Medication</i>	<i>Dosage</i>	<i>Time Medication Should Be Taken</i>
---------------------------	---------------	--

Parent/Guardian Signature

If it is necessary that your child have medication at school every day for a prolonged period of time, a special request (Form 2) should be made in writing by the parent and physician.

Please Note:

By law/NESC policy, medications will not be sent home with elementary or middle school students. A parent may designate in writing someone over age 18 to pick up medication if parent is unable to. All medication left at school after the last day will be destroyed.

FORM II

TAKING MEDICATIONS AT SCHOOL

This is to inform you this student is currently under my medical care and must receive medication during the school day for the stated diagnosis.

Student Name

Student's D.O.B.

Diagnosis: _____

Name of Medication: _____

Dosage: _____ Time: _____

I request and authorize you to administer this medication in accordance with the above instructions. These instructions remain in force until _____

Unless you are otherwise notified by me.

Signature of Physician

Date

Complete Address

Phone

We, the parent/guardian of _____ request, authorize and give written permission to you to administer the medication described above in accordance with the instructions provided and following school corporation protocol for administering medications to students as stated in the introductory letter to this form. We agree to notify you immediately of any change in circumstances concerning the administration of this medication. I understand I must pick up any unused medication by the last day of school or it will be destroyed. Any changes in dosage must be documented by physician and updated prescription bottle.

Updated August 2020

Signature of Parent/Guardian *Date*

I hereby authorize _____ to release/exchange
Name of Individual or Organization

information as indicated below regarding _____
Name of Student

_____ to the Vigo County School Corporation Student Services.
Date of Birth

Form III

AUTHORIZATION FOR SELF-CARRY/SELF-ADMINISTRATION OF MEDICATION AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

Indiana State Law permits a responsible trained student to carry and /or self administer medication (for asthma, severe allergic reaction, or diabetes) on his/her person for immediate use in a life threatening situation. The student must have written order of physician, parent request, and school nurse approval.

Date: _____

Students name/*D.O.B.*

School Site

Diagnosis

- Diabetic Supplies
- Asthma Inhaler _____

Name of Inhaler

- EpiPen/Auvi-Q
- Other _____

Description

He/she has been instructed in and understands the purpose and appropriate method and frequency of the use of the prescribed medication or supplies. We consider that the stated student is responsible to use the medication or supplies appropriately and is responsible for the safe keeping of their own medication.

Physician's Signature

Parent/Guardian Signature

Updated August 2020

We, the parent/guardian, absolve the school of any responsibility in safeguarding our child's medication or equipment. I understand that the medication must be in the original pharmacy container, labeled with the name of the student, prescribing health care provider, and medication.

Parent/Guardian Signature

Telephone Number

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

School Nurse Signature

Date

BEE STINGS

Student Name _____ Date _____

Dear Parent:

We have many students in school who are allergic to bee stings. Since your child is one of them, we must have specific information regarding this reaction before the need arises.

Please describe this reaction _____

Amount of time between bee sting and first sign of reaction?

Does the student have any medication given by mouth that will delay the reaction? _____

If so, make sure that the school has it on hand (with necessary notes from the physician and parent/guardian)

Name of Medication _____

Procedure you want the school to follow in case of a bee sting. *Please list step and include any telephone numbers the school may need* _____

If student needs further care in an Emergency Room (PLEASE INDICATE HOSPITAL PREFERENCE)

If medication is to be given for Bee Stings:

THE PROPER MEDICAL PERMISSION FORM REGULATING THE GIVING OF MEDICATION IN THE SCHOOLS MUST BE FILLED OUT AND SIGNED

Parent/Guardian Signature Date

Updated August 2020

If your child must carry an EpiPen on his/her person, please obtain a permission form from the school for that purpose

Parent/Guardian Signature

Date

Beestings

Additional NATA Position Statements

http://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf

http://www.nata.org/sites/default/files/2013_lightning-position-statement.pdf

<http://www.nata.org/sites/default/files/Conley.pdf>

http://www.nata.org/sites/default/files/Preventing-Sudden-Death-Position-Statement_2.pdf

http://www.nata.org/sites/default/files/Heat-Stroke-Treatment-Authorization-Form_0.pdf

<http://www.nata.org/sites/default/files/JAT-46-3-16-turocy-322-336.pdf>

<http://www.nata.org/sites/default/files/PreventingDetectingAndManagingDisorderedEating.pdf>

<http://www.nata.org/sites/default/files/MgmtOfAsthmaInAthletes.pdf>