

# **Karns City Area School District**



## **Standard Operating Policies and Procedures Manual**

**1446 Kittanning Pike  
Karns City, PA. 16041**

**Revised 2019**

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# Karns City Area School District Athletic Training

## Philosophy

In an effort to be more reasonably prepared for athletic medical emergencies, the Karns City Area School District employs Athletic Trainers Certified by the National Athletic Trainers' Association-Board of Certification and Licensed by the Commonwealth of Pennsylvania.

Primary concern for the health and safety of the student athlete remains with the respective coaches of each sport along with the aid of the School Nurse and the Licensed Athletic Trainer.

## Mission Statement

The Karns City Athletic Training Program is dedicated to protecting and enhancing the health and welfare of the student athletes of the Karns City Area School District by providing the highest quality and most expedient health care. To aid in this care, parents are encouraged to communicate directly with the licensed athletic trainer(s), if an athlete sustains an injury. This direct communication can only benefit in the student athlete's recovery from an injury.

This will be accomplished through the six domains of athletic training as established by the National Athletic Trainers' Association. These include:

- 1. Injury Prevention*
- 2. Injury Recognition, Evaluation and Assessment*
- 3. Immediate Care*
- 4. Treatment, Rehabilitation and Reconditioning*
- 5. Organization and Administration*
- 6. Professional Development and Responsibility.*

Injuries are common with participation in athletics. With proper communication, and timely intervention, most injuries can be managed within the athletic training room. If the management of an injury requires a more comprehensive referral, the licensed athletic trainer(s) can assist the student athlete and their family through the process.

# Sports Medicine / Athletic Personnel

## Team Physician:

Dr. Jason Clark, DO, serves as the school / team physician for the Karns City Area School District.

Dr. Clark and his staff provide school physicals, provide physician and /or physician's assistant coverage at home football games and provide appointments to the student athletes of the Karns City Area School District.

The team physician and/or physician's assistant(s) may travel to away events, playoffs and postseason events at his/her discretion and/or availability.

In accordance with the current statute governing the practice of athletic training in the commonwealth of Pennsylvania, the team physician will direct the licensed athletic trainer in matters concerning the management and rehabilitation of athletically related injuries, and advise on matters regarding the prevention of athletic injuries.

It is also imperative that the team physician and the licensed athletic trainer share philosophical opinions regarding injury management and rehabilitation programs.

**In all instances, the team physician, physician's assistant or the referring physician determines the criteria and makes the final decision relative to the injured / ill athlete's return to competition.**

## The Licensed Athletic Trainer (LAT)

A Licensed Athletic Trainer is a highly qualified health care professional educated and experienced in preventing, assessing, managing and rehabilitating injuries that result from physical activity.

The Athletic Trainer functions as an integral member of the athletic health care team and works under the direction of a licensed physician(s). In addition, the Licensed Athletic Trainer functions in cooperation with medical personnel, athletic administrators, coaches and parents in the development of and coordination of efficient and responsive athletic health care to the student athletes of the Karns City Area School District.

The Athletic Trainer also directs the daily administrative requirements of the athletic training program. This includes, but is not limited to, budget control, medical record keeping, and supervision of the athletic training facilities and assistants.

The Athletic Trainer also supervises the athletic training curriculum and oversees the educational experiences for the high school student athletic trainer aides (SATA).

The Athletic Trainer must act at all times with the highest standards of conduct and integrity. To ensure this behavior, the National Athletic Trainers' Association (NATA) developed a Code of Ethics for all members. The basic ethics principles are as follows:

1. Members shall respect the rights, welfare and dignity of all individuals.
2. Members shall comply with the laws and regulations governing the practice of athletic training.
3. Members shall accept the responsibility for the exercise of sound judgment.
4. Members shall maintain and promote high standards in the provision of services.
5. Members shall not engage in conduct that constitutes a conflict of interest or that adversely reflects on the Profession.

## College / University Athletic Training Students

Karns City High School is an approved clinical site for students from Slippery Rock University's Athletic Training Education Program (ATEP). These students are certified in CPR and first aid and will work under the direct supervision of the licensed athletic trainer. The primary purpose of the ATEP program is to develop a competent and contributing entry level health care professional in the field of athletic training. Their practicum / clinical rotation is designed to incorporate cognitive (knowledge), psychomotor (skill) and affective (professional behaviors) competencies and clinical proficiency (professional, practice-oriented) outcomes in preparation to practice as a Certified Athletic Trainer. The Licensed Athletic Trainer(s) will evaluate the students on their skills.

## High School Student Athletic Training Aides

Student athletic training aides (ATSA) are high school volunteers and their role is to recognize an emergency situation, to perform Acceptable Services and Duties, and to refrain from the Unacceptable Services and Duties. These students will work under the supervision of the Licensed Athletic Trainer. Their duties on and off the field are limited to assisting and observing the Licensed Athletic Trainer in prevention and treatment of athletic injuries.

**Coaches and school administrators must not allow or expect student aides to act independently with regard to evaluation, assessment, treatment and rehabilitation of athletic injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions.**

Acceptable Services & Duties include but are not limited to the following:

- Activate the Emergency Action Plan
- Apply all CPR/ AED and First aid skills allowed through their certification (*head /neck stabilization, control bleeding, splinting, care for sudden illness, care for heat and cold related injuries*)
- Assist with previously established stretching programs
- Apply previously established tapings and wrappings under the supervision and approval of the Licensed Athletic Trainer.
- Apply Ice
- Assist with applying a brace or splint according to previously established protocol.
- Refer the injured person to the appropriate medical personnel.
- Documentation of injuries and the care given.

Unacceptable Services and Duties include, but are not limited to, the following:

- Interpreting referrals from other healthcare providers.
- Performing evaluations.
- Making decisions about treatments, procedures or activities or return to play decisions.
- Planning patient care.
- Providing athletic training services during team travel without the direct supervision of a LAT.
- Any duties reserved for a Licensed Athletic Trainer as indicated by Pennsylvania Acts 123 & 124 (2012)

- Student athletic training aides are expected to demonstrate the qualities of honesty, dependability, responsibility and punctuality at all times. Students must demonstrate the ability to work with others at all times. Any behavior or actions, which are demeaning or inappropriate, will not be tolerated and may be grounds for dismissal.
- Student athletic training aides will follow all policies pertaining to athletic eligibility. Academics is the first priority.

## Athletic Director

The athletic director will work in conjunction with the licensed athletic trainer to allocate the budget and to work out problems with coaches, parents and athletes. The athletic director will enforce school, District IV, and PIAA rules and policies regarding medical issues including return to play guidelines.

## Coaches Responsibilities

- Coaches must notify the Licensed Athletic Trainer(s) as soon as possible in case of an injury.
- All coaches in the Karns City Area School District are encouraged to maintain current certification in CPR/AED and first aid and will provide care in accordance with the emergency action plan.
- All coaches are required by the PIAA to complete online training for Sudden Cardiac Arrest, Heat Illness and Concussions. All Coaches must submit proof of certification for all courses to the Athletic Director on a yearly basis.
- A coach of an athletic activity shall not coach the athletic activity until the approved training courses are successfully completed.
- Prohibit any student athlete from participating without having a physical examination or from participating without medical clearance.
- Encourage injured athletes to adhere to scheduled athletic training consultations, follow-ups and rehabilitation treatments in a timely fashion.
- **In the absence of the certified athletic trainer, the respective coach is charged with the responsibility of caring for the injured athlete(s).**

## School Nurse

The role of the school nurse in a coordinated school health program is to promote a high level of wellness for all students so that optimal learning and academic success can take place. One of the most important functions of the school nurse is to prepare student specific Emergency Care Plans (ECP's) for students with potential for life threatening health conditions.

Although the duties and responsibilities of the school nurse and athletic trainer may at times overlap, they are both in an ideal position to work collaboratively together on many issues and tasks. Collectively, they wear many hats taking on the roles of leader, educator, planner, care provider, collaborator, community support and resource as they advocate for the health, safety, and well-being of the entire school community.

In their collaborative roles, the school nurse and athletic trainer should regularly communicate and determine a method(s) of sharing student health concerns on a need to know basis for all student athletes in the Karns City Area School District.

# Sports Medicine Administration

## Pre-participation Medical Exam

- In conjunction with the Pennsylvania Interscholastic Athletic Association guidelines, Karns City Area School District requires each student athlete from grades 7-12 to have a physical examination performed before they can participate in any practices or competitions.
- A **physician of medicine, osteopathic medicine, a school nurse practitioner, or a physician's assistant licensed in the Commonwealth of Pennsylvania must perform this physical exam.**
- The comprehensive **pre-participation physical may not be done before June 1<sup>st</sup>** and is valid for the entire year. Prospective athletes are advised to "sign off" on any sport that they may be involved in for that particular year.
- If an athlete suffers an injury that requires medical disqualification from a particular sport, the athlete cannot return until medically cleared from the physician/specialist.
- Before the athlete can return to competition, the athlete must present written documentation from the treating physician that the condition/ injury/illness has been successfully treated and that he/she is cleared to participate.

## Emergency Medical Information Card

- All prospective athletes are required to have their parents complete an emergency medical card in the event of an injury.
- These cards will be collected and carried by the individual coaches both at home and away events / practices for use during their particular season.

## Documentation

The Licensed Athletic Trainer(s) will provide and maintain documentation which may include; injury evaluation forms, daily treatment forms, rehabilitation progress notes, medical referral forms, communications from physicians, equipment issue forms and inventory of supplies. Pre participation physical examination forms and medical history forms will be maintained in the school nurse's office.

## Medical Records

The athletic trainer will maintain all medical records concerning the status of the athlete. Athletic training records are regarded in the same manner as any medical file. The contents of the record are confidential and will be maintained in accordance with guidelines based upon school district, state and federal guidelines. All files will be maintained for a period of 7 years after the athlete's eligibility has expired.

## Sharing of Medical Information

Allows physicians or other health care providers to share appropriate health information that is relevant to participation in athletics/activities with the Licensed Athletic Trainer(s), coaches and other school personnel as deemed necessary. This information may concern; injuries, diagnosis, medical condition, medical status, athletic participation status and related personally identifiable health information.

### **Safety in Youth Sports Act :**

- ✓ Once a student athlete has exhibited signs or symptoms of a concussion/traumatic brain injury he/she must be removed from participation. **The student athlete cannot return to practice or play until the student athlete is evaluated and cleared for return to participation in writing by a licensed physician (MD. or DO.) or Neuropsychologist who is trained in the evaluation and management of concussions.**
- ✓ Each school year, prior to participation in an athletic activity, every student athlete and his/her parent/guardian shall sign and return the acknowledgement of receipt and review the Concussion and Traumatic Brain Injury Information **Sheet which can be found in Section 3 of the PIAA Comprehensive Initial pre-participation Physical Evaluation.**
- ✓ Once each school year, all coaches shall complete a concussion management certification training course approved by the Center for Disease Control and Prevention, The Department of Health, The National Federation of State High School Associations or The Pennsylvania Athletic Trainers Society. A person shall not coach an athletic activity until he /she successfully completes the required training course and submits a copy of the certificate to the Athletic Director. **Failure to comply with this training course will result in penalties beginning with suspension from coaching any athletic activity for the remainder of that season to suspension of the next season and finally permanent suspension from coaching any athletic activity.**
- ✓ Provide informational meetings prior to the start of each athletic season for all competitors regarding concussions and other head injuries and proper concussion recognition, management and recovery.

### **Act 59- The Sudden Cardiac Prevention Act**

- Every student athlete and their parent / guardian must read and sign section 4 (understanding of Sudden cardiac Arrest Symptoms and Warning signs) of the PIAA comprehensive pre-participation physical evaluation packet before participation in any athletic activity. A new form must be signed and returned to the school each year.).
- Any student who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist. The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

## **Written Medical Releases for Routine Exams, Illness, Injuries and Return to Participation**

Licensed Athletic Trainers are bound to provide athletic training services in compliance with Pennsylvania state law and the rules and regulations which are set forth by the State Boards of medicine and osteopathic Medicine. Licensed Athletic Trainers can ONLY provide athletic training services under the direction of a licensed medical professional. Licensed medical professionals in the Commonwealth of Pennsylvania include:

- Medical Doctor (M.D. or D.O.) or any specialist with the credentials M.D. or D.O.
- Physician's Assistant (PA-C) or Nurse Practitioner (C.R.N.P)
- Dentist (D.M.D. or D.D.S.) or any specialist with the credentials M.D. or D.O.
- Podiatrist (D.P.M.)

**Medical releases are required for any physician appointment(s) to ensure the student athlete is cleared for participation in athletic activity. Unless a medical release stating “the student athlete is cleared for sports participation” is provided following a physician visit / consult / evaluation, the Licensed Athletic Trainer(s) will assume the student athlete is not cleared.**

Healthcare professionals that **cannot** return an athlete to participation include but are not limited to:

- Chiropractors
- Physical Therapists / Massage Therapists
- Nurse / Paramedic / EMT
- Personal Trainers / Sports Performance Specialists

All injuries occurring during Karns City sponsored activities, practices and home and away events must be reported to the Licensed Athletic Trainer(s).

Failure to report injuries delays proper medical referral to an appropriate healthcare provider to ensure timely emergency care, treatment, follow up care and return to participation from the injury.

- a. Failure to report suspected head injuries is a direct violation of the “Youth Safety in Sports Act” of 2011.
- b. Failure to report injuries also creates liability for the school district, its employees, the Licensed Athletic Trainer(s) and the coaching staff.

If the student- athlete seeks additional medical attention from a licensed healthcare provider for an Injury, they must obtain a written release stating they may return to athletic participation.

- a. The school physician and /or his designee(s), retain the right, as directed in the Standard Operating Procedures, to have any student-athlete meet additional requirements for returning from an injury beyond those outlined by the attending physician only **IF** the student-athlete is not able to meet the following criteria:
  1. Any athlete cannot demonstrate 90% strength, full pain free range of motion, and normal gait (if applicable) when functionally tested.
- b. Participation may need to be restricted until they can participate at a level to ensure that they will do no further harm to themselves or another athlete. This is to limit liability if the athlete attempts to return before they are functionally able.

**LICENSED ATHLETIC TRAINER(S)**  
**WRITTEN PHYSICIAN SUPERVISING AGREEMENT / STANDARD OPERATING PROCEDURES**

\_\_\_\_\_  
**(1) Name of Certified Athletic Trainer**                      **NATABOC #**                      **PA State Certification #**

\_\_\_\_\_  
**(2) Name of Certified Athletic Trainer**                      **NATABOC #**                      **PA State Certification #**

\_\_\_\_\_  
**Name of Certified Athletic Trainer**                      **NATABOC #**                      **PA State Certification #**  
(#)

\_\_\_\_\_  
**Name of Organization / Employer of the Certified Athletic Trainer**

\_\_\_\_\_  
**Physician's Name and Credentials (please print)**

\_\_\_\_\_  
**PA Medical License #**

**As supervising physician**, I agree to supervise the PA State Licensed athletic trainer(s) named above, in their/his/her provision of **athletic training services** under my **direction** while working at the aforementioned location and /or employment setting.

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Direction** is defined by the **PA Medical and Osteopathic Practice Acts, 49 PA. Code, Chapters 16, 18, and 25** as ... supervision over the actions of a certified athletic trainer by means of referral prescription to treat conditions for a physically active person **or** written protocol approved by a supervising physician, **or** by direct consultation via radio, telephone, fax, email or other accepted means.

At all times, the State licensed athletic trainer(s) listed above will act within the scope of practice of his/ her/ their AT education and training as defined in the Rules and Regulations of the Pennsylvania Medical and Osteopathic Practice Acts 9 123 & 124) and as further delineated in the National Athletic Trainers' Association (NATA) guide to Athletic Training Services.

The Licensed Athletic Trainer(s) will communicate with me, at defined intervals, via the following modes:

**Mode:** \_\_\_ phone call/ Fax \_\_\_ email \_\_\_ other electronic means \_\_\_ in person

**Frequency:** \_\_\_ daily \_\_\_ weekly \_\_\_ PRN

**Further delineation of responsibilities or expectations will include:**

- Act in accordance to Standing orders / standard operating policies and procedures established between the School Physician and Licensed Athletic Trainers.
- Provide Athletic Training services at district and state playoff games at home and neutral sites. **8.**

## Physician Direction Document

**This document is only valid from August 1, 2018 to July 31, 2019 , as per the State Board of Medicine and Osteopathic Medicine Practice Act (p.22).**

This document is nullified if either the certified athletic trainer or physician change employer, relationship, or has his/ her/ their license or certification revoked during the length of this contract.

\_\_\_\_\_  
Certified Athletic Trainer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified Athletic Trainer's Signature

\_\_\_\_\_  
Date

Name of Athletic Trainer's Employer \_\_\_\_\_

**As supervising physician**, I agree to supervise the PA State Licensed athletic trainer(s) named above, in their/his/her provision of **athletic training services** under my **direction** while working at the aforementioned location and /or employment setting.

\_\_\_\_\_  
Supervising Physician's Signature

\_\_\_\_\_  
Date

Team or Consulting Physician's:

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_

## References

1. **Pennsylvania Medical and Osteopathic Practice Acts:**  
(<http://www.dos.state.pa.us/bpoa/cwp/view.asp?=1104&q=432799>)
2. **Board of Certification for the Athletic Trainer- Standard of Practice:**  
(<http://www.bocatc.org/athtrainer/STDS/>)
3. **Athletic Training Practice Domains:**  
(<http://www.bocats.org/athtrainer/define/>)

# Athletic Training Services

## Athletic Training Room

The athletic training room is located near the gymnasium and the athletic director's office and is adjacent to the fitness center and varsity team rooms. The athletic training room is a co-ed facility available to all athletes during the various athletic seasons. The hours of operation are posted outside of the athletic training room, and will be determined by the athletic trainer(s) and athletic director and are subject to change.

## Hours of Operation

Monday – Friday

- Before School: 7:30am. until 8:11am. {Extended homeroom / activity period}
- During study halls and lunch periods that coincide with the athletic trainers schedule. Appointments are to be made with the athletic trainer.
- After School: 2:30pm. to 5:00pm. (Times will vary depending on practices, event coverage, scheduling and conflicts etc.)

Saturday's

- The athletic trainer(s) will ONLY be available on Saturdays when high school athletic events are scheduled, and will arrive at least 30 minutes prior to the scheduled athletic event. Athletes are encouraged to schedule an appointment beforehand with the athletic trainer(s).

## Priority List for Coverage of Athletic Events

In the event of multiple athletic events occurring simultaneously, priority for athletic training coverage will be based solely upon risk of catastrophic injury, number of participants, and presence of other medical personnel to provide care, varsity versus junior high status and game versus practice status. The following system will be utilized to determine which event the certified athletic trainer will cover predominantly at a given time. The use of 2 way radios and cell phones is advised in this situation.

### Risk Status (rated highest to lowest)

- Collision Sports : Football
- Contact Sports: Soccer, Volleyball, Basketball, Baseball, Softball
- Non-Contact Sports: Cross-Country, Track & Field, Golf

### Skill Status (rated highest to lowest)

- Varsity
- Junior Varsity
- Junior High

### Event Status (rated highest to lowest)

- \* Game / Match
- \* Practice

## **Practice Coverage**

The licensed athletic trainer will be on site for most scheduled practices. The athletic trainer will either be in the athletic training room, providing treatment for those athletes who are unable to participate, or if multiple events are occurring at the same time the licensed athletic trainer will be located at the venue with the highest risk sport.

## **Game coverage**

The licensed athletic trainer will be on site for all scheduled home games. Either the athletic trainer will be in the athletic training room, providing treatment for those athletes who are unable to participate, or if multiple events are occurring at the same time the licensed athletic trainer will be located at the venue with the highest risk sport.

## **Tournament / Special Event Coverage**

Tournaments and fund raising athletic and special events are not part of the licensed athletic trainers' supplemental contract and are considered an extra duty. Due to the potential for an athletic injury, it is highly recommended that a licensed athletic trainer(s) be employed to provide medical services for the event. Prior arrangements with the head athletic trainer, athletic director and coach or event representative must be made at least one week prior to the event. If prior arrangements are not made 1 week in advance, athletic training services may not be available. A fee schedule will be determined at that time.

## **Traveling Policy**

The licensed athletic trainer does not travel with athletic teams to away events because this would often leave home events uncovered. The only exception is varsity football. Medical personnel should be provided at each away event by the host school. The licensed athletic trainer may travel with teams to away events, playoffs and postseason events at his/her discretion and/or availability. Coaches are encouraged to "seek out" / "request" the host team's athletic trainer for assistance in the event of an athletic injury. Medical kits will be given to each team in season during travel.

## **Visiting Teams Policies**

The Karns City Athletic Training Department will provide pre-game taping, water, ice, and other appropriate support services as requested by visiting teams. The visiting team should notify the athletic trainer in advance if they require any assistance or have special needs. A welcome letter will be sent to all schools visiting Karns City detailing athletic training services. (see appendix)

The licensed athletic trainer will introduce them self to the visiting coaches prior to the start of the event in order to establish a base of contact in case of injury. The licensed athletic trainer will be available to the visiting team for evaluation and treatment of athletic injuries as requested.

## **Standard Operating Policies and Procedures / Standing Orders between the School Physician and the Licensed Athletic Trainer(s)**

The Karns City Area School Districts Team / School Physician is Dr. Jason D. Clark, DO. The School Physicians designee for athletics is identified as the Licensed Athletic Trainer(s) employed by the Karns City Area School District. All evaluations and treatments will be performed within the scope of practice for athletic trainers as defined by the National Athletic Trainers' Association and the Commonwealth of Pennsylvania's State Board of Medicine and Osteopathic Medicine Practice Act.

### **1. Immediate Evaluation of Injury or Illness of ALL student athletes:**

#### A. Rule out head and neck injury:

1. Immediate ambulance transport for loss of consciousness, severe or worsening concussive symptoms or suspected neck injury.

#### B. Rule out the use of Epi-pens for severe allergic reactions:

1. If administered, the athlete must be transported.

C. Provide Emergency First Aid as needed per the Emergency Action Plan.

### **2. Evaluation of an Injury or Illness for All student athletes:**

A. History - mechanism of injury

B. Inspection/Observation- check for swelling, discoloration, deformities

C. Palpation- pinpoint tenderness

D. R.O.M- check range of motion

E. Special testing

### **3. Immediate Treatment of a Musculoskeletal Injury for All student athletes:**

A. PRICE's (Protection, Rest, Ice, Compression, Elevation)

B. Documentation of injury or illness assessments

C. Referral for further medical treatment as needed.

### **4. Notify Parent / Guardian of the extent of the injury or illness.**

### **5. Immediate Follow –up Treatment (next 24-48 hours):**

A. re-evaluation of injury or illness status.

B. Monitor signs, symptoms, orthopedic screening results, head injury management.

C. Seek further medical treatment if warranted.

### **6. Post Injury Care:**

A. Treatments including modalities as indicated:

1. Cryotherapy, Thermotherapy, other therapeutic agents with the properties of water, electricity, light or sound and massage.

B. Rehabilitation Program for musculoskeletal injuries:

1. Short-term goals: protection, decrease swelling, increase range of motion, etc.

2. Long- term goals: 90% strength and full pain free range of motion with functional testing as determined by the school physician's designee(s).

D. Supportive techniques:

1. Taping, bracing, pad fabrication, etc as determined by the medical director and/or designee(s)

**7. Functional Testing for Musculoskeletal Injuries:**

A. Determine the level of activity for returning to participation:

1. Out, limited, or full participation as determined by the referring physician and /or the school physician's designee(s).

B. Full participation for musculoskeletal injuries if 90% strength and full pain free ROM with functional testing as determined by the school physician and /or designee(s).

**8. Return to Participation from Injury or Illness:**

A. Concussions: release from a health care provider trained in the evaluation and management of concussions.

B. Release from licensed medical professional, school physician, and/or designee(s)

**9. Non – Prescription Over the Counter Medication Administration**

A. If a student athlete is complaining of headache, menstrual cramps or discomfort from a musculoskeletal injury, the Licensed Athletic Trainer may administer Acetaminophen or Ibuprofen via team physician standing orders and according to age and weight and with no allergy.

B. If a student athlete is complaining of nausea due to indigestion and does not have a fever or is not vomiting, the Licensed Athletic Trainer may administer an antacid via team physician standing orders and according to age and weight and with no allergy

**10. Allergic / Anaphylactic Reaction**

A. In the event that the student athlete has supplied his/her own epinephrine (Adrenaline) for Administration, the Licensed Athletic Trainer should follow the prescription orders.

1. Support Airway, Call 911 and transport to the nearest medical facility, despite initial improvement after the first dose of adrenaline.

2. If not transported within 25-20 minutes, repeat dose of adrenaline.

3. Monitor vital signs

B. In the event that the student athlete does not have his/her own epinephrine, and the Licensed Athletic Trainer deems that anaphylaxis is present, then the Licensed Athletic Trainer should administer Subcutaneous epinephrine via an Epi-Pen.

1. Support airway and Call 911

**11. Asthma or Breathing Difficulty**

A. Follow student athlete's individual asthma plan. Give 2 puffs immediately and if no improvement in 5-10 minutes, repeat the dose.

1. If student appears to be in distress (cannot complete sentence without taking a breath, lips or nail beds are blue) apply oxygen and call 911.

B. In the event that a student athlete does not have his/her own inhaler, the Licensed Athletic Trainer may administer Emergency Short Acting Beta-Agonist Inhalers.

1. If student appears to be in distress (cannot complete sentence without taking a breath, lips or nail beds are blue) apply oxygen and call 911.

**12. Diabetic Episode / Insulin Reaction**

A. Follow the student athlete's individual diabetes care plan.

1. If no diagnosis of diabetes and / or the student athlete appears hypoglycemic, give glucose in the Form of insta-glucose gel or tablet, sweetened beverage, sugar, hard candy etc.

B. May also check blood glucose level.

C. If no improvement in 10 minutes, call 911.

### **13. Concussion Management Plan:**

The Karns City Area School District's concussion management plan is in accordance with the Pennsylvania Safety in Youth Sports Act (Nov. 9, 2011, P.L 411, No.101) and has adopted the following policy for its athletic programs.

1. All student athletes must complete an ImPACT (Immediate Post Concussion and Cognitive Testing) baseline test prior to participation in any athletic activity.
2. Any student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be removed from practice or competition and will NOT be permitted to return to practices or competitions that day or until evaluated by an athletic healthcare provider with experience in the evaluation and management of concussion.
3. Any athlete who is suspected of sustaining a concussion should receive serial monitoring and should be provided with written home instructions.
4. The student athlete will be required to re-take the ImPACT test so that post-concussion data can be compared to baseline data. All data should be sent to the licensed healthcare professional for their review.
5. Once asymptomatic and post exertion ImPACT data is within normal baseline limits, the licensed healthcare professional may then clear the athlete to begin a 5 phase return to play exertion program (see appendix) supervised by the Licensed Athletic Trainer.
6. Each phase of the return to play exertion program will take 24-48 hours to complete. The athlete will progress to the next phase only if they have remained symptom free.
7. Authorization for full return to participation shall reside with the team physician, attending physician, neuropsychologist or the physician's designee.

### **14. Sudden Cardiac Arrest Management Plan:**

#### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise, Nausea, Vomiting

#### Management

- ✓ In any athlete who has collapsed and is unresponsive, SCA should be suspected.
- ✓ CPR should be started immediately and EMS activated.
- ✓ AED applied.
- ✓ Athlete transported to a medical facility

## **15. Suspected Spinal Injury Policy:**

Presence of ANY of these clinical indicators warrants activation of the Spinal Injury Management Protocol:

- Unconsciousness or altered consciousness.
- Obvious swelling or deformity of the spine.
- Significant Spinal pain or tenderness with or without palpation
- Bilateral Neurologic complaints or symptoms
- Pain, stiffness or neurologic symptoms with active range of motion
- Obvious spinal column deformity
- Any Doubt concerning the injury.

Assessment and Management of the Suspected Spine Injured Athlete Includes:

- ✓ Providing stabilization of the head and cervical spine.
- ✓ The athlete's airway, breathing, circulation, and level of consciousness should be assessed.
- ✓ Activate EMS.
- ✓ Realign cervical spine to neutral if possible and apply a rigid cervical stabilization device.
- ✓ If the athlete must be moved to maintain airway, breathing and circulation, the athlete should be placed in a supine position while restricting spinal motion..
- ✓ Palpate the cervical spine and perform upper / lower extremity sensory and motor assessment
- ✓ If assessment reports abnormal finding, prepare for emergency transport.
- ✓ Spine injured athletes should be transported using a rigid immobilization device.

Removal of Equipment

- **When appropriate, protective equipment may be removed prior to transport. The decision regarding equipment removal on site, prior to transport will be based on the individual circumstances of the injury and the discretion of the medical staff.**
- Equipment removal should be performed by at least three (3) rescuers trained and experienced with equipment removal at the earliest time possible.
- The following situations will necessitate the immediate removal of the helmet and shoulder pads:
  - The helmet and chin strap do not hold the head securely.
  - The airway cannot be controlled or ventilation be provided.
  - The face mask cannot be removed after a reasonable period of time.
  - The helmet prevents immobilization for transportation in an appropriate position.
  - If the helmet is to be removed, the shoulder pads **must** also be removed and spinal immobilization must be maintained.

*The licensed athletic trainer(s) will make the appropriate medical or emergency referral in the best interest and well-being of the athlete based on the available information, including; history, signs, symptoms, observation, results of the initial examination and performance of special tests.*

## **16. Exertional Heat Stroke Policy**

- Remove all equipment and excess clothing
- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion. Stir water and add ice throughout the cooling process.
- If immersion is not possible, (no tub or water supply) take athlete into a cold shower or move to a shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation.
- After cooling has been initiated, activate EMS by calling 911.
- Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
  - If rectal temperature is not available, **DO NOT** USE AN ALTERNATE METHOD (oral, tympanic, axillary, forehead sticker etc.) These devices are not accurate and should never be used to assess an athlete exercising in the heat.
  - Ice Water Immersion /cooling should continue for 10-15 minutes prior to transport. (3 mins. of ice water immersion lowers the core temperature by one degree. 15 mins lowers the core temperature by 5 degrees)

**17. Blood Borne Pathogen Policy:**

- ✓ Gloves are to be used at all times when dealing with blood, or other bloody fluids and soiled garments.
- ✓ Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.
- ✓ Bleeding must be stopped, and the open wound covered.
- ✓ Bandages should be applied to wounds such that exposure to others is avoided.
- ✓ Contaminated towels and /or uniforms should be properly disinfected.
- ✓ Immediately wash hands and other skin surfaces if contaminated with blood or other body fluids. Wash hands immediately after removing gloves.
- ✓ Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- ✓ Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
- ✓ Mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- ✓ Proper disposal of all bio-hazardous waste, including blood soaked bandages and dressings, contaminated towels or uniforms, etc. should be performed, using specifically designed bags/boxes marked as biohazard

**18. Sickle-Cell Trait / Exertional Sickling Policy:**

Management steps

- Build up slowly in training and conditioning with paced progressions, allowing longer periods of rest and recovery.
- Encourage participation in pre-season or year round strength and conditioning programs. Student athletes identified with sickle-cell trait should be excluded from participation in performance tests such as mile runs, serial sprints etc.,
- Cessation of activity with onset of symptoms such as muscle cramping, pain, swelling, weakness, tenderness, inability to “catch breath”, and fatigue..
- Allow student athletes identified as having Sickle-Cell trait set their own participation pace.

Signs and Symptoms of “Sickling:”

- a. No muscle twinges or cramping / They are faster to recover than when an athlete is cramping !
- b. Strong, lasting, deep pain
- c. Slumping to the ground while lying fairly still and not yelling
- d. “Weak” muscles in which they look and feel normal (no muscle contractions)

Treatment Plan:

- a. Call 911 and check/monitor vital signs.
- b. Cool the student athlete if necessary.
- c. Administer high flow oxygen at 15 liter per min., when available, with a non-rebreather face mask.
- d. Inform EMS personnel to expect explosive rhabdomyolysis and grave metabolic complications.

## 19. Lightning & Thunder Safety Policy:

- Establish a chain of command that makes the decision to remove individuals from the playing field is : (*The Administrator in charge of the event, The Athletic Director, The Certified Athletic Trainer, and The Head Coach.*)
- Use a reliable means of monitoring the local weather. Before the event (s), identify a specific person(s) (a weather watcher) who actively look for signs of threatening weather and notifies the chain of command.
- Identify safe locations from the lightning hazard in advance of the event for each venue.
- **A safe shelter is defined as:**
  - ✓ *A fully enclosed building with plumbing and wiring that acts to electrically ground the structure. (school, field house, home or structure where people live and work.)*
  - ✓ *In the absence of a sturdy, enclosed and frequently inhabited structure, any fully enclosed metal vehicles such as school buses, cars and vans are safe locations for evacuation. ( the rubber tires do not make the vehicle a safe shelter, but the hard metal shell that transfers the lightning current around the occupant(s) rather than through the occupant(s).*
- **Unsafe locations from lightning include:**
  - ✓ *Picnic, park, sun, bus and rain shelters and storage sheds.*
  - ✓ *Golf carts, tents, dugouts, press boxes, open garages, portable toilets, metal fences and bleachers.*
  - ✓ *Tall objects( trees, poles, light towers) and large bodies of water including swimming pools.*
  - ✓ *Avoid using the locker room shower facilities for shelter; Do Not use the shower or plumbing facilities.*
- When thunder is heard and /or lightning is seen, all practices and competitions **Must** cease and participants and spectators seek a safe shelter.
- A message should be read over the public address system alerting spectators and competitors about what to do and where to find a safe location. (see appendix)
- Once activities have been suspended, wait at least 30 minutes following the last sound of thunder or lightning flash prior to resuming an outdoor activity. This 30 minute clock restarts for each lightning flash and each time thunder is heard.

**“If Thunder Roars - GO INDOORS!”**

## **21. Communicable Disease and Skin Infection Procedures:**

1. Do not try to treat the infection yourself or by picking or popping the sore.
2. Cover possible infection sites with clean, dry bandages / dressings until you can be evaluated by a healthcare provider (e.g., physician, athletic trainer, school nurse)
3. Practice good personal hygiene. Keep hands clean by washing frequently with soap and water or using an alcohol based hand sanitizer.
4. Shower immediately after exercise and do not share bar soap or towels.
5. Cover all wounds. Keep wounds covered with clean, dry dressings until healed. Follow instructions on proper wound care. Pus from infected wounds can contain MRSA so keeping the infection site covered will help prevent the spread to others.
6. Do not share personal items. Personal items include towels, washcloths, razors, clothing and uniforms.
7. Wash all athletic clothing worn during practice or competition daily. Drying clothes completely in a Dryer is preferred.
8. Clean and disinfect gym bags or travel bags if the athlete is carrying dirty workout gear home to be Washed and then bringing clean gear back to school in the same bag.
9. Clean and disinfect protective equipment such as helmets, shoulder pads, catcher's equipment, elbow and Knee pads on a regular basis and hang to dry.
10. Locker rooms, weight room equipment should be cleaned and sanitized daily.
11. Take care of your skin.
  - ✓ *Wear protective clothing or gear designed to prevent skin abrasions or cuts.*
  - ✓ *Cover skin abrasions and cuts with clean bandages or other dressings recommended by the Physician, athletic trainer or school nurse until healed.*
12. All skin lesions that do not respond to initial therapy should be referred to a physician for evaluation and diagnosis (preferably by obtaining bacterial cultures) and treatment.
13. All skin lesions must be cared for and properly covered appropriately before athletic participation

## **22. Pregnancy in Student- Athletes Policy**

The expecting student-athlete is permitted to participate in athletics as long as there is written permission from the attending physician. For further clarification see Section 1 of the PIAA comprehensive initial pre participation physical evaluation

## **23. Provide Athletic Training services at district and state playoff games at home and neutral sites.**

# Appendix

## **Karns City High School**

**John G. Burnett, MS, LAT, ATC**  
**Licensed Athletic Trainer/ HPE Instructor**  
**1446 Kittanning Pike, Karns City, PA. 16041**  
**Athletic Training Room: 724-756-2030 x 1109**  
**Athletic Fax: 724-756-1064**  
**Cell: 724-816-8385**



To: All visiting Athletic Trainers and Teams

Re: Athletic Training services at Karns City High School

I would like to welcome you to Karns City High School and hope that your visit will be a safe and enjoyable one. The following will be available for you and your team.

- 1) NATA Certified Athletic Trainer(s) on site or on call to assist you.
- 2) Student Athletic Trainer Aides will be available to assist you.
- 3) Team Physician and / or Physician's Assistant(s) on site or on call for your assistance
- 4) EMS personnel on site or on call for your assistance.
- 5) Taping table outside your locker room.
- 6) Training Room with ice machine, water access and modalities should you need this facility.
- 7) Table, ice, water, and coolers at your bench if needed.
- 8) Golf cart is available to transport your equipment to and from the field as well as transporting Injured athletes
- 9) Emergency first-aid supplies if needed.
- 10) Medical Facilities: **Butler Hospital** (14 miles), **Armstrong County Hospital** (20 miles), **Clarion Hospital** (36 miles)

11) **Level 1 Trauma Centers located in Pittsburgh include:** Allegheny General, UPMC Mercy, UPMC Presbyterian and UPMC Children's hospital. Air Transportation is 10-15 minutes via **Life Flight** or **Stat Medevac**.

If you will not be traveling with your team and have any special needs, please feel free to contact me at the high school.

I look forward to meeting with you and wish you and your team good luck for the upcoming sports season and a safe trip to the home of the Gremlins.

Sincerely,

John G. Burnett, MS, LAT, ATC.  
Health & Physical Education Instructor  
Head Athletic Trainer

## Appendix A

# Karns City High School Athletic Training Concussion Home Instructions

Your son/daughter \_\_\_\_\_ sustained a concussion / mild traumatic brain injury (MTBI) \_\_\_\_\_ . Following these important instructions can prevent further injury and help recovery.

### Common Signs and Symptoms:

Following a concussion/mild traumatic brain injury, it is common to have one or many concussion symptoms. There are four types of symptoms: Physical, Cognitive, Emotional and Sleep.

<u>Physical</u>	<u>Cognitive</u>	<u>Emotional</u>	<u>Sleep</u>
Headache	Feeling mentally foggy	Irritability	Drowsiness
Nausea/Vomiting	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Difficulty remembering	More emotional	Sleeping more than usual
Balance problems	Difficulty concentrating	Nervousness	Trouble falling asleep

### When to Seek Care Urgently:

Seek care immediately if symptoms worsen or if there are any behavioral changes. Watch for any of the following symptoms. If you observe any of these symptoms, go to the nearest emergency department.

Headaches that worsen	Very drowsy, can't be awakened	Can't recognize people or places
Seizures	Repeated vomiting	Increasing confusion
Increased neck pain	Slurred Speech	Weakness/numbness in arms and legs
Unusual behavior change	Significant irritability	Less responsive than usual

### D0'S and DON'TS:

#### It is OKAY to:

Use only acetaminophen (Tylenol) as directed  
Use ice on head and neck for comfort  
Rest (avoid all strenuous activity or sports)  
Eat a light diet  
Return to school

#### There is NO need to:

Stay in bed  
Wake up every hour  
Check eyes with a light

#### DO NOT

Drive while you have symptoms  
Drink alcohol or eat spicy foods  
Use a computer, texting, television  
Exercise, lift weights, risky activity

- **The key to recovery is sleeping, resting physically and mentally and avoiding activities that exacerbate symptoms and cause another head injury. Avoid bright lights & loud noise or music**
- **Limit lengthy mental activities requiring concentration (ie. homework, schoolwork, job work and video game playing) as these activities worsen symptoms and can prolong recovery.**
- **If symptoms are severe (cannot concentrate for more than 30-45 minutes), staying home from school may be indicated until symptoms improve. If symptoms are less severe, rest breaks during school can help recovery.**

If you have any questions or concerns, please do not hesitate to contact:

John Burnett, MS, LAT, ATC (Head Athletic Trainer)  
(Home) 724-352-4748 (Cell) 724-816-8385 (Training Room) 724-756-2030 x 1109.

## Appendix B

# **Public Address Announcements**

### On Field Evaluation and Treatment of an Injured Athlete:

The Sports Medicine Staff at Karns City High School would like to remind all in attendance that in the event of an injury to a student athlete, no one is permitted on the field during the evaluation and treatment of that student athlete.

The medical staff will answer any and all questions regarding the injured athlete once he or she is removed from the playing field.

For the safety of the athlete, we request that all family members and friends remain in the stands during the on field evaluation.

Thank you very much for your cooperation and support.

### Severe Weather:

Ladies and Gentlemen: We are requesting your assistance in seeking safe shelter due to current weather conditions.

Players are to meet with their coaches inside the building. We are asking all spectators not to remain on, under or near the bleachers, light poles, or fences. You are encouraged to move inside the building or to your vehicle.

When it is safe to continue, an announcement will be made. The teams will warm up, and play will then continue.

Thank you for your cooperation.

## Appendix C

# 5 Phase Return-to-Participation Program for Concussions

*Athlete must be symptom free for 24 hours to begin step 1 and continues to progress if symptom-free at 24 hr. intervals, unless otherwise noted by physician. If symptoms present athlete must stop and wait until symptom-free for 24 hrs. to return to the step that initiated symptoms.*

### **Phase 1**

- No strenuous concentration tasks
- THR of 30-40%
- No impact
- Exercise in a quiet room w/minimal distractions, no bright lights
- Stationary Bike 10-15 minutes
- Open-chain exercises, ie. SLRs, all directions, no weight
- Lower extremity static stretching
- Rhomberg or single leg balance (beginning)

### **Phase 2**

- Mild challenges in concentration (texting, music, movies, etc)
- THR of 40-60%
- Closed-chain exercises-minimal impact
- Interval stationary bike 20-30 minutes
- Light weight training
- Dynamic stretching
- Proprioception w/head movement and multi-tasking

### **Phase 3**

- More concentration including video games
- THR 60-80%
- Integrated strength and conditioning program (Normal lifting)
- Normal exercise environment
- 25-30 minutes interval training on treadmill or elliptical
- Active sport-specific warm-up
- Agilities
- High level balance activity while multi-tasking (BOSU Ball balance with picking up pieces of paper)

### **Phase 4**

- Sports performance training levels
- THR @ 80%
- Non-contact sports
- Normal practice and meeting environment
- Elevated and graded interval training
- Basic plyometric training
- Skill patterns, foot skills, drills, etc
- Aggressive strength program

### **Phase 5**

- Sports performance training levels, THR at full exertion levels
- Initiate contact or return to contact practice
- Full lifting, running, and training activities
- Full practice and intensity
- Then return to game after completion of Step 5

**Appendix D**  
**ENVIRONMENTAL CONSIDERATIONS**

Heat Weather Guidelines

The following **Wet- Bulb Globe Temperature** guidelines can be used when planning activities

WBGT Reading	Level	Practice Hours	Activity and Break Guidelines	Fluids
Under 82.0	Green	Resume normal activities	Normal activities-Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout	Water or electrolyte drinks
82.0 – 86.9	Yellow	Use discretion for intense or prolonged exercise; watch at-risk players carefully	Provide at least three separate rest breaks each hour of a minimum of four minutes duration each	Water or electrolyte drinks
87.0 – 89.9	Orange	Maximum practice time is two hours	For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each	Water or electrolyte drinks
90.0 – 92.0	Red	Maximum length of practice is one hour	No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20-minutes of rest breaks provided during the hour of practice	Water or electrolyte drinks
Over 92.1	Black	No outdoor workouts	Cancel exercise; delay practices until a cooler WBGT reading occurs	Water or electrolyte drinks

*(As outlined in the NATA position statement: Exertional Heat Illness, Journal of Athletic Training; 2015)*

## Appendix E

The following Wet Bulb Temperature / Heat Index Guidelines can be used when planning activities **with the use of a sling or digital psychrometer.**

### WET BULB TEMPERATURE (WBT) / HEAT INDEX CHART

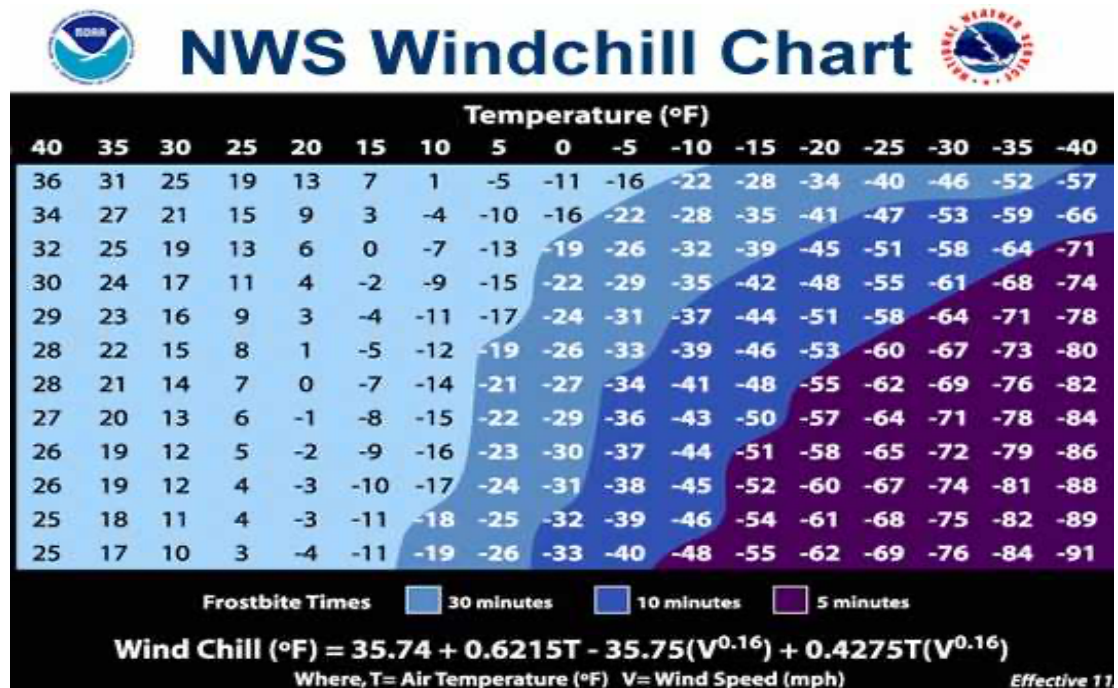
For athletic practices at schools that have **sling or digital psychrometers**,  
Schools are to use the below method of assessing adverse heat conditions

NOTE: The "Heat Index" is computed by adding the Wet Bulb Temperature (taken by the psychrometer) to the ambient (dry bulb) temperature and then dividing by two. It should be noted that wet bulb readings represent the temperature including the effect of evaporative cooling. These readings are more commonly acquired using a **sling psychrometer** (available through medical suppliers for under \$40) or **digital psychrometer** (for under \$100). The use of these devices allows for more accurate monitoring of actual conditions found at an athletic facility.

HEAT INDEX		Recommended Duration of Practice	Attire	Fluid Consumption	Regulations
1 <sup>st</sup> Two Weeks	3 <sup>rd</sup> Week and after				
<b>81.9 &amp; Below</b>	<b>82.9 &amp; Below</b>	No Precautions* 3 hours maximum	Full gear	Insist that adequate fluid be ingested	Never restrict water consumption
<b>82 to 85.9</b>	<b>83 to 86.9</b>	No Precautions* 3 hours maximum	Full gear permissible, However, <b>helmets off if not in an active drill</b>	Insist that 6 – 8 oz. minimum water be ingested every 20 minutes. Suggest you have a watering station available for small groups to use at will for this purpose. For a full two hour practice, we recommend at least two full water breaks** in addition to the watering stations.	<b>Remove helmet unless active in drill.</b> Breaks in shade if possible. Minimum 5 minute breaks
<b>86 to 86.9</b>	<b>87 to 87.9</b>	Reduce your practice time to under two hours if possible. To do this, suggest you shorten periods by 3-5 minutes each.*	<b>Helmets and shoulder pads off!</b>	Insist that 8 – 10 oz water be ingested every 15 minutes. Suggest you have a watering station available for small groups to use at will for this purpose. For a full two hour practice, we recommend at least two full water breaks** in addition to the watering stations.	<b>Helmets and shoulder pads off!</b> Shorten practice times by shortening each period 3-5 minutes.
<b>87 and Above</b>	<b>88 and Above</b>	<b>NO PRACTICE OUTSIDE.</b> Suggest you move your practice times either to an earlier hour in the morning or to a later hour in the afternoon. Practice inside is permitted. However, heat guidelines must still be followed unless your venue inside is air-conditioned.			
<p>* Should the heat index change during practice by moving upward to a more serious zone, then immediately follow the guidelines prescribed for the more serious zone. Should the heat index move downward during practice to a less serious zone, then coaches may adapt immediately to the lesser zone by eliminating the prescribed precautions and/or lengthening practice. However, since players were already exposed to the more serious zone, coaches and trainers should continue increased fluid ingestion and close monitoring of the athletes.</p> <p>** A "Full Water Break" means that cups (9 oz. or greater) of water (preferably with ice) are provided and players have access to and are allowed to refill their cups at least one or multiple additional times. If cups are not available, a watering station with multiple drinking stations should be used with athletes allowed multiple visits during the break.</p>					

## Appendix F Cold Weather Guidelines

- **30 degrees (F) and below:** be aware of potential cold injury and notify appropriate personnel to the potential.
- **25 degrees (F) and below:** provide additional protective clothing, cover as much exposed skin as practical and provide opportunities and facilities for re-warming.
- **15 degrees (F) and below:** Consider modifying activity to limit exposure or to allow more frequent chances to re-warm.
- **0 degrees (F) and below:** Consider terminating or rescheduling activity.



## Appendix G

# Head Athletic Trainer Job Description

### QUALIFICATIONS / CERTIFICATION:

- Shall be certified by the National Athletic Trainer's Board of Certification (N.A.T.A.B.O.C)
- Licensed by the Commonwealth of Pennsylvania State Board of Medicine and the State Board of Osteopathic Medicine.
- Professional rescuer certification in CPR/AED

### ACCOUNTABILITY:

- The Licensed Athletic Trainer will be responsible administratively to the Athletic Director and to the Karns City Area School Board indirectly through the High School Principal.
- Medical responsibility of the Licensed Athletic Trainer is to the School Physician.

### GENERAL STATEMENT OF DUTIES:

- The duties of the Licensed Athletic Trainer include, but are not limited to, prevention of athletic injuries, recognition, evaluation and immediate care of athletic injuries, health care administration, and professional development and responsibility as specified in the *Domains of the NATA Certified Athletic Trainer*.
- The Licensed Athletic Trainer serves as a liaison between physicians, coaches, athletes and parents. The Licensed Athletic Trainer ensures that players participate only when physically able and that any Licensed Physician (MD or DO) instructions are understood and followed.

**SPECIFIC RESPONSIBILITIES AND DUTIES:** In cooperation with the Principal and Athletic Director, the Licensed Athletic Trainer:

- Directs and coordinates the daily operations of the Sports Medicine / Athletic Training program.
- Will establish daily hours of operation for the athletic training room.
- Develop a comprehensive athletic training policies and procedures manual.
- Develop a venue specific Emergency Action Plan.
- Will provide services for home varsity and non- varsity contests as well as all away varsity football games. *Home events will be covered based on risk of the sport, number of participants, varsity versus junior high status etc.*
- Practice coverage will be determined by the athletic trainer, athletic director and principal and will typically follow the daily hours of operation for the athletic training room.
- Will be "On Call" for evening and weekend practices.
- May travel to away events, post-season events at his/her discretion and /or availability.
- May drive or accompany students to and from athletic events using district vehicles
- Provides for the prevention and protection of athletic injuries through the application of tapings, wraps, braces, pad fabrication, special equipment, conditioning, flexibility, strengthening, and other accepted techniques to help reduce the incidence of injury.
- Provides immediate care of athletic injuries and make necessary return to play decisions at the time of injury to ensure proper medical attention is received. *(Return to play decisions will be made in accordance with the Standard Operating Procedures set forth by the School Physician when an injury occurs.)*

- Makes immediate and preliminary assessment to ascertain the seriousness, type and extent of an injury / illness. If the injury/illness is one that is beyond the scope of the athletic trainer, then referral to an appropriate health care provider or facility is warranted.
- Is responsible (*when present*) to determine the safest manner in which to remove a student athlete from the field of play.
- Is responsible for providing services to any visiting teams' student- athletes that require attention.
- Designs, provides and supervises rehabilitation of injuries as prescribed by directing physicians or by the Standard Operating Procedures set forth by the School Physician. (*this includes the use of certain therapeutic modalities*)
- Is responsible for not permitting injured student athletes to participate in athletics unless they are medically cleared by a licensed physician (MD or DO).
- Maintain open channels of communication with coaches, parents and physicians regarding athletic injuries, treatments, and rehabilitation and participation status.
- Maintains accurate medical records for injuries, treatment, and rehabilitation and physician referrals.
- Will counsel and advise student-athletes on health related issues, including nutrition and substance abuse.
- May assist with athletic healthcare policies and educate coaches, staff and the community.
- May assist with equipment purchases and fittings.
- Supervises and evaluates Slippery Rock University Student Athletic Trainers
- Initiate, administer and supervise a high school student athletic trainer aide program.
- Responsible for administering and maintaining the athletic training room, including; budgeting, ordering and inventorying athletic training supplies.
- Works under the medical license of the school physician. The school physician reserves the right to have the Licensed Athletic Trainer operate as a medical designee for determining student-athlete participation.
- Provide Athletic Training services at district and state playoff games at home and neutral sites as requested.
- Attends seminars, conferences and other professional development opportunities, which are paid for by the school district.

## Appendix H

# Assistant Athletic Trainer Job Description

### QUALIFICATIONS / CERTIFICATION:

- Shall be certified by the National Athletic Trainer's Board of Certification (N.A.T.A.B.O.C)
- Licensed by the Commonwealth of Pennsylvania State Board of Medicine and State Board of Osteopathic Medicine.
- Professional rescuer certification in CPR/AED

### ACCOUNTABILITY:

- The Assistant Athletic Trainer will be responsible administratively to the Head Athletic Trainer, the Athletic Director and to the Karns City Area School Board indirectly through the High School Principal.
- Medical responsibility of the Assistant Athletic Trainer is to the School Physician.

### GENERAL STATEMENT OF DUTIES:

- **The Assistant Athletic Trainers stipend will cover 150 athletic training service hours.**
- The duties of the Assistant Athletic Trainer include, but are not limited to, prevention of athletic injuries, recognition, evaluation and immediate care of athletic injuries, health care administration, and professional development and responsibility as specified in the *Domains of the NATA Certified Athletic Trainer*.
- The Assistant Athletic Trainer serves as a liaison between physicians, coaches, athletes and parents. The Assistant Athletic Trainer ensures that players participate only when physically able and that any Licensed Physician (MD or DO) instructions are understood and followed.

### SPECIFIC RESPONSIBILITIES AND DUTIES: In cooperation with the Head Athletic Trainer and the Athletic Director Athletic, the Assistant Athletic Trainer:

- Will provide athletic training services primarily for non-varsity events, as well as home varsity events when multiple events are occurring at the same time, at different venues, if the Head Athletic Trainer is absent or at the request of the Athletic Director or the Head Athletic Trainer.
- Assists and supervises Slippery Rock University Student Athletic Trainers and high school Athletic Training Student Aides.
- Provides for the prevention and protection of athletic injuries through the application of tapings, wraps, braces, pad fabrication, special equipment, conditioning, flexibility, strengthening, and other accepted techniques to help reduce the incidence of injury.
- Provides immediate care of athletic injuries and make necessary return to play decisions at the time of injury to ensure proper medical attention is received. (*Return to play decisions will be made in accordance with the Standard Operating Procedures set forth by the School Physician when an injury occurs.*)
- Makes immediate and preliminary assessment to ascertain the seriousness, type and extent of an injury / illness. If the injury/illness is one that is beyond the scope of the athletic trainer, then referral to an appropriate health care provider or facility is warranted.
- Maintains accurate medical records for injuries, treatment, and rehabilitation and physician referrals.
- Is responsible for providing services to any visiting team's student- athletes that require attention.
- Is responsible for not permitting injured student athletes to participate in athletics unless they are medically cleared by a licensed physician (MD or DO).

- Attends seminars, conferences and other professional development opportunities, which are paid for by the school district.
- May perform other duties as requested by the Head Athletic Trainer or Athletic Director.

