



Austin High School

Sports Medicine Handbook

For Athletics

Prepared by:

Kayla Uptagrafft M.Ed., LAT, ATC

Head Athletic Trainer

Austin Senior High School
Sports Medicine Handbook

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Section 1: Introduction:

My name is Kayla Uptagrafft and I am a Certified Athletic Trainer. I am employed by the Mayo Clinic Health System Austin. Austin Public High School and MCHS Austin have a relationship together to provide athletic training services to athletics at the high school. I have a B.A. Degree in Athletic Training and a master's in education. I am certified with the National Athletic Trainers Association, and I am licensed in the state of Minnesota with the Board of Medical Practice as an Allied Health Care Provider.

My experience includes 6 years working in the high school athletic setting; as well as a physician extender for an Orthopedic surgeon. I also have two years' experience at the collegiate setting. I encourage you to please send your athletes to me for evaluation, so that I can begin the process of getting them back to competition quickly and safely.

I work directly with a number of physicians at MCHS Austin, so I can assist with recommendations and referring you and your athletes to the appropriate health care provider. I also will work with the coaches and parents to provide proper care and treatment of each individual athlete.

What exactly is a Certified Athletic Trainer? Certified Athletic Trainers are specialized health care professionals, who provide prevention and care for sports related injuries. There are six major domains of practice we as athletic trainers are educated, trained and evaluated on; they include the following:

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

I encourage each and every one of you to introduce yourselves if I have not met you already. I am usually at all home athletic events for Austin High School, so please do not hesitate to contact me. Thank you and good luck with the upcoming athletic seasons.

Section 2: SPORTS MEDICINE COVERAGE

Coverage is provided by Kris Dutton, LAT, ATC, employed with MCHS Austin. With the relationship between MCHS and AHS, sports medicine services are provided for several of the athletic programs at the high school.

Coverage Includes:

- Screening of athletic injuries
- Providing recommendations for treatment and care
- Educating athletes, parents, and coaches about sports medicine and prevention of injuries
- Emergency care
- Events
- School visits
- Weight certification
- Modalities
- Speciality taping/bracing
- Rehabilitation programs
- ImPACT testing

Sports medicine coverage will be provided for sports during the fall, winter, and spring seasons. Please read the following list to see which events will be covered under the current relationship with MCHS Austin and AHS.

- If a priority sport and a secondary sport have home events on the same day, priority will be covered and communication to secondary

FALL SEASON

- Football: Varsity home and away games, JV & 9th grade home games only (priority)
- Boys and Girls Soccer: Varsity and JV home games (priority)
- Cross Country: Varsity and JV home meets (priority)
- Girls Volleyball: Varsity and JV home games (secondary)

WINTER SEASON

- Boys Hockey: Varsity and JV home games (priority1)
- Girls Hockey: Varsity and JV home games (priority1)
- Wrestling: Varsity and JV home games (priority2)
- Gymnastics (priority2)
- Boys Basketball (secondary)
- Girls Basketball (secondary)

SPRING SEASON

- Boys and Girls Track: Varsity and JV home meets (priority)
- Baseball: Varsity and JV home games (secondary)
- Softball: Varsity and JV home games (secondary)

Section 3: School Visits

The school visits are intended for the evaluation of athletes and the injuries they may have sustained while competing in their current sport. During these visits an athlete will be instructed by the athletic trainer on how to properly treat and rehabilitate his/her injuries. Home exercise programs will be administered as needed, taping, stretching, bracing, etc. Information regarding the athlete will be documented and then communicated to the coaching staff and parents to inform them of the athletes playing/practice status. These visits will allow me ample time to evaluate the athletes and to refer those who may need further diagnosis from an appropriate healthcare provider. I encourage all athletes when they have sustained an injury whether during practice or during competition; please consult with me during these daily visits to the school. This way I can treat and manage the injuries and return them to their respective sport safely.

Weekly school visits will be provided from 3:00-4:00pm Monday-Friday at the high school or at Westcott unless there is a scheduling conflict or school is closed due to holiday or weather

School visit schedules:

- **Fall Season:** Monday, Tuesday, Thursday, Friday 3:30-4:30pm @ Westcott; Wednesday 3:30-4:30pm @ HS
- **Winter Season:** Monday-Friday 3:30-4:30pm @ HS
- **Spring Season:** Monday-Friday 3:30-4:30pm @ HS

Section 4: Pre-Participation Physical Examination (PPE)

The Minnesota State High School League requires a PPE for every athlete participating in athletics. The physicals expire after 3 years and are provided free of charge to area athletes grades 6-12 at the Mayo Clinic Health System Austin.

The physicals must be completed and submitted to AHS and Ellis activities offices upon completion so there is documentation of eligibility on file; otherwise the athlete will not be allowed to participate.

For most athletes the thought of participating in a group physical may be too time consuming or it just does not work with your schedule. I would recommend you schedule a physical with your primary healthcare provider before your prospective season starts. The format for these is more costly but the examination can be billed directly to your health insurance. PPE's include assessments of the following.

- **Height/weight/BP**
- **Vision**
- **Postural screening**
- **Joint integrity/flexibility**
- **Examination by physician provider**

The originals of the physicals will be kept by our staff and sent to HIMS to be scanned into medical records; once this has been accomplished the originals will be delivered to the activities office at AHS and Ellis Middle School. If additional copies are needed you can contact HIMS for release of information at (507) 434-1397 option 4. All other questions can be directed to the activities director at the high school Katie Carter.

Section 5: Event Coverage Protocol

Kayla Uptagrafft, ATC will be available to provide sports medicine coverage for Austin High School athletic events. Coverage will be provided for each sport according to the current agreement. Due to the number of events throughout the school year, there may be events which have conflicting times. Currently, I am the only certified athletic trainer on staff at MCHS Austin. Therefore, I may not be present at all sporting events. When these conflicts arise the Activities Director, coaches, and site supervisors are all informed and they will be in charge of recognizing when an injury has occurred and contacting the appropriate medical services deemed necessary.

Responsibilities Include:

- ATC will arrive 15 minutes prior to events start. Unless other arrangements have been established with coach and/or athlete. Football will be 1 hour pre-event.
- ATC will introduce themselves to coaches, officials, and site supervisors
- ATC will be responsible for providing immediate first aid and care of the athletes who have sustained an injury during the event. Including notification of emergency medical services (EMS) if deemed appropriate.
- All athletes who have contact with the ATC will be recorded by ATC and entered into the electronic database. All records will be SOAP note style timed and dated by the ATC. (Contact will be defined as any athlete the ATC provides a service for)
- When games take place at the high school, the athletic training room will be accessible to obtain supplies, ice, and treatment table for evaluation if needed.
- Ice and emergency medical supplies will be provided as needed by the ATC.
- Upon completion of the event the ATC will re-check any athletes prior to leaving the site. ATC will remain longer if needed or an arrangement has been made with the coaching staff.
- During the events the ATC;s main priorities are the athletes involved directly with the competition. If there are any injuries that occur to fans in the stands the ATC will attend to the person if heshe is able as long as it does not interfere with current event, athletes on the field are the number one priority. In most cases if the injury is serious enough the site supervisor will be instructed by the ATC to call 911 for emergency assistance.

Kayla Uptagrafft, ATC

Phone: 605-370-9164

Email: Uptagrafft.kayla@mayo.edu

Section 6: Return to play Guidelines

When athletes become injured it is a very difficult time for the athletes, parents, and coaches. The question usually heard immediately “How soon can I play?” As a certified athletic trainer my speciality lies in the recognition and treatment of sports related injuries. Once a thorough evaluation has been done of the injured athlete an impression can be made as to the extent of the injury and then a plan of action can be established on how to properly treat the injury. The following is a list of steps taken by the ATC to begin the process of RTP post injury:

- 1. Is the injury an emergency?**
 - a. If so, the athlete must be immediately taken to the ER either by ambulance or personal vehicle for proper treatment
 - b. They will need to have a note for clearance by a physician before going back to play
- 2. Does the injury need further evaluation by a primary provider or orthopedic specialist?**
 - a. Are images needed? (x-ray, MRI, CT, etc.)
 - b. Does the athlete need medication
 - c. Following MSHSL guidelines, will need a letter of clearance by the healthcare provider they saw
- 3. Can the injury be treated by the ATC at the HS?**
 - a. Will provide education and a treatment plan
 - b. Begin rehab exercises at the school or an at home plan will be given
 - c. The treatment plan will include a functional return to sport plan
 - d. The athlete will be given clearance to return to competition

Once the athlete has been evaluated and the injury in question has been diagnosed, the athlete will begin his/her treatment. The treatment will include education of the injury and a rehabilitation program will be developed to help the athlete recover as quickly and comfortably as possible. Injuries sustained by athletes can differ greatly in severity; therefore the time frames for return to play may vary depending on the diagnosis. Most importantly, proper treatment of the injuries will ensure safe return to sport once the injury has completely healed.

Section 7: Contact Information

Kayla Uptagrafft, M.Ed., LAT, ATC

Head Athletic Trainer Austin Senior High School

Mayo Clinic Health System Austin

1000 1st Drive N.W.

Austin, MN 55912

Phone: 605-370-9164 (cell)

Phone: 507-460-1847 (Westcott phone)

Email: Uptagrafft.kayla@mayo.edu

Please do not hesitate to contact me if you have questions or concerns regarding your student athletes. I can be reached via phone, text, or email. If you do not speak directly to me, leave a message and I will respond as soon as I am able to.

Section 8: EMERGENCY ACTION PLAN (EAP)

Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the athlete participating. The development and implementation of an Emergency Action Plan will help ensure that the best care will be provided.

Most injuries sustained during athletics or other physical activities are relatively minor. However, potentially limb-threatening or life-threatening emergencies in athletics and physical activity are unpredictable and occur without warning. Proper management of these injuries is critical and should be carried out by the trained health services personnel to minimize risk to the injured participant.

✓ National Athletic Trainer's Association Position Statement: Emergency Planning in Athletics: *Journal of Athletic Training* 2002; 37(1): 99-104

Components of the Emergency Action Plan:

- 1. Emergency Personnel**
- 2. Emergency Communication**
- 3. Emergency equipment (AED)**
- 4. Roles of the Certified Athletic Trainer, Coaches, Administration**
- 5. Venue Directions with map**

EMERGENCY PERSONNEL

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a Certified Athletic Trainer. However, the first responder may also be a coach or another member of the school personnel. Certification in CPR, first aid, AED, prevention of disease transmission, and emergency plan review is required by for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning (also including: athletic director, school nurse, certified athletic trainer, all coaches etc.). Copies of the training certificates and or cards are maintained in activities office by the athletic director. The certified athletic trainer will maintain his/her certificates through MCHS Austin. The emergency team may consist of physicians if present, certified athletic trainers, emergency medical personnel (paramedic, EMT), coaches, site supervisors, administration and possibly bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, preference of the head athletic trainer.

Four basic roles with the emergency team are:

1. Establish scene safety and immediate care of the athlete:

Should be provided by the most qualified individual; certified athletic trainer, coaches, Administration

2. Activation of Emergency Medical Services:

Person chosen should be someone whom is calm under pressure, communicates well and is familiar with the location and address of the sporting event.

3. Equipment Retrieval

May be done by anyone who is familiar with the types and locations of the specific equipment needed. Coaches, student athletic trainers, managers may be good choices.

4 Direction of EMS to the Scene:

One members of the team should be in charge of

meeting the emergency personnel/ambulance as they arrive at the site: This person should have keys to locked gates or doors. Good candidates would be site supervisors, athletic directors, coaches.

Activating Emergency Medical Services

✓ Call 911

✓ Provide Information

- *Name, address, telephone number of the telephone caller*
- *Nature of emergency (medical or non-medical)*
- *Number of athletes*
- *Condition of the athlete(s)*
- *First aid treatment initiated by first responder c*
- *Specific directions as need to locate the emergency scene*
- *Other information as needed by the dispatcher*

In the event the injury is non-medical, please contact Certified Athletic Trainer on site; if Certified Athletic Trainer is not available, please contact Head coach of specific team involved.

Emergency Communication

Communication is very crucial; every venue should have a means of communication and locations of land lines should be noted.

Emergency Equipment

All necessary equipment needed at venues will be supplied by on site Certified Athletic Trainer. In the event a Certified Athletic trainer is not present; coaches and or site supervisor will access necessary equipment from the training room or team first aid kits.

Medical Emergency Transportation

In the event an ambulance is on site, there should be a designated location with rapid access to the site and cleared route for entering/exiting the venue. In the event that an ambulance is not on site, the medical personnel should be aware of average EMS response for the athletic venue and distances from venue to local hospitals.

Any emergency situations where there is impairment in loss of consciousness (LOC), airway, breathing or circulation (ABC's) or there is neurovascular compromise should be considered a "LOAD AND GO" situation and emphasis place on the rapid evaluation, treatment, and proper transportation.

Non-Medical Emergencies

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on the training and preparation of athletic healthcare providers. It is prudent to invest athletic department ownership" in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should be reviewed at least once a year with all the athletic personnel Certified Athletic Trainer, Athletic Director, Site Supervisors, Coaches. Through development and implementation of the emergency action plan AUSTIN SENIOR HIGH SCHOOL helps ensure that the athlete will have the best care provided when an emergency situation does arise.

AUSTIN SENIOR HIGH SCHOOL

Important contact list

On Campus Offices	Phone Number
Athletic Director	507-460-1827
Athletic Trainer	507-460-1847 (Westcott)
Main Office	507-460-1800
Activities Office	507-460-1825
Counseling Office	507-460-1812

Title	Name	Office	Cell
Athletic Director	Katie Carter	507-460-1827	651-983-0084
Athletic Trainer	Kayla Uptagrafft		605-370-9164
Activities Secretary	Kelly Joseph	507-460-1825	507-438-5001
Principal	Sheri Allen	507-460-1800	

Off Campus Contacts	Phone Number
Law Enforcement Center	507-437-9400
Fire Department	507-433-3405
Mayo Clinic Health System	507-433-7351
MCHS Austin Emergency Room	507-434-1488
Poison Control Austin MN	1-800-222-1222

Section 9: Emergency Action Plan Austin High School

**Austin High School
301 3rd Street NW
Austin, MN 55912**

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED is located in the hallway between the concession stand and Ove Berven Gymnasium in the event the Certified Athletic Trainer is not present. When the athletic trainer is present for home games, an AED and necessary medical equipment will be provided.

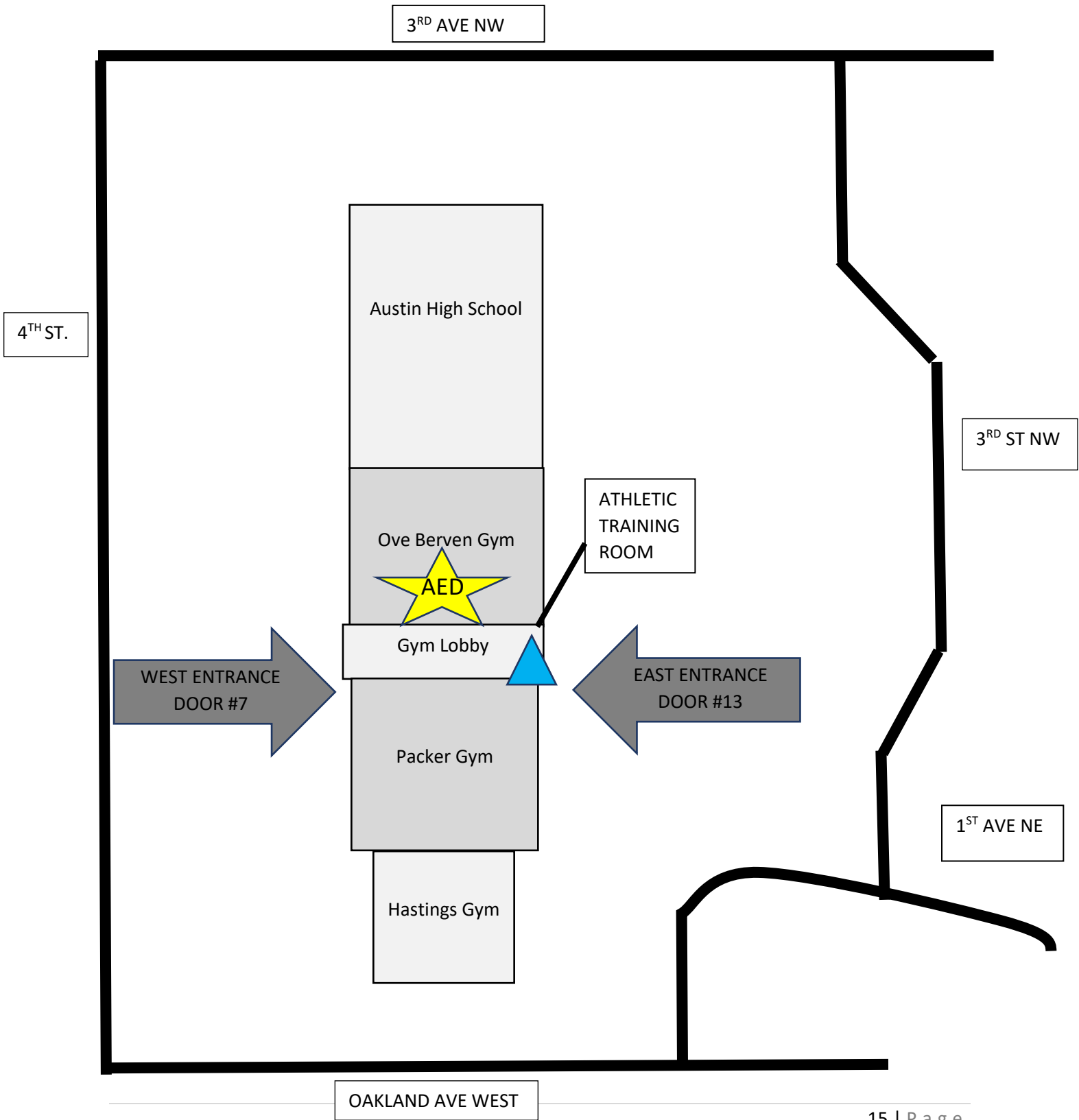
1. Call 911 or other emergency phone number
2. Provide necessary information to EMS personnel:
 - Your name, address, and phone number
 - Number of victims; condition of victims
 - First-aid treatment initiated
 - Specific directions to locate scene (which doors to use)
 - Other information as requested by dispatcher
3. Provide appropriate emergency care until arrival of EMS personnel: Upon arrival of EMS personnel; provide pertinent information (mechanism of injury, vital signs, treatment rendered, brief medical history if able) assist emergency personnel as needed.
4. The ATC will be responsible for assessing the injury and making decisions as to whether the injured athlete needs transport for emergency service or not. In the event the ATC is not present, the coach and team staff will be responsible for contacting EMS.

Emergency Telephone Numbers:

- **Mayo Clinic Health System Austin ED** 507-433-7351
- **Mayo Clinic Ambulance Service** 911/507-433-1850

Austin High School 3rd ST NW

BOYS AND GIRLS BASKETBALL, WRESTLING, VOLLEYBALL



Section 10: RIVERSIDE ARENA

501 2nd Ave NE
Austin, MN 55912

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED is located at the south end of the building directly outside the office attached to the wall.

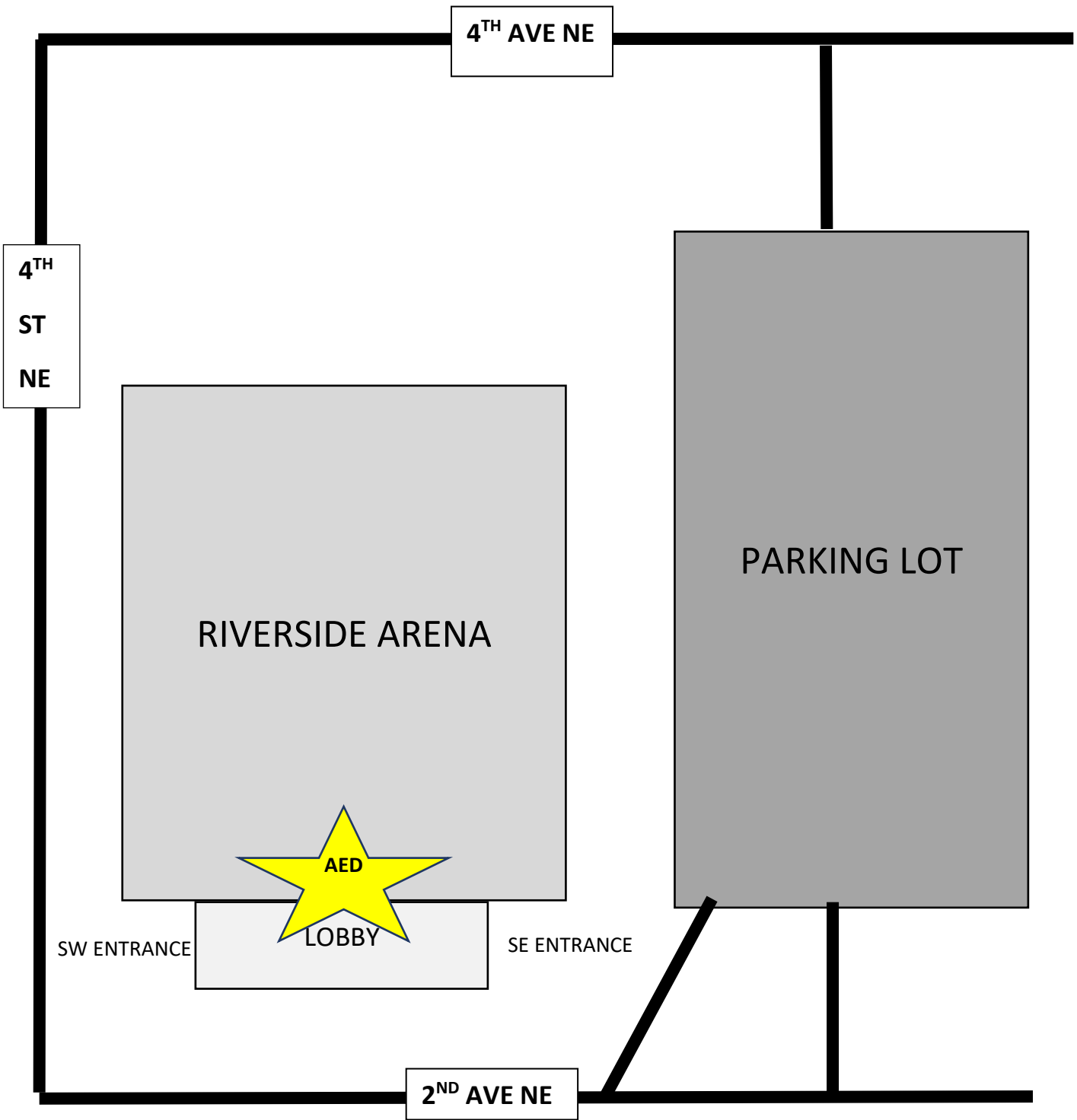
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 - b. Number of victims; condition of victims
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 - d. Specific directions to locate scene (which doors to use)
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- **Mayo Clinic Health System Austin ED** 507-433-7351
- **Mayo Clinic Ambulance Service** 911/507-433-1850

RIVERSIDE ARENA

AHS BOYS AND GIRLS HOCKEY



Section 11: WESTCOTT SPORTS COMPLEX

1300 Oakland Ave West

Austin, MN 55912

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED is located just outside of the athletic training room in the universal locker room under the bleachers.

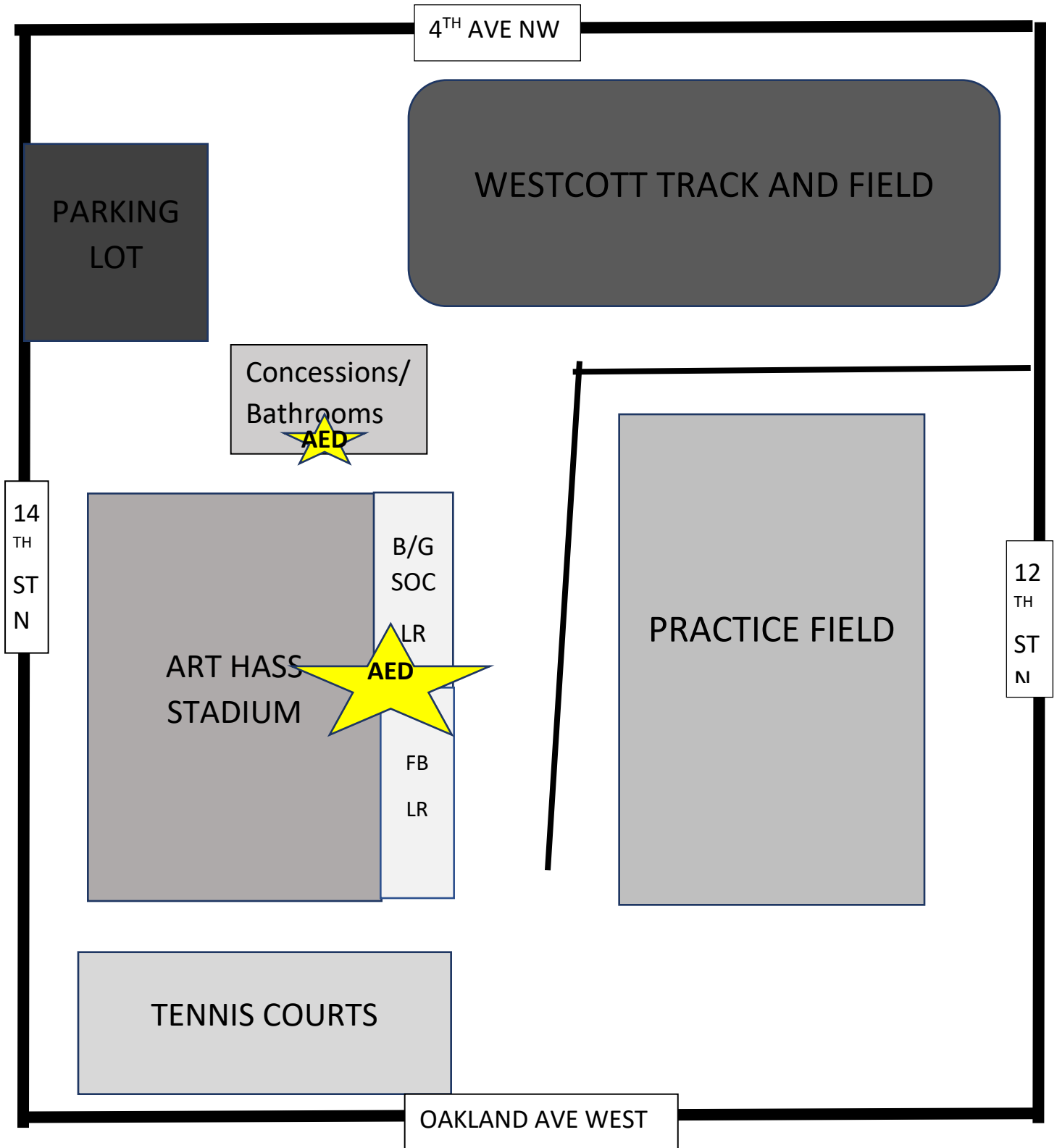
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- **Mayo Clinic Health System Austin ED** 507-433-7351
- **Mayo Clinic Ambulance Service** 911/507-433-1850

WESTCOTT SPORTS COMPLEX

AHS Football, Boys & Girls Soccer, Boys & Girls Track



Section 12: RIVERLAND COMMUNITY COLLEGE BASEBALL COMPLEX

1900 8th Ave NW

Austin, MN 55912

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED would only be accessible if a portable one is brought to the fields or on EMS.

1. Call 911 or other Emergency Phone Numbers
2. Provide necessary information to EMS personnel:
 - a. Your name, address, and phone number
 - b. Number of victims; condition of victims
 - c. First-aid treatment initiated
 - d. Specific directions to locate scene (which doors to use)
 - e. Other information as requested by dispatcher
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Emergency Telephone Numbers:

- **Mayo Clinic Health System Austin ED** 507-433-7351
- **Mayo Clinic Ambulance Service** 911/507-433-1850

RIVERLAND COMMUNITY COLLEGE BASEBALL COMPLEX

BASEBALL

I-90

JV
BASEBALL

VARSITY
BASEBALL

CONCESSIONS

14^T
H ST
NW

PARKING LOT

9TH
BASEBALL

RCC BASEBALL

RIVERLAND
WEST
CAMPUS

RCC
SOFTBALL

RIVERLAND
MAIN
CAMPUS

SCHOOL
DR

8TH AVE NW

Section 13: TODD PARK NORTH AND SOUTH COMPLEX

11th Street & 21st Ave NE,

Austin, MN 55912

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED would only be accessible if a portable one is brought to the fields or on EMS.

5. Call 911 or other Emergency Phone Numbers
6. Provide necessary information to EMS personnel:
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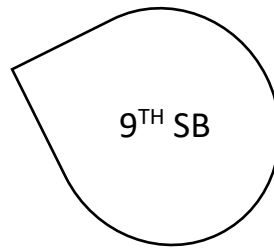
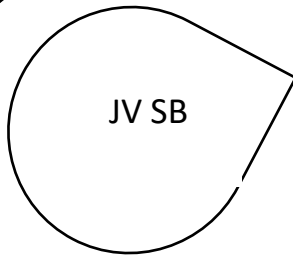
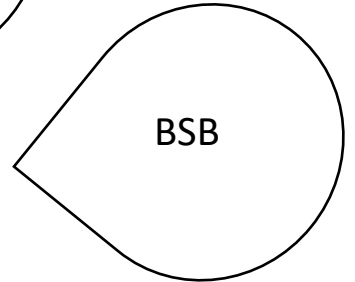
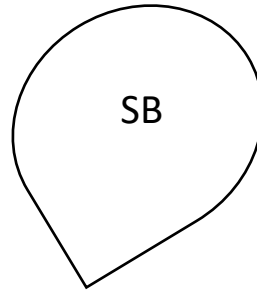
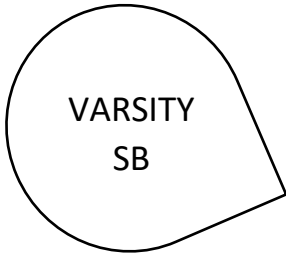
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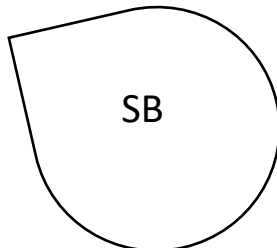
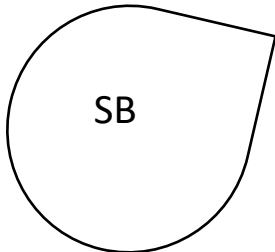
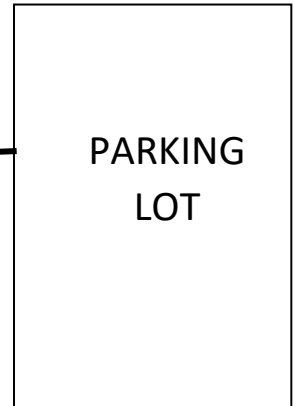
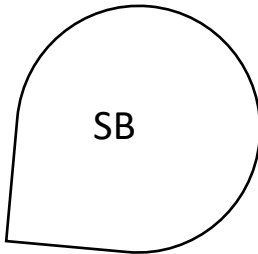
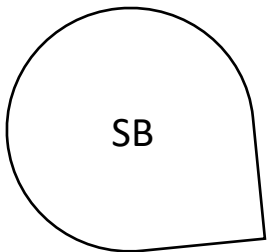
SOFTBALL

NORTH COMPLEX



11TH
ST NE

SOUTH COMPLEX



8TH DR NE

21ST AVE

Section 14: AUSTIN YMCA

501 FOURTH AVE NE

AUSTIN, MN 55912

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED *****

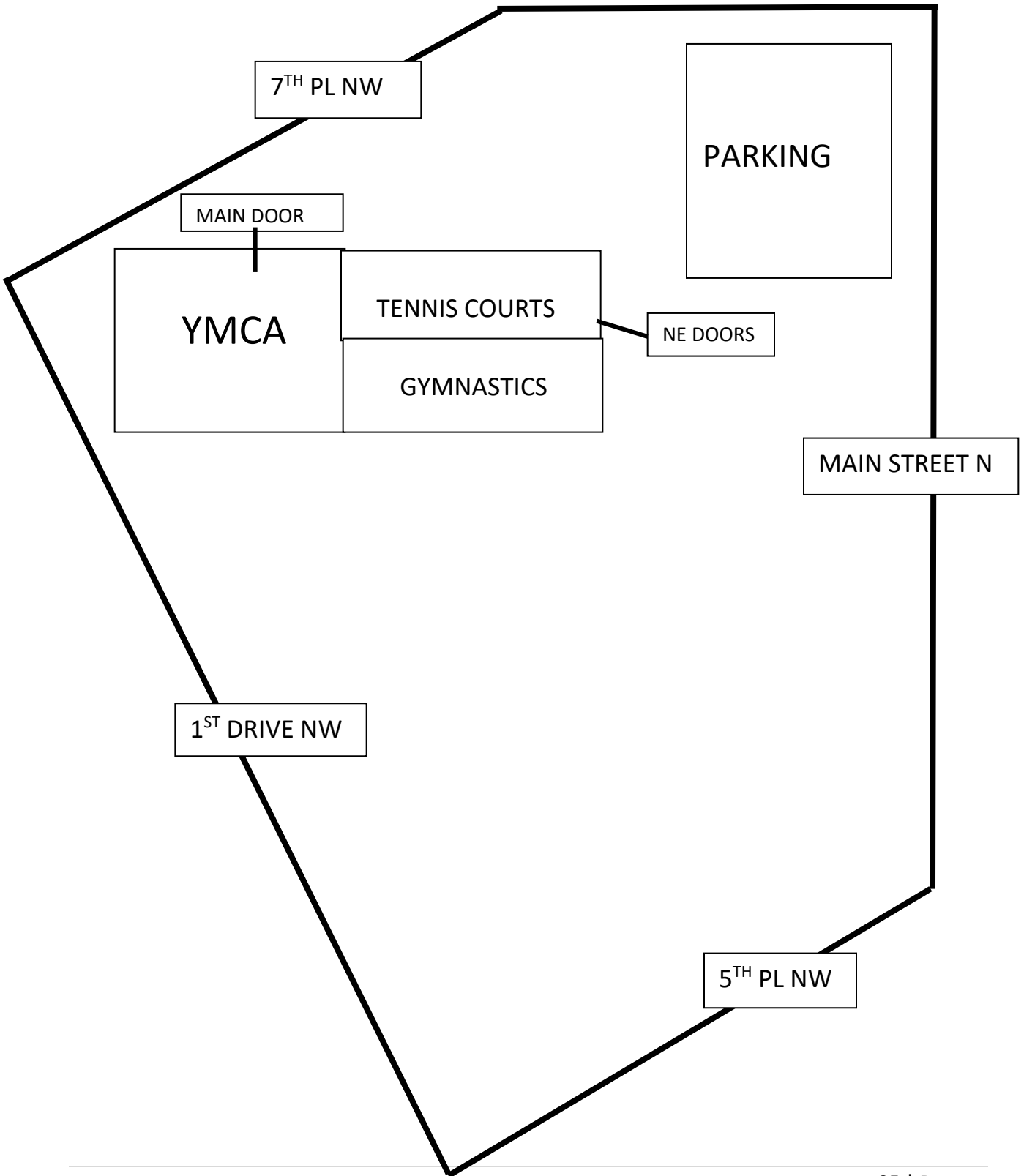
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- **Mayo Clinic Ambulance Service** 911/507-433-1850

AUSTIN YMCA

GYMNASTICS



Section 15: ELLIS MIDDLE SCHOOL

1700 FOURTH AVE SE

AUSTIN, MN 55912

- **Activities Director:** Katie Carter 651-983-0084
- **Certified Athletic Trainer:** Kayla Uptagrafft 605-370-9164

AED *****

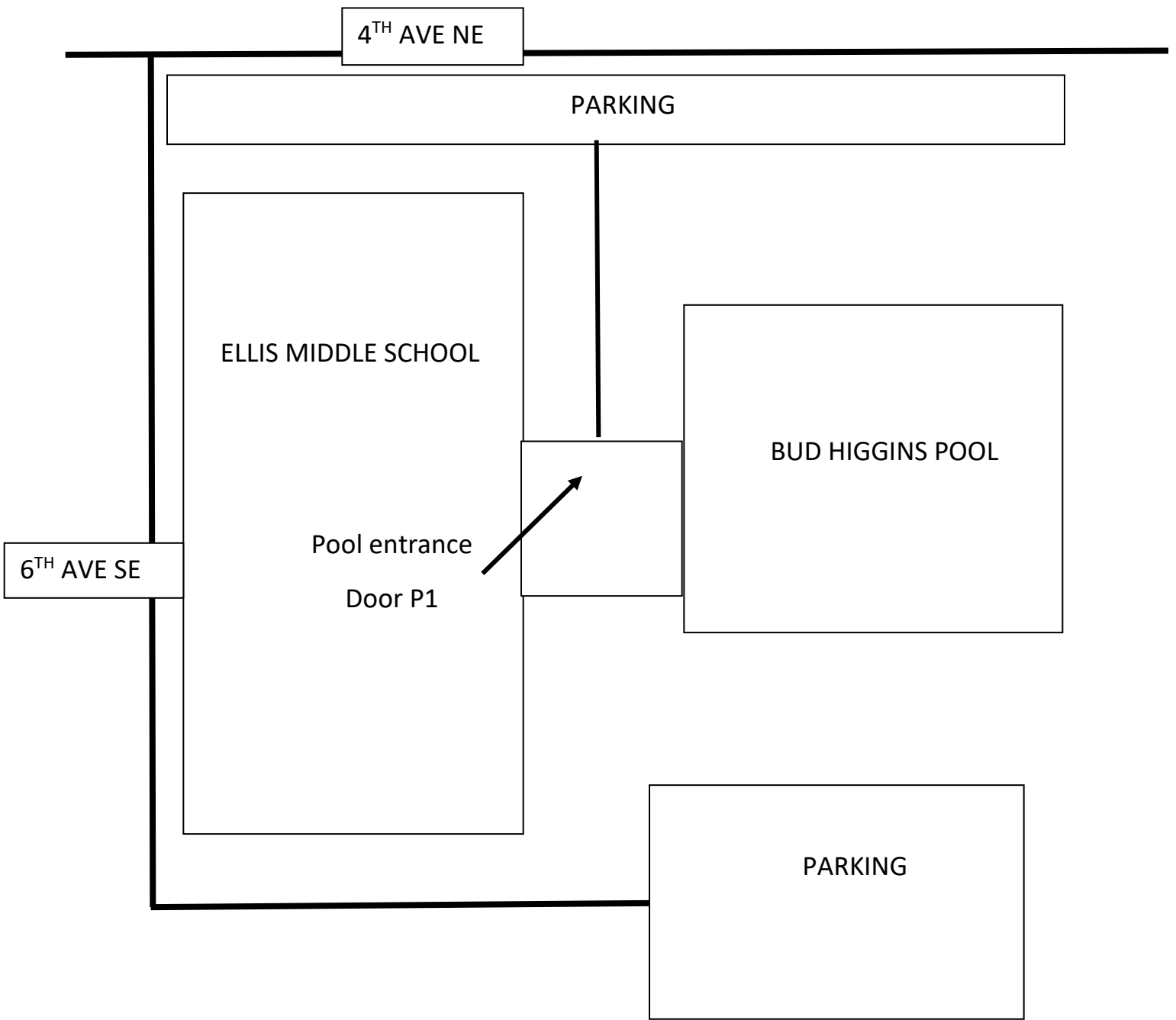
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- **Mayo Clinic Health System Austin ED** 507-433-7351
- **Mayo Clinic Ambulance Service** 911/507-433-1850

ELLIS MIDDLE SCHOOL

BOYS AND GIRLS SWIM & DIVE



Section 16: Concussion Protocol

Diagnosing and recognizing a concussion

Recognizing and diagnosing a concussion can be difficult. We can not see it in the same way we can see a broken bone, but we can see it in the way a child is acting physically, mentally, or emotionally.

At Austin Public High School we try obtain some baseline information on all athletes in high impact sports. We do this so we can compare each individual athlete to themselves if a potential head injury occurs. If a concussion is suspected, the baseline information will be used to help potentially diagnose a concussion.

Some concussions are obvious, and some are not. In situations where a concussion cannot be ruled out, we will be erring on the side of caution and taking the athlete through the concussion protocol. Understand that the main objective is to keep our student athletes safe for life outside of sports, and sometimes these judgement calls need to be made.

Concussion Symptoms & Care

Below are common symptoms of a concussion. These are normal in the recovery process and will decrease in time.

Physical symptoms

- Has dizziness or balance problem.
- Has sensitivity to light or noise.
- Feels fatigued or has low energy.
- Has a headache.
- Feels nauseous or vomits.
- Has a vision problem such as double vision or blurry vision.

Mental symptoms

- Has difficulty concentrating or thinking clearly.
- Has confusion.
- Feels slowed down or like “in a fog” or “out of it.”

Emotional or social symptoms

- Feels nervous or anxious.
- Feels more emotional or sad.

- Is more irritable or gets angry easily.

Sleep symptoms

- Sleeps less or more than usual.
- Has trouble falling asleep

Care in the first 24-48 hours

- Rest mentally and physically.
- Allow your child to sleep as needed. •
- Consider staying home from school and activities if needed or recommended. •
- Avoid or limit mental exertion if it worsens symptoms. •
- Not drive.

After the initial period of rest, your child can start to do light mental activity and add more as tolerated. Your child may benefit from doing light physical activity or exercise early in the recovery process. Your child's health care provider may recommend some low intensity, non-contact activity even when your child has symptoms. Activities may include walking or using a stationary bike or an elliptical machine.

Return to School and Activities Plan

School accommodations

The following are accommodations that may be considered.

- Go to school for part of a day. Your child can gradually spend more time at school until he or she can be there for the full day.
- Have school assignments and projects modified. It is best not to postpone them. Your child may need extra time or help.
- Wait to take significant classroom or standardized tests. Or your child may need to have classroom testing modified as needed.
- Use a quiet place, such as the nurse's office, for scheduled mental rest.

Encourage your child to return to doing more of a usual school routine. Children usually can increase the amount of time at school and doing activity as days pass and they feel better. Talk with your child's care provider about a formal school support plan if needed.

Returning to Sport

At Austin Public High School, the athletic trainer will take the athlete through the return to play protocol. Each step will have a minimum of 24 hours between each step. If the athlete starts a step and has symptoms start during the step, they will need to repeat the step the next day. If symptoms still persist, they may need to go down to a lower step.

Step 1: Physical rest Goal: Recover by resting. Activity: • Daily living activities, such as showering, making a bed and preparing food • Walking

Step 2: Light aerobic exercise or activity Goal: Increase heart rate. Activity: 15 to 20 minutes of • Brisk walking • Light jogging • Little to no resistance on a stationary bike or an elliptical machine Do not do resistance exercises during this time. This includes lifting weights.

Step 3: Sport-specific, no contact exercise or activity Goal: Add movement and increase heart rate for a longer time. Work toward giving 50% to 75% perceived intensity for 30 to 45 minutes during sport-specific exercise. Do not lift weights. Do not do anything that involves head contact. Non-contact sports activity: • Core work • Cross country and track: Flat ground running • Tennis: Serving, forehand and backhand off of soft toss Contact sports activity: • Football: Foot work, catching and throwing, shadow blocking or coverage, wearing helmet only • Soccer: Dribbling, shooting and corner kicks • Volleyball: Partner passing and setting, controlled pepper • Hockey: Skate on own, stick handling and shooting off ice, wearing helmet and gloves • Wrestling: Shadow drill, forward and backward crawling • Gymnastics: Floor and beam routine dance moves, no jumps or flips • Basketball: Shooting on own, passing and ladder drills

Step 4: Full non-contact practice Goal: Add coordination, resistance and mental tasks to activity. Work toward giving 75% to 100% perceived intensity for 60 to 120 minutes during sport-specific exercise. May begin progressive resistance training and progress to more complex drills. Non-contact sports activity: • Cross country and track: Interval and speed work • Field: Full throw for shot and disc • Tennis: Controlled volleying Contact sports activity: • Wear full gear • Red jersey practice, athlete in red jersey not to be hit • Team warm-ups, drills and conditioning • Wrestling: Drilling with coach and medicine ball slams, throws and carries • Baseball and softball: Base running, hitting off of soft toss, controlled field drills • Gymnastics: Initiate tumbling with spotter

Step 5: Full practice Goal: Add contact, build confidence and assess skills. Practice at full exertion with full pads and contact. Work toward giving 100% perceived intensity for 60 to 120 minutes during sport-specific exercise.

Step 6: Return to play Goal: Full activity without restriction. Return to competitive game play and tournaments without restriction

If an athlete does not follow a normal trajectory in regard to recovery, they may be advised to follow up with a concussion specialist.

Section 17: Weather Protocol

We will be following the MSHSL weather protocol. The QR code below will bring you to the MSHSL website with the protocol.

Key Points for Lightning/Threatening Weather

- Prior to the start of the contest, it is up to the host school to determine if play is safe
- Once play has started it is up to the officials. Their decision can not be overruled
 - Medical personnel should be consulted in this decision
- If you can “hear it, clear it” in regard to thunder
- Utilize weather apps when possible. These can be unreliable, so do not base the decision on the app alone.
- When lightning is within 10 miles, play should be discontinued
- **Wait at minimum 30 minutes after last lightning strike or sound of thunder before returning to field**

Key Points for Cold/Heat

- Cancel if -20F or at -40F Wind chill
- When in the red zone, no outdoor workouts or non-airconditioned practices
- Have scheduled regular breaks with water and shade if available
- Limit practice times

