

EAST ST. LOUIS SENIOR HIGH SCHOOL ATHLETICS EMERGENCY ACTION PLAN and ATHLETIC TRAINING POLICIES AND PROCEDURES

School: East Saint Louis Senior High School **Address:** 4901 State Street, East St. Louis, IL, 62205
Phone: 618-646-3700

When calling office numbers below, first dial the general district phone number (618-646-3000). Then, dial your intended party using their listed extension.

Athletic Trainer: Destinee Grove	Phone: x1036 (office) 910-876-4166 (cell)
Athletic Director: Darren Sunkett	Phone: x1005 (office) 618-977-1144 (cell)
Assistant Athletic Director: Brian Schoby	Phone: 630-842-8117 (cell)
Athletic Secretary: Ida Sykes	Phone: x1061 (office) 618-207-7788 (cell)
Principal: Mrs. Valencia Hawkins	Phone: x3700 (office)
Superintendent: Dr. Arthur Culver	Phone: x3009 (office)
Nurses: Tia Berry	Phone: x1009 (office)

Dismissal Time: 2:30 p.m.

How to access outside phone: Dial "9-1", then the phone number.

Team Physician: Richard Lehman, M.D.

Appointments/Contact at Office: Carla, 317-713-9222

Physician Cell: 314-779-7916

Office Hours/Address: M – F 8:30 a.m. – 5:00 p.m.

333 S Kirkwood Road, Suite 203, St. Louis, MO 63122

AT Daily Coverage Hours: 1 p.m. – 7:30 p.m. (or until home competitions have ended).

AED Location: Athletic Trainer's office (located between boy's and girls' locker room on west side of Main Gym), nurse's office, front office lobby.

Building Access/Directions to AD's office:

Before 3:30 p.m.:

Visitors will need to enter through the front of the school and check-in. Walk through the large atrium (library will be on your left) and make a right at the intersection. After walking through the doors, the Main Gym will be on your left. Once inside the gym, take any set of stairs to the second level. The AD's office will be on the east side of the gymnasium on the end nearest the school.

After 3:30 p.m.:

Visitors will enter through the school through the middle, rear entrance. Once you have entered the school building, turn left and walk through the double doors. The Main Gym will be on your left. Once inside the gym, take any set of stairs to the second level. The AD's office will be on the east side of the gymnasium on the end nearest the school.

Access to Athletic Trainer's Office: Follow the above directions to the Main Gym. The Athletic Trainer's office is located on the west side, first level of the gym near the rear exit. You will need to walk through the boy's locker room for access. This locker room is usually empty unless after school.

Access to School and Building:

Before 3:30 p.m.:

Enter at the front of the school and check-in with main office.

After 3:30 p.m.:

Enter at the rear, middle entrance.

Parking: If visiting or substituting for the AT (and the AT is aware of the visit), it is easiest to park in the rear of the school (near football stadium, NOT the parking on State Street) and the AT will admit you into the building. For those substituting, please contact the appropriate personnel on the sub sheet to admit you to the building. If you are not visiting the AT, you will need to park in the front of the school and enter through the school's main entrance.

HOSPITAL LOCATIONS

Memorial Hospital Belleville

Departments: Pediatric Emergency, Orthopedic and Neurosciences Center

Address: 4500 Memorial Drive, Belleville, IL 62226

Phone: 618-233-7750

SSM Health Cardinal Glennon Children's Hospital

Departments: Pediatric Emergency

Address: 1465 South Grand Boulevard, St. Louis, MO 63104

Phone: 314-577-5600

St. Louis Children's Hospital

Departments: Pediatric Emergency, Orthopedic, Neurology/Neurosurgery, Asthma Specialty

Address: 1 Children's Place, St. Louis, MO 63110

Phone: 314-454-6000

Touchette Regional Hospital

Departments: Emergency, Physical Therapy

Address: 5900 Bond Avenue, Centreville Township, IL 62207

Phone: 618-332-3060

URGENT CARE LOCATIONS

MedExpress Urgent Care

Departments: Physicals, Orthopedics

Address: 1711 West Highway 50, O'Fallon, IL 62269

Phone: 618-628-1791

Hours: 8 a.m. – 8 p.m.

MedExpress Urgent Care

Departments: Physicals, Orthopedics

Address: 2524 North Illinois Street, Swansea, IL 62226

Phone: 618-235-0605

Hours: 8 a.m. – 8 p.m.

Edgemont Pediatrics

Departments: Adolescent medicine, Pediatrics

Address: 8710 State Street, East St. Louis, IL 62203

Phone: 618-398-6601

Hours: M – R: 9 a.m. – 4p.m. // F: Closed // Sat: 9 a.m. – 12 p.m. // Sun: Closed

Southern Illinois Healthcare Foundation

Departments: Pediatrics, Family Medicine

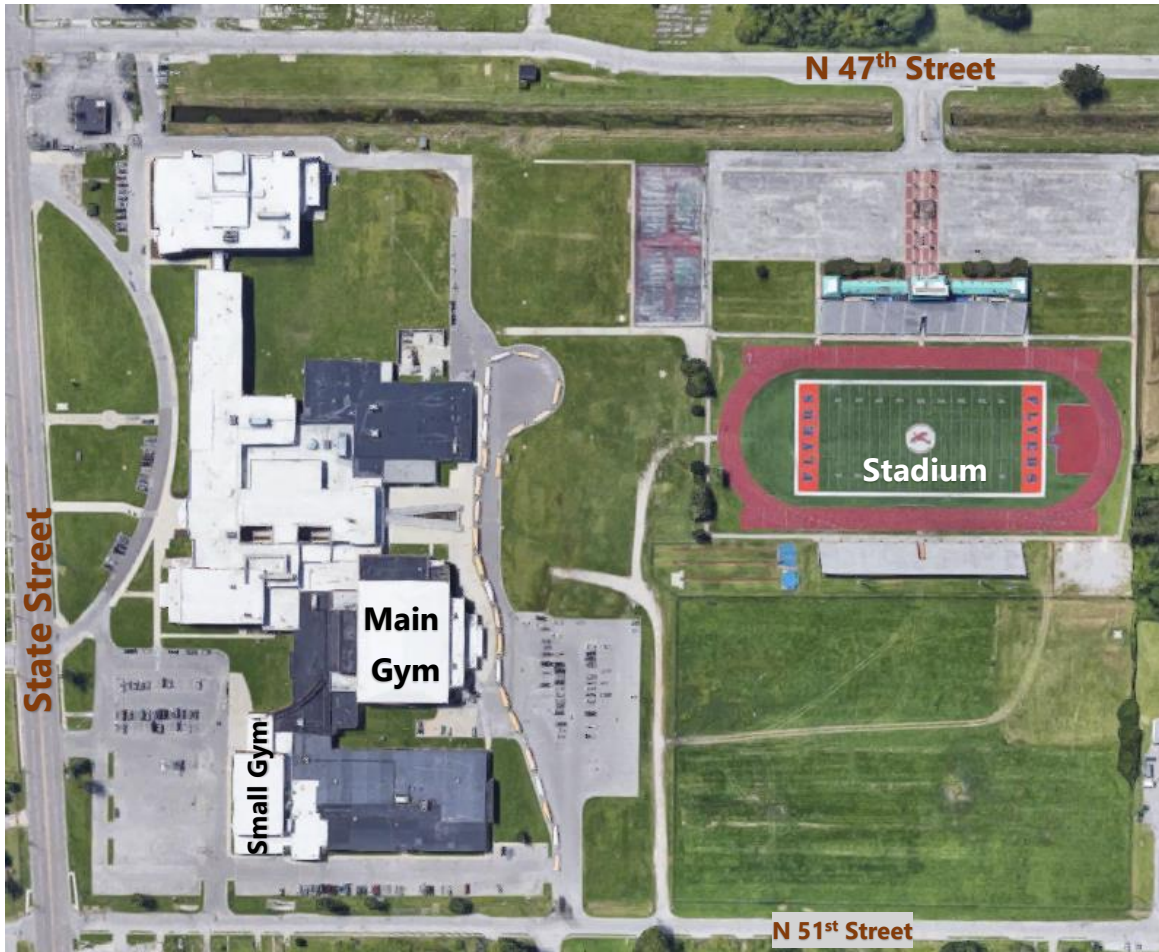
Address: 2001 State Street, East St. Louis, IL 62205

Phone: 618-271-9191

Hours: M – F: 8 a.m. – 5 p.m. // Quick Care: 5 p.m. – 8 p.m. // Quick Care Saturdays: 9 a.m. – 12 p.m.

EMERGENCY ACTION PLAN

EAST ST. LOUIS SENIOR HIGH SCHOOL ATHLETICS EMERGENCY ACTION PLAN



East Saint Louis Senior High School 4901 State Street, East Saint Louis, Illinois, 62205

Destinee Grove, MS, LAT, ATC
Head Athletic Trainer

(618) 646-3000 x1036 [office]
(910) 876-4166 [cell]

Darren Sunkett
Athletic Director

(618) 646-3000 x1005 [office]
(618) 977-1144 [cell]

Brian Schoby
Assistant Athletic Director

(630) 842-8117 [cell]

EMS

9-1-1

INTRODUCTION

East St. Louis Senior High School has a written emergency action plan that should be followed in the event of an athletics-related medical emergency. All team coaches and staff should be familiar with this document and their role and responsibility in the case of an emergency. Any questions should be directed to the Head Athletic Trainer or the Athletic Director in the AT's absence/inability to respond.

An emergency is the need for Emergency Medical Services (EMS) to provide further medical care and/or transportation of a student-athlete to a hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators, and other personnel be swift and effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

SITUATIONS WHEN 9-1-1 SHOULD BE CALLED:

- A student-athlete is not breathing
- A student-athlete has sustained loss of consciousness
- Suspicion of spinal cord injury
- An athlete has an open fracture (i.e., the bone has punctured and come through the skin)
- Severe heat exhaustion or suspected heat stroke
- Severe bleeding that cannot be stopped
- Anaphylaxis reaction and/or administration of an EpiPen (epinephrine injection)

CHAIN OF COMMAND

CHAIN OF COMMAND
Team Physician
Athletic Trainer
Head Coach
Assistant Coach
Athletic Director
School Administrator

The highest person in the chain of command who is present at the scene will be the designated person in charge and possess ultimate authority on whether EMS is activated. This person may also instruct others how to help and will remain with the student-athlete until EMS arrives.

PERSONNEL DUTIES

Supervising Athletic Trainer/Team Physician

- Responsible for healthcare of the injured student-athlete and activating EAP.
 - This includes but is not limited to: administering first aid, initiating CPR, injury assessment, implementation of the EAP, decision to move or not to move the student-athlete, and AED use (if available and possible).
 - Responsible for maintaining cervical spinal stabilization in the event of possible cervical spine injury.
 - Responsible for communication with parent(s)/guardian(s) post-event.
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Head Coach

- Responsible for assisting the AT/Physician as directed. This includes but is not limited to:
 - Attending to the injured athlete.
 - Retrieving necessary emergency equipment.
 - Calling EMS (9-1-1) and providing appropriate information. (See Activating EMS)
 - Communicating with parent(s)/guardian(s).
 - Emergency first aid in absence of AT.
 - If a football student-athlete is injured and helmet and shoulder pad removal is warranted, the head coach will assist the athletic trainer/team physician in this process.
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Assistant Coach(es)

- Responsible for assisting the AT/Team Physician and Head Coach as directed. This may include but is not limited to:
 - Meeting EMS at designated location and guiding them toward the injured student-athlete.
 - Retrieving student-athlete's demographic/emergency contact information.
 - Crowd control and sectioning off the location of the student-athlete.
 - Contacting injured student-athlete's parent(s)/guardian(s).
 - Accompanying student-athlete during transportation from the event if a parent/guardian is unavailable/not present.
-

Athletic Department Personnel/School Administrators/Director of Security

- Helping with crowd control.
 - Assisting in deliverance of EMS to the site of the injured student-athlete.
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Sports Officials

- Helping with crowd control/monitoring.

Emergency Medical Personnel

- Care and transport of the injured student-athlete.
- Student-athlete will be taken to the nearest hospital (or hospital with which the EMS is contracted) unless the parent is present and has requested otherwise.

Note on Personnel:

- Supervising AT/Team Physician will assume responsibility for the care for the student-athlete until emergency personnel arrive.
- Once emergency personnel arrive, then they will assume responsibility of the care.
- At no time will any other school official or bystander assume control over the care of the injured student-athlete unless allowed by the supervising AT. Parents or guardians must be physically present to assume control of or refuse treatment.

ACTIVATING EMS:

1. Call 9-1-1 from a school line or from a cell phone.
2. Identify yourself, tell the dispatcher you need an ambulance, and
 - a. Provide your name, address, and telephone number
 - b. Number of individuals injured
 - c. Condition of the injured
 - i. Include timeline of events (e.g., it's been X minutes since the traumatic event began/took place)
 - d. What treatment is being provided (e.g., CPR, spine stabilization, splinting) and by whom
 - e. Location of the incident and specific directions
 - f. Other information requested
 - g. DO NOT DISCONNECT THE CALL UNTIL INSTRUCTED TO DO SO BY OPERATOR.
3. Notify supervising athletic trainer that EMS has been activated and note the time of this activation call.
4. Designate someone to meet EMS and direct them to the site of the injured person. Note the time that EMS arrived at the scene. (See personnel duties)

EMERGENCY EQUIPMENT IN THE ATHLETIC TRAINING FACILITY:

2 Automated External Defibrillators (AED)

Per AED: 1 AED; 1 set adult pads; 1 CPR face shield; 1 pair gloves and paper towel; 1 disposable prep razor; 1 antimicrobial wipe; 1 pair scissors

Vacuum Splint Bag (Red bag)

1 full-leg splint; 1 lower-leg splint; 1 arm splint; 2 pumps and inflating tubes

Cervical Spine Collar (in Red bag)

Crutch Bag (Navy bag)

Athletic Training Kit

Note: If a competition is taking place, these items (AED, Red bag, and crutches) will be on-site at that competition (i.e., not in the ATF). If a single practice is taking place, these items will be easily available to that practice. However, one AED will remain in the ATF at all times.

VENUE DIRECTIONS

To Football Stadium

From N 47th Street (Green Route): Heading south on N 47th street, turn left onto State Street. Travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter the stadium through the parking lot on the left. EMS will follow the parking lot to the field for access to the injured student- athlete (Blue Route).

From State Street (Purple Route): EMS will travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter the stadium through the parking lot on the left. EMS will follow the parking lot to the field for access to the injured student- athlete (Blue Route).

From N 51st Street (Orange Route): Heading south on N 51st Street, EMS will enter the stadium through the parking lot on the right. EMS will follow the parking lot to the field for access to the injured student- athlete (Blue Route).

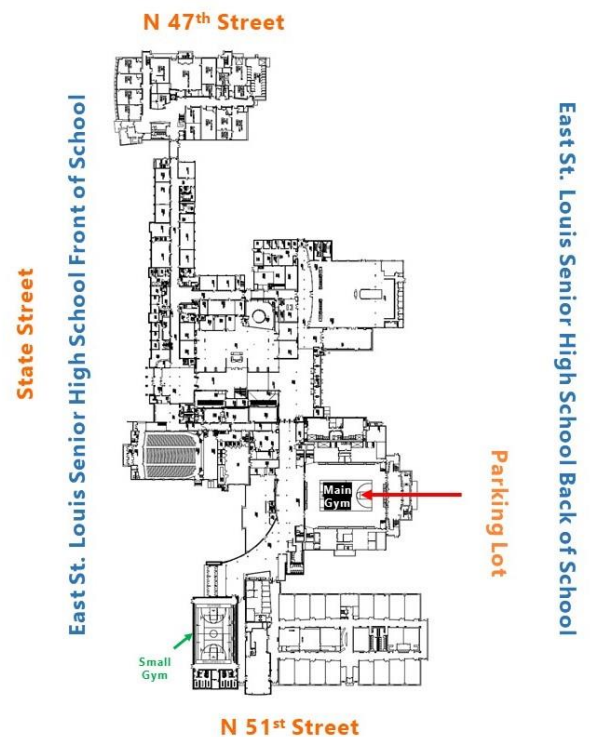


To Main Gymnasium

From N 47th Street (Green Route): Heading south on N 47th street, turn left onto State Street. Travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter through the parking lot on the left and veer to the left toward the gym (Blue Route). A designated person will meet EMS and escort them to the gym to the injured student-athlete.

From State Street (Purple Route): EMS will travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter through the parking lot on the left and veer to the left toward the gym (Blue Route). A designated person will meet EMS and escort them to the gym to the injured student-athlete.

From N 51st Street (Orange Route): Heading south On N 51st Street, EMS will enter through the parking lot on the right and veer to the left toward the gym (Blue Route). A designated person will meet EMS and escort them to the gym to the injured student-athlete.

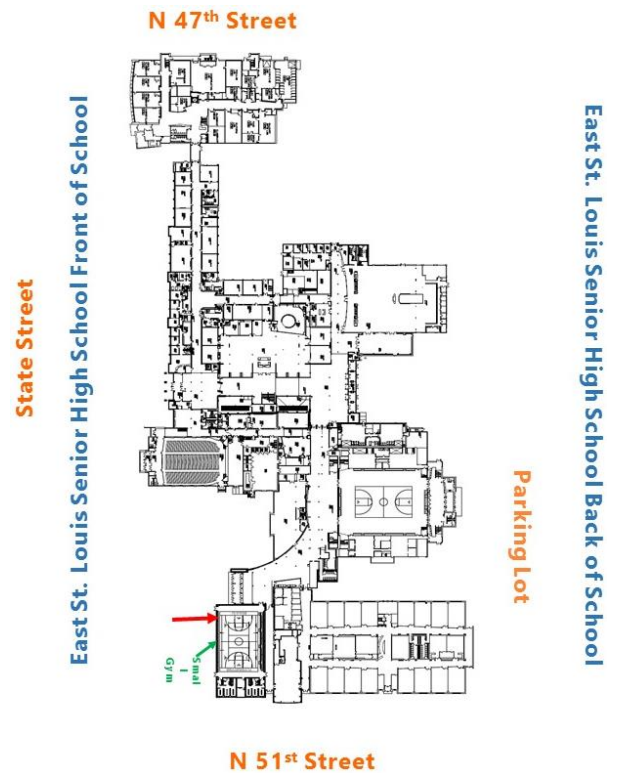
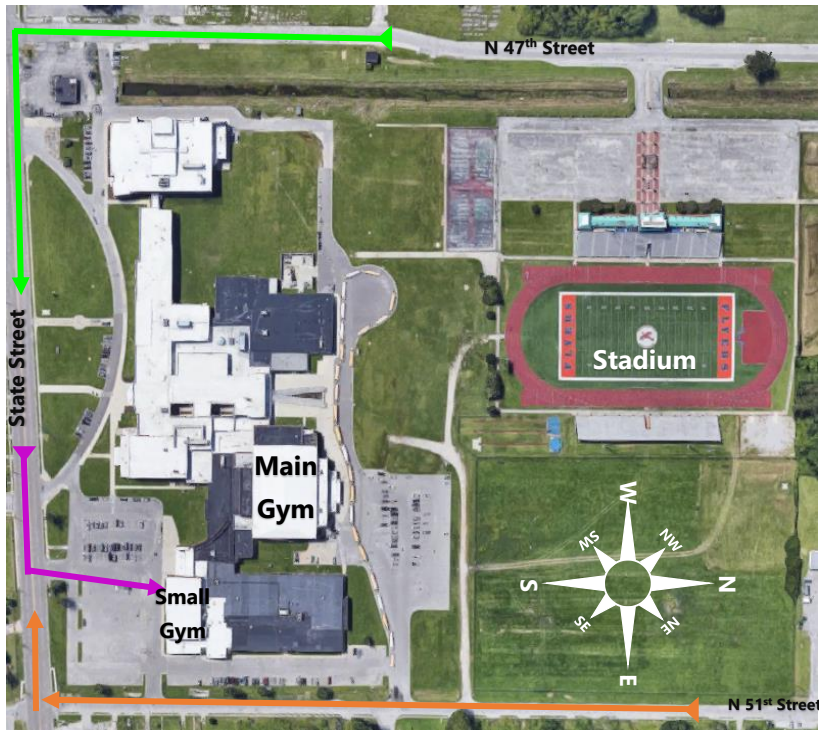


To Small Gymnasium

From N 47th Street (Green Route): Heading south on N 47th Street, turn left onto State Street. Travel east on State Street and utilize the last left entrance to turn left into the school parking lot. Drive through the parking lot to access the double doors leading to the small gym.

From State Street (Purple Route): EMS will travel east on State Street and utilize the last left entrance to turn left into the school parking lot. Drive through the parking lot to access the double doors leading to the small gym.

From N 51st Street (Orange Route): Heading south on N 51st Street, EMS will turn right onto State Street. Utilizing the first entrance on the right, EMS will enter the parking lot and drive toward the small gymnasium, using the external double doors to gain access to the small gym.



COMMUNICATION GUIDELINES

- The primary means of communication will be cell phone.
 - The secondary means of communication will be landlines.
- Email and/or phone call will be utilized for follow-up communication after the event.
- Communication with parents:
 - In the event an athletic injury requires transportation to the hospital, urgent care, or emergency room, the parent(s)/guardian(s) of the student-athlete must be contacted by the athletic trainer. A member of the coaching staff may be assigned this duty at the athletic trainer's discretion.

TRANSPORTATION GUIDELINES

- The athletic trainer will be responsible for ensuring EMS access is available in the event of an emergency. This responsibility may be delegated at the discretion of the athletic trainer.
 - In the case of emergency transport, an assistant coach will travel with the injured student-athlete unless a parent/guardian is present and wishes to travel with their child.
 - Only those contacts listed on the student-athlete's athletics forms may be allowed to travel with the student-athlete during transportation. Otherwise, the assistant coach will need to travel with the student-athlete.
 - The student-athlete will be taken to the nearest hospital (or the hospital with which the EMS is contracted) unless the parent/guardian is present and has requested otherwise.
- In the case of a non-life-or-limb threatening injury that requires transportation to an urgent care or emergency care facility, the student-athlete's designated emergency contact will be responsible for transportation.

DOCUMENTATION GUIDELINES

The *supervising athletic trainer* is responsible for:

- Documenting the events of the incident.
- Follow-up evaluation of the EAP activation and execution.
- Annual review of the EAP.
- Sharing of the EAP with the Athletic Director.
- Equipment maintenance.

Athletic Department personnel are responsible for:

- Documenting any legal actions taken.
- Any further communication with parent(s)/guardian(s) or other third parties about the handling of the incident not directly communicated to the AT.
- Annually disseminating the EAP to all coaching staff and personnel.

EAP posters to be displayed on campus are located in Appendix A.

SPINE-INJURED STUDENT-ATHLETES

- Any student-athlete suspected of having a spinal cord injury should not be moved and should be managed as though a spinal cord injury exists.
- The student-athlete's airway, breathing and circulation, neurological status (i.e., sensation and motor function), and level of consciousness should be established.
 - This will be completed by personnel according to the Chain of Command.
- EMS is to be activated immediately.
- The student-athlete should not be moved unless it is medically necessary to maintain airway, breathing, and/or circulatory function.
 - If the student-athlete must be moved, the student-athlete should be placed in a supine position with the head of the Chain of Command maintaining cervical spine immobilization.
 - When moving the student-athlete, the head and trunk should be moved as a single unit.
- In the event of a football-related suspected spinal cord injury, the student-athlete's helmet and shoulder pads will be removed prior to transportation.
 - This will require the head coach and at least two assistant coaches. Therefore, all present personnel should be on high alert for the delegation of other tasks.

GUIDELINES FOR OTHER SPECIAL SCENARIOS

Seizures

- Signs/Symptoms: Altered sensation/perception, muscle spasming or tensing, altered postural control.
- At no point should any personnel attempt to or successfully restrain a student-athlete experiencing a seizure or place any objects in the student-athlete's mouth.
- If the student-athlete begins to vomit, turn them onto their side to allow the airway to drain.
- Contact the student-athlete's parent/guardian to inform them of the seizure episode and remove from further play.
- EMS must be activated for all grand mal seizures (muscle stiffening, uncontrollable jerking and shaking, may lose consciousness).

Asthma Attack

- Signs/Symptoms: Wheezing, coughing, shortness of breath, rapid breathing (tachypnea), chest tightness/pressure, difficulty talking, feelings of anxiety or panic.
- In the event a student-athlete suffers from an asthma attack, the student-athlete will immediately be removed from activity.
- Encourage the student-athlete to relax and control their breathing.
 - If necessary, the athletic trainer or a coach may instruct the athlete in performing controlled breathing exercises.
- Have the athlete administer their personal, prescribed inhaler.
 - If the prescribed inhaler is not available and the attack and/or student-athlete's demeanor worsens, immediately activate EMS and contact student-athlete's parent(s)/guardian(s).
- Allow the student-athlete to rehydrate while keeping their breathing under control.

Anaphylactic Shock

- Signs/Symptoms: Skin rashes and itching, swelling of lips, tongue or throat, shortness of breath/trouble breathing, wheezing, dizziness, low blood pressure (hypotension), weak, rapid pulse, nausea/vomiting.
- In the event a student-athlete is suffering from anaphylactic shock, immediately activate EMS and contact the student-athlete's parent(s)/guardian(s).
- Monitor the student-athlete's vital signs (e.g., heart rate, blood pressure, respiratory rate) while ensuring the student-athlete's airway and circulation are not compromised.
- Assist the student-athlete in the retrieval and administration of an epinephrine pen if one is available and the provider is trained to do so.
- Do not administer any foods or liquids to the student-athlete for fear of choking.

Heat Exhaustion

- Signs/Symptoms: Dizziness, cramps, muscle spasms, lightheadedness.
- If a student-athlete is suspected to be suffering from heat exhaustion, immediately remove them from activity and place them in a cool, shaded area.
 - If the student-athlete is wearing protective gear, remove all excess equipment.

- Monitor the athlete's vital signs (e.g., heart rate, blood pressure, respiratory rate) while ensuring the athlete is conscious and of sound cognitive functioning.
 - Any loss of consciousness or apparent deterioration in cognitive functioning warrants immediate activation of EMS and contact of the student-athlete's parent(s)/guardian(s).
- Administer small quantities of fluids to the student-athlete to initiate rehydration.
- Cool down athlete with available cooling mechanisms (e.g., cold towels, fans).
 - Activate EMS if attempts to cool the student-athlete are unsuccessful.
- Monitor the student-athlete for signs and symptoms of shock.

Heat Stroke

- Signs/Symptoms:
 - Early: Headache, cognitive disorientation/decline, excessive sweating, fatigue, nausea/vomiting, chills or goose bumps
 - Late Stage: Increased heart rate, seizures, low blood pressure, rapid breathing (tachypnea), core blood pressure greater than 105°F.
- If a student-athlete is suspected to be suffering from heat stroke, immediately remove them from activity and place them in a cool, shaded area.
 - If the student-athlete is wearing protective gear, remove all excess equipment.
- Immediately activate EMS and contact the student-athlete's parent(s)/guardian(s).
- Immediately apply ice water or ice packs to the student-athlete's entire body by utilizing the cold tub or tarp method:
 - Cold tub: Fill a large tub with ice cold water and submerge the student-athlete in the water.
 - Tarp: Lay the student-athlete on an unfolded tarp, towel, or blanket and begin covering them with ice cold water or ice packs.
- Monitor the athlete's vital signs (e.g., heart rate, blood pressure, respiratory rate) while ensuring the athlete is conscious and of sound cognitive functioning.
 - Monitor the student-athlete for any loss of consciousness or apparent deterioration in cognitive functioning.
- Monitor the student-athlete for signs and symptoms of shock.

Hyponatremia

- Signs/Symptoms: Nausea/vomiting, headache, confusion, fatigue, restlessness, muscle weakness/cramps, seizures, loss of consciousness
- If a student-athlete is suspected to be suffering from hyponatremia, immediately remove the student-athlete from activity and move them to a cool, shaded area.
- Lay the student-athlete in a comfortable position with the feet elevated and head supported.
- Monitor the student-athlete's vital signs (e.g., heart rate, blood pressure, respiratory rate) while ensuring consciousness and appropriate cognitive functioning.
- Activate EMS and contact student-athlete's parent(s)/guardian(s).
- Monitor the student-athlete for signs and symptoms of shock.

Hypothermia

- Signs/Symptoms:
 - Mild:
 - Shivering
 - Fine motor skill impairment
 - Lethargy
 - Core body temp 98.6°F – 95°F
 - Moderate/Severe:
 - Stops shivering
 - Very cold, waxy skin
 - Depressed vital signs
 - Slowed heart rate
 - Gross motor skill impairment
 - Core body temperature 94°F or less
 - Impaired mental function (eg, slurred speech, cognitive decline)
- If a student-athlete is suspected to be suffering from hypothermia, immediately remove them from the cold environment (indoors is preferred).
- Remove wet or damp clothing.
- Begin rewarming the student-athlete, including the head, with warm, dry clothing and/or blankets.
 - Apply heat only to the trunk, head, and other heat transfer areas (e.g., armpit, chest, wall, groin).
- Provide warm fluids and foods.
- If the student-athlete's condition worsens or begins to experience heart rate abnormalities, immediately activate EMS and contact the student-athlete's parent(s)/guardian(s).

POLICIES & PROCEDURES

CHAIN OF COMMAND

For all athletic activities taking place outside, one person will have the responsibility of monitoring weather and lightning conditions. This person will also possess the authority to declare outside activity unsafe and cancel or move the activity indoors, if space permits. If outdoor temperatures become too extreme or if lightning occurs near the activity site, this individual possesses unquestionable authority to put this safety plan in motion. The order of the Chain of Command for this responsibility is outlined below. If the person at the top of the chain is unable to perform their duties, the responsibility moves down the chain until someone is available.

1. Athletic Trainer
2. Head Coach
3. Assistant Coach
4. Athletic Director
5. Head Official

The person at the head of the chain of command is responsible for monitoring the weather patterns leading up to an event.

HEAT REGULATION

Heat Monitoring

Heat index and relative humidity will be monitored using a wet-bulb globe temperature (WBGT) device. The WBGT readout will be applied to the Illinois High School Association (IHSA) *Managing Heat and Heat Illness* policy released in 2016. Use the following link to access IHSA's policy (Appendix B).

[IHSA Managing Heat and Heat Illness Policy](#)

IHSA Managing Heat and Heat Illness Policy

The person at the head of the chain of command will use the WBGT readout to determine what restrictions may be needed for outdoor activity. Note that at a WBGT of 90°F, all outdoor activities will be canceled, postponed until a cooler time, or moved inside.

COLD WEATHER POLICY

Southwestern Conference Athletic Trainers Cold Weather Policy

This policy was developed in conjunction with the ATs of other SWC member schools. It shall apply to regular season events only. Post-season play will be determined using IHSA's specific policies for that series.

Air temperature (with wind chill) above 30°F

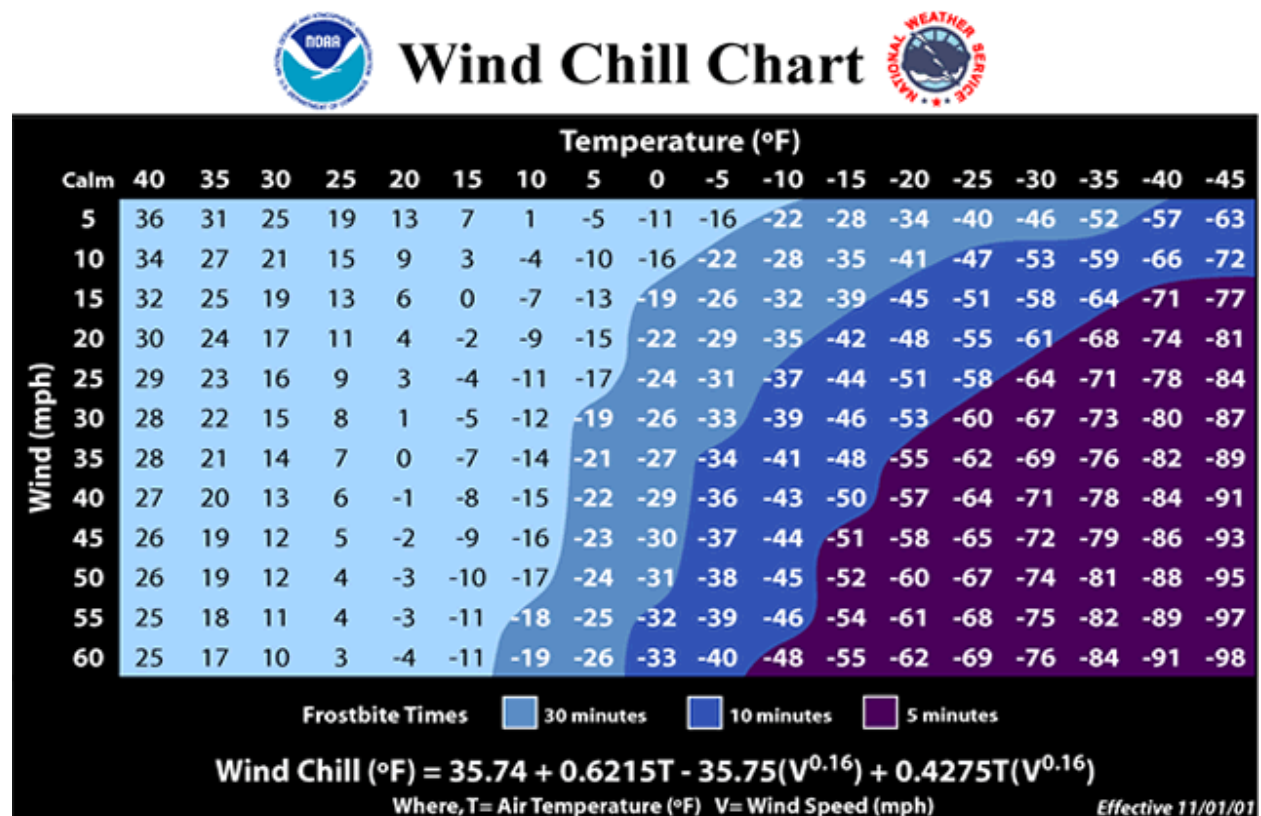
- Teams allowed to practice and compete outdoors with appropriate clothing and layers, as determined by individual student-athletes.
- Game play does not need to be modified and time periods remain the same.

Air temperature (with wind chill) between 29°F and 25°F

- Teams allowed to practice and compete outdoors with appropriate clothing and layers, as determined by individual student-athletes.
- Game play must be modified to allow student-athletes indoor recovery time.
 - o eg, extended half times or quarter breaks to allow teams to go indoors and rehear.

Air temperature (with wind chill) below 25°F

- Outdoor activities will be cancelled and rescheduled for a different date and/or time.
- It is recommended that probability of this happening be assessed prior to the start of competition to prevent unnecessary travel and game stoppage and rescheduling.
- If during competition, the temperature (with wind chill) drops below 25°F, teams will be given no more than 30 minutes to conclude competition before being required to suspend activity.



LIGHTNING

Weather Monitoring

The person at the head of the chain of command is responsible for monitoring the weather patterns leading up to and during an athletic event.

Criteria for Suspension and Resumption of Athletic Activity

All outdoor activity will be suspended when lightning-producing storms are within eight (8) miles of the venue. This will provide ample time to seek shelter before the storm is six (6) miles away. The flash-to-bang method will be used to determine distance in accordance with the mobile phone application "Lightning".

At the first recognition of a lightning strike within an eight (8) mile radius of the venue, all student-athletes, coaching and Athletic Department personnel, and spectators should seek a safe structure or location. By the time the flash-to-bang count approaches 30, all persons should already be inside or in the process of seeking shelter.

At this time, a 30-minute timer will be set and will restart with each subsequent lightning strike. Once a 30-minute period without lightning has taken place, participants will be allowed to return outdoors and resume activity.

All individuals should have the right to leave an athletic site or activity, without fear or penalty, in order to seek a safe structure or location if they feel they are in danger from impending lightning activity.

Flash-To-Bang Method

1. The person at the head of the chain of command will begin counting on the first observed lightning strike and stop counting when the associated thunder is heard.
2. Divide the number (in second) by five (5) to determine the distance (in miles) to the lightning flash.

For example: If the time, in seconds, between the lightning being seen and the thunder being heard is 30 seconds. The lightning is approximately six miles away ($30/5 = 6$).

Locations Safe from Lightning

- A fully enclosed building with electrical and plumbing (e.g., school, library, home).
- Fully enclosed metal vehicles (e.g., buses, cars, vans)

Locations Unsafe from Lightning

- Most "shelters" (e.g., picnic shelters, parks, storage sheds)
- Locations with open areas (e.g., tents, dugouts, concessions stands)
- Tall objects (e.g., trees, poles, elevated areas) should be avoided at all costs
- Large bodies of water

Caring for Victims of Lightning Strikes

- Survey the scene for safety. Ongoing thunderstorms may still pose a threat to emergency personnel responding to the situation.
- Activate EMS.
- Move the struck person(s) to a safer location, if needed.
- Evaluate and treat for possible apnea and/or asystole.
- Evaluate and treat for hypothermia and/or shock.
- Evaluate and treat for fractures.
- Evaluate and treat for burns.

TORNADO/HIGH WIND

Tornado Watch: Tornadoes are possible in and near the area.

If a tornado watch is issued, the media will issue instructions from the National Weather Service.

Outside activity will be suspended or moved indoors during a tornado watch.

Tornado Warning: An active tornado has been sighted or indicated by the local forecast office.

If a tornado warning is issued, **immediately cease outdoor activity and evacuate all personnel to a safe structure.** Go to an interior room on the lowest floor of a sturdy building room away from doors and windows (e.g., locker rooms located in the main gymnasium).

PHYSICIAN CLEARANCE

If a student-athlete sees an external provider (e.g., physician, physician assistant, physical therapist, chiropractor, etc.), they must submit copies of all documentation to the athletic trainer upon return to school. **Student-athletes will not be permitted to participate in practice or competition until they submit documentation stating that a qualified medical provider has released them to do so.** Guidelines delineated in provider's documentation will be adhered to during East St. Louis Senior High School athletics participation. If restrictions were imposed in original provider notes, **the student-athlete will need to follow-up with their provider to receive full clearance prior to full, unrestricted participation.**

CONCUSSION EVALUATION AND DIAGNOSIS

Education

Beginning in the 2020 – 2021 academic year, all student-athletes will receive and acknowledge receipt and understanding of concussion education. The supervising athletic trainer, in conjunction with the athletic director, will determine the best method of education.

Baseline Testing

At this time (2021 – 2022 AY), East St. Louis Senior High has no policy in place to conduct baseline testing on student-athletes. However, a policy, developed by the supervising athletic trainer and athletic director, may be implemented at their discretion.

Evaluation

All student-athletes suspected of having a concussion will be evaluated by the supervising athletic trainer or team physician, if present, at time of suspected concussion. The supervising athletic trainer will complete the Sport Concussion Assessment Tool 5 (SCAT5, Appendix C) but may also perform other testing (e.g., VOMS, King-Devick). If the AT suspects the student-athlete to be concussed, the student-athlete will be removed from play and under no circumstances be allowed to return to participation that same day (IHSA Concussion Policy). If the student-athlete is diagnosed with a concussion, the AT will contact the student-athlete's parent(s)/guardian(s) and inform them of the diagnosis and provide them with concussion education and homecare materials (Appendix C). Following, the AT will work with the student-athlete and their parent(s)/guardian(s) to have the student-athlete see a physician if needed.

Post-Injury

The student-athlete is to report to the AT daily to document symptoms and report other information relevant to the student-athlete's care. At the cessation of symptoms, the student-athlete will be eligible to begin to return-to-play procedures.

CONCUSSION RETURN TO PLAY PROCEDURES

Return to activity and play after a concussion is a medical decision and should be decided solely at the discretion of the head athletic trainer and student-athlete's treating physician.

The student-athlete must meet the following criteria in order to progress to physical activity:

- Asymptomatic at rest for a minimum of 24 hours.
- Asymptomatic with mental exertion (i.e., through school) for a minimum of 24 hours.

Once the above criteria are met, the student-athlete will be progressed back to full activity following the stepwise progression detailed below.

Note that progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and types of symptoms, age of the student-athlete, pre-existing medical conditions, and the sport/activity in which the student-athlete participates. Student-athletes with a prior history of concussion, whose symptoms lasted an extended amount of time (greater than 30 days), who is participating in a contact sport, and/or who has been diagnosed with a learning, neurological, or mental health disorder are at risk for progressing more slowly.

Stepwise Progression

1. Symptom-limited activity
2. Light aerobic exercise
3. Sport-specific exercise
4. Non-contact training drills
5. Full contact practice
6. Return to sport

If the student-athlete begins experiencing symptoms at any step, they will immediately cease activity for no less than 24 hours. Once asymptomatic for 24 hours, they will re-enter the stepwise progression at the level below where symptoms were provoked.

ATHLETIC TRAINING ROOM RULES

1. **ALL STUDENT-ATHLETES MUST SIGN IN.**
2. The athletic training facility (ATF) is not a social gathering place. **If you do not have a medical need, do not congregate here.**
3. Absolutely no horseplay or roughhousing will be tolerated.
4. **Please be respectful of fellow student-athletes and the athletic trainer at all times.**
This includes respecting materials located within the ATF.
5. No unsupervised treatments for any reason.
6. Please make sure your coach knows that you are in the ATF before being seen.
7. If your shoes are excessively grassy or dirty, please remove them before entering the ATF.
8. **Please remove all shoes before getting on a treatment table.**
9. Please empty ice from ice bags into a sink in the locker room or hydrocollator and dispose of bag in trash receptacle.
10. Please return all borrowed equipment including medical kits and coolers.
11. Please clean up after yourself after you are finished using the facilities.
12. **No food or drinks (besides water) are permitted in the ATF.**
13. Cell phone use is to be kept at a minimum.

COVID-19

SPORT RESOCIALIZATION

**LIST OF COVID-19 TESTING SITES IN ST. CLAIR COUNTY ILLINOIS
(AS OF JULY 21, 2021 per St. Clair County DPH)**

COVID-19 testing Opportunities						
Day	Facilator	Where	Time	Address	City	County
Monday's	IDPH	St. Clair Square/ Parking lot by Water tower	8 am to 4 pm	134 St. Clair Square	Fairview Hgts	St. Clair
Wednesday's	IDPH	St. Clair Square/ Parking lot by Water tower	8 am to 4 pm	134 St. Clair Square	Fairview Hgts	St. Clair
Friday's	IDPH	St. Clair Square/ Parking lot by Water tower	8 am to 4 pm	134 St. Clair Square	Fairview Hgts	St. Clair
Saturday's	IDPH	St. Clair Square/ Parking lot by Water tower	8 am to 4 pm	134 St. Clair Square	Fairview Hgts	St. Clair
Ongoing COVID testing options						
HSHS Medical Group "FREE" Drive-Thru Testing - Mon-Wed-Fri 8-12 & 1-4:30 Registration is REQUIRED through the My Chart App.				1512 N. Green Mt. Rd.	O'Fallon	St. Clair
BJC/Memorial Test Site - M-F 8-4:30; Sat & Sun 8-12noon - By APPT ONLY** NO OPEN TESTING AT THIS TIME ~ Physician order is required for testing OR you can Pre-screen at ~				4000 North Illinois Street	Swansea	St. Clair
Med Express COVID-19 Evaluations & Testing Find a MedExpress COVID-19 testing location near you MedExpress does NOT offer free COVID-19 testing. Click here for more information				Swansea, IL MedExpress Urgent Care O'Fallon, IL MedExpress Urgent Care Collinsville, IL MedExpress Urgent Care		
Several area Walgreens Locations offer various types of COVID-19 tests: YOU MUST Schedule Your Appointment ONLINE.				CLICK here to Check for the location closest to you And to Schedule a appointment		
CVS Pharmacy/No-Cost Drive-Thru Test - Mon-Sun; Normal Hours Pharmacy Hours To learn more or Schedule a Testing appointment visit - Must register at: cvs.com				4609 West Main 1801 Illinois Street 2422 College Avenue	Belleville Swansea Alton	St. Clair St. Clair Madison
SCCHD SPONSORED COVID VACCINES AT 330 WEST MAIN STREET, BELLEVILLE, IL MONDAY-FRIDAY 10 AM TO 6 PM ~ SATURDAY 8 AM TO 4 PM APPOINTMENTS ARE REQUIRED AND CAN BE SET HERE: https://loom.ly/qk2cRJ8 Click here for Statewide Vaccination Locations Available to ALL Illinois Residents Regardless of Zip code						

Get your COVID Vaccine TODAY!

St. Clair County Health Department
continues to sponsor
"FREE" COVID Vaccines at the
330 West Main Clinic in Belleville



**USE THE LINK IN THE PINNED
FACEBOOK POST BELOW TO SCHEDULE
YOUR VACCINE APPOINTMENT AT
330 WEST MAIN STREET
OR
FOR OTHER AREA COVID VACCINE
PROVIDERS**



EAST ST. LOUIS SENIOR HIGH SCHOOL

INTRODUCTION

The following policies and procedures have been developed to best protect those involved with East St. Louis Senior High School athletics from contracting and spreading SARS-CoV-2 (ie, COVID-19). These guidelines have been developed in accordance with recommendations from various governing bodies including the NFHS, the St. Louis Big 3 (BJC, SSM, and Mercy hospital systems). These guidelines are to be adhered to by all athletics personnel including athletic directors, the athletic trainer, coaches, and student-athletes.

ACTIVITY GUIDELINES

East St. Louis Senior High School will operate by all standards proposed by the IHSA and IDPH. These standards change and can be found here:

[IDPH Safety Sports Guidance](#)

[IHSA COVID-19 Resources](#)

STUDENT-ATHLETE GETTING TESTED FOR COVID-19

At this time, the ESTL Athletics Department is not requiring routine COVID-19 testing. However, the 189th School District may choose to implement such mandates on their own accord. The Athletics Department will comply with such mandates if implemented.

Student-athletes who seek COVID-19 testing, regardless of test type, are to remain withheld from athletic participation until the results of their tests are submitted, in writing, to the Head Athletic Trainer. All test results need to be submitted regardless of findings.

STUDENT-ATHLETE TESTS POSITIVE FOR COVID-19 – QUARANTINE PROTOCOL

Defining Athletic Exposure

An athletic exposure is when one or more student-athletes participated in school-sponsored athletic activities within 48 hours of testing positive for COVID-19 or experiencing signs and symptoms of COVID-19.

District 189 Positive COVID-19 Quarantine Protocol

As of 07/21/2021, District 189's COVID-19 quarantine policy is as follows:

All persons who test positive for COVID-19, and all persons exposed to a person who tested positive for COVID-19, will need to quarantine for 14 days and submit a negative COVID-19 test to return to school.

Without an Athletics Exposure Event

If a student-athlete tests positive and is not associated with an athletics exposure, they will follow district quarantine/isolation guidelines. No other members of their sports teams will need to enter quarantine/isolation protocols.

With an Athletics Exposure Event

If a student-athlete tests positive and there is an associated athletics exposure, all student-athletes present at the exposure event will need to enter the school district's quarantine/isolation protocol. Student athletes who were exposed and never tested positive during quarantine may resume sports without restrictions at the conclusion of their quarantine period.

The supervising coach at the time of the exposure event should submit a detailed personnel inventory to the Head Athletic Trainer within 24 hours after the event (or learning of the event).

**STUDENT-ATHLETE TESTS POSITIVE FOR COVID-19 –
RETURN TO PLAY PROTOCOL**

Student-athletes who test positive for COVID-19 will need to complete the COVID-19 Return to Play protocol prior to returning to full, unrestricted play.

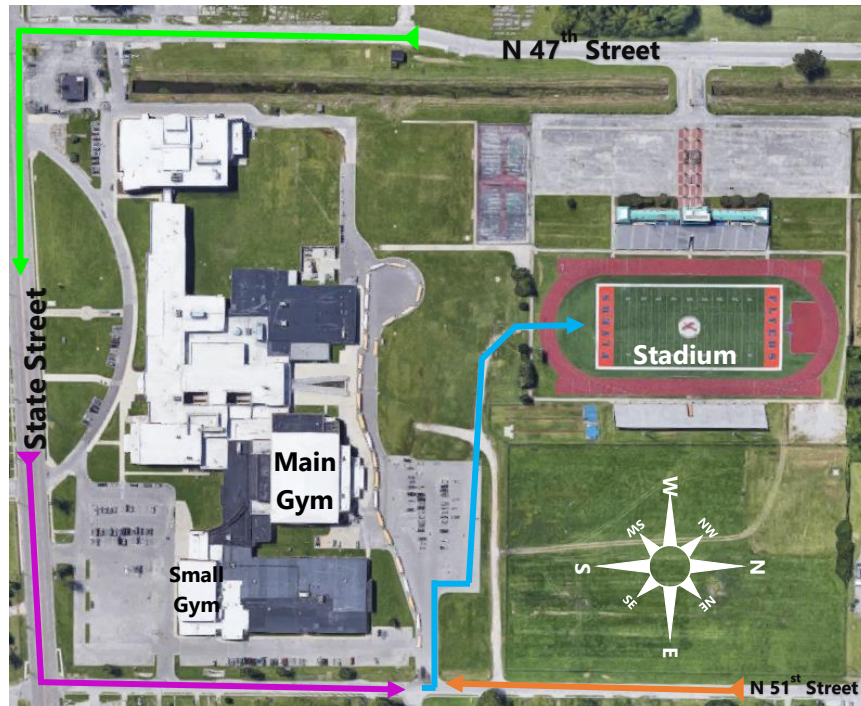
This protocol consists of:

1. Primary care provider clearance
2. Daily pre- and post-activity screening
3. Gradual Return to Activity Progression
 - a. Stage 1, Day 1: Light activity. No resistance training.
 - b. Stage 1, Day 2: Light activity. No resistance training.
 - c. Stage 2: Addition of simple movements.
 - d. Stage 3: Progression to more complex training.
 - e. Stage 4, Day 1: Normal training activity.
 - f. Stage 4, Day 2: Normal training activity.
 - g. Stage 5: Return to full activity.

All COVID-19 Return to Play Forms can be found in Appendix D.

APPENDIX A: EAP POSTERS

EAST ST. LOUIS SENIOR HIGH SCHOOL EMERGENCY ACTION PLAN STADIUM



Venue Directions

From N 47th Street (Green Route): Heading south on N 47th street, turn left onto State Street. Travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter the stadium through the parking lot on the left. EMS will follow the parking lot to the field for access to the injured student- athlete (Blue Route).

From State Street (Purple Route): EMS will travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter the stadium through the parking lot on the left. EMS will follow the parking lot to the field for access to the injured student- athlete (Blue Route).

From N 51st Street (Orange Route): Heading south on N 51st Street, EMS will enter the stadium through the parking lot on the right. EMS will follow the parking lot to the field for access to the injured student- athlete (Blue Route).

Emergency Personnel and Important Contact Information:

Destinee Grove, Head Athletic Trainer	(618) 646-3000 x1036 [office] (910) 876-4166 [cell]
Darren Sunkett, Athletic Director	(618) 646-3000 x1005 [office] (618) 977-1144 [cell]
Brian Schoby, Assistant Athletic Director	(630) 842-8117 [cell]

EMS

9-1-1

General Procedures

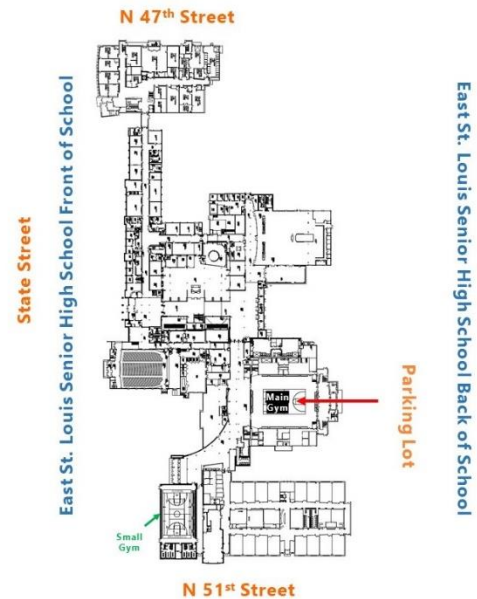
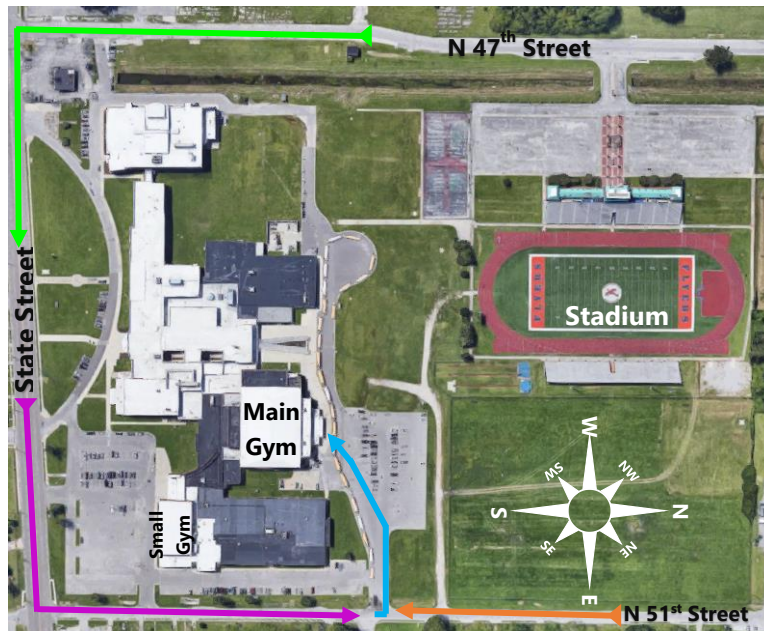
1. The first responder (athletic trainer, if present) will conduct a scene analysis and primary evaluation of the injured person(s) to determine the level of care necessary.
2. If warranted, activate EMS. The head coach should call 9-1-1 and give the appropriate information if able. If the head coach is unable to activate EMS, an assistant coach should do so.
 - a. Call 9-1-1 from a school line or from a cell phone, identify yourself, and tell the dispatcher you need an ambulance.
 - b. Provide your: name, address, and telephone number; number of individuals injured; condition of the injured; include timeline of events (e.g., it's been X minutes since the traumatic event began/took place); what treatment is being provided (e.g., CPR, spine stabilization, splinting) and by whom; location of the incident and specific directions; other information requested; DO NOT DISCONNECT THE CALL UNTIL INSTRUCTED TO DO SO MY OPERATOR.
 - c. Notify supervising athletic trainer that EMS has been activated.
 - d. Designate someone to meet EMS and direct them to the site of the injured person.
3. An assistant coach should contact the student-athlete's listed emergency contact.
 - a. A coach will need to travel with the student-athlete during transport if the student-athlete's contact is not available.
4. Other coaching and athletic department personnel will perform crowd control and limit access to the scene to EMS.

Emergency Equipment in the Athletic Training Facility:

2 Automated External Defibrillator (AED)	Cervical Spine Collar (in Red bag)
Vacuum Splint Bag (Red bag)	Athletic Training Kit
Crutch Bag (Navy bag)	

Note: If a competition is taking place, these items will be on-site at that competition (i.e., not in the ATF). However, one AED will remain in the ATF at all times.

EAST ST. LOUIS SENIOR HIGH SCHOOL EMERGENCY ACTION PLAN MAIN GYMNASIUM



Venue Directions

From N 47th Street (Green Route): Heading south on N 47th street, turn left onto State Street. Travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter through the parking lot on the left and veer to the left toward the gym (Blue Route). A designated person will meet EMS and escort them to the gym to the injured student-athlete.

From State Street (Purple Route): EMS will travel east on State Street and turn left onto N 51st Street. On N 51st Street, EMS will enter through the parking lot on the left and veer to the left toward the gym (Blue Route). A designated person will meet EMS and escort them to the gym to the injured student-athlete.

From N 51st Street (Orange Route): Heading south On N 51st Street, EMS will enter through the parking lot on the right and veer to the left toward the gym (Blue Route). A designated person will meet EMS and escort them to the gym to the injured student-athlete.

Emergency Personnel and Important Contact Information:

Destinee Grove, Head Athletic Trainer	(618) 646-3000 x1036 [office] (910) 876-4166 [cell]
Darren Sunkett, Athletic Director	(618) 646-3000 x1005 [office] (618) 977-1144 [cell]
Brian Schoby, Assistant Athletic Director	(630) 842-8117 [cell]

EMS

9-1-1

General Procedures

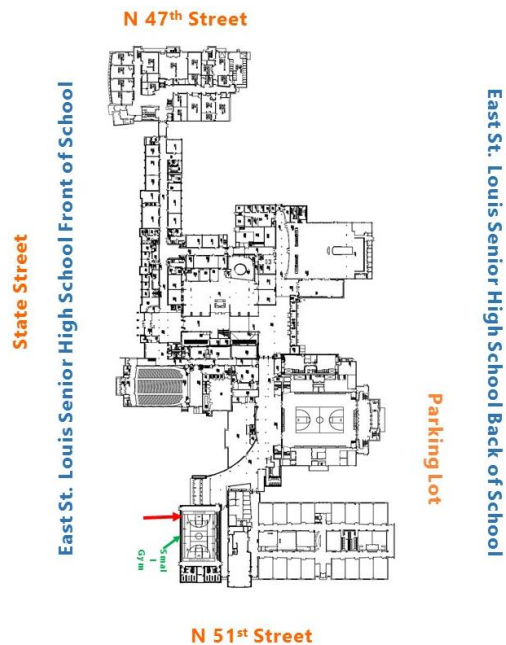
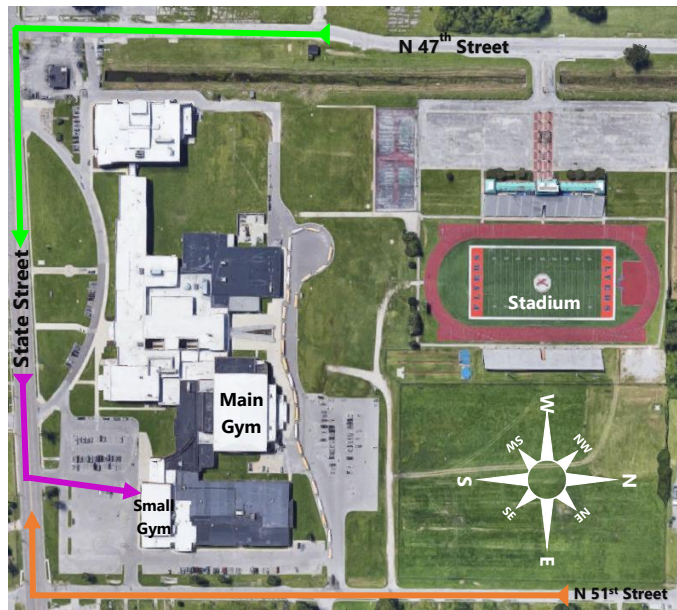
1. The first responder (athletic trainer, if present) will conduct a scene analysis and primary evaluation of the injured person(s) to determine the level of care necessary.
2. If warranted, activate EMS. The head coach should call 9-1-1 and give the appropriate information if able. If the head coach is unable to activate EMS, an assistant coach should do so.
 - a. Call 9-9-1-1 if on a school line or 9-1-1 from a cell phone, identify yourself, and tell the dispatcher you need an ambulance.
 - b. Provide your: name, address, and telephone number; number of individuals injured; condition of the injured; include timeline of events (e.g., it's been X minutes since the traumatic event began/took place); what treatment is being provided (e.g., CPR, spine stabilization, splinting) and by whom; location of the incident and specific directions; other information requested; DO NOT DISCONNECT THE CALL UNTIL INSTRUCTED TO DO SO MY OPERATOR.
 - c. Notify supervising athletic trainer that EMS has been activated.
 - d. Designate someone to meet EMS and direct them to the site of the injured person.
3. An assistant coach should contact the student-athlete's listed emergency contact.
 - a. A coach will need to travel with the student-athlete during transport if the student-athlete's contact is not available.
4. Other coaching and athletic department personnel will perform crowd control and limit access to the scene to EMS.

Emergency Equipment in the Athletic Training Facility:

2 Automated External Defibrillator (AED)	Cervical Spine Collar (in Red bag)
Vacuum Splint Bag (Red bag)	Athletic Training Kit
Crutch Bag (Navy bag)	

Note: If a competition is taking place, these items will be on-site at that competition (i.e., not in the ATF). However, one AED will remain in the ATF at all times.

EAST ST. LOUIS SENIOR HIGH SCHOOL EMERGENCY ACTION PLAN SMALL GYMNASIUM



Venue Directions

From N 47th Street (Green Route): Heading south on N 47th street, turn left onto State Street. Travel east on State Street and utilize the last left entrance to turn left into the school parking lot. Drive through the parking lot to access the double doors leading to the small gym.

From State Street (Purple Route): EMS will travel east on State Street and utilize the last left entrance to turn left into the school parking lot. Drive through the parking lot to access the double doors leading to the small gym.

From N 51st Street (Orange Route): Heading south On N 51st Street, EMS will turn right onto State St. Utilizing the first entrance on the right, EMS will enter the parking lot and drive toward the small gymnasium, using the external double doors to gain access to the small gym.

Emergency Personnel and Important Contact Information:

Destinee Grove, Head Athletic Trainer (618) 646-3000 x1036 [office]
(910) 876-4166 [cell]

Darren Sunkett, Athletic Director (618) 646-3000 x1005 [office]
(618) 977-1144 [cell]

Brian Schoby, Assistant Athletic Director (630) 842-8117 [cell]

EMS

9-1-1

General Procedures

1. The first responder (athletic trainer, if present) will conduct a scene analysis and primary evaluation of the injured person(s) to determine the level of care necessary.
2. If warranted, activate EMS. The head coach should call 9-1-1 and give the appropriate information if able. If the head coach is unable to activate EMS, an assistant coach should do so.
 - a. Call 9-9-1-1 if on a school line or 9-1-1 from a cell phone, identify yourself, and tell the dispatcher you need an ambulance.
 - b. Provide your: name, address, and telephone number; number of individuals injured; condition of the injured; include timeline of events (e.g., it's been X minutes since the traumatic event began/took place); what treatment is being provided (e.g., CPR, spine stabilization, splinting) and by whom; location of the incident and specific directions; other information requested; DO NOT DISCONNECT THE CALL UNTIL INSTRUCTED TO DO SO MY OPERATOR.
 - c. Notify supervising athletic trainer that EMS has been activated.
 - d. Designate someone to meet EMS and direct them to the site of the injured person.
3. An assistant coach should contact the student-athlete's listed emergency contact.
 - a. A coach will need to travel with the student-athlete during transport if the student-athlete's contact is not available.
4. Other coaching and athletic department personnel will perform crowd control and limit access to the scene to EMS.

Emergency Equipment in the Athletic Training Facility:

2 Automated External Defibrillator (AED)	Cervical Spine Collar (in Red bag)
Vacuum Splint Bag (Red bag)	Athletic Training Kit
Crutch Bag (Navy bag)	

Note: If a competition is taking place, these items will be on-site at that competition (i.e., not in the ATF). However, one AED will remain in the ATF at all times.

EAST ST. LOUIS SENIOR HIGH SCHOOL ATHLETICS EMERGENCY ACTION PLAN: ROLES AND RESPONSIBILITIES

Personnel Role	Responsibilities
Supervising Athletic Trainer/Physician	- Responsible for healthcare of the injured student-athlete and activating EAP. - This includes but is not limited to: administering first aid, initiating CPR, injury assessment, implementation of the EAP, decision to move or not to move the student-athlete, and AED use (if available). - Responsible for maintaining cervical spinal stabilization in the event of possible cervical spine injury. - Responsible for communication with parent(s)/guardian(s) post-event.
Head Coach	- Responsible for assisting the AT/Physician as directed. This includes but is not limited to: - Attending to the injured athlete. - Retrieving necessary emergency equipment as dictated by the athletic trainer/team physician - Calling EMS (9-1-1) and providing appropriate information. (See Activating EMS) - Communicating with parent(s)/guardian(s). - Emergency first aid in absence of AT. - If a football student-athlete is injured and helmet and shoulder pad removal is warranted, the head coach will assist the athletic trainer/team physician in this process.
Assistant Coach(es)	- Responsible for assisting the AT/Team Physician and Head Coach as directed. This may include but is not limited to: - Meeting EMS at designated location and guiding them toward the injured student-athlete. - Retrieving student-athlete's demographic/emergency contact sheet. - Crowd control and sectioning off the location of the student-athlete. - Contacting injured student-athlete's parent(s)/guardian(s). - Accompanying student-athlete during transportation from the event if a parent/guardian is unavailable/not present.
Athletic Department Personnel/School Administrators	- Helping with crowd control. - Assisting in deliverance of EMS to the site of the injured student-athlete.
Sport Officials	Helping with crowd control/monitoring.
Emergency Medical Personnel	- Care and transport of the injured student-athlete. - Student-athlete will be taken to the nearest hospital unless the parent is present and has requested otherwise.

ACTIVATING EMS:

- Call 9-1-1 from a school line or from a cell phone.
- Identify yourself, tell the dispatcher you need an ambulance, and
 - Provide your name, address, and telephone number
 - Number of individuals injured
 - Condition of the injured
 - Include timeline of events (e.g., it's been X minutes since the traumatic event began/took place)
 - What treatment is being provided (e.g., CPR, spine stabilization, splinting) and by whom
 - Location of the incident and specific directions
 - Other information requested
 - DO NOT DISCONNECT THE CALL UNTIL INSTRUCTED TO DO SO BY OPERATOR.
- Notify supervising athletic trainer that EMS has been activated.
- Designate someone to meet EMS and direct them to the site of the injured person. (See personnel duties)

APPENDIX B:

IHSA HEAT MANAGEMENT

& ILLNESS GUIDELINES

IHSA MANAGING HEAT AND HEAT ILLNESS POLICY

Managing Heat and Heat Illness

These guidelines represent minimum standards that IHSA member schools should follow for athletic competitions. Schools with more restrictive guidelines are not expected to modify any pre-existing guidelines in order to meet this policy. These guidelines will be used by managers or their designees at all IHSA state series events when the Wet Bulb Globe Temperature (WBGT) is above 80 degrees Fahrenheit. State series tournament managers will make the decisions to suspend and resume activity in accordance with these guidelines using those devices or systems usually used at the state series venue/site.

1. Thirty minutes prior to the start of an activity, and again 60 minutes after the start of the activity, temperature and humidity readings will be taken at the site of the activity. Using a Wet Bulb Globe Thermometer is recommended, although a conversion to WBGT can be made from air temperature and relative humidity using chart 2. Record the readings in writing and maintain the information in files of the tournament manager and/or host school administration. Tournament managers may designate someone other than themselves to take these readings.

Use the Table 1 (see below) with an on-site WBGT reading for appropriate exercise modifications during exercising in the heat:

Table 1 (all temperature readings as measured by WBGT)

a. ≤79.9 degrees F as measured by WBGT

i. All sports

1. Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
2. Optional water breaks every 30 minutes for 10 minutes in duration. Coordinate breaks with assigned contest officials.
3. Ice-down towels for cooling.
4. Watch/monitor athletes carefully for necessary action.

b. 80.0-84.5 degrees F as measured by WBGT

i. All sports

1. Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
2. Optional water breaks every 30 minutes for 10 minutes in duration. Coordinate breaks with assigned contest officials.
3. Provide cooling stations using methods such as ice towels.
4. Watch/monitor athletes carefully for necessary action

ii. Contact sports and activities with additional protective equipment (in addition to the above measures)

1. Helmets and other possible equipment removed while not involved in contact.

iii. Reduce time of outside activity. Consider postponing activity to later in the day.

iv. Recheck air temperature and humidity every 30 minutes to monitor for increased heat conditions or sooner if personnel on the field suspects potential heat stress.

c. 84.6-87.5 degrees F as measured by WBGT

i. All sports

1. Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
2. Schedule at least 4 separate 4:00 breaks within each hour, or a 10:00 break every 30:00 of training or competition.
3. Coordinate breaks with assigned contest officials.
4. Have cooling stations for before, during, and after exercise/training/competition.
5. Watch/monitor athletes carefully for necessary action
6. Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
7. Consider postponing activity to later in the day or another day (with approval from IHSA Administration)
8. If practicing, maximum of 2 hours of training/practice while temperature is in this range.

- ii. Contact sports and activities with additional protective equipment (in addition to the above measures)
 - 1. Helmets and other possible equipment removed if not involved in activity or necessary for safety. If necessary for safety, suspend activity.
 - iii. Recheck air temperature and humidity every 30 minutes to monitor for increased heat conditions.
- d. 87.6-89.9 degrees F as measured by WBGT**
- i. All sports
 - 1. Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
 - 2. Schedule at least 4 separate 4:00 breaks within each hour, or a 10:00 break every 30:00 of training or competition.
 - 3. Coordinate breaks with assigned contest officials.
 - 4. Have cooling stations for before, during, and after exercise/training/competition.
 - 5. Watch/monitor athletes carefully for necessary action
 - 6. Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
 - 7. Consider postponing activity to later in the day or another day (with approval from IHSA Administration)
 - 8. If practicing, maximum of 1 hour of training/practice while temperature is in this range.
 - ii. Contact sports and activities with additional protective equipment (in addition to the above measures)
 - 1. Helmets and other possible equipment removed if not involved in activity or necessary for safety. If necessary for safety, suspend activity.
 - iii. Recheck air temperature and humidity every 30 minutes to monitor for increased heat conditions.
- e. 90 degrees F as measured by WBGT**
- i. All sports
 - 1. No training/competition
 - 2. Cancel and/or postpone activity to cooler time of the day

NOTE: While most attention will be given to outdoor sports in the fall and spring, indoor venues/facilities (gymnasiums, wrestling rooms, and swimming/diving facilities) that are not air conditioned should not be neglected for the purposes of this policy. Additionally, sometimes conditions will vary for different aspects of the same competition. For example, one part of a cross-country course may be hotter or more humid than other parts. The best course of action for managers is to take a WBGT reading at the place of the most severe conditions.

Table 2. Estimate WBGT from ambient temperature and relative humidity assuming full sun conditions

		Wet-Bulb-Globe Temperature (WBGT) from Temperature and Relative Humidity																											
		Temperature in Degrees Fahrenheit																											
Relative Humidity (%)	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0	155.0	160.0	165.0	170.0	175.0	180.0	185.0	190.0	195.0	200.0	205.0	210.0
	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0	155.0	160.0	165.0	170.0	175.0	180.0	185.0	190.0	195.0	200.0
	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0	155.0	160.0	165.0	170.0	175.0	180.0	185.0	190.0
	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0	155.0	160.0	165.0	170.0	175.0	180.0
	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0	155.0	160.0	165.0	170.0
	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0	155.0	160.0
	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0	145.0	150.0
	0.0	5.0	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0	135.0	140.0
	-10.0	-5.0	0.0	5.0	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0	125.0	130.0
	-20.0	-15.0	-10.0	-5.0	0.0	5.0	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0	115.0	120.0
	-30.0	-25.0	-20.0	-15.0	-10.0	-5.0	0.0	5.0	10.0	15.0	20.0	25.0	30.0	35.0	40.0	45.0	50.0	55.0	60.0	65.0	70.0	75.0	80.0	85.0	90.0	95.0	100.0	105.0	110.0

Cooling Methods Due to Heat Related Illness

Exertional heat stroke (EHS) is relatively uncommon among exercise associated medical conditions, but is a frequent cause of exercise related death. The majority of evidence shows that early institution of body cooling is the most effective method of decreasing mortality in EHS. The following contains recommendations regarding the methods of body cooling, including tubs, ice bags, iced towels (towels with water that have been frozen) water, fans, and shade. The recommendations are classified as essential (foundational to the implementation of treatment, should have resources and personnel directed towards implementation), and desirable (important in maximal implementation, should have resources and personnel directed towards implementation as budget and resources allow). The recommendations are only guidelines, are not intended as a standard of care, and should not be considered as such. These guidelines should only be considered in the care of athletes who can be expected to be at risk of EHS due to the sport or the environmental situation of the activity. Sports especially at risk include football with and without equipment, soccer, and long distance track. Other sports and activities, such as cycling, golf, baseball, tennis, track and field, and band, may also be at risk due to long duration exposure to extreme environmental conditions.

It is essential that member schools and school administrators/officials:

- Establish a written plan coordinated with local EMS for emergency treatment of EHS that includes transport to a hospital and conduct drills in the implementation of the plan as practicable.
- Know how to assess environmental conditions and determine when extreme conditions exist.
- Identify a specific spot at the athletic facility that has shade.
- Have immediate access to ice and bags to contain ice.
- Have access to water, and provide water breaks as outlined in the IHSA Managing Heat and Humidity Policy.
- Know the most effective sites for application of ice to the body.
- Obtain and use, when environmental conditions are determined to be extreme, a tub or pool, filled with water and ice before activity begins, to be used in body immersion for maximal cooling, and have personnel trained in this technique.

It is desirable that member schools and school administrators/officials:

- Have a certified athletic trainer (ATC) on staff, as budget and resources allow, to develop and implement these guidelines.
- Have immediate access to water.
- Provide shade breaks.
- Provide fans when environmental conditions are determined to be extreme.
- Have close access to an air conditioned room.
- Have access to and use iced towels that can be rotated to appropriate areas of the body, including the axilla, groin, and back of the neck.

Resources

1. *Procedure for Avoiding Heat Injury/Illness through Analysis of Heat Index and Restructuring of Activities and Recommendations for Cooling Methods Due to Heat Related Illness.* Kentucky Medical Association/Kentucky High School Athletic Association. 2010.
2. Binkley HM et al. NATA Position statement: *Exertional heat illness.* J Ath Training 2002; 37: 329-343.
3. Casa DJ et al. *Survival strategy: Acute treatment of exertional heat stroke.* J Strength Conditioning Res 2006; 20: 462.
4. Armstrong LE et al. *ACSM position stand: Exertional heat illness during training and competition.* Med Sci Sports Exerc 2007; 41: 556-572.
5. *Model Policy for Managing Heat & Humidity.* Michigan High School Athletic Association. 2013.

APPENDIX C:

CONCUSSION FORMS

SPORT CONCUSSION ASSESSMENT TOOL 5



PERSONAL HISTORY

STEP 1: ATHLETE BACKGROUND

Demographics

Name: _____	DOB: _____	Gender: M F
Sport: _____	Affiliation: _____	
Date/Time of Injury: _____	Date/Time of Assessment: _____	

Athletic Trainer Name: _____

Medical History

How many diagnosed concussions has the athlete had in the past?		
When was the most recent concussion?		
How long (days) was the recovery from the most recent concussion?		
<u>Has the athlete ever been...</u>		
Hospitalized for a head injury?	Y	N
Diagnosed or treated for headache disorder/migraines?	Y	N
Diagnosed with a learning disability/dyslexia?	Y	N
Diagnosed with ADD/ADHD?	Y	N
Diagnosed with depression, anxiety, or other psychiatric disorder?	Y	N
Current Medications:		

STEP 2: SYMPTOM EVALUATION

Symptom Scale to be completed by the athlete

Symptom Scale	None	Mild	Moderate	Severe
Headache	0	1	2	3
Pressure in the head	0	1	2	3
Neck Pain	0	1	2	3
Nausea or vomiting	0	1	2	3
Dizziness	0	1	2	3
Blurred vision	0	1	2	3
Balance problems	0	1	2	3
Sensitivity to light	0	1	2	3
Sensitivity to noise	0	1	2	3
Feeling slowed down	0	1	2	3
Feeling "in a fog"	0	1	2	3
"Don't feel right"	0	1	2	3
Difficulty concentrating	0	1	2	3
Difficulty remembering	0	1	2	3
Fatigue or low energy	0	1	2	3
Confusion	0	1	2	3
Drowsiness	0	1	2	3
More emotional	0	1	2	3
Irritability	0	1	2	3
Sadness	0	1	2	3
Nervous or anxious	0	1	2	3
Trouble Falling Asleep	0	1	2	3

Total number of symptoms (Max of 22) _____

Symptom Severity Score (Max of 132) _____

Symptoms worse with physical activity? Y N

Symptoms worse with mental activity? Y N

What % of normal do you feel? _____

If not 100%, why? _____

STEP 3: COGNITIVE SCREENING

Orientation					
What month is it?		0	1		
What is the date today?		0	1		
What is the day of the week?		0	1		
What year is it?		0	1		
What time is it right now? (within 1 hr)		0	1		
Orientation Score _____ of 5					
Immediate Memory					
Trial					
List	Alternate 5 Word Lists				1 2 3
A	Finger	Penny	Blanket	Lemon	Insect
B	Candle	Paper	Sugar	Sandwich	Wagon
C	Baby	Monkey	Perfume	Sunset	Iron
D	Elbow	Apple	Carpet	Saddle	Bubble
E	Jacket	Arrow	Pepper	Cotton	Movie
F	Dollar	Honey	Mirror	Saddle	Anchor
Immediate Memory Score _____ of 15					
Trial					
List	Alternate 10 Word Lists				1 2 3
G	Finger	Penny	Blanket	Lemon	Insect
	Candle	Paper	Sugar	Sandwich	Wagon
H	Baby	Monkey	Perfume	Sunset	Iron
	Elbow	Apple	Carpet	Saddle	Bubble
I	Jacket	Arrow	Pepper	Cotton	Movie
	Dollar	Honey	Mirror	Saddle	Anchor
Immediate Memory Score _____ of 30					
Concentration - Digits Backwards					
List A List B List C					
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D List E List F					
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
Digits Score: _____ of 4					
Concentration - Months in Reverse Order					
Dec - Nov - Oct - Sept - Aug - July - June - May - Apr - Mar - Feb - Jan 0 1					
Months Score _____ of 1					
Concentration Total (Digits + Months) _____ of 5					

Athlete Name: _____

Date of Birth: _____

STEP 4: NEUROLOGICAL SCREEN

Can the patient read aloud (e.g. symptoms checklist) and follow instructions without difficulty?	Y	N	Balance Examination <i>Modified Balance Error Scoring System (mBESS)</i> Which foot was tested? (i.e. which is the non-dominant foot) _____ Right _____ Left Testing Surface (hard floor, field, etc.) Footwear (shoes, barefoot, braces, tape, etc.)
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N	
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N	
Can the patient perform the finger nose coordination test normally?	Y	N	Condition Double-leg Stance _____ of 10 Single-leg Stance _____ of 10 Tandem Stance _____ of 10 Total Errors _____ of 30
Can the patient perform tandem gait normally?	Y	N	

STEP 5: DELAYED RECALL

Please record each word correctly recalled. Total score equals number of words recalled

Total number of words _____ of 5 or _____ of 10

STEP 6: DECISION

	<u>Date & Time of Assessment</u>		
Domain			
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate Memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance Errors (of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

(If different, describe in clinical note section below)

Concussion Suspected?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

If re-testing, has the athlete improved?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

AT Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

☐ Athlete has been provided with concussion information sheet

☐ Parent/guardian/athlete unwilling to comply with concussion protocol

CLINICAL NOTES

CONCUSSION HOME CARE & INFORMATION SHEET

ATHLETICO

PHYSICAL THERAPY

Home Care for Head Injuries

Your athlete has experienced a possible head injury during practice or competition.

After the initial injury on (date, time) _____ he or she was experiencing the following signs or symptoms:

- | | |
|--|--|
| ☐ Headache | ☐ Fatigue or low energy |
| ☐ Pressure in head | ☐ Confusion/Disorientation |
| ☐ Neck pain | ☐ Drowsiness |
| ☐ Nausea | ☐ Irritability |
| ☐ Dizziness | ☐ More Emotional |
| ☐ Vision Difficulty | ☐ Sadness |
| ☐ Balance Problems | ☐ Nervousness/Anxiousness |
| ☐ Sensitivity to light and/or noise | ☐ Ringing in the ears (Tinnitus) |
| ☐ Feeling in a Fog | ☐ Loss of consciousness for _____ minutes |
| ☐ Feeling slowed down | |
| ☐ Don't Feel Right | |
| ☐ Difficulty Concentrating | |
| ☐ Difficulty Remembering before, during or after injury | |

After evaluation by the athletic trainer or team physician, it may be determined that the athlete is safe to go home; otherwise, he or she will be taken to the hospital. If the athlete is sent home, he or she should be monitored carefully by a responsible adult for unusual signs and symptoms for at least 24 hours.

He or she **should** be able to:

- move all arms and legs
- identify who is checking them, where he or she is, and approximately what time and day it is
- have both pupils approximately the same size and reactive to light

Other **unusual** signs and symptoms to watch for are:

- | | |
|--|--|
| • Severe, increasing headache that localizes to one area | • Convulsions or seizures |
| • Unusual drowsiness or difficulty being awakened | • Weakness of face, arm, or leg muscles |
| • Repeated vomiting | • Loss of consciousness |
| • Clear fluid or blood draining from the ears or nose | • Difficulty speaking or incoherent speech |

If your athlete experiences any of these signs or symptoms, or the signs and symptoms present when you left the injury site appear to be worsening, please call your physician or athletic trainer or go to the emergency room.

_____ This athlete should report to the training room on:

_____ This athlete should follow up with the Athletic Trainer at his or her school and/or a physician familiar with the athlete and knowledgeable in the recognition and evaluation of concussion as soon as possible.

Phone Numbers

Athletic Trainer: _____ Destinee Grove, MS, LAT, ATC Cell: 910-876-4166

Frequently Asked Questions

What is a concussion?

A concussion is an injury to the brain caused by a blow to the head or body. This injury causes the brain to function abnormally. The majority of concussions get better quickly, most within 2 weeks. Some may take weeks or months to resolve. When you have a concussion, you may have problems with concentration and memory, be unable to focus, feel fatigued, have a headache or feel nauseated. Bright lights and loud noises may bother you. You may feel more irritable or experience emotional changes. Occasionally, there can be a more significant problem, which is why monitoring symptoms is very important.

Is it okay to go to sleep?

Concussions often make you drowsy or tired. As long as you are not getting worse, it is all right for you to sleep which will aid in your recovery. It is **no** longer recommended that a concussed athlete be awakened every couple hours to check on their status.

Is it okay to drive?

No, athletes experiencing the signs and symptoms of concussion should not be allowed to drive.

Should I go to school?

Attendance is very important. However, if you wake up in the morning and the alarm clock and bright lights hurt your head and you are still experiencing concussion symptoms, a day in the classroom and cafeteria will certainly also increase your symptoms and possibly delay your recovery. If you feel fine and your symptoms are gone, you should attend classes as normal.

Should I take something for pain?

Do not take medication unless your team physician has told you to do so. Avoid the use of aspirin, ibuprofen/Advil/Motrin, naproxen/Aleve or any other antiinflammatory medication. You should also not consume alcohol and avoid caffeine and other stimulants. If you take prescription medications, talk with the team physician or the physician who prescribed the medication about whether you should continue or change your medication schedule.

Should I eat or drink?

If the team physician or athletic trainer have determined that it is okay for you to go home, it is also okay for you to eat and drink normally. Some athletes experience nausea and find that they are not interested in eating immediately after a concussion. There is no need to force yourself to eat.

How can I get better quicker?

Physical and mental rest is the key to recovery. You should initially avoid video games, texting, computer/tablet/phone use, watching television. If reading or homework causes your symptoms to worsen or return, you should avoid these as well. Your athletic trainer or team physician can assist you in recognizing other activities that will prolong your symptoms.

How soon can I return to play?

Returning too quickly increases the risk for additional injury and/or prolonged recovery. Return to play should be an individualized, gradual and progressive process supervised by a licensed healthcare professional knowledgeable in the evaluation and management of concussion and the demands of sport participation. An athlete must be free of concussion symptoms at rest before consideration is given to begin a return to play process.

Any athlete who experienced the signs and symptoms associated with a concussion requires a release from a licensed healthcare professional knowledgeable in the recognition and evaluation of concussion to return to practice and play. In Illinois, only certified athletic trainers and physicians licensed to practice medicine in all its branches in Illinois can clear a student-athlete to return to play.

PHYSICIAN REFERRAL SHEET

Destinee Grove – East St. Louis Senior High School
P: 910-876-4166 Email: destinee.grove@athletico.com

Dear Health Care Practitioner,

I would like to introduce you to **Patient Name**, an East St. Louis Senior High student-athlete that has recently sustained a head injury and has signs and symptoms consistent with a concussion.

We are referring this patient to you for further evaluation and recommendations on their course of treatment.

Return to Participation: Athletico follows the return to play protocol based upon the 5th International Consensus Statement on Concussions¹ outlined below. Once you have determined that this patient is ready to return to physical activity, we would like to have them work with our athletic trainers and/or physical therapists to implement this protocol as a gradual means to return to full participation.

NOTE: There should be at least 24 hours (or longer) for each stage of the progression. If any symptoms worsen during exercise, the athlete will stop activity for that day. After remaining symptom free for 24 hours, the athlete will return to the previous stage and attempt to complete this stage without the reoccurrence of symptoms.

Stage	Aim	Activity	Goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills May start progressive resistance training	Exercise, coordination, and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal game play	

¹McCorry, P., et al (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*. Published Online First: 26 April 2017.

Physical Therapy: Athletico clinicians have received advanced training in concussion management and utilize both manual therapy, focusing on the cervical spine, and vestibular rehabilitation techniques for patients with ongoing concussion symptoms. We have identified that patients who exhibit concussion symptoms for greater than 14 days are possible physical therapy candidates for treatment of the cervical spine, vestibular, and/or oculomotor system to help facilitate their recovery. If you would like more information on how physical therapy can assist in the recovery of patient with ongoing concussion symptoms, please do not hesitate to give me a call and I can put you in touch with one of our expert clinicians.

Please complete the attached plan of care form with your suggestions for the best course of treatment for this patient.

Thank you for your cooperation and help to safely return this patient to competition.

Sincerely,

Destinee Grove, MS, LAT, ATC
910-876-4166
destinee.grove@athletico.com

Patient Name: _____

Diagnosis: Concussion
(If other, please cross out and indicate below)

Please check all that apply:

☐ Return to Participation (RTP) Program

☐ Physical Therapy: If applicable please check all desired areas of focus:

☐ Vestibular Rehabilitation ☐ Cervical Spine Treatment

☐ Evaluate and Treat Frequency ☐ 2x/Week ☐ 3x/Week ☐ 4x/Week ☐ 5x/Week

Duration ☐ 2 Weeks ☐ 4 Weeks ☐ 6 Weeks ☐ ____ Weeks

☐ Plan of Care as indicated below

Physician Signature: _____ Date: _____

IN MAKING THIS REFERRAL, THE PHYSICIAN CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY

Please return this Rx as noted below so they can assist this patient with coordination of care.

Destinee Grove, MS, LAT, ATC
910-876-4166
destinee.grove@athletico.com

APPENDIX D:

COVID-19

RETURN TO SPORT FORMS

PRIMARY CARE PROVIDER CLEARANCE FORM

East St. Louis Senior High School

COVID-19 Return to Play Clearance Form

If an athlete has tested positive for COVID-19, they must be cleared for progression back to activity by an approved healthcare provider (MD, DO, PAC, ARNP).

Name: _____ Date of Birth: ____/____/____

Date of Positive Test: ____/____/____

THIS RETURN TO PLAY DECISION IS BASED ON TODAY'S EVALUATION Date: : ____/____/____

Criteria to return (Please check below as applies):

- ☐ 14 days have passed since the onset of symptoms OR has been asymptomatic throughout 14 days of quarantine
- ☐ No fever $\geq 100.4^{\circ}\text{F}$ for 24 hours without fever-reducing medication
- ☐ Improvement of other symptoms (cough, shortness of breath, etc.)
- ☐ Patient was not hospitalized due to COVID-19 infection
- ☐ Cardiac screening was negative for myocarditis/myocardial ischemia
(All answers below must be "NO" for RTP clearance):

Chest pain/tightness with exercise	☐ Yes	☐ No
Unexplained syncope or near syncope	☐ Yes	☐ No
Unexplained or excessive dyspnea or fatigue with exertion	☐ Yes	☐ No
New palpitations	☐ Yes	☐ No
Heart murmur on exam	☐ Yes	☐ No

Note: If any cardiac screening question is positive or if the patient was hospitalized, consider further cardiac workup as indicated (eg, CXR, spirometry, PFTs, chest CT, cardiology consult).

Evaluation Conclusion:

- ☐ Patient **HAS** satisfied the above criteria and **IS** cleared to start the return to activity progression.
- ☐ Patient **HAS NOT** satisfied the above criteria and **IS NOT** cleared to start the return to activity progression.

Medical Office Information (Please print or stamp):

Evaluator's Name & Credential: _____ Office Phone: _____

Evaluator's Business Address: _____

Evaluator's Signature: _____

Clearance form and RTP Procedures adapted from the MSHSAA, 2020.

East St. Louis Senior High School
COVID-19 Return to Play Clearance Form

Return to Play Procedures after COVID-19 Infection

Student-athletes must complete the progression below without the development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the patient should be referred back to the evaluating provider who signed this form.

- **Stage 1: (2 Days Minimum)**
 - Light activity (eg, walking, jogging, stationary bike) for 15 minutes or less at an intensity no greater than 70% of maximum heart rate.
 - No resistance training.
- **Stage 2: (1 Day Minimum)**
 - Add simple movement activities (eg, running drills) for 30 minutes or less at an intensity no greater than 80% of maximum heart rate.
- **Stage 3: (1 Day Minimum)**
 - Progress to more complex training for 45 minutes or less at an intensity no greater than 80% maximum heart rate.
 - May add light resistance training.
- **Stage 4: (2 Days Minimum)**
 - Normal training activity for 60 minutes or less at an intensity no greater than 80% maximum heart rate.
- **Stage 5**
 - Return to full activity.

Cleared for full participation by school Athletic Trainer (Minimum 7 Days spent on RTP):

Signature _____

Date ____/____/____

Clearance form and RTP Procedures adapted from the MSHSAA, 2020.

PRE- AND POST-ACTIVITY SCREENING FORM

Post COVID-19 Return to Play Pre-Activity Health Screening Form

To be completed prior to RTP activity participation.

Student Name: _____

Date of Birth: ____/____/____

Date: ____/____/____

RTP Stage: _____ Day (if applicable): _____

Today, or in the past 24 hours, have you had any of the following symptoms?
Circle one.

• Fever $\geq 100.4^{\circ}\text{F}$	Yes	No
• Cough	Yes	No
• Sore throat	Yes	No
• Shortness of breath or difficulty breathing	Yes	No
• Loss of taste and/or smell	Yes	No
• Muscle aches not related to physical activity	Yes	No
• Headache	Yes	No
• Diarrhea or vomiting	Yes	No

Notes/Comments: _____

TO BE FILLED OUT BY THE ATHLETIC TRAINER

Temperature Check: _____ $^{\circ}\text{F}$

After reviewing this form, is the student-athlete able to participate in the RTP process today?

Yes

No

Athletic Trainer's Signature: _____ Date: _____

East St Louis Senior High School | Athletics | COVID-19 Return to Play

**Post COVID-19 Return to Play
Post-Activity Health Screening Form**

To be completed after RTP activity participation.

Student Name: _____

Date of Birth: ____/____/____

Date: ____/____/____

RTP Stage: _____ **Day (if applicable):** _____

**During today's activity did you develop any of the following symptoms?
Circle one.**

- | | | |
|--|-----|----|
| • Chest pain | Yes | No |
| • Chest tightness | Yes | No |
| • Palpitations (feels like heart skipped a beat) | Yes | No |
| • Lightheadedness | Yes | No |
| • Pre-syncope or Syncope (feeling like you're going to faint or fainting): | Yes | No |
| • Excessive shortness of breath not related to physical activity | Yes | No |

Notes/Comments: _____

TO BE FILLED OUT BY THE ATHLETIC TRAINER

After reviewing this form, is the student-athlete able to continue to the next stage/day in the RTP process?

Yes

No

Athletic Trainer's Signature: _____ **Date:** _____

ACTIVITY TRACKER

Post COVID-19 Return to Play Activity Tracker

Student Name: _____ Date of Birth: ____/____/____

100% Max HR (220 – age): _____ bpm

70% Max HR: _____ bpm

80% Max HR: _____ bpm

Stage of RTP	Activity Guidelines	Activity Description	Date Completed	AT Initials
Stage 1, Day 1	Detail: Light activity (eg, walking, jogging, stationary bike). No resistance training. Time: 15 minutes or less HR: 70% Max			
Stage 1, Day 2	Detail: Light activity (eg, walking, jogging, stationary bike). No resistance training. Time: 15 minutes or less HR: 70% Max			
Stage 2	Detail: Add simple movements (eg, running drills, body weight movement). Time: 30 minutes HR: 80% Max			
Stage 3	Detail: Progress to more complex training. Can add light resistance training. Time: 45 minutes or less HR: 80% Max			
Stage 4, Day 1	Detail: Normal training activity. Time: 60 minutes or less HR: 80% Max			
Stage 4, Day 2	Detail: Normal training activity. Time: 60 minutes or less HR: 80% Max			
Stage 5	Return to full activity.			

Athletic Trainer Signature: _____ Date: ____/____/____

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DAILY PROGRESS NOTES

Post COVID-19 Return to Play Daily Progress Notes

Student Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____ Contact: _____

Date:	Stage: _____ Day: _____	Description of activity:	
Symptoms prior to activity? Yes / No	Symptoms during/after activity? Yes / No	Daily Notes:	
		Continue to next step? Yes / No	AT Initial:

Date:	Stage: _____ Day: _____	Description of activity:	
Symptoms prior to activity? Yes / No	Symptoms during/after activity? Yes / No	Daily Notes:	
		Continue to next step? Yes / No	AT Initial:

Date:	Stage: _____ Day: _____	Description of activity:	
Symptoms prior to activity? Yes / No	Symptoms during/after activity? Yes / No	Daily Notes:	
		Continue to next step? Yes / No	AT Initial:

Date:	Stage: _____ Day: _____	Description of activity:	
Symptoms prior to activity? Yes / No	Symptoms during/after activity? Yes / No	Daily Notes:	
		Continue to next step? Yes / No	AT Initial:

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