

POLICIES AND PROCEDURES
for
SELAH HIGH SCHOOL
ATHLETIC TRAINING
&
SPORTS MEDICINE
Selah, WA

Table of Contents

The Role of Athletic Trainers.....	4
Athletic Training Room Hours.....	4
Sports Coverage Priorities.....	4
Student Athletic Trainers.....	5
Athletic Training Room Rules.....	5
Injuries.....	6
On-Field Injuries.....	6
Reporting Injuries.....	6
Physician Referrals.....	6
Return To Play.....	6
Injury Privacy.....	7
Taping and Treatments: Services Available.....	7
Medications.....	7
Physicals.....	7
Student Emergency Information.....	7
Team Medical Kits.....	7
Protocols for Heat Related Illnesses.....	8
Prevention.....	8
Hydration.....	8
Treatment of Heat Illnesses.....	8
Dehydration.....	8
Heat Cramps.....	8
Heat Exhaustion.....	9
Heat Stroke.....	9
Exertional Hyponatremia.....	9
Protocols for Lightning.....	10
Protocols for Skin Disorders.....	10
Protocols for Concussions.....	10
Equipment Concerns.....	10
Recognizing a Concussion.....	10
Diagnosing a Concussion.....	10

Baseline.....	11
On-Field Assessment.....	11
Athletic Training Room Assessment.....	11
Post-Concussion Follow-up	11
Return to Play.....	11

The Role of Athletic Trainers

Certified by the Board of Certification (BOC) of the National Athletic Trainers Association (NATA), an athletic trainer (ATC) is a member of the allied health community whose role is to care for and help prevent athletic related injuries. At Selah High School, there is one certified athletic trainer on staff. Because of limitations, there may or may not be an athletic trainer available for all practices or contests. However, all athletes of any sport are welcome to utilize athletic training room services during posted hours. If an athlete is injured during athletic participation, they need to be evaluated by the athletic trainer.

Athletic Training Room Hours

On most school days, the athletic trainer will be available Monday through Friday, from 2:15 pm until 6:00 pm. On game days, hours may vary. Other times may be scheduled with the athletic trainer directly. If coaches schedule practice outside of these designated hours, it is up to those coaches to alert the athletic trainer. However, athletic training coverage may not be available. Coaches should also remember that the athletic trainer is not available during school hours. Any injuries or illnesses that need addressed during school hours should be sent to the school nurse.

Sports Coverage Priorities

The athletic trainer will attend as many practices and games as possible. However, as there is only one certified athletic trainer, coverage will be prioritized based on the NATA classification of high risk sports. Student athletic trainers may assist with coverage as well, but students are not permitted to make diagnoses or return-to-play decisions.

Athletes are generally treated in the athletic training room on a first come, first served basis. However, athletes that are in-season take priority over those out of season. Also, athletes who need quick taping/treatment will generally be helped before those needing evaluations or rehabilitation. No sport or athlete will be favored above another for services.

Fall – Athletic training room is open for treatment Monday – Friday from 2:15 pm – 3:00 pm. On non-event days, after 3:00 pm, the ATC will attend the highest priority practice or stay in the athletic training room. Athletic training room will close at 6:00 pm on non-game days. The athletic trainer's schedule may vary and will be continuously updated with coaching and athletics staff.

Event coverage priorities are as follows:

1. Varsity Football (all home and away games)
2. Junior Varsity Football (all home games)
3. C-Team / Freshmen Football (all home games)
4. Girls Soccer (Varsity home games)
5. Volleyball (Varsity home games)
6. Cross Country
7. Girls Swimming

Winter – Athletic training room is open for treatment Monday – Friday from 2:15 pm – 3:00 pm. On non-event days, after 3:00 pm, the ATC will attend the highest priority practice or stay in the athletic training

room. Athletic training room will close at 5:00 pm on non-game days. Event coverage priorities are as follows:

1. Wrestling (all home events)
2. Boys Basketball (all home games)
3. Girls Basketball (all home games)
4. Boys Swimming
5. Bowling

Spring – Athletic training room is open for treatment Monday – Friday from 2:15 pm – 3:00 pm. On non-event days, after 3:00 pm, the ATC will attend the highest priority practice or stay in the athletic training room. Athletic training room will close at 5:00 pm on non-game days. Event coverage priorities are as follows:

1. Boys Soccer (Varsity & JV all home games)
2. Track & Field
3. Baseball
4. Fastpitch
5. Girls Tennis
6. Boys Tennis

Student Athletic Trainers

By law, all student athletic trainers must be directly supervised at all times. That means that they cannot travel with teams by themselves unless the coach feels comfortable providing supervision of those student athletic trainers and the athletic trainer feels comfortable sending them. In this instance, the only services students should provide are taping services and basic first aid. A student athletic trainer can never make a decision about return to play with a suspected orthopedic injury or head injury.

Athletic Training Room Rules

1. All athletes must sign in prior to any treatment.
2. No sporting equipment, backpacks, books, coats, etc. allowed in the ATR.
3. Taping should occur prior to practices and games.
4. Assessment and treatment are only to be done by the athletic trainer or other trained personnel. Do not treat yourself!
5. Clean up after yourself.
6. Appropriate language must be used.
7. No horseplay.
8. A shirt and shorts/pants must be worn at all times (examinations or whirlpool use are the only exceptions).
9. Do not take any supplies or equipment from the athletic training room without permission from the athletic trainer.
10. The athletic trainer or doctor has final say on all decisions pertaining to an injured athlete.
11. Injuries are not excuses. Be present at practice and rehab as much as possible.

12. Athletes are not allowed in the athletic training room unless an athletic trainer or coach is present.

Injuries

On-Field Injuries

If an athlete is injured on the field/court/etc., they should never be moved until the origin of the injury is determined. If a head/neck injury is suspected, follow the Emergency Action Plan. If the athletic trainer is present, they will make all decisions pertaining to an injured athlete. If the athletic trainer is not present, it will be necessary for the coach to evaluate the injury to the best of their ability.

Reporting Injuries

In the event that an athlete sustains an injury without the athletic trainer present, it is their responsibility (or their coaches) to contact the athletic trainer immediately and let them know about the injury. The athletic trainer will then evaluate the injury and give treatment instructions. If the injury is serious enough to remove the athlete from practices or competitions, the athletic trainer will report that information to the coach. The athletic trainer will also call or otherwise notify the athlete's parent or guardian of the injury (in cases where an injury will keep a child out for more than 3 days or needs to be seen by a doc). In most cases, the coach will still desire the athlete's attendance at practice, and the athletic trainer will support that. If the athletic trainer is treating the athlete for an injury, it is the athlete's responsibility to show up daily (or as scheduled) for treatment and rehabilitation.

If an athlete is injured and the athletic trainer is not available at the time, the coach should have the injured athlete report to the athletic training room the following day *prior* to practice. If the injury is severe, follow the Emergency Action Plan, and let the athletic trainer know of the injury as soon as it is safe to do so. All injuries sustained by Selah High School athletes must be documented, so notification is essential.

Physician Referrals

Should an injury or illness warrant additional treatment or care, the athletic trainer can assist in the referral process. In most cases, when an athletic trainer calls a physician directly, it can expedite the time it takes to see the athlete. While Selah does not have a specified team doctor but the athletic trainer can help parents find an appropriate doctor when asked.

If a physician referral is necessary for any injury, even if the athlete was not seen by the athletic trainer, the athlete and athletic trainer must then follow that physician's instructions for treatment, rehabilitation, and return to play.

Written clearance is required for return-to-play whenever an athlete is seen by a doctor.

Return To Play

If an athlete is removed by the athletic trainer from practices or events, they must then be cleared by the athletic trainer in order to return to participation. Once the athletic trainer is convinced that it is safe for the athlete to return, they will notify the coach.

Any athlete who sees a physician for an injury must present a signed physician release form to the athletic trainer. Any athlete who does not present a signed release form will **not** be allowed to resume practices or participate in games.

Injury Privacy

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

Taping and Treatments: Services Available

Selah High School athletic trainers (and student athletic trainers) will only tape athletes we recognize as having orthopedic issues. Preventative taping can be performed, as long as the athlete also participates in a preventative exercise program. Sore body parts are not necessarily unstable body parts and may not need taping.

Other services provided in the athletic training room include wound care, cold therapy (ice/whirlpool), thermotherapy (heat packs), assisted stretching, injury evaluation, and rehabilitation.

Medications

Athletic trainers, coaches, and staff are not allowed to dispense any type of medication, including over-the-counter meds. No medications are available in the athletic training room. If an athlete has a prescription for and requires emergency medication such as an inhaler or epi-pen, they are strongly encouraged to handle this on their own and have it immediately available at all times. However, the athletic trainer may be asked to hold on to such medications.

Physicals

All physicals are handled by the athletic director. It is the responsibility of the athlete or their parent to relay any pertinent medical information directly to the athletic trainer.

Student Emergency Information

Emergency information for each student athlete is kept online. At the beginning of each season, the athletic department will provide the coaches with pertinent medical information and emergency contacts for each student athlete. Coaches are responsible for keeping this information with them at all times.

Team Medical Kits

The athletic trainer will stock and provide a first aid kit to all sports teams that do not have an athletic trainer scheduled to travel with them. However, supplies are limited and athletes should not use supplies without a specific medical need. If the medical kit needs to be refilled, it is the coaches responsibility to inform the athletic trainer and bring the kit to the training room.

Protocols for Heat Related Illnesses

Heat illness occurs when the body's temperature control system is overloaded. Very high body temperatures may damage the brain and other vital organs.

Prevention

Factors that contribute to heat illness include high temperature, high humidity, dehydration, obesity, fever, poor circulation, sunburn, and drug or alcohol use. Key factors in preventing heat illness include drinking plenty of fluids before, during, and after exercise, including electrolytes (salt, sodium, and potassium) in the fluids, taking in carbohydrates, wearing light clothing on hot days, avoiding caffeine, wearing sunscreen, scheduling practices during cooler periods of the day, and gradually acclimating athletes to the heat.

Hydration

Athletes should be especially cautious about staying well hydrated. While water is essential, it is also necessary to replace electrolytes, carbohydrates, and maintain a well-balanced diet. Caffeine is not recommended. It is essential to hydrate before, during, and after exercise. Those who sweat more should intake more.

Signs of dehydration include thirst, discomfort, irritability, headache, weakness, dizziness, chills, cramps, nausea, and decreased performance.

Athletes should drink at least 16 oz. (2 cups) of water or other hydrating beverage for every pound of weight lost during activity. During two-a-day football practices, football players will be weighed-in and weighed-out of every practice to ensure they are staying properly hydrated.

Treatment of Heat Illnesses

Dehydration

When athletes do not replenish lost fluids, they become dehydrated.

Signs and symptoms include dry mouth, thirst, irritability, headache, dizziness, cramps, and fatigue.

Treatment – Move the athlete to a cool environment and have them rehydrate (but not over hydrate). Do not “chug” water. Be sure athletes also replace fluids (including electrolytes and carbohydrates) within 1-2 hours after a practice or competition. Ensure athletes maintain hydration status throughout practice. If the athlete cannot keep fluids down, seek medical attention. If dehydration is minor and the athlete has no symptoms, return to participation is acceptable.

Heat Cramps

Heat cramps may present in athletes who perform exercise in the heat. They are often due to loss of electrolytes and carbohydrates.

Signs and symptoms include pain and persistent muscle contractions.

Treatment – Reestablish normal hydration status, especially replacing electrolytes. Light stretching and massage of the muscle may help relieve cramps. Ice can also be used. After rehydration, if the athlete can perform at an acceptable level without return of symptoms, return to participation is acceptable.

Heat Exhaustion

Heat Exhaustion is a serious heat illness resulting from environmental heat stress and exertion.

Signs and symptoms include dehydration, fatigue, dizziness or fainting, loss of coordination, profuse sweating, pale skin, headache, nausea, vomiting, rapid breathing, fast pulse, and persistent cramps. Heat exhaustion is marked by a core temperature of up to 103 F. NATA recommendations require that core temperature be checked by a rectal thermometer. However, at this time, there is no policy in place to do this at Selah High School.

Treatment – Immediately remove the athlete from play and move them to a shaded or air-conditioned area. Remove all excessive clothing and equipment, provide cool fluids for the athlete to sip, and cool the athlete with fans, cold towels, and ice. Monitor heart rate, respirations, temperature, and mental status. If rapid improvement is not noted, transport the athlete to a medical facility. In order to return to participation, the athlete should be symptom free and fully hydrated. Generally allow at least 24 hours before return to participation. Physicians clearance is recommended.

Heat Stroke

Heat stroke is a severe illness characterized by CNS abnormalities from elevated body temperatures and strenuous exercise in the heat.

Signs and symptoms include a core body temperature of 104 F or higher, altered levels of consciousness, confusion, seizures, nausea, vomiting, headache, dizziness, weakness, skin that is red and hot to the touch, minimal sweating, and decreased blood pressure. NATA recommendations require that core temperature be checked by a rectal thermometer. However, at this time, there is no policy in place to do this at Selah High School.

Treatment – Immediately call 911 if heat stroke is suspected. Aggressive and immediate whole body cooling is key. Do not wait for paramedics. Immediately remove all restrictive clothing and immerse the athlete in ice water, if available. If not, cover the athlete in iced towels and ice packs. The athletes physician should devise a careful return to play strategy. Athletes who have suffered from heat stroke should not return to participation until cleared by a physician.

Exertional Hyponatremia

Sometimes, athletes can over hydrate or not take in enough sodium replacements after sweating, or both. This can lead to exertional hyponatremia.

Signs and symptoms include excessive fluid consumption, increasing headache, nausea, vomiting, swelling of extremities, and sometimes severe muscle cramping.

Treatment – If hyponatremia is suspected, hydrating the athlete can worsen the condition. They should be transported to the nearest medical facility. Physicians clearance is strongly recommended.

Protocols for Lightning

If lightning is seen anywhere in the sky, all athletes should be taken to shelter. According to NATA guidelines, all activities must be stopped once the flash-to-bang count is less than 30 seconds (or within 6 miles). The competition may commence once 30 minutes has elapsed after the *last* lightning strike and thunder clap. The athletic trainer will monitor severe weather via a smartphone app. The athletic trainer will notify coaches, officials, and administration if conditions are deemed unsafe.

Protocols for Skin Disorders

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

Any athlete suspected of having a skin disorder will not be allowed to participate until the area is examined. In some cases, the athlete may be allowed to participate if the area is completely covered, but this will be determined by the athletic trainer or physician, and not the coach or athlete.

Protocols for Concussions

Concussions are traumatic brain injuries. Even “minor” concussions can be very serious. If a player sustains any signs or symptoms of a concussion, they must be removed from play and evaluated by a certified athletic trainer or physician. Only an athletic trainer or physician can clear an athlete to return to participation.

Equipment Concerns

All football helmets used by Selah High School must meet NOCSAE standards. Although an athlete should never intentionally hit with the head, blows to the head will happen. A proper fitting helmet is essential to attempt to minimize concussions. A certified athletic trainer or safety coach must fit or sign off on every football helmet checked out to an athlete. Other coaches should not fit or exchange helmets without the athletic trainer approving the helmet.

Recognizing a Concussion

Any blow to the head or act of whiplash should be considered a mechanism for a possible concussion. While headache is the most common symptom, all concussions are experienced differently. Loss of consciousness is not required to sustain a concussion. Other signs of concussion include, but are not limited to, dizziness, confusion, amnesia, balance problems, nausea, vision disturbances, ringing in the ears, glassy eyes, seeing stars, feeling in a fog, sensitivity to light and sound, changes in emotions or personality, vacant stare, and more.

Diagnosing a Concussion

If an athlete is suspected of having a concussion, after removing them from play, the coach should notify the athletic trainer. The athletic trainer will then perform a thorough examination to determine if the

athlete has sustained a concussion. If the athletic trainer is not available, the athlete can be referred to a physician.

Baseline

An attempt will be made to give a baseline concussion test to all contact sport athletes. Other sports may be implemented at a later date. The baseline test should be the same test that will be used during the season, and should be given prior to any contact activities. At Selah High School, the baseline test will be Concussion Vital Signs, a free online testing and management system. As with all baseline tests, the scores of this test will not necessarily be the final say with concussion management, but will be a tool to aid the medical staff with their decisions.

On-Field Assessment

If an athlete is suspected of having a concussion during an event, and the athletic trainer or team physician is present, they will immediately evaluate the athlete. The Glasgow Coma Scale, Maddocks Score, and Symptom Evaluation can be used to determine if the athlete needs to undergo the full SCAT5 or Concussion Vital Signs test. Scores decreased from the baseline, or any testing that leads the ATC or physician to believe the athlete has suffered a concussion will result in removal of the athlete from the remainder of the competition. There will be no same-day return to play for a concussion. An athlete with a suspected concussion should be checked and re-evaluated every 10-15 minutes to ensure their mental status and level of consciousness is not decreasing. If this happens, EMS will be summoned immediately.

Athletic Training Room Assessment

Sometimes, an athletic trainer or physician is not present to evaluate an athlete the same day a concussion occurs. Other times, an athlete may not report their symptoms until the next day. In these cases, the athlete should be sent immediately to the certified athletic trainer before continuing a practice or event. The athletic trainer will perform a full SCAT5 or Concussion Vital Signs assessment to determine the athlete's status.

Post-Concussion Follow-up

If an athlete is diagnosed with a concussion, they should check in daily with the athletic trainer to ensure the athlete is making adequate progress. If the athletic trainer has cause for concern, or if the athlete is not progressing, they will be referred to a physician.

Return to Play

An athlete will follow the protocol set out by the athletic trainer or physician to return from a concussion. The athletic trainer will follow a step-wise return protocol including no activity, light aerobic exercise, sports specific exercise, non-contact practice, full-contact practice, and game participation.

Each step should take at least 24 hours. An athlete will not progress to the next step unless they are symptom free at that level for 24 hours. If any post-concussion symptoms return, the athlete will drop back to the previous asymptomatic level and try to progress again after 24 hours.

Exercise Step	Activity Allowed
No Activity	Only daily activities that do not provoke symptoms
Light Aerobic Exercise	Walking, stationary bike – lightly increase heart rate

Sport Specific Exercise	Running, passing, shooting, etc. – No contact
Non-Contact Practice	Harder training drills, resistance training – No contact
Full-Contact Practice	Participate in a normal practice
Return to Play	No restrictions – Normal game play

Only a certified athletic trainer, nurse practitioner or a physician can clear an athlete to return to play.