

Sports Medicine Policies and Procedures

Worthington Middle Schools

McCord Middle School, Perry Middle School



TABLE OF CONTENTS

MISSION STATEMENT.....	3
SPORTS MEDICINE TEAM.....	3
CONSENT TREAT.....	3
EMERGENCY PREPAREDNESS.....	3
IMPORTANT PHONE NUMBERS.....	4
EQUIPMENT.....	4
ROLES AND RESPONSIBILITIES.....	5
SERIOUS/LIFE-THREATENING INJURY.....	6
OTHER INJURIES REQUIRING MEDICAL ATTENTION	6
MINOR INJURIES NOT REQUIRING IMMEDIATE MEDICAL ATTENTION	6
WORTHINGTON MIDDLE SCHOOL INJURY PROTOCOL FLOW CHART.....	7
EMERGENCY ACTION PLANS/ PERSONNEL/EQUIPMENT.....	8
EMERGENCY COMMUNICATION.....	9
MCCORD GYMNASIUM	10
MCCORD FOOTBALL FIELD	11
MCCORD PRACTICE FIELD	12
MCCORD EMS MAP.....	13
PERRY MAIN & AUX GYM.....	14
PERRY BASEBALL & SOCCER FIELDS.....	15
PERRY EMS MAP.....	16
LIGHTNING AND INCLIMENT WEATHER POLICY.....	17
MANAGEMENT OF LIGHTNING STORM INDUCED INJURIES.....	18
HEAT & COLD POLICY.....	19-21
HEAT EMERGENCY POLICY.....	22
CONCUSSION POLICY.....	23-25
ATHLETIC TRAINING ROOM POLICIES	25
MEDICAL RECORDS	25
PRE-PARTICIPATION PHYSICAL EXAMS	25
MEDICAL COVERAGE.....	25
PARENT/GUARDIAN COMMUNICATION	26
ON THE FIELD	26
TAPING / BRACING	26
WHEN TO CONSULT A PHYSICIAN	26
RETURN TO PLAY.....	26
MEDICATION POLICY.....	27
OSHA	27
HIPAA	27
POLICY AND PROCEDURE ACKNOWLEDGEMENT	28

Worthington Middle School Sports Medicine

Mission Statement

OhioHealth Sports Medicine along with Worthington School District is committed to providing quality and timely health care to patients, coaches, and parents of the community. We will work to educate and improve the well-being of the community. We will be available as a resource for the student-athletes and school district to use for healthcare services.

Sports Medicine Team

The Sports Medicine Team at Worthington McCord Middle School consists of one medical director (team physician), two certified athletic trainers. The Sports Medicine Team will utilize additional resources (orthopedic physicians, nurse, dentists, etc) as necessary for the complete care of the patient.

Medical Director: Dr. John Hedge, DO

- The medical director will have a leadership role in the organization, management and provision of care of athletes in individual, team and mass participation sporting events

Athletic Trainers: Trent Ivey, AT, Bailey Roberts, AT

- The athletic trainers will work in collaboration with medical director to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions
- The athletic trainers will work under the direction of treating physician, whether medical director or other treating physician

Consent to Treat

1. All parents/guardians have the option to authorize, under the direction of the licensed team physician, the sports medicine staff to practice within the domains of athletic training; including injury prevention, clinical evaluation and diagnosis, immediate care, treatment, rehabilitation and reconditioning, organization and administration, and professional responsibility.
2. The parent/guardian has the option to also waive the authorization, in which the patient will not be treated by the Sports Medicine Staff; including team physician and athletic trainers
3. Both authorizations will be made via FinalForms. If a parent/guardian would like to rescind the authorization, it must be submitted to the Sports Medicine Staff in writing.

Emergency Preparedness

These procedures should be clearly understood and practiced so that all involved will be prepared for a potentially life threatening or fatal situation. The athletic trainer, coaches and administration in the emergency plan must be level headed and responsible. Emergency procedures will be reviewed annually for accuracy to location and directions.

All measures should be taken to ensure any gate or door can be unlocked in the event that the emergency medical services must be activated.

Emergency Contacts and Equipment

Important Phone Numbers

- **Halle Strege**, Certified Athletic Trainer, McCord and Perry Middle School
 - o Cell: (317) 263-4252
 - o halle.strege@ohiohealth.com

Emergency Equipment

- **Medical Kits:** each team should have their own first aid kit at every practice and game
- **Athletic Training Kit:** AT will have a larger kit at practices and home games when present at your school
- **AEDs:** Located outside of each MS gym
 - o McCord MS has an additional portable AED in the Athletic Director's office
- **CPR mask:** each team should have a CPR mask located in their medical kit
- **Injury Ice:**
 - o McCord has additional ice is located in the coach's office in the boys locker room.
ICE IS FOR INJURIES ONLY.
ICE SHOULD NOT BE APPLIED BEFORE ACTIVITY.
- **Phones:**
 - o Cell phones: all coaches should have charged cell phones at all times

Roles and Responsibilities

Student-Athletes and Parents or Guardians

- Report any injuries to sports medicine staff
- Comply with any treatments, rehabilitations and/or restrictions given by the athletic trainer
- Report any changes in condition that occurs during the treatment and rehabilitation process
- Provide accurate and honest information related to symptoms and injury history

Coaches

- Provide kit for own athletic teams. Sports medicine staff will provide supplies.
- Have 24/7 access to all athlete's medical information including emergency contact information, medical history, current medication, and insurance information in the case of injury. All teams use Final Forms.
- Report injuries that occur off-site to the athletic trainer as soon as possible, preferably within 24 hours. Include details of injuries that occur outside the presence of an athletic trainer preferably by email.
- Provide detailed program calendar to the sports medicine staff to include practices, competitions, conditioning or other team events.

- Notify the sports medicine staff of any changes to the program calendar at least 24 hours in advance. Any unreported changes in schedule could result in the lack of sports medicine coverage.
- Insure all physicals are update throughout the entire pre-season to championships. Athletes participating without physicals will be reported to OHSAA.

Athletic Trainers

- A certified athletic trainer is a unique health care provider who specializes in the prevention, assessment, treatment and rehabilitation of injuries and illnesses.
- An athletic trainer must graduate from an accredited baccalaureate or master's program.
- Athletic trainers work under the direction of a physician.
- Athletic trainers have the capability to refer athletes to sports medicine physicians or other specialists at the parent's request, including urgent cares.
- The Athletic Trainer will provide equal access to care and treatment for all student-athletes with no discrimination based on race, ethnicity, religion, sex, age, sport and skill level.
- The Athletic Trainer will provide best healthcare possible, putting the well-being and health of the athlete first.
- The Athletic Trainer will execute injury prevention, treatment and rehabilitation programs for the student-athletes
- The Athletic Trainers will maintain appropriate medical records documenting injury evaluations, progress notes, treatment records, and referrals.
- The Athletic Trainer will perform other duties assigned by the team physician.

Serious/Life-Threatening Injury

A serious injury is one, which obviously requires hospitalization, and there is little or no time to consult with a physician before taking action.

Examples:

- Stoppage of breathing/heart and/or loss of consciousness
- Severe bleeding
- Obvious OR possible serious back or neck injury and/or possible head injury - Heatstroke

Procedure:

- I. The head coach or athletic trainer (AT) should attend to the athlete and evaluate the injury and situation providing the necessary first aid such as CPR.
- II. The head coach or AT should instruct another competent person to take the following action:
 - i. Call 911 to activate the Emergency Medical System and give the following information:
 1. Your name and title
 2. Nature of the injury
 3. Specific location of injured patient
 4. Best way for the emergency vehicle to reach the injured patient quickly.
 5. Do not hang up until the dispatcher terminates the call.
 - ii. Be sure to clear the uninjured participants from the area
 - iii. An administrator/coach/athletic trainer should call the patient's parent or guardian and inform them of the patient's injury using the information found with the emergency contact information.
 - iv. Return to the field/court and assist in anyway possible
- III. A designated administrator/coach should meet the ambulance and direct them to the proper place.
- IV. Coach or school representative should accompany the patient to the hospital (unless parent/guardian is present to do so) with appropriate paperwork (Emergency Medical Card).
- V. If AT/school administrator is not present, contact he/she as soon as possible.

Other Injuries Requiring Medical Attention

Examples:

- Lacerations that require suturing.
- Possible fractures/dislocations
- Orthopedic injuries that should have an early medical diagnosis

Procedure: The AT (or coach if AT is not present) in charge will:

- I. Determine the degree of seriousness
- II. Perform necessary first aid
- III. Contact parent or legal guardian
- IV. Ask if they have a preference of a physician
- V. Give them any needed phone numbers as found on the attached sheet

Minor Injuries Not Requiring Immediate Medical Attention

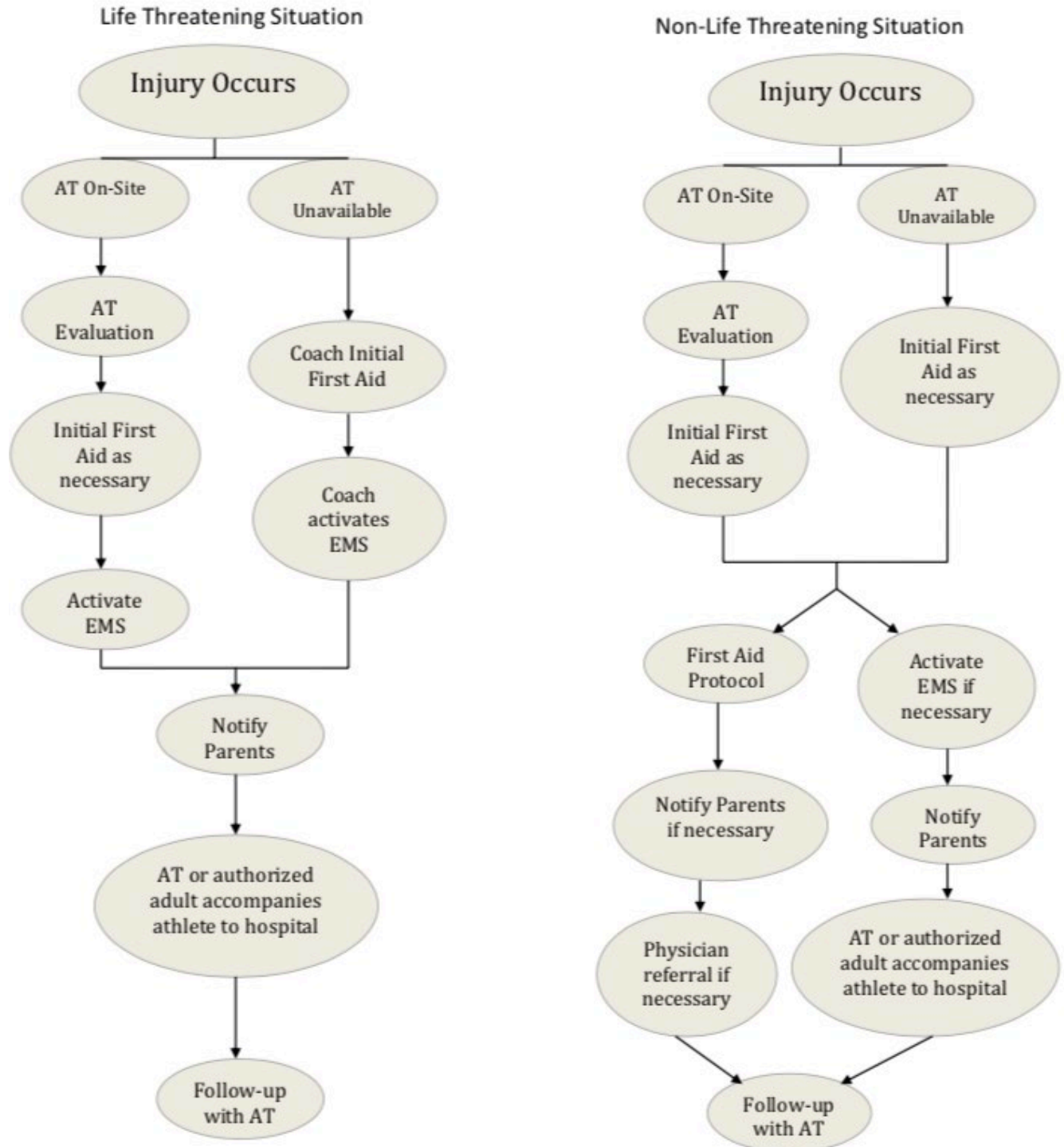
Examples:

- Minor cuts and bruises.
- Minor to moderate sprains.
- Minor to moderate strains.

Procedure: The AT (or coach if AT is not present) will:

- I. Determine the degree of seriousness
- II. Perform necessary first aid
- III. If AT is not present, contact him/her so that follow-up treatment and rehab can begin as soon as possible

Worthington Middle School Injury Protocol Flow Chart



Emergency Action Plan is to be implemented to better prepare all required personnel to handle an emergency situation on an athletic field or in an athletic facility.

It is the responsibility of the athletic training staff and the athletic department of the Worthington School District to create, review and enforce an updated emergency action plan to all responsible parties.

A copy of the emergency action plan (EAP) will be available in each in the athletic office. All McCord coaches will also be given a copy to review and abide by.

The EAP will be venue specific and a master copy of each plan will be kept in the athletic office.

The EAP will go under review at the end of each school year. If changes are required a new copy of the plan will be posted in all required locations and the coaching staffs will be notified and given a new copy. An annual rehearsal of this plan is also required and shall be documented by the athletic department upon completion.

Personnel

The required personnel to implement this plan may include but may not be limited to:

Athletic Trainers: **Halle Strege**

Athletic Director: **Brad Whitlach (McCord AD), Mike McGuire (Perry AD)**

Coaches

Officials

Other School Administrators

Emergency Equipment

AEDs

-Outside the gymnasium and portable AED located in the AD's office at McCord Middle School.

Communication

In the case of an emergency it is the responsibility of the **athletic trainer** to attend to the injured student athlete. It is also the job of the athletic trainer to activate the EAP; which entitles them to instruct the athletic director or coach to call 911.

In the case that the athletic trainer is not present, the **coaches** are to provide basic first aid until EMS arrives. After EMS has transported, the **athletic director** or **coaches** should contact the athletic trainer to report injury.

The **athletic director** or **coach** that calls 911 is responsible for knowing the venue specific call plan and helping the operator better gauge the situation so that appropriate measures are taken with the emergency services.

The **coach** may be used to contact the athlete's parents or control the other teammates and keep them clear of the scene.

Assistant coaches and **officials** may be used to block the scene and/or control the crowd.

Documentation

The athletic trainer is to keep detailed records of emergency events through the school required documentation form and SOAP notes.

**McCord Middle School
Emergency Action Plan**

Main Gymnasium

1. Stay calm
2. Dial **911**
3. “My name is _____, my phone number is _____, I am at McCord Middle School and an athlete is injured and in need of emergency medical treatment.”
4. Schools Address is:
**1500 Hard Rd
Columbus, OH 43235**

Athlete is located in the Gym. EMS should use the only entrance off of Hard Rd. EMS should enter through door. Someone will meet EMS outside of the school to take EMS to the athlete.

5. Briefly describe the condition of the athlete.
6. Answer any questions to the best of your ability.
7. Stay on the phone. Allow the operator to hang up first.

McCord Middle School Emergency Action Plan

Football Field

1. Stay calm
2. Dial **911**
3. “My name is _____, my phone number is _____, I am at McCord Middle School and an athlete is injured and in need of emergency medical treatment.”
4. Schools Address is:
1500 Hard Rd
Columbus, OH 43235

Athlete is located in the **Football Practice Field**. EMS should use the **only entrance off of Hard Rd**. Use the access road **North of the field**. **The gate on the East side of the field** will be open for EMS access. Someone should meet them at the access road.

5. Briefly describe the condition of the athlete.
6. Answer any questions to the best of your ability.
7. Stay on the phone. Allow the operator to hang up first.

McCord Middle School Emergency Action Plan

Football Practice Field

1. Stay calm
2. Dial **911**
3. “My name is _____, my phone number is _____, I am at McCord Middle School and an athlete is injured and in need of emergency medical treatment.”
4. Schools Address is:
1500 Hard Rd
Columbus, OH 43235

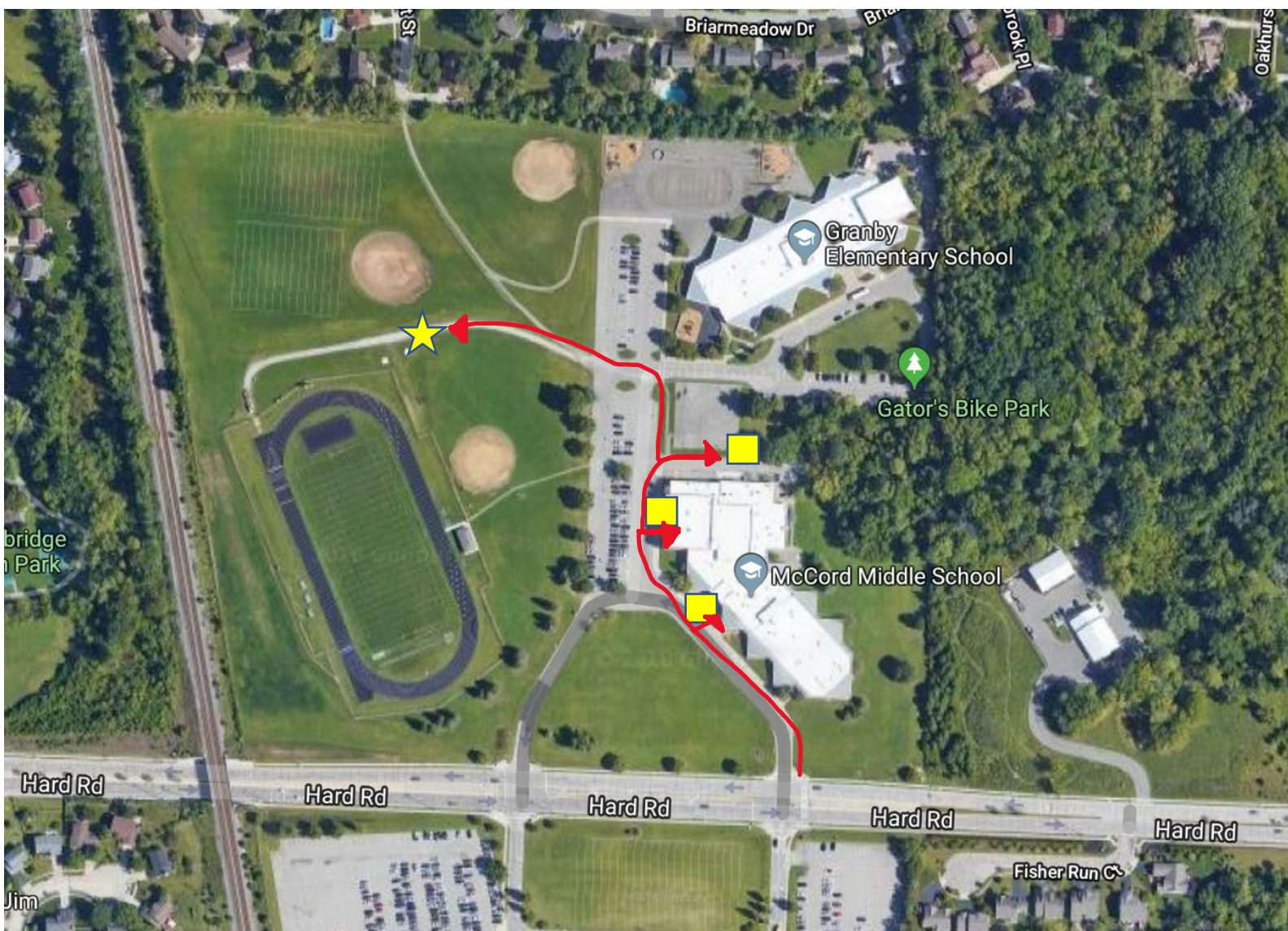
Athlete is located in the **Football Practice Field**. EMS should use the **only entrance off of Hard Rd**. Use the access road **North of the field**. The practice field is **located just north of the access road**. Someone will meet EMS to take them to the athlete.

5. Briefly describe the condition of the athlete.
6. Answer any questions to the best of your ability.
7. Stay on the phone. Allow the operator to hang up first.

Map for EMS

McCord Football Field/Outdoor Practices & Games = ★

McCord Indoor Sport Injury Front Door, Courtside Door, Back Door = ■



**Perry Middle School
Emergency Action Plan**

Main Gym & Aux Gym

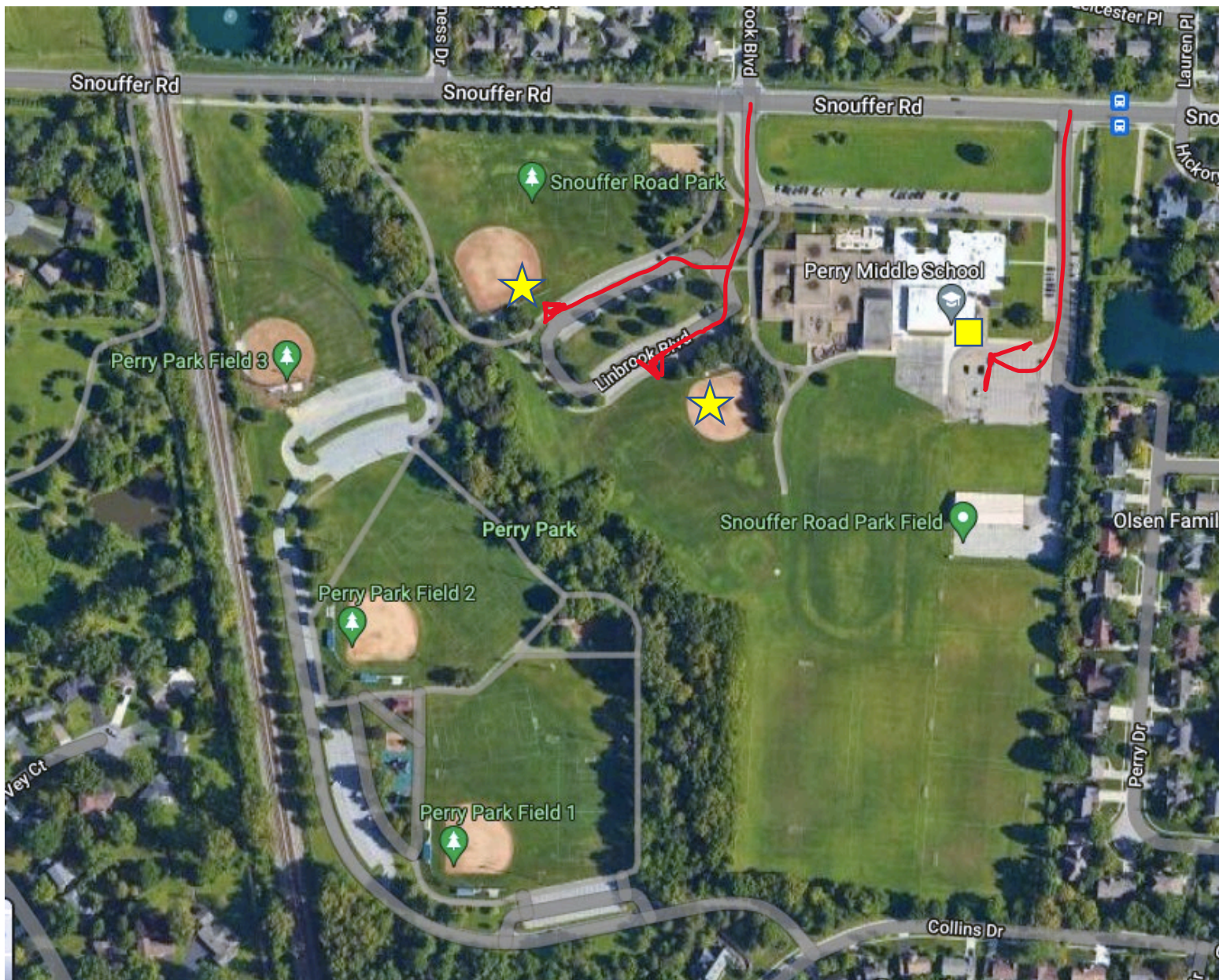
1. Stay calm
2. Dial **911**
3. “My name is _____, my phone number is _____, I am at Perry Middle School and an athlete is injured and in need of emergency medical treatment.”
4. Schools Address is:
**2341 Snouffer Rd
Worthington, OH 43235**

Athlete is located in the Gym/Aux Gym. EMS should use either entrance off of Snouffer Rd. EMS should enter through back door. Someone will meet EMS outside of the school to take EMS to the athlete.

5. Briefly describe the condition of the athlete.
6. Answer any questions to the best of your ability.
7. Stay on the phone. Allow the operator to hang up first.

Map for EMS Outdoor Practices & Games = ★

Perry Gym = ■



Lightning and Inclement Weather Policy

Chain of Command for Notification

1. Weather Watcher:
 - a. Athletic Trainer – primary if present
 - b. Administration
 - c. Coaches
2. Administration
3. Officials
4. Head Coach
5. Assistant Coaches

Evacuation Site

Safe Shelters: an enclosed structure with four grounded walls

- School building behind closed door
- Cars and buses (if school is too far)

Unsafe Shelters: a structure, often outside. without four grounded walls

- Trees
- Storage sheds and dugouts
- Convertible vehicles, gators, golf carts
- Building Overhang

Criteria for Suspension and Resumption of Outdoor Activities

Suspension

Per updated OHSAA guidelines, flash-to-bang count is no longer the best method for safety. At the first sight of lightning or sound of thunder, all outdoor activities must be suspended and all persons must seek safe shelter. Anytime lightning or thunder is close enough to be seen or heard, the risk of injury is already present. While weather apps are convenient, they can delay in reporting lightening. These should be used as a tool in combination of weather watching.

Resumption

Activity will be suspended for 30 minutes from the last lightning sighting or thunder sound. Any subsequent lightning or thunder after the initial evacuation time will reset the 30-minute suspension period.

Management of Lightning Storm-Induced Injuries

Individuals that are struck by lightning do not carry residual charge and may be handled without danger to the medical or assisting personnel. The medical or assisting personnel should:

1. Evaluate whether the scene is safe. On-going lightning may still be a threat.
2. Safely move the injured individual to a safe shelter.
3. Activate emergency medical response systems if deemed necessary.
4. Apply any first aid necessary.

Activate EMS call 911.

The following should be considered when developing a strategy of safety during a lightning storm:

1. Multiple means of monitoring weather are encouraged for large outdoor athletic events. A longer time to clear the venue should be anticipated due to congestion.
2. Avoid being near the highest point of a particular venue
3. Individuals who feel their hair stand on end should assume the lightning safety position crouched on ground, weight on balls of their feet, head lowered, and ear cover. **Avoid lying flat on the ground.**

Heat & Cold Policy

The Worthington Middle School activities will follow the following recommendations of the Ohio High School Athletic Association (OHSAA) and National Athletic Trainers' Association (NATA) concerning the procedures for avoiding heat injury/illness. These procedures affect all outdoor activities and any indoor activities, particularly if air conditioning may not be available or other heat problems occur. Two procedures will be used in combination to provide a safe environment for participation. The first method involves utilizing a General Heat Stress Monitor which provides an accurate reading for the ambient temperature, relative humidity (RH), and WetBulb Globe temperature. Based on current recommendations from the Ohio High School Athletic Association, derived from the American College of Sports Medicine, the following guidelines will be followed.

Ohio High School Athletic Association Guidelines

$< 79.7^{\circ}\text{F}$ $< 26.5^{\circ}\text{C}$	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
$79.9 - 84.6^{\circ}\text{F}$ $26.6 - 29.2^{\circ}\text{C}$	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
$84.7 - 87.6^{\circ}\text{F}$ $29.3 - 30.9^{\circ}\text{C}$	Maximum practice time is 2 h. <u>For Football:</u> players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
$87.8 - 89.6^{\circ}\text{F}$ $31.0 - 32.0^{\circ}\text{C}$	Maximum practice time is 1 h. <u>For Football:</u> No protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 min of rest breaks distributed throughout the hour of practice.
$\geq 89.8^{\circ}\text{F}$ $\geq 32.1^{\circ}\text{C}$	No outdoor workouts. Delay practice until a cooler WBGT is reached.

If the monitor fails, is not available, or a comparative method is wanted, the following method may be used for additional information/recommendations. The procedure calls for the determination of the Temperature and Relative Humidity at the practice/contest site using devices designed for that purpose. The procedures are:

Procedure for Testing:

- Thirty (30) minutes prior to the start of activity, temperature and humidity reading should be taken from weather websites or phone applications
- The temperature and humidity should be factored into the Heat Index Calculation and Chart and a determination made as to Heat Index.
- If reading is determined whereby activity is to be decreased (above 95 degrees Heat Index), then re-readings would be required every thirty (30) minutes to determine if further activity should be eliminated or preventative steps taken, or if an increased level of activity can resume
- Using the following scale, activity should be altered and/or eliminated based on this heat index as determined:

Under 95 degrees Heat Index

- 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
- Optional water breaks every 30 minutes for 10 minute duration.
- Ice-down towels for cooling
- Watch/monitor athletes carefully for necessary action

95-99 Heat Index

- 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
- Mandatory water breaks every 20 minutes for 5 minute in duration
- Ice-down towels for cooling
- Watch/monitor athletes carefully for necessary action
- Contact sports and sports with additional equipment, helmets, and other possible equipment removed if no involved in contact
- Reduce time of outside activity
- Consider postponing practice to later in the day
- Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index

100-105 degrees Heat Index

- 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
- Mandatory water breaks every 15 minutes for 5 minute in duration
- Ice-down towels for cooling
- Watch/monitor athletes carefully for necessary action
- Alter uniform by removing items if possible. Allow for changes to dry t-shirt and shorts
- Reduce outside activity as well as indoor activity if air condition is unavailable and/or postpone activity
- Contact sports and sports with additional equipment, helmets, and other possible equipment removed if no involved in contact
- If necessary for safety, suspend activity
- Re-check temperature and humidity every 30 minutes to monitor for increased heat index

Above 105 degrees Heat Index

- Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable

HEAT INDEX GUIDELINE

Guidelines for outdoor practice, listed as <i>HEAT INDEX levels</i> , based on recommendations of the National Athletic Trainers Association (NATA) Heat Index Level	Heat Index	Practice Hours	Breaks	Fluids
GREEN (Caution)	Below 95	reasonable (recommended not to exceed 2 1/2 hours)	Remove helmets, five-minute break every 20-30 minutes	Cold Water
YELLOW (Extreme Caution)	95-99	use caution (recommended not to exceed two hours)	Helmets and other possible equipment removed if not involved in contact or necessary for safety, five-minute break every 20 minutes	Cold Water
RED (Danger)	100-105	use extreme caution (recommended not to exceed 1 1/2 hours)	Helmets and shorts only, five-minute break every 15 minutes	Cold water
BLACK (Extreme Danger)	Greater than 105	no outdoor practice	No outdoor practice	No Outdoor practice

Appropriate adjustments (including the possibility of suspending practice) will be considered for all outdoor programs during conditions when the heat index rises into the extreme ranges.

Cold Weather Policy

Worthington School District athletic activities will follow the following recommendations and guidelines for participation during cold weather. The recommendations and guidelines are formulated from the National Athletic Trainers' Association (NATA) Environmental Cold Injuries and National Federation of State High School Associations (NFHS) Participating in cold weather: Minimizing the risk of injuries.

Wind Chill	Recommendations
Above 30° F	<ul style="list-style-type: none"> - No participation restrictions. Attempt to cover all exposed skin. Including, at minimum: long sleeve shirts, pants, gloves, and hats during warm up. - Hats and gloves should remain on during practice.
≤ 25° F	<ul style="list-style-type: none"> - Same recommendations for clothing as above. - If possible, pre workout warm-up should be performed inside. - Athletes should have access to re-warm inside for 10 minutes after 45 minutes of outside participation. - During practice, non-participating athletes should remain inside.
≤ 15° F	<ul style="list-style-type: none"> - Same recommendations for clothing as above. - If possible, pre workout warm-up should be performed inside. - Athletes should have access to re-warm inside for 10 minutes after 30 minutes of outside participation. - Maximum total outside exposure of 60 minutes. - During practice, non-participating athletes should remain inside.
Below 0° F	<ul style="list-style-type: none"> - No outside participation.

Heat Emergency Policy

Heat illnesses are illnesses that occur due to heat exposure. The two main causes of heat are environmental heat or intensity of exercise. There are four types of heat illnesses outline below:

- Heat Cramps
- Heat Syncope
- Heat Exhaustion
- Heat Stroke

Heat stroke is a life-threatening situation in which the body's core temperature elevates above 105 degrees. If not treated promptly, death can occur due to elevated temperature.

At Worthington Middle Schools: cooling station is available during participation

- Large Basin or Tarp to be filled with cool water and ice
In the event that an athlete suffers from exertional heat illness and needs to be treated on site, the following will occur:
Procedure

- 1) Athletic trainer (AT) or coach will access the individual for
 - a) Consciousness
 - i) Note that with heat stroke, altered consciousness will be noted in patient
 - b) Breathing
 - c) Pulse
 - d) Temperature
- 2) If the patient is noted to have altered central nervous system function (irrational behavior, irritability, emotional instability, altered consciousness, dizziness, etc.) and/or an elevated temperature above 105 degrees, the patient will be cooled in an appropriate manner
 - a) Equipment and excessive clothing removed and patient placed in vessel
 - b) The vessel will be filled with appropriate amount of water and ice will be added until water reaches approximately 35-58 degrees
 - c) Airway, breathing and circulation will be maintained and monitored
- 3) Emergency Action Plan will be activated for the appropriate site
 - a) AT or other competent adult will accompany patient to hospital
 - b) Medical information and emergency forms will be brought with the patient iii. Parents will be contacted and notified to meet the patient at the hospital iv. If not on-site, AT and athletic director will be notified of the situation
 - c) Follow up with AT for further treatment and documentation

Concussions Policy

The definition of a concussion is a disturbance in brain function caused by a direct or indirect force to the head, face or neck which results in any non-specific signs or symptoms.

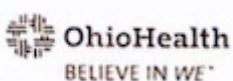
Signs Observed by Parents and Coaches:

Appears dazed or stunned, is confused about assignment or position, Forgets plays, Is unsure of game, score or opponent, Moves clumsily, Answers questions slowly, Loses consciousness (even briefly), Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional), Can't recall events before or after hit or fall.

Symptoms Reported by Athlete:

Any headache or "pressure" in head, Nausea or vomiting, Balance problems or dizziness, Double or blurry vision, Sensitivity to light and/or noise, Feeling sluggish, hazy, foggy or groggy, Concentration or memory problems, Confusion, Does not "feel right", Trouble falling asleep, Sleeping more or less than usual.

All suspected concussions are required by state law to be removed from activity for 24 hours and must be evaluated by a physician and/or licensed healthcare provider approved by the school district. No athlete is permitted to return to play on the same day that they are suspected of a concussion. No concussion can be un-diagnosed, and the final say in all situations is at the discretion of the team physician. All athletes will follow a 6-step return to play protocol designed by the team physician once they are symptom free.



Graduated Concussion Return to Play Protocol

Name: _____

Date of Birth: _____

				4. Full contact practice (Functional skills) Return to full contact, controlled practice (excluding games/competition)	5. Return to play Return to full participation, including games/competitions
No activity (Recovery) Complete Physical and Cognitive Rest until medical clearance	1. Light aerobic exercise (Increase heart rate) 10-15 minutes of biking/walking	2. Moderate aerobic exercise (Add movement) 15-20 minutes of moderate jogging/running	3. Non-contact training drills Non-contact sports specific drills. May start weight lifting/resistance training		
Symptom Free for 24 Hours? Yes: Begin Step 1 No: Continue resting	Symptom Free for 24 Hours? Yes: Begin Step 2 No: Continue resting	Symptom Free for 24 Hours? Yes: Begin Step 3 No: Continue resting	Symptom Free for 24 Hours? Yes: Begin Step 4 No: Continue resting	Symptom Free for 24 Hours? Yes: Complete step 5 No: Continue resting	
Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:

Any athlete who sees a physician MUST have a written note on file with the athletic trainer or in EMR that indicates their return to activity. A physician's note clearing the athlete to "full-go" is recognized as a release to begin a gradual transition back to full game activity. This time period ensures a safe return for the athlete. **No coach or athletic trainer may clear an athlete to participate if a physician has removed them from play unless the note states return to following 5 day. The team physician has final say in all return to play decisions.**

Concussion Identified and Assessed: All student athletes who display signs and symptoms of concussion will be assessed by a SCAT-5 if the athletic trainer (ATC) is present. If ATC is not available, the student athlete must be removed from activity and the parents contacted. *The athletic trainer should be notified within a 24-hour time period.* Once a concussion has been diagnosed or suspected, the student athlete will be held out of practice or competition for the remainder of that day. The student athlete will be re-evaluated by the athletic trainer on the next injury check day unless seen by a physician. Each student athlete will receive a concussion log to complete daily. It is the student athlete's responsibility to bring the log with them to school and practice. If the log is not present at the time of practice or athletic trainer check in, then that athlete will remain inactive for the day.

Concussion Management: Following re-evaluation by a member of the Athletic Trainer or Physician, the student athlete will be held from all physical activity until it has been documented using by athletic trainer or coach that the athlete is asymptomatic. In addition, the member of the sports medicine staff shall notify the parents, academic support personnel and/or school nurse in order to initiate communication with the student-athletes' instructors. Based on the assessment of the student-athlete academic modifications or restrictions may be warranted.

When the student-athlete has been shown to be asymptomatic for 24 hours post injury based on the daily documentation by coach or athletic trainer the student-athlete is to begin the return to play protocol unless otherwise instructed by a physician. The student athlete's status will be determined by the symptom log given to the athlete during their evaluation. If this log is not present, the athlete cannot be considered asymptomatic

All steps must be supervised by a Coach or Athletic Trainer to be counted. In the case of weekends, **the athletic trainer may allow a parent or guardian to observe Day 1 and 2 only if the parent has good communication with the athletic trainer.**

Student-athlete's symptoms will continue to be documented daily by coach or athletic trainer when available and may not advance in the stepwise progression if symptoms return with or after activity.

A full game is NOT considered a full contact practice. The protocol MUST be completed before a game can be played.

Athletic Training Room Policies

Medical Records

Medical records will be kept through an online database, Healthy Roster, and can be accessed at the request of a legal parent/guardian. If a student athlete has a paper based chart, the chart will be stored in the co-curricular office.

Pre-participation Physical Exams

In conjunction with OHSAA and Worthington School District; ALL ATHLETES (including band members) must have completed a pre-participation exam prior to any athletic practice or competition.

1. All allergies, medical conditions, and previous medical history must be clearly stated to ensure safety of all athletes.
2. If an athlete is disqualified from sport, athlete must have an appointment with specialist and will not participate in sport unless clearly stated by a physician with a note returned to athletic training room.

Medical Coverage

1. A certified athletic trainer will be on site for some home competitions
2. A certified athletic trainer will be onsite for some in-season practice
 - a. Exception – If the athletic trainer is notified within 12 hours of a changed practice
 - b. Exception – Under coach direction that medical coverage is not needed

Parent/Guardian Communication

Parent/guardians will be contacted if a member of the Sports Medicine Staff has evaluated their student-athlete. Communication will be on an individual basis, but the most common methods of communication will include a Parent Send Home Notification, phone call, or e-mail. The parent/guardian has the right to contact the Sports Medicine Staff at any time during the treatment of their student athlete.

On The Field

1. The team physician, athletic trainer, coach or parent may withhold an athlete from activity if it is considered to be in the best interest of the athlete's health.
2. It is the responsibility of the athletic training staff to protect the health of the athlete. This includes removing athletes from participation when they feel it is unsafe for that athlete.
3. An athletic trainer will be on site for some practices or events.
4. Collision sports have top priority for coverage because of the "high -risk" of serious injuries.
5. Coaches are provided phone numbers to reach the on -site athletic trainer and all injuries should be attended to in a reasonable amount of time.

Taping Policy

Tape may be used as a supplemental treatment but is not a "quick fix." Appropriate use of tape for injury care will be determined by the athletic trainers and/or physician by an evaluation. The athletic trainer has the right not deny tape as a treatment at any time.

In the case of visiting teams, state law requires a physician's prescription to tape that athlete. Because athletic trainers function under a physician, visiting athletes are required to provide written documentation from either their treating athletic trainer or a physician as well as their own supplies. If the athlete is unable to supply this, they will not be taped for the athletic event.

Coaches will not be taping athletes. **Exceptions may be made in certain circumstances determined only by the athletic trainer.** It will be recommended that the athlete purchase a brace for ongoing injury management and prevention especially do to the limited contact with the athletic trainer.

When to Consult a Physician

1. The athletic training room is not designed to replace the family physician. The choice of health care provider and initiation of medical referral always remains at the discretion of the parents.
2. We recommend following up with a physician if:
 - The injury worsens
 - The injury persists for an extended period of time

Return to Play

1. Any athlete who sees a physician **MUST** have a written note on file in the ATR that indicates their return to activity. A physician's note clearing the patient to "full-go" is recognized as a release to begin a gradual transition back to full game activity. This time period ensures a safe return for the patient.
2. Injured patients are expected to continue a rehabilitation and maintenance program after returning to play to reduce the chances of re-injury. The athletic trainer will coordinate this with the patient.
3. No coach or athletic trainer may clear a patient to participate if a physician has removed them from play.
4. The team physician has final say in all return to play decisions.

Medication Policy

The sports medicine staff will comply with all Ohio State Athletic Training and Pharmaceutical laws.

It is the responsibility of the athlete and their parent(s)/guardian(s) to obtain and provide any necessary medications that the athlete may need during participation. This includes inhalers, epi-pens, etc. The athletic trainers will hold the medications on a daily basis for those who do not have a bag to store during an event. Medications must be clearly labeled with the medication name, patients name, proper dose, and prescribing physician. Each medication may only be taken by the person whom it was prescribed to in compliance with the Ohio Pharmaceutical Administration guidelines.

The sports medicine staff will not stock or dispense any over the counter medications. This includes Tylenol, Motrin, Ibuprofen, and Advil.

OSHA and HIPAA Standards

OSHA

- In accordance to the Occupational Health and Safety Administration all biohazardous materials (gauze, gloves, wound coverings etc) will be disposed in a labeled biohazard trash receptacle in athletic training room.
- All sharps will be disposed of in proper sharps container that are kept in athletic training room.
- Red resealable biohazard bags will be provided in kits to ensure proper disposal of hazardous materials on the road.

- Upon returning to school please dispose in appropriate biohazard container.
- Once full, biohazard bag will be disposed of appropriately.

HIPAA

- The Health Insurance Portability and Accountability Act of 1996 indicates that all medical information, including diagnosis, treatments, and injury status will be kept private unless otherwise stated by the patient's parents/guardians.
- Along with consent to treat, parents will authorize the Sports Medicine Staff to communicate patients participation/injury status with pertinent individuals, including but not limited to, coaching staff and school administration.

Policy and Procedure Acknowledgement

The Worthington Middle School Sports Medicine Staff operates under the direction and supervision of the medical director. Initial evaluation, first aid care, appropriate referrals of injuries, assessment, treatment and management, rehabilitation, disposition of minor injuries, as well as injury prevention and education shall be conducted by the licensed athletic trainers for Worthington Middle School student-athletes as part of the daily operation of the athletic training facilities. The policies and procedures outlined above, Ohio High School Athletic Association laws, rules and regulations and the State of Ohio laws will be followed in regards to daily operation in the athletic training room.

Furthermore, it is understood that this Policy and Procedure Manual is not a legal document and this document is not intended to cover every situation which may arise. Signing below acknowledges all parties involved have reviewed and are in agreement with the policies and procedures related to Worthington Middle Schools.

Dr. John Hedge, DO

Date

Brad Whitlach, McCord Athletic Director

Date

Mike McGuire, Perry Athletic Director

Date

Halle Strege, AT

Date