

Grand Island Athletic Training Policies and Procedures Manual

Grand Island Central School District
1100 Ransom Rd, Grand Island NY 14072

MISSION STATEMENT

The mission of the Grand Island Schools is to foster academic excellence, personal growth, and social responsibility.

VISION STATEMENT

The Grand Island School District provides education of the highest quality which enables students to:

- a. Develop their abilities and talents and channel them for the good of themselves and the community.
- b. Secure knowledge of themselves, the community, the nation, and the world.
- c. Appreciate a broad range of artistic endeavor.
- d. Develop attitudes of respect for other human beings, their beliefs, and their cultures; and compassion for those in need.
- e. Enter healthy and satisfying personal and professional lives.
- f. Become responsible citizens.
- g. Achieve academically, leading to a passion for lifelong learning.

MOTTO

EXCELLENCE IN EDUCATION OUR BRIDGE TO THE FUTURE!

Table of Contents

Primary Contacts.....	5
Facilities.....	5
Preparticipation Physical Exams (PPE).....	6
Athletic Trainer Coverage and Travel.....	7
Athletic Training Facility Rules.....	8
Documentation and Insurance Plans.....	9
Referrals and Physicians.....	10
Medications.....	11
Severe Weather Policy- Heat.....	12
Severe Weather Policy- Cold.....	13
Severe Weather Policy- Lightning.....	15
Mental Health Policy.....	16
Drug Overdose Management Policy.....	18
Active Shooter Policy and Procedures for Athletic Events.....	19
COVID-19 Policy.....	27
Grand Island Athletic Emergency Action Plan.....	28
Athletic Training Room (HS Room 124).....	29
Main Gym.....	30
Upstairs Gym.....	31
Swimming Pool.....	32
Weightroom.....	33
Tennis Courts.....	34
Back Gym.....	35
Stadium and Multi Purpose Turf Fields.....	36
Natural Baseball/Softball Fields.....	37
Middle School Gym/Upstairs Gym.....	38
Mallwitz's Island Lanes.....	39
River Oaks Golf Club.....	40
Beaver Island State Park.....	41
Hyde Park Ice Pavilion.....	42
Emergency Protocol Flowchart.....	43
Emergency Action Plan Rehearsals.....	44
OSHA Regulations.....	45
Bloodborne Pathogen Policy.....	46
Concussion Management Policy.....	48
Cervical Spine Injury Policy.....	49
Traumatic Injuries and Dislocations Policy.....	50
Heat Illness and Hydration.....	51
Exertional Sickling.....	52
Asthma.....	53

Diabetes Management Policy.....	54
Anaphylactic Shock.....	55
Appendix.....	56
Concussion Management Parent and Student Information (NYSPHAA).....	56
Concussion Return to Play Form.....	58
Preparticipation Physical Form.....	59
NYSPHAA Heat Procedures.....	62
NYSPHAA Cold Procedures.....	64
Heat Stroke Treatment Authorization Form.....	65
Hypothermia Treatment Algorithm.....	67

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Athletics Secretary: Toni Myers
(716)773-8813

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Facilities

Grand Island High School: Office, Fields, Gyms
1100 Ransom Rd
Grand Island, NY 14072

Hyde Park: Boys Hockey Home Rink
911 Robbins Dr
Niagara Falls, NY 14301

Brighton Arena: Girls Hockey Home Rink
251 Brompton Rd
Tonawanda, NY 14150

Mallwitz's Island Lanes: Bowling Home Venue
1887 Whitehaven Rd
Grand Island, NY 14072

Beaver Island Golf Course: Cross Country Home Venue
2136 Oakfield Rd
Grand Island, NY 14072

River Oaks Golf Club: Golf Home Venue
201 Whitehaven Road
Grand Island, NY 14072

Preparticipation Physical Exams (PPE)

ALL ATHLETES MUST COMPLETE AND PASS A MEDICAL PREPARTICIPATION EXAM PRIOR TO ANY ATHLETIC PARTICIPATION. NO EXCEPTIONS.

All student athletes intending to participate in sport through Grand Island Central School District are required to have a current physical. A current physical must be within one year of the first day of the month of the start of the competitive season. The NYSED pre-participation physical form is the accepted standard form and can be found on the school website. All allergies, as well as previous medical history, must be clearly stated to ensure safety of all athletes. If a student-athlete is temporarily disqualified from sport, the athlete must have an appointment with an applicable specialist and will not participate in sport unless clearly stated by the attending licensed physician. This form must be signed by the physician and the parent/guardian of the student athlete. Student athletes may not participate in any team or individual practices until the current physical is turned in to the coach, athletic director, or athletic trainer. The athletic trainer will keep record of the received physicals, and forward a copy to the applicable school nurse. As of August 2023, all physicals will be logged into FinalForms for electronic medical documentation by the athletic trainer. Please see the [District Policy #7512](#) regarding details on school physicals.

Athletic Trainer Coverage and Travel

The athletic trainer at Grand Island High School is responsible for the provision of medical coverage for all sanctioned home events, and away competitions for Varsity Football and Hockey. All coaches and administrators have the necessary information to contact the athletic trainer in the event that they are not at the location of an injury. In the event that a student-athlete from a visiting team gets injured without their own athletic trainer available, the athletic trainer will treat them as they would their own athlete, inform the visiting coaches or administrators of the decision, and provide instructions for the continuation of care. The athletic trainer will also attempt to contact the team's respective athletic trainer to notify them of the injury. There is a 24-hour rule regarding changes to the schedule: if the athletic trainer is not notified of a change in practice (excluding weather) 24-hours in advance they are not liable for practice coverage.

Athletic Training Facility Rules

1. Sign in using QR Code on wall for treatments
2. Phones are put away after signing in
3. Treat others with respect!
 - a. Put away what you use
 - b. Keep conversations to a low volume
 - c. Listen to directions
 - d. No name calling, swearing, slurs, or other behavior that can be interpreted as bullying
4. **YOU** are responsible for being on time to your practice unless otherwise directed by the AT or your coach.

Taping

- Athletes will only be taped for activity if they have an injury that is documented and deemed necessary by the athletic trainer.
 - Athletes **MUST** participate in rehab exercises assigned by the athletic trainer prior to being taped.
- No spatting of any kind will occur unless the athlete brings his or her own tape and has a medical reason to need a spat.

Documentation and Insurance Plans

All injury evaluations and medical advice given to athletes will be documented by the athletic trainer through FinalForms. All medical documentation will be kept confidential.

An injury log will be kept via FinalForms organizing the injury evaluations. The injury log will include the date of injury, athlete name, sport, body part, injury, and the number of days missed.

Each time a student-athlete comes into the athletic training room for treatment, they will be entered into the treatment log which includes the date of treatment, athlete name, injury, and what treatment they received that day. If the athlete does treatment on multiple injuries, each injury will have a separate entry. Rehab sheets will be made for each athlete dependent on their injuries and progression.

Student-athletes who seek external medical assistance for orthopedic injury or illness (with or without school nurse or AT referral) that potentially affects their participation in physical education or GICSD sanctioned sports must bring a note from the healthcare provider indicating their participation status. If no note is provided by the student-athlete or parent to the school nurse or athletic trainer, the student will not be allowed to participate until documentation is received, per NYSED Guidelines. If an athlete is obtaining medical clearance following removal from participation from any period of time, the note is required to be from the same level of expertise or greater for that specific medical condition (example: Urgent Care cannot clear an injury already seen by an Orthopedic).

If a student-athlete is referred to a physician, emergency room, or hospital for further evaluation of an injury obtained while participating in a Grand Island CSD athletic competition, practice, or training session, they may be covered under the organization's secondary insurance policy. In this case, the patient may file a claim through this insurance policy. Student-athlete's primary insurance will be billed first, and then Grand Island will implement the secondary insurance. See [District Policy #7520](#) for further information.

THIS DOES NOT GUARANTEE FULL COVERAGE OF ALL MEDICAL BILLS.

Referrals and Physicians

All reported orthopedic injuries will be evaluated by the athletic trainer and then referred to a physician as indicated by the examination. The athletic trainer is partnered with NFMMC and UBOrtho and will advise referral of orthopedic injuries to those locations, but it is ultimately the decision of the patient and parent/guardian.

All illnesses will be referred to the patient's primary care provider or the local urgent care. They will evaluate the student-athlete and make a decision on participation and treatment. The athletic trainer should be notified of any visits to another healthcare provider and documentation must be provided by the athlete in order to return to participation.

In the situation that a student-athlete is referred to an emergency room, the emergency contact listed by the parent/guardian will be notified. If they cannot transport or accompany the athlete to the emergency room, a coach or administrator will do so until the athletic trainer and/or parent or guardian is available. If the athlete is transported by ambulance, a coach or administrator employed by Grand Island will accompany the athlete.

Recommended hospitals:

Niagara Falls Memorial Medical Center
621 10th St, Niagara Falls NY 14301

Oishei Children's Hospital
818 Ellicott St, Buffalo NY 14203

Kenmore Mercy Hospital
2950 Elmwood Ave, Kenmore NY 14217

Physicians

Niagara Falls Memorial Medical Center and UBOrtho is the primary referral for all orthopedic injuries at Grand Island High School. Other local healthcare centers are listed for illnesses or emergent care.

UB Ortho

Locations:

Summit Healthplex
6934 Williams Rd Suite #600, Niagara Falls NY 14304
(716) 298-5903

716 Health
111 N Maplemere Rd, Suite #100, Williamsville NY 14221
(716) 204-3200
*Also After Hours OrthoCare

WellNow Urgent Care

Grand Island: 2340 Grand Island Blvd
Grand Island, NY 14072
(716)404-3731

Medications

Any athletes who take medications on a regular basis must indicate so on their pre-participation physical examination. The school nurse will also be notified of any prescribed medications. The student-athlete is responsible for carrying these medications after school hours.

The athletic trainer **CANNOT** administer over-the-counter medication to athletes. See [District Policy #7513](#) for additional information.

Severe Weather Policy- Heat

Grand Island High School athletic activities will follow the guidelines of NYSPHAA concerning the procedures for avoiding heat injury/illness. These procedures affect all outdoor activities, and any indoor activity particularly if air conditioning may not be available or other heat problems occur.

The procedure calls for the determination of adequate exercise conditions by use of a Wet Bulb Globe Thermometer (WBGT). A WBGT device is a measurement tool that uses ambient temperature, relative humidity, wind and solar radiation from the sun to get a measure that can be used to monitor environmental conditions during exercise. The procedures are:

Procedure for testing

- Thirty (30) minutes prior to the start of activity, WBGT readings should be taken at the practice/competition site.
- If a reading is determined whereby activity is to be decreased (above 86.9), then re-readings would be required every fifteen (15) 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 table, activity should be altered and/or eliminated as determined by:

<u>Under 76.1 WBGT Reading:</u>	<u>76.2-81.0 WBGT Reading:</u>	<u>81.1-84.0 WBGT Reading:</u>	<u>84.2-86.0 WBGT Reading:</u>	<u>Over 86.2 WBGT Reading:</u>
Normal activity Three (3) separate rest breaks each hour during workout Minimum of three (3) minutes in duration	Use discretion for intense or prolonged exercise Watch at-risk athletes Provide at least three (3) rest breaks, lasting at a minimum four (4) minutes for every hour of practice	Maximum practice time is two (2) hours Football players restricted to ONLY HELMETS, SHOULDER PADS, & SHORTS All protective equipment MUST be removed for conditioning activities Must provide four (4) separate rest breaks each hour, lasting at minimum four (4) minutes	Maximum length of practice is one (1) hour with NO protective equipment worn NO conditioning activities Must be twenty (20) minutes of rest breaks provided during the one (1) hour practice	Stop all outside activity in practice and/or play and stop all inside activity if air conditioning is unavailable.

Severe Weather Policy- Cold

Cold injuries are a common result of exposure to cold environments during physical activity. The occurrence of cold injuries depends on the presence of low air or water temperatures and the influence of wind on the body's ability to thermoregulate. Cold injuries fall within three categories: decreased core temperature (hypothermia), freezing injuries of the extremities, and non freezing injuries to the extremities.

Prevention of cold injury:

- o PPE to identify those with a history of cold injury
- o Identify those with known risk factors, monitor
- o Educate athletes and coaches concerning the prevention, recognition, and treatment of cold injury
- o Educate and encourage athletes to maintain proper hydration and eat a well-balanced diet
- o Educate participants on proper clothing for the weather
- o Provide the opportunity for athletes to rewarm, as needed, during and after activity
- o Keep rewarming materials, rehydration materials, and means of communication accessible during event

Cold injuries should be recognized as soon as possible to begin proper treatment. Affected athletes should be removed from the cold environment. Wet clothes should be removed and replaced with warm, dry clothing. Rewarming should be gradual, with heat applied only to the core of the body to prevent "afterdrop". If an individual is experiencing moderate to severe hypothermia, they should be moved very carefully to avoid paroxysmal ventricular fibrillation. Any cold injury beyond mild hypothermia will be referred for advanced medical care to the Emergency Room and will require a physician's clearance to return to activity.

The following guidelines provided by NYSPHAA can be used in planning activity depending on the wind-chill ("Feels Like") temperature. Conditions should be constantly reevaluated for change in risk, including the presence of precipitation:

A reference can be found in the Appendix section, pages 59-60.

39 F - 20 F:	19 F -10 F:	9 F - -10 F:	-11 F and below:
Wind Chill Caution: Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing	Wind Chill Watch: Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss.	Wind Chill Warning: Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss. Consider postponing practice to a time when the Feels Like temp is much higher. Consider reducing the amount of time for an outdoor practice session.	Wind Chill Alert: No outside activity, practice or contest, should be held.

Severe Weather Policy- Lightning

Grand Island High School uses the Weatherbug phone app to monitor weather conditions and make decisions regarding lightning. The athletic trainer has unquestionable authority in postponing practice activity due to weather conditions. Referees and Umpires will be notified of impending storms, and will be responsible for postponing/canceling games in these situations, per NYSPHAA policies.

An activity will be delayed at the first sight of lightning or sound of thunder, per NYSPHAA guidelines. The site must be cleared immediately of all persons in an orderly manner. The athletic trainer will notify the coaches and, if applicable, referees of the impending storm. If the athletic trainer is not present, the athletic director or head coach is responsible for monitoring the weather and activating evacuation from the outdoor activity site. All activities will abide by the following recommendations of the National Severe Storms Service:

1. If thunder and/or lightning can be heard or seen, stop activity and seek protective shelter immediately. An indoor facility is recommended as the safest protective shelter. Avoid standing under large trees, telephone or light poles, and sitting on anything metal. If the only alternative is a tree, choose a small tree in a wooded area that is not on a hill. As a last alternative, find a ravine or valley. In all instances, outdoors, assume the below mentioned crouched position.
2. In situations in which thunder or lightning may be present and you feel your hair stand on end and skin tingle, immediately assume a crouched position: Drop to your knees, place your hands and arms on your legs, and lower your head. Do not lie flat. If you feel this sensation, the person is in imminent danger of being struck by lightning and should use the crouched position as stated.
3. The team should wait 30 minutes after the last sound of thunder is heard or lightning is seen before resuming play. This is sufficient time to allow the storm to pass and move out of lightning strike range. The perilous misconception that it is possible to see lightning coming and have time to act before it strikes could prove to be fatal. The lightning that can be seen flashing is actually the return stroke flashing upward from the ground to the cloud, not downward. When the lightning strike is seen, it has already hit.

Due to the current facilities, the safest location for athletes, coaches, staff, and spectators are their vehicles.

Alert	Meaning
Heads Up	Lightning within 15 mi (13 nmi)
Begin Safety Procedures	Lightning within 12 mi (8.68 nmi)
You are Now in Danger; Safety Procedures Should be Complete	Lightning within 6 mi (5.2 nmi)
All Clear	Lightning has not been detected at 15 mi (13 nmi) for 30 min

Mental Health Policy

Introduction

The purpose of this policy is to help create guidelines and a chain of command in case of an instance that a student athlete is having a mental health crisis. A mental health crisis is an emergent or non-emergent situation involving a student-athlete. This policy will give the tools needed to help identify suspected mental disorders and implement the proper route of action to ensure that the student-athlete or athletes involved get the proper care and treatment they need.

Recognizing Mental disorders (Signs and Symptoms)

Anxiety

- Restlessness or feeling wound-up or on edge
- Being easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Difficulty controlling the worry
- Sleep problems (difficulty falling or staying asleep, restless, or unsatisfying sleep)

Depression

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure from hobbies or activities
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentration, remembering, or making decisions
- Thoughts of death or suicide, or suicide attempts

It is important to remember that these are not all the signs and symptoms of these mentioned conditions, just the most common. A more in-depth list can be found at <https://www.nimh.nih.gov/index.shtml>. It is also important to mention that if a student-athlete is experiencing these symptoms, it should not be automatically assumed that they have a mental health disorder.

Potential mental health triggers

- Stress
- Pressure in school
- Poor performance or loss of playing time
- Season or career ending injuries
- Financial burdens
- Illness or injury of a family member
- A death of a loved one

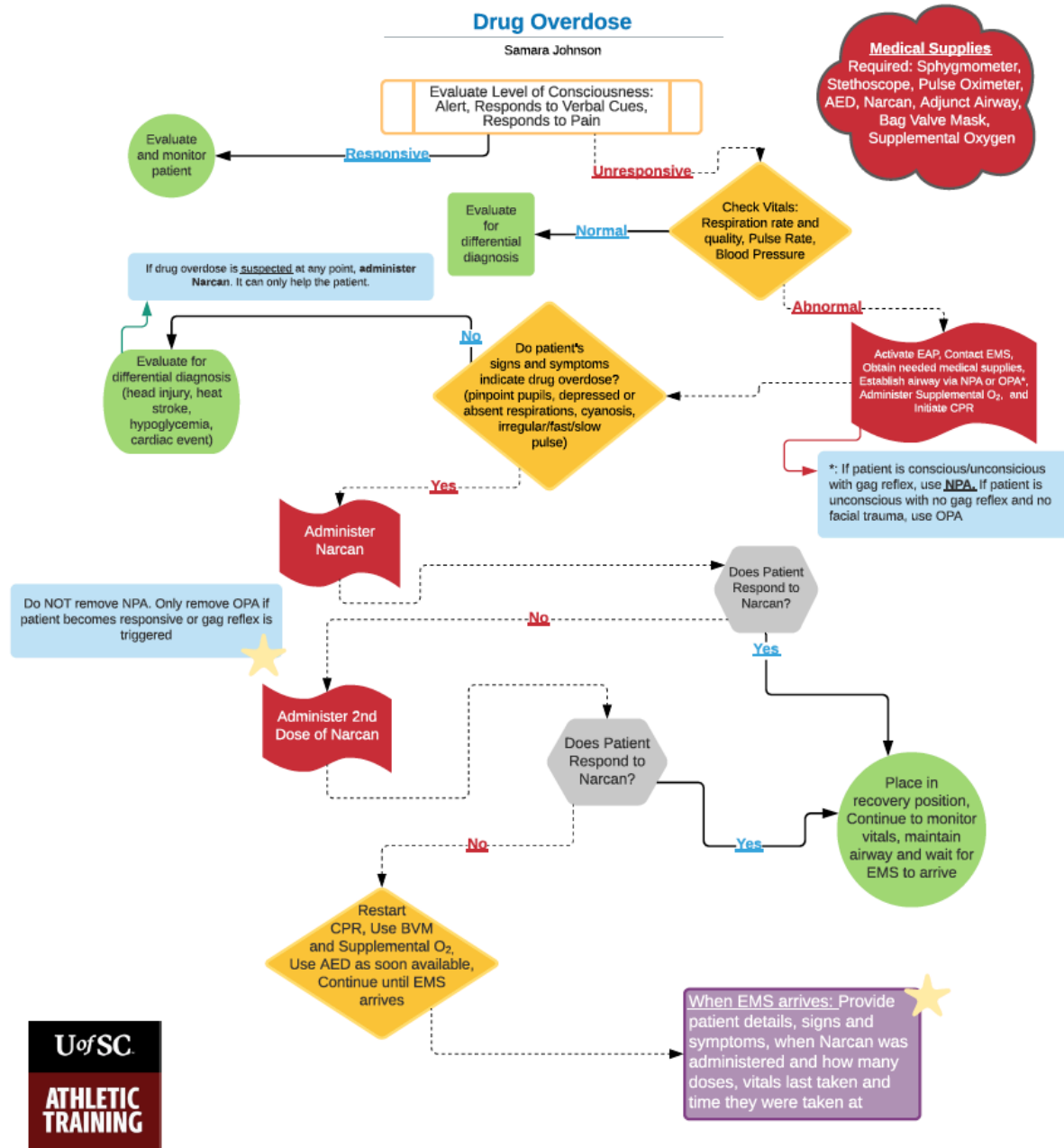
- Drugs and alcohol
- Previous mental health disorder
- Parents getting a divorce
- Scholarship changes
- Being assaulted

It should be noted that these are not all the possible triggers for a mental health crisis. This list is just to name a few. Any life altering or schedule changing event could possibly be a trigger.

*****The proper chain of command will be followed by district employees*****

Drug Overdose Management Policy

Grand Island High School does have immediate access to Narcan, Bag Valve Mask, and Adjunct Airways. The flowchart below should be followed to the best possible standard. If these supplies are not available, CPR should be continued until advanced medical care arrives.



Active Shooter Policy and Procedures for Athletic Events

Introduction

An Active Shooter is someone who is “actively engaged in killing or attempting to kill people in a confined and populated area.”

In a majority of all school shootings, at least one person had information that the attacker was thinking about or planning an attack at the location. In prevention efforts, any indication or information that would signal a possible plan should be reported to the school resource officer, principal and guidance counselor and be taken extremely seriously.

Almost 2/3 of active shooter events are over in under 15 minutes, which is typically before any law enforcement arrives. Approximately $\frac{3}{4}$ of active shooters walk into the facility through the main entrance.

Because of the quick and unpredictable nature of active shooter situations, individuals must be prepared to handle an active shooter situation.

Purpose

This Active Shooter Response Plan provides instructions and guidance to effectively address the response of **Grand Island Athletics** to an Active Shooter incident. The Active Shooter Response Plan provides guidance for developing and implementing procedures in response to an Active Shooter incident. The objective of this plan is to help this school prepare for potentially dangerous situations with active shooter scenarios.

Basic Response Policies

GOOD PRACTICES

- Be aware of your environment and any possible dangers or “red flag” behaviors
 - o Aggression or threats towards coworkers
 - o Presence of unauthorized weapons
 - o Abnormal mood swings or depression, withdrawn behavior, decrease in hygiene, paranoia
 - o Increased use of alcohol or illegal drugs
 - o Suicidal remarks or comments about “putting things in order”
 - o Repeated violations of policies, regulations, or laws
 - o Talk of severe financial problems
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- If you are in a hallway, get into a room and secure the door
- If you are at a practice field or game venue (i.e. gym, football stadium, practice field), know the surrounding buildings and escape routes (weight room, concession stand, wooded area behind the school, cars *when they are able to help evacuate)

- As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.
- **CALL 911 ONLY WHEN IT IS SAFE TO DO SO**

HOW TO RESPOND TO AN ACTIVE SHOOTER IN YOUR FACILITY

Quickly determine the most reasonable way to protect your own life. Remember that students and visitors are likely to follow the lead of employees and managers during an active shooter situation.

1. **Evacuate.** If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
 - Have an escape route and plan in mind
 - Evacuate regardless of whether others agree to follow
 - Leave your belongings behind
 - Help others escape, if possible
 - Prevent individuals from entering an area where the active shooter may be
 - Keep your hands visible
 - Follow the instructions of any police officers
 - Do not attempt to move wounded people
 - Call 911 when you are SAFE
2. **Hide out.** If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
 - Be out of the active shooter's view
 - Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
 - Avoid windows
 - Do not trap yourself or restrict your options for movement
 - To prevent an active shooter from entering your hiding place:
 - o Lock the door
 - o Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain silent

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. **Defend.** As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
 - Acting as aggressively as possible against him/her
 - Throwing items and improvising weapons
 - Yelling
 - Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible.

Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4)
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety
- Remain calm and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

The first officers to arrive to the scene will not stop to help injured subjects. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured subjects. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

Key Individuals

- a. Athletic Director – Brett Banker
- b. Athletic Trainer – Samara Johnson, MS, LAT, ATC
- c. Event Security
- d. Coaches
- e. Event Support Staff

Lockdown Procedures

- f. **COMPLETE LOCKDOWN:** This procedure will be in response to a specific threat to a facility or campus. All entrances will be locked, and NO ONE will be permitted to enter or leave the building with the exception of designated district personnel, law enforcement and first responders. Additional, law enforcement representatives and emergency support personnel may be on the scene or in the area.
 - i. **This procedure will be initiated by:**
 - 1. Primary: Event Security
 - 2. Alternate: Athletic Director- Brett Banker
 - 3. Alternate: Athletic Trainer – Samara Johnson
 - 4. Alternate: Coaching Staff
 - ii. *Within the school building (High School)* – All athletes and staff will move to a secure room (no windows facing into the hall, minimal points of access, doors have locks) and lock and barricade the door. The individual that initiated the lockdown will ensure all exits are secured. (examples: locker rooms, team rooms, weight room, bathrooms, room 110, room 108 WHICHEVER IS CLOSEST AND ACCESSIBLE). All spectators will follow suit. Event security and school staff will facilitate moving safely to secure locations.
 - iii. *Within the school building (Middle School)* – All athletes and staff will move to a secure room (no windows facing into the hall, minimal points of access, doors have locks) and lock and barricade the door. (examples: locker rooms, storage closets, PE Offices, Middle school gym if threat is external to the building. WHICHEVER IS CLOSEST AND ACCESSIBLE) The individual that initiated the lockdown will ensure all exits are secured. All spectators will follow suit. Event security and school staff will facilitate moving safely to secure locations.
 - iv. *Turf Complex* – All athletes, coaches, and staff will move to the storage shed next to the football field or evacuate into the woods surrounding the field and wait until emergency personnel arrive. If possible, evacuate the field to cars or nearby businesses.
- g. **MODIFIED LOCKDOWN:** This procedure will be in response to a general threat to the facility or campus. All entrances will be locked, and “controlled access” will be permitted when leaving or entering the building. Normal instructional and operational activities (exception: student outside activities will not be allowed) will continue. Designated District staff, Law Enforcement representatives and emergency support personnel may be on the scene or in the area. If designated District Staff determines that access to the facility is feasible and will not affect the safety and/or welfare of the students, staff and operations of the facility, continued or limited controlled access may be implemented. Anyone entering the building will be required to provide a valid reason they require access and be prepared to furnish a photo ID.

Notification

- h. The athletic director, or the alternates listed in **Lockdown Procedures**, will be responsible for ensuring that the presence of an active shooter is notified. If the athletic director is unable to make this announcement, the athletic trainer will be the alternate personnel responsible for this announcement. The message will read:
“Attention students, faculty, and spectators, the facility will now go into lockdown procedure. This is not a drill. Please stay in place until contacted by administrator or emergency personnel.”
- i. **Contacting 9-1-1** immediately is **crucial** in ensuring that first responders arrive as soon as possible. The athletic trainer will contact emergency personnel while the athletic director handles control of the crowd(s).
- j. Employees and visitors who are hearing impaired will be notified via signage provided by the athletic director.

Evacuation/Assembly

- k. The following areas will be checked regularly and updated if required:
 - i. Building/site maps with designated evacuation routes are located at key locations
 - ii. Exits are clearly marked
 - iii. Evacuation plans include ability to assist people with functional needs
 - iv. Designated rally points are located a safe distance away
 - v. Employee rosters and contact information are updated regularly
- l. The primary personnel responsible for ensuring there is an evacuation plan is the athletic director, the following alternates listed in **Lockdown Procedures** will guide evacuation if the Athletic Director is unable. Primary and alternate rally points are identified as:
 - i. Primary: Island Kids Child Care Center- Ransom Rd
 - ii. Alternate: Sunoco- Ransom Rd
 - 1. Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

First Responder Coordination

- m. Communicating information to first responders in a timely manner is vital to quickly eliminating the active shooter threat. The following are responsible for providing information to first responders (primary / alternate).
 - i. Primary: Athletic Director – Brett Banker
 - ii. Alternate: Athletic Trainer – Samara Johnson
 - iii. Alternate: Coaching Staff
- n. Local Law Enforcement Information

- i. Grand Island Emergency Dispatch: (716)773-7508

Care of Injured Subjects

- o. If you can ensure your own safety, you may help injured subjects. If there is **any** threat at **any** time, remove yourself immediately and find a safe location. Care of injured subjects fall onto the Athletic Trainer present at the event; however, staff can assist as needed.
- p. Subjects who need medical care should be triaged if safe to do so. Those who can evacuate (“walking wounded”) should evacuate and seek medical attention at the coordinated rally point. Those subjects who are unable to evacuate should be triaged on scene, and medical care should be applied. ALWAYS STOP THE BLEEDING FIRST. Breathing and pulse should be taken initially, with rapid assessment of the injury. If the subject is not responsive, has no breath sounds and no pulse, AND there are multiple other injured subjects, the medical care provider should provide care to those who still have breath sounds and a pulse.
- q. Bleeding
 - i. ABCs of Bleeding
 - 1. Alert – **call 9-1-1 (OR (716)773-7508)**
 - 2. Bleeding – find the bleeding injury
 - i. Open and remove clothing if necessary so you can clearly see the wound
 - ii. Look for “life-threatening” bleeding:
 - i. Blood that is gushing out
 - ii. Blood that will not stop coming out of the wound
 - iii. Pooling blood
 - iv. Clothing that is soaked
 - v. Bandages that are soaked through
 - vi. Loss of limb
 - vii. Victim is confused or unconscious
 - 3. Compress – Apply pressure to stop the bleeding by:
 - i. Covering the wound with a clean, absorbent material such as cloth, and apply pressure by pushing directly on the bleeding site with both hands
 - ii. Use a tourniquet
 - i. Wrap tourniquet (or other sturdy material such as a belt) around bleeding limb at least 2-3 inches above the open wound, do not place tourniquet on a joint, move above if necessary
 - ii. Pull loose end of tourniquet to make it as tight as you are able
 - iii. Place a straight, durable object underneath and twist until the bleeding stops
 - iv. Secure, and note the time

- iii. Packing or stuffing the open wound with gauze or other clean absorbent material, then applying pressure with both hands
 - i. DO NOT remove the dressing if the bleeding continues, add more material on top of the existing layers.

Communications Management

- r. Providing consistent and accurate information to authorities, employees, family and the media can reduce the impact of an active shooter scenario on an organization and its people. The following are responsible for communicating the organization's message internally and externally.
 - i. Primary: Athletic Director- Brett Banker
 - ii. Alternate: Event Security
 - iii. Alternate: Athletic Trainer(s)- Samara Johnson
 - iv. Alternate: Coaching Staff
- s. **SPECTATOR RESPONSIBILITIES:** During lock down, the safety of athletes, staff and spectators on scene at time of lockdown or paramount. In the event of a lockdown, normal daily access procedures may be altered, and the following guidelines must be followed:
 - i. Spectators will be required to provide Photo ID upon request
 - ii. Spectators must abide by all directive issued by District Staff or Law Enforcement
 - iii. Do not attempt to interfere with District Staff, Law Enforcement representatives or Emergency personnel
 - iv. Move as directed to safe or parent/guardian reunification areas as instructed
 - v. Adhere to all Law Enforcement directives and instructions in a lawful manner
 - vi. Depending upon the nature of the situation, Law Enforcement may declare area a crime scene and they will control access
 - vii. Do not attempt to call students to have them meet with you. They will be released to your custody as soon as all clear has been given
 - viii. Do not attempt to enter the facility unless instructed

Recovery

- t. Recovery from an active shooter scenario will likely be a whole community effort. It may include hospitals, grief counselors, lawyers, employee assistance, and other assistance as required. The following will be activated as needed:
 - i. NFMMC
 - ii. UBMD

The above plan has been adapted from the following sources:

- <https://www.k12.wa.us/sites/default/files/public/safetycenter/emergency/pubdocs/activeshooteroverview.pdf>

- https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf
- <https://www.cdse.edu/documents/student-guides/shorts/GS105-guide.pdf>
- <https://www.cdse.edu/documents/toolkits-physical/active-shooter-plan-template.docx>
- http://www.countyofsb.org/uploadedFiles/phd/PROGRAMS/Emergency_Preparedness/Statewide_Exercise/NEW%20Active%20Shooter%20EAP%20Template.docx
- <https://www.bleedingcontrol.org>
- Active Shooter Emergency Action Plan Guide | CISA www.cisa.gov
- <https://www.bocatc.org/blog/preparing-schools-for-an-active-shooter-emergency>
- <http://www.bocatc.org/blog/planning-for-injuries-from-an-active-shooter-incident-part-two>
- <https://pbgpredators.demosphere-secure.com/dpl-girls/dpl-athletic-trainer/emergency-action-plan>
- <https://www.nata.org/sites/default/files/emergencyplanninginathletics.pdf>

COVID-19 Policy

Student- athletes who have symptoms of COVID should be kept home and the school should be notified by a parent/guardian. Student-athletes who test positive for COVID should follow CDC and Erie County guidelines regarding isolation at home and a parent/guardian should notify the school in the case of a positive test.

Student athletes may return to school and sport after day 5 of symptoms (recommended to wear a mask until day 10).

In the case where a student athlete has significant respiratory and/or cardiac symptoms upon returning to play, they will be removed from participation and a parent/guardian will be contacted to facilitate follow up medical care for the student athlete.

Grand Island Athletic Emergency Action Plan

1100 Ransom Rd, Grand Island, NY 14072

716-773-8820

This EAP is to be followed in the event that EMS needs to be activated to care for an injured/ill athlete, staff member, or spectator at Grand Island Athletic events.

Emergency Personnel: Athletic trainer is on premise, coaches present with the team

Emergency Communication: The athletic trainer and all coaches, security personnel, and support staff carry cell phones during practices and games.

Emergency Supplies: AED, BVM, Resuscitation mask, Airway kit, blood pressure cuff, stethoscope, splinting supplies, PPE

Roles within Emergency Response:

- **Athletic Trainer-** preventative care, immediate evaluation and care, activation of the EAP, contact 911, return to play decision making, physician referrals for injured/ill athletes
- **Coaching Staff-** Assist athletic trainer, direct EMS personnel to scene, unlock and open gates, designate an individual to flag down ambulance, Retrieve medkit/emergency supplies, ride with athlete to hospital if parent/guardian is not present, crowd control
- **Administrative Personnel-** Ensure accessibility to venue for EMS, crowd control

EMS Contact Information:

- From cell phone: **Grand Island Fire Dept 773-7508** (Direct line to GIFD Dispatch)
- From landline: 9-1-1

When contacting EMS please clearly state:

- **“My name is ____ (Your name) ____”**
- **“I am calling from Grand Island High School”**
- **Wait for dispatch to prompt you** for the nature of emergency (What happened, current status of the individual, location), including age and gender of patient
- Give directions of location inside the complex - specific directions listed.
- **Stay on the phone with Dispatch until EMS arrives.**

AED Locations:

- In wall AEDs are located:
 - a. In the Viking Mall next to Casey’s Corner Store
 - b. Outside the back gym door near the weight room
 - c. Near the Nurse’s Office
- A portable AED is to be carried with the Athletic Trainer to all practices, scrimmages, and events

Evacuation:

- In the event of lightning: athletes, coaches, staff, and spectators must evacuate outdoor venues to a building with electricity **and** plumbing, or their vehicles/bus. Must wait 30 minutes from the last thunder or lightning strike for return to outdoor activity.
- In the event of an active shooter threat: athletes, coaches, staff, and spectators must evacuate away from the site of the threat. Safe zones are indicated in the Active Shooter Policy.

Athletic Training Room (HS Room 124)

EMS to enter the complex via **Driveway 5**, and directed to enter complex via **door 21** to enter Viking mall, turn left and ATR is Room 124, first 2 doors on the left side across from the main gym



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Main Gym

EMS to enter the complex via **Driveway 5**, and directed to enter via **door 21** located near the loading dock of the HS, and the South End of the Viking Mall.



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Upstairs Gym

EMS to enter the complex via **Driveway 5**, and directed to enter via **door 21** located near the loading dock of the HS, and the South End of the Viking Mall.



Athletic Trainer - Samara Johnson - 986-3193
Fire/EMS - GIFD - 773-7508
Police Emergency - Erie County Sheriff - 911

Swimming Pool

EMS to enter the complex via **Driveway 5**, and directed to enter via **door 21** located near the loading dock of the HS, and the South End of the Viking Mall.



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Weightroom

EMS to be directed to enter the complex via **Driveway 1**, and enter **through Door 33**



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Tennis Courts

EMS to enter the complex via **Driveway 5**, walkway to the courts is visible.



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Back Gym

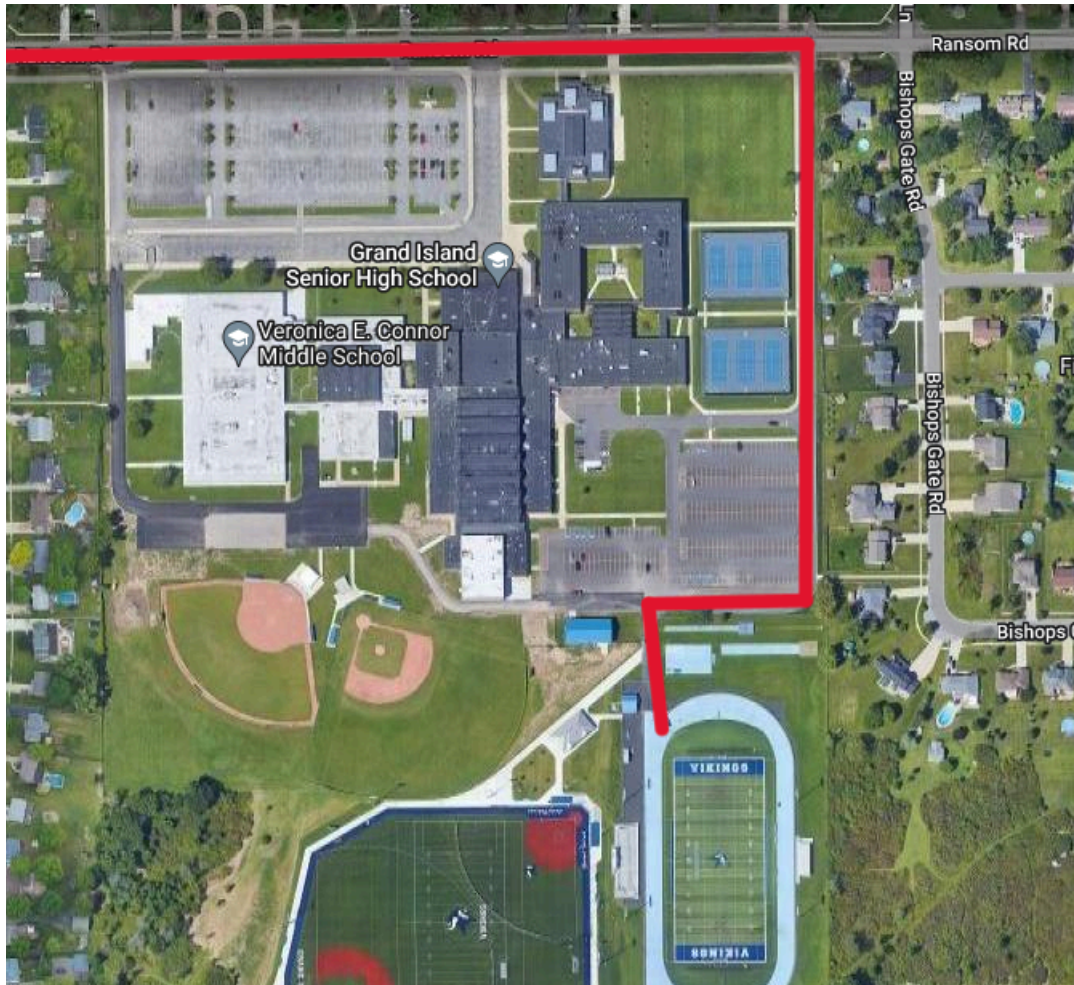
EMS to enter the complex via **Driveway 5**, and directed to enter via **door 27**, located in the rear parking lot behind the HS.



Athletic Trainer - Samara Johnson - 986-3193
Fire/EMS - GIFD - 773-7508
Police Emergency - Erie County Sheriff - 911

Stadium and Multi Purpose Turf Fields

EMS to enter the complex via **Driveway 5**, the easternmost driveway, EMS can drive as close to the incident as possible, and coaches and appointed athletes will help direct EMS to the location of the incident.



Athletic Trainer - Samara Johnson - 986-3193
Fire/EMS - GIFD - 773-7508
Police Emergency - Erie County Sheriff - 911

Natural Baseball/Softball Fields

EMS to be directed to enter the complex via **Driveway 1**, the westernmost driveway, and drive behind the MS, baseball fields are located behind MS and District offices.



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Middle School Gym/Upstairs Gym

EMS to be directed to enter the complex via **Driveway 1**, and enter the building through **MS Main Entrance**.



Athletic Trainer - Samara Johnson - 986-3193

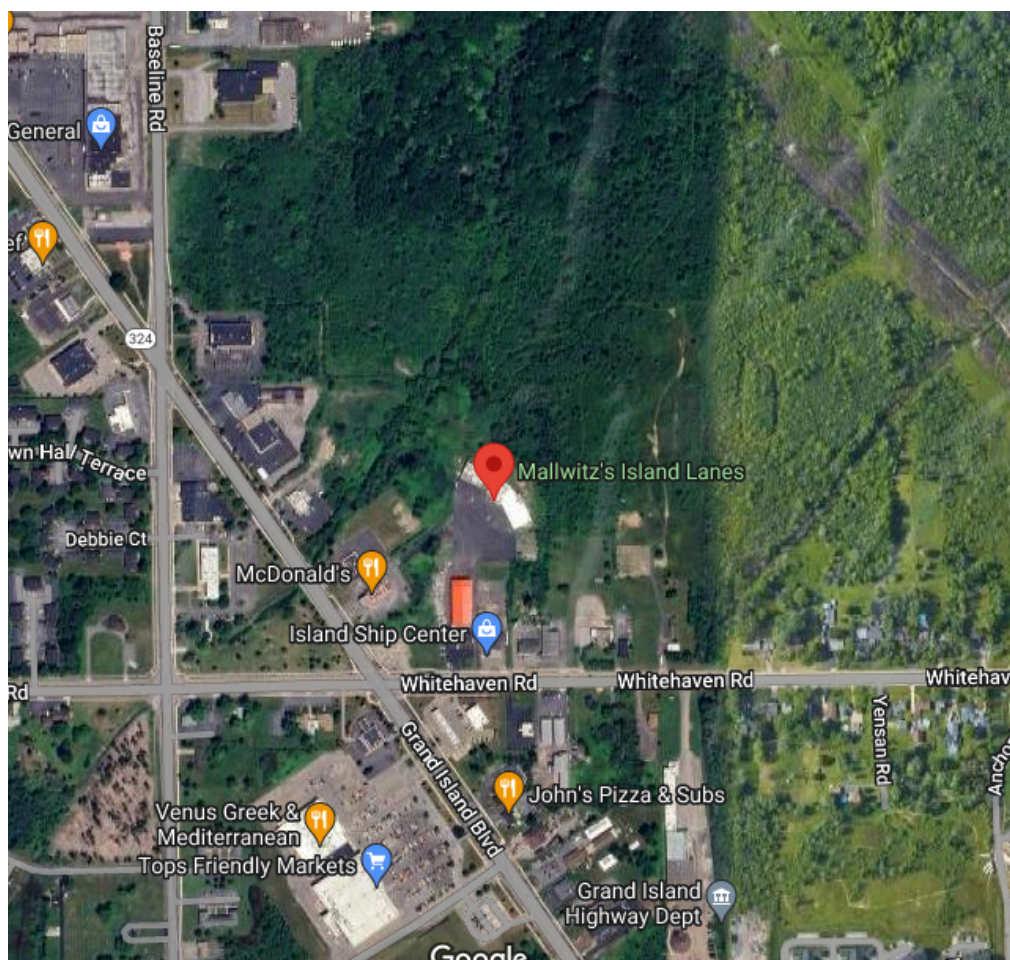
Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Mallwitz's Island Lanes

1887 Whitehaven Rd Grand Island, NY

Lanes are located on Grand Island, so in the event of an emergency call 716-773-7508 from any phone. Specify where the emergency is within the building, notify venue staff of the incident immediately.



Athletic Trainer - Samara Johnson - 986-3193

Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

River Oaks Golf Club

201 Whitehaven Rd, Grand Island NY 14072

Course is located on Grand Island, so in the event of an emergency call 716-773-7508 from any phone. Specify where the emergency is on the course, notify staff of the incident immediately.



Athletic Trainer - Samara Johnson - 986-3193

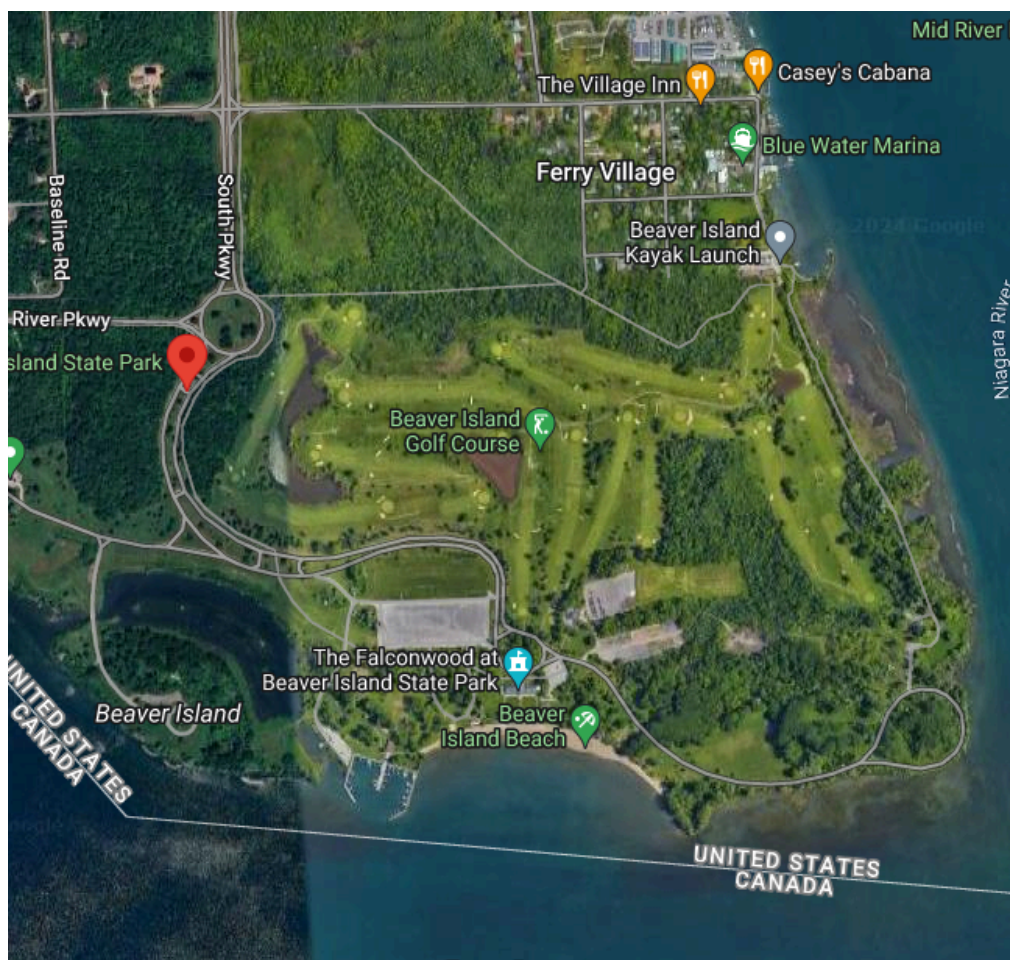
Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Beaver Island State Park

2136 West Oakfield Dr, Grand Island NY 14072

Course is located on Grand Island, so in the event of an emergency call 716-773-7508 from any phone. Specify where the emergency is within the park as specifically as possible, notify park staff of the incident immediately.



Athletic Trainer - Samara Johnson - 986-3193

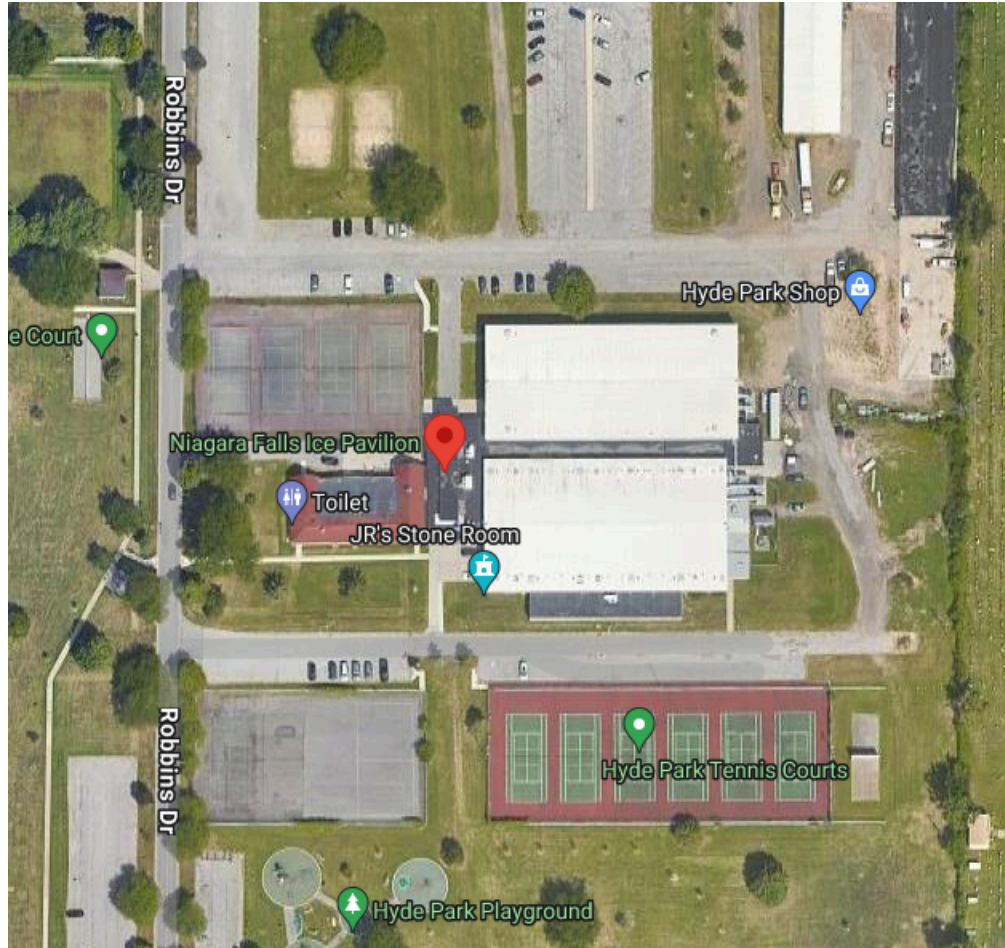
Fire/EMS - GIFD - 773-7508

Police Emergency - Erie County Sheriff - 911

Hyde Park Ice Pavilion

911 Robbins Dr, Niagara Falls NY 14301

Rink is not located on Grand Island, so in the event of an emergency call 911 from any phone. Notify rink staff of the incident immediately. EMS directed to enter Hyde Park via Robbins Drive, and enter the building at the South entrance. Rink 1 is located on the south side of the building, Rink 2 is on the North side. AED is located in Rink 1, near the door to the lobby.

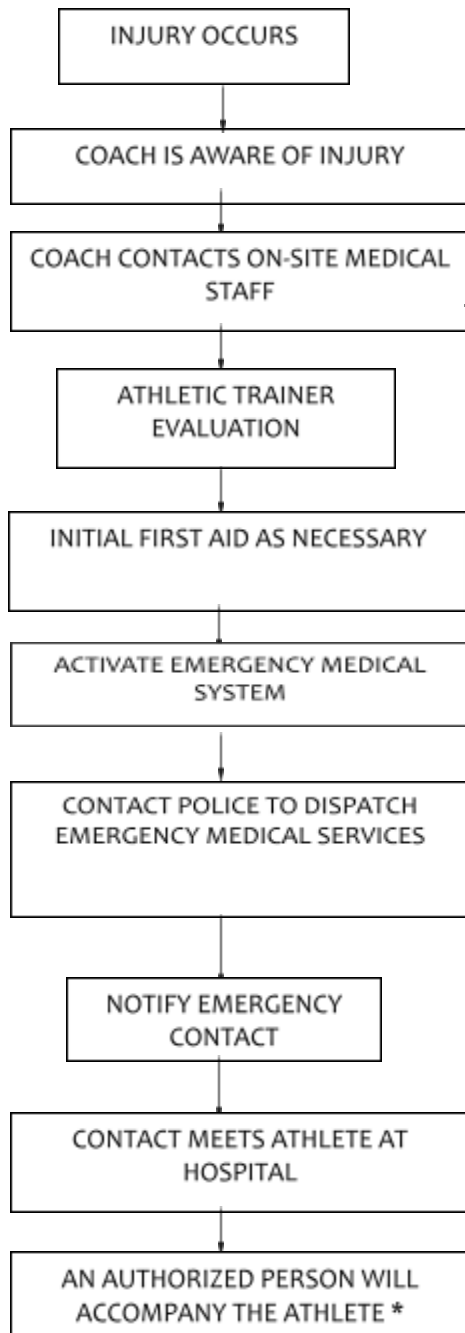


Athletic Trainer - Samara Johnson - 986-3193

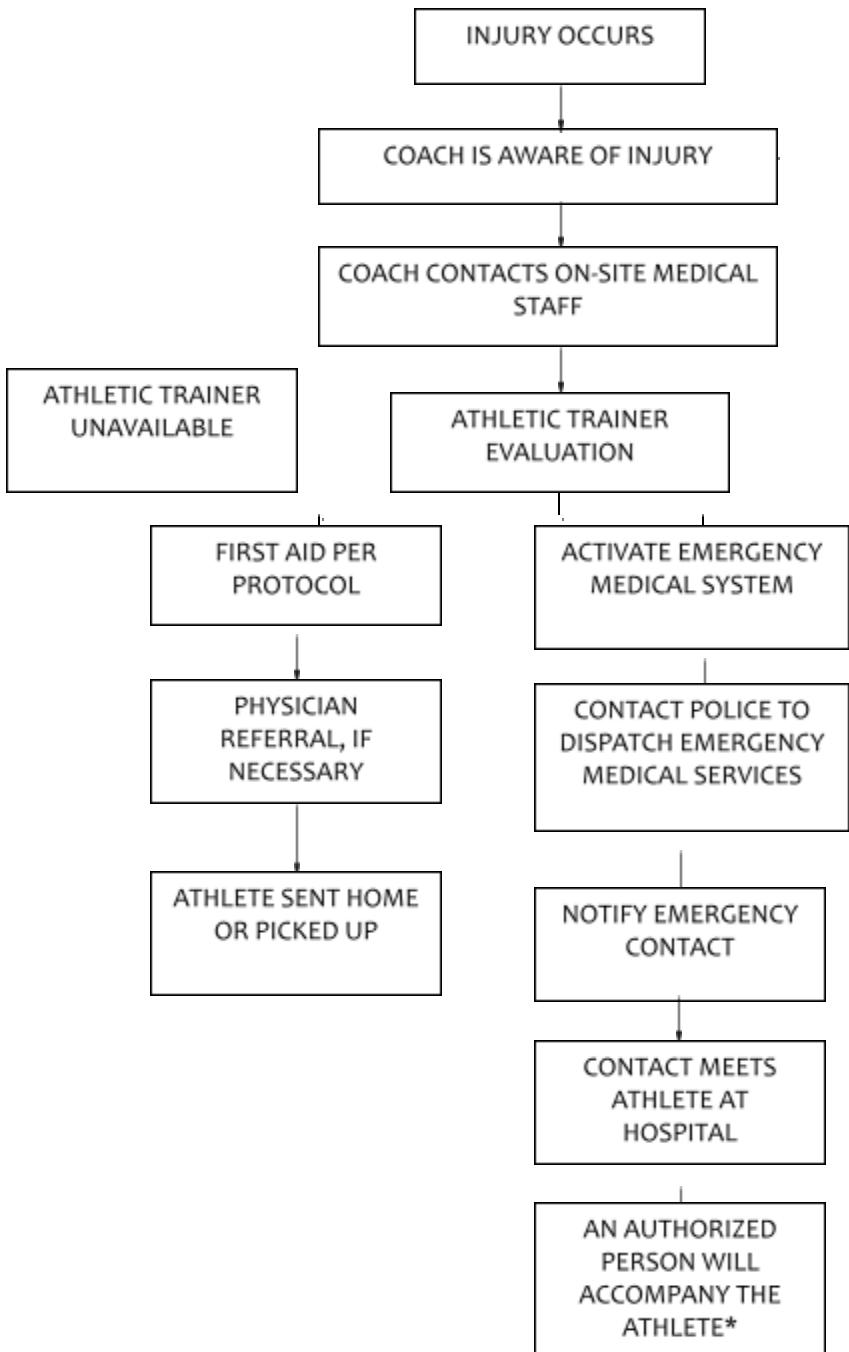
Police Emergency - Erie County Sheriff - 911

Emergency Protocol Flowchart

LIFE THREATENING SITUATIONS



NON- LIFE THREATENING



Emergency Action Plan Rehearsals

The applicable venue Emergency Action Plan will be rehearsed with each JV and Varsity team at the beginning of the regular season. Rehearsals are scheduled by the athletic trainer with the coach(es). Below is what the rehearsal will address, in addition to any questions from students or staff.

- Introduce AT
 - Where to find me
 - What are my hours
 - How to reach me with questions
 - When do you need to see me
- What is urgent?
 - Is it super painful?
 - Can you use your extremity?
 - Can you walk off the field without assistance?
- What is an emergency?
 - Is the injured person conscious?
 - Are they breathing normally?
 - Is it a head/neck/spine injury?
 - Do you see a deformity?
 - Is the person responding normally to questions?
- Types of emergencies:
 - Head/neck/spine until proven otherwise
 - Cardiac
 - Heat Stroke
 - Uncontrolled asthma attack
 - Loss of consciousness
 - Dislocations (Major joints)
 - Displaced Fractures
- LOC is cardiac unless proven otherwise
 - Check responsiveness
 - Check pulse
 - Check breathing
 - IF unsure- activate EAP
- Coaches Role
 - Assess situation
 - Activate EAP
 - Call AT if onsite
 - Instruct students on jobs
 - Provide CPR/First Aid until medical care arrives and provides further instruction/help
 - Contact AT if off-site
 - Contact AD if off-site
- Additional Coaches/Student Roles
 - Remain calm
 - Listen for instructions
 - Obtain and use/assist in use of AED
 - Alert AT
 - Call 911
 - Flag down ambulance
 - Provide CPR to best of abilities until help arrives
 - Wait to be dismissed by a school-related official (Coach, AT, AD)

OSHA Regulations

In accordance with the Occupational Health and Safety Administration, all biohazard materials (gauze, gloves, wound coverings, etc.) will be disposed of in a labeled biohazard trash receptacle in the athletic training room. All personnel must utilize Bodily Safety Isolation procedures regarding disposal of contaminated material. In order to comply, please follow this procedure:

- A. Non-sterile gloves are to be worn whenever contact with blood or bodily fluids, secretions or excretions is anticipated. Non-sterile gloves are available in the athletic training room and athletic trainer's medical kit.
- B. Hand washing must be performed after any contact with blood or bodily fluids. If a hand washing facility is not present, use hand sanitizer.
- C. All contaminated material (bandages, gauze, etc.) must be placed in a leak proof container. This needs to be double bagged and disposed of properly. If the object is dripping with blood, or other body fluids, it will be placed in a biohazard labeled bag.
- D. Red biohazard bags will be provided to ensure proper disposal of hazardous materials on the road. Upon returning to the school, please dispose of these bags in a biohazard container located in the athletic training room.
- E. If the container is full, the AT must notify the athletic director and the bag will be replaced in a safe manner.
- F. **ONLY** contaminated material will be placed in a biohazard bag. Bandage wrappers or regular trash **MUST NOT** be put in the bag.

All sharps will be disposed of in the proper sharps container, located in the athletic training room.

Bloodborne Pathogen Policy

Per Erie 1 BOCES Exposure Control Program, written by Erie 1 BOCES Health, Safety, and Risk Management Office for Grand Island Central School District. Authority for enforcement is the responsibility of the Board of Education for Grand Island Central School District and the Superintendent of Schools.

UNIVERSAL STANDARD OPERATING PROCEDURES FOR EXPOSURE CONTROL

1. Encourage self-administration of first aid to the affected individual(s).
2. Notify the nurse or designated person of the illness or injury.
3. Isolate the individual from others.
4. If absolutely necessary to assist, while awaiting the nurse or outside medical assistance, all applicable personal protective equipment (i.e., disposable gloves) must be worn.
5. Remove gloves and dispose of contaminated first aid supplies as per training.
6. Wash hands and other exposed parts of the body using soap and water.
 - a. Use soap and warm running water. Soap suspends easily removable soil and micro-organisms, allowing them to be washed off. Dispenser-style liquid soap is recommended.
 - b. Wet hands thoroughly under warm running water and dispense soap into wet hands.
 - c. Rub and scrub hands together for approximately 15 seconds to work up lather.
 - d. Scrub knuckles, back of hands, nails and between fingers.
 - e. Rinse hands under warm running water. Running water is necessary to carry away debris and dirt.
 - f. Use paper towels to thoroughly dry hands.
 - g. After drying hands, use the towel to turn off the faucet.
 - h. Discard paper towels into appropriate plastic lined waste receptacle.
7. **Medical consultation with the nurse/health care provider.**

Employees who have been exposed to potentially infectious material are entitled to post exposure evaluation and treatment to include Hepatitis B vaccine.
8. Contact custodian or appropriate individual to properly clean and disinfect the contaminated area.

**STANDARD OPERATING PROCEDURES
FOR
ATHLETICS AND PHYSICAL EDUCATION**

1. Coaches and athletic trainer(s) will use proper protective equipment and adhere to safety procedures in all athletic activities as described in the initial and refresher training.
2. Students with open lesions (i.e., cuts, sores, acne with draining lesions) should not participate in close physical contact sports unless the lesions are dry, scabbed over or can be effectively and securely dressed with a bandage or gauze.
3. During practices and competitions, coaches will have on hand disposable latex gloves, gauze pads, sealable plastic bags, paper towels, sanitary absorbent material, disposable alcohol towelettes, liquid soap and water, alcohol or another disinfectant.
 - a. Clean and disinfect all soiled, washable surfaces (i.e., floors, mats, walls, etc.) immediately, removing soil before applying disinfectant.
 - i. Use paper towels or tissues to wipe up small soiled areas. After the spill is removed, use clean paper towels and soap and water to clean the area.
 - ii. Apply a sanitary absorbent agent for larger soiled areas. After the spill is absorbed, vacuum or sweep up material. Discard material in a sealable plastic bag.
 - iii. Disinfect area with an EPA-approved disinfectant according to manufacturer's instructions.
4. Follow Universal Precaution procedures for Blood/Body Fluids (see previous page).
5. If open lesions or wounds have come in contact with blood from another person, the affected area should be scrubbed with soap and running water. A skin disinfectant (i.e., 70% alcohol, Betadine, Hibiclens) should be applied after washing.
6. If a player gets blood in the eyes, flood the exposed area with running water at room temperature for 1 to 2 minutes, take the player to an eye wash station if one is available. Report the incident to appropriate personnel (i.e., School Nurse).
7. If a player gets blood in the mouth, rinse with tap water for 1 to 2 minutes and spit out. Report the incident to appropriate personnel (i.e., School Nurse).
8. Do not permit students to share razors.
9. Fluids provided for players should be dispensed in individual, single-use disposable cups to prevent saliva transfer among players. Drinking bottles shared among players can be a source of infection. Several outbreaks of viral meningitis have been attributed to this practice.
10. If a blood incident occurs after school hours or at an away game see Standard Operating Procedures section 1400 (and 1400.1 (*optional*))

Concussion Management Policy

All athletes will receive a concussion information sheet at the beginning of their season. This includes information about concussions and must be read and signed by the student-athlete and parent/guardian; it will be reviewed by the athletic trainer prior to participation.

If a student athlete receives a blow to the head or body that warrants concern, he or she must be evaluated by a certified athletic trainer before returning to play. The athletic trainer will complete a cranial nerve assessment and use a Sports Concussion Assessment Tool 6 (SCAT 6) to assess the athlete's symptoms, cognitive function, balance, and coordination. Upon these assessments, the athletic trainer will make a decision on the return to play or further evaluation of the student-athlete. **According to New York State, a student athlete may NOT return to play the same day if 1 or more symptoms of a concussion are present following a potentially concussive force.**

Common symptoms of a concussion are as follows:

- Amnesia (memory loss)
- Headache
- Balance problems or dizziness
- Sensitivity to light or noise
- Feeling sluggish, foggy or groggy
- Concentration or memory problems (forgetting game plays, facts, meeting times)
- Slowed reaction time
- Confusion
- Loss of consciousness
- Double or fuzzy vision
- Nausea
- Feeling unusually irritable

Before a student-athlete is permitted to begin the Return To Play Progression after a diagnosed concussion, as per New York State Law the athlete must be cleared by a **physician (MD or DO)** and provide the athletic trainer with a WRITTEN NOTE stating they are cleared for activity. Once obtaining physician clearance, the athlete can begin the return-to-play progression based on SCAT 6 guidelines:

Refer to Appendix for guidelines.

No more than one step will be completed within a twenty-four-hour period and athletes must be symptom-free at each stage to move on to the next. If symptoms reappear at any point, the athlete will be re-evaluated and must rest until symptom-free for twenty-four hours before returning to the progression at the previously completed level.

SCAT 6
1. Symptom-limited activity
2. Light aerobic exercise
3. Sport-specific exercise (no head impact)
4. Non-contact training drills
5. Full contact practice
6. Return to play/sport (game play)

Coaches will be aware of the return-to-play guidelines and acknowledge that the athletic trainer and Medical Director have unquestionable authority in removal from participation and return to play. See the [District Policy #7522](#) for additional information.

Cervical Spine Injury Policy

In the event a student-athlete suffers a possible injury to the cervical spine, the utmost caution will be taken to avoid a catastrophic occurrence. Coaches and other student-athletes will be instructed at the beginning of every playing season that if a student-athlete is down for an injury, they are not to touch them or try to help them up until the injured player has been assessed by an athletic trainer or other responsible medical professional (if the athletic trainer is not available).

When the athletic trainer (or medical professional) gets to the athlete, history questions will be taken to rule out the possibility of a cervical injury. If there are ANY indications of such an injury, the athletic trainer will hold cervical spine stabilization and activate the emergency action plan. In the case that the student-athlete is unconscious, the athletic trainer will activate the emergency action plan, check vitals, remove the facemask (if in football), and hold cervical spine stabilization.

Once the emergency action plan is activated, the athletic trainer and student-athlete will wait for EMS to arrive. Coaches and event security are responsible for crowd control, contacting parents, and facilitating the arrival of EMS to the athletic facility. Upon arrival of EMS, it will be their decision as to spine board the athlete or not, per EMS protocols. EMS will then transport the athlete to a hospital for further evaluation and treatment.

Administrators will be notified of the situation. The athletic trainer will document the occurrence within FinalForms.

Athletes with a cervical spine injury who desire to return to athletics may return to play when they are asymptomatic, have full, pain-free cervical spine range of motion, and a normal neurological examination. The return-to-play decision will be made by a physician and a written note must be provided to the athletic trainer and approved by the medical director.

See [District Policy #7520](#) for additional information.

Traumatic Injuries and Dislocations Policy

In the event of a traumatic injury to the thorax or abdomen, a student-athlete will be assessed for internal damage by the athletic trainer and referred to a hospital for further evaluation or treatment if needed. The athletic director, coaches, and emergency contact will be notified, and EMS will be activated if necessary.

Per New York State scope of practice for athletic trainers, in the event of a joint dislocation the athletic trainer will NOT attempt to reduce the dislocation. The athletic trainer will evaluate the student-athlete, splint and stabilize the affected area, contact EMS if warranted, and contact the parent/guardian.

The athlete may return to athletics per protocol from a healthcare provider via written note. The athletic trainer will document the occurrence and treatment in FinalForms. See [District Policy #7520](#) for additional information.

Heat Illness and Hydration

In order to prevent heat illness in the intense heat of summer months for fall sport pre-seasons, Grand Island athletics will follow the guidelines produced by the NATA to acclimatize athletes to such conditions.

Clinical Distinctions per the NATA Position Statement on Exertional Heat Illnesses:

Table 3. Clinical Distinctions of Exertional Heat Illnesses

Characteristic	Heat Illness			
	Exercise-Associated Muscle (Heat) Cramps	Heat Syncope	Heat Exhaustion	Exertional Heat Stroke
Description	Acute, painful, involuntary muscle contractions presenting during or after exercise	Collapsing in the heat, resulting in loss of consciousness	Inability to continue exercise due to cardiovascular insufficiency	Severe hyperthermia leading to overwhelming of the thermoregulatory system
Physiologic cause	Dehydration, electrolyte imbalances, and/or neuromuscular fatigue	Standing erect in a hot environment, causing postural pooling of blood in the legs	High skin blood flow, heavy sweating, and/or dehydration, causing reduced venous return	High metabolic heat production and/or reduced heat dissipation
Primary treatment factors	Stop exercising, provide sodium-containing beverages	Lay patient supine and elevate legs to restore central blood volume	Cease exercise, remove from hot environment, elevate legs, provide fluids	Immediate whole-body cold-water immersion to quickly reduce core body temperature
Recovery	Often occurs within minutes to hours	Often occurs within hours	Often occurs within 24 h; same-day return to play not advised	Highly dependent on initial care and treatment; further medical testing and physician clearance required before return to activity

If a student-athlete is presenting signs of **heat exhaustion**, they will be removed from activity and taken indoors immediately. . In the case of heat exhaustion, the athletic trainer will err on the side of caution and the patient's participation will be discontinued for the day. If **heat stroke** is suspected, this a life threatening situation and the emergency action plan will be activated. The patient will be cooled using ice immersion as quickly as possible. The patient will be cooled for no less than 10 min of ice immersion, even if EMS arrives within that time frame. EMS will transport the patient to the hospital for advanced care following the cooling period.

All heat illness incidents will be documented. If the student-athlete is diagnosed with exertional heat stroke, they must be cleared by their private physician and complete a gradual return to activity.

Rectal thermometers are the gold standard for assessing core body temperature and determining the onset of exertional heat stroke (core body temperature of $\geq 105^{\circ}\text{F}$).

Grand Island High School does not have a rectal thermometer. Administration is aware of this and accepts the risk associated.

Exertional Sickling

Athletes with sickle cell trait will indicate this condition on their pre-participation physical examination. Those athletes who have sickle cell trait will have a conversation with the athletic trainer and their coaches to ensure the proper treatment of this condition. Sickle cell trait athletes will receive a longer break period during conditioning drills, but they will not be excused from any repetitions in team conditioning or weight training. They will, however, be permitted to complete the drills or repetitions at their own pace due to the nature of the condition. The athlete must demonstrate good control and monitor their symptoms accordingly.

In the event that a student-athlete who has sickle cell trait presents with signs or symptoms of an exertional sickling crisis (low back pain, legs “not working,” etc.), the emergency action plan will be activated to get intravenous fluids and oxygen administered to the athlete as soon as possible.

The athletic trainer will notify coaches and the athletic director if such a crisis is to occur. The athletic trainer will document the occurrence in FinalForms.

If a student-athlete who experiences a sickling crisis desires to return to athletics, he/she must be cleared by a physician. They will undergo a slow, gradual return-to-play protocol per the physician after a 1-2-week rest period.

See [District Policy #7520](#) for additional information.

Asthma

All student-athletes at Grand Island who are diagnosed with asthma must indicate this on their pre-participation physical exam. They must have their inhaler with them at all times during participation in athletic events, practices, and training sessions. The athletic trainer will ensure the athlete is bringing the inhaler to sanctioned events with random checks. If on two separate occasions the athlete does not have their inhaler at a Grand Island athletics sanctioned event, the athletic trainer will contact parent/guardian to discuss options.

In the event of an emergency, the athletic trainer will supervise the athlete's use of individual inhalers as necessary. If symptoms do not subside, EMS will be activated. See [District Policy #7520](#) and [#7513](#) for additional information.

Diabetes Management Policy

All student-athletes who have Type I or Type II Diabetes Mellitus will indicate so on their pre-participation physical examination. They will create a healthcare plan with the athletic trainer and coach.

Student-athletes are responsible for checking their blood glucose levels prior to participation in any athletic activity. They are responsible for the meter, test strips, and monitor system. If their blood glucose is below 100 mg/dL, they must eat a snack prior to activity to prevent a diabetic crisis. If their blood sugar is at 250 mg/dL, they will not be permitted to participate in athletic activity that day. Athletes are responsible for having a snack with them in case of a decrease in blood glucose levels.

In cases of mild hypoglycemia, the student-athlete will be provided glucose tablets, a glucose tube, or some form of sugar to consume immediately. They should then eat a more sustainable source of carbohydrate such as a bagel or granola bars. Their glucose levels should be checked every fifteen minutes. The athlete may return to activity once the glucose levels are back above 80 mg/dL. If glucose levels do not improve within thirty minutes, or the athlete's condition worsens, the athletic trainer will activate EMS to transport the athlete to a hospital for further evaluation and treatment.

In cases of severe hypoglycemia, the athletic trainer will activate EMS immediately to transport the athlete to a hospital for further evaluation and treatment.

The athletic trainer will notify the athletic director and coaches of the situation. The athletic trainer will document the occurrence within FinalForms.

See [District Policy #7520](#) and [#7513](#) for additional information.

Anaphylactic Shock

Any student-athlete with severe allergies or a history of anaphylaxis will indicate so on their pre-participation physical examination. They will then coordinate a plan with the school nurse, as does any student with such a condition.

The student athlete will have his/her Epi-Pen with them on their person/on the sideline during all athletic events – practice and competitions. It is their responsibility to have it with them at all times.

In the event of the onset of anaphylactic shock, the athletic trainer will activate the emergency action plan. The athletic trainer at Grand Island High School does not have an Epi-Pen stocked in the athletic training kit.

If there is an episode of anaphylaxis, the athletic director and applicable coaches will be notified. The athletic trainer will document the occurrence in FinalForms. The athlete may return to play when they are cleared to do so by their physician.

See [District Policy #7520](#) and [#7513](#) for additional information.

Appendix

Concussion Management Parent and Student Information (NYSPHAA)



Concussions: The Invisible Injury

Student and Parent Information Sheet

CONCUSSION DEFINITION

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

FACTS ABOUT CONCUSSIONS ACCORDING TO THE CENTER FOR DISEASE CONTROL (CDC)

- An estimated 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visited the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

REQUIREMENTS OF SCHOOL DISTRICTS

Education:

- Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis, starting with the 2012-2013 school year.
 - * School coaches and physical education teachers must complete the CDC course.
(www.cdc.gov/concussion/HeadsUp/online_training.html)
 - * School nurses and certified athletic trainers must complete the concussion course. (<http://preventingconcussions.org>)

Information:

- Provide concussion management information and sign off with any parental permission form.
- The concussion management and awareness information or the State Education Department's web site must be made available on the school web site, if one exists.

Removal from athletics:

- Require the immediate removal from athletic activities of any pupil that has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the school medical director.
 - * Such authorization must be kept in the pupil's permanent health record.
 - * Schools shall follow directives issued by the pupil's treating physician.

SYMPTOMS

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared to return to activity by a physician.

Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from the nose

STATE EDUCATION DEPARTMENT'S GUIDANCE FOR CONCUSSION MANAGEMENT

Schools are advised to develop a written concussion management policy. A sample policy is available on the NYSPHSAA web site at www.nysphsaa.org. The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, physical education teachers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management program.

RETURN TO LEARN and RETURN TO PLAY PROTOCOLS

Cognitive Rest: Activities students should avoid include, but are not limited to, the following:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend school for short periods of time. Accommodations may have to be made for missed tests and assignments.

Physical Rest: Activities students should avoid include, but are not limited to, the following:

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

Return to Play Protocol once symptom free for 24 hours and cleared by School Medical Director:

Day 1: Low impact, non strenuous, light aerobic activity.

Day 2: Higher impact, higher exertion, moderate aerobic activity. No resistance training.

Day 3: Sport specific non-contact activity. Low resistance weight training with a spotter.

Day 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.

Day 5: Full contact training drills and intense aerobic activity.

Day 6: Return to full activities with clearance from School Medical Director.

Any return of symptoms during the return to play protocol, the student will return to previous day's activities until symptom free.

CONCUSSION MANAGEMENT TEAM

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
- School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainer
- Physical Education Teacher and/or Coaches
- Classroom Teachers

OTHER RESOURCES

- New York State Education Department
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices>
- New York State Department of Health
http://www.health.ny.gov/prevention/injury_prevention/concussion/htm
- New York State Public High School Athletic Association
www.nysphsaa.org/safety/
- Center for Disease Control and Prevention
<http://cdc.gov/TraumaticBrainInjury>
- National Federation of High Schools
www.nfhslearn.com – The FREE Concussion Management course does not meet education requirement.
- Child Health Plus
http://www.health.ny.gov/health_care/managed_care/consumer_guide/about_child_health_plus.htm
- Local Department of Social Services – New York State Department of Health
http://www.health.ny.gov/health_care/medicaid/ldss/htm
- Brain Injury Association of New York State
<http://www.bianys.org>
- Nationwide Children's Hospital – Concussions in the Classroom
<http://www.nationwidechildrens.org/concussions-in-the-classroom>
- Upstate University Hospital – Concussions in the Classroom
<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>
- ESPN Video – Life Changed by Concussion
<http://espn.go.com/video/clip?id=7525526&categoryid=5595394>
- SportsConcussions.org
<http://www.sportsconcussions.org/ibaseline/>
- American Association of Neurological Surgeons
<http://www.aans.org/Patient%20Information/Conditions%20and%20Treatment/Concussion.aspx>
- Consensus Statement on Concussion in Sport – Zurich
<http://sportconcussions.com/html/Zurich%20Statement.pdf>

Concussion Return to Play Form



Concussion Management Return to Play Protocol

Athlete _____ DOB _____ Phone _____ Grade _____ PCP _____

Coach _____ School _____ Sport Mod/JV/V _____

Date of Concussion Injury: _____ Date Athlete became asymptomatic: _____

MOI _____

Functional exercise at each Stage of Rehabilitation

Check box when each phase is completed and if no return of symptoms

☐ No activity (Complete physical and cognitive rest (Recovery) # of days _____ Date: _____

☐ Day 1: Light aerobic exercise for 20 minutes (Walking, swimming, or stationary cycling, keeping intensity to < 70% of maximum predicted heart rate; no resistance training) (Increase heart rate)

Date: _____ (Activity done: _____)

☐ Day 2: Sport specific exercise for 30 minutes (Skating drills in ice hockey, running drills in soccer, no head impact activities (Add movement)

Date: _____ (Activity done: _____)

☐ Day 3: Non-contact training drills for 40 minutes (Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training) (Exercise, coordination, and cognitive load)

Date: _____ (Activity done: _____)

☐ Day 4: Full contact practice for full length of practice (Following medical clearance, participate in normal training activities) (Restore athlete's confidence; coaching staff assesses functional skills)

Date: _____ (Activity done: _____)

☐ Day 5: Return to play (Normal game play) Date Ended: _____

Comments: _____

ATC: _____ Print Name: _____ Date: _____

School Physician: _____ Print Name: _____ Date: _____

Preparticipation Physical Form

Grand Island Central School District Preparticipation Physical Evaluation

Name (Last, First) _____ Gender _____ DOB _____

Name of Primary Physician _____ MD Phone Number: _____

*I consent as the parent/guardian to allow above physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with the athletic department, school health department and other school personnel. I also consent that district provided health care provider(s) may perform a pre-participation health exam on my child.

Parent Signature: _____ Date: _____

Medical History

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (i.e. diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking any prescription or non-prescription (over the counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure, in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has your doctor ever told you that you have high blood pressure, high cholesterol, a heart murmur, a heart infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart (i.e. ECG, echocardiogram)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family ever died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone on your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you cough wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is there anyone in your family that has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you have rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever had a head injury or concussion? If yes, how many? _____ Most recent? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you wear protective eyewear such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Have you ever had an injury like a sprain, muscle or ligament tear that caused you to miss a practice or game? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Have you have had any broken or fractured bones or dislocated joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have had a bone or joint injury that required x-ray, MRI, CT, surgery, injection, or physical therapy? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all YES answers here: _____

Females Only

- | | Yes | No |
|--|--------------------------|--------------------------|
| 42. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. How old were you when you had your first menstrual period? _____ | | |
| 44. How many periods have you had in the last 12 months? _____ | | |

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE				
Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).				
STUDENT INFORMATION				
Name			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:			Grade:	Exam Date:
HEALTH HISTORY				
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached		
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached		
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached		
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached		
Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.				
BMI _____ kg/m2				
Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and >				
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done				
PHYSICAL EXAMINATION/ASSESSMENT				
Height:		Weight:		BP:
Pulse:		Respirations:		
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

NYSPHAA Heat Procedures



HEAT INDEX PROCEDURES

Administration of Heat Index Procedures:

- Feels Like Temperature (Heat index) or THI using a Wet Bulb Globe Temperature Indicator (see chart below) on the field will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 80 degrees (Fahrenheit) or higher.
- Download WeatherBug app to your phone or log into www.weatherbug.com. Schools may also use a Wet Bulb Globe Temperature Indicator (see chart below) on the field that will be used.
- Enter zip code or city and state in the location section of the app or on-line or determine the THI by using a Wet Bulb Globe Temperature Indicator.
- If the Feels Like temperature (heat index) or the Wet Bulb Globe Temperature Indicator is in the recommended range (yellow – WeatherBug or green, yellow, orange, red – WBGT), the athletic trainer, athletic director, or school designee must re-check the Feels Like temperature (heat index) or Wet Bulb Temperature Indicator at halftime or midway point of the contest. If the Feels Like temperature (heat index) or Wet Bulb Temperature Indicator is in the required range (red – WeatherBug or black – WBGT), the contest will be suspended.

Please refer to the following chart when using **Weather Bug app**, to take the appropriate actions:

	Feels Like Temp(Heat Index) under 79 degrees	Full activity. No restrictions
R E C O M M E N D E D	Heat Index Caution: Feels Like Temp (Heat Index) 80 degrees to 85 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider reducing the amount of time for the practice session.
	Heat Index Watch: Feels Like Temp (Heat Index) 86 degrees to 90 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider postponing practice to a time when Feels Like temp is lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time).
	Heat Index Warning: Feels Like Temp (Heat Index) 91 degrees to 95 degrees	Provide ample water and water breaks every 15 minutes. Monitor athletes for heat illness. Consider postponing practice to a time when Feels Like temp is much lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time). Light weight and loose fitting clothes should be worn. For Practices only Football Helmets should be worn. No other protective equipment should be worn.
REQUIRED	Heat Index Alert: Feels Like Temp (Heat Index) 96 degrees or greater	No outside activity, practice or contest, should be held. Inside activity should only be held if air conditioned.

Please refer to the following chart when using **Wet Bulb Globe Temperature Indicator**, to take the appropriate actions:

Cat 3	Cat 2	Cat 1	Activity Guidelines
< 82.0°F <27.8°C	< 79.7°F <26.5°C	< 76.1°F <24.5°C	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9°F 27.9-30.5°C	79.9 - 84.6°F 26.6-29.2°C	76.3 - 81.0°F 24.6-27.2°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.
87.1 - 90.0°F 30.6-32.2°C	84.7 - 87.6°F 29.3-30.9°C	81.1 - 84.0°F 27.3-28.9°C	Maximum practice time is 2 h. For Football: 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. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9°F 32.2-33.3°C	87.8 - 89.6°F 31.0-32.0°C	84.2 - 86.0°F 29.0-30.0°C	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1°F ≥ 33.4°C	≥ 89.8°F ≥32.1°C	≥ 86.2°F ≥30.1°C	No outdoor workouts. Delay practice until a cooler WBGT is reached.



Fig. 2. Heat safety regions.

Use this link to determine the category of your location.

Link: <http://www.castlewilliams.com/wbgt-regions.html>

Approved May 1, 2010
Updated May 3, 2023

NYS PHAA Cold Procedures



WIND CHILL PROCEDURES

Administration of Wind Chill Procedures:

- Feels Like Temperature (Wind Chill) will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 39 degrees (Fahrenheit) or lower.
- Download WeatherBug app to your phone or log into www.weatherbug.com.
- Enter zip code or city and state in the location section of the app or on-line.
- If the Feels Like temperature (wind chill) is 10 degrees or below, the athletic trainer, athletic director, or school designee must re-check the Feels Like (wind chill) at halftime or midway point of the contest. If the Feels Like (wind chill) temperature is -11 degrees (Fahrenheit) or lower, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:

	Feels Like Temp (wind chill) above 40 degrees	Full activity. No restrictions
R E C O M M E N D E D	Wind Chill Caution: Feels Like Temp (wind chill) 39 degrees to 20 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing.
	Wind Chill Watch: Feels Like Temp (wind chill) 19 degrees to 10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss.
	Wind Chill Warning: Feels Like Temp (wind chill) 9 degrees to -10 degrees	Stay adequately hydrated. Notify coaches of the threat of cold related illnesses. Have students and coaches dress in layers of clothing. Cover the head and neck to prevent heat loss. Consider postponing practice to a time when the Feels Like temp is much higher. Consider reducing the amount of time for an outdoor practice session.
REQUIRED	Wind Chill Alert: Feels Like Temp (wind chill) -11 degrees or lower	No outside activity, practice or contest, should be held.

Special Note: Alpine Skiing will be exempt from this policy and will follow the regulations of the host ski center where the practice or event is being held.

Approved May 1, 2010
Updated July 27, 2016

Heat Stroke Treatment Authorization Form

Heat Stroke Treatment Authorization Form

The National Athletic Trainers' Association *Preventing Sudden Death in Sports Position Statement* is a research-based, peer-reviewed document that specifies model practices for treating conditions in athletes such as exertional heat stroke.

The position statement calls for taking a rectal temperature of those suspected of having exertional heat stroke. "The only accurate measurements of core body temperature are via rectal thermometry or ingestible thermistors. Other devices, such as oral, axillary, aural canal and temporal artery thermometers, are inaccurate methods of assessing body temperature in an exercising person."

"The evidence strongly indicates that in patients with suspected exertional heat stroke, prompt determination of rectal temperature, followed by aggressive, whole-body cold-water immersion maximizes the chances for survival. **Practitioners in settings in which taking rectal temperature is a concern should consult with their administrators in advance.**"

This form facilitates that opportunity for consultation.

Authorization

I am the duly appointed representative of _____ (school or employer). By circling a choice and signing below, I am directing the athletic trainer(s) at _____ (school or employer)

to **determine** core temperature via rectal thermometer

or

not to determine core temperature via rectal thermometer

in cases of suspected exertional heat stroke.

When rectal temperature is not utilized, I understand the position statement makes the following recommendation. "Because immediate treatment is critical in exertional heat stroke, it is important to *not* waste time by substituting an invalid method of temperature assessment. Instead, the practitioner should rely on other key diagnostic indicators (e.g., CNS dysfunction, circumstances of the collapse). **If exertional heat stroke is suspected, cold-water immersion should be initiated at once.**"

Administrator/Date

Team Physician/Date

Head Athletic Trainer/Date

The NATA publishes its position statements as a service to promote the awareness of certain issues to its members. The information contained in the position statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA advises its members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The position statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from NATA's position statements. The NATA reserves the right to rescind or modify its position statements at any time.

NATA research-based position statements

The National Athletic Trainers' Association develops scientific, research-based position statements on topics related to athletes' safety and injury prevention. Position statements on lightning, concussion, asthma, spearing in tackle football and fluid replacement for athletes among others can be found at <http://www.nata.org/position-statements>.

Athletic trainer scope of practice and definition

Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and sport-related illnesses. They prevent and treat musculoskeletal injuries from sports, physical and occupational activity and provide immediate care for acute injuries.

Excerpt from Exertional heat stroke section of the **NATA Preventing Sudden Death in Sports Position Statement Exertional heat stroke (EHS) Assessment**. The 2 main diagnostic criteria for EHS are Central Nervous System (CNS) dysfunction and a core body temperature $> 104^{\circ}$ to 105°F ($> 40.0^{\circ}$ to 40.5°C). The only accurate measurements of core body temperature are via rectal thermometry or ingestible thermistors. Other devices, such as oral, axillary, aural canal, and temporal artery thermometers, are inaccurate methods of assessing body temperature in an exercising person. A delay in accurate temperature assessment, which might allow a small amount of passive cooling to occur, must also be considered during diagnosis and may explain body temperatures that are lower than expected. Lastly, in many cases of EHS, the patient has a lucid interval during which he or she is cognitively normal, followed by rapidly deteriorating symptoms.

Due to policy and legal concerns in some settings, obtaining rectal temperature may not be feasible. Because immediate treatment is critical in EHS, it is important to *not* waste time by substituting an invalid method of temperature assessment. Instead, the practitioner should rely on other key diagnostic indicators (e.g., CNS dysfunction, circumstances of the collapse). If EHS is suspected, cold-water immersion should be initiated at once. The evidence strongly indicates that in patients with suspected EHS, prompt determination of rectal temperature followed by aggressive, whole-body cold-water immersion maximizes the chances for survival. Practitioners in settings in which taking rectal temperature is a concern should consult with their administrators in advance. Athletic trainers, in conjunction with their supervising physicians, should clearly communicate to their administrators the dangers of skipping this important step and should obtain a definitive ruling on how to proceed in this situation.

Treatment. The goal for any EHS victim is to lower the body temperature to 102°F (38.9°C) or less within 30 minutes of collapse. The length of time body temperature is above the critical core temperature ($\sim 105^{\circ}\text{F}$ [40.5°C]) dictates any morbidity and the risk of death from EHS. Cold-water immersion is the most effective cooling modality for patients with EHS.^{104,105} The water should be approximately 35°F (1.7°C) to 59°F (15.0°C) and continuously stirred to maximize cooling. The athlete should be removed when core body temperature reaches 102°F (38.9°C) to prevent overcooling. If appropriate medical care is available, cooling should be completed before the athlete is transported to a hospital. If cold-water immersion is not available, other modalities, such as wet ice towels rotated and placed over the entire body and cold-water dousing with or without fanning, may be used but are not optimal. Policies and procedures for cooling athletes before transport to the hospital must be explicitly clear and shared with potential EMS responders, so that treatment by all medical professionals involved with a patient with EHS is coordinated.

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Hypothermia Treatment Algorithm

