Athletics Emergency Action Plan 2025-2026

[1] Beaumont ISD Athletic Emergency Action Plan
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Table of Contents

BEAUMONT ISD EMERGENCY ACTION PLAN FOR ATHLETICS

Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to sport participants in emergency and/or life threatening situations. The development and implementation of an emergency action plan will help ensure that the best care will be provided

As emergencies may occur at any time and during any activity, all school administrators and workers must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary to provide an appropriate standard of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared at all times. This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medical coverage, safe practice, training techniques and other safety avenues, some potential emergencies may be averted. While accidents and injuries are inherent with sports participation, proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of Emergency Action Plan

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Licensed Athletic Trainers, Student Trainers, Coaches, and Administrators
5. Venue Directions

Emergency Action Plan Personnel

During athletic practice and competition, the first responder to an emergency situation is typically a member of the athletic staff, most commonly a coach or athletic trainer. The type and degree of sports medicine coverage for an athletic event may vary widely, based on factors such as the sport or activity, the setting, and the type of training or competition. Certification in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), first aid, athletic safety, prevention of disease transmission, and emergency action plan review is required annually for all athletics personnel associated with practice, competitions, skills instruction, and strength and conditioning
The development of an emergency action plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, licensed athletic trainers; student athletic trainers; coaches; parents; and, possibly, athletes. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head coach or head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified

individual on the scene. In instances that an Athletic Trainer is available, this role will be assumed by the Athletic Trainer. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor in emergency conditions. Activation of the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. The third role, equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers, coaches, and athletes are good choices for this role. The fourth role of the emergency team is directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, administrator, athlete or coach may be appropriate for this role.

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

Activating the EMS System

Making the Call:

1. 911

Providing Information:

1. Name, address, telephone number of caller
2. Nature of emergency, whether medical or non-medical
3. Number of individual(s)
4. Condition of individual(s)
5. First aid treatment initiated
6. Specific directions as needed to locate the emergency scene (see venue specific plan)
7. Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual to each role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response possible and should have contact information such as a telephone tree established as part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site

during a particular sporting event, then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use of equipment should be rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training of the emergency medical providers. The creation of an equipment inspection log book for continued inspection is strongly recommended.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean, climate-controlled area. It should be readily available when emergency situations arise.

Medical Emergency Transportation

Emphasis should be placed on having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying an emergency requiring critical intervention and in determining appropriate transport options. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a **“load and go”** situation and emphasis placed on rapid evaluation, treatment and transportation.

Non-Medical Emergencies

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district's emergency action plan.

Safety Drill

All Beaumont Independent School District sports teams are required to do an annual safety drill. This drill shall be completed prior to the first competition. The drill will include all components of the emergency action plan and team and be documented by the head coach.

Documentation

All actions and treatments pertaining to the emergency situation must be recorded in RankOne. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response in order to improve or revise the EAP as they see fit. This will ensure better reactions and effectiveness for potential emergencies. The responding Athletic Trainer will be mainly in charge of recording information. Doctors may assist if they provide care or treatment.

Documentation should include the following:

1. Documentation of response and actions during emergency situation
2. Follow-up documentation on evaluation of response to emergency situation
3. Documentation of personnel training and rehearsals

All medical records will be kept in the RankOne system and will be available in the RankOne App when traveling. Records left at school are kept in the Athletic Trainers' office and keys are held by the Athletic Trainer. Middle school medical records are stored at the feeder high school Athletic Training Room.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel. Through development and implementation of the emergency plan, the Beaumont Independent School District helps ensure that the athlete will have the best care provided if and when an emergency situation does arise.

Active Shooter

In the event of an active shooter, all occupants should seek shelter and lock down if safe to do so. Once sheltered, turn off lights, barricade doors, move away from sight, maintain silence, prepare to evade or defend. If unable to reach shelter safely all occupants should scatter and run until safe.

Lockdown

In the event of a lockdown, pull all outdoor participants inside immediately. Lock all perimeter doors and wait for further instructions from local and district authorities.

Environmental Conditions:

Perry Weather: Emergency Weather and Lightning Alert System

The Perry Weather System will be used to monitor emergency weather conditions including lightning, heat, cold and severe weather. The Licensed Athletic Trainer or designee will monitor Perry Weather. *Even though technology and instrumentation have proven to be effective, they cannot guarantee safety.*

Lightning:

Beaumont ISD policy states all outdoor athletics are to be suspended and all athletes, athletic personnel and spectators should proceed to safe shelter when lighting is detected within 8 miles or 40 seconds using Flash-to-Bang method.

Section I: Chain of Command

The highest person listed assumes the responsibility for determining when to activate the safety protocol.

1. Athletic Trainer
2. Athletic Department Administrator
3. Game Official
4. School Administrator
5. Head Coach

The Game Administrator and the Licensed Athletic Trainer will co-command the implementation of the lightning policy. Both the Game Administrator and the Licensed Athletic Trainer can activate the safety plan by suspending an event. The Game Administrator assumes the responsibility as spokesperson to participating teams, school administrators, game officials, press box and news media.

Section II: Designate a Weather Watcher

The Athletic Training Staff will actively obtain weather reports the day of the game and during the event. This information will be shared within the department and the Licensed Athletic Trainer will disseminate the information within the chain of command.

Section III: Monitor Local Weather Forecasts

All representatives in the Chain of Command are required to monitor local weather forecasts. The National Weather Service-issued (NWS) will issue a thunderstorm “watch” or “warning”.

A **watch** means conditions are favorable for severe weather to develop in an area.

A **warning** means that severe weather has been reported in an area and for everyone to take proper precautions.

Section IV: Definition of Safe Shelter

Safe shelter is defined by UIL as “any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.”
When inside a building, avoid using the telephone, taking a shower, washing your hands, doing dishes, or any contact with conductive surfaces with exposure to the outside such as metal door or window frames, electrical wiring, telephone wiring, cable TV wiring, plumbing, etc. During practices, the athletic trainer is responsible for monitoring the weather and the decision to move indoors. Coaches should **immediately** relocate teams to a safe shelter when informed of lightning within 8 miles.

Section V: Lightning Safety Rules:

Suspension and Resumption of Athletic Activities

The key to a **lightning safety plan of action** is being able to answer to the following two questions:

1. How far away am I (or the group for whom I am responsible) from a safe location?
2. How long will it take me (and/or my group) to get to the safe location?

These questions need to be answered before lightning storms threaten. By knowing the answer to the above questions, you will greatly increase your chances of not becoming a lightning strike victim.

The Lightning Safety Rules: Suspension of Play

1. When a lightning strike hits 8 miles or less an alert will be sent via text from the Perry Weather Emergency System. When alerted that a lightning strike is within the area then suspension of play for at least 30 minutes will be started.
2. When thunder is heard within 40 seconds of visible light strike, or a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning. Suspend play for thirty minutes and take shelter immediately.
3. Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors

Safety Rule: Resumption of Play

Resumption of play can continue only when lightning or thunder **has not** been detected within eight miles for 30 minutes. Every time lightning or thunder is detected within the eight-mile radius, **the 30 minutes restarts.** Perry Weather will be utilized to determine when it is safe to resume play.

Section VI: Obligation to Warn

Stadium Announcements
Stadium announcements shall be repeated over the public address system.

Public Address Announcement – Weather Delay

Hazardous lightning has been monitored in the immediate area and this sporting event has been temporarily suspended. All team members, staff, and officials have been advised to seek shelter in the field house. This suspension will last a minimum of 30 minutes. All spectators are advised to leave the stadium bleachers at this time. Stadium seating is an unsafe location for you to remain during the lighting storm. Persons on the Visitors side of the stadium may exit through the gates to either side of the Visitors' section. All spectators on the Home side of the stadium may exit through the gates to either side of the Home Section. **Students and fans should seek shelter in their cars.** Please seek this safe shelter at this time. Avoid high places and open fields. Do not seek shelter under a tree, and baseball or softball dugouts. Do not stand near a flagpole, light poles or metal fences. Do not remain outdoors, if you choose not to go to the designated safe area please return to a fully enclosed vehicle with a metal roof, with the windows rolled up. Do not touch the metal of your car during the lightning storm. This delay will be at least 30 minutes. Thank You.

****Spectators should seek shelter in their cars.****

Section I - Heat Policy

Heat Illnesses:

Heat illness conditions are a common issue in this area. Conditions created by heat include dehydration, heat cramps, heat exhaustion, heat stroke and hyponatremia. Many incidents of heat illness can be prevented by proper acclimatization, proper hydration, proper diet, adequate recovery and being aware and watchful for early signs. Proper acclimatization protocols should be followed, especially in football. All coaches should be aware and watchful of the signs and symptoms of heat illnesses.

Heat Stroke-Emergency:

The Center for Disease Control describes heat stroke as the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Symptoms:

- Body Core Temperature >104°F
- Hot, dry skin or profuse sweating
- Hallucinations
- Chills
- Throbbing headache
- High body temperature
- Confusion/dizziness
- Slurred speech

Emergency Treatment COOL FIRST THEN TRANSPORT!

Take the following steps to treat an athlete with heat stroke:

- Call 911
- Move the sick athlete to a cool shaded area.
- Cool the athlete using methods such as:
    - Emersion in a cold tub (35-59°F)
    - Soaking their clothes with water.
    - Spraying, sponging, or showering them with water.
    - Fanning their body.

Heat Exhaustion

Heat exhaustion is the body's response to an excessive loss of water and salt, usually through excessive sweating. With heat exhaustion, your body temperature rises as high as 104°F (40°C) and you may experience nausea, vomiting, headache, fainting, weakness, and cold, clammy skin. If left untreated, this can lead to heatstroke.

Symptoms:

- Heavy sweating
- Extreme weakness or fatigue
- Dizziness, confusion
- Nausea
- Clammy, moist skin
- Pale or flushed complexion
- Muscle cramps
- Slightly elevated body temperature
- Fast and shallow breathing

Treatment:

- Have them rest in a cool, shaded or air-conditioned area.
- Have them drink plenty of water or other cool, nonalcoholic beverages.
- Have them take a cool shower, bath, or sponge bath.

Heat Syncope:

Heat syncope is a fainting (syncope) episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Symptoms:

- Light-headedness
- Dizziness
- Fainting

Treatment:

- Sit or lie down in a cool place when they begin to feel symptoms.
- Slowly drink water, clear juice, or a sports beverage.

Heat Cramps:

Heat cramps usually affect athletes who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion.

Symptoms:

- Muscle pain or spasms usually in the abdomen, arms, or legs

Treatment:

- Stop all activity, and sit in a cool place.
- Drink clear juice or a sports beverage.
- Does not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention if any of the following apply:

- The athlete has heart problems.
- The athlete is on a low-sodium diet.
- The cramps do not subside within one hour.

Hyponatremia:

Hyponatremia is a condition that occurs when the level of sodium in your blood is abnormally low. Sodium is an electrolyte, and it helps regulate the amount of water that's in and around your cells. In hyponatremia, one or more factors — ranging from an underlying medical condition to drinking too much water during endurance sports — causes the sodium in your body to become diluted. When this happens, your body's water levels rise, and your cells begin to swell. This swelling can cause many health problems, from mild to life-threatening.

Symptoms:

- Nausea and vomiting
- Headache
- Confusion
- Loss of energy and fatigue
- Restlessness and irritability
- Muscle weakness, spasms or cramps
- Seizures
- Coma

Treatment:

- Treatment varies depending on severity of hyponatremia DO NOT provide normal saline solution or fluids.

Asymptomatic or mildly symptomatic:

- Treated with fluid restriction and observed until either serum sodium levels return to within normal limits or there is a resolution of symptoms and spontaneous diuresis.
- Consume oral hypertonic saline (e.g. bouillon) or salty foods such as potato chips, pickles, jerky.
- Hypertonic saline IV should be considered if a blood sodium level can be measured.

Severe Hyponatremia:

- 3% hypertonic saline should be administered immediately due to the risk of cerebral edema that can ensue if treatment is delayed
- It is also recommended that patients presenting with hyponatremia receive supplemental oxygen in case cerebral edema leads to hypoxia

Chain of Command:

The following chain of command will occur:

1. Athletic Trainer
2. Athletic Department Administrator

3. Game Official
4. School Administrator
5. Head Coach

Notification of temperature:

Staff Athletic Trainer will remain in constant communication with the head coach or their designee regarding weather conditions. Coaches are responsible for monitoring their phones for Perry Weather Alerts.

Enforcement of Policies:

1. Head Coach/Staff Athletic Trainer will monitor time of exposure.
2. Staff Athletic Trainer will meet with the Head Coach.
3. Staff Athletic Trainers will report any violations to the Campus Coordinator.
4. Violation of policies will be reported to the Athletic Director in writing.

Section II—Heat Policy

Wet Bulb Globe Temperature (WBGT) and Risk of Heat Illness

The greater the humidity, the more difficult it is for the body to cool itself. WBGT estimates the effect of temperature, wind speed and humidity on humans. This reading is taken by Perry Weather and other various weather stations through the community. The following precautions are being implemented when using WBGT:

- **WBGT 82 or Less** - Normal Activities
- **WBGT 82.1 - 87.0** - Use Discretion for Intense or Prolonged Exercises
- **WBGT 87.1 - 90.0** - Maximum Practice Duration of 2 Hours
    - **Football:** Helmets, Shoulder Pads, and Shorts during practice. If WBGT rises to this level during practice, players may continue wearing football pants without changing to shorts. **All Sports/Activities:** 4 separate rest breaks each hour with a minimum duration of 4 minutes each.
- **WBGT 90.1 - 92.0** - Maximum Practice Duration of 1 Hour
    - **Football:** No protective equipment may be worn during practice and no conditioning activities. **All Sports/Activities:** Must have 20 minutes of rest breaks distributed throughout the hour practice.
- **WBGT 92.1 or Higher** - NO OUTDOOR MAY BE CONDUCTED, DELAY OUTDOOR PARTICIPATION UNTIL WBGT DECREASES

Rapid cooling zones must be available for each outdoor athletic and marching band contest, practice, workout, or conditioning session that is held in wet bulb globe temperatures of 80 degrees or higher. Rapid cooling zones are required to have immediate availability of cold-water immersion tubs or tarps that can be filled with ice and water and wrapped around individuals to rapidly cool internal body temperature (TACO method) and are encouraged to include a combination of the following options: ice sponges, towels, water misters, and shade. The presence of an employee or volunteer trained to administer cold-water immersion is recommended.

Coaches, directors, and sponsors must adopt a heat injury prevention philosophy by promoting unrestricted access to water at all times and a student- athlete should never be denied access to water. Rest breaks must involve unlimited hydration intake and rest without any activity involved.

Dehydration

Dehydration is an abnormal loss of water from the body, especially from illness or physical exertion.

Effects of Dehydration:

- Dehydration can affect an athlete's performance in less than an hour of exercise—sooner if the athlete begins the session dehydrated.
- Dehydration of just 1%-2% of body weight (only 1.5-3 lbs. for a 150lb. athlete) can negatively influence performance.
- Dehydration of greater than 3% of body weight increases an athlete's risk of heat illness (heat cramps, heat exhaustion, and heat stroke).

Warning Signs of Dehydration:

- Recognize the basic signs of dehydration
- Thirst
- Irritability
- Headache
- Weakness
- Dizziness
- Cramps
- Nausea
- Decreased performance

Fluid Guidelines:

Before exercise

- 2-3 hours before exercise 17-20 oz. of water or a sports drink
- 10-20 minutes before exercise drink another 7-10 oz. of water or sports drink

During exercise

- Drink early—even minimal dehydration compromises performance
- Drink every 10-20 minutes, at least 7-10 oz of water or sports drink. To maintain hydration, remember to drink beyond your thirst. Optimally, drink fluids based on the amount of sweat and urine loss.

After exercise

- Within 2 hours, drink enough to replace any weight loss from exercise. Drink approximately 20-24 oz. of a sports drink per pound of weight loss.

Re-hydration:

An athlete's hydration status can be monitored by:

1. Body weight after exercise vs. before (weighing in)
2. Urine color (i.e. urine color chart per Internal Journal of Sports Nutrition)
3. Urine volume

Section I - Cold Policy

Cold Illnesses:

Although excessive and prolonged exposure to cold may be an infrequent problem in our area, the prevention, recognition and management of cold-related conditions are still an important consideration for coaches, administrators and athletic trainers.
Wind chill can make activity uncomfortable and can impair performance when muscle temperature declines. Frostbite is the freezing of superficial tissues, usually of the face, ears, fingers, and toes. Hypothermia, a significant drop in body temperature, occurs with rapid cooling, exhaustion and energy depletion. The resulting failure to the temperature-regulating mechanisms constitutes a medical emergency. Hypothermia frequently occurs at temperatures above freezing. A wet and windy 30 – 50-degree exposure may be as serious as a sub zero exposure. For this reason, Beaumont ISD has developed a cold policy using the wind chill factor, not the ambient temperature. Wind speed interacts with ambient temperature to significantly increase body cooling. When the body and clothing are wet (whether from sweat, rain, snow or immersion), the cooling is even more pronounced due to evaporation of the water held close to the skin by the wet clothing.
Clothing is one of the most important parts of keeping the athlete's body warm. Athletes should dress in layers and try to stay dry. Layers can be added or removed depending on temperature, activity and wind chill. Athletes should layer themselves with a moisture wicking fabric next to the body, followed by a lightweight pile or wool layers for warmth. Athletes should use a wind blocking garment to avoid wind chill during workouts. Heat loss from the head and neck may be as much as 50% of total heat loss; therefore, the head and neck should be covered during cold conditions. Other extremities should be covered at all times to protect them from the wind chill.

Cold Exposure Risks:

1. Breathing of cold air can trigger asthma attack (bronchospasm)
2. Coughing, chest tightness, burning sensation in throat and nasal passage
3. Reduction of strength, power, endurance, and aerobic capacity
4. Core body temperature reduction, causing reduction of motor output

Cold Recognition:

1. Shivering, a means for the body to generate heat
2. Excessive shivering contributes to fatigue, loss of motor skills
3. Numbness and pain in fingers, toes, ears, and exposed facial tissue
4. Drop in core temperature; athlete exhibits sluggishness, slowed speech, disoriented.

There are two cold-related pathologies that coaches, administrators and athletes should be aware of:

1. Frostbite
2. Hypothermia

Symptoms:

Frostbite

Frostbite is a thermal injury to the skin, which can result from prolonged exposure to moderate cold or brief exposure to extreme cold. The body areas most prone to frostbite are the hands, feet, nose, ears and cheeks. Frostbite can be classified into three basic categories: frostnip, superficial frostbite and deep frostbite.

Frostnip

Only the outer layer of skin is frozen. Skin appears white and waxy or possibly gray or mottled. It may have sensation or may be numb. May be painful.

Superficial Frostbite

Skin appears white, mottled or gray. It feels hard or rubbery on the surface, but deeper tissue is still soft. Skin is insensitive to touch.

Deep Frostbite

Includes all the layers of the skin. Skin is white and has a "wooden" feel all the way through. There is numbness and possible anesthesia. Can include the muscle and bone.

Treatment:

It is very important to note that refreezing newly thawed frostbitten tissue can cause extensive tissue damage. If it is not absolutely certain that the tissue will stay warm after rewarming, do not rewarm it. Once the tissue is frozen, the major harm has been done. Keeping it frozen for a longer period of time will not cause significant additional damage. The following describes the management of frostbite relative to severity:

Frostnip

Rewarm the area gently by blowing warm air onto the area or placing it against a warm body part or place in a warm (101 degrees - 108 degrees F) water bath for several minutes. Never rub the area. This can damage the affected tissue by increasing the friction on the ice crystals in the cell, causing tearing of the tissue.

Superficial Frostbite

If a small area is involved, it can be treated the same as indicated for frostnip; if it is a larger area, follow the management for deep frostbite.

Deep Frostbite

Rewarm by removing restrictive clothing and immersing the affected body part in a water bath of 105 degrees - 110 degrees F for 25-40 minutes. Refer deeply frostbitten athletes to the emergency room. Do not rewarm the tissue unless absolutely certain that it will stay warm after rewarming.

Hypothermia

Hypothermia is defined as a decrease in the core body temperature to 95°F or below. It occurs when the heat loss is greater than the metabolic and heat production. Hypothermia can be categorized in three stages: mild, moderate and severe, based on core body temperature.

Symptoms:

Mild Hypothermia

- **99 - 97°F** Normal, shivering may begin
- **97 - 95°F** Cold sensation, goosebumps, unable to perform complex tasks with hands, shivering can be mild to severe, hands numb.

Moderate Hypothermia

- **95 –93°F** Intense shivering, muscle un-coordination becomes apparent, movements slow and labored, stumbling pace, mild confusion, may appear alert.
- **93 - 90°F** Violent shivering persists, difficulty speaking, sluggish thinking, amnesia starts to appear, gross muscle movements sluggish, unable to use hands, stumbles frequently, signs of depression, withdrawn.

Severe Hypothermia

- **90 - 86°F** Shivering stops, exposed skin blue or puffy, muscle coordination very poor, inability to walk, confusion, incoherent/irrational behavior, but may be able to maintain posture and appearance of awareness.
- **86 - 82°F** Muscle rigidity, semiconscious, stupor, loss of awareness of others, pulse and respiration rate decrease, possible heart fibrillation.
- **82 - 78°F** Unconscious, heartbeat and respiration erratic, pulse may not be palpable.
- **78 - 75°F** Pulmonary edema, cardiac and respiratory failure, death. Death may occur before this temperature is reached.

Treatment:

The basic principles of rewarming victims of hypothermia are to conserve the heat they have, and replace the heat that they have already lost. The best method to determine the extent of core temperature loss is measurement of rectal temperature. Unfortunately, obtaining a rectal temperature reading on a moderately or severely hypothermic patient can be difficult, and may expose the athlete to further cooling. The following describes the management regimes for hypothermia relative to severity:

Mild hypothermia

Seek dry shelter; replace wet clothing, insulate the whole body and head, avoid sweating, use external warmth (bath, fire) only if core temperature is above 95°F, give warm sweet drinks and food.

Moderate hypothermia

Avoid exercise and external warmth, gently rest, give warm sweet drinks and calories, internal warming via warm moist air, monitor pulse and breathing.

Severe hypothermia

Medical Emergency, give nothing by mouth, wrap in an insulated blanket, avoid rapid rewarming, transfer to hospital immediately.

Section II - Cold Weather Policy

Chain of Command:

The following chain of command will occur:

1. Athletic Trainer
2. Athletic Department Administrator
3. Game Official
4. School Administrator
5. Head Coach

Notification of temperature:

Staff Athletic Trainer will remain in constant communication with the head coach or their designee regarding weather conditions. Coaches are responsible for monitoring their phones for Perry Weather Alerts.

Enforcement of Policies:

1. Head Coach/Staff Athletic Trainer will monitor time of exposure.
2. The Staff Athletic Trainer will meet with the Head Coach.
3. Staff Athletic Trainers will report any violations to the Athletic Director.
4. Violation of policies will be reported to the Athletic Director in writing

High School Athletic Cold Policy

Practice Policy

Wind Chill Factor under 40 Degrees with rain:

- 35 minutes of exposure /20 minutes inside gym (may return outside after 20 minutes)
- 35 minutes exposure /20 minutes inside
- Dry clothing (socks, gloves)
- Athletes must be dressed in warm-up with extremities covered

Wind Chill Factor less than 35 Degrees without rain:

- 45 minutes exposure / 15 minutes inside gym
- Athletes must be in warm-ups with extremities covered

Wind Chill Factor 35 Degree with rain:

- All practices will be inside
- No outside exposure

Wind Chill Factor 32 Degree (Dry):

- 30 minutes of total exposure to chill factor
- 15 minutes inside
- Warm-ups must be worn at all times, extremities covered

Wind Chill Factor of 30 Degrees:

- No outside practices
- All work must be inside

**** All coaches/sponsors need to provide appropriate clothing for cold weather****

Middle School Athletics Policy

No Practices or competitions shall be held outside when the wind chill factor is at or below 40F.

Beaumont ISD Air Quality Policy

Beaumont ISD athletic trainers will monitor the local air quality index by way of local news and weather stations, TCEQ website, AirNow website and issued alerts. The athletic training staff will notify head coaches and the Athletic Department when modifications to activity should be made. Beaumont ISD will follow the TCEQ recommended limits on activity for each type of episode:

Ozone Watch (Orange) - For periods of air quality that are unhealthy for sensitive groups (i.e., exceeding the federal clean air standards) with an Orange air quality index color:

- Susceptible individuals (e.g., student-athletes with heart or lung disease) should minimize outdoor activity.
- Healthy student-athletes with noticeable health effects associated with existing conditions should minimize outdoor activity.
- Those athletes who fall under the above categories should be closely monitored and their practice should be modified accordingly, up to and including excusing the student-athlete from practice.

Ozone Warning (Red) - For periods of air quality that are unhealthy with a Red air quality index color:

- All student-athletes should discontinue prolonged, vigorous exercise lasting longer than one hour.
- Susceptible individuals (e.g., children with heart or lung disease) should avoid outdoor activity.
- Examples of the kinds of outdoor activities that should be avoided are basketball, running, soccer, football, tennis, swimming.
- All practices will be limited to one hour of total outdoor exposure.

Ozone "Unhealthy" (Purple) - For periods of air quality that are unhealthy with a Purple air quality index color:

- All student-athletes should discontinue vigorous outdoor activities, regardless of
- duration.
- All outdoor athletic practices will be moved indoors or canceled and all athletic competitions should be rescheduled or canceled, if possible. Stay in contact with the Athletic Trainers and the Athletic Department for full instructions. *The Texas Council on Environmental Quality (TCEQ) is the environmental agency for the state with education as one of its responsibilities. Please visit their website for related educational resources.

Hazardous Material

Any time there is a hazardous material emergency, coaches/sponsors need to shelter in place, close all windows and doors and wait until instructions from the local and district authorities.

BISD Unassigned Epinephrine Emergency Plan
(This is for students who do not have an allergy plan provided by their physician.)

Important Reminder:
Anaphylaxis is potentially a life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis **What to look for:**	**Give Epinephrine!** **What to do:**

If a person has ANY of these severe symptoms after eating a food or having a sting, give epinephrine immediately..
• Shortness of breath, wheezing,or coughing
• Skin color is pale or has a bluish color
• Weak pulse
• Fainting or dizziness
• Tight ot hoarse throat
• Trouble breathing or swallowing
• Swelling of lips or tongue
• Vomiting or diarrhea (if severe or combined with other symptoms)
• Many hives or redness over the body
• Feeling of "doom", confusion, altered consciousness, or agitation
	1. Inject epinephrine right away! Note the time when epinephrine was given.
	2. Call 911.
	  ○ Ask for an ambulance with epinephrine.
	  ○ Tell the rescue squad when epinephrine was given.
	3. Stay with the child and:
	  ○ Call the parents.
	  ○ Give a second dose of epinephrine, if symptoms get worse, or do not get better in 5 minutes.
	  ○ Keep the person lying on their back. Raise their legs and keep warm. If the child vomits or has trouble breathing, place them on their side.
	4. Contact School nurse or Julie Nezat.
	  ○ Forms are required by the state when unassigned epinephrine is used.

For Mild Allergic Reaction **What to look for:**	**Monitor Child** **What to do:**
If a person has any mild symptoms, monitor them.Epinephrine may need to be used. Symptoms may include: • Itchy nose, sneezing, itchy mouth • A few hives • Mild stomach nausea or discomfort	Stay with child and: • Contact school nurse • Watch child closely • Call parents • **If more than one symptom listed are present or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See Severe Allergy/Anaphylaxis above)** • **When in doubt use epinephrine.**

How to use EpiPen, EpiPen Jr Auto-Injector:

1. Remove the EpiPen or EpiPen Jr from the clear carrier tube.
2. Grasp the auto-injector in your fist with the blue tip to the sky and orange tip (needle end) downward to the thigh.
3. With your other hand remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle outer thigh until it 'clicks'. Hold firmly in place for 10 seconds. (Slowly count to 10)
5. Remove and massage the injection area for 10 seconds. Call 911 if not previously done and follow guidelines in 'Give Epinephrine! What to do.'

Asthma (TEC 38.015)

Introduction

Although the exact causes of asthma are unknown, several factors, including exercise, may induce an asthma attack. The majority of patients with asthma and patients with allergies will have exercise-induced bronchospasm (EIB). EIB usually occurs during or minutes after vigorous activity, reaches its peak 5-10 minutes after stopping the activity, and usually resolves in another 20-30 minutes. Athletes should have a rescue inhaler or metered dose inhaler (MDI) available at all practices and competitions. This can be achieved either by an inhaler being given to the staff athletic trainer to be kept or the athlete bringing their inhaler with them to every practice and competition.

Signs and symptoms:

- Coughing. Coughing from asthma is often worse at night or early in the morning, making it hard to sleep.
- Wheezing. Wheezing is a whistling or squeaky sound that occurs when you breathe.
- Chest tightness. This may feel like something is squeezing or sitting on their chest.
- Shortness of breath. Some people who have asthma say they can't catch their breath or they feel out of breath. They may feel like you can't get air out of your lungs.

Using the MDI

- The Athletic Training Staff may assist a student-athlete in the use of a prescribed MDI as follows:
- Remove the cap from MDI and hold the inhaler upright
- Shake the inhaler
- Tilt the patient’s head back slightly and have patient breathe out
- Open mouth with inhaler 1-2 inches away (or mouth to spacer mouthpiece if spacer available)
- Press down on the inhaler to release the medication as patient starts to breathe in slowly
- Patient breathes in slowly for 3-5 seconds
- Patient holds breath for 10 seconds to allow the medication to reach deeply into the lungs
- Repeat puffs as prescribed; waiting 1 minute between puffs may permit the 2nd puff to go deeper into the lungs
- If possible, auscultate breathing sounds and measure peak expiratory flow rate (PEFR) prior to and after MDI administration.

Basic Life Support Treatment for Severe Asthma

Patients who have progressed to severe asthma experience a combination of the following: shortness of breath (less than 30 respirations/min.), mental status changes (anxious, confused, combative, and drowsy), and inability to speak in sentences, sweaty and unable to lie down. If the patient is not responding to or is unable to properly use their MDI, the athletic training staff should:

- Call for EMS (if not on-site or in-route)
- Maintain a patent airway
- Suction any secretions
- Administer epinephrine by a prescribed auto-injector (refer to Epi-Pen Policies and Procedures)
- Initiate early emergency transport

Guidelines for Sickle Cell Trait and the Athlete

Introduction

Sickle cell trait is common and generally benign. More than 3 million Americans have sickle cell trait and almost all live healthy, normal lives. Yet for some athletes, sickle trait can pose a grave problem-a problem that can even cause death. Athletes with sickle cell trait inherit one gene for normal hemoglobin and one gene for sickle hemoglobin (hemoglobin S). If oxygen in tissues falls to low levels, the red cells carrying the hemoglobin S can change from the usual disk shape to a crescent or sickle shape. These sickled red cells can clog blood vessels, impairing the delivery of oxygen and removal of harmful metabolites, resulting in severe damage to involved tissues. Understanding sickle cell trait is vital to athletes, coaches, and athletic trainers because sickling injuries are preventable with screening and proper precautions.

Following are practical management guidelines to be used by all Beaumont ISD athletic staff for students with sickle cell trait.

Recommend Screening of All Athletes – Beaumont ISD recommends that all athletes who are unaware of their sickle cell trait status be screened.

Acclimation – Build up slowly in training progressions, allowing longer periods of rest and recovery between repetitions. Athletes should refrain from first day post workout conditioning drills. Encourage participation in preseason strength and conditioning programs to enhance the preparedness of athletes for sport specific performance testing.

Modify Drills – No timed performance tests such as serial sprints or miles. Athletes with sickle cell trait who perform repetitive high speed sprints and/or interval training that induces high levels of lactic acid should be allowed extended recovery between repetitions. If they can set their own pace they usually do well. During rest, sickle cells tend to revert to normal shape as they regain oxygen traversing the lungs.

Hydrate – Dehydration fosters sickling. Make sure sickle cell trait athletes stay hydrated.
Modify work/rest cycles for the heat.

Environmental Considerations – Ambient heat stress, dehydration, asthma, illness, and altitude predispose the athlete with sickle cell trait to an onset of crisis with physical exertion. Adjust work/rest cycles for environmental heat stress – emphasize hydration – control asthma – no workouts for ill athletes with sickle cell trait.

Set the Tone – The sickle cell trait athlete in particular should feel comfortable reporting symptoms (fatigue, breathing difficulty, leg or low back pain, or leg or low back cramping) immediately cessation of activity at the onset of symptoms is imperative. The coach should consider any struggling, cramping, or collapse as likely sickling and seek help fast.

Act Fast – A sickling collapse is a medical emergency. Check vital signs. Give oxygen by facemask as available. Cool the athlete, if necessary. If there is no improvement or if vital signs or alertness decline, call 911, attach an AED, and get the athlete to the hospital quickly.

Special Acknowledgement:

E. Randy Eichner, MD
Professor Emeritus of Medicine and Team Internist
University of Oklahoma, Norman, OK

Inter-Association Task Force
National Athletic Trainers' Association
Sickle Cell Trait and the Athlete

Infectious Pathogen Procedures

(Adopted from UIL Guidelines)

The Athletic Training staff, as a result of the increasing risks involved in the acquiring and spread of the numerous fatal infectious diseases (HIV, hepatitis B Staphylococcal, etc.), has adopted the following procedures for dealing with blood and bodily fluid borne pathogens.

Prevention strategies: hand washing is the most important behavior in preventing infectious disease. Emphasize this to your athletes. Hands must be clean before you touch your eyes, mouth, nose, or any cuts or scrapes on the skin. You are the role model! Wash your hands or use alcohol – based hand sanitizer frequently.

Hand washing Procedure:

1. Use warm water.
2. Wet hands and wrists.
3. Using a bar or liquid soap.
4. Work soap into a lather and wash between fingers, up to wrists, and under and around fingernails for at least 15 seconds.
5. Dry, using a clean cloth towel or paper towel.
6. Provide and encourage the use of alcohol-based hand sanitizers that contain 60% ethanol or 70% isopropyl alcohol to wash hands immediately if they come in contact with any body fluid on the playing field or at other places where hand-washing facilities are not available.

Wash your hands as described above:

1. After sneezing, blowing, or touching the nose.
2. After using the toilet.
3. Before leaving the athletic area.

OTHER PRECAUTIONS

1. Do not share towels, soap, or other personal care items.
2. Shower with soap and water as soon as possible after direct contact sports.
3. Dry using a clean, dry towel.
4. Do not share towels, even on the sidelines at games.
5. Ointments or antibiotics must not be shared.
6. Prewash or rinse items that have been grossly contaminated with body fluids.
7. Wash towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent and dry on the hottest cycle.
8. Inform parents of these precautions if laundry is sent home (laundry must be in an impervious container or plastic bag for transporting home).
9. Clean the athletic area and sports equipment at least weekly using a commercial disinfectant or a fresh (mixed daily) solution of one part bleach and 100 parts water (1 tablespoon bleach in one quart of water).

Your facilities should introduce a policy in which students must inform the athletic trainer if they have a skin infection and in which students will not participate in contact activities until the athletic trainer has approved their return to the activity. Have the students and parents sign a release to that effect.

Recommendations for care of draining wounds.
Consider a wound infectious if there is any purulent drainage (pus) from the wound, especially if accompanied by fever, redness or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage. Once the wound has no drainage and/or the treating physician clears the athlete, the person can be considered noninfectious.

INITIAL PRECAUTIONS

1. Treat any draining wound as a potential MRSA infection.
2. Separate the infected athlete from direct physical contact with other students.
3. The student with an active infection must be evaluated by a physician or other advanced practice clinician (Nurse Practitioner or Physician's Assistant).
4. Inform the physician of the possibility of MRSA.
5. Treat uncultured wounds as MRSA.

HOW TO TAKE CARE OF WOUNDS AT HOME:

1. The athlete must avoid direct contact with others until the wound is no longer draining and has been instructed by a physician to resume usual activities.
2. The wound must remain covered. The dressing must be changed at least twice a day or more frequently if drainage is apparent. Soiled dressings may be disposed of in household trash.
3. The athlete must wash hands frequently, especially before and after changing Band-Aids, Bandages, or wound dressings.
4. Isopropyl alcohol should be used to disinfect reusable materials, such as scissors or tweezers.
5. All items that come in contact with the wound must be disinfected with a fresh (daily) mix of one tablespoon of household bleach to one quart of water or a phenol-containing product such as Lysol¨ or Pine Sol¨. A phenol-containing spray can also be used to disinfect any cloth or upholstered surface.
6. The athlete must have a designated chair or area for sitting. It should have a hard surface or an easily cleaned plastic or similar cover for easy disinfection. No one else should sit here until the person's wound has healed. The chair should be disinfected after the athlete sits on it.
7. Utensils and dishes should be washed in the usual manner with soap and hot water or using a standard home dishwasher.
8. Laundry should be carried away from the body in a plastic or other lined bag that will not allow wet articles to drain through.
9. All clothing, towels, and linens that come in contact with the wound should be handled separately from those of other members of the household. This includes using a separate hamper.
10. Articles that come in contact with the wound should be washed in hot water with the usual detergent.
11. Clothing should be dried thoroughly using the hottest possible setting.
12. Change towels and linens daily if possible.

AT SCHOOL

1. Instruct the athlete to carry and use an alcohol-based hand sanitizer when soap and water are not available. Do not allow athletes with draining wounds or infections to participate in practice or games until the wound has stopped draining. Because MRSA may be difficult to treat, this may be a few weeks or longer.
2. Permit the athlete to participate in non-contact activities if wounds are covered and the infected person observes good hygienic practices washing hands, showering, and laundering clothes.
3. Clean sports equipment or any part of the athletic area that comes in contact with the wound with commercial disinfectant or fresh solution of diluted bleach before any other athlete comes in contact with the equipment or area.
4. Athletic trainers or others who care for the wound should use clean non- sterile gloves.
5. Put on clean gloves just before touching broken skin.
6. Remove gloves promptly after use and discard before touching uncontaminated items and environmental surfaces and before treating another athlete.
7. Wash hands immediately after contact with the wound even if gloves were worn.
8. Wash hands between tasks and procedures on the same athlete to prevent cross contamination of different body sites.
9. Disinfect treatment tables after each use.
10. Place disposable items that have come in contact with the infected site in a separate trash bag and close the bag before placing it in the common garbage.
11. Do not give other team members prophylactic antibiotics.

Concussion (TEC 38.151, 38.152, 38.154, 38.155, 38.156, 38.157.)

What is a concussion?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately or may not appear for several hours or days after the injury. A concussion can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

Signs and Symptoms of a Concussion

Signs and symptoms of concussion are typically noticed right after the injury but some might not be recognized until days after the injury.

Common symptoms include:

- Appears dazed or stunned
- Is confused about events
- Repeats questions
- Answers questions slowly
- Can’t recall events prior to jolt or hit
- Can’t recall events after jolt or hit
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets assignments
- Headache or pressure in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light
- Sensitivity to noise or ringing in the ears
- Numbness or tingling
- Pupils not responding properly (PEARLS)
- Difficulty thinking clearly
- Difficulty concentrating
- Difficulty remembering
- Feeling sluggish, hazy, foggy, or groggy
- Irritable
- Sad
- More emotional than normal
- Nervous

Removal from Play:

According to TEC section 38.156, a **student 'shall be removed from an interscholastic athletics practice or competition immediately** if one of the following persons believes the student might have sustained a concussion during the practice or competition:

1. A coach;
2. A physician;
3. A licensed healthcare professional; or
4. The student's parent or guardian or another person with legal authority to make medical decisions for the student.

The athlete should be seen in the emergency department immediately if he/she experiences any of the following symptoms:

- Excessive Drowsiness/Can't be awakened
- One pupil larger than the other
- Headache that gets worse or persists after 48 hours
- Weakness or numbness in the arms or legs
- Repeated vomiting or nausea
- Slurred Speech
- Convulsions or seizures
- Mental confusion, disorientation or loss of coordination
- Unusual Behavior
- Visual difficulties or excessive dizziness
- Loss of Consciousness (even briefly)

Treatment

- Limit all physical activity until cleared by a physician and your athletic trainer
- Tylenol or acetaminophen may be taken for headache. No other medications for at least 24 without a doctor's approval.
- Eat a light diet and get plenty of rest
- Limit all activities that increase symptoms. These may include: watching TV, listening to music, reading, using computers, bright lights and loud noise.

Return to Play

The athlete must be **cleared by a physician** and no longer has signs or symptoms prior to beginning the return to play protocol which is a minimum of five days. An athlete may be cleared by their physician to begin sub-symptomatic light activity prior to beginning the return to play protocol. It is crucial to allow enough recovery time following a concussion to prevent further damage. Research suggests that the effects of repeated concussions are cumulative over time. Most athletes who experience a concussion can recover completely as long as they do not return to sports too soon. During recovery time, the brain may be vulnerable to a more severe or permanent injury. If the athlete sustains a second concussion during this time, the risk of permanent brain injury increases.

Return to Play Protocol

Step 1: Light Aerobic Activity (Biking or Light Jog)

Step 2: Moderate Aerobic Activity (Moderate Jog, Push-Up, Sit-ups)

Step 3: Aerobic Activity and Weights (Agility, Non-Contact Drills)

Step 4: Light-Contact Practice

Step 5: Full Practice - **Not Game Play**

Step 6: Competition - **Return to Play**

The athlete must remain symptom-free at each stage to progress. If symptoms present during or after the workout, the athlete will repeat when they are symptom-free. Continuing while symptoms persist can lead to longer recovery times and permanent brain damage.

Potential School/Academic Adjustments & Modification Following Concussion (Return to Learn)

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long term memory, concentration, and organization. In many cases, it is best to lessen the student's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or longer, if necessary. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

It may be necessary for individuals with concussion to have both cognitive and physical rest in order to achieve maximum recovery in the shortest period of time. In addition to the physical management noted above, it is recommended that the following be considered;

- Notify the school nurse and all classroom teachers regarding the student athlete's condition.
- Advise teachers of post concussion symptoms
- Students may need (only until asymptomatic) special accommodations regarding academic requirements (such as limited computer work, reading activities, testing, assistance to class, etc.) until concussion symptoms resolve.
- Students may only be able to attend school for half days or may need daily rest periods until symptoms subside. In special circumstances the student may require homebound status for a brief period.
- The student should not be exposed to loud noises, bright lights, computers, video games, television and phones (including texting) all may worsen the symptoms of concussion. As the symptoms lessen, increase the use of computers, phone video games, etc., may be allowed.

Concussion Oversight Team

Dr. Shawn Figari - Beaumont Bone and Joint
Dr. Laurie Jansky - Beaumont Bone and Joint
Dr. Kimberly Pitts - Christus St. Elizabeth
Beaumont ISD Athletic Trainers

Mental Health Crisis Policy

Any student-athlete displaying signs and symptoms of mental health problems that affect their health and safety such as, but not limited to, severe depression, risk of suicide, or eating disorders will be referred to the counseling department and a plan will be developed for referral to outside resources as appropriate. In cases where it is deemed appropriate, the student-athlete will not be permitted to return to participation until evaluated and cleared by the specialist/counselor.

Any situation concerning the mental health of a student-athlete will be treated with dignity, respect and privacy.

****Any situation where a student's life, health or safety may be in immediate danger must be treated as an emergency****
****Any and all threats or suspicions of self-harm or suicide will be treated as a serious threat to a student's wellbeing****

If concerns about a possible mental health crisis arise during the school day, the reporting employee will follow their campus reporting procedures. The student-athlete's head coach, grade level counselor and assigned assistant principal will be notified immediately of the concerns or crisis. Parents will be notified by either the counselor or the assistant principal.

If concerns arise outside of school hours but while the student-athlete is on-campus or involved in a school-sponsored activity, the reporting employee will notify the student-athlete's head coach and the Athletic Director. The Athletic Director will facilitate contact with the school administration and the counseling department as appropriate. Parents will be notified by an administrator of the concerns.

All coaches/sponsors/directors should learn to recognize signs and symptoms of mental illness in adolescents.

Depressive Signs and Symptoms:

- Decreased performance in school or sport
- Noticeable restlessness
- Significant weight loss or gain
- Decrease or increase in appetite nearly every day

Individuals might express:

- Indecisiveness
- Feeling sad or unusual crying
- Difficulty concentrating
- Lack of or loss of interest or pleasure in activities that were once enjoyable (hanging out with friends, practice, school) Depressed, sad or "empty" mood for most of the day and nearly every day
- Recurrent thoughts of death or thoughts of suicide
- Frequent feelings of worthlessness, low self-esteem, hopelessness, helplessness, or inappropriate guilt.

Manic Signs and Symptoms:

- Abnormal or excessive elation
- Unusual irritability
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior
- Increased talking
- Racing thoughts
- Increased sexual desire
- Decreased need for sleep
- Grandiose notions