Department of Athletics Emergency Action Plan 2026-2027

[1]Beaumont ISD Department of Athletics Emergency Action Plan
Effective August, 2026
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MEDICAL CONDITIONS

Legal & Regulatory Authority

The Beaumont Independent School District (Beaumont ISD) Athletics Emergency Action Plan (EAP) has been developed to provide a comprehensive framework for the prevention, recognition, and emergency management of medical and non-medical emergencies occurring during athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored athletic events.

This Emergency Action Plan has been developed in accordance with applicable federal and state laws, University Interscholastic League (UIL) requirements, nationally recognized standards of care, and current evidence-based sports medicine practices. This document is intended to serve as the official emergency response guide for Beaumont ISD Athletics and shall be reviewed annually and revised as necessary to reflect changes in legislation, governing body requirements, medical best practices, and district procedures.

This Emergency Action Plan incorporates guidance and recommendations from, but is not limited to, the following:

- Texas Education Code (TEC)
- Texas Education Agency (TEA)
- University Interscholastic League (UIL)
- National Federation of State High School Associations (NFHS)
- National Athletic Trainers' Association (NATA)
- American Heart Association (AHA)
- American College of Sports Medicine (ACSM)
- American Academy of Pediatrics (AAP)
- Centers for Disease Control and Prevention (CDC)
- Occupational Safety and Health Administration (OSHA)
- Texas Department of State Health Services (DSHS)
- National Athletic Trainers' Association Inter-Association Task Force Recommendations
- Current Consensus Statements and Position Statements applicable to athletic health care and emergency preparedness

Nothing contained within this Emergency Action Plan supersedes applicable federal or state law, Beaumont ISD Board Policy, Beaumont ISD administrative regulations, University Interscholastic League (UIL) rules, or the medical judgment of licensed healthcare professionals acting within their scope of practice. When conflicts arise, the more restrictive requirement or higher standard of care shall apply.

BEAUMONT ISD DEPARTMENT OF ATHLETICS EMERGENCY ACTION PLAN

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.

Purpose Statement

The purpose of the Beaumont ISD Athletics Emergency Action Plan is to provide clear procedures for responding to medical and non-medical emergencies during athletic practices, competitions, strength and conditioning activities, and other school-sponsored athletic events. This plan is designed to protect student-athletes, coaches, staff, officials, and spectators by establishing emergency roles, communication procedures, equipment access, EMS activation, venue directions, and post-emergency documentation.

This plan shall be reviewed annually and rehearsed prior to the first competition season by athletic trainers, coaches, administrators, and other identified emergency team members.

Components of the Emergency Action Plan

The Beaumont ISD Athletics Emergency Action Plan is designed to provide an organized response to medical and non-medical emergencies occurring during athletic practices, competitions, strength and conditioning sessions, camps, and other school-sponsored athletic activities.

The following components are included within the Beaumont ISD Athletics Emergency Action Plan:

- Emergency Personnel
- Roles and Responsibilities
- Emergency Communication

- Emergency Equipment
- EMS Activation
- Medical Timeout
- Sudden Cardiac Arrest
- Environmental Emergency Procedures
- Heat Illness
- Lightning
- Cold Weather
- Air Quality
- Catastrophic Injury
- Concussion Management
- Mental Health Emergencies
- Documentation
- Annual Review

All athletic personnel shall be familiar with the contents of this Emergency Action Plan and their assigned responsibilities during an emergency situation.

Emergency Action Plan Personnel

During Beaumont ISD athletic practices and competitions, strength and conditioning activities, camps, and other school-sponsored athletic events, 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.

Authority of Medical Personnel

When a Licensed Athletic Trainer is present at any Beaumont ISD athletic activity, the Licensed Athletic Trainer shall have the authority to direct emergency medical care and coordinate the emergency response until care is transferred to Emergency Medical Services (EMS), a physician, or another higher-level healthcare provider.

The Licensed Athletic Trainer shall be responsible for injury and illness assessment, determination of emergency status, activation of the Emergency Action Plan, activation of EMS when appropriate, return-to-play decisions, environmental safety decisions, and medical timeout recommendations.

Coaches, student athletic trainers, administrators, game management personnel, security personnel, and other staff members shall assist the Licensed Athletic Trainer within their assigned emergency response roles.

In the absence of a Licensed Athletic Trainer, the highest medically trained responder present shall initiate emergency care, activate the Emergency Action Plan, and coordinate emergency response efforts until EMS arrives.

The health, safety, and well-being of the student-athlete shall take priority over practice, competition, conditioning activities, or event participation.

Medical decisions made by the Licensed Athletic Trainer regarding the immediate care of an injured or ill student-athlete shall be respected and supported by all athletic personnel.

Roles within the Emergency Team

Successful implementation of the Beaumont ISD Athletics Emergency Action Plan requires a coordinated effort by all members of the emergency response team. During any emergency, each individual shall perform his or her assigned responsibilities to provide the most efficient and effective care possible.

The four primary roles within the emergency team include:

1. Establish Scene Safety and Provide Immediate Care
The first priority is to ensure the scene is safe for responders and the injured individual. Immediate care shall be provided by the most qualified medical professional available.

2. Activate the Emergency Medical Services (EMS) System
A designated individual shall activate Emergency Medical Services (EMS) by calling 911,

providing the dispatcher with the exact location, nature of the emergency, condition of the athlete, care being provided, and directions for EMS access.

3. Retrieve Emergency Equipment
A designated individual shall retrieve the appropriate emergency equipment, including the automated external defibrillator (AED), emergency medical kit, spine board, splinting equipment, cold water immersion supplies, or other equipment as directed by the Licensed Athletic Trainer or emergency responder.

4. Direct EMS to the Scene
A designated individual shall meet Emergency Medical Services at the designated entrance, unlock gates or doors if necessary, and provide the quickest access to the patient.

Activation of the Emergency Medical Services (EMS) System

Activation of Emergency Medical Services (EMS) shall occur immediately whenever an injury or illness is determined to be life-threatening or when advanced medical care is required beyond the capabilities of the on-site medical personnel.

The decision to activate EMS should be made by the Licensed Athletic Trainer whenever present. In the absence of a Licensed Athletic Trainer, the highest medically trained responder shall initiate the Emergency Action Plan and activate EMS when appropriate.

The individual assigned to contact EMS shall:

- Call 911 immediately.
- Remain calm and speak clearly.
- Identify themselves and provide a callback telephone number.
- Provide the name and address of the athletic venue.
- Describe the exact location of the patient, including the designated EMS entrance.
- Describe the nature of the emergency, the athlete's condition, and care currently being provided.
- Answer all questions asked by the dispatcher.
- Remain on the telephone until instructed to disconnect by the dispatcher.

Another designated member of the emergency team shall meet EMS at the predetermined entrance, unlock gates or doors if necessary, and direct emergency personnel to the patient using the quickest and safest route.

Emergency Medical Services shall be activated immediately for, but not limited to, the following situations:

- Sudden Cardiac Arrest
- Unconscious or Unresponsive Athlete
- Suspected Cervical Spine Injury
- Exertional Heat Stroke
- Severe Difficulty Breathing

- Severe Asthma Attack
- Anaphylaxis or Severe Allergic Reaction
- Seizure Activity
- Suspected Stroke
- Suspected Heart Attack
- Uncontrolled Bleeding
- Fracture or Dislocation with Neurovascular Compromise
- Lightning Strike
- Any condition in which the athlete's airway, breathing, circulation, or level of consciousness is compromised.

Emergency Communication

Effective communication is essential to the successful management of any emergency. All athletic personnel shall be familiar with the procedures for contacting Emergency Medical Services (EMS), communicating with emergency responders, notifying school administration, and contacting parents or guardians.

Reliable communication devices, including cellular telephones, two-way radios, and landline telephones (when available), shall be readily accessible during all athletic practices, competitions, strength and conditioning activities, and other school-sponsored athletic events.

The individual assigned to contact EMS shall be prepared to provide the following information:

- Name and position of the caller.
- Name of the school and athletic venue.
- Exact address of the emergency location.
- Specific location of the injured or ill individual within the venue.
- Nature of the emergency.
- Condition of the injured or ill individual.
- Care currently being provided.
- Best entrance for EMS access.
- Callback telephone number.

After EMS has been activated, the following notifications shall be made as soon as reasonably possible:

- Licensed Athletic Trainer (if not already present).
- Campus Administration.
- Athletic Director or Designee.
- Parent or Guardian.
- Other district personnel as required by Beaumont ISD procedures.

Emergency contact information for all student-athletes shall be maintained within the district's approved electronic medical records system and shall be readily accessible to authorized athletic personnel during all athletic activities.

All communication regarding an emergency shall remain professional, factual, and confidential in accordance with the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and Beaumont ISD policies regarding student privacy.

Emergency Equipment

Appropriate emergency medical equipment shall be readily available during all Beaumont ISD athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored athletic events. Emergency equipment shall be appropriate for the venue, activity, and anticipated medical emergencies.

Emergency equipment may include, but is not limited to:

- Automated External Defibrillator (AED)
- Emergency Medical Kit
- First Aid Supplies
- Airway Management Equipment
- Cervical Spine Immobilization Equipment
- Spine Board
- Head Immobilization Blocks and Straps
- Splinting Supplies
- Hemorrhage Control Supplies
- Cold Water Immersion Tub or Rapid Cooling Equipment
- Rectal Thermometer (for suspected Exertional Heat Stroke)
- Crutches and Wheelchair (when available)
- Emergency Communication Devices

The Licensed Athletic Trainer shall be responsible for ensuring emergency medical equipment is maintained, inspected, and readily accessible. Equipment shall be inspected on a regular basis to verify proper function, adequate supplies, and compliance with manufacturer recommendations.

Venue-specific Emergency Action Plans shall identify the location of the nearest AED and other emergency equipment for each athletic venue.

Emergency equipment shall remain readily accessible and shall not be locked, blocked, or otherwise delayed during any athletic activity.

All athletic personnel shall be familiar with the location and operation of emergency equipment prior to the start of each athletic season.

Sudden Cardiac Arrest and Automated External Defibrillator (AED) Response

Sudden Cardiac Arrest (SCA) is a life-threatening medical emergency that requires immediate recognition and intervention. Survival depends on early recognition, immediate activation of the Emergency Action Plan (EAP), prompt activation of Emergency Medical Services (EMS), high-quality cardiopulmonary resuscitation (CPR), rapid defibrillation with an Automated External Defibrillator (AED), and advanced medical care.

Any athlete, coach, official, staff member, or spectator who suddenly collapses, becomes unresponsive, is not breathing normally, or is only gasping shall be treated as a suspected Sudden Cardiac Arrest until proven otherwise.

The emergency response to a suspected Sudden Cardiac Arrest shall include the following steps:

1. Ensure the scene is safe for responders and the patient.
2. Assess responsiveness and normal breathing.
3. Activate the Emergency Action Plan and call 911 immediately.
4. Begin high-quality CPR immediately.
5. Retrieve and apply the nearest Automated External Defibrillator (AED) as soon as possible.
6. Follow the AED voice prompts and deliver a shock if advised.
7. Continue CPR and AED use until Emergency Medical Services assumes patient care or the individual demonstrates signs of life.

Automated External Defibrillators (AEDs) shall be readily accessible during all athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored athletic events. The location of each AED is identified within the Beaumont ISD Venue-Specific Emergency Action Plans.

AEDs shall be inspected according to Beaumont ISD procedures and manufacturer recommendations. Battery status, electrode pad expiration dates, and overall device readiness shall be checked routinely and documented in accordance with district procedures.

Following any AED deployment, the Licensed Athletic Trainer shall ensure the AED is removed from service until the device has been inspected, replacement electrodes and batteries have been installed as needed, and event data have been downloaded and reviewed in accordance with district procedures and manufacturer recommendations.

All athletic personnel shall maintain current certification in CPR and AED use as required by Beaumont ISD, the University Interscholastic League (UIL), and applicable state regulations. Annual review of Sudden Cardiac Arrest recognition and AED procedures shall be completed before each athletic season.

Medical Transportation

The method of transportation shall be determined by the severity of the injury or illness and the medical judgment of the Licensed Athletic Trainer or responding Emergency Medical Services (EMS) personnel.

For all life-threatening emergencies or conditions requiring advanced medical care, Emergency Medical Services (EMS) shall provide transportation to the most appropriate medical facility.

Student-athletes shall not be transported to a medical facility in a personal vehicle when Emergency Medical Services activation is indicated.

For non-life-threatening injuries or illnesses not requiring EMS transport, the Licensed Athletic Trainer may recommend that the student-athlete be transported by a parent or legal guardian for further medical evaluation or treatment.

If a parent or legal guardian is unavailable at the time of transport, a Beaumont ISD administrator or district employee designated by campus administration shall accompany the student-athlete to the receiving medical facility until a parent or legal guardian arrives, in accordance with district policy.

Emergency contact information shall accompany the student-athlete whenever possible. The parent or legal guardian shall be notified as soon as reasonably possible regarding the injury or illness, the receiving medical facility, and the student's condition.

Transportation by Beaumont ISD personnel shall occur only in accordance with Beaumont ISD policies and administrative procedures.

The Licensed Athletic Trainer shall communicate all pertinent medical information to EMS personnel to ensure continuity of care and shall complete all required Beaumont ISD documentation following the incident.

Medical Timeout Procedures

A Medical Time-Out (MTO) shall be conducted prior to all varsity football games and is strongly recommended before all athletic contests and special events where emergency medical services, game officials, or multiple event personnel are present.

The purpose of the Medical Time-Out is to ensure that all personnel responsible for emergency response are prepared to respond effectively in the event of a medical emergency. The Medical Time-Out shall promote communication, confirm emergency procedures, review venue-specific information, and identify the responsibilities of all members of the emergency response team.

The Medical Time-Out should be conducted approximately 15–30 minutes prior to the start of the event and shall include, when applicable:

- Licensed Athletic Trainer(s)
- Team Physician (if present)
- Emergency Medical Services (EMS) Personnel

- Game Administrator(s)
- Home and Visiting Head Coaches
- Game Officials
- Law Enforcement and Security Personnel
- Event Management Personnel
- Other designated emergency response personnel

The Medical Time-Out shall include, at a minimum, the following:

- Review of the Venue-Specific Emergency Action Plan.
- Confirmation of the location of all Automated External Defibrillators (AEDs).
- Identification of the designated EMS entrance and emergency access routes.
- Verification of emergency communication methods, including radios and cellular telephones.
- Identification of the designated individual responsible for meeting and directing EMS to the patient.
- Review of procedures for Sudden Cardiac Arrest, cervical spine injury, exertional heat stroke, lightning, severe asthma, anaphylaxis, and other catastrophic emergencies.
- Confirmation of the location of emergency medical equipment, including spine boards, splints, hemorrhage control supplies, rectal thermometer, and rapid cooling equipment.
- Review of emergency equipment removal procedures when applicable.
- Discussion of weather conditions and environmental concerns, including heat, lightning, and air quality.
- Identification of the nearest appropriate medical facility when applicable.
- Review of crowd control responsibilities and emergency scene management.

If emergency medical resources, weather conditions, venue access, or emergency response procedures change after the Medical Time-Out has been completed, all affected personnel shall be notified immediately and the Medical Time-Out information shall be updated as necessary.

Documentation of the Medical Time-Out is recommended and should be maintained in accordance with Beaumont ISD Athletics procedures.

Non-Medical Emergencies

Non-medical emergencies may occur during athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored athletic events. These emergencies may present an immediate threat to the safety of student-athletes, coaches, staff, officials, spectators, and visitors, requiring prompt recognition, communication, and coordinated response.

Examples of non-medical emergencies include, but are not limited to:

- Active Shooter or Armed Intruder
- Bomb Threat
- Civil Disturbance
- Fire or Explosion

- Hazardous Materials Release
- Lockdown
- Missing Person
- Utility Failure
- Severe Weather
- Structural Damage

During any non-medical emergency, athletic personnel shall remain calm, activate the appropriate emergency procedures, notify school administration and Emergency Medical Services or law enforcement as appropriate, and follow Beaumont ISD emergency management protocols.

Specific response procedures for each non-medical emergency are outlined in the following sections of this Emergency Action Plan.

Campus Safety and Security Emergencies

Athletic personnel shall follow the Beaumont ISD Emergency Operations Plan (EOP), campus emergency procedures, and the direction of school administrators, law enforcement, fire personnel, and other emergency responders during any campus safety or security emergency.

Campus safety and security emergencies may include, but are not limited to:

- Lockdown
- Secure
- Evacuation
- Shelter-in-Place
- Hold
- Fire or Explosion
- Hazardous Materials Release
- Utility Failure
- Structural Damage
- Bomb Threat
- Civil Disturbance
- Other emergencies as determined by Beaumont ISD or responding emergency personnel.

During any campus safety or security emergency, athletic personnel shall maintain supervision of student-athletes whenever it is safe to do so, account for all individuals when directed, and follow all Beaumont ISD emergency procedures until the incident has concluded.

Emergency medical care shall be provided only when the scene has been determined to be safe by the appropriate emergency responders.

All athletic personnel shall participate in district-required emergency preparedness training and comply with all Beaumont ISD emergency management procedures.

Environmental Conditions:

Environmental conditions shall be monitored before and throughout all Beaumont ISD athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored athletic events. Athletic personnel shall evaluate environmental conditions to reduce the risk of weather-related illnesses and injuries and to provide a safe environment for all participants.

Environmental factors that shall be monitored include, but are not limited to:

- Heat and Humidity
- Wet Bulb Globe Temperature (WBGT)
- Lightning
- Air Quality
- Cold Weather
- Wind Chill
- Severe Weather
- Heavy Rain
- High Winds
- Other environmental hazards that may affect the health and safety of participants.

Environmental monitoring shall be conducted using Beaumont ISD approved weather monitoring systems and equipment. Activity modifications, delays, suspensions, or cancellations shall be implemented when environmental conditions present an unacceptable risk to student-athletes, coaches, officials, staff, or spectators.

The following sections outline Beaumont ISD procedures for monitoring environmental conditions and modifying athletic activities in accordance with district policy, current medical best practices, and applicable University Interscholastic League (UIL) requirements.

Perry Weather Monitoring System

Beaumont ISD utilizes the Perry Weather Monitoring System as the district's primary environmental monitoring system for all athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored athletic events.

The Licensed Athletic Trainer, or designated athletic personnel, shall continuously monitor environmental conditions using the Perry Weather Monitoring System before and throughout all athletic activities. Environmental conditions monitored include, but are not limited to:

- Lightning
- Wet Bulb Globe Temperature (WBGT)
- Heat Index
- Ambient Temperature
- Wind Chill
- Severe Weather
- Heavy Rain

- High Winds
- Other hazardous weather conditions

Kestrel environmental monitoring devices are available as a secondary means of monitoring environmental conditions should the Perry Weather Monitoring System become unavailable or when additional on-site environmental measurements are necessary.

The Perry Weather Monitoring System and Kestrel devices are tools to assist in environmental decision-making; however, neither system guarantees safety. Sound professional judgment shall always be exercised by the Licensed Athletic Trainer in conjunction with current environmental conditions, applicable University Interscholastic League (UIL) requirements, and Beaumont ISD policies when determining activity modifications, suspension, or cancellation.

All athletic personnel shall comply with environmental modifications, delays, suspensions, or cancellations as directed by the Licensed Athletic Trainer or designated district administrator.

Lightning

Beaumont ISD requires the suspension of all outdoor athletic activities when lightning is detected within an 8-mile radius by the Perry Weather Monitoring System or when thunder is heard within 30 seconds of a visible lightning flash using the Flash-to-Bang Method. All student-athletes, coaches, officials, athletic personnel, and spectators shall immediately proceed to a designated safe shelter until activities are authorized to resume.

The Perry Weather Monitoring System shall serve as the district's primary method of lightning detection. The Flash-to-Bang Method shall be used as a secondary means of detection if electronic monitoring is unavailable.

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 individuals identified within the Chain of Command shall remain aware of current weather conditions; however, the Licensed Athletic Trainer or designated weather watcher is responsible for official weather monitoring and communication.

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.

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. If the Perry Weather Monitoring System becomes unavailable, the Flash-to-Bang Method shall be used as a secondary means of lightning detection. When the time between seeing lightning and hearing thunder is 30 seconds or less, all outdoor athletic activities shall be suspended 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

Athletic activities may resume only after no lightning has been detected within an 8-mile radius for a minimum of 30 consecutive minutes. Each subsequent lightning strike within the 8-mile radius shall restart the 30-minute waiting period. The Perry Weather Monitoring System shall be utilized to determine when activities may safely resume.

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 lightning 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.

****All spectators should seek shelter in their cars.****

Section I - Heat Policy

Heat Illnesses:

Heat-related illnesses are among the most common medical conditions encountered during athletic participation and are largely preventable through proper planning, acclimatization, hydration, nutrition, environmental monitoring, and early recognition of signs and symptoms. Beaumont ISD is committed to reducing the risk of heat illness through compliance with University Interscholastic League (UIL) requirements, evidence-based medical practices, and district policies.

Heat-related illnesses include dehydration, heat syncope, heat cramps, heat exhaustion, exertional heat stroke, and exercise-associated hyponatremia. All coaches, athletic trainers, sponsors, and athletic personnel shall be familiar with the signs, symptoms, prevention, and emergency management of each condition.

Proper heat acclimatization procedures, unrestricted access to water, scheduled rest breaks, environmental monitoring using the Perry Weather Monitoring System, and activity modifications based on Wet Bulb Globe Temperature (WBGT) are essential components of Beaumont ISD's heat illness prevention program.

Heat Stroke- Medical Emergency:

Exertional Heat Stroke (EHS) is a life-threatening medical emergency and is the leading preventable cause of death in athletics. Exertional Heat Stroke occurs when the body's core temperature rises above 104°F (40°C) and is accompanied by central nervous system dysfunction. Immediate recognition and treatment are critical to prevent permanent disability or death.

Signs and Symptoms:

- Core body temperature greater than 104°F (40°C)
- Altered mental status, confusion, or disorientation
- Collapse or loss of consciousness
- Irrational behavior
- Slurred speech
- Dizziness
- Severe headache
- Seizures
- Hot skin with or without sweating

Emergency Treatment – COOL FIRST, THEN TRANSPORT

If Exertional Heat Stroke is suspected:

1. Activate the Emergency Action Plan and call 911 immediately.
2. Move the athlete to the designated Rapid Cooling Zone.
3. Begin rapid cooling immediately using cold water immersion as the preferred treatment.

4. Continue cooling while awaiting Emergency Medical Services (EMS). Cooling shall not be delayed while waiting for EMS to arrive.
5. Monitor the athlete's airway, breathing, circulation, and level of consciousness.
6. Continue cooling until the athlete's core body temperature is below 102°F or until EMS assumes patient care.

Rapid cooling may include:

- Cold water immersion (35°F–59°F)
- Tarp-Assisted Cooling with Oscillation (TACO), when a cold water immersion tub is unavailable
- Continuous application of ice and cold water while preparing for immersion when necessary

Beaumont ISD follows the principle of **"Cool First, Then Transport"** for the emergency management of suspected Exertional Heat Stroke in accordance with current medical best practices and UIL requirements.

Exertional Heat Exhaustion

Heat exhaustion is a heat-related illness resulting from the body's inability to maintain adequate circulation during prolonged exposure to heat and physical activity. It is commonly associated with excessive sweating, dehydration, and loss of electrolytes. If not recognized and treated promptly, heat exhaustion may progress to Exertional Heat Stroke.

Signs and Symptoms:

- Heavy sweating
- Extreme fatigue or weakness
- Dizziness or light-headedness
- Headache
- Nausea or vomiting
- Pale, cool, or clammy skin
- Muscle cramps
- Rapid pulse
- Elevated body temperature (generally less than 104°F)
- Decreased exercise performance

Treatment:

1. Stop all physical activity immediately.
2. Move the athlete to a cool, shaded, or air-conditioned area.
3. Remove excess clothing and equipment.
4. Begin active cooling using cold towels, fans, ice towels, or other available cooling methods.

5. Encourage the athlete to drink cool water or an electrolyte-containing sports drink if they are alert and able to safely swallow.
6. Continuously monitor the athlete for improvement or worsening symptoms.
7. Activate Emergency Medical Services (EMS) if the athlete does not improve rapidly, loses consciousness, develops altered mental status, or Exertional Heat Stroke is suspected.

Athletes diagnosed with heat exhaustion shall not return to athletic participation on the same day and shall be evaluated by the Licensed Athletic Trainer before returning to activity.

Heat Syncope:

Heat syncope is a temporary loss of consciousness or dizziness that occurs as a result of prolonged standing, rapid changes in body position, dehydration, or inadequate heat acclimatization. Heat syncope is caused by a temporary reduction in blood flow to the brain and most commonly occurs during or immediately following exercise in a hot environment.

Signs and Symptoms:

- Light-headedness
- Dizziness
- Fainting or near-fainting
- Pale, cool, or clammy skin
- Weakness
- Temporary loss of consciousness

Treatment:

1. Stop all physical activity immediately.
2. Move the athlete to a cool, shaded, or air-conditioned area.
3. Position the athlete on their back and elevate the legs if tolerated.
4. Monitor airway, breathing, and circulation.
5. Encourage oral hydration if the athlete is alert and able to safely swallow.
6. Do not allow the athlete to return to activity until evaluated by the Licensed Athletic Trainer and symptoms have completely resolved.
7. Monitor for improvement and evaluate for other heat-related illnesses.
8. Activate Emergency Medical Services (EMS) if the athlete does not regain consciousness promptly, symptoms worsen, or another serious medical condition is suspected.

Athletes experiencing heat syncope shall be evaluated by the Licensed Athletic Trainer before returning to athletic participation.

Heat Cramps:

Heat cramps are painful, involuntary muscle spasms that occur during or after strenuous physical activity, most commonly in the legs, arms, or abdomen. Heat cramps are typically associated with

significant fluid and electrolyte loss through excessive sweating and may be an early warning sign of a more serious heat-related illness.

Signs and Symptoms:

- Painful muscle cramps or spasms
- Muscle twitching
- Heavy sweating
- Fatigue
- Thirst

Treatment:

1. Stop all physical activity immediately.
2. Move the athlete to a cool, shaded, or air-conditioned area.
3. Gently stretch and massage the affected muscle as tolerated.
4. Encourage the athlete to drink water or an electrolyte-containing sports drink.
5. Monitor the athlete for progression to heat exhaustion or exertional heat stroke.
6. Do not allow the athlete to return to activity until the muscle cramps have completely resolved and adequate hydration has been restored.
7. Activate Emergency Medical Services (EMS) if muscle cramps are accompanied by altered mental status, loss of consciousness, persistent vomiting, or other signs of a more serious heat-related illness.

Athletes with underlying cardiac conditions, those following physician-directed sodium restrictions, or athletes whose muscle cramps do not resolve with appropriate treatment should be referred for further medical evaluation.

Exercise-Associated Hyponatremia (EAH)

Exercise-Associated Hyponatremia (EAH) is a potentially life-threatening condition caused by abnormally low blood sodium levels, most often resulting from excessive fluid consumption during prolonged physical activity. Although less common than dehydration, EAH may present with similar symptoms and requires immediate medical evaluation.

Signs and Symptoms:

- Nausea or vomiting
- Headache
- Confusion or altered mental status
- Fatigue or weakness
- Muscle cramps
- Restlessness or irritability
- Swelling of the hands or feet
- Seizures
- Loss of consciousness

Treatment:

1. Stop all physical activity immediately.
2. Activate the Emergency Action Plan.
3. Activate Emergency Medical Services (EMS) immediately if Exercise-Associated Hyponatremia is suspected.
4. Monitor the athlete's airway, breathing, circulation, and level of consciousness.
5. Do not encourage excessive fluid intake until the athlete has been medically evaluated.
6. Provide supportive care while awaiting EMS.
7. Transfer care to Emergency Medical Services for transport and definitive medical treatment.

Because the signs and symptoms of Exercise-Associated Hyponatremia may resemble those of other heat-related illnesses, prompt recognition and activation of Emergency Medical Services are essential. Definitive diagnosis and treatment shall be provided by Emergency Medical Services and the receiving medical facility.

Chain of Command:

The following Chain of Command shall be utilized when making decisions regarding heat-related activity modifications, suspension of athletic activities, or activation of emergency procedures. The highest available individual listed shall assume responsibility for implementing the Heat Policy.

1. Licensed Athletic Trainer
2. Athletic Department Administrator
3. School Administrator
4. Game Official (during interscholastic contests, as applicable)
5. Head Coach

The Licensed Athletic Trainer shall be responsible for monitoring environmental conditions, interpreting Wet Bulb Globe Temperature (WBGT) readings, and recommending or implementing activity modifications in accordance with Beaumont ISD policy and University Interscholastic League (UIL) requirements.

All coaches, athletic personnel, game officials, and administrators shall comply with activity modifications, delays, suspensions, or cancellations implemented under this Heat Policy.

Notification of Environmental Conditions

The Licensed Athletic Trainer or designated athletic personnel shall continuously monitor environmental conditions using the Beaumont ISD Perry Weather Monitoring System before and throughout all outdoor athletic activities.

The Licensed Athletic Trainer shall communicate Wet Bulb Globe Temperature (WBGT) readings, environmental conditions, and any required activity modifications to the Head Coach or designated coach as conditions change.

Head Coaches and designated coaching staff are responsible for monitoring Perry Weather notifications and immediately implementing all activity modifications, delays, suspensions, or cancellations as directed by the Licensed Athletic Trainer.

When environmental conditions meet or exceed established Beaumont ISD or University Interscholastic League (UIL) thresholds, athletic personnel shall immediately implement the appropriate activity modifications outlined in this Heat Policy.

Enforcement of the Heat Policy

Compliance with the Beaumont ISD Heat Policy is mandatory for all athletic personnel, coaches, sponsors, and staff participating in outdoor athletic activities.

The Licensed Athletic Trainer shall monitor environmental conditions, Wet Bulb Globe Temperature (WBGT), and activity modifications throughout all outdoor athletic activities.

Head Coaches are responsible for implementing all required activity modifications, rest breaks, hydration opportunities, equipment restrictions, practice duration limitations, delays, suspensions, or cancellations as directed by the Licensed Athletic Trainer and in accordance with Beaumont ISD policy and University Interscholastic League (UIL) requirements.

Any failure to comply with this Heat Policy shall be documented by the Licensed Athletic Trainer and reported through the appropriate supervisory chain, including the Campus Athletic Coordinator and Athletic Director, for review and appropriate follow-up.

The health and safety of student-athletes shall take precedence over all athletic activities, practices, conditioning sessions, and competitions.

Section II—Heat Policy

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

Beaumont ISD shall utilize Wet Bulb Globe Temperature (WBGT) as the primary environmental measurement for determining activity modifications during all outdoor athletic practices, competitions, strength and conditioning activities, camps, and other school-sponsored outdoor events.

WBGT readings shall be monitored using the Beaumont ISD Perry Weather Monitoring System. Kestrel environmental monitoring devices may be used as a secondary method when additional on-site measurements are necessary or if the primary monitoring system is unavailable.

Activity modifications shall be implemented in accordance with the current University Interscholastic League (UIL) Wet Bulb Globe Temperature Activity Modification Guidelines.

Wet Bulb Globe Temperature (WBGT) Activity Modification Guidelines – Class 3

WBGT Less Than 82.0°F – Normal Activities

- Normal outdoor activities may be conducted.
- Provide at least **three separate rest breaks each hour**, with a minimum duration of **3 minutes** each.
- Encourage unrestricted access to water before, during, and after activity.

WBGT 82.0°F – 86.9°F – Use Discretion

- Use discretion for intense or prolonged exercise.
- Provide at least **three separate rest breaks each hour**, with a minimum duration of **4 minutes** each.
- Encourage unrestricted access to water.

WBGT 87.0°F – 90.0°F – Maximum Practice Duration of 2 Hours

- Maximum outdoor practice time is **2 hours**.
- **Football:** Helmets, shoulder pads, and shorts only. If WBGT rises to this level during practice, athletes may continue wearing football pants without changing to shorts.
- **All Sports/Activities:** Provide at least **four separate rest breaks each hour**, with a minimum duration of **4 minutes** each.

WBGT 90.1°F – 92.0°F – Maximum Practice Duration of 1 Hour

- Maximum outdoor practice time is **1 hour**.
- **Football:** No protective equipment may be worn during practice.
- No conditioning activities.
- **All Sports/Activities:** Provide a total of **20 minutes of rest breaks** distributed throughout the practice.

WBGT 92.1°F or Higher – No Outdoor Activities

- No outdoor practices, workouts, conditioning sessions, or other outdoor athletic activities shall be conducted.
- Delay outdoor participation until the WBGT decreases to an acceptable level.

Rapid Cooling Zones

Rapid Cooling Zones shall be available for all outdoor athletic practices, competitions, workouts, conditioning sessions, and marching band activities conducted when the Wet Bulb Globe Temperature (WBGT) is **80°F or greater**, in accordance with University Interscholastic League (UIL) requirements.

Each Rapid Cooling Zone shall have immediate access to equipment necessary to initiate rapid cooling for a suspected Exertional Heat Stroke, including one of the following:

- Cold Water Immersion (CWI) tub
- Tarp-Assisted Cooling with Oscillation (TACO) system
- Ice

- Water source
- Towels or ice towels
- Shade
- Other approved rapid cooling equipment

A Beaumont ISD employee or volunteer trained in the recognition and emergency treatment of Exertional Heat Stroke, including the administration of rapid cooling techniques, should be readily available during all outdoor athletic activities when Rapid Cooling Zones are required.

In the event of a suspected Exertional Heat Stroke, Beaumont ISD shall follow the principle of **"Cool First, Then Transport."** Rapid cooling shall begin immediately and shall not be delayed while awaiting Emergency Medical Services (EMS).

Hydration and Fluid Replacement

Proper hydration is essential for the prevention of heat-related illnesses and the maintenance of athletic performance. Beaumont ISD promotes unrestricted access to water before, during, and after all athletic activities. No student-athlete shall ever be denied access to water.

Student-athletes should begin all athletic activities properly hydrated and should continue to replace fluids throughout exercise based on individual sweat losses, environmental conditions, and activity intensity.

Effects of Dehydration

Dehydration can negatively affect athletic performance in less than one hour of exercise and significantly increases the risk of heat-related illness.

- A loss of 1–2% of body weight may decrease athletic performance.
- A loss of greater than 3% of body weight significantly increases the risk of heat-related illness, including exertional heat stroke.

Signs and Symptoms of Dehydration

- Thirst
- Dry mouth
- Headache
- Dizziness or light-headedness
- Fatigue
- Muscle cramps
- Nausea
- Irritability
- Decreased athletic performance
- Dark-colored urine

Fluid Replacement Guidelines

Before Activity

- Drink 17–20 ounces of water or a sports drink 2–3 hours before activity.
- Drink an additional 7–10 ounces of water or a sports drink 10–20 minutes before activity.

During Activity

- Drink fluids early and often.
- Consume approximately 7–10 ounces of water or a sports drink every 10–20 minutes.
- Fluid replacement should occur during every scheduled rest break.

After Activity

- Replace all fluids lost during exercise.
- Consume approximately 20–24 ounces of fluid for every pound of body weight lost during activity.

Monitoring Hydration Status

Hydration status may be monitored using one or more of the following methods:

- Pre- and post-activity body weight measurements.
- Urine color.
- Urine volume.
- Clinical judgment by the Licensed Athletic Trainer.

The Licensed Athletic Trainer shall provide education regarding proper hydration practices, recognition of dehydration, and strategies to reduce the risk of heat-related illnesses.

Heat Acclimatization

Heat acclimatization is essential in reducing the risk of exertional heat illnesses and improving an athlete's ability to safely participate in physical activity under hot environmental conditions.

Beaumont ISD shall implement heat acclimatization procedures in accordance with the current University Interscholastic League (UIL) Heat Acclimatization Guidelines. All coaches, athletic trainers, sponsors, and athletic personnel shall comply with the current UIL requirements governing the gradual progression of physical activity, protective equipment, practice duration, and recovery periods.

Student-athletes shall be provided adequate opportunities to gradually adapt to environmental conditions before participating in full-intensity athletic activities. Practice intensity, duration, and equipment shall be progressively increased in accordance with current UIL requirements.

The Licensed Athletic Trainer shall provide guidance regarding heat acclimatization and activity modifications as environmental conditions warrant. Coaches shall immediately implement all recommendations provided by the Licensed Athletic Trainer.

Student-athletes exhibiting signs or symptoms of heat-related illness during the acclimatization period shall be removed from activity immediately and evaluated by the Licensed Athletic Trainer before returning to participation.

Section I - Cold Policy

Cold Illnesses:

Although prolonged exposure to cold weather is less common in Southeast Texas, cold-related illnesses remain a concern during athletic practices, competitions, and other outdoor activities. Beaumont ISD is committed to protecting student-athletes, coaches, officials, and staff through proper planning, environmental monitoring, appropriate clothing, activity modifications, and early recognition of cold-related illnesses.

Cold-related illnesses may include cold stress, bronchospasm, frostbite, and hypothermia. Wind chill, precipitation, wet clothing, and prolonged exposure significantly increase the risk of injury and illness, even when ambient temperatures are above freezing.

Wind chill shall be used as the primary environmental measurement when determining activity modifications for cold weather. Appropriate clothing, layered apparel, head and hand protection, and keeping athletes dry are essential components of Beaumont ISD's Cold Weather Policy.

Cold Exposure Risks:

Exposure to cold temperatures, wind, rain, and wet clothing may negatively affect athletic performance and increase the risk of cold-related illnesses and injuries. Athletic personnel shall recognize the increased risks associated with prolonged exposure to cold environmental conditions.

Potential risks associated with cold exposure include:

- Bronchospasm or asthma exacerbation caused by breathing cold air.
- Coughing, chest tightness, or irritation of the throat and airways.
- Decreased muscle strength, power, endurance, flexibility, and coordination.
- Reduced aerobic performance.
- Impaired balance and motor control.
- Decreased core body temperature, increasing the risk of hypothermia.
- Increased risk of frostbite involving exposed skin and extremities.

Appropriate clothing, proper hydration, scheduled warming breaks, and activity modifications shall be implemented to reduce the risk of cold-related illnesses.

Cold Recognition:

Early recognition of cold-related illnesses is essential to prevent progression to more serious medical conditions. Coaches, athletic trainers, administrators, and athletic personnel shall continuously observe student-athletes for signs and symptoms of cold stress during outdoor activities.

Signs and Symptoms of Cold Stress:

- Shivering
- Excessive or uncontrollable shivering
- Cold, pale, or numb skin
- Pain or tingling in the fingers, toes, ears, nose, or exposed skin
- Loss of coordination or fine motor skills
- Slowed movements or decreased athletic performance
- Slurred speech
- Confusion or altered mental status
- Fatigue or unusual drowsiness

Student-athletes demonstrating signs or symptoms of cold-related illness shall be removed from activity immediately and evaluated by the Licensed Athletic Trainer. Emergency Medical Services (EMS) shall be activated if a serious cold-related illness, including hypothermia, is suspected.

Frostbite

Frostbite is a cold injury that occurs when skin and underlying tissues freeze due to prolonged exposure to cold temperatures or wind chill. The areas most commonly affected include the fingers, toes, ears, nose, cheeks, and other exposed skin.

Frostbite is classified into three stages:

Frostnip

- Mildest form of frostbite.
- Only the outer layer of skin is affected.
- Skin appears pale or white and may feel cold, numb, or painful.

Superficial Frostbite

- Skin appears white, gray, or mottled.
- The affected area feels firm while deeper tissues remain soft.
- Sensation is significantly decreased or absent.

Deep Frostbite

- Involves all layers of the skin and underlying tissues.
- Skin appears white, waxy, or bluish and feels hard or "wood-like."

- Complete numbness may be present, and muscles, tendons, or bone may also be affected.

Treatment

1. Remove the athlete from the cold environment immediately.
2. Remove wet or restrictive clothing and protect the affected area from further exposure.
3. Do **not** rub, massage, or apply direct heat to the affected tissue.
4. If there is any possibility the tissue may refreeze, **do not** begin rewarming.
5. If rewarming can be safely maintained, immerse the affected area in warm water between **98°F and 104°F (37°C–40°C)** until normal color and sensation begin to return.
6. Protect the affected area with dry, sterile dressings.
7. Activate Emergency Medical Services (EMS) or refer the athlete for immediate medical evaluation when superficial or deep frostbite is suspected.

Hypothermia

Hypothermia is a life-threatening medical emergency that occurs when the body's core temperature falls below **95°F (35°C)**. It develops when heat loss exceeds the body's ability to produce heat and may occur in cold, wet, or windy conditions—even when temperatures are above freezing.

Hypothermia is classified as mild, moderate, or severe based on the athlete's signs, symptoms, and core body temperature.

Signs and Symptoms

Mild Hypothermia (95°F–99°F)

- Shivering
- Cold sensation
- Goosebumps
- Numb hands or fingers
- Difficulty performing fine motor tasks
- Mild fatigue

Moderate Hypothermia (90°F–94.9°F)

- Intense or persistent shivering
- Slowed movements
- Loss of coordination
- Slurred speech
- Confusion or altered mental status
- Difficulty walking
- Increasing fatigue

Severe Hypothermia (Below 90°F)

- Shivering decreases or stops
- Severe confusion or unconsciousness
- Muscle rigidity
- Slow or absent pulse
- Slow or irregular breathing
- Loss of consciousness
- Cardiac arrest

Treatment

1. Activate the Emergency Action Plan and call 911 immediately for suspected moderate or severe hypothermia.
2. Move the athlete to a warm, dry environment.
3. Remove wet clothing and replace it with warm, dry clothing or blankets.
4. Cover the head and body to reduce additional heat loss.
5. If the athlete is alert and able to safely swallow, provide warm, non-caffeinated, non-alcoholic fluids.
6. Handle the athlete gently and avoid unnecessary movement.
7. Do not apply direct heat to the extremities or attempt rapid rewarming.
8. Continue monitoring airway, breathing, and circulation until Emergency Medical Services (EMS) assumes care.

Student-athletes with suspected hypothermia shall not return to participation on the same day and shall receive appropriate medical evaluation before returning to athletic activity.

Section II - Cold Weather Policy

Chain of Command

The following Chain of Command shall be utilized when making decisions regarding cold-weather activity modifications, suspension of athletic activities, or activation of emergency procedures. The highest available individual listed shall assume responsibility for implementing the Cold Weather Policy.

1. Licensed Athletic Trainer
2. Athletic Department Administrator
3. School Administrator
4. Game Official (during interscholastic contests, as applicable)
5. Head Coach

The Licensed Athletic Trainer shall be responsible for monitoring environmental conditions, interpreting wind chill information and weather forecasts, and recommending or implementing activity modifications in accordance with Beaumont ISD policy and current medical best practices.

All coaches, athletic personnel, game officials, and administrators shall comply with activity modifications, delays, suspensions, or cancellations implemented under this Cold Weather Policy.

Notification of Environmental Conditions

The Licensed Athletic Trainer or designated athletic personnel shall monitor weather conditions, including ambient temperature, wind chill, precipitation, and other environmental factors before and throughout all outdoor athletic activities.

The Licensed Athletic Trainer shall communicate environmental conditions and any required activity modifications to the Head Coach or designated coach as conditions change.

Head Coaches and designated coaching staff are responsible for monitoring Perry Weather notifications and immediately implementing all activity modifications, delays, suspensions, or cancellations as directed by the Licensed Athletic Trainer.

When environmental conditions meet or exceed established Beaumont ISD cold weather thresholds, athletic personnel shall immediately implement the appropriate activity modifications outlined in this Cold Weather Policy.

Enforcement of the Cold Weather Policy

Compliance with the Beaumont ISD Cold Weather Policy is mandatory for all athletic personnel, coaches, sponsors, and staff participating in outdoor athletic activities.

The Licensed Athletic Trainer shall monitor environmental conditions, including wind chill, precipitation, and other weather-related factors that may affect the health and safety of participants.

Head Coaches are responsible for implementing all required activity modifications, warming breaks, clothing requirements, practice duration limitations, delays, suspensions, or cancellations as directed by the Licensed Athletic Trainer and in accordance with Beaumont ISD policy.

Any failure to comply with this Cold Weather Policy shall be documented by the Licensed Athletic Trainer and reported through the appropriate supervisory chain, including the Campus Athletic Coordinator and Athletic Director, for review and appropriate follow-up.

The health and safety of student-athletes shall take precedence over all athletic practices, conditioning sessions, competitions, and other outdoor activities.

High School Outdoor Activity Modifications

The following activity modifications are based on wind chill and local environmental conditions. The Licensed Athletic Trainer may implement additional activity modifications or suspend outdoor activities whenever environmental conditions present an increased risk to the health and safety of participants.

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****

Competition Guidelines

Athletic competitions may continue when environmental conditions permit; however, the Licensed Athletic Trainer, Athletic Department Administrator, and Game Administrator may implement activity modifications, increase warming opportunities, delay, suspend, or cancel competition whenever environmental conditions present an unacceptable risk to the health and safety of participants. Decisions shall be based on current weather conditions, wind chill, precipitation, duration of exposure, venue conditions, available medical resources, and applicable University Interscholastic League (UIL) guidance.

Middle School Outdoor Activity Modifications

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

These guidelines represent the minimum required activity modifications. The Licensed Athletic Trainer, in consultation with the Athletic Department Administrator, may implement more restrictive measures based on precipitation, prolonged exposure, field conditions, medical concerns, or other environmental factors.

Beaumont ISD Air Quality Policy

Air Quality Guidelines

The Licensed Athletic Trainer or designated athletic personnel shall monitor local air quality conditions using the Air Quality Index (AQI) through the Texas Commission on Environmental Quality (TCEQ), AirNow, the Beaumont ISD Perry Weather Monitoring System (when available), and other reliable weather resources.

The Licensed Athletic Trainer shall notify coaches and the Athletic Department when activity modifications are required due to poor air quality.

AQI 0–100 (Green/Yellow) – Good to Moderate

- Normal outdoor activities may be conducted.
- Student-athletes with asthma or other respiratory conditions should be monitored as needed.

AQI 101–150 (Orange) – Unhealthy for Sensitive Groups

- Student-athletes with asthma, heart disease, or other respiratory conditions should limit prolonged outdoor activity.
- Activity modifications should be considered for susceptible individuals.
- Closely monitor all participants for respiratory distress.

AQI 151–200 (Red) – Unhealthy

- Limit prolonged or high-intensity outdoor activity.
- Outdoor practices should be modified to reduce duration and intensity.
- Student-athletes with respiratory or cardiovascular conditions should avoid outdoor participation.

AQI 201–300 (Purple) – Very Unhealthy

- Suspend all strenuous outdoor athletic activities.
- Move practices indoors whenever possible.
- Reschedule or postpone outdoor competitions when feasible.

AQI Greater Than 300 (Maroon) – Hazardous

- Cancel or postpone all outdoor athletic activities.
- All participants shall remain indoors until air quality improves.

The Licensed Athletic Trainer may implement additional activity modifications whenever environmental conditions present an increased risk to the health and safety of student-athletes.

Hazardous Materials

In the event of a hazardous materials emergency or chemical release, athletic personnel shall immediately follow the Beaumont ISD Emergency Operations Plan (EOP) and the direction of campus administration, fire personnel, law enforcement, and emergency management officials.

If directed to shelter in place, all student-athletes, coaches, staff, and spectators shall immediately move indoors, secure the facility, close all exterior doors and windows, and remain inside until the all-clear has been issued by the appropriate authorities.

If evacuation is directed, athletic personnel shall follow the designated evacuation procedures and account for all student-athletes before relocating to the assigned safe area.

Athletic personnel shall not resume outdoor activities until authorized by Beaumont ISD administration or emergency responders.

Emergency Care for Anaphylaxis and Severe Asthma

Anaphylaxis and severe asthma are life-threatening medical emergencies requiring immediate recognition and intervention. Student-athletes with a history of severe allergic reactions or asthma should have an individualized Emergency Action Plan and immediate access to their prescribed emergency medications during all athletic practices, competitions, travel, and other school-sponsored activities.

The Licensed Athletic Trainer shall coordinate emergency care and activate the Emergency Action Plan when anaphylaxis or severe respiratory distress is suspected. Emergency Medical Services (EMS) shall be activated immediately for any suspected anaphylactic reaction or severe asthma attack that does not respond promptly to prescribed rescue medication.

Emergency medications, including prescribed epinephrine auto-injectors and rescue inhalers, shall be readily accessible during all athletic activities. Athletic personnel shall be trained annually in the recognition and emergency management of anaphylaxis and severe asthma.

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)

Asthma is a chronic respiratory condition that may cause airway inflammation, bronchospasm, and difficulty breathing. Physical activity, environmental allergens, cold air, respiratory infections, poor air quality, and other triggers may precipitate an asthma exacerbation or Exercise-Induced Bronchoconstriction (EIB).

Student-athletes with asthma should have an individualized Asthma Action Plan when appropriate and shall have immediate access to their prescribed rescue inhaler during all athletic practices, competitions, travel, strength and conditioning activities, and other school-sponsored events.

The Licensed Athletic Trainer shall coordinate the emergency management of asthma-related emergencies. Student-athletes experiencing signs or symptoms of severe respiratory distress shall be evaluated immediately, and Emergency Medical Services (EMS) shall be activated when symptoms do not improve promptly following the use of a prescribed rescue inhaler or when a life-threatening emergency is suspected.

Signs and symptoms:

- Persistent coughing
- Wheezing
- Chest tightness
- Shortness of breath
- Difficulty speaking in full sentences
- Rapid breathing
- Retractions (increased effort to breathe)
- Cyanosis (bluish discoloration of the lips or fingernails)
- Anxiety or panic associated with difficulty breathing

Administration of a Prescribed Metered-Dose Inhaler (MDI)

The Licensed Athletic Trainer or trained athletic personnel may assist a student-athlete with the administration of their prescribed rescue inhaler in accordance with Beaumont ISD policy, the student's Asthma Action Plan, and applicable Texas law.

Procedure:

1. Verify the student-athlete's prescribed rescue inhaler.
2. Remove the cap and inspect the mouthpiece for any obstruction.
3. Shake the inhaler well.
4. If available, attach the inhaler to a spacer device.
5. Have the student-athlete breathe out completely.
6. Place the mouthpiece into the student's mouth (or spacer) and instruct the student-athlete to begin a slow, deep inhalation while depressing the inhaler one time.

7. Instruct the student-athlete to continue inhaling slowly and deeply.
8. Have the student-athlete hold their breath for approximately 10 seconds, if tolerated.
9. If a second dose is prescribed, wait approximately one minute before repeating the procedure.
10. Monitor the student-athlete's breathing, response to treatment, and overall condition.

If symptoms do not improve promptly, worsen, or severe respiratory distress is present, activate the Emergency Action Plan and call 911 immediately.

Emergency Management of Severe Asthma

Severe asthma is a life-threatening medical emergency requiring immediate recognition and intervention. If a student-athlete experiences severe respiratory distress, does not respond to their prescribed rescue inhaler, or exhibits signs of respiratory failure, the Emergency Action Plan shall be activated immediately.

Signs of Severe Asthma:

- Severe shortness of breath
- Inability to speak in full sentences
- Rapid or labored breathing
- Persistent wheezing or diminished breath sounds
- Chest tightness
- Cyanosis (bluish discoloration of the lips or fingernails)
- Altered mental status
- Loss of consciousness

Emergency Treatment:

1. Activate the Emergency Action Plan.
2. Call 911 immediately.
3. Assist the student-athlete with their prescribed rescue inhaler, if appropriate.
4. Position the student-athlete in a comfortable upright position to assist breathing.
5. Continuously monitor airway, breathing, and circulation.
6. Administer prescribed epinephrine if indicated and available in accordance with Beaumont ISD policy and the student's Emergency Action Plan.
7. Prepare the Automated External Defibrillator (AED) if the student's condition deteriorates.
8. Transfer care to Emergency Medical Services (EMS) upon arrival.

Student-athletes experiencing a severe asthma attack shall not return to athletic participation until evaluated and medically cleared in accordance with Beaumont ISD procedures.

Guidelines for Student-Athletes with Sickle Cell Trait

Sickle Cell Trait (SCT) is an inherited condition that is generally benign; however, under extreme physical exertion, dehydration, heat stress, illness, asthma, or high altitude, student-athletes with SCT may be at increased risk for exertional sickling, a life-threatening medical emergency.

Beaumont ISD is committed to providing a safe athletic environment for all student-athletes through education, appropriate precautions, environmental modifications, and emergency preparedness. Student-athletes with known Sickle Cell Trait shall be managed in accordance with current medical best practices, University Interscholastic League (UIL) recommendations, and the National Athletic Trainers' Association (NATA) consensus recommendations.

The goal of this policy is to reduce the risk of exertional sickling while allowing student-athletes with Sickle Cell Trait to safely participate in athletics.

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

Screening

Beaumont ISD recommends that all student-athletes know their Sickle Cell Trait (SCT) status through previous newborn screening records, physician documentation, or appropriate medical testing.

Student-athletes with a confirmed diagnosis of Sickle Cell Trait shall not be excluded from athletic participation. Instead, appropriate education, activity modifications, and emergency precautions shall be implemented to promote safe participation.

Information regarding a student-athlete's Sickle Cell Trait status shall be maintained in accordance with Beaumont ISD policies and applicable privacy laws. The Licensed Athletic Trainer shall communicate appropriate precautions to coaches and other athletic personnel on a need-to-know basis while maintaining student confidentiality.

Acclimatization

Student-athletes with Sickle Cell Trait (SCT) shall be provided adequate time to safely acclimatize to physical activity, environmental conditions, and sport-specific training demands.

Training intensity, duration, and conditioning shall be increased gradually in accordance with the Beaumont ISD Heat Acclimatization Policy and current University Interscholastic League (UIL) requirements. Student-athletes with SCT may require additional recovery time between repetitions and conditioning activities.

Coaches shall avoid timed conditioning tests or serial sprint activities that require maximal effort without adequate recovery. Student-athletes with SCT shall be permitted to set their own pace, take additional rest breaks as needed, and immediately stop activity if symptoms develop.

The Licensed Athletic Trainer shall provide guidance regarding appropriate activity modifications and monitor student-athletes with SCT during periods of increased environmental or physical stress.

Activity Modifications

Student-athletes with Sickle Cell Trait (SCT) shall be permitted to participate in all athletic activities with appropriate precautions and activity modifications as needed.

Athletic personnel shall implement the following precautions:

- Allow student-athletes to progress gradually through conditioning and sport-specific activities.
- Permit self-pacing whenever appropriate.
- Provide extended recovery periods between high-intensity repetitions or conditioning drills.
- Encourage unrestricted access to water and hydration breaks.
- Avoid prolonged, continuous maximal exertion without adequate recovery.
- Immediately stop activity if the student-athlete reports unusual fatigue, muscle weakness, pain, cramping, difficulty breathing, or other concerning symptoms.
- Modify activities as needed based on environmental conditions, illness, or other risk factors.

The Licensed Athletic Trainer shall work with coaches to determine appropriate activity modifications based on the individual needs of the student-athlete.

Hydration – Proper hydration is essential in reducing the risk of exertional sickling and other heat-related illnesses. Student-athletes with Sickle Cell Trait (SCT) shall be encouraged to maintain proper hydration before, during, and after all athletic activities**.**

Student-athletes with SCT shall have unrestricted access to water and shall be encouraged to hydrate frequently throughout practices, competitions, workouts, and conditioning sessions.

Athletic personnel shall follow the Beaumont ISD Hydration and Fluid Replacement guidelines outlined in the Heat Policy and shall implement additional hydration opportunities as needed based on environmental conditions and individual athlete needs**.**

Environmental Considerations – Environmental conditions may significantly increase the risk of exertional sickling in student-athletes with Sickle Cell Trait (SCT). Heat stress, dehydration, poor air quality, illness, asthma, altitude, and other environmental factors shall be considered when planning and conducting athletic activities.

The Licensed Athletic Trainer shall monitor environmental conditions and implement appropriate activity modifications in accordance with the Beaumont ISD Heat Policy, Cold Weather Policy, Air Quality Guidelines, and other applicable environmental safety procedures.

Coaches shall immediately implement all activity modifications recommended by the Licensed Athletic Trainer, including adjustments to practice intensity, duration, work-to-rest ratios, hydration opportunities, and recovery periods.

Student-athletes with Sickle Cell Trait who are ill, dehydrated, experiencing respiratory symptoms, or recovering from a recent illness shall receive additional evaluation by the Licensed Athletic Trainer before participating in strenuous athletic activities.

Recognition and Reporting of Symptoms – Student-athletes with Sickle Cell Trait (SCT) shall be encouraged to immediately report any unusual signs or symptoms during physical activity. Athletic personnel shall foster an environment in which student-athletes feel comfortable reporting symptoms without fear of punishment or negative consequences.

Student-athletes shall immediately stop activity and notify a coach or the Licensed Athletic Trainer if they experience any of the following:

- Unusual fatigue or weakness
- Difficulty breathing that is out of proportion to the activity
- Muscle pain or cramping, particularly in the legs or lower back
- Inability to continue exercise
- Dizziness or light-headedness
- Collapse
- Any other unusual physical symptoms

Athletic personnel shall take all reported symptoms seriously. Student-athletes exhibiting signs or symptoms consistent with exertional sickling shall be removed from activity immediately and evaluated by the Licensed Athletic Trainer. Activity shall not resume until the athlete has been medically evaluated and cleared to continue participation.

Emergency Management of Exertional Sickling - Exertional sickling is a life-threatening medical emergency requiring immediate recognition and intervention. Student-athletes with Sickle Cell Trait (SCT) who experience collapse, severe muscle weakness, pain, difficulty breathing, or other signs of exertional sickling shall be treated as a medical emergency.

Emergency Treatment

1. Activate the Emergency Action Plan immediately.
2. Call 911.
3. Stop all physical activity.
4. Assess the athlete's airway, breathing, and circulation.
5. Administer supplemental oxygen, if available and personnel are trained in its use.
6. Monitor the athlete's vital signs and level of consciousness.
7. Apply the Automated External Defibrillator (AED) if the athlete becomes unresponsive or cardiac arrest is suspected.
8. If environmental heat illness is also suspected, initiate appropriate cooling measures in accordance with the Beaumont ISD Heat Policy.
9. Continue care until Emergency Medical Services (EMS) assumes responsibility.

All suspected exertional sickling events shall be documented, and the parent or legal guardian, Campus Athletic Coordinator, and Athletic Director shall be notified as soon as reasonably possible following the incident.

Special Acknowledgment

Portions of the Sickle Cell Trait guidance contained in this Emergency Action Plan were developed using recommendations and educational resources from:

- **E. Randy Eichner, MD**
  Professor Emeritus of Medicine and Team Internist
  University of Oklahoma, Norman, Oklahoma
- **Inter-Association Task Force on Exertional Sickling**
- **National Athletic Trainers' Association (NATA)**
  Consensus Statement: Sickle Cell Trait and the Athlete

Infectious Pathogen Procedures

(Adopted from UIL Guidelines)

Beaumont ISD is committed to reducing the risk of transmission of infectious diseases through the implementation of Standard Precautions, proper hygiene practices, environmental cleaning, and compliance with current medical guidelines.

All blood and other potentially infectious materials shall be treated as if they are infectious. Athletic personnel shall utilize Standard Precautions, including appropriate hand hygiene, personal protective equipment (PPE), and proper cleaning and disinfection procedures during all athletic activities.

Student-athletes with open wounds, draining skin infections, or other potentially infectious conditions shall be managed in accordance with Beaumont ISD policy, University Interscholastic League (UIL) requirements, and current public health recommendations before returning to athletic participation.

Prevention Strategies: The prevention of infectious diseases begins with the consistent use of Standard Precautions. All blood, body fluids, and other potentially infectious materials shall be treated as if they are infectious.

Athletic personnel, coaches, student athletic trainers, and student-athletes shall utilize the following infection prevention measures:

- Practice proper hand hygiene before and after providing care to a student-athlete.
- Wear appropriate personal protective equipment (PPE), including disposable gloves, whenever exposure to blood or other potentially infectious materials is anticipated.
- Cover all open wounds, abrasions, and skin lesions before participation.
- Do not share towels, water bottles, personal hygiene items, razors, or other personal equipment.
- Clean and disinfect athletic equipment, treatment tables, and frequently touched surfaces after contamination and routinely throughout the day.
- Exclude student-athletes with draining wounds or communicable skin infections from participation until medically cleared in accordance with Beaumont ISD policy.

All athletic personnel shall receive annual education regarding Bloodborne Pathogens, Standard Precautions, and infectious disease prevention.

Hand Hygiene Procedure:

Proper hand hygiene is one of the most effective methods of preventing the transmission of infectious diseases.

Athletic personnel shall wash their hands:

- Before and after providing care to a student-athlete.
- After contact with blood, body fluids, or contaminated equipment.
- After removing disposable gloves.
- After using the restroom.
- Before eating or drinking.
- After coughing, sneezing, or blowing the nose.

Hand Washing Procedure

1. Wet hands with clean, running water.
2. Apply soap and lather thoroughly.
3. Scrub all surfaces of the hands, including between the fingers, backs of the hands, wrists, and under the fingernails, for at least **20 seconds**.
4. Rinse thoroughly under clean, running water.
5. Dry hands using a clean paper towel or air dryer.
6. Use the paper towel, when available, to turn off the faucet.

When soap and water are not readily available, an alcohol-based hand sanitizer containing at least **60% alcohol** may be used. Hands should be washed with soap and water as soon as possible if visibly soiled or after contact with blood or other potentially infectious materials.

Additional Infection Prevention Measures

To reduce the risk of disease transmission, Beaumont ISD athletic personnel shall implement the following infection prevention measures:

- Do not share towels, water bottles, soap, razors, ointments, cosmetics, or other personal hygiene items.
- Student-athletes should shower with soap and water as soon as practical following practices and competitions involving direct physical contact.
- Towels, uniforms, practice clothing, and other athletic apparel shall be washed after each use using detergent and hot water, then thoroughly dried before reuse.
- Laundry contaminated with blood or other potentially infectious materials shall be transported in a leak-resistant bag or other appropriate container.
- Athletic training facilities, treatment tables, whirlpools, rehabilitation equipment, locker rooms, and commonly touched athletic equipment shall be cleaned and disinfected routinely and immediately following contamination with blood or other potentially infectious materials using an EPA-registered disinfectant or an approved bleach solution prepared according to manufacturer recommendations.

- Student-athletes shall promptly report any skin infection, rash, or draining wound to the Licensed Athletic Trainer before participating in athletic activities.
- Student-athletes with draining wounds, suspected communicable skin infections, or other contagious conditions shall not participate in contact activities until evaluated and medically cleared in accordance with Beaumont ISD policy.

Athletic personnel shall promote proper personal hygiene and infection prevention education throughout all athletic programs.

Recommendations for Care of Draining Wounds

Any student-athlete with a draining wound, suspected skin infection, or other potentially communicable condition shall be evaluated by the Licensed Athletic Trainer before participating in athletic activities.

A wound shall be considered potentially infectious if drainage, purulent discharge, redness, swelling, warmth, pain, or other signs of infection are present. Student-athletes with draining wounds shall not participate in contact activities until the wound is no longer draining, can be completely covered with an occlusive dressing, and participation is approved by the Licensed Athletic Trainer in accordance with Beaumont ISD policy.

Initial Management

When a draining wound or suspected skin infection is identified, athletic personnel shall:

- Remove the student-athlete from participation immediately.
- Cover the wound with a clean, dry, occlusive dressing.
- Utilize Standard Precautions and appropriate personal protective equipment (PPE), including disposable gloves.
- Perform proper hand hygiene before and after providing care.
- Refer the student-athlete to the Licensed Athletic Trainer for evaluation.
- Notify the parent or legal guardian if additional medical evaluation is indicated.
- Clean and disinfect any equipment or surfaces contaminated with blood, body fluids, or wound drainage in accordance with Beaumont ISD infection control procedures.

Home Care Instructions

Student-athletes and parents or legal guardians shall follow the treatment plan provided by the treating healthcare provider.

Until medically cleared, student-athletes shall:

- Keep the wound clean, dry, and covered.
- Change dressings as directed by the healthcare provider.
- Practice proper hand hygiene before and after changing dressings.

- Avoid sharing personal hygiene items, towels, clothing, or athletic equipment.
- Follow all prescribed treatment recommendations and complete any prescribed medications.
- Monitor for signs of worsening infection and seek additional medical care if symptoms worsen.

At School

The Licensed Athletic Trainer and athletic personnel shall implement the following procedures when managing student-athletes with draining wounds or suspected skin infections:

- Student-athletes with draining wounds or suspected communicable skin infections shall not participate in contact practices or competitions until evaluated by the Licensed Athletic Trainer and participation is approved in accordance with Beaumont ISD policy.
- Student-athletes participating in approved non-contact activities shall keep all wounds completely covered with an appropriate occlusive dressing.
- Athletic personnel shall wear appropriate personal protective equipment (PPE), including disposable gloves, when providing wound care or when contact with blood or other potentially infectious materials is anticipated.
- Hand hygiene shall be performed before and after all patient care and immediately after glove removal.
- Treatment tables, rehabilitation equipment, athletic equipment, and any contaminated surfaces shall be cleaned and disinfected immediately using an EPA-registered disinfectant in accordance with Beaumont ISD cleaning procedures.
- Disposable materials contaminated with blood or other potentially infectious materials shall be discarded in accordance with Beaumont ISD procedures.
- Student-athletes shall be educated on proper personal hygiene, wound care, and infection prevention practices before returning to athletic participation.

Return to Participation

Student-athletes with draining wounds, suspected communicable skin infections, or confirmed infectious skin conditions shall not participate in practices or competitions involving direct contact until all of the following criteria have been met:

- The wound is no longer actively draining.
- The wound can be completely covered with a secure occlusive dressing, if applicable.
- The student-athlete has been evaluated by the Licensed Athletic Trainer.
- Medical clearance has been obtained from the treating healthcare provider when required.
- Participation complies with Beaumont ISD policy, University Interscholastic League (UIL) requirements, and current public health recommendations.

The Licensed Athletic Trainer shall make the final determination regarding participation following review of the student's medical status and applicable return-to-play criteria.

Environmental Cleaning

All athletic training facilities, treatment tables, rehabilitation equipment, locker rooms, whirlpools, athletic equipment, and other frequently touched surfaces shall be cleaned and disinfected routinely and immediately following contamination with blood, body fluids, or other potentially infectious materials.

Athletic personnel shall use an EPA-registered disinfectant or an approved disinfecting solution in accordance with the manufacturer's instructions and Beaumont ISD cleaning procedures.

Disposable materials contaminated with blood or other potentially infectious materials shall be discarded in accordance with Beaumont ISD procedures. Reusable equipment shall be properly cleaned and disinfected before being returned to service.

Athletic personnel shall perform proper hand hygiene and remove personal protective equipment (PPE) appropriately after cleaning contaminated equipment or surfaces.

Concussion Management (Texas Education Code §§ 38.151–38.173)

What is a Concussion?

A concussion is a traumatic brain injury (TBI) caused by a direct or indirect force to the head or body that results in rapid movement of the brain within the skull. A concussion may temporarily affect the way the brain functions and can impact memory, balance, coordination, thinking, behavior, vision, and other neurological functions.

Signs and symptoms may appear immediately following the injury or may develop over several hours or days. Because every concussion is unique, all suspected concussions shall be taken seriously.

Student-athletes suspected of sustaining a concussion shall be managed in accordance with the Texas Education Code (TEC), University Interscholastic League (UIL) requirements, Beaumont ISD Concussion Oversight Team (COT) procedures, and current evidence-based medical practices.

Returning a student-athlete to participation before full recovery may significantly increase the risk of prolonged recovery, additional injury, or catastrophic neurological complications.

Signs and Symptoms of a Concussion

Signs and symptoms of a concussion may appear immediately following an injury or may develop over several hours or days. Any student-athlete demonstrating signs or symptoms of a concussion shall be removed from participation immediately and evaluated by the Licensed Athletic Trainer or an appropriate healthcare professional.

Observed Signs

- Appears dazed or stunned
- Confused about assignments, plays, or events
- Repeats questions
- Answers questions slowly
- Forgets instructions
- Cannot recall events before or after the injury
- Loss of consciousness (even briefly)
- Balance problems or unsteady gait
- Behavior or personality changes
- Slurred speech
- Visible confusion or disorientation

Reported Symptoms

- Headache or pressure in the head
- Nausea or vomiting
- Dizziness
- Blurred or double vision

- Sensitivity to light
- Sensitivity to noise
- Ringing in the ears
- Fatigue
- Feeling sluggish, foggy, or groggy
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Irritability
- Sadness
- Increased emotionality
- Nervousness or anxiety
- Sleep disturbances

Removal from Play

In accordance with **Texas Education Code §§ 38.156–38.157**, a student-athlete shall be immediately removed from participation if a concussion is suspected during an interscholastic athletic practice or competition.

A student-athlete shall be removed from play immediately if any of the following individuals believe the student may have sustained a concussion:

- A coach.
- A physician.
- A Licensed Athletic Trainer or other licensed healthcare professional acting within their scope of practice.
- The student's parent, guardian, or another person with legal authority to make medical decisions for the student.

A student-athlete who has been removed from participation because of a suspected concussion shall not return to practice or competition on the same day and shall be managed in accordance with Beaumont ISD Concussion Oversight Team (COT) procedures, Texas Education Code, and University Interscholastic League (UIL) requirements.

Emergency Referral

Emergency Medical Services (EMS) shall be activated immediately, or the student-athlete shall be referred to the nearest emergency department, if any of the following danger signs are present:

- Loss of consciousness.
- Increasing confusion, agitation, or unusual behavior.
- Repeated vomiting.
- Worsening or severe headache.
- One pupil is larger than the other.
- Slurred speech.

- Weakness or numbness of the arms or legs.
- Seizure or convulsions.
- Difficulty recognizing people or places.
- Increasing drowsiness or inability to awaken.
- Neck pain associated with the injury.
- Any rapidly worsening neurological symptoms.

Treatment

Student-athletes with a suspected concussion shall be managed by the Licensed Athletic Trainer in accordance with Beaumont ISD Concussion Oversight Team (COT) procedures, current medical best practices, and Texas Education Code.

Initial management shall include:

- Immediate removal from athletic participation.
- Physical and cognitive rest as clinically indicated.
- Ongoing monitoring for worsening signs or symptoms.
- Parent or legal guardian notification.
- Referral for medical evaluation by an appropriate healthcare provider.
- Activation of Emergency Medical Services (EMS) if emergency warning signs develop.

Student-athletes should avoid activities that significantly increase concussion symptoms, including strenuous physical activity, excessive screen time, loud environments, and other activities as directed by the treating healthcare provider.

Medications shall only be taken as directed or prescribed by the student's healthcare provider.

Return to Play

A student-athlete who has sustained a concussion shall not return to athletic participation until all requirements of the Beaumont ISD Concussion Oversight Team (COT), Texas Education Code (TEC), and University Interscholastic League (UIL) have been satisfied.

Prior to beginning the Return-to-Play Progression, the student-athlete must:

- Be symptom-free at rest.
- Successfully return to normal academic activities or be progressing appropriately through the Return-to-Learn process.
- Be evaluated and medically cleared by a physician or other healthcare provider authorized under Texas Education Code and Beaumont ISD Concussion Oversight Team (COT) procedures.
- Receive authorization from the Beaumont ISD Concussion Oversight Team (COT) to begin the Return-to-Play Progression.

The Return-to-Play Progression shall be supervised by the Licensed Athletic Trainer. The student-athlete shall remain symptom-free at each stage before progressing to the next level.

If concussion symptoms return during or following any stage of the progression, the student-athlete shall stop activity immediately, be re-evaluated by the Licensed Athletic Trainer, and may not progress until symptom-free in accordance with Beaumont ISD Concussion Oversight Team procedures.

No student-athlete diagnosed with a concussion shall return to athletic participation on the same day the injury occurred.

Return-to-Play Progression

The Return-to-Play Progression shall begin only after the student-athlete has met all Beaumont ISD Concussion Oversight Team (COT) requirements and has been medically cleared to begin the progression.

Each step should be separated by **a minimum of 24 hours**. The student-athlete must remain symptom-free during and after each stage before progressing to the next step.

Step 1 – Symptom-Limited Activity

- Activities of daily living and light cognitive activity that do not worsen symptoms.

Step 2 – Light Aerobic Exercise

- Walking, stationary cycling, or light jogging.
- No resistance training.

Step 3 – Sport-Specific Exercise

- Running drills and sport-specific movement.
- No activities involving head impact.

Step 4 – Non-Contact Training Drills

- More complex sport-specific drills.
- Progressive resistance training may begin.
- No live contact.

Step 5 – Full-Contact Practice

- Participate in normal practice activities after final medical clearance as required by Beaumont ISD Concussion Oversight Team procedures.

Step 6 – Return to Competition

- Full unrestricted participation in practices and athletic competition.

If concussion symptoms return during or after any stage, the student-athlete shall stop activity immediately, notify the Licensed Athletic Trainer, and return to the previous asymptomatic stage after appropriate medical evaluation and recovery.

Return-to-Learn

Following a concussion, a student-athlete may experience temporary difficulties with learning, concentration, memory, processing speed, sensitivity to light or noise, headaches, fatigue, and other symptoms that may affect academic performance.

The goal of the Return-to-Learn process is to safely return the student-athlete to normal academic activities while minimizing symptom exacerbation. Academic adjustments shall be individualized based on the student's symptoms and recovery.

The Licensed Athletic Trainer shall communicate with the parent or legal guardian, school nurse, teachers, counselors, campus administration, and other appropriate school personnel regarding the student's concussion and recommended academic accommodations.

Potential temporary academic accommodations may include:

- Reduced academic workload.
- Rest breaks during the school day.
- Extended time for assignments, quizzes, and examinations.
- Reduced screen time or computer use.
- Limited exposure to bright lights or loud environments.
- Preferential classroom seating as needed.
- Excused absences or partial school days when medically indicated.
- Other accommodations as recommended by the treating healthcare provider or Beaumont ISD Concussion Oversight Team (COT).

Academic accommodations shall be gradually reduced as symptoms improve. The student-athlete should successfully tolerate normal academic activities before progressing to unrestricted athletic participation whenever possible.

Beaumont ISD Concussion Oversight Team (COT)

In accordance with the Texas Education Code, Beaumont ISD shall maintain a Concussion Oversight Team (COT) to establish and oversee concussion management procedures for all student-athletes participating in interscholastic athletics.

The Beaumont ISD Concussion Oversight Team consists of:

- **Medical Director/Team Physician:** Dr. Shawn Figari – Beaumont Bone & Joint
- **Team Physician:** Dr. Laurie Jansky – Beaumont Bone & Joint
- **Team Physician:** Dr. Kimberly Pitts – CHRISTUS St. Elizabeth

- **Licensed Athletic Trainers:** Beaumont ISD Athletic Training Staff

The Concussion Oversight Team is responsible for:

- Developing and annually reviewing Beaumont ISD concussion management procedures.
- Ensuring compliance with the Texas Education Code, University Interscholastic League (UIL) requirements, and Beaumont ISD policies.
- Establishing Return-to-Learn and Return-to-Play procedures.
- Reviewing medical clearance documentation and concussion management recommendations as required.
- Promoting concussion education for student-athletes, parents, coaches, and athletic personnel.

Mental Health Crisis Policy

Beaumont ISD recognizes that mental health is an essential component of the overall health and well-being of every student-athlete. Athletic personnel play an important role in recognizing warning signs of mental health concerns and ensuring that student-athletes receive appropriate support and intervention.

Student-athletes displaying signs or symptoms of a mental health concern that may affect their health, safety, or ability to participate safely in athletics shall be referred promptly to the appropriate school personnel for evaluation and support. This may include, but is not limited to, concerns involving depression, anxiety, suicidal ideation, self-harm, eating disorders, substance misuse, behavioral health crises, or other significant emotional or psychological concerns.

Any situation involving an immediate threat to the life, health, or safety of a student-athlete shall be treated as a medical emergency. Emergency Medical Services (EMS) shall be activated immediately when a life-threatening mental health crisis is suspected.

All mental health concerns shall be handled with dignity, compassion, privacy, and confidentiality in accordance with applicable state and federal laws and Beaumont ISD policies.

Reporting Procedures

Any coach, Licensed Athletic Trainer, sponsor, administrator, volunteer, or school employee who becomes aware of a student-athlete exhibiting signs of a mental health crisis shall immediately report the concern to the appropriate school personnel.

During the School Day

- Notify the Campus Counselor, School Administrator, or Campus Crisis Team immediately.
- Notify the Licensed Athletic Trainer and Head Coach, as appropriate.
- The Campus Administrator or Counselor shall notify the student's parent or legal guardian and coordinate appropriate intervention.

During After-School Activities, Practices, Competitions, or School-Sponsored Events

- Notify the Licensed Athletic Trainer (if present), Head Coach, and Athletic Director immediately.
- Contact the appropriate Campus Administrator as soon as possible.
- The Campus Administrator or designee shall notify the student's parent or legal guardian.
- If the student-athlete presents an immediate danger to themselves or others, activate the Emergency Action Plan, call 911, and do not leave the student-athlete unattended until care has been transferred to Emergency Medical Services (EMS) or law enforcement.

All reports of suspected mental health concerns shall be documented and managed in accordance with Beaumont ISD policy while maintaining student privacy and confidentiality.

Warning Signs and Symptoms

Athletic personnel should be familiar with common warning signs that may indicate a student-athlete is experiencing a mental health concern or behavioral health crisis. The presence of one sign alone does not necessarily indicate a mental health disorder; however, multiple signs, significant behavioral changes, or concerning statements should be taken seriously and reported immediately.

Possible Warning Signs

- Noticeable decline in athletic or academic performance.
- Persistent sadness, hopelessness, or frequent crying.
- Withdrawal from teammates, friends, family, or previously enjoyed activities.
- Significant changes in appetite or weight.
- Changes in sleep patterns or excessive fatigue.
- Difficulty concentrating or making decisions.
- Increased irritability, anger, or emotional outbursts.
- Excessive anxiety, panic, or fear.
- Reckless or impulsive behavior.
- Marked mood swings or dramatic personality changes.
- Expressions of worthlessness, hopelessness, or excessive guilt.
- Talking, writing, or joking about death, dying, or suicide.
- Statements suggesting self-harm or that others would be better off without them.
- Giving away personal belongings or saying goodbye to others.
- Evidence or suspicion of self-harm.
- Suspected eating disorders, substance misuse, or other behaviors that may place the student-athlete at risk.

Any student-athlete expressing suicidal thoughts, making threats of self-harm, or demonstrating behaviors suggesting an immediate risk to themselves or others shall be treated as a medical emergency and managed in accordance with Beaumont ISD emergency procedures.

Emergency Mental Health Response

Any student-athlete exhibiting behaviors that indicate an immediate risk of harm to themselves or others shall be treated as a medical emergency.

Athletic personnel shall:

1. Remain calm and stay with the student-athlete.
2. Do not leave the student-athlete unattended.
3. Immediately notify the Licensed Athletic Trainer, Head Coach, Athletic Director, and Campus Administrator.

4. Activate Emergency Medical Services (EMS) by calling 911 if the student-athlete presents an immediate danger to themselves or others, has attempted self-harm, is experiencing a behavioral health emergency, or requires emergency medical intervention.
5. Remove other student-athletes from the immediate area while maintaining the student's privacy and dignity.
6. Use a calm, supportive, and non-confrontational approach while waiting for emergency responders.
7. Do not attempt to physically restrain the student-athlete unless it is necessary to prevent immediate harm and only if trained to do so.
8. Transfer care to Emergency Medical Services (EMS), law enforcement, or qualified mental health professionals upon their arrival.

The student's parent or legal guardian shall be notified as soon as possible by the appropriate campus administrator in accordance with Beaumont ISD procedures.

All mental health emergencies shall be documented and reported in accordance with Beaumont ISD policies while maintaining confidentiality as permitted by law.

Return to Participation

A student-athlete who has experienced a mental health crisis shall not return to athletic participation until it is determined that participation is safe and appropriate.

Prior to returning to athletic activities, the student-athlete shall:

- Be evaluated by the appropriate licensed healthcare provider or qualified mental health professional, when indicated.
- Comply with recommendations provided by the treating healthcare provider.
- Meet with the appropriate campus personnel, as determined by Beaumont ISD procedures.
- Receive clearance in accordance with Beaumont ISD policies before returning to participation.

The Licensed Athletic Trainer, Head Coach, Campus Administrator, School Counselor, and other appropriate school personnel shall work collaboratively to support the student-athlete's safe return to athletic participation while maintaining confidentiality as required by law.

Return-to-participation decisions shall be individualized based on the student-athlete's medical status, mental health needs, and recommendations of the treating healthcare provider.

Mental Health Resources

Beaumont ISD encourages student-athletes, parents, coaches, and staff to report concerns early and utilize available school and community mental health resources. Early identification and intervention can significantly improve student safety, well-being, and long-term outcomes. Student-athletes and families are encouraged to contact their school counselor, campus administrator, Licensed Athletic Trainer, or another trusted adult whenever mental health concerns arise.

References

The following references, guidelines, consensus statements, and governing documents were utilized in the development of the Beaumont Independent School District Athletics Emergency Action Plan.

- American Academy of Pediatrics (AAP). Policy Statements and Clinical Reports related to sports medicine and emergency preparedness.
- American College of Sports Medicine (ACSM). Position Stands and Consensus Statements related to exercise, environmental conditions, hydration, and heat illness.
- American Heart Association (AHA). *2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).*
- Centers for Disease Control and Prevention (CDC). Guidance for Concussion, Heat-Related Illness, Bloodborne Pathogens, Infectious Diseases, and School Health Programs.
- National Athletic Trainers' Association (NATA). Position Statements and Consensus Statements, including:
    - Emergency Planning in Athletics
    - Exertional Heat Illnesses
    - Exertional Heat Stroke
    - Lightning Safety
    - Sickle Cell Trait and the Athlete
    - Preventing Sudden Death in Sports
    - Management of Sport Concussion
    - Skin Diseases
    - Environmental Cold Injuries
- National Federation of State High School Associations (NFHS). Sports Medicine Advisory Committee (SMAC) Guidelines and Recommendations.
- Occupational Safety and Health Administration (OSHA). Bloodborne Pathogens Standard (29 CFR 1910.1030).
- Texas Department of State Health Services (DSHS). Public Health Guidance and Communicable Disease Resources.
- Texas Education Agency (TEA). Health and Safety Guidance for Texas Public Schools.
- Texas Education Code (TEC), Chapters 33 and 38, including applicable statutes related to concussion management, automated external defibrillators (AEDs), asthma, and student health.
- University Interscholastic League (UIL). Constitution and Contest Rules; Medical Advisory Committee Recommendations; Heat Stress and Athletic Participation Guidelines; Emergency Action Plan Guidance; Concussion Oversight Requirements; and other applicable health and safety policies.

This Emergency Action Plan shall be reviewed annually and revised as necessary to remain consistent with current federal and state laws, University Interscholastic League (UIL) requirements, and evidence-based medical best practice