

WESTON HIGH SCHOOL
Athletic Training

Handbook
and
Emergency Action Plan (EAP)

Department of Athletics

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Foreword-Shared Responsibility for Sports Safety

Revised January 2000

Revised August 2012

Revised December 2020

Participation in sports requires an acceptance of risk and injury. WHS student-athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize the risk of significant injury. Periodic analysis of injury patterns continuously leads to refinements in the rules and/or other safety guidelines.

However, to legislate safety via the MIAA rule book and equipment standards alone, while often necessary, is seldom effective. To rely on officials to enforce compliance with the MIAA rule book is as insufficient as to rely on warning labels to produce behavioral compliance with safety guidelines. Compliance respect on everyone's part (athlete, coach, physician, athletic director) for the intent and purpose of rules and guidelines.

WHS student-athletes, for their part, should comply with and understand the rules and standards that govern their sports. Coaches should acquaint the student appropriately with risks of injury and with the rules and practices they are employing to minimize the student-athlete's risk of significant injury while pursuing the many benefits of sport.

The athletic trainer and team physician are responsible for the prevention of injuries (where possible) and the care of those injuries which I do. The WHS athletics program via the athletic director is responsible for providing the safest possible environment. The WHS student athlete and the WHS athletics program have a mutual need for an informed awareness of the risks being accepted and for sharing the responsibility for minimizing those risks.

Athletic Trainer Job Description

Provide "Athletic Training Services"* to student athletes under the direction of the team physician or by written referral from a physician, and in accordance with state athletic training practice act.

- Maintain appropriate general treatment orders to be reviewed annually and approved by the team physician.
- Provide athletic training services for all pre-practice, pre-game contests.
- Provide athletic training services for all home athletic contests and away varsity football games. If a conflict arises between an away varsity football game and a home contest, the varsity football event will supersede.
- Act as liaison between family physicians and specialists, the school district, athletes and their parents.
- Maintain accurate records of injuries, treatments and provide insurance claim forms for sports injuries treated by a physician if applicable.
- Develop and maintain a budget for the athletic training program.
- Schedule and be present for pre-participation sports physicals if applicable.
- Provide the coaches and athletic director with a list of athletes medically eligible to compete under district and state rules and regulations.

*Athletic Training Services: The management and provision of care of injuries to a physically active person as defined in the state practice act with the direction of a licensed physician. The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative devices for the physically active person. The term also includes the assessment, management, treatment, rehabilitation and recondition of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer. The term also includes the use of modalities such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercises, reconditioning exercise and fitness programs.

Policy No. 1: Sports Medicine administration guidelines

Revised January 2000

Revised August 2012

Revised March 2016

Revised August 2023

Components of a safe athletics program are an important part of injury prevention. The following should serve both as a checklist and as guidelines for use by athletics administrators in the development of safe programs.

1. *Pre-participation Medical Exam*

Before student-athletes accept the rigors of any organized sport, their health status should be evaluated. Such an examination should determine whether the WHS student-athlete is prepared to engage in a particular sport. This exam should be done by their Primary care physician or one of our team physicians if warranted.

2. *Health Insurance*

Each WHS student-athlete should be covered by individual parental or institutional medical insurance to defray the cost of a significant injury or illness.

3. *Preseason Preparation*

The candidate should be protected from premature exposure to the full rigors of sports. Preseason conditioning should provide candidates with optimal readiness by the first practice.

4. *Acceptance of Risk*

Any informed consent or waiver by WHS student-athletes (or, if minors, by their parents) should be based on an awareness of the risks of participating in interscholastic sports.

5. *Planning/Supervision*

Safety in interscholastic athletics can be attained only by appropriate planning for practice, competition, and travel.

6. *Liability*

Liability must be a concern of responsible athletics administrators and coaches. Those who sponsor and govern athletics programs accept the responsibility of keeping the risk of injury at a minimum.

7. *Equipment*

Purchasers of equipment should be aware of and use safety standards. In addition, attention should be directed to always maintaining proper repair and fitting of equipment in all sports. WHS student-athletes should:

- a. Have been informed what equipment is mandatory and what constitutes illegal equipment.
- b. Have been provided the equipment mandated.
- c. Have been instructed to wear and how to wear mandatory equipment during the game.
- d. Have been instructed to notify the coaching staff when equipment becomes illegal through play during the game.

8. *Facilities*

The adequacy and conditions of the facilities used for interscholastic athletics events should not be overlooked, and periodic examination of the facilities should be conducted. Inspection of the facilities should include not only the competitive area, but also warm-up and adjacent areas. Athletic fields that are also used for recreation, intramural activities and physical education classes tend to be associated with more "wear and tear" and therefore more injuries. Member institutions, therefore, may wish to

9. *Emergency Care*

Reasonable attention to all possible preventive measures will not eliminate sports

injuries. Each scheduled practice or contest of an institution-sponsored interscholastic athletics event should have the following:

- e. The presence or immediate availability of a person qualified and delegated to render emergency care to a stricken participant.
- f. The presence or immediate availability of a physician for prompt medical evaluation of the situation, when warranted.
- g. Planned access to a medical facility-including a plan for communication and transportation between the athletics site and medical facility-for prompt medical services, when warranted.
- h. A thorough understanding by all parties, including the leadership of the visiting teams, of the personnel and procedures involved.

Athletics staff is required to become proficient in and hold a current certification cardiopulmonary resuscitation technique through the (AHA).

10. Nutritional consideration

Athletes that are having difficulty with nutritional demands will be referred out to their pediatrician and or one of our specialists at one of our affiliate hospitals if necessary. The entire medical staff and nursing department will work in conjunction with the student athlete and parents on providing the proper care for each individual on a case by case basis.

11. Psychological considerations

Athletes having psychological trouble from orthopedic, nutritional, or neurocognitive injury or illness will be referred out to their pediatrician and or one of our specialists at one of our affiliate hospitals if necessary. The entire medical staff and nursing department will work in conjunction with the student

athlete and parents on providing the proper care for each individual on a case-by-case basis.

12. Injury Assessments

All Athletes are cared for acutely as well as chronically when they present with an injury or illness. Evaluations will be provided to determine the injury or illness which we will then provide treatment, rehabilitation and return to activity. If necessary, refer out to one of our specialists at one of our affiliate hospitals.

13. Rehabilitation

All students will be given the same opportunity to have their rehabilitation performed in house unless there is a conflict with time, scheduling, or severity of the case. We will give options to the student and his or her family to be referred out to one of our affiliate physical therapy practices in the area if the need arises. We will be in close contact with any PT performing rehabilitation with our student athletes so we can make certain they are fit to return to sports when physically and mentally ready.

14. Parental Education

The Healthcare Team will provide all the necessary information to help educate both parents and athletes on their current injury, treatment, rehabilitation, or possible surgical innervation if needed as well as steps to take to further prevent injury. We will also educate them on the inherent risks involved with participation within their respected sports. If we cannot answer any question, we will try and provide the best information possible.

Universal Precautions for All Athletic Department Employees

All employees of the Athletic Department at Weston High School, especially these employees in sports medicine either as student athletic trainers or full-time athletic trainers, are faced with the occupational exposure to viruses, blood, and other body fluids. Employees in these areas must anticipate having skin, eye, mucous membrane or parenteral (direct inoculation through the skin) contact with human blood and other potentially infectious material during the performance of their duties. In doing so, every employee is expected to follow universal precautions: the standard mandates that all blood and body fluids should be treated as if they were infected. Universal precautions should be taken by all employees (including student athletic trainers) during all exposure incidences. These precautions include the use of personal protective equipment, such as gloves, gowns, and masks. In accordance with the OSHA standards, complete Biohazard kits will be located in the nurse's office and in sports medicine. In addition, Biohazard waste containers and sharp instrument containers will be located in the nurse's office as well as in sports medicine.

The following universal precautions should be followed by all employees:

1. Routine use of barrier precautions should be followed when in contact with skin and mucous-membrane exposure to blood or other body fluids. Face masks should be worn to reduce the risk of airborne virus exposure (e.g., COVID19). Gloves should be worn for touching blood, body fluids, mucous membranes, or non-intact skin (e.g., abrasions, dermatitis) of all athletes, for handling items of surface soiled with blood or body fluids. Gloves should be changed after contact with each student-athlete. Masks and protective eyewear should be worn during procedures that are likely to generate droplets of blood and other body fluids to prevent exposure of mucous membranes of the mouth, nose, or eyes.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Surfaces contaminated with blood should be cleaned with a solution made from one-to-ten (1:10) dilution of household bleach or a chemical cleaning agent. (i.e., Cavicide, Matt clean, Isoquin, Enviroid)
4. Precautions should be taken to prevent injuries caused by needles, scalpels, and other sharp instruments or devices. To prevent needle, stick injuries, needles should not be recapped or removed from disposable syringes.
5. Although saliva has not been implicated in IRV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use.
6. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care until condition resolves.
7. Soiled linen should be bagged and washed in hot water with detergent.
8. In the athletic environment, universal guidelines should be considered in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing bodily fluids.

Athletic Training Room Policies

The Athletic Training Room is located adjacent to the Gymnasium in the High School. The Athletic Training room comprises a private 200 sq.ft. office with an attached 1000 sq. ft. Treatment/Rehabilitation space which includes state of the art sports medicine and treatment equipment to assist with all Orthopedic and non-orthopedic injury evaluation, treatment and return to play progressions.

1. AED: 2 are present in AT room as well as designated areas around the school building ie. Cafeteria, outside gymnasium and auditorium, Nurses office, science wing, pool, check battery indicator daily. Always take one with you when covering an event and leave one in the AT room. AEDs are serviced 2x/year by contacted service company Life Support Systems
2. No towels are to leave the athletic training room. **DO NOT** allow athletes to take towels into the weight room or shower. Towels are for treatment **ONLY**.
3. Equipment Check Out:
 - a. Coolers, crutches, air splints, etc.
 - i. Get name.
 - ii. Get phone number is a non-athlete.
 - iii. Sign out on check out sheet.
4. Treat all equipment as if were your own.
 - a. No sitting on kits by anyone!
 - b. All kits travel in the passenger's space of planes and buses. Do not send in luggage compartments.
5. Never leave the athletic training room unattended. Lock the door if you have to leave.
6. All interviews with the media must be granted through the head athletic trainer. **BE CAREFUL TALKING TO REPORTERS.**
7. Dress Code:

Away events - casual unless team specified/no blue jeans or yoga pants
Home events - uniform with the exception of basketball
T.R. uniform shirt - Weston athletic training or collared shirt.
Shorts - Black, blue, gray, or tan
Pants - Black, blue, gray or tan
8. High school vehicles are for high school business only!
 - a. No athletes are to drive the athletic training vehicle.
 - b. Athletic training staff drive carefully.
 - c. Must wear seatbelts if the vehicle is equipped.
9. Always maintain professionalism. Your actions are a reflection on our program.

10. Never give your keys to anyone (coaches, athletes, maintenance, etc.) All key distribution will be done through the athletic training office by the head athletic trainer.
11. General Athletic Training Room:
 - a. Clean/Disinfect all machines/tables/weight etc.
 - i. (cavicide after every use, 128 E-fecticide nightly)
 - b. Dust all machines, cabinets, etc. once a week.
 - c. Maintain ankle weights and dumbbell area daily.
 - d. Clean taping area floor with alcohol/tape remover once a week.
 - e. Pull out all tables and equipment to sweep behind once a week.
 - f. Keep accessories of modalities in orderly fashion.
12. Water Patrol
 - a. Freezer
 - i. Maintain/Clean refrigerator and freezer.
 - ii. Fully stock freezer with ice cups.
 - b. Hydrocollator
 - i. Maintain adequate water level.
 - ii. Clean out water at least once per season.
 - iii. Check pads for leakage.
 - c. Ice Machine
 - i. Maintain ice bin.
 - ii. Check filter pressure (40 psi)
 - d. Recovery Tub
 - i. Change Filter every 6 weeks.
 - ii. Drain when necessary.
 - e. Sink Area
 - i. Maintain a clean sink area daily.
 - ii. Fill disinfectant bottles as needed.
13. Miscellaneous
 - a. Scrub water coolers at the end of the season and place them in storage.
 - b. Clean reusable electrodes with alcohol as needed.
 - c. Floor cleaning as needed.

***Do not wait for the head athletic trainer to remind you of specific duties that need to be done!

RESPONSIBILITIES OF ALL ATHLETIC TRAINING STAFF

1. Keep the athletic training room clean, i.e., Daily: pick up trash, clean floor, clean modalities, straighten up rehab. Section, etc.
2. Proper care and usage of all athletic training room equipment.
3. Record all hours worked on hours sheet.
4. Maintain proper athletic training room security. Make sure all doors are locked when finished. Last one to leave check all doors (applies to assistants and clinical students ONLY).
5. Thorough athletic training room cleanup every Friday afternoon.
6. Daily organization - i.e., coolers, kits, etc. put in proper places, items on shelves in orderly fashion.
7. Maintain injury reports and injury files in Sportsware.
8. Allow no one to wear metal or muddy cleats in the athletic training room.
9. Refer to the previous individual daily treatment record in Sportsware to determine the athlete's rehabilitation program.
10. Refer to individual daily treatment records in Sportsware to determine an athlete's rehabilitation program.
11. Initial daily treatment records for all athletes' to be logged into the computer as well as updates.
12. All personal problems must remain outside of the athletic training room so they do not affect your work. If work is affected, it will be dealt with by office personnel (**i.e., Sports Medicine, Athletic Department.**)
13. If unable to perform assigned duties due to travel, classes, etc. it is your responsibility to find replacement coverage and the student athletic trainer will determine activity status.
14. The head athletic trainer must see all new athletic injury reports. The head athletic trainer in conjunction with the student athletic trainer will determine activity status.
15. No rehabilitation may be initiated without approval from the head athletic trainer.
16. All new taping techniques must be approved before use.
17. Athletes should be transported to Dr., Hospital etc. in 1) ambulance, 2) parent's car. ***(never use your own car)
18. No cast, splint, or immobilization device removal without permission of the head athletic trainer - not through coaches or athletes.
19. No alcohol and/or tobacco in the athletic training room.
20. The following people may receive treatment/rehab. In the WHS athletic training room.
 - A. WHS athletes
 - B. Referred patients with a referral from our nurse's office or their physician.

** We are more than happy to provide consultations to anyone.

21. WHS students injured in physical education classes must be referred to the nurse's office for treatment if necessary.

22. The head athletic trainer must approve all requests of your time off (i.e., travel, equipment, teaching classes.)
23. If not assigned to game coverage DO NOT go onto the field unless called by a working athletic trainer in an emergency.
24. Team Equipment Fitting and Maintenance is provided by our equipment manager. The athletic training staff will assist with teaching the equipment manager on proper football helmet and pad fittings at the beginning of the football season. Once the season begins the Athletic Training Staff assists in the management of the equipment however, one of the assistant football coaches is trained on helping maintain athlete's equipment through the season. Equipment is sent out and refurbished at the end of the season to an offsite certified company designated by Riddell and Xenith. All other athletic team equipment is purchased by the athlete however we check to make sure all equipment is deemed safe.
25. Mouth Guard Fitting: Athletes are given proper mouth guard fitting instructions if they are receiving a mouth guard or having it molded within the Athletic Training Room. If they are purchasing on their own, we also give instructions for proper fit and wear.

Practice/Game Responsibilities

***Clinical students will assist staff ATC's with the duties listed below.

1. Pre-practice/game taping and treatment of team members
2. Organization pre-practice/event field preparation - drinks, cups, ice, splints, etc.!
3. Arranging water and ice for away games - traveling athletic trainer.
4. Emergency care for all practice/game injuries - listed on the next sheet.
5. Discuss planned rehab. with the head athletic trainer before initiating.
 - A. Supervising all rehabilitation of injured team members.
 - B. Check daily rehab. progress.
6. Checking on away game arrangements for injury care and management. If no athletic trainer, plan accordingly.
7. Post practice/game treatments of team members.
8. Travel with team in a **PROFESSIONAL, ETHICAL** manner.
9. Maintain professional rapport with coaching staff.
10. Arrange referrals transportation - proper insurance information - contact parents (if the head athletic trainer is unable to do so.)
11. Accompany injured athletes to the emergency room when needed.
12. Filling out injury reports on all injured or sick team members-same day. ATC staff will evaluate all new injuries before initiating treatment.
13. Work with local athletic programs while assigned to specific sports teams.
14. Be familiar with all your athletes' problems - medical histories.
15. Greet all visiting team athletic trainers - ask if they need anything.
16. Keep lists of medical problems insurance/emergency information in kits.

Emergency Procedures - Home & Away

At the end of every August the Healthcare team will practice and review the EAP and chain of command with local Fire, Police and our Team physicians for the upcoming athletic year. During this meeting, we will discuss the most efficient access to all athletic fields, buildings, and access points to minimize confusion in case of an emergency transport situation. We will then practice transport from field to ambulance via (Gator Utility Vehicle, Gurnee or 6 people carry via spine board). If there has been a change in field/building access, we will then devise an alternate access given the field/building in question to minimize confusion. Following this meeting we will discuss any changes and proper designation to coaches, and faculty during our athletic meetings if we need assistance when guiding the fire and police departments in an emergency situation.

HOME GAMES:

1. Prompt and proper care at the scene.
2. Transport to the athletic training room facility or call on the communication system when necessary.
3. Weekdays during regular athletic training hours - head athletic trainer will usually make the arrangements for follow-up care.
4. Weekdays during irregular athletic training room hours, no ATC - make proper judgment, contact parents or guardian and transport to E.R. - with proper referral slip and if necessary, contact ATC. (**Applies to Staff and supervised clinical students only**)
5. Weekends without ATC coverage - contact parents or guardian and transports to E.R. when necessary, with a proper referral slip - use judgment and/or contact ATC. (**Applies to Staff supervised clinical students only**)

AWAY GAMES: (Staff assistants only)

1. Upon arrival, inquire about emergency arrangements of host athletic training personnel.
2. Prompt and proper care at the scene.
3. Transport to E.R. - if absolutely necessary. Contact **Parent and Head ATC.**
4. Upon arrival back to WHS, make the head athletic trainer aware of injury and emergency treatment - write an injury report.

***Carry a copy of the athlete's insurance information sheet for your particular sports team or access Sportsware from your mobile device - on file in the athletic training room.

Environmental Considerations

Lightning Safety

As it is stated in the two documents for the MIAA and The National Athletic Training Association position statements on lightning and severe weather safety all athletic events whether it be a practice or competition must suspend all activity for 30 minutes after a lightning strike is observed or thunder is heard. You need to promptly leave all equipment on the field and move quickly to the nearest building of shelter which would be the HS or MS gymnasiums **(you cannot use the baseball dugout or snack shack at the track)**. If there are any additional strikes or thunder heard during that time frame you must then restart the clock for additional 30 minutes. Lightning has been known to strike from 10 miles away on a clear day through rain streams when thunder is present, so this is extremely important that you follow these guidelines. It is extremely important that you read the two documents I have provided in this email so you can better understand the importance and severity of this issue.

As you know safety to our athletes is our number one concern. Before heading to practice if there is a chance of severe weather please check the latest forecast to be safe. If you are in doubt, please contact me or Mike if we have not already contacted you.

EXERTIONAL HEAT ILLNESS

Treat and transport in accordance with the National Athletic Trainers Association and Kori Stringer Institute Best Practices. <https://www.nata.org/press-release/092115/nata-publishes-new-exertional-heat-illnesses-position-statement>

DEHYDRATION

Dehydration is the loss of fluids and salts essential to maintain normal body function. Dehydration occurs when the body loses more fluids than it takes in. Dehydration can lead to:

- Muscle fatigue.
- Loss of coordination.
- Inability to regulate body temperature.
- Heat illness (e.g., cramps, heat exhaustion, heat stroke).
- Decreased energy and athletic performance.

Moderate caffeine intake does not affect hydration status or urine output. However, alcohol will increase your urine output and decrease hydration. Enhancing palatability of a fluid will help to encourage fluid consumption. This can be done with proper flavoring, proper salt (sodium) content and drinking a cold beverage (15-21 degrees Celsius).

HYDRATION

HYDRATION BEFORE EXERCISE

Check your hydration status before exercise because there is a wide variability in fluid needs for each person.

- Drink 16-20 fluid ounces of water or sports beverage at least four hours before exercise.
- Drink 8-12 fluid ounces of water 10-15 minutes before exercise. Consuming a beverage with sodium (salt) and/or small meal helps to stimulate thirst and retain fluids.

HYDRATION DURING EXERCISE

- Drink 3-8 fluid ounces of water every 15-20 minutes when exercising for less than 60 minutes.
- Drink 3-8 fluid ounces of a sports beverage (5-8 percent carbohydrate with electrolytes) every 15-20 minutes when exercising greater than 60 minutes. Do not drink more than one quart/hour during exercise.

HYDRATION GUIDELINES AFTER EXERCISE

Obtain your body weight and check your urine to estimate your fluid losses. The goal is to correct your losses within two hours after exercise.

- Drink 20-24 fluid ounces of water or sports beverage for every one pound lost.

SPORTS BEVERAGES

Carbohydrates within a sports beverage to replenish your sugar (glycogen) stores and electrolytes help to accelerate rehydration. Sports beverages for use during prolonged exercise should generally contain four to eight percent carbohydrate, 20-30 meq/L of sodium, and 2-5 meq/L of potassium. The need for carbohydrates and electrolytes within sports beverages increases with prolonged activity.

*** Guidelines taken from the American College of Sports Medicine website.

Walkie-Talkie/Cellular Phone

Applies to Staff Assistants and Coaches

WALKIE-TALKIE:

1. Each coach signs out and is responsible for a walkie-talkie at the beginning of each season.
2. Each Athletic Trainer and/or Co-op student is responsible for a walkie-talkie for their practice and game.
 - A. No swearing or inappropriate language
1. Be sure the walkie-talkie is always turned on.
2. When you first get to the practice or game site perform a walkie-talkie check to assure you radio is working.
3. Do not let any athletes use your walkie-talkie except in an emergency.
4. Always keep the walkie-talkie with you. Do not leave the walkie-talkie unattended with your kit.
5. Be sure the walkie-talkie is turned off and placed in the charger at the end of each day.

Cellular Phones:

1. Cell phones are for on field emergency use ONLY!
2. Cell phones should be on the field for all practices and games.
3. Be sure to check that there is a fully charged battery before you go to the field each day.
4. Each team athletic trainer should have a list of phone numbers (Head Athletic Trainer, Athletic Director, School Nurse, Weston Fire).

5. In the event of an on-field emergency requiring an ambulance call (781) 893-2333, Weston Fire Department.
 - A. Tell them who and where you are located, (i.e., fare end of field 8 next to soccer goal).
 - B. Explain the type of emergency.
 - C. Explain the type of assistance you need (ambulance).
 - D. Be sure to inform them of any locked gates that need to be open for emergency access.
 - E. Be familiar with WHS field/gym/school chart.

RECORD KEEPING & INJURY REPORTS

Athletic Injury Reports (Form A)

1. Injury reports should be filled out by the team athletic trainer, athletic trainer covering or the ATS under the direct supervision of their preceptor during game/practice at the time of injury in Sportsware.
2. All new injury reports must be filled out and submitted to the head athletic trainer within 24 hours of the injury.
3. All injury reports should be filled out using the **modified** doctors S.O.A.P. format in Sportsware.
4. All MTBI's should have separate mass state form filled and kept on file in AT office.

S: Subjective Evaluation

- A. What the athlete tells you
- B. Previous history of injury
- C. Noises or unusual sound heard.
- D. Specific mechanism of injury
- E. What was seen by others?

O: Objective Evaluation

- A. What you see on evaluation
- B. Swelling (where, how much)
- C. Deformities noted.
- D. Range of motion
- E. Function loss (limping)

A: Physical Assessment of Injury

- A. Palpation (point tenderness-be specific, deformities felt, temperature, pulse, crepitus).
- B. Fracture tests
- C. Active/Passive ROM
- D. Functional tests (specific tests & their results i.e. positive anterior draw).
- E. Manual muscle testing (5/5 grading scale).

P: Plan of Action

- A. Immediate treatment (ice, compression, splint, etc.).
- B. Site of referral and Dr.'s name.
- C. Description of instructions given to athletes (home care).

Progress Notes (Form B)

1. Progress notes are used to record ALL treatments given by WHS athletic training room.
2. Each athlete should have a separate card for each injury.
3. Each treatment should be filled out completely with the athlete's name, sport, injury, and SS# and entered in Sportsware.
4. The following abbreviations should be used while recording treatments:

WWP: warm whirlpool

CWP: cold whirlpool

MHP: moist heat pack

IM: ice massage

AB: angle board

TB: Thera tubing/Thera band (define color, sets, reps)

HR: heel raises (define sets, reps)

EMS: electrical muscle stimulation (define protocol)

IB: ice bath

EX: exercise (define body part, motion, weight, sets, reps)

AROM: active range of motion (define motions)

PROM: passive range of motion (define motions)

PROP: proprioception (define exercises)

ICE: ice

AAROM: active assisted range of motion (define motion)

STRETCH: stretch (define motions, specific series)

PNF: proprioceptive neuromuscular facilitation

Physicians Referral Sheet (In Sportsware)

1. Physician's referral slips are used every time an athlete is seen by a healthcare professional outside the WHS athletic training room.
2. The top portion, including athletic trainer's findings, should be filled out completely by the WHS athletic training staff.
3. The partially complete form is sent with the athlete to the off-campus appointment with the instructions to have the MD complete the bottom portion of the form.
4. The completed form is then emailed as a PDF or stapled to the original injury report printed from Sportsware and then saved in the athletes secured file within the Sportsware database.

Emergency Medical Information Sheet (in Sportsware)

1. Emergency information documents must be on Sportsware online by the athletic before he/she will be permitted to play.
2. These forms contain the athlete's insurance information and consent of treatment statement.
3. All forms are kept on a secure server as well as one in the nurse's office. Secure access is granted to all coaches on the Sportsware server from their desktop or mobile devices when traveling to away contests.
4. The team athletic trainer is responsible for having access to Sportsware Online for all athletes' insurance info, emergency contacts, and medical alerts when traveling and/or at practices.
5. In the event of an emergency or referral, this form is sent with the athlete to the medical facility.

Weston Sports Medicine

"Initial Evaluation"

Weston High School
444 Wellesley Street
Weston MA 02943

(781)786-5844 O

(781)786-5849 F

Andrew Rizza, MS, LAT, ATC
Head Athletic Trainer

email: rizzaa@weston.org

Name _____

Date _____

Sport _____

Year _____

Position: _____

Date of Birth _____

Date of injury: _____

Involved body parts / system.

SUBJECTIVE:

Mode of onset; Acute / Chronic / Re-injury

Mechanism of injury

Description of symptoms: _____

Prior Hx. / Surgical Hx:

OBJECTIVE:

Inspection: _____

AROM: _____

PROM:

Strength / Motor Control:

Myotomes: _____

Sensation: _____

Special Tests: _____

ASSESSMENT: _____

PLAN: _____

PHYSICIAN: _____ Diagnosis: _____

Parents Notified? Yes No Medical Referral? Yes No Medical Clearance? Yes No

X-RAY: NO YES results: _____

Signature _____

WNL = within normal limits **ABN** = abnormal **N/E** = not evaluated **N/A** = not applicable

ST= strength training, **PS** = passive stretching, **STM** = soft tissue mobilization

MS = massage, **JM** = joint mobilization, **IIE** = instruction in independent therex/education,

GT = gait training, **RE** = re-evaluation, **CWI** = Crutch walking instruction

Weston High School

Pre-participation Physical Evaluation

History

Name _____ Sex _____ Age _____ D.O.B _____

Grade _____ Sport _____

Primary care physician _____

Address _____

Physician's Phone _____

1. Have you ever been hospitalized?..... yes no
Have you ever had surgery?..... yes no
2. Are you presently taking any medications?..... yes no
3. Do you have any allergies (medicine, bees or other stinging insects)?
yes no
4. Have you ever passed out during or after exercise?..... yes no
Have you ever been dizzy during or after exercise?..... yes no Have
you ever had chest pain before or after exercise?..... yes no Do you
tire more than your friends during exercise ?..... yes no
Have you ever had high blood pressure?..... yes no
Have you ever been told you have a heart murmur?..... yes no
Have you ever had racing of your heart or skipped heart beats?... yes no
Has anyone in your family died of heart problems or of
sudden death before age 50? yes no
5. Do you have any skin problems (itching, rashes, acne)?..... yes no

6. Have you ever been diagnosed with a head injury, concussion?.....yes no

If yes, please list dates _____

How long was your recovery? _____

Have you ever been knocked out or unconscious?..... yes no

Have you ever had a seizure?.....yes no

Have you ever had a stinger, burner or pinched nerve?..... yes no

7. Have you ever had heat or muscle cramps?..... yes no

Have you ever been dizzy or passed out in the heat?..... yes no

8. Do you have trouble breathing or do you cough during or
after activity?..... yes no

9. Have you ever had oral surgery?..... yes no

10. Have you had any previous dental complications?..... yes no

11. Do you use any special equipment (pads, braces, neck rolls,
mouth guard, eye guard,etc.)? yes no

12. Have you had ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other
injuries of any bones or joints?..... yes no

___Head ___Shoulder ___Thigh ___Neck ___Elbow

___Knee ___Chest ___Forearm ___Shin/calf ___Back

___Wrist ___Ankle ___Hip ___Hand ___Foot

13. Have you had any other medical problems (infectious mononucleosis,
diabetes, etc...)?..... yes no

14. Have you had a medical problem or injury since your last evaluation?
yes no

15. When was your last tetanus shot? _____

16. When was you last measles immunization? _____

17. Have you had a Hepatitis B Vaccination? _____

18. When was your first menstrual period? _____

19. When was your last menstrual period? _____

20. When was the longest time between your periods last year? _____

Explain "yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature of athlete _____

Signature of witness _____

Signature of physician _____

WPS in order to protect the health and safety of students and to comply with the purpose 105 CMR 201.000 enacted June 2011 has developed the following policy to provide standardized procedures for persons involved in the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in extracurricular athletic activities, including but not limited to interscholastic sports.

Head Injury, Concussion / TBI (traumatic brain injury) is defined as: A complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. TBI may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head. TBI includes, but is not limited to, a concussion.

The Athletic Director will be responsible for the implementation of these policies and procedures.

Annual training is required for persons specified below in the prevention and recognition of a sports-related-head injury, and associated health risks including second impact syndrome. WPS will maintain records of completion of annual training. These MA DPH approved training materials will be available to all faculty and staff.

- (1) Coaches
- (2) Certified athletic trainers
- (3) Trainers
- (4) Volunteers
- (5) School and team physician
- (6) School nurses
- (7) Athletic Directors
- (8) Directors responsible for a school marching band, whether employed by a school or school district or serving in such capacity as a volunteer.
- (9) Parents of a student who participates in an extracurricular athletic activity.
- (10) Students who participate in an extracurricular athletic activity

Procedure for reporting head injuries or suspected concussions sustained during extracurricular athletic activities to the school nurse and certified athletic trainer. If TBI is suspected, athletes must be removed from activity and referred for medical evaluation. Return to play guidelines and reentry plans to school / academic activities are in accordance with 105 CMR 201.011

Parents and students are responsible for completion of the Pre-participation forms including the Report of a Head Injury Form. No student athlete will be allowed to participate in athletic activities until all forms including physical examinations are signed, submitted and reviewed by WPS nurses annually.

Information concerning an athlete's history of head injury and concussion, recuperation, reentry plan, and authorization to return to play and academic activities will be shared on a need-to-know basis consistent with requirements of 105 CMR 201.000 and applicable federal and state law

including, but not limited to, the Massachusetts Student Records Regulations, 603 CMR 23.00, and the Federal Family Educational Rights and Privacy Act Regulations, 34 CFR Part 99.

A copy of this policy will be included in the WHS/WMS handbooks.

Review and revision of such policies and procedures shall occur as needed but at least every two years.

SPORTS RELATED CONCUSSION/MTBI PROTOCOL

If an athlete is suspected of having sustained a concussion or MTBI (Mild Traumatic Brain Injury) he or she will be removed from competition immediately and will not be released back into their respective sport until they have been cleared by a Physician, Athletic Trainer or another qualified allied healthcare professional. Please follow link for current legislation: <http://www.mass.gov/dph/injury>

The entire healthcare professional team involved in the evaluative and rehabilitative process must consult with one another and make a sound clinical judgment regarding the athlete's return to play status.

*Academic accommodations will be made available if and when deemed necessary pending documentation from a physician.

Evaluation:

1. Acute evaluation SCAT 5 (on sideline), visual ocular motor screening (VOMS)
2. Recommendations to family and athlete regarding return to school (24-48 hours of rest from academics and other cognitive function) i.e., Video gaming, text messaging, computer use, TV.
3. Make appointment with PCP/medical care provider/MTBI specialist (**athlete must see physician for return to play criteria**)
4. Follow-up testing when asymptomatic

Sport Related Concussion Rehabilitation Protocol

SWAY Medical neurocognitive testing can only be performed when asymptomatic (no symptoms) for 24 hours. Student athletes will progress sequentially through each rehabilitation phase and may not progress to the next phase until asymptomatic for 24 hours.

Phase 1

Post injury (*SWAY* follow-up test #1)

If scores within normal reliable change index, athletes may begin non-impact rehab protocol.

Phase 2

Exertion (non-impact)

Phase 3

Sports Specific rehab (*SWAY* follow-up test #2 performed following day)

Follow-up scores fall within normal reliable change index, student athletes may begin light contact workouts.

Phase 4

Light Contact

Phase 5

Full Contact practice (*SWAY* follow-up test #3 performed following day)

Follow-up scores fall within normal reliable change index, student athletes may return to full activity with no restrictions.

UPMC Vestibular Ocular Motor Screening Examination

Ocular Motor

Pursuits: H-Test

1. Stand 1 yard away from the patient.
2. Patient keeps head still during the test.
3. Practitioner slowly and steadily moves an object in an "H" motion within the field of vision.

Positive test

X___Nystagmus

___Symptoms (dizziness, blurriness, headache, fogginess,etc.)

Saccades: Horizontal

1. Stand 1 yard away from the patient.
2. Patient keeps head still during the test.
3. Practitioner holds 2 fingers 6 inches apart in a horizontal fashion.
4. Patient will look back and forth with the eyes only (not moving his or her head) between the 2 fingers for 20 seconds. The visual movement should be smooth and stop directly at the fingers.

Positive test:

___Eyes over- or undershoot stationary fingers.

___Symptoms (dizziness, blurriness, headache, fogginess,etc.)

Saccades: Vertical

1. Stand 1 yard away from the patient.
2. Patient keeps head still during the test.
3. Practitioner holds 2 fingers 6 inches apart in a vertical fashion.
4. Patient will look back and forth with the eyes only (not moving his or her head) between the 2 fingers for 20 seconds. The visual movement should be smooth and stop directly at the fingers.

Positive test:

___Eyes over- or undershoot stationary fingers.

___Symptoms (dizziness, blurriness, headache, fogginess, etc.)

Vestibular/Ocular

Gaze Stability: Horizontal

1. Stand 1 yard away from the patient.
2. Patient keeps eyes fixated on an object 1 foot away from the patient in the center of the visual field.
3. Patient moves his or her head back and forth in a horizontal fashion for 20 seconds.

Positive test:

___Any hang time or slowed eye movement.

___Nystagmus

___Symptoms (dizziness, blurriness, headache, fogginess, etc.)

Gaze Stability: Vertical

1. Stand 1 yard away from the patient.

2. Patient keeps the eyes fixated on an object 1 foot away from the patient in the center of the visual field. 3. Patient moves his or her head back and forth in a vertical fashion for 20 seconds.

Positive test:

___Any hang time or slow in movement

___Nystagmus

___Symptoms (dizziness, blurriness, headache, fogginess, etc.)

Convergence

Convergence insufficiency (this test is performed with both eyes open):

a. Patient will focus on an object.

b. Practitioner will slowly move the object closer to the patient's eyes.

c. Patient will indicate to practitioner when a single object becomes 2 (e.g., "double vision")

d. Patient will hold the object at the point of vision change and the practitioner will measure distance.

Positive test:

___>6 cm indicates convergence insufficiency (this often resolves with time/rest).

1. Possible restrictions: limited or no geometry, no math, no computers, no texting.

2. Consider neuro-ophthalmology or neuro-optometry referral if symptoms do not resolve within 3 to 4 weeks or are persistently >20 cm.

Balance Screen

1) Patient stands with feet together with shoes on and arms folded for 30 seconds.

a. Eyes open

Stable surface

Foam surface

b. Eyes closed.

Stable surface

Foam surface

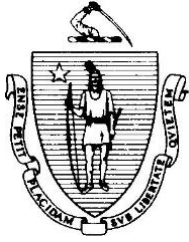
Positive test:

___Patient cannot sustain position for 30 seconds.

___Excessive sway

___Symptoms

Reprinted with permission from the University of Pittsburgh Medical Center (UPMC) Sports Concussion Program.



REPORT OF HEAD INJURY DURING
SPORTS SEASON

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? ____ Yes ____ No

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? yes _____ no _____

If yes, was a concussion diagnosed? yes _____ no _____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

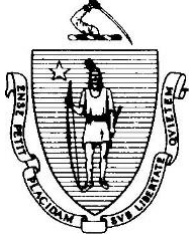
Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



**POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE AND
AUTHORIZATION FORM**

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health

This medical clearance should only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. ***The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.***

Student's Name	Sex	Date of Birth	Grade
----------------	-----	---------------	-------

Date of injury: _____ Nature and extent of injury: _____

Symptoms (check all that apply):

- Nausea or vomiting
- Headaches
- Light/noise sensitivity
- Dizziness/balance problems
- Double/blurred vision
- Fatigue
- Feeling sluggish/"in a fog"
- Change in sleep patterns
- Memory problems
- Difficulty concentrating
- Irritability/emotional ups and downs
- Sad or withdrawn
- Other

Duration of Symptom(s): _____ Diagnosis: Concussion Other: _____

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms:

Prior concussions (number, approximate, dates):

Name of Physician or Practitioner: _____

Physician Certified Athletic Trainer Nurse Practitioner Neuropsychologist

Address: _____ Phone number: _____

Physician providing consultation/coordination (if not person completing this form): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY.

Signature: _____

Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery.

Weston High School Sports Medicine Concussion Program

Patient Name: _____ Date of Evaluation: _____

The athlete named above has suffered a concussion and may not return to ANY contact sport activity (practice, games, contact drills) until cleared by this clinic. Please see below for permitted levels of exertion:

_____ No physical exertion until the next clinic visit.

_____ No physical exertion until _____. Begin low levels on _____.

_____ Low levels of physical exertion as tolerated (symptoms do not get worse or come back during or after the activity). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).

_____ Low levels of physical exertion until _____. Begin moderate exertion on _____ if asymptomatic with low exertion.

_____ Moderate levels of physical exertion as tolerated. This includes moderate jogging/brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

_____ Moderate levels of physical exertion until _____. Begin heavy exertion on _____ if asymptomatic with moderate exertion.

_____ Heavy non-contact physical exertion as tolerated. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills.

_____ Heavy non-contact exertion until _____. May begin full contact practice/play on _____ if asymptomatic with heavy exertion.

_____ Additional recommendations below:

Signature _____

Andrew J. Rizza, MS, LAT, ATC

Head Athletic Trainer

Weston High School
781-786-5844 O

Weston High School Sports Medicine Concussion Program

Patient Name: _____ Date of Evaluation: _____

Please excuse the patient named above from school today due to a medical appointment. The student named above has suffered a concussion and is currently under the care of this clinic. He/she is not permitted to participate in any contact sport activity until formally cleared by this clinic.

Additional recommendations below:

_____ No physical education class.

_____ Restricted physical education class activity as specified below:

_____ Full academic accommodations as specified below:

_____ untimed tests

_____ preprinted class notes

_____ tutoring

_____ reduced workload when possible

_____ Other:

_____ Additional recommendations below:

Signature _____

Andrew J. Rizza, MS, LAT, ATC

Head Athletic Trainer

Weston High School

781-786-5844 O

Weston High School Sports Medicine Concussion Program

Patient Name: _____ Date of Evaluation: _____

This athlete named above is cleared for a complete return to full contact sport participation as of

_____. The athlete is instructed to stop play immediately and notify the

coach or athletic trainer should his/her symptoms return.

Signature _____

Andrew J. Rizza, MS, LAT, ATC

Head Athletic Trainer

Weston High School
781-786-5844 O

Concussion return to participation checklist

1. _____ Athlete has reported he/she is asymptomatic and has been re-tested on SWAY Neurocognitive testing program. Athlete has comparable scores to his/her baseline showing no deviation in scores. He/she may begin Phase 1 of the rehab protocol. (Stationary bike, linear exercise, no heavy lifting*). _____ Andrew Rizza

2. _____ Athlete may progress to phase 2 of the rehab protocol if he /she has reported being asymptomatic (light jogging, directional exercise, elliptical, weight training). If athlete remains asymptomatic, he /she may progress to phase 3 of the rehab schedule. _____ Andrew Rizza

3. _____ Athlete may progress to phase 3 rehab schedule (Sports specific activity, (Non-contact) followed by SWAY testing to insure he/she has maintained scores comparable to their baseline SWAY test. If athlete remains asymptomatic and scores are within normal limits, he/she may progress to phase 4 of rehab schedule. _____ Andrew Rizza

4. _____ Athlete may progress to phase 4 of rehab schedule (light contact drills, use of protective equipment specific to sport). If athlete remains asymptomatic, he/she may progress to phase 5 of the rehab schedule. _____ Andrew Rizza

5. _____ Athlete may progress to phase 5 of rehab schedule (full contact activity) Athlete will be permitted to use all protective gear specific to his/her sport and be allowed to participate in a full practice followed by a final SWAY test to ensure that he/she has maintained scores compared to their baseline. _____ Andrew Rizza

6. _____ Athlete is cleared for all activity with no restrictions. _____ Andrew Rizza

WPS Academic Accommodations for TBI's

- **PRIMARY NEED IS FOR REST**
- **Usual course of recovery**
 - Expect days/weeks of recovery.
 - Guard against return to physical activity (aerobic exercise or contact) while the student is still symptomatic.
 - Symptoms can flare up/persist longer with increased physical or cognitive effort.
 - Need to strike a balance between rest/recovery & participation/effort with accommodation during recovery.
- **Most students have only several days of difficulty keeping up in school.**
 - If they rest as needed
 - If they do not re-injure themselves
- **Some students may need accommodations for weeks or months.**
 - More severe injuries
 - Students with multiple concussions
- **Symptoms may make it difficult to be in class or do homework.**
 - Headache
 - Dizziness or lightheadedness
 - Ringing in the ears
 - Noise and/or light sensitivity
 - Fatigue, sleep disruption
 - Reduced mental energy for classes and homework.
 - Poor concentration and memory efficiency
 - May persist even when physical symptoms have cleared.
 - Irritability/moodiness
 - Increase stress in family/peer relationships.

- **Need for awareness, involvement, and consistent message from**

- Parents
- Teachers
- Guidance Counselor
- School Nurse
- Athletic Trainer
- Notification of the student's school team is essential.

REASONABLE ACCOMMODATIONS

*** Students need medical documentation for all academic accommodations**

1. Excused absence from classes

- Initial days off if needed.
- Leave early if symptoms flare during day.
- Late arrival if sleep/fatigue problems in morning.

2. Rest periods during school day

- Tylenol and rest in quiet area until better.

3. Extension of assignment deadlines

4. Postponement or staggering of tests/quizzes.

- Testing may cause symptoms to flare up.
- Testing not fair measure if highly symptomatic.
- AVOID high stakes testing (SAT, ACT, AP, MCAS exams).
- No more than one test/quiz per day.
- Develop plan to spread midterms or finals.

5. Excuse from certain tests

- Individual tests.
- Midterm or final exams skipped and grade based on work prior to injury.

6. Extended time on timed tests as needed.

7. Accommodate increased sensitivity to light/noise.

- Permission to wear cap/sunglasses.

- Allow students to avoid bright/noisy places, fluorescents, large assemblies, band, chorus etc.

8. Excuse from physical education activities

- Use time for rest in nurse's office or area designated by nurse.

9. Use of audio recorder or a test reader

- For students who have symptoms exacerbated by the visual scanning activity of reading.

10. Opportunity to verbalize exam answers rather than writing.

11. Smaller, quieter exam room to reduce stimulation and distraction.

12. Preferential classroom seating to lessen distraction.

13. Temporary assistance to help with organizing and prioritizing homework assignments.

14. Encourage student self-advocacy with the educational team.

EMERGENCY FIELD PROCEDURES

As employees of the Town of Weston we are directly responsible and legally liable for any harm that may come to one of our athletes. This includes captain's practices and injuries that may occur driving to and from an event. To better prepare you and to address issues of liability the following emergency plan has been developed to guide your actions in the event of an emergency.

In the event of an injury to an athlete in which members of the athletic training staff are not immediately available the following procedures should be followed

1. Do NOT move the athlete! Moving the injured player with unknown injuries can cause further damage and result in permanent disability if not death. The game can always wait.
2. Look for obvious deformity in the arms, legs, and body.
3. If the athlete is conscious, listen to his/her complaint.
4. Take the proper first responder/first aid steps (i.e., AED, ice pack, ace, sling, splint, etc.)
5. Move the athlete ONLY after serious injury has been ruled out.
6. Should ambulance assistance be needed.

- A. Phone Fire Department. 781-893-2323
- B. Tell them where you are.
- C. Explain the type of emergency.
- D. Explain the type of assistance you need (ambulance).
- E. Tell them specifically where you are located.

NOTE: When activating EMS, be sure to inform them of locked gates that may need to be opened for emergency access.

7. In the case of serious injuries, parents should be notified. In each of your team medical kits you will find an emergency contact form for each athlete. It has all the phone numbers you need to notify the injured athletes' parents. In addition, the athlete's insurance information is also listed on the form.
8. If you call the parents or relatives, calmly explain the situation and what hospital the athlete was taken to.
9. If an ambulance was used:
 - A. An assistant coach should go with the athlete and remain there until the situation allows him/her to leave.
 - B. Be sure a copy of the Emergency Medical form of the athlete's insurance information accompanies the athlete to the hospital.
 - C. Be sure to find out what hospital the ambulance is transporting your athlete to so you can inform his/ her family.
10. In the event of an injury during an away game follow the host schools' procedures for calling an ambulance. If possible, familiarize yourself with the school's emergency procedures or ask the opposing medical staff or coach for assistance.
11. If the athlete is not going to be discharged in a reasonable amount of time, then the team bus may return to WHS providing an agent of the high school remains with the injured athlete until his/her parents arrive or other arrangements are made. An athlete should NOT be left without an agent of the high school for ANY reason until the parents are notified.

Emergency Communications

A key component in the athletic department emergency plan is the communication system available at all practice and game sites. It is important that all athletic department personnel are familiar with the location and use of the Department of Sports Medicine communication system.

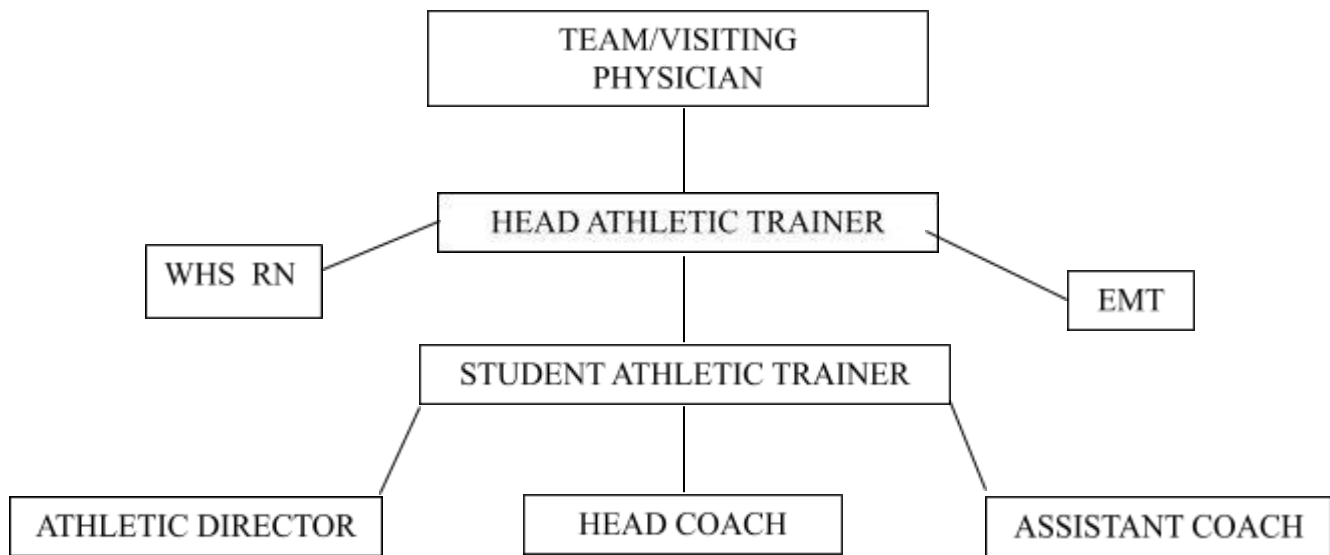
We currently have a one-tiered system of communication. The system includes the Department of Sports Medicine walkie-talkie system and cellular phone linking all potential practices and games.

All Department of Sports Medicine personnel (i.e. Student athletic trainers, athletic training interns, head athletic trainer) have been trained in the use of all communication systems including their location and emergency procedures that should be followed. It is important that all coaches make every effort to assure medical coverage through the Department of Sports Medicine for ALL practice sessions. There will be situations due to staffing limitations where medical personnel will not be present at practice sessions. In these situations, it is the responsibility of the high school employee (i.e., head coach, assistant) to initiate emergency communications and activate the emergency medical system (EMS).

Chain of Command and Decision Making

The following schematic should be used for the chain of custody and decision making in the event a Weston High School athlete is involved in a medical emergency during a school sponsored practice or game.

Medical treatment should be directed by the individual with the highest level of training pertinent to the individual injury. The direction of medical care may be turned over to the responding emergency medical personnel upon their arrival when warranted by the injury. In situations where there is a team or visiting physician present he/she should direct the athlete's care until the athlete is placed in the transporting ambulance. At that time care is taken over by the responding emergency medical personnel.



MEDICAL CHAIN OF COMMAND

I. Team Physician

The team physician (Thomas Gill IV Steward Health Care, Benton Heyworth Children's Hospital Boston) or attending physician if the team physician is not available, has total control over and responsibility for determining the participation status of any injured or ill athlete. It is assumed that the team physician and recognized certified athletic trainer will share any decision-making determination regarding individual athletes.

II. Certified (Staff) Athletic Trainers

In the absence of a physician the team certified athletic trainer is responsible for making any decision regarding the participation, evaluation, disposition and care of an injured or ill athlete.

It is generally accepted that all member institutions shall employ/hire/contract a person(s) for the specific purpose of providing athletic training services at the member institution. These services will include (where appropriate) the attendance of a designated and duly recognized certified/staff athletics trainer during and prior to the start of an interscholastic athletics contest where the member school serves as home (host) institution. Although instances will occur when the certified/staff athletic trainer cannot attend an (all) home athletics contest, it is imperative that the athletic trainer arranges for the provision of acceptable athletic training services. The utilization of student athletic trainers, Emergency Medical Technicians, and/or other allied health care personnel should occur as an adjunct to the normal and regular activities provided by the certified/staff athletics trainer, not in place of those professional services. The certified /staff athletics trainer has professional preparation in the recognition of injury risk factors, mechanisms of injury, and advanced emergency and athletic medicine training which cannot be adequately substituted by the services of students or other allied health care personnel.

When the visiting team's athletic trainer is not present, the host school's athletic trainer, when asked, will provide advice on the participation of an opposing team's athlete. It is understood that although athletics trainers are employed by a particular member institution, all athletics trainers are governed by NATA Code of Ethics, and unwritten code to provide for the care of all athletes with only the athlete's best interest and well-being ahead of all else. All athletics trainers base their decisions solely on the medical evidence, it is further understood that all "hosting" athletics trainers will provide the best care possible for all visiting athletes.

III. WHS Registered Nurse

WHS registered nurse will be responsible for all medical conditions that occur during regular school hours when the Staff Athletic Trainer is not present. If an injury should occur during school hours he/she will be in direct contact with the student's parents, primary care physician if necessary and will follow-up with the certified athletic trainer when they are on campus. The nurse will also be in direct contact with Weston Fire Department for all medical transports if needed given the severity of injury. The nursing staff will work closely in conjunction with WHS Physicians and the Athletic Training Staff on all injuries and follow-up care for all student athletes to ensure proper protocols are followed.

IV. Student Athletic Trainer (co-op students only)

When no certified (staff) athletics trainer is present or available, the team student athletic trainer, as designated by the school's Head Athletics Trainer, evaluates and cares for an injured or ill athlete, and makes recommendations to the coach. If the school does not have a student athletic trainer with them, the host schools certified athletic trainer or most qualified student athletic trainer on site, when asked, will evaluate and make recommendations to the coach.

It is understood that each school has different criteria upon which they deem a student athletic trainer qualified to evaluate and care for injured athletes. However, most schools have "standing orders or standard operating procedures (SOP)" which are used to deal with Athletic Trainers or coaches to act appropriately when athletes are injured. Student Athletics Trainers are bound by these orders and cannot on their own deviate from them.

V. Coaches

It is the decision of the visiting coach to accept or reject the advice provided by the host school's personnel. However, when a coach chooses to reject the advice of a host school's medical personnel, the coach should understand they may be exposing themselves and their institution to unnecessary liability, not to mention possible additional harm to the student-athlete. It is further understood that when a visiting coach rejects medical advice provided by the host school, it is the host schools certified athletics trainer's responsibility to inform the visiting schools certified athletics trainer or a coach's decision to reject medical advice. This notification should occur in a timely manner.

VI. EMT

An EMT is only utilized in the case there may be a conflict in scheduling for game coverage, transport, and or assisting the Certified Athletic Trainer. The EMT **WILL NOT** be permitted to make any decisions on the return of athletes to athletic competition. They are bound to provide emergency medical treatment only if necessary.

VII. Athletic Director

The A.D. is present for all administrative decision making within the athletic department. he/she will be utilized for administrative purposes only. They may be utilized for Emergency care if they are so qualified.