



Warrior Athletic Training Policies & Procedures

Emergency Action Plans

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5/6 Training Room x4813 (fall & spring)

1/2 Training Room x4913 (winter)

Introduction

The purpose of this manual is to familiarize coaches with the operating procedures of the athletic training room.

In order to increase efficiency and effectiveness of a program, communication is key. It is our intention to establish practices that allow for an effective athletic training program that supports the students and coaches.

Coaches are responsible for all information in this handbook. Many of these procedures advise the proper way for a coach to handle an injury or, potentially, serious health and safety situation.

All coaches and athletes will be treated equally by the athletic training staff regardless of gender, race, religion, sexual preference, age or sport. At no time will any athlete or team receive preferential treatment over another.

All questions and suggestions for improvement should be brought to the attention of the athletic training staff.

Athletic Training Program Protocols

- Proper attire is required-shoes & shirts must be worn at all times
- Girls must wear shorts or pants in order to be taped. They will not be taped or evaluated in a skirt.
- No cleats are permitted in the training room.
- No equipment is permitted in the training room.
- The use of profanity will not be tolerated.
- Coaches and athletes may not help themselves to supplies. Please ask a Certified Athletic Trainer (ATC) if you need something.
- The ATCs must follow appropriate treatment protocols as stated in the athletic training plan of care, signed by the team physician.
- Athletes may be scheduled for treatments during study hall or after school. Athletes must present a pass from the assigned teacher in order to be seen. Due to security mandates, athletes may not enter an outside entrance before 2:15. Consistent with school security protocol, no one will be let in a locked door.
- No athlete will be taped unless the athlete has been evaluated by an ATC or physician. At no time should a coach tell an athlete to get taped. After an assessment, the ATC will determine if an athlete needs to be taped.
- Athletes will be taped on a first come, first serve basis. On game days, teams traveling will take priority.
- Being in the training room is not an excuse to be late to practice, unless prior arrangements have been made between coach, athlete and ATC.
- It is the **responsibility of athlete** to carry necessary, life- saving medication (ie. inhaler/ epi-pen / insulin). The required medication/supplies must be readily available at practices and games. ***Coaches should be aware of the athletes on their team who require these agents.*** This information is listed on Genesis and sent to coaches via email for significant health issues. This will come from the AD's office.

Injury Protocols

HOME EVENTS/PRACTICES

- Injuries must be reported to the covering ATC immediately.
- ATC will assess for injury management and treat accordingly.
- If a coach sends an athlete to the training room, the athlete must **not be sent alone**. Another athlete or coach must accompany that athlete to the training room. Call the ATC prior to sending the athlete, as we may be out of the office.
- It is the responsibility of the coach to follow up with the ATC to check the status of the injury.
- ATC will fill out all necessary paperwork.

AWAY EVENTS

- Injuries must be reported to host ATC.
- Host ATC will assess and treat injury accordingly.
- If the athlete is referred to the hospital, an authorized adult must accompany the student athlete. This may be the athlete's parent, however, when a parent/guardian is not immediately available a coach must accompany the student athlete.
- The coach must inform ATC of the injury within 24 hours.
- If there is an emergency referral to a physician or hospital, an ATC must be informed **that day** via phone call. Request that the host ATC call one of the AT's to inform us of their findings.
- Athletes must follow up with an ATC on the next day the athlete is in attendance at school.
- The coach must fill out an *incident report*. The reports can be found in the nurses' office or the athletic training office.

Physician Protocols

- If an athlete is referred to a doctor by an ATC, the athlete must be evaluated by a doctor before resuming activity. The athlete is not to participate in the sports activity until a physician's report, clearing the student for sports, has been provided to an ATC. This note must be from the **physician's prescription pad, letterhead**, or has the official physician's office stamp. This medical clearance must be provided to an ATC by the athlete, and not presented to a coach.
- If an athlete seeks independent treatment or evaluation by a physician (not told to go by an ATC)-the athlete **must provide a physician's note** clearing the athlete to return to the activity. This medical clearance must be provided to an ATC or nurses, by the athlete, prior to resuming the activity (i.e. the clearance is not to be given to the coach). It is the coaches responsibility to make sure this happens.
- If a coach is informed that an athlete has seen a doctor and an ATC is not aware of this, it is the job of the coach to inform ATC. **Failure to do so shifts the liability for this injury to the coach.**
- If an athlete is required to see a physician, a note to return to activity must be from a physician (M.D. or D.O.) **not** from a chiropractor(**D.C.**). For student athletes who electively see a chiropractor, (not required to see a physician) a note to return to activity is **not required**.

TRAINING ROOM HOURS/ATC COVERAGE

- Coverage begins on the first NJSIAA scheduled practice day (**usually** the second Monday of August). Practices or events held before that day are not covered.
- ***Sunday practices are not covered.***
- Saturday; the training room will open no earlier than 8AM-exact times depending on the schedule of events.
- Training room hours of operation will adjust to the game and practice schedules of the week.
- On days when the school is closed due to weather, or any other emergency reason, there will be no ATC coverage
- On days that the school is closed because of a holiday, and there are no games scheduled, the training room will be open from 8:00 AM-Noon. If there are games scheduled, the coverage will be scheduled around the games. This includes Saturdays, winter and spring breaks.
- It is the responsibility of the coach to inform an ATC of practice schedules in a timely manner. If a coach does not communicate changes in the schedule, practices may not be covered. The ATCs do not request practice schedules, the coaches must provide the schedules to the ATC personnel.
- The training room is closed on: Christmas Eve, New Year's Day, and Good Friday.
- ***It is strongly advised, and in the best interest of the student-athletes, not to practice without an ATC. Should a coach choose to practice at a time when the training room is closed, the coach assumes all responsibility for all injuries incurred during that time. All coaches are required to be first aid and CPR/AED certified; they should know the basics on treating an injury. If there is any doubt contact 911 for an ambulance.***
- ***Read the: EMERGENCY ACTION PLAN, associated with your athletic site for more information, in case of an emergency.*** You will find this at the end of this manual.

Communication

ATC-Coach Emergency Communication

- At every home practice and competition all coaches at all levels **must** have a cell phone with them.
- All coaches should have both Michelle and Terry's cell phone numbers programmed in their phone-so that both can be reached quickly. At no time should an ATC's cell phone number be given to an athlete or parent. (Please note that sharing the a cell phone number with a student athlete is a violation of WHRHS Policy 3283 and Policy 4283)

Parent communication

- Parent contact for an injury will be made at the discretion of the ATC
- If a parent raises a question about an injury to a coach, the coach should direct that parent to contact the ATC staff.
- If a coach becomes aware of an injury through a parent, the coach must inform ATC of this information.
- It is the job of the ATC ***AND*** coach to follow up with the parent/athlete to see how an injury is progressing. Parents truly appreciate phone calls from coaches checking in on the status of an injury.

ATC Equipment

- The Head coach for each team is ultimately responsible for all equipment given out to all levels.
- At the beginning of the fall and spring seasons each level will receive a water cooler, ice cooler and medical kit. Winter sports will only receive medical kits.
- All medical kits should be returned to be refilled throughout the season, as needed. It is the responsibility of the coach to have the med kits refilled.
- All equipment must be returned at the end of the season.
 - Please make sure all personal items are out before returning the medical kits.
- Any lost or destroyed equipment must be replaced out of the appropriate team budget.
- Medical kits must be at every practice and game—both home and away.
- All teams are responsible for bringing ice and water with them to their respective field of play. You are to use the ice for injuries, as the **athletic trainer's ice is meant for emergencies**.
- Between practices/games, the coolers should be left open to prevent bacteria/mold build up.
- It is the responsibility of the team and coaches to clean the coolers before use. ***If the coolers are not cleaned, infection and illness may occur.***
- Teams electing to use Gatorade (water) bottles are strongly advised to take the water bottles home and **put through the dishwasher DAILY**.
- All teams must come after school to fill up their water and ice. The athletic trainers will be out on the practice/ game fields and not available to return to the training room.



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WATCHUNG HILLS
REGIONAL HIGH SCHOOL

Athletic Field Map Outdoor AED Locations



Emergency Medical Conditions

At the beginning of each season, coaches will receive a list of medical conditions for team athletes and a copy of the consent form signed by the parent/guardian for each athlete on your team via email . Coaches must bring these forms to every off-site practice and game. (Head coaches, please make sure your assistant coaches have their forms.) In the event that an ambulance is needed, or an athlete needs emergency care, these forms must be given to the appropriate personnel (eg. host ATC, EMS, physician). Also listed on these consent forms are special medical conditions (heat illness, asthmatics, diabetics, allergies, etc.). It is important that in an emergency situation the treating medical professional is aware of any/all of these conditions.

Below is some very basic information about some medical conditions student athletes may have. This information should not be viewed as totally inclusive, but rather a very basic generalization. If a student athlete has one, or more, of these conditions it is strongly recommended coaches become familiar with the basics of the condition so that in an emergency the coach will know how to react. Between the athletic trainers and the nursing staff, we will be able to go over in greater detail any medical condition your athlete may have.

Every coach should be aware of any athlete requiring specific types of medication, ie. sugar for diabetics, bronchodilators (inhalers) for asthmatics and make certain that these are readily available at all times.

It is advised that you may want to have a private conversation with the athlete and/ or parent regarding the condition. Remind the athlete that you need to know where the medication is, in case the athlete is unable to physically get it for themselves.

DIABETES

- Athletes who have been diagnosed with (Type 1) diabetes control the condition through medication and regulating their diet and activity. Diabetes may produce 2 different types of emergencies: ***insulin shock*** and ***diabetic coma***.
- The most commonly seen condition in athletes is:
 - A. ***Insulin shock- hypoglycemia***
 - Caused by
 - Over-medicating
 - Failing to eat
 - Heavy exercise
- Signs/symptoms of ***insulin shock*** include but are not limited to:
 1. Rapid pulse
 2. Dizziness
 3. Weakness
 4. Confusion
 5. Rapid breathing
 6. Slurred speech
 7. Profuse sweating
 8. Chills
 9. Loss of sensation in extremities.

B. When blood sugar levels **increase**, accompanied with a **decrease of insulin** in the blood, ***diabetic coma*** results.

This can be caused by:

- Consumption of too much sugar
- Failure to take medication
- Stress
- Infection
- Signs/symptoms of a ***diabetic coma*** but are not limited to
 1. Drowsiness
 2. Fatigue
 3. Confusion
 4. Deep-fast breathing
 5. Thirst
 6. Dehydration
 7. Fever
 8. Sweet-fruity smelling breath
 9. Fluctuating levels of consciousness.

Diabetes continued...

- *Some* guidelines for coaches:
 1. Be aware of the student athletes diagnosed with diabetes. Evaluate the maturity of the athlete for the ability to deal with this condition
 2. Always have a source of sugar, such as candy (Lifesavers) or non-dietetic soda.
 3. **Take special precautions for *away* games or all day events.**
Extended periods of activity will greatly affect blood sugar levels.
 4. Sit down at the beginning of the season with the athlete and parent to discuss the procedures.
 5. Make sure all **assistant coaches** are aware of the athlete and the condition.
 6. If an athlete is experiencing a diabetic emergency-give only a fully conscious person sugar, candy, fruit, soda. If the athlete is **unconscious** check ABCs-treat accordingly and call EMS.

ASTHMA

Athletes who have asthma are particularly prone to attacks during the following times: long distance runs, change of season, extreme heat/ cold and when the athlete is sick or fighting a cold.

Signs/symptoms of an asthma attack include but are not limited to:

- Shortness of breath
- Anxiety and fear
- Profuse sweating
- Cyanosis (blue-ish color around lips)

Guidelines for coaches:

- Be aware of student athletes diagnosed with asthma
- Ask/remind athletes with asthma to carry inhalers. ***It is the responsibility of the athletes to make sure inhalers are with them at all times.***
- In the event of an attack:
 1. **Contact the ATC**
 2. If the athlete uses an inhaler, make sure it is readily available and not locked in the locker
 3. Avoid acting nervous-this type of behavior will only further distress the athlete.
 4. Try to calm the athlete down and focus on breathing
 5. The athlete should attempt to take slow breaths in and out to regulate breathing.
 6. Do not allow teammates to huddle around the athlete
 7. Allow the athlete to assume the most comfortable position
 8. Have an adult stay with athlete at all times

EPILEPSY

Seizures are a fairly common occurrence, but the underlying cause is not completely understood. In some individuals, the brain responds to chemical changes with impulses that may produce convulsions. When seizures recur, and there are no identifiable causes to treat them directly, a person is said to have epilepsy. Keep in mind that this is not a disease or psychological disorder. People with epilepsy have a disorder of the central nervous system which may involve sudden lapses of conscious control (seizures). Although this condition can be well controlled with medication, some people continue to have seizures from time to time.

Some signs of an epileptic seizure:

1. Athlete gets a sensation prior to onset
 - Visual hallucinations
 - Strange taste in mouth
 - Abdominal pain
 - Sense of urgency to move to safety
2. Brief blackouts
3. Involuntary movements
4. Sudden falls
5. State of confusion
6. Convulsions (involuntary muscle contractions)
7. Muscle spasms or rigidity
8. Loss of consciousness
9. Loss of bladder or bowel control
10. Temporary loss of respiration

Guidelines for coaches

1. Be aware of all student athletes diagnosed with epilepsy
2. Check with or remind the athlete to take medication
3. Make sure that the entire coaching staff is aware of the medical procedures in the event of a seizure
4. In the event of an attack/seizure
 - Notify ATC
 - Notify parents
 - Remove nearby items that may cause injury (equipment/coolers)
 - DO NOT hold, restrain, or interfere with the athlete
 - DO NOT put anything between teeth or in mouth
 - Start timer to track how long seizure lasts

5. Activate EMS if:

- Seizure lasts longer than a few minutes
- Another seizure begins shortly after the first
- Athlete is also diagnosed with diabetes
- An injury is evident
- Consciousness is not regained after convulsive movements have stopped

The muscles will relax after a seizure. When consciousness is regained, the athlete may be drowsy and disoriented. At this time, the student athlete needs reassurance and rest. An adult must stay with an athlete until parents arrive to take home or to a physician. Be sure to keep teammates away from the athlete.

Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something an athlete is allergic to, such as peanuts or bee stings.

Anaphylaxis causes the immune system to release a flood of chemicals that can cause someone to go into shock — the blood pressure drops suddenly and the airways narrow, blocking breathing.

Signs and symptoms include:

- 1. Weak, rapid pulse**
- 2. Skin rash**
- 3. Nausea/ vomiting**
- 4. Skin reactions: hives/ itching or flushed, pale skin**
- 5. Constriction of the airway: swelling of the tongue or airway causing wheezing or trouble breathing**

If an athlete has a known allergy, and carries an epi-pen, it must be administered immediately. And, the athlete needs to go to the hospital for follow-up.

The coaching staff should know where the epi pen is at all times. Speak with your athlete, and the athlete's parent(s), regarding the expectations of the athlete.

The **most common** anaphylaxis triggers:

Food allergies: peanuts, tree nuts, fish, shellfish, wheat, soy, eggs and milk

Other allergens:

1. Medications: including antibiotics(penicillin/ sulfa based drugs, aspirin and other over-the-counter pain relievers

2. Stings from bees, yellow jackets, wasps, hornets and fire ants

3. Latex

Supplement Use

At no time should a coach recommend a supplement without consulting with the ATC staff. Student-athletes are constantly exposed to the newest and “most effective” dietary supplements. Over the last few years there has been an increase in the number of deaths among athletes at all levels using supplements that were “proven safe”. If a coach becomes aware of an athlete taking a supplement, it is strongly recommended that the coach bring that athlete to the attention of the ATC staff. It is difficult for young people to turn away from something that the student believes has been proven to increase athletic performance, however there are many life-threatening dangers associated with many supplements. If there are any questions regarding supplements, please see an ATC or physician.

Coaches should discourage teams from drinking high caffeine or “energy” drinks prior to games or practices. The amount of caffeine will dehydrate athletes and has been proven to cause many to cramp during games. In addition, drinking these beverages can increase heart rate and cause stomach distress.

Lightning

- If the lightning horn sounds-ALL fields are cleared immediately. All athletes must report to the nearest building. Once the alarm has sounded-athletes may NOT return to the field until the alarm blows 3 times-that is the “all clear” sign that it is safe to return outdoors.
- If the horn does NOT go off and lightning is seen by the coach OR ATC, **all fields must be cleared immediately**. Return to the fields will be 30 minutes after the last bolt is seen.
- Bring in medkit.

Covid

We follow the school protocol for Covid issues, please see the link:

<https://www.whrhs.org/whrhs/health-office/covid>

Telehealth

We will abide by the Rules and regulations of the New Jersey Division of Consumer Affairs (Division), the boards and committees in, and other units of, the Division are codified in Title 13 of the New Jersey Administrative Code, Subchapter 10.26 through 10.33.

https://www.atsnj.org/sites/default/files/2020-03/Chapter-35-Subchapter-10-Athletic-Trainers%20as%20of%203_2_20.pdf

Protocol for Mental or Physical Issues Involving Student-Athletes After School

If there is an issue involving a student's welfare (i.e. abuse, danger to themselves or others, under the influence, etc.) the following protocol should take place:

1. The **coach should accompany the student** to either the athletic director's or athletic trainer's office and immediately contact the athletic director who then should contact the principal and/or his designee. *(If this is a medical emergency, the athletic trainer should be notified and /or call 911 if necessary).* **The coach should remain with the student until the athletic director, principal or designee arrives.**
2. The athletic director, principal or designee will assess the situation to determine the following procedure **(the athletic director, principal or designee will make the phone call to the parent):**
 - a. If the student is believed to be under the influence, a parent must pick the child up and within 2 hours take them for a drug/alcohol screening before the student may return to school.
 - b. If the student is exhibiting suicidal thoughts or threatening to harm him/herself or another, a parent ***must*** pick the child up and must go for a medical evaluation/assessment before the student may return to school.
 - c. If the student is claiming to be physically or mentally abused, the first person who is aware of this must call ***1-877- NJ ABUSE (1-877-652-2873).***
 - d. If the coach is unable to get in contact with the athletic director, principal or designee, they should call ***911*** for assistance.
 - e. **At no time should a student be left alone.**

Student-Athlete Concussion Policy

District Policy

2431.4 - PREVENTION AND TREATMENT OF SPORTS-RELATED CONCUSSIONS AND HEAD INJURIES (M)

Section: Program

Date Created: August 2011

Date Edited: March 2022

A concussion is a traumatic brain injury caused by a blow or motion to the head or body that disrupts the normal functioning of the brain and can cause significant and sustained neuropsychological impairments including, but not limited to, problem solving, planning, memory, and behavioral problems. In order to ensure safety, it is imperative that students participating in athletic competition, coaches, and parents are educated about the nature and treatment of sports-related concussions and other head injuries. Allowing a student to return to athletic competition before recovering from a concussion increases the chance of a more serious brain injury.

For the purpose of this Policy and Regulation 2431.4, programs of athletic competition shall include high school interscholastic athletic programs, middle school interscholastic athletic programs where school teams or squads play teams or squads from other school districts, intramural athletic programs within a school or among schools in the district, and any cheerleading program or activity in the school district.

The school district shall adopt an athletic head injury safety training program. The program shall be completed by the school physician, any individual who coaches in an athletic competition, an athletic trainer involved in any athletic competition, and the school nurse. The training program shall be in accordance with guidance provided by the New Jersey Department of Education (NJDOE) and the requirements of N.J.S.A. 18A:40-41.2.

The school district shall distribute the NJDOE-developed educational fact sheet regarding sports-related concussions and other head injuries to all parents of students participating in any athletic competition or practice and

shall obtain a signed acknowledgement of the receipt of the fact sheet by the student and their parent in accordance with N.J.S.A. 18A:40-41.2(c).

A student who participates in an athletic competition or practice and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from athletic competition or practice. A student removed from athletic competition or practice shall not participate in further athletic competition or practice until they are evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions and receives written clearance from a physician trained in the evaluation and management of concussions to return to athletic competition or practice; and the student returns to regular school activities and is no longer experiencing symptoms of the injury when conducting those activities in accordance with N.J.S.A. 18A:40-41.4.

The return of a student to athletic competition or practice shall also be in accordance with the graduated, six-step “Return to Play Progression” recommendations and any subsequent changes or other updates to these recommendations as developed by the Centers for Disease Control and Prevention (CDC). The Board shall revise this Policy and Regulation 2431.4 whenever the CDC changes or otherwise updates the “Return to Play Progression” recommendations.

The school district shall provide a copy of this Policy and Regulation 2431.4 to all youth sports team organizations that operate on school grounds. In accordance with the provisions of N.J.S.A. 18A:40-41.5, the school district shall not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, a youth sports team organization that operates on school grounds, if the youth sports team organization provides the school district proof of an insurance policy in the amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person and a statement of compliance with the school district’s Policy and Regulation 2431.4.

Pursuant to N.J.S.A. 18A:40-41.5 and for the purposes of this Policy a “youth sports team organization” means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

This Policy and Regulation 2431.4 shall be reviewed and approved by the school physician annually, and updated as necessary, to ensure it reflects the most current information available on the prevention, risk, and treatment of sports-related concussion and other head injuries in accordance with N.J.S.A. 18A:40-41.3.

N.J.S.A. 18A:40-41.1; 18A:40-41.2; 18A:40-41.3; 18A:40-41.4;
18A:40-41.5

Adopted: 22 August 2011

Readopted: 01 March 2016

Readopted: 15 March 2022

Policy Contents

18A:40-41.4- Removal of student-athlete from competition, practice; return. A student who participates in interscholastic athletics and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from practice or competition. The student-athlete may not return to play until he/she has obtained medical clearance in compliance with the Board's return-to-play policy.

All Coaches, School Nurses, School/ Team Physicians and Licensed Athletic Trainers must complete an Interscholastic Head Injury Training Program.

The Athletic Head Injury training program must include, but not be limited to:

1. The recognition of the symptoms of head and neck injuries, concussions, risk of secondary injury, including the risk of second impact syndrome; and
2. Description of the appropriate criteria to delay the return to sports competition or practice of a student –athlete who has sustained a concussion or other head injury.

An Athletic Head Injury Training program such as the National Federation of State High Schools Association online "Concussion in Sports" training program or a comparable program that meets mandated criteria shall be

completed by the above named staff or others named by Board policy. Additional head injury training programs that meet the mandated criteria may be completed by professionals of different levels of medical knowledge and training.

Distribution of NJ Department of Education Concussion and Head Injury fact sheet to every student-athlete who participates in interscholastic sports. The high school shall obtain a signed acknowledgement of the receipt of the fact sheet by the student-athlete's parent/ guardian and keep on file for future reference.

Concussion Protocol for the Prevention and Treatment of Sports-Related Concussions and Head Injuries

Prevention

1. Pre-season baseline testing.
2. Review of educational information for student-athletes on prevention of concussions.
3. Reinforcement of the importance of early identification and treatment of concussions to improve recovery.

Student-athletes who are exhibiting the signs or symptoms of a sports-related concussion or other head injuries during practice or competition shall be immediately removed from play and may not return to play that day.

Possible Signs of Concussion:

(Could be observed by Coaches, Licensed Athletic Trainer, School/Team Physician, School Nurse)

1. Appears dazed, stunned, or disoriented.
2. Forgets plays, or demonstrates short term memory difficulty.
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.

Possible Symptoms of Concussion:

(Reported by the student athlete to Coaches, Licensed Athletic Trainer, School/ Team Physician, School Nurse, Parent/ Guardian)

1. Headache
2. Nausea/Vomiting
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling sluggish or foggy.
7. Difficulty with concentration and short term memory.
8. Sleep disturbance.
9. Irritability

Student-athletes must be evaluated by a physician or licensed health care provider trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head injuries. The State will provide the District with an approved list of physicians. Athletes must be cleared to participate by one of the state approved physicians. This will ensure consistency of care and adherence to the state's legislation sighted above.

To return to practice and competition the student-athlete must follow the protocol:

1. Immediate removal from competition or practice. 911 should be called if there is a deterioration of symptoms, loss of consciousness, or persistent direct neck pain associated with the injury.
2. When available the student-athlete should be evaluated by the school's licensed healthcare provider who is trained in the evaluation and management of concussions.
3. School personnel (Athletic Director/Building Administrator, Licensed Athletic Trainer, School Nurse, Coach, etc.) should make contact with the student-athlete's parent/guardian and inform him/her of the suspected sports-related concussion or head injury.
4. School personnel (Athletic Director/ Building Administrator, Licensed Athletic Trainer, School Nurse, Coach, etc.) shall provide the student-athlete with district board of education approved

suggestions for management/ medical checklist to provide their parent/guardian and physician or other licensed healthcare professional trained in the evaluation and management of sports related concussions and other head injuries (See attachment sections at end of policy for examples CDC, NCAA, etc.) The student-athlete must receive written clearance from a physician, trained in the evaluation and management of concussions, that states the student-athlete is asymptomatic at rest and may begin the Board approved graduated return-to-play protocol.

5. **Medical clearance that is inconsistent with district policy may not be accepted and such matters will be referred to the school/team physician.**

Graduated Return to Competition and Practice Protocol:

Complete physical, cognitive, emotional, and social rest is advised while the student-athlete is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limiting overstimulation, multi-tasking etc.)

After written medical clearance is given by a physician trained in the evaluation and management of concussions stating that the student-athlete is asymptomatic at rest, the student-athlete may begin a graduated individualized return-to-play protocol supervised by a licensed athletic trainer, school/team physician or in cases where the aforementioned are not available a physician or licensed health care provider trained in the evaluation and management of sports-related concussions.

The following steps should be followed:

1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers)

without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to:

2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity $< 70\%$ maximum percentage heart rate: no resistance training. The objective of this step is to increase heart rate. If no return of symptoms, next day advance to:
3. Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
4. Non-contact training drills (e.g., passing drills). The student-athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
5. Following medical clearance (consultation between school health care personnel, i.e., Licensed Athletic Trainer, School/Team Physician, School Nurse and student-athlete's physician), participation in normal training activities: ex. full practice. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
6. Return to play involving normal exertion or game activity.

In the absence of daily testing by knowledgeable school district staff (i.e. Licensed Athletic Trainer, School/Team Physician) to clear a student-athlete to begin the graduated return-to-play protocol a student-athlete should observe a 7 day rest/recovery period before commencing the protocol. Younger students (K-8) should observe the 7 day rest/recovery period (after they are symptom free at rest) prior to initiating the graduated-return-to play protocol. A physician trained in the evaluation and management of concussion as well as the parents/guardians of the student-athlete shall monitor the student-athlete in the absence of knowledgeable school district staff (i.e., Athletic Trainer, School/Team Physician). School Nurses may serve as an advocate for student-athletes in communicating signs and symptoms to physicians and parents/guardians. Available tools such as symptom

checklists and computerized baseline testing may be utilized. If the student athlete exhibits a re-emergence of any concussion signs or symptoms once they return to physical activity, he/she will be removed from further exertional activities and returned to his/her school/team physician or primary care physician. If concussion symptoms reoccur during the graduated return-to-play protocol, the student-athlete will return to the previous level of activity that caused no symptoms.

Computerized Pre- and Post-Concussion Assessment:

The Board will require, as part of the required medical examination every pupil wishing to participate in a sport or activity, an initial computerized, non-invasive, concussion assessment prior to the beginning of a sport or activity. Such testing will provide baseline data that could be helpful in the event it is suspected the student-athlete subsequently sustains a concussion. If it is suspected a student-athlete sustained a concussion, he/she may be required to complete a post-injury, computerized, non-invasive concussion assessment to assist in determining the extent of the injury, monitor recovery, and in making safe return-to-play decisions. The results of all post-injury assessments will be reviewed by the treating physician. An initial baseline assessment may be applicable for longer than one season or activity period; therefore, a pupil may not be required to complete an initial assessment before beginning to participate in every sport or activity. These computerized assessments will be conducted by the school district at the school district's expense.

Temporary Accommodations for Student-Athletes with Sports-Related Head Injuries:

Rest is the best “medicine” for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration and speed of processing significantly impacts learning. Further, exposing the

concussed student-athlete to the stimulating school environment may delay the resolution of symptoms needed for recovery.

Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.

Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting—even watching movies if a student is sensitive to light/sound—can slow a student's recovery. In accordance with the Centers for Disease Control's toolkit on managing concussions, under the treating physician's orders, the Board will address the student's cognitive needs in the following ways or as indicated by the treating physician:

Students who return to school after a concussion may need to:

1. Take rest breaks as needed.
2. Spend fewer hours or days at school.
3. Be given more time to take tests or complete assignments. (All courses should be considered)
4. Receive help with schoolwork.
5. Reduce time spent on the computer, reading, and writing.
6. Be granted early dismissal to avoid crowded hallways.

Resources on Interscholastic Sports Related Concussions and Head Injuries

Internet Resources:

Centers for Disease Control and Prevention – Concussion Toolkit

http://www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html

<http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf>

http://www.cdc.gov/concussion/headsup/pdf/ACE_care_plan_school_version_a.pdf

http://www.cdc.gov/concussion/headsup/pdf/Concussion_in_Sports_palm_card-a.pdf

National Federation of State High Schools Association- Online “Concussion in Sports” training program.

www.nfhs.org

Brain Injury Association of New Jersey

www.BIANJ.org

www.sportsconcussion.com

Athletic Trainers Society of New Jersey

www.atsnj.org

National Collegiate Athletic Association

www.NCAA.org/health-safety

New Jersey Interscholastic Athletic Association

www.njsiaa.org

A reminder, concussions may occur from a direct blow, whiplash type injury, or trauma. The student-athlete should be evaluated by the ATC on site. It is the coaches responsibility to inform the ATC if the athlete complains of any concussion symptoms, as stated on page 22-23.

EMERGENCY ACTION PLAN

**WATCHUNG HILL REGIONAL HIGH
SCHOOL**

ATHLETIC PROGRAMS

Chain of command (with athletic trainer present)

- 1. Doctor (if present)**
- 2. Certified athletic trainer**
- 3. EMS- upon arrival**
- 4. Head coach- on site**
- 5. Assistant coach**
- 6. Athletic Director**

Chain of command (without athletic trainer present)

- 1. Head coach- on site**
- 2. Assistant coach**
- 3. EMS- upon arrival**

HEAT RELATED INJURIES

The easiest injury to prevent also proves to be one of the most devastating due to neglect: Heat Illness. Studies show that heat stroke is the number two cause of death in American sports, second only to head and spinal cord injuries.

Heat illness results from the body's attempt to maintain normal temperature through dissipation of heat. During exercise, evaporation of sweat appears to be the chief regulator of body temperature. Humidity does not allow for an individual's sweat to evaporate. Sweat contains more water than salt, therefore it is considered to be more hypotonic than blood. If an athlete does not adequately replenish fluids, water is taken from the blood in order for the body to continue sweating. In order to maintain blood volume, the sweating response shuts off. As a result, the athlete's body temperature quickly rises. Temperatures can reach 104 degrees Fahrenheit within minutes interfering with the natural rhythm of the heart. When the athlete reaches this stage, the athlete is said to be suffering from heat stroke; a life threatening condition. If the athlete survives this stage, the athlete will have permanent damage to the central nervous system. Once the thermoregulatory center is impaired, the body loses the ability to regulate temperature, thus making the athlete more susceptible to heat disorders in the future. It is possible for an under-hydrated athlete to be at risk for heat stroke in only 57 minutes after the initiation of exercise (Advanced Sport Nutrition; Benardot, 2012)

Heat disorders are not limited to those sports with an August onset. Susceptible athletes may feel the effects of heat in both the winter and spring seasons. The key to handling the heat is to more than replace fluids lost during activity-HYDRATION!

Prevention of Heat Illness:

1. Adequate fluid replacement:
 - Water is the best, Gatorade/ Pedialyte is also appropriate
 - Minimum of eight 10oz glasses a day in addition to practice hydration: carry a water bottle during the school day
 - Encourage POST practice re-hydration
 - Encourage "hyperhydration" voluntary drinking, not just in response to the thirst mechanism.
2. Adequate salt replacement:
 - Add salt to meals
 - Discourage athletes from using salt tablets!

3. Acclimatization:

- Should be guided by the NJSIAA policy for heat acclimatization.

The NJSIAA (with help from the Athletic Trainers' Society of New Jersey) would like to provide a clarifying statement regarding the Heat and Humidity Best Practice Policy.

- Similar to other states' interscholastic athletic associations, the NJSIAA heat and humidity modification policies are based on **Wet Bulb Globe Temperature (WBGT) measurements**. The guidelines are to be utilized by athletic trainers, game officials, school officials, and coaches in the modification or cancellation of practices and contests. As always, decision-makers involved in the scheduling and conducting of practices and games are encouraged to make necessary modifications and adjustments as needed to preserve the health and overall safety of student-athletes which exceed these default guidelines, while still ensuring a competition's integrity, on a case-by-case basis.
- Athletic trainers, game officials, school officials, and coaches before the game, should collaborate and decide on modification(s) prior to the start of the contest. for example: soccer being broken down into quarters, rather than halves, providing additional water breaks/time-outs, football allowing for extra time for water breaks, etc. These examples can be used for all sports and modifications can be made as appropriate.

NJSIAA Heat Participation Policy

Schools should follow this "Best Practices" policy when conducting outdoor practices and contests in all sports. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:

- The scheduling of practices during times of various Wet Bulb Globe Temperature(WBGT) levels
- The ratio of workout time to time allotted for rest and hydration during times of various WBGT levels
- The WBGT levels which will result in practice(s) being modified or terminated.

An instrument scientifically approved to measure WBGT must be utilized at each practice. WBGT readings should be taken on the practice site a minimum of every hour, beginning 30 minutes before the beginning of practice or contest. All readings should be recorded or data logged (e.g. written or electronic form). In the event that a modification or cancellation was required, documentation using the WBGT NJSIAA Hot Environment Modification/Cancellation Log must be completed.

WBGT READING Flag Risk for Heat Illness

ACTIVITY GUIDELINES AND REST BREAK GUIDELINES

Under 80.0°F Green

Very Low Normal activities

Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout.

80.0 F – 85.0°F Yellow

Low

Use discretion for intense or prolonged exercise; watch at-risk players carefully

Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.

85.1 F – 88.0°F Orange

Moderate Maximum practice time is 2 hours

For **Football**: no protective equipment may be worn during practice. All protective equipment must be removed for conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing into shorts.

For **Field Hockey Goalies**: All protective equipment must be removed for conditioning activities.

For **All Sports**: provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.

88.1 F – 90°F Red

High Maximum length of practice is 1 hour.

For **Football**: no protective equipment may be worn during practice and there may be no conditioning activities.

For **All Sports**: there must be 20 minutes of rest breaks distributed throughout the hour of practice.

Over 90°F Black Very High

NO OUTDOOR WORKOUTS.

Delay practice until a cooler WBGT level is reached, **ALL SPORTS**

GUIDELINES FOR HYDRATION AND REST BREAKS

1. Rest time should involve unrestricted access to fluids (e.g water or electrolyte beverages).
2. Sports requiring helmets (e.g. football, lacrosse, field hockey) should remove helmets during rest time.
3. The site of the rest time should be in a shaded area.
4. When the WBGT reading is $>85.0^{\circ}\text{F}$
 - a. Ice towels, spray bottles filled with ice water or equivalent should be available to aid in the cooling process within the shaded area.

Definitions

1. **Contest:** Any NJSIAA sanctioned event.
2. **Practice:** the period of time that a participant engages in coach-supervised, school- approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave.
3. **Walk through:** this period of time shall last no more than one hour and is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.

The aforementioned policy must be carried out by the athletic trainer, certified designee or individual as appointed by the athletic director which includes any individual responsible or sharing duties for making decisions concerning the implementation of modifications or cancellation of practice and contests based on WBGT (e.g. coaches).

Compliance note to be included in NJSIAA Handbook:

In accordance with the current school compliance checks, the compliance monitors checklist will include items specific to:

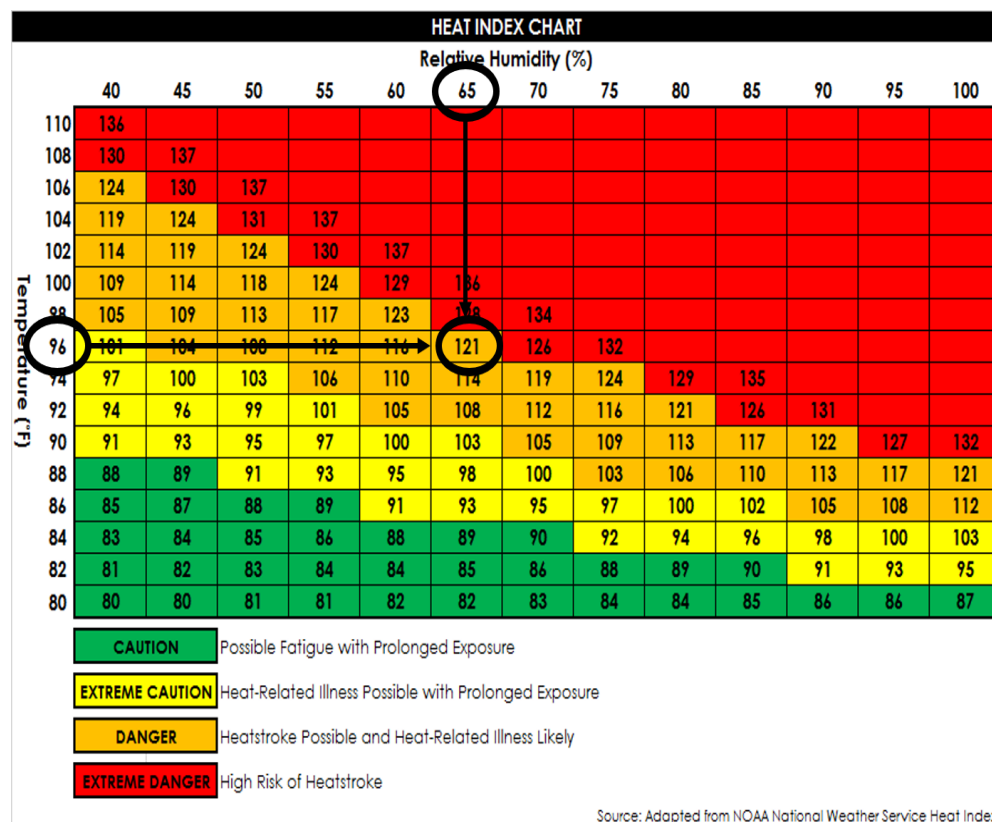
- Presence of a WBGT device
- Documentation of all practices/games requiring modification on the NJSIAA Hot

- Environment Modification/Cancellation Log
- Proof of written and signed off Heat Participation Policy document

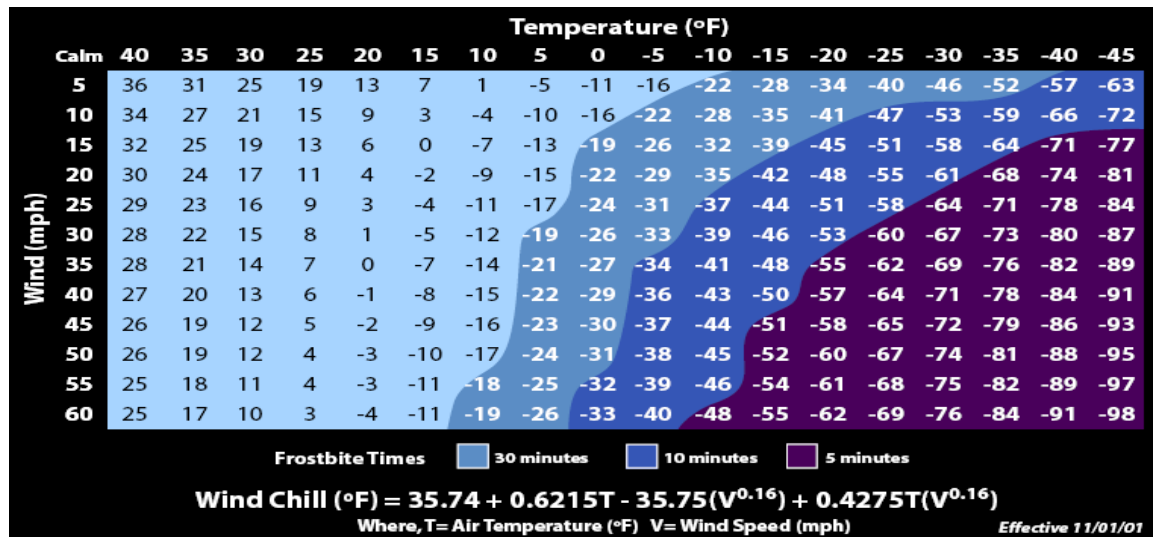
The pre-season mandates set forth by the NJSIAA should be enforced in every sport at every level. If a coach is not aware of these mandates the coach should contact the athletic director.

Management and Prevention Guidelines and Recommendations

1. Measure WBGT reading if this can be done accurately onsite. If not, determine this from a weather station or reliable airport site within 5 to 10 miles of practice site. If WBGT is not available, determine temperature in F/C and Relative Humidity and refer to the following Heat Index Chart:



Wind Chill/ Temperature Chart



WATCHUNG HILLS REGIONAL HIGH SCHOOL

EMERGENCY ACTION HEAT PLAN

Exertional Heat Stroke

PREVENTION

- Before the season begins, all teams should follow a heat acclimatization program that focuses on phasing in equipment use, intensity and duration of exercise and total practice time.
- Activities should be modified when environmental conditions are deemed at risk.
- Water must be available on the field for players to drink quickly and freely during practice, conditioning sessions and competitions

RECOGNITION AND ACTION

- Exertional heat stroke should be suspected in any athlete who exhibits extreme hyperthermia and central nervous system dysfunction during exercise in the heat. If EHS (exertional heat stroke) is suspected **cold water immersion should be implemented before transport for 15 minutes. Athletes need clearance from a physician prior to return to activity.**
- **Performed in this order, these 2 methods will save a life for those suffering heat stroke**
 - 1. Rapid Cooling- then**
 - 2. Transport**

Immersion tub or shower:

Typically rate of cooling is 1 degree C for every 5 minutes or .37 degrees F per minute (about 1 degree every 3 minutes)

Average cooling for 15 minutes 3 degrees C and 5 degrees F

Cold water immersion cooling guidelines

- Remove from activity
- Remove excess clothing and equipment
- Contact EMS
- Determine Vital signs
- Immerse body in cold water (35-59 degrees F) within 30 minutes
- Move the cold water around while athlete lay in there
- Monitor airway, breathing, pulse and blood pressure
- Assess level of CNS dysfunction
- Rectal temperature provides the most accurate body temperature and should be used when possible.

Athlete should be immersed for 15 minutes prior to transport if an athlete is suspected to be in exertional heat stroke

NJSIAA Cold Water Immersion Policy

All schools participating in interscholastic athletics should have a comprehensive, detailed Emergency Action Plan (EAP) for most catastrophic scenarios, including heat injury. When treating a potential Exertional Heat Stroke (EHS), schools should be properly prepared and equipped to initiate Cold Water Immersion (CWI) or other approved cooling technique. Cooling techniques should be implemented immediately, and concurrently EMS should be contacted.

Cold Water Immersion Tub Accessibility Policy

All summer conditioning on school grounds, or when a coach, paid or otherwise, is present, and the 1st 21 days of fall practice, and any day the temperature is greater than 80°F WBGT; it is required that a 150-gallon industrial tub (e.g. Rubbermaid) with water temperature of less than 60°F be filled and accessible for cooling within 5-10 minutes of the practice/competition/event site. External clothing/equipment should be removed prior to cooling or removed immediately after entering tub. Water should be aggressively stirred during cooling process.

If the temperature is below 80°F WBGT, mandatory alternative cooling measures of a cooler with ice and towels or a tarp (taco/burrito method) to be available at the practice/competition/event site.

If medical staff is onsite, utilize the principle of Cool First, Transport Second. When cooling, use CWI or other approved cooling technique, until core temperature is at 103°F. If medical staff is not onsite, cool immediately until the athlete starts to shiver, or for a minimum of 20 minutes based upon the known cooling rate of 1 degree per 3 minutes. If no athletic trainer is present, EMS assumes control of the EHS patient upon arrival and continues cooling for the minimum of 20 minutes or until rectal temperature is obtained.

Cold Water Immersion Tub set up:

CWI tubs mandated for

- **Football, summer conditioning, and pre-season practices**
- **Yellow, red, black levels of WBGT**
 - **WBGT over 80.0 F**
- **Ice, water, towels mandated over 65 WBGT**
- **Ice, water, towels should be available under 65 WBGT**

Heat Exhaustion

Heat exhaustion is the most common heat related condition. As defined, it is the inability to continue exercise in the heat due to cardiovascular insufficiency and may or may not include physical collapse. Heat exhaustion one day can predispose an athlete to heat illness the next.

Prevention

- Adaptation to exercise gradually.
- Adequate hydration
- Appropriate work to rest ratios

At risk individuals

- Exercising in hot and humid environment
- Inadequate fluid intake
- Poor work to rest ratios

Treatment

- Move to a cool shaded area
- Elevate legs
- Cool with fans, ice towels, ice bags
- Oral Hydration

Heat Syncope

Heat syncope is also known as orthostatic dizziness. This is a fainting episode, “passing out”, that occurs in high environmental temperatures. It occurs to an athlete in hot temperature when they do not have adequate blood flow to the brain, causing the person to lose consciousness.

Prevention

- Adapt to exercise gradually
- Maybe due to dehydration. Hydrate appropriately.
- Avoid warm areas.
- Wear clothing that blocks the sun’s rays
- Exercise during cooler times of the day

Risks

- Do not stand for long periods and then move quickly
- Wearing heavy equipment

Signs and symptoms to look for

- Dizziness/ lightheaded
- Pale sweaty skin
- Weak
- Tunnel vision
- Decreased or weak pulse

Treatment

- Call to ATC if on site
- Move to a cool spot
- Sit or lie down as soon as athlete feels symptoms
- Monitor vitals
- Elevate legs to promote blood to the heart
- Rehydrate

Heat Cramps

Heat cramps can be caused by dehydration or lack of adequate electrolytes in the athlete's diet. Heat cramps are painful involuntary cramping, often beginning in the legs, arms, or abdomen with the muscle contracting. Heat cramps usually occur during preseason conditioning, when most athletes are not properly conditioned and are fatigued. They can also occur when the athlete is exposed to heat fluctuations and has not taken the proper steps to hydrate. Heat cramps can be treated with rest, stretching, rehydration-including both water and electrolytes.

Prevention of Heat Cramps

- Acclimatization to the workout environment.
- Gradually increasing the intensity and duration of the workout
- Education on fluid replacement
- Removal of excess clothing, in order to help the body's sweat mechanism to work at its full potential.
- Educate your athlete

Risk for the athlete to get Heat Cramps

- Exercising in heat when the athlete is not use to it
- Profuse sweating or body water loss.
- Exercising for a extended duration or multiple sessions
- Muscular fatigue
- Wearing additional layers: equipment/ protective gear/ clothing

Symptoms to look for

- Dehydration
- Thirst
- Sweat
- Muscle cramping
- Fatigue
- Muscle twitches- prior to cramps

Treatment

- Remove from exercise- put in shaded area
- Stretch / massage cramp
- Provide fluids: water and electrolytes
- Ice massage
-

National Athletic Trainers' Association Preseason Heat Acclimatization Guidelines for Secondary School Athletics

DEFINITIONS

Before participating in the preseason practice period, all student-athletes should undergo a pre-participation medical examination administered by a physician (MD or DO) or as required/approved by state law. The examination can identify predisposing factors related to a number of safety concerns, including the identification of youths at particular risk for exertional heat illness.

The ***heat-acclimatization period*** is defined as the initial 14 consecutive days of preseason practice for all student-athletes. The goal of the acclimatization period is to enhance exercise heat tolerance and the ability to exercise safely and effectively in warm to hot conditions. This period should begin on the first day of practice or conditioning before the regular season. Any practices or conditioning conducted before this time should not be considered a part of the heat-acclimatization period. Regardless of the conditioning program and conditioning status leading up to the first formal practice, all student-athletes (including those who arrive at preseason practice after the first day of practice) should follow the 14-day heat-acclimatization plan. During the preseason heat acclimatization period, if practice occurs on 6 consecutive days, student-athletes should have 1 day of complete rest (no conditioning, walk-throughs, practices, etc).

Days on which athletes do not practice due to a scheduled rest day, injury, or illness do not count toward the heat-acclimatization period. For example, an athlete who sits out the third and fourth days of practice during this time (eg, Wednesday and Thursday) will resume practice as if on day 3 of the heat-acclimatization period when returning to play on Friday.

A ***practice*** is defined as the period of time a participant engages in a coach-supervised, school-approved, sport- or conditioning-related physical activity. Each individual practice should last no more than 3 hours. Warm-up, stretching, and cool-down activities are included as part of the 3-hour practice time. Regardless of ambient temperature conditions, all conditioning and weight-room activities should be considered part of practice.

A ***walk-through*** is defined as a teaching opportunity with the athletes not wearing protective equipment (eg, helmets, shoulder pads, catcher's gear, shin guards) or using other sport-related equipment (eg, footballs, lacrosse sticks, blocking sleds, pitching machines, soccer balls, marker cones). The walk-through is not part of the 3-hour practice period, can last no more than 1 hour per day, and does not include conditioning or weight-room activities.

A ***recovery period*** is defined as the time between the end of 1 practice or walk-through and the beginning of the next practice or walk-through. During this time, athletes should rest in a cool environment, with no sport- or conditioning-related activity permitted (eg, speed or agility drills, strength training, conditioning, or walk-through). Treatment with the athletic trainer is permissible.

HEAT ACCLIMATIZATION PERIOD

Core Principles:

1. Days 1 through 5 of the heat-acclimatization period consist of the first 5 days of formal practice.

During this time, athletes may not participate in more than 1 practice per day.

2. If a practice is interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe. Total practice time should not exceed 3 hours on any 1 day.

3. A 1-hour maximum walk-through is permitted during days 1–5 of the heat-acclimatization period. However, a 3-hour recovery period should be inserted between the practice and walk-through (or vice versa).

4. During days 1–2 of the heat-acclimatization period, in sports requiring helmets or shoulder pads, a helmet should be the only protective equipment permitted (goalies, as in the case of field hockey and related sports, should not wear full protective gear or perform activities that would require protective equipment). During days 3–5, only helmets and shoulder pads should be worn. Beginning on day 6, all protective equipment may be worn and full contact may begin.

A. Football only: On days 3–5, contact with blocking sleds and tackling dummies may be initiated.

B. Full-contact sports: 100% live contact drills should begin no earlier than day 6.

5. Beginning no earlier than day 6 and continuing through day 14, double-practice days must be followed by a single-practice day. On single-practice days, 1 walk-through is permitted,

separated from the practice by at least 3 hours of continuous rest. When a double practice day is followed by a rest day, another double practice day is permitted after the rest day.

6. On a double-practice day, neither practice should exceed 3 hours in duration, and student-athletes should not participate in more than 5 total hours of practice. Warm-up, stretching, cool-down, walk-through, conditioning, and weight-room activities are included as part of the practice time. The 2 practices should be separated by at least 3 continuous hours in a cool environment.

7. Because the risk of exertional heat illnesses during the preseason heat-acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during, and after all practices.

EMERGENCY ACTION PLAN: WARREN TURF- ECR-Duderstadt

COACH ASSESS IF INJURY IS LIFE THREATENING:

CONSCIOUSNESS

PULSE

RESPIRATION

Send someone for the AED:

- If any of the above are missing, treat accordingly: CPR/AED etc. Have another coach call 911. Tell the 911 operator your location ~ KNOW THE STREET NAME~ Old Stirling Road. Closest intersecting road is Reinman Road~or Dubois Rd and the nature of the injury. Warren Police Department will dispatch an ambulance.
- One coach administers care to the athlete, the other coach does the following:
 1. Designate an athlete or coach to stand at the turf entrance to direct an ambulance to the injured athlete.
 2. Call an athletic trainer. All coaches will have a cell phone with both phone numbers already programmed.
 3. Clear all athletes away from the field.
 4. Make sure nothing is blocking the path of the ambulance to the field.
- ATC will arrive at the field ASAP *and will call the parents upon arriving at the turf. DO NOT have a frantic athlete call home!*

IF *NOT* LIFE THREATENING OR EMERGENT:

- Call ATC

Michelle: 908. 208.8107

Terry: 908. 303.6472

- Apply basic first aid until the ATC arrives
- Have one coach stay with athlete
- Have team members stay away from injured athlete

It is extremely important when practicing at the Warren Turf to remember:

- Cell Phones
- Med-Kit
- Ice
- AED

It is also strongly advised that at least one coach drives over there, so there is a vehicle to return an injured athlete.

EMERGENCY ACTION PLAN:
Mountain Avenue Fields
MA1/ MA2/ MA3- Softball
94 Mountain Avenue

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS
PULSE
RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc.
Have another coach call 911. Tell the 911 operator your exact location and the nature of the injury. Warren Police Department will dispatch an ambulance.
- Get the AED from:
 - # 1 Softball dugout- 3rd base side
 - # 2 Mountain Ave 1 side of the field house
 - # 3 Baseball Field- 3rd base side dugout
- Hallway of Gym 1 /2
- Athletic Trainers golf carts- FALL AND SPRING ONLY!
- One coach administers care to the injured athlete, the other coach(s) does the following:

Designate an athlete or coach to stand at the entrance, unlock the gate and direct an ambulance to the injured athlete.

Call an ATC. All coaches will have a cell phone with both ATC phone numbers already programmed.

Michelle: 908. 208.8107

Terry: 908. 303.6472

Clear all athletes away from the field.

Make sure nothing is blocking the path of the ambulance to the field.
(i.e. gate/ equipment/ cars)

- ATC will get to the field ASAP *and will call the parents upon arriving at the field.*



ENCOURAGE, EMPOWER, EXPLORE, EXCEL

WATCHUNG HILLS
REGIONAL HIGH SCHOOL

Athletic Field Map Outdoor AED Location



EMERGENCY ACTION PLAN:

Varsity Baseball & Field Hockey Field

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS
PULSE
RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc.
Have another coach call 911. Nearest landline in the baseball/
soccer office or Athletics Office. Tell the 911 operator your
exact location and the nature of the injury. Warren Police
Department will dispatch an ambulance.
- Closest AED
 - #3 Baseball Field- 3rd base side dugout**
 - # 1 Softball dugout- 3rd base side**
 - # 2 Mountain Ave 1 side of the field house**
 - Athletic Trainer's golf cart- FALL AND SPRING ONLY
 - Hallway of Gym 1/ 2: **DOOR 47**
- One coach administers care to the injured athlete, the other
coach(s) does the following:
 1. Designate an athlete or coach to stand at the entrance to
direct the ambulance to the injured athlete.
 2. Call the ATC. All coaches will have a cell phone with
both ATC phone numbers already programmed.
Michelle: 908.208.8107
Terry: 908.303.6472
 3. Clear all athletes away from the field.
 4. Make sure nothing is blocking the path of the ambulance
to the field (i.e. gates/ equipment/ cars)
- ATC will get to the field ASAP *and will call the parents upon
arriving at the field.*

EMERGENCY ACTION PLAN: JV Baseball field, Tennis Courts, Field Turf

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS
PULSE
RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc. Have another coach call 911. Nearest landline is in the main office or buildings and grounds! Tell the 911 operator your exact location and the nature of the injury. Warren Police Department will dispatch an ambulance.
- Closest AED
 - #4 On the corner of the brick wall where the outside bathrooms are.**
 - #5 On the turf side of the Snack Shack**
 - #6 By door 13- outside of Gym 3 4**

Building

Hallway of Buildings and Grounds office: **DOOR 42**
Hallway of gym 3/ 4 and workout room: **DOOR 18**
Athletic Trainers golf carts- Fall and Spring only!

- One coach administers care to the injured athlete, the other coach(s) does the following:

Designate an athlete or coach to stand at the entrance, ensure the gate is unlocked to the field turf and to direct the ambulance to the injured athlete.

Call an ATC. All coaches will have a cell phone with both ATC phone numbers already programmed.

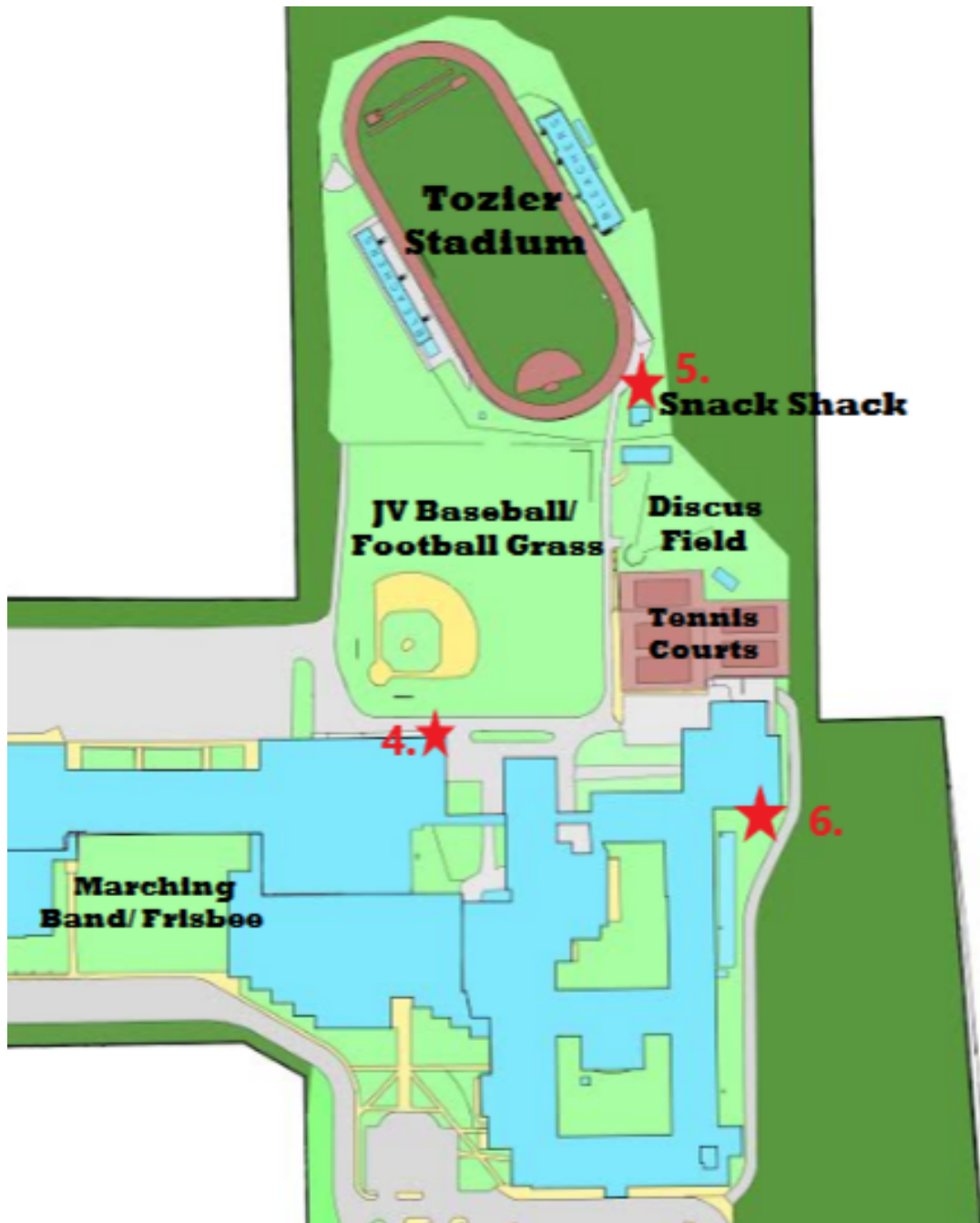
Michelle: 908. 208.8107

Terry: 908. 303.6472

Clear all athletes away from the field.

Make sure nothing is blocking the path of the ambulance to the field.(i.e. gates/ equipment/ cars)

- ATC will get to the field ASAP *and will call the parents upon arriving at the field.*

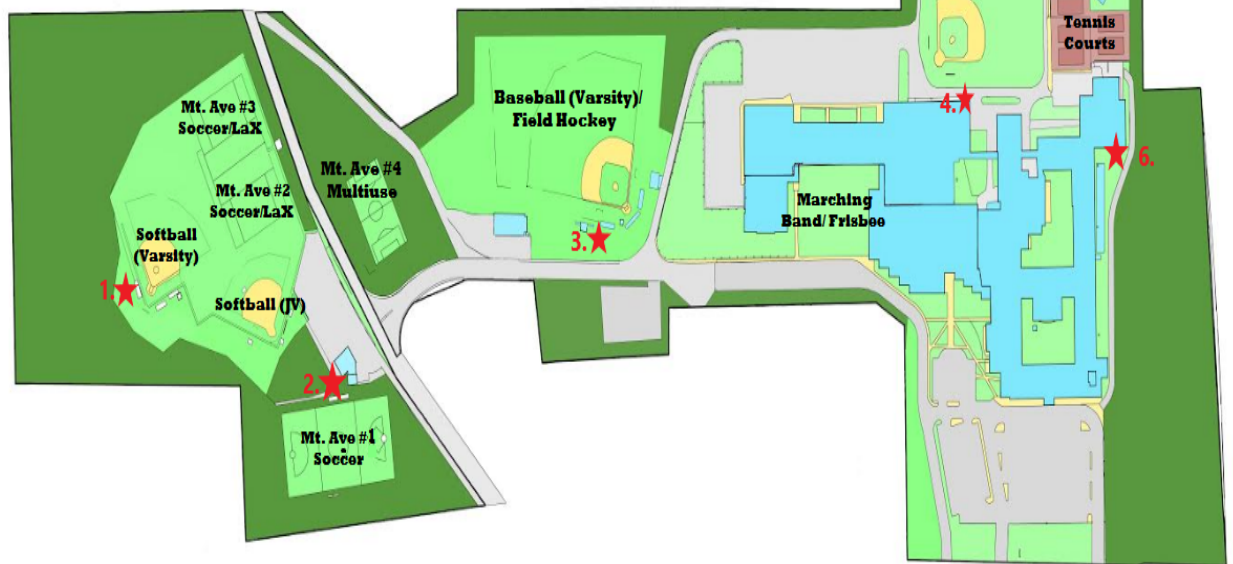




ENCOURAGE, EMPOWER, EXPLORE, EXCEL

WATCHUNG HILLS
REGIONAL HIGH SCHOOL

Athletic Field Map Outdoor AED Locations



EMERGENCY ACTION PLAN:

Gym 5/6 or 1/ 2 DOOR 47

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS
PULSE
RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc.
Have another coach call 911. Nearest landline in coaches office or athletic training rooms.
- **Closest AEDs**
For gym 5/6: **Hallway by gym 1/ 2**
For gym 1/ 2: **Hallway outside gym 1/ 2**
Athletic Trainers golf cart
Outside of Buildings and Grounds office: **DOOR 18**
- Tell the 911 operator your location(**DOOR NUMBER 47**) and the nature of the injury. Warren PD will dispatch an ambulance.
- One coach administers care to the injured athlete, the other coach(s) does the following:
 1. Designate an athlete or coach to stand at the building entrance to direct an ambulance to the injured athlete.
 2. Call an ATC. All coaches will have a cell phone with both ATC phone numbers already programmed.
Michelle: 908. 208.8107
Terry: 908. 303.6472
 3. Clear all athletes away from the courts.
 4. Make sure nothing is blocking the path of EMS to the gym.(i.e. gates/ equipment/ cars).
- ATC will get to the gym ASAP *and will call the parents upon arriving at the gym.*

EMERGENCY ACTION PLAN: Gym 7/ 8 (Door 1) and 3 /4 (Door 18)

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS

PULSE

RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc.
Have another coach call 911. Nearest landline is in the main office/ security officer. Tell the 911 operator your exact location (**gym 7/ 8- Door 1, gym 3/ 4- Door 18**) and the nature of the injury. Warren PD will dispatch an ambulance.
- Closest AEDs
 - By bathroom of South Cafeteria (7/8)**
 - Hallway outside of room 22/24- by Special Services (7/8)**
 - West wing outside PAC- by the bathrooms (7/ 8)**
 - Hallway between gym 3/ 4 and workout room (3/ 4)**
- One coach administers care to the injured athlete, the other coach(s) does the following:
 1. Designate an athlete or coach to stand at the building entrance to direct an ambulance to the injured athlete.
 2. Call an ATC. All coaches will have a cell phone with both ATC phone numbers already programmed.
 - Michelle: 908. 208.8107
 - Terry: 908. 303.6472
 3. Clear all athletes away from the courts.
 4. Make sure nothing is blocking the path of EMS to the gym.(i.e. gates/ equipment/ cars)
- ATC will get to the gym ASAP *and will call the parents upon arriving at the gym.*

EMERGENCY ACTION PLAN: Wrestling Room (Door 47)

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS
PULSE
RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc.
Have another coach call 911. Nearest landline is in the coach/
athletic trainer's office. Tell the 911 operator your exact
location (**DOOR 47**) and the nature of the injury. Warren PD
will dispatch an ambulance.
- Closest AED
Hallway of gym 1/ 2
Athletic Trainer's office
- One coach administers care to the injured athlete, the other
coach(s) does the following:
 1. Designate an athlete or coach to stand at the building entrance
to direct the ambulance to the injured athlete.
 2. Call an ATC. All coaches will have a cell phone with both ATC
phone numbers already programmed.
Michelle: 908. 208.8107
Terry: 908. 303.6472
 3. Clear all athletes off the mat.
 4. Make sure nothing is blocking the path of EMS to the
room.(i.e. gates/ equipment/ cars)
- ATC will get to the room ASAP *and will call the parents upon
arriving.*

EMERGENCY ACTION PLAN: OFF CAMPUS RUNNING & CROSS COUNTRY

- If a coach is NOT running with the team, a captain or upperclassman must run with a cell phone. If there are typically athletes at the back or end of the running formation, it is strongly advised that the last person carry the cell phone. If there is a true emergency along the running trail the coach or athlete/coach should first:

ACCESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS
PULSE
RESPIRATION

If any of the above are missing, treat accordingly: Call 911 and begin CPR. The caller must give the exact location, or closest intersection, the nature of the injury or injuries. The Warren PD will dispatch an ambulance.

- **ALL COACHES must have school issued AEDs**
- If the coach is NOT on the run, the athlete should 911 the next call is to the coach.
- If Coach IS on the run, the next phone call should be to an ATC. All coaches will have a cell phone with both ATC phone numbers already programmed.

Michelle: 908. 208.8107

Terry: 908. 303.6472

Coach should designate an athlete to look for an ambulance and direct them to the injured athlete.

- ATC will drive to location if possible and call parents upon arrival. If the ATC is unable to get to the scene, the coach should then call the parent.

Emergency Action Plan
Gymnastics: Ridge High School
Old Gym/ Middle Gym/ Wrestling Room

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS

PULSE

RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc. Have another coach call 911. Nearest landline is in any office or cell phone. Tell the 911 operator your exact location and nature of injury.
 - **Ridge High School: 268 South Finley Avenue, Basking Ridge**
 - **Enter through the main entrance and gyms are straight ahead.**
- Closest AED athletic trainers office.
- One coach administers care to the injured athlete, the other coach does the following:
 1. Designate an athlete or coach to stand at the entrance to direct the ambulance to the injured athlete
 2. Call an ATC. All coaches will have a cell phone with both numbers already programmed
Michelle: 908.208.8107
Terry: 908.303.6472
 3. Clear all athletes off the mat
 4. Make sure nothing is blocking the path of EMS to the area (i.e. mats/ equipment)

Ridge Athletic Trainer will be in touch with the parents and then the ATC from Watchung Hills Regional High School.

EMERGENCY ACTION PLAN

ICE HOCKEY

BRIDGEWATER SPORTS ARENA

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS

PULSE

RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc. Have another coach call 911. Nearest landline is in any office or cell phone. Tell the 911 operator your exact location and nature of injury.
 - **1425 FRONTIER ROAD, BRIDGEWATER**
 - **INFORM THEM WHICH ICE RINK YOU ARE IN-
1 OR 2**
- Closest AED is in the main lobby
- One coach administers care to the injured athlete, the other coach does the following:
 1. Designate an athlete or coach to stand at the building entrance to direct the ambulance to the injured athlete.
 2. Call an ATC. All coaches will have a cell phone with both ATC numbers already programmed:
Michelle: 908.208.8107
Terry: 908.303.6472
 3. Clear all athletes away from the ice.
 4. Make sure nothing is blocking the path of EMS to ice
(goals/ equipment)
- Call ATC to inform them of the injury. Call parents to inform them of the situation.

EMERGENCY ACTION PLAN

ICE HOCKEY

ROCK ICE CENTER

COACH ASSESS IF INJURY IS LIFE THREATENING:

CHECKS: CONSCIOUSNESS

PULSE

RESPIRATION

- If any of the above are missing, treat accordingly: CPR, etc. Have another coach call 911. Nearest landline is in any office or cell phone. Tell the 911 operator your exact location and nature of injury.
 - **125 NORTH AVENUE, DUNELLEN**
- Closest AED is in the main lobby
- One coach administers care to the injured athlete, the other coach does the following:
 1. Designate an athlete or coach to stand at the building entrance to direct the ambulance to the injured athlete.
 2. Call an ATC. All coaches will have a cell phone with both ATC numbers already programmed:
Michelle: 908.208.8107
Terry: 908.303.6472
 3. Clear all athletes away from the ice.
 4. Make sure nothing is blocking the path of EMS to ice (goals/ equipment)
- Call ATC to inform them of the injury. Call parents to inform them of the situation.

REGULATION GREEN BROOK SCHOOL DISTRICT OPERATIONS

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Emergency and Non-Fire Evacuation Plan

The need for orderly and safe evacuation during certain situations is critical to the safety of the occupants of a school building. If such a threat is deemed immediate, credible, and reasonable, the Principal or designee may order a non-fire building evacuation.

In the event the Principal or designee believes a threat does not exist or immediate evacuation is not required, the Principal or designee shall review the situation with the Superintendent of Schools, who may consult with local law enforcement officials to review the threat risk.

A. Procedures in the Event it is Determined a Non-Fire Evacuation is Warranted

1. The Principal or designee will immediately order a non-fire evacuation of the school building. The notification process may be the school's fire alarm system, a notice over the school's public address system, or any other method deemed appropriate by the Principal or designee to inform building occupants to evacuate the school building. The evacuation may be an entire or partial building evacuation depending on the circumstances.

2. The Principal or designee will:

- a. Immediately call local law enforcement officials;
- b. Immediately call the Superintendent of Schools;
- c. Ensure any school buses enroute to the school or other vehicles entering the school grounds are redirected to a designated alternative location pending further instructions from law enforcement officials;
- d. Notify and maintain contact with the Superintendent of Schools regarding the communication to be released to parents, community and media; and
- e. Allow local enforcement officials to control the scene upon their arrival.

3. School staff members, upon receiving notice the school needs to be evacuated, will:

- a. Direct pupils to gather personal belongings in the classroom or within their immediate area;

- b. Instruct pupils not to use any electronic communication device until instructed otherwise;
- c. Close the windows and doors of their vacated rooms and turn off any light or electrical switch;
- d. Take the pupil roster and the day's attendance;
- e. Lead their class or the pupils under their supervision upon receiving the evacuation notice to the evacuation area;
- f. Take attendance when arriving at the evacuation area and report any additional pupils or missing pupils to the Principal or designee;
- g. Not allow any pupil to re-enter the building, leave the evacuation area, or be dismissed from school unless authorized by the Principal or designee or law enforcement officials; and
- h. Not speak to the media or permit the media to interview any pupil.

B. Procedures After it is Determined the School Building Can be Reoccupied

1. The Principal or designee, upon a determination by school and law enforcement officials that the threat or risk is concluded, will direct the reoccupation of the building.
2. If it is determined the building is not safe to re-enter, the Principal or designee will notify school officials of the situation at the evacuation assembly locations. If it is determined pupils will be released for the day, the Principal or designee, in consultation with the Superintendent of Schools, will coordinate pupil dismissal procedures from the evacuation assembly areas and family notification and reunification protocols.
3. The school district will provide school district staff and other school district crisis response team members to provide counseling and support as needed.

Facilities Usage - Emergency and Security Procedures Updated 2022-07-01

This document describes the emergency and security procedures for all third-party users of Green Brook Township Public School facilities.

Responsible Personnel This document will be shared with the primary contact on the facilities usage agreement. That person will be responsible for ensuring the appropriate members of the group read, understand, and enact the procedures described below. **Security Procedures** On August 6, 2021, Governor Murphy signed Executive Order (EO) 251, which mandates masking in the indoor premises of all

public, private, and parochial preschool, elementary, and secondary school buildings, with limited exceptions. EO 251 became effective on Monday, August 9, 2021. Until such time as the EO has been lifted, all users of indoor facilities will be required to wear masks inside the buildings. To ensure the safety and security of your group, as well as students and staff, facilities users will follow the protocols below: • Arrive/leave during the designated times of your event. If you need additional access, contact the facilities usage liaison. Persons on school grounds outside of scheduled times are treated as trespassers and will trigger a security event. • Remain in your designated area(s) during your event. Persons in areas of the buildings and grounds not scheduled to be in use are treated as trespassers and will trigger a security event. • All exterior doors will remain locked. While guests are arriving, entrances must be monitored. Under no circumstances are doors to be propped open and unmonitored. Emergency Scenarios **FIRE** In the event of a fire, evacuate the building and call 911. A diagram showing the evacuation route is posted in each occupied space of the building.

Groups should muster at the following locations:

- IEF - Gold Street between Lenox and Park Avenues
- GBMS - Maxal Street Take attendance and account for all guests. Contact the facilities management team (see Contacts at bottom).

MEDICAL EMERGENCY If an attendee is having a medical emergency, call 911.

Each building is equipped with automated external defibrillators (AEDs), located outside the nurse's office.
AEDs should only be used by trained personnel.

GENERAL EVACUATION Evacuations may be necessary in the event of fire, severe weather, emergencies, or violent incidents.

Depart the building in an orderly fashion to muster locations.

- IEF - Gold Street between Lenox and Park Avenues
- GBMS - Maxal Street
 1. Upon receiving an evacuation notice, survey the area for hazards in order to ensure a safe and expeditious evacuation.
 2. Suspicious items found must be left alone and immediately reported to emergency service personnel.
 3. Normal evacuation routes, posted in each occupied area, will be used unless the emergency prevents use of exits and/or corridors.
 4. Take attendance once in the muster location, and notify emergency personnel if somebody is not present.

SHELTERING

Not all emergencies will require that occupants of a building leave and go somewhere else. A sheltering procedure is appropriate for situations when it is necessary to temporarily hold inside a building during an emergency.

Examples include severe weather or a chemical spill outside. If there is a need to shelter, find a secure, inner hallway in the building (this supersedes the directive to remain in your designated area).

Notify the facilities usage liaison that you are taking this action (see Contacts, below).

If medical/emergency assistance is needed, call 911.

LOCKOUT

A lockout procedure should be followed when there is a threat outside the building. All attendees should remain indoors with the exterior doors locked. Contact emergency services and district administration.

LOCKDOWN

The lockdown procedure is utilized when there is a threat inside the building. Attendees should hide, where possible, or evacuate the premises if the opportunity affords itself and it is the safer option. This supersedes the directive to remain in your designated area. Contact 911.

CONTACTING LAW ENFORCEMENT IN AN EMERGENCY

The following procedures shall be followed in an emergency:

A. SEQUENCE OF ACTIONS

1. The first person who becomes aware of an emergency should notify the person in charge (PIC) of the event.
2. The (PIC) shall obtain the necessary information including what, where, when, how, and the location of any hazard areas and shall cause the appropriate alert notification/ evacuation signal(s) to be given.
3. The PIC shall maintain thorough communication links within the school and with outside agencies and personnel:

- a. Call 911
- b. Call district administration (see below)

Contacts Note that any phone in the district can be used to dial 911.

Calling 911 from a district phone will also trigger an alert to administration.

- Green Brook PD (non-emergency, use 911 for emergencies):
732-968-1188
- Emily Van Cleef, Facilities Use Liaison: 732-968-1171 x.
1201
- Dave Paltjon, Supervisor of Buildings and Grounds:
732-968-1171 x.1710
- Jason Weber, Business Administrator: 732-968-1171 x. 1510

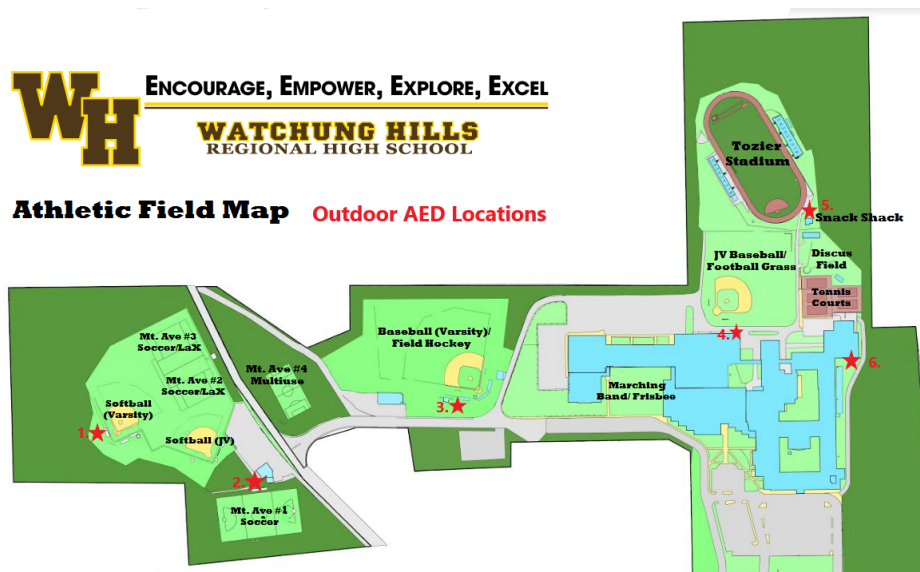
Janet's Law

Janet's Law REQUIRES the following items:

- All public and private schools K-12 to have an AED on site
- At least five school employees to be certified in CPR/AED
- An emergency action plan for a sudden cardiac event
- The AED to be located in an accessible, unlocked location (such as outside the school gym) with appropriate signage above the unit
(See below for locations)
- Signs throughout the school directing people to the AED

AED Locations at WH High School

1. In the hallway outside of gym 1/2 - for gym 5/6 and 1/2 purposes
2. In the hallway outside of B&G- for gym 5/6 and 1/2 purposes
3. In the hallway outside of rooms 301 and 302 (Upstairs)
4. In the hallway outside of the North Cafeteria
5. In the West Wing outside the PAC- For gym 7/8 and outdoor purposes
6. In the hallway outside the South Cafeteria- gym 7/8 and outdoor purposes
7. In the hallway between gym 3/4 and the workout room- for gym 3/4 and outdoor purposes
8. In the hallway outside of rooms 22/24 and across from Special Services- for gym 7/8 purposes
9. In the hallway outside of rooms 77 and across from door 8- for gym 7/8 and outdoor purposes
10. Athletic Training room 1 2- Winter sports only
11. Athletic Trainer- golf carts- Fall and Spring sports
12. **OUTDOOR AED**
 - 1- Softball field (home dugout)/2- Mountain Ave 1 field side/
 - 3- Baseball (Home dugout)/ 4-Maintenance Shop/5- Turf side of Snack Shack/ 6-Door 13- outside gym 3 4



EPI-PEN LOCATIONS AT WHRHS

Main Office -1

North Cafeteria -1

South Cafeteria -1

Outside Athletic Office -1

Outside Health Office - 1

Outside Chris Shea's Office -1

Building and Grounds (Cage area) -1

First Aid Bag (Health Office) – 2

Trainers – 2 each = 4

Special Services -1

Library – 1

Outside Athletic Trainer's Office (by gym 1 2/
wrestling room)- 1

Covid-19 Return to Sport

NOTES FOR PHASE 1

1. Sports (depending on coach survey), can begin July 13th.
2. Health clearances will be submitted to me via email for review, 7 days prior to start. If any questions are “YES” physician clearance is required.
3. I will be the primary COVID contact. If a positive test result occurs during workouts, I will conduct contact tracing.

First, make sure that coaches, staff, officials, players, and families know that sick individuals should not attend the sports activity, and that they should notify sports program administrators (such as the COVID-19 point of contact (Dan/Angela/Trainer), for your program) if they or someone in their household become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone suspected or confirmed to have COVID-19.

Second, close off areas used by a sick person within the last 24 hours and do not use these areas until after cleaning and disinfecting them. For outdoor areas, this includes surfaces or shared objects in the area, if applicable.

Third, in accordance with state and local laws and regulations, sports organizations should notify local health officials, sports program staff, umpires/officials, and families immediately of anyone with COVID-19 while maintaining that person's confidentiality in accordance with the Americans with Disabilities Act (ADA).

Finally, if any coaches, staff members, umpires/officials, or players get sick, they should not return until they have met CDC's [criteria to discontinue home isolation](#), see below:

If you have a fever, cough or [other symptoms](#), you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.

- Keep track of your symptoms.
- If you have [an emergency warning sign](#) (including trouble breathing), get emergency medical care immediately.

Steps to help prevent the spread of COVID-19 if you are sick

[If you are sick with COVID-19 or think you might have COVID-19](#), follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care

- Stay home. Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other [emergency warning signs](#), or if you think it is an [emergency](#).
- Avoid public transportation, ride-sharing, or taxis.

Separate yourself from other people

As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If

you need to be around other people or animals in or outside of the home, wear a cloth face covering.

- Additional guidance is available for those living in [close quarters](#) and [shared housing](#).
- See [COVID-19 and Animals](#) if you have questions about pets.

Monitor your symptoms

- [Symptoms](#) of COVID-19 fever, cough, or other symptoms.
- Follow care instructions from your healthcare provider and local health department. Your local health authorities may give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor

- Call ahead. Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients

If you are sick wear a cloth covering over your nose and mouth

- You should wear a [cloth face covering](#), over your nose and mouth if you must be around other people or animals, including pets (even at home)
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw away used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or

sneezing; going to the bathroom; and before eating or preparing food.

- Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water are the best option, especially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- [Handwashing Tips](#)

Avoid sharing personal household items

- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash these items thoroughly after using them with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

- Clean and disinfect high-touch surfaces in your “sick room” and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.
- If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning. They should wait as long as possible after the person who is sick has used the bathroom before coming in to clean and use the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- Clean and disinfect areas that may have blood, stool, or body fluids on them.

- Use household cleaners and disinfectants. Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found
 - [Complete Disinfection Guidance](#)

→ When it's Safe to be Around Others After Being Sick with COVID-19

Deciding when it is safe to be around others is different for different situations. Find out when you can [safely end home isolation](#).

It is suggested to have a medical clearance to return to play

For any additional questions about your care, contact your healthcare provider or state or local health department.

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

- At least 10 days have passed *since symptoms first appeared*.

2). Test-based strategy Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)*.

Emergency Action Plan For COVID-19

**COACH ASSESS IF INJURY IS LIFE THREATENING:
CHECKS:**

Airway Breathing Circulation Consciousness

- If any of the above are missing, treat accordingly: CPR, etc. Have another coach call 911.

Tell the 911 operator your exact location and the nature of the injury.

Warren Police Department will dispatch an ambulance.

- One coach administers care to the injured athlete, the other coach(s) does the following:

1. Designate an athlete or coach to stand at the entrance, ensure the gate is unlocked and to direct ambulances to the athlete.

2. Call an ATC. All coaches will have a cell phone with ATC phone numbers already programmed.

Michelle: 908- 208-8107

Terry: 908- 303-6472

3. Clear all athletes away from the field.

4. Make sure nothing is blocking the path of the ambulance to the field. (i.e. gates/ equipment/ cars)

- ATC will get to the field ASAP and will call the parents upon arriving.

