



Warrior Athletic Training Policies & Procedures

Athletic Training Staff Contact Information:

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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 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 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 travelling 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.

Injury Protocols

HOME EVENTS/PRACTICES

- Injuries must be reported to 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.
- 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 injury within 24 hours.
- If there is an emergency referral to physician or hospital, an ATC must be informed **that day** via phone call.
- 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* and give original to a school nurse and copy to an ATC.

Physician Protocols

- If an athlete is referred to a doctor by an ATC, the athlete must be evaluated by 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).
- 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. 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 depend 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 change 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. This is in accordance with the Emergency Action Plan (included at 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 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.
- All equipment must be returned at the end of the season.
- 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.
- AED's must be at every practice and game.
- 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 water bottles are strongly advised to take the water bottles home and put through the dishwasher DAILY.

Special 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. 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 (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.

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.

DIABETES

- Athletes who have been diagnosed with 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 *insulin shock-hypoglycemia*. It may be caused by over-medication, failing to eat and heavy exercise. Signs/symptoms of insulin shock include, but are not limited to: rapid pulse, dizziness, weakness, confusion, rapid breathing, slurred speech, profuse sweating, chills, loss of sensation in extremities.
- 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. Some signs/symptoms of a diabetic coma include, but are not limited to: drowsiness, fatigue, confusion, deep-fast breathing, thirst, dehydration, fever, sweet-fruity smelling breath, fluctuating levels of consciousness.
- *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 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 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 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

Contact ATC:

1. If the athlete uses an inhaler, make sure it is readily available and not locked in the locker
2. Avoid acting nervous-this type of behavior will only further distress the athlete.
3. Try to calm the athlete down and focus on breathing
4. The athlete should attempt to take small/shallow breaths to regulate breathing.
5. Do not allow teammates to huddle around the athlete
6. Allow the athlete to assume the most comfortable position
7. 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
- Loosen clothing

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 athlete until parents arrive to take home or to a physician.

HEAT RELATED INJURIES

The easiest injury to prevent also proves to be one of the most devastating to neglect. 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. 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 in 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.

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:

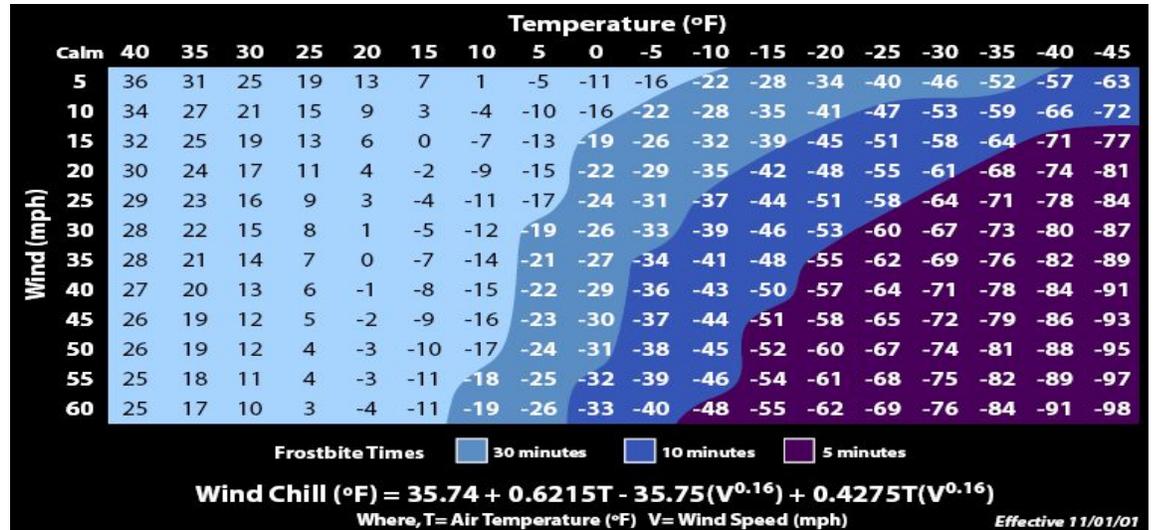
1. Adequate fluid replacement:
 - Water is the best, Gatorade is also appropriate
 - Minimum of eight 10oz glasses a day in addition to practice hydration
 - Encourage POST practice hydration
 - Encourage "hyperhydration" voluntary drinking, not just in response to the thirst mechanism.
2. Adequate salt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

3. Acclimatization:
 - Provide gradual progression of activities the first 5-8 days
 - 15 minutes of an intense workout should be followed by 5 minutes rest the first few days

4. Clothing and environment
 - First 4-6 practice sessions athletes should wear light colors, short sleeves and shorts.
 - Allow athletes that wear helmets to remove during rest periods
 - Do not wear full pads, uniform the first few sessions.
 - Be especially careful with high humidity. It is more dangerous when the sun is not shining, because it is not perceived to be as hot.

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.

Wind Chill/ Temperature Chart



Management and Prevention Guidelines and Recommendations

1. Measure WBGT reading if this can be done accurately onsite. If not, determine this from 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:

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 extreme.
- 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 hypothermia and central nervous system dysfunction during exercise in the heat. If EHS is suspected cold water immersion should be implemented before transport for 15 minutes. Athlete needs clearance from physician to return to activity.
- Performed in this order, these 2 methods will save a life for those suffering heat stroke
 1. Rapid Cooling
 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
- 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

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.

Lightning

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

EMERGENCY ACTION PLAN: WARREN TURF- ECR-Duderstadt

ASSESS IF INJURY IS LIFE THREATENING-CHECK

CONSCIOUSNESS

PULSE

RESPIRATION

- ALL COACHES must have school issued AED's.
- 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 turf entrance to direct 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 to 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

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. Landline is in the field house, if necessary. Tell the 911 operator your exact location and the nature of the injury. Warren Police Department will dispatch an ambulance.

- ALL COACHES must have school issued AED's
- 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:
 1. Designate an athlete or coach to stand at entrance, unlock gate and direct 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 field.

 4. 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 to 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 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.
- ALL COACHES must have school issued AED's
- Closest AED
 - Hallway of Buildings and Grounds office
 - Hallway of gym 3/ 4 and workout room
 - Hallway of South Cafeteria by bathrooms
 - Athletic Trainers golf carts- Fall and Spring only!

- One coach administers care to the injured athlete, the other coach(s) does the following:
 1. Designate an athlete or coach to stand at entrance, ensure gate is unlocked and to direct 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 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 to the field.*

**EMERGENCY ACTION PLAN:
Varsity Baseball & Varsity M/W Soccer Field**

COACH ASSESSES 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 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.
- ALL COACHES must have school issued AED's
- Closest AED
Athletic Trainer's golf cart- FALL AND SPRING ONLY
Hallway of Gym 1/ 2
- One coach administers care to the injured athlete, the other coach(s) does the following:
 1. Designate an athlete or coach to stand at entrance to direct 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 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 to the field.*

**EMERGENCY ACTION PLAN:
Gym 5/6 or 1/2**

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.
- ALL COACHES must have school issued AED's
- Closest AED's
 - 5/6: Hallway by gym 1/ 2
 - 1/ 2: Hallway outside gym 1/ 2
 - Athletic Trainers golf cart- FALL AND SPRING ONLY
 - Outside of Buildings and Grounds office
- Tell the 911 operator your location 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 building entrance to direct 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 to the gym.*

EMERGENCY ACTION PLAN: Gym 7/8 and 3/4

COACH ASSESSES 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 main office/
security officer. Tell the 911 operator your exact location and
the nature of the injury. Warren PD will dispatch an
ambulance.
- ALL COACHES must have school issued AED's
- Closest AED's
 - 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 building
entrance to direct 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 to the gym.*

EMERGENCY ACTION PLAN: Wrestling Room

COACH ACCESS 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 coach/athletic trainer's office. Tell the 911 operator your exact location and the nature of the injury. Warren PD will dispatch an ambulance.
- ALL COACHES must have school issued AED's
- Closest AED
 - Hallway of gym 1/ 2
 - Athletic Trainer's office or golf cart
- One coach administers care to the injured athlete, the other coach(s) does the following:
 1. Designate an athlete or coach to stand at building entrance to direct 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: CPR, etc. Have another coach call 911. 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 AED's**
- If coach is NOT on the run, the athlete should next call 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 ambulance and direct them to the injured athlete.

- ATC will drive to location if possible and call parents upon arrival.

***Watchung Hills Regional High School
Student-Athlete Concussion Policy***

The Board of Education adopts this Policy as a measure to protect the safety, health, and welfare of pupils participating in school-sponsored interscholastic athletic programs. The Board believes a concussion testing and return-to-play policy for student-athletes suspected of sustaining a concussion will protect the student-athlete from risk of more serious health problems. Therefore, the Board requires strict adherence to this Policy in the event a student-athlete sustains a head injury or an injury that could cause a concussion.

Legislation (P.L. 2010, Chapter 94) (*N.J.S.A.* 18A:40-41.3) enacted on December 7th, 2010 requires each school district, charter , and non-public school that participates in interscholastic athletics to adopt by September 1, 2011, a policy concerning the prevention and treatment of sports- related concussions and other head injuries among student- athletes. The Center for Disease Control estimates that 300,000 concussions are sustained during sports-related activity in the United States. A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body. In order to ensure the safety of student-athletes, it is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports-related concussions and head injuries. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death.

The legislation required the Commissioner of Education to issue a model policy applicable to grades kindergarten through twelve (K-12), by March 31, 2011. This document includes appropriate references to statutes, regulations and emergent information on sports-related concussions and head injuries.

Local Policy Development

The Board shall adopt an Interscholastic Head Injury Training program to be completed by the School/Team Physician, Licensed Athletic Trainer, Coaches, School Nurses, and other appropriate district personnel pursuant to *N.J.S.A. 18A:40-41.2*

The Board of Education shall develop its written policy concerning the prevention and treatment of sports-related concussions and head injuries in accordance with *N.J.S.A. 18 A:40-41.3*.

The Board shall review their sports-related concussion and head injury policy annually, and update as necessary, to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports related concussions and head injuries pursuant to *N.J.S.A. 18A:40-41.3*.

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 increased 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. 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_cord-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

Articles

National Athletic Trainers' Association Pre-Season 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 in 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.

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
- 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 77/75 and across from door 15- 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

Epi-Pen Locations

- Main Office -1
- North Cafeteria -1
- South Cafeteria -1
- Athletic Office -1
- Outside Health Office (above Defibrillator cabinet) 1
- Outside Director of Security Office -1
- Building and Grounds (Cage area) -1
- First Aid Bag (Health Office) – 1
- Trainers – 2 each = 4
- Special Services -1
- Library - 1

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 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 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 being 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.