



# ATHLETIC HANDBOOK

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## Bethesda Athletic Mission Statement

To train and develop young men to give their best athletically, while incorporating our overall mission of Bethesda, which is to teach a Love of God, a Love of Learning, and a Strong work ethic.

### **We teach our mission through what we believe is our five pillars of success: A.U.D.I.T**

- ✓ **Accountability:** Teaching student-athletes to accept responsibility, to be reliable, to be prompt and to get the job done!
- ✓ **Unity:** Together we stand and divided we fall! We will teach student-athletes how to work together to achieve a common goal. The importance of being totally committed to a positive cause and staying the course through the tough and trying times. The multiplying advantages of working within the framework of a team and being able to sacrifice some individual glory for the benefit of everyone.
- ✓ **Discipline:** Teaching our student-athletes how to manage their lives (Body and Behavior), how to have self-control, the benefits of hard work and never giving up on something just because it is difficult or frustrating.
- ✓ **Integrity:** It is our responsibility to develop the character of each player. To teach loyalty, commitment, respect, and doing right thing even when no one is looking
- ✓ **Teachable Spirit:** It is extremely imperative that student-athletes learn how to be coachable or teachable. Learning how to handle instruction and discipline from another, even though it may be difficult at times to hear.

**TEAM MOTTO:** IT IS NOT HOW YOU START, IT IS HOW YOU FINISH!

**TEAM SCRIPTURE:**

Philippians 2:4 *Everyone should look out not only for his own interests, but also for the interest of others*

## Goals

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Our number one goal at Bethesda is to **Win!** We desire to win in every aspect of living! We are teaching our student-athletes how to win in the classroom, how to win on the court, field, track, bowling alley or the green, how to win in their prayer life, and how to win with character.

## Student Guidelines

1. All students-athletes must meet all academic requirements before participating in any sport. (must pass 5 or more subjects or 4 core courses to be eligible for the following semester)
2. All student-athletes must have a new physical examination each year before participating in any sport.
3. All student-athletes must have all SCISA paperwork filled out and turn in before competition.
4. No earrings are permitted during any school related events, which includes athletics.
5. Cell phones are permitted on away games. However, all cell phones must be turned off until after competition.
6. All student-athletes who fail to follow instructions during all overnight trips will be asked to leave. Parents will be asked to pick up their child early from the trip. There will be no exceptions to this rule. There will also be additional consequences according to the incident, which could also lead to dismissal.
7. All student-athletes are responsible for returning all equipment and uniforms. Any student who fails to return equipment or uniform will be billed at the full price.
8. All student-athletes must be in uniform in order to practice or compete.
9. All student-athletes are expected to be present for all practices or meetings. Any student-athlete, who misses **1** day of practice without an excuse from the head coach, will be suspended for  $\frac{1}{2}$  a game. If a student-athlete misses **2** practices within the same week, he will be suspended for **1** game and will not travel with the team.
10. Any student-athlete that begins a sport must complete that sport in good standing before entering another sport.

## Quitting or Dismissal

- Any student-athlete that is dismissed from any sport for discipline reasons will not be able to participate in any other sport for the remaining of the school year unless approved from the Athletic Director.
- Any student-athlete that quits a sport will not be allowed to play another sport within that same school year. Quitting is not allowed in our athletic program. We are striving to build character in each player, which will help them to become successful in the near future.

## PARENT'S CODE OF CONDUCT

### **I therefore agree:**

- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- I (**and my guests**) will not engage in any kind of **unsportsmanlike conduct** with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
- I will refrain from **coaching** my child or other players during games and practices, unless I am one of the **official coaches** of the team.
- 

### **SCISA STATEMENT FOR SPORTSMANSHIP**

“SCISA encourages and promotes sportsmanship by student-athletes, coaches, and spectators. We request your cooperation by supporting the participants and officials in a positive manner. Profanity, racial, ethnic, or sexist comments, or other intimidating actions will not be tolerated and are grounds for removal from the event.”

**\*ANYONE WHO VIOLATES OUR CODE OF CONDUCT WILL BE ASKED TO LEAVE AT ANY TIME WITHOUT REFUND.**

### **ATHLETIC AFFILIATION**

SCISA (SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION) [www.scisa-schools.org](http://www.scisa-schools.org)

SPAL (SAVANNAH PAROCHIAL ATHLETIC LEAGUE)

## AWARDS

- Requirements for lettering
  - Football
    - Athlete must play 20 quarters of varsity football
  - Basketball
    - Athlete must play 40 quarters of varsity basketball
  - Baseball
    - Athlete must play in at least half of the varsity games
  - Track
    - Athlete must qualify for the State Track Meet
  - Golf
    - Athlete must Qualify for the State Golf Match
  - Bowling
    - Athlete must make the All-State team to letter.
  
- Post season awards
  - Bethesda Athletic Awards consist of three awards: Most Improved, Commitment and Blazer Award. All other awards will come from the accomplishments recognized from our region and state. The following is the criteria for the Blazer award:
    - a. The athlete attends required workouts
    - b. The athlete exhibits a spirit of competition in all practices and games, and has a desire to practice and improve whenever possible.
    - c. The athlete is willing to accept the “team” before “self” and work hard to be a successful team player.
    - d. The athlete has a desire to win and strive for victory.
    - e. The athlete is willing to make sacrifices for the team.
    - f. The athlete exhibits accountability, uniformity, discipline, integrity, and a teachable spirit.
  
- WALL OF FAME
  - To qualify for the wall of fame, a student or coach must be voted or recognized, either by their peers around the state or by the media, to the highest possible honor in the state
  - Athlete must have competed in sports and graduated from Bethesda
  - Competed 4 years of a sport in College and graduate from College or University.
  - Individual and team state champions will be recognized with the appropriate award in the trophy cases.

## **Role of Faculty and Staff in the college athletic recruiting process**

- Coaches will meet with parents and students prior to their senior season to discuss college possibilities.
- Coaches will provide students an opportunity to create their personal highlight film through our coaching software called, Hudl. This software will allow each student to create their own highlight film based on their performance throughout the season.
- Coaches will evaluate each player based on academics, skills and ability, and character throughout their tenure at Bethesda. Based on this evaluation, coaches will properly advise student-athletes and parents during the recruiting process.
- Coaches will always be honest with recruiters and will never put the integrity of Bethesda at risk.
- Guidance Counselor will provide transcripts for college recruiters upon their request for each student in good standing with Bethesda.
- Guidance Counselor will also make sure each student-athlete sign-up for the NCAA Clearinghouse. ([www.ncaa.org](http://www.ncaa.org)) All test scores must go to the NCAA in order for a student-athlete to be declared eligible.
- Coaches will provide each student-athlete the information for college eligibility for the NCAA or NAIA.
- Coaches will connect with College Coaches to promote student-athletes that meet the proper requirement for their program. It is important to know that every student will not play Division I Sports. However, there are several schools available for student-athletes that meet the requirements to play on the next level.
- It is both student and parent responsibility to fill out college questionnaire forms and visit schools of their choice. In addition, it is equally important for student-athlete to attend summer camps to build relationships with college coaches and to sharpen their skills. Camps are being held in various states for various age groups.
- Parents can also use third party recruiting services such as NCSA, be Recruited, etc. to promote their son.

# Memorial Sports Medicine

## **Delivery of Athletic Training Services**

### **Consultation:**

It is the policy of Bethesda Academy athletic training staff to offer consultation hours for athletic participants. Consultation will consist of evaluation and recommendations for nutrition, counseling, and conditioning. Consultation will be offered by the athletic training staff on a scheduled practice/game days. Consultation will take place in the athletic training room during appointment times. Hours of operation on a general day are 12:30 until varsity practice ends. Treatment times vary according to season and coach/sport needs. Treatment times will change slightly depending on game and travel schedule.

### **Patient Confidentiality:**

It is the policy of Bethesda athletic training staff and Memorial Health, as a health care facility, that all athletic training staff uses confidentiality with all patients and patient records. Patient records are to be kept in a filing cabinet which will be locked, or locked within the room. No one other than the ATC is to have access to it. Status of athletic injury or other details pertaining to an athlete's health are not to be shared with other athletes or anyone except coach who is directly involved the parent/guardian especially for someone under 18 years of age.

### **Code of Ethics:**

It is the policy of Bethesda Athletic Training and Memorial hospital system to adhere to the National Athletic Trainer association code of ethics. Bethesda Athletic Training personnel must respect all athletic participants at all times. Athletes from other schools should be treated with the same respect as your own athletic participants. Athletic Training staff and Bethesda Coaches must also abide by the SCISA code of ethics.

### **Dispensation of Non-prescription medication:**

Non-prescription over the counter medication may not be distributed to any high school athletic participant by coaches or athletic training staff.

### **Coverage Policy:**

All on-site or home varsity athletic events will be covered based on their "risk of injury" or contact level. Bethesda Sports Medicine staff will work with other athletic trainers during interschool sporting events to try and provide maximum coverage. Bethesda athletic training staff will only travel with the football team to athletic events and some varsity basketball trips (if there will not be an ATC available or it is post season). Varsity home events will have an ATC present unless there is a conflict of schedules. ATC may be around facility when middle school is practicing (if during the school day) but is not required to be at games. However, ATC will try to cover home middle school football depending on scheduling conflicts. The head ATC will decide on all coverage duties along with the director of sports medicine at Memorial Health. Any students, managers or other personnel whom is not a coach that is participating in sports medicine coverage must be certified in first aid and CPR and may only perform the duties they are qualified to perform.



## Section 5. Special Provisions:

### 1. Severe weather & heat index

a. each school is to develop a written policy identifying procedures to be used by all its sports teams for practice times and afternoon game times describing steps to be taking in the event of inclement weather. Inclement weather is defined as excessive heat, severe weather, tornados, or lightening. This policy must be submitted to the GISA office in writing over the Head of schools signature before the first day of fall practice. A school need not resubmit a policy each year unless the policy changes.

b. Each school shall purchase a heat monitoring system approved by the National Athletic Trainers Association and shall tie their school policy into the readings provided by this device. This is in addition to the lightening detector that school is already to have purchased. Either the schools certified athletic trainer or another person shall be trained to monitor these devices.

c. The policy shall include guidelines for coaches and sponsors that will stress the need to acclimatize and hydrated student athletes on a regular and frequent schedule during extreme heat conditions.

d. Any policy that is applied to athletes during afternoon contests shall be enforced so that the welfare of spectators as well as athletes, managers, and coaches is considered.

e. In the event of the threat of severe weather (observed lightening or thunder in the area, or weather bureau-announced tornado warnings or watch) during the course of an outdoor sporting event, the headmasters and/or coaches of the competing teams, by agreement, have the authority to suspend the event until non-threatening conditions return.

f. Schools are required to have weather detection devices that give warning if severe weather is in the area.

### Documentation and Liability

1. All student athletes must complete an athletic training pre-participation exam packet before enrolling at Bethesda Academy. (This must be completed before the start of fall sports/school starting).
2. ALL the medical forms, including a current copy of insurance card must be completed and signed by a parent guardian unless they are 18 years of age.
3. All medical evaluations must be completed and updated annually. All physicals must be on the distributed SCISA forms.
4. A pre-participation exam performed at Bethesda Academy in the spring of each year should not take the place of an annual physical exam performed by the family physician.
5. Evaluations and history of students should be reviewed by the athletic training staff for any medical concerns or individual needs.

6. Each athlete must be covered by individual, parental or institutional medical insurance. This information will be on a medical consent form which will be taken to each athletic event the athlete performs. Medical consent folders will be issued to the individual coaches of each sport (assuming they provide the ATC with an up to date roster).
7. Bethesda Athletic Training Staff will neither practice nor condone discrimination based on age, sex, creed, race, national origin, social or financial status, sexual orientation or religious affiliation.

### **Injury and Rehabilitation Documentation**

1. The Certified athletic trainer is required to fill out documentation on all injuries and rehabilitative services.
2. Athletic Training room treatment log forms must be filled out for every athlete receiving treatment. This form is located on the clip board upon entering the ATR directly to the right. All athletes/person receiving treatment must sign in upon entering the ATR.
3. Athlete injury documentation must be completed. These injuries may be entered into a tracking instrument if available.
4. All athletes checking out equipment (ie. Ankle braces, ace wraps etc.) must go through the athletic trainer. These must be signed out and returned when it is no longer needed. Any equipment not returned will be charged to the student and they are financially responsible for it.

See Appendix for Forms

## Environmental condition, severe weather and fluid replacement policy

THIS POLICY MUST BE READ AND CAREFULLY FOLLOWED OUT ON A DAILY BASIS AS RECOMMENDED BY THE BETHESDA ATHLETIC TRAINER AND MEMORIAL SPORTS MEDICINE STAFF.

### HEAT INDEX CHART

This heat index chart provides guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at a lower temperatures than indicated on the chart.

**How to read the chart:** 1) across the top of the chart, locate to ENVIRONMENTAL TEMPERATURE, ie. Air temperature. 2) Down the left side of the chart, locate the relative humidity. 3) follow across and down to find the apparent temperature. Apparent temperature is the combined index of heat and humidity. It is an index of the body's sensation of heat caused by the temperature and humidity. (The reverse of the wind chill factor).

		Temperature (°F)															
		80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
Relative Humidity (%)	40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
	45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
	50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
	55	81	84	86	89	93	97	101	106	112	117	124	130	137			
	60	82	84	88	91	95	100	105	110	116	123	129	137				
	65	82	85	89	93	98	103	108	114	121	128	136					
	70	83	86	90	95	100	105	112	119	126	134						
	75	84	88	92	97	103	109	116	124	132							
	80	84	89	94	100	106	113	121	129								
	85	85	90	96	102	110	117	126	135								
	90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127											
100	87	95	103	112	121	132											

### Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

■ Caution    
 ■ Extreme Caution    
 ■ Danger    
 ■ Extreme Danger

**Apparent temperature****Heat stress risk with Physical Activity**

80-90

Fatigue possible with prolonged exposure and/or physical activity

90-105

heat cramps likely, heat exhaustion possible

105-130

Heat cramps or heat exhaustion likely. Heat stroke possible

130 and up

Heat stroke highly likely

	<b>Symptoms</b>	<b>Treatment</b>
<b>Heat Cramps</b>	Muscle Spasms caused by an imbalance of water and electrolytes in muscles Usually affects the legs and abdominal muscles	*rest in cool place *drink plenty of fluids/proper stretching and massaging *application of ice in some cases
<b>Heat exhaustion</b>	*can be a precursor to heat stroke *normal to high temperature *heavy sweating *skin is flushed or cool and pale *headaches and dizziness *rapid pulse, nausea and weakness *Physical collapse may occur *can occur without prior symptoms	*get to a cool place immediately and out of the heat *drink plenty of fluids *remove excess clothing and equipment *in some cases immerse body in cool water
<b>Heat stroke</b>	*bodys' cooling system shuts down *increased core temp of 104 or greater *if untreated it can cause damage to internal organs and even death *sweating stops Shallow breathing and rapid pulse *possible disorientation or loss of consciousness *possible irregular heartbeat and cardiac arrest	*CALL 911 IMMEDIATELY * cool bath with icepacks near large arteries such as neck, armpits, and groin *replenish fluids by drinking or intravenously, if needed

**Weight loss/ Fluid Replacement****Weight loss during workout****Fluid amount needed to refuel**

2 pounds

32 oz (4 cups or 1 sports bottle)

4 pounds

64 oz (8 cups or 2 sports bottles)

6 pounds

96 oz (12 cups or 3 sports drink)

8 pounds

128 oz (16 cups or 4 bottles sport drink)

## Guidelines for hydration during exercise

1. Drink 16-24 oz fluid 1-2 hours before the workout or competition.
2. Drink 8-10 oz. of water or sport drink during every 20 minutes of exercise
3. Drink before you feel thirsty. When you feel thirsty, you have already lost needed fluids.

## Guidelines for Activities during Extreme Hot and Humid Weather

1. **Bethesda shall have and use Wet Bulb Globe Temperature Index (WBGT).** Conditions are subject to change during the practice/activity; therefore, measurements should be taken at regular intervals throughout the practice/activity. Measurements should be taken at the practice/activity site. An index record will be kept for practices outdoors in July, August and September.
2. Practice and games (especially in May-September) should be held **early in the morning and later in the evening to avoid times (10-4)** when environmental conditions are generally more severe.
3. An **unlimited supply of water** shall be available to participants during practice and games.
  - a. Athletes will be advised before preseason starts, on drinking recommendations; as well as signs posted about how much fluid intake is necessary by water sources in gym building, cafeteria and school.
  - b. Athletes shall be informed by the coaching staff that water is always available or accessible and they will be given permission at any time if they ask for water.
4. Give adequate rest periods. Remove appropriate equipment or clothing when possible. Exposed skin cools more efficiently. Football players should be allowed to remove helmets and or shoulder pads if conditions warrant (according to chart). Adequate rest periods also includes the time between practices (such as during camp while there are multiple practices per day), and this time should be **a minimum of 4 hours**.
5. **A large shaded cooling station should be present close to the field and include water, Gatorade, ice water towels, cold water immersion tub to be kept filled, spray bottles.**
6. Gradually acclimatize participants to the heat. Some research indicates 80% of acclimatization may be achieved in 7-10 days, but could take up to 14 days. **Should complete 5 days of helmets only practice before aloud to put on pads(this includes anyone who tries to join the team late).** The length and intensity of practice should be adjusted according to the temperature and humidity chart used by Bethesda until acclimatization occurs.
7. **\*\* Athletic Participants should weigh in before practice and weigh out after** (see Appendix for form) to monitor water loss to identify those who are becoming dehydrated. Weight monitoring will be conducted by the athletic training staff and coaches for all sports from the start of fall season for 14 days.
8. **Weigh in start when the 5 days of helmets only practice starts and continues for the first two weeks of full pads practice.** If the temperature warrants an extension of this period, we will continue weight monitoring at the athletic training staffs discretion. Coaching staff must support and enforce this policy. **If an athlete loses up to 2% body weight, athlete may not resume to activity until back within normal hydration range.**

9. During times where there is more than one practice per day, total practice time should not exceed 5 hours.
10. Participants should wear clothes that **are light in color**. Preferably not 100% cotton. No head garments outside of equipment/uniform shall be worn at anytime (this increases core body temperature and does not allow heat to escape).
11. Everyone outside will be notified of inclement weather to get all participants indoors.
12. *Students who need careful monitoring include but are not limited to:* overweight students, weight control fluctuations, those taking over the counter and prescription medicine, and students who have done absolutely no exercise at all.
13. Be familiar with all heat related symptoms and corresponding treatments.
14. Be familiar with any emergency and 911 procedures.
15. Be familiar with the temperature and humidity chart and utilize guidelines to determine the length of practice and rest period.

### **BETHESDA GUIDELINES FOR PRACTICE MODIFICATIONS FOR HEAT**

The following guidelines are for coaches and administrators to help protect from having heat related illnesses or problems. This guide is to be used to determine when making decisions or modifying and/or suspending athletic practices.

## **WBGT reading**

## **Activity Guidelines & Rest Breaks Guidelines**

Under 82.0	Normal activities- provide at least <b>three separate rest breaks each hour</b> of minimum duration of <b>3 minutes each during</b> workouts.
82.0-86.9	Use discretion for intense or prolonged exercise; watch at – risk players carefully; provide at <b>least 3 separate water breaks each hour</b> of a <b>minimum of 4 minutes duration each</b> . <b><i>Helmets should be removed during breaks.</i></b>
87.0-89.9	Maximum <b>practice time is TWO HOURS</b> . <b>For football: players restricted to helmet, shoulder pads, and shorts</b> during practice. <u>All protective equipment must be removed for conditioning activities.</u> For all sports: provide at <b>least four separate rest breaks per hour of a minimum of four minutes each</b> . <b><i>Helmets and pads should be removed during breaks.</i></b>
90.0-92.0	Maximum length <b>practice is one hour</b> , <u>no protective equipment may be worn during practice</u> and there may <b>be no conditioning activities</b> . There must <b>be 20 minutes of rest breaks</b> provided during the hour of practice.
Over 92.0	No outdoor workouts; cancel exercise; delay practices until a cooler WBGT reading occurs.

## All breaks should occur in shaded area

Use WBGT Index to monitor heat conditions.

### Bethesda Academy Heat Index records

#### Lightening and Severe Weather policy

1. The National Athletic Trainer's Association Position Statement for lightening will be followed for Bethesda Academy. (See Appendix). Athletic Trainer will make the final decision on removal of athletes from the field. The athletic trainer will use a noise device for inclement weather to let all outside events know to head indoors. If the athletic trainer is not present, the coaching staff will follow the lightening policy as written, using the lightening detector and flash to bang method. The coaching staff may take their athletes off the field before the athletic trainer clears the field.
2. The school has a hand held lightening detector to be used for practices and games for Bethesda Academy. *SCISA requires all games supervisors* use a handheld lightening detector to determine safety for all participants and fans. Bethesda Academy will follow the SCISA and NATA guidelines and requirements for lightening detection and return to play.
3. The following are a list of **safe shelters for participants** at each venue:
  - a. Baseball field/practice fb field → Bethesda gymnasium and locker rooms.
  - b. Football stadium at Bible Baptist → Locker rooms
  - c. Track → locker rooms/gyms
4. The following are a list of safe **shelters for parents and fans** at each venue.
  - a. Baseball field/ practice fb field, pool → Gym, gym lobby or their personal vehicle.
  - b. Football stadium (Memorial) → underneath stadium or return to vehicles
  - c. Football stadium (Calvary) → return to cars/vehicles.
5. All activities will be suspended if lightening is detected within 10 miles. All suspended activities must wait until the lightning detector shows the lightening out of range (10 miles) for the venue. Minimum of 30 minutes after the last lightening strike. If the storm continues for 45 minutes and is still showing on the radar that inclement weather is still in the area or will keep coming, athletic participation will be canceled for that particular event. Occasions where it will take longer to clear a facility/venue or a field needs to be tarped notification may occur at 12 miles to allow for adequate time to remove everyone.
6. Local weather forecasts will be monitored in the coaches or athletic trainers office via computer using Weather Bug or local weather stations.
7. All individuals have the right to leave an athletic site, without repercussion or penalty, in order to seek a safe structure or location if they feel they are in danger from impending lightening activity.
8. No one is permitted to use the showers or plumbing facilities and landline telephones during thunderstorm activities. They are permitted to use cellular phones to contact parents for transportation.

9. There is a form Bethesda uses to document severe weather tracking is used for severe weather and lightening documentation at appropriate intervals, must note who the game administrator and head official are. Will note when first went in/cleared facility, distance of lightening at appropriate timed intervals. Specifically noting once it's more than 10 miles away and track for 30 minutes
  
10. If available, an **announcement should be made over the speaker system on seeking safe shelter for fans and participants**. During a competition, once the decision to suspend activity has been made, a representative of the athletic department will announce via the PA system. Announce safe shelter for that venue and offer the following tips:
  - a. There should be no contact with metal objects (bleachers, fences, golf clubs bats)
  - b. Avoid single or tall trees, tall objects and standing in a group.
  - c. If there is no other shelter you may seek refuge in a hardtop vehicle.
  - d. The existence of blue skies and/or absence of rain are not protection from lightening. Lightening can strike 10 miles from the rain shaft.
  - e. DO NOT LIE FLAT ON THE GROUND
  - f. Avoid standing in water and open fields
  - g. During thunderstorm activities **NO ONE** is permitted to use the showers, plumbing facilities and landline telephone. They are permitted to use cellular phones to contact parents for transportation.
  - h. If you feel your skin tingling immediately crouch and grab your legs and tuck your head as described above to minimize your body's' surface area.
  - i. Persons who have been struck by lightning do not carry an electrical charge. Therefore, enact the EMS system and provide emergency care. CPR is what is most often required. If possible, move the victim to a safe location.

Prior to a game a member of the athletic training staff and/or athletic director will greet the officials, explain that we have a means to monitor lightening and offer to notify the officials during the game if there is immediate danger from lightening. The athletic director and game officials will decide whether to discontinue play.

Once it is determined that there is danger of lightening strike, the athletic training staff member will notify the head coach and/or official and subsequently immediately remove all athletes, coaches, and support staff from the playing field or practice area/facility. All activities will be suspended if lightening is detected within 10 miles.. All suspended activities must wait until the lightning detector/ weather system shows the lightening out of range (10 miles) for a minimum of 30 minutes.

**Tornado warning:** If there is predicted to be possibility of tornados coming up, monitor the weather. If winds pick up or a funnel cloud is spotted (or reported by news/weather station) end all sporting events **IMMEDIATELY AND SEEK APPROPRIATE SHELTER INSIDE.**

**Flash Flood Warning:** If there is a flash flood warning, inspect the current field conditions, and weather outside. If it does start to storm and flooding is evident there will no longer be activity on specified field if there is not adequate drainage and conditions do not compromise safety of student athletes.

**Hurricane Warning/Evacuation:**

**Fire:**



# Memorial Sports Medicine

## **Inclement Weather and Storms Guidelines**

1. Athletic trainers are responsible for introducing themselves to the Game Managers/Administrators as well as Game officials to be documented in note pad.
2. Athletic trainers will use the SkyScan Lightning detector, Radar Scans, NOAA, and CEMA alerts to make recommendations to Game officials and Game Administration.
3. Athletic trainer is to report SkyScan readings in a professional manner to the Game Administrators and Game Officials.
4. Game officials and Game Administrators are the responsible parties for monitoring time delays. The athletic trainer will keep time for documentation purposes and may answer questions should the Game Administrator ask; however, the ATC is not recognized as the official time keeper for delays.
5. School administration/officials are responsible for safety of participants and spectators.

The school administration can assign responsibility to the athletic trainer; however, this must be documented and clearly defined roles of athletic trainer in the event of inclement weather.



## **BETHESDA ACADEMY POLICY AND PROCEDURE ON HEAD INJURY & CONCUSSION FOR ALL STUDENTS**

**Policy Statement:** This policy should be followed on a daily basis whenever you are involved in any practice, workout or Bethesda academy school activity or event as covered by a Certified Athletic Trainer from Memorial Health Sports Medicine Department.

**Purpose:** To manage students and athletes who have sustained or suspected to have a concussion.

**Entities to whom this policy applies:** Athletic Events covered by Certified Athletic Trainer provided by Memorial Sports Medicine Department.

### **Procedure:**

1. The ATC should develop high sensitivity for the various mechanisms and presentations of traumatic brain injury (TBI), including mild, moderate, and severe cerebral concussion, as well as the more severe, but less common, head injuries that can cause damage to the brain stem and other vital centers of the brain.

2. To detect deteriorating signs and symptoms that may indicate a more serious head injury, the ATC should be able to recognize both of the obvious signs (eg, fluctuating levels of consciousness, balance problems, and memory and concentration difficulties) and the more common, self-reported symptoms \*eg, headache, ringing in the ears, and nausea).

3. The ATC should plan an active role in educating athletes, coaches, and parents about signs and symptoms associated with concussion as well as the potential risk of playing while still symptomatic. \*GO OVER AT PRESEASON MEETING WITH COACHES (CDC CONCUSSION COURSE) PARENTS AND KIDS AND SHOW VIDEO\*

A) Concussion awareness: <http://www.preventingconcussions.org/> (CDC course for coaches)

b) Second impact syndrome: <http://espn.go.com/video/clip?id=5163151>

c) Don't try to hide it or lie about a concussion:  
<http://www.youtube.com/watch?v=yIqZDbk3M40&feature=related>

d) additional info on concussions: <http://www.ghsa.net/concussions-don%E2%80%99t-only-happen-athletes-playing-field>

4a. Effective starting the 2011-2012 school year **a baseline concussion test will be administered prior to the start of the season.** NO STUDENT SHALL BE PERMITTED TO PARTICIPATE IN A CONTACT (baseball, basketball, football) SPORT UNTIL THIS TEST HAS BEEN PERFORMED.

4b. The ATC should document all pertinent information surrounding the concussive injury, including but not limited to: 1) mechanism of injury 2) initial signs and symptoms 3) state of consciousness 4) findings on serial testing of symptoms and neuropsychological function and postural-stability tests (noting any deficits compared with baseline) 5) instructions given to the athlete and/or parent;

6) Daily progress notes via SCAT2 and SOAP notes should be kept; 7) recommendations provided by the physicians; 8) Date and time of athletes return to participation; and 9) relevant information on the player's history of prior concussion and associated recovery patterns.

5. In addition to the concussion injury assessment, the evaluation should include an assessment of the cervical spine and cranial nerves to identify any cervical spine or vascular intracerebral injuries.

6. The ATC should record the time of the initial injury and document serial assessments of the injured athlete, noting the presence or absence of signs and symptoms of injury. The ATC should monitor vital signs and level of consciousness every 5 minutes after a concussion until the athlete's condition improves. The athlete should also be monitored over the next few days after the injury for the presence of delayed signs and symptoms to assess recovery. (See APPENDIX for SCAT2 form and at home symptom checklist).

7. Concussion severity should be determined by paying close attention to the severity and persistence of ALL signs and symptoms, including but not limited to: the presence of amnesia (retrograde and anterograde), loss of consciousness, headaches, concentration problems, memory problems, dizziness, blurred vision, balance problems, sensitivity to light and noise, difficulty remembering, fatigue or low energy, confusion, drowsiness (difficulty staying awake, especially right after it occurs), trouble sleeping at night, more emotional than normal, irritable, sadness, nervousness, anxiousness, and food not tasting the same (bland).

8. The ATC should monitor an athlete with a concussion at 5 minute intervals from time of injury until either the athletes condition completely clears or the athlete is referred for further care/released into the care of their parent or guardian. Coaches should be informed that in *situations when a concussion is possibly expected but an ATC or Physician is not available; their primary role is to ensure that the athlete is cared for and arrangements are made to see the ATC or physician as soon as possible.* If the athlete is unconscious, do not move. Call EMS right away.

9. An athlete with a concussion should be referred to a physician (ER) on the day of injury if he has lost consciousness, or experienced amnesia lasting longer than 15 minutes or symptoms get worse. Athletes who experience LOC or amnesia should be disqualified from participating on the remainder of day of injury. Any athlete that has been referred to a physician will not be allowed to participate until cleared by that physician AND certified athletic trainer as has been agreed upon terms of return. If athlete was referred to a specialist (ie Neurologist) he may not participate until cleared by that individual, in conjunction with the certified athletic trainer. A written note signed and dated by the physician is required to be turned into the ATC along with the medical referral form.

10. When present, the ATC will call a parent/guardian of a student whom is suspected to have a concussion. Parents will receive appropriate paperwork and instructions for care, directions to physicians office (if needed), and injury report to be filled out by physician and returned directly to Bethesda's Certified Athletic Trainer.

11. An athlete with a concussion should be instructed to avoid taking medications, EXCEPT if instructed by physician to take acetaminophen (Tylenol) after the injury. Acetaminophen and other medications should ONLY be given at the recommendation of the physician. Additionally, the athlete should be instructed to avoid ingesting alcohol, illicit drugs, or other substances that might interfere with cognitive function and neurologic recovery. If student currently takes a prescription drug daily, parents will be instructed to check with physician to see if it is contraindicated for someone with a concussion.

12. Any athlete with a concussion should be instructed to REST, but complete bed rest is not recommended. The athlete should **resume normal activities of daily living as tolerated.** It is essential to avoid activities that potentially

increase symptoms (such as prolonged periods of TV, listening to music, talking or texting on the phone, extended periods of time on the computer etc).

13. Student with a concussion is NOT permitted to participate in physical activity anything more than walking to and from class or around the house. Student should follow restricted activity until the ATC/physician has cleared the athlete to do so by starting a progressive return to play protocol.

14. Depending on severity of symptoms, cognitive rest (such as limited or no school, extensive reading/tests/essays etc) should be advised until they are able to read, concentrate, and have adequate memory to complete school assignments. ATC should communicate with students teachers or school administrators who will pass the information onto teachers that he may attend class but he may be granted extra time to complete assignments or the ability to re-take graded assignments if they receive a poor grade.

15. Once student is SYMPTOM FREE FOR 48 CONSECUTIVE HOURS and SCAT2 test are back to normal, he may resume daily graded program of physical and mental exertion, without contact or risk of concussion, up to the point at which post concussion signs and symptoms recur. (See additional RTP protocol on following pages). If symptoms appear, the athlete starts back at the beginning of protocol and may only progress if symptoms do not come back at each stage.

16. An athlete with a concussion should be instructed to eat a well balanced diet that is nutritious in both quality and quantity.

17. Oral and written instructions for home care should be give to the athlete and to a responsible adult who will observe and supervise the athlete during the acute phase of the concussion while at home; Letter to parent with explanation of concussion signs and symptoms and a checklist to monitor for the following 72 hours is to be filled out and returned to ATC and kept with students files.

18. The ATC should enforce the standard use of helmets for protecting against catastrophic head injuries and reducing the severity of cerebral concussions. In sports that require helmet protection (football, lacrosse, ice hockey, baseball and softball etc.) the coaching staff should ensure that all equipment meets either the National Operating Committee on Standards for Athletic Equipment (NOCSAE) or American Society for Testing and Materials (ASTM) standard.

# BETHESDA CONCUSSION RTP PROTOCOL

**\*\*MAY NOT START RTP PROTOCOL UNTIL 48 HOURS SYMPTOM FREE AND SCORES ON SCAT2 ARE BACK TO WITHIN BASELINE RANGE\*\***

- 1) Athlete must be symptom free for 48 hours while still doing NO PHYSICAL ACTIVITY.
  - a. IF SYMPTOMS RETURN DURING ANY ONE STAGE OR ATHLETE HAD DIFFICULTY WITH ANY ONE STAGE THEY WILL START OVER
- 2) After 48 hours of being symptom free, may do LIGHT exercise (<70% max HR)
  - a. OBJECTIVE: increase HR
  - b. Bike
  - c. walk on treadmill
    - i. NO football gear
    - ii. NO resistance training or weights
- 3) Running: NO HEAD IMPACT
  - a. OBJECTIVE: exercise with increase movement
  - b. laps around field
  - c. Sprints (Not at full effort); gradually increase distance and intensity
  - d. tuck jumps, sit ups, pushups, jumping jacks, 10 yd sprint (repeat w/o break)5x then break and repeat as necessary
    - i. Fb pants and pads (NO HELMET YET)
- 4) Complex drills: Passing, running routes
  - a. OBJECTIVE: exercise, coordination, cognitive (remembering routes/plays)
  - b. resistance testing: bench, squat, SL squat, lunges
    - i. squat jumps, high skips...
  - c. practice hitting/moving sleds & tackling dummies
- 5) Full practice: ONLY when cleared by team physician or ATC
  - a. OBJECTIVE: restore confidence of athlete, coach assess skills
  - b. continue to work on conditioning
  - c. Controlled hitting drills (during INDY/COMBO) must be completed PRIOR TO live full pads.
  - d. May not play in game WITH OUT sufficient practice in full gear and hitting
- 6) Normal Game Day
  - a. Cannot compete until have practiced sufficient amount without symptoms returning.
    - i. i.e. if they are cleared to do full pads Thursday they will not be playing in game Friday because Thursday practice is helmets only

**ADDITIONAL NOTES:** if athlete has sustained more than 1 concussion in a season, or has a history of concussions the RTP protocol may be varied slightly (time being symptom free will increase before protocol is able to be started) and athlete will likely be referred to team physician/specialist.

## Chain of Command at Athletic Events

\*\*Roles of specific individuals per sport season see assigned EAP\*\*

- I. Team Physician (if present)
  - a. Works with ATC and EMS.
  - b. Communicates with the hospital.
- II. Certified Athletic Trainer
  - a. Activates the emergency plan. (At football, use hand signal to notify EMS to come on field)
  - b. Gets team physician involved (if present. If not Notify of a student going to ER)
  - c. Contacts EMS.
  - d. Communicates with family.
- III. Coaching Staff
  - a. Assists ATC (crowd control/ or call EMS while ATC assesses)
  - b. Helps direct EMS.(meet at gates, front of Gym or building)
  - c. Travels with patient to the hospital if parent is not available.
  - d. Becomes responsible for activating the emergency plan in absence of the ATC.
- IV. Team Physician (if not present)
  - a. Contacted by ATC -- >
  - b. Communicates with the hospital.
- V. Bethesda School Administration (*Dr. Hughes, Megan Kicklighter, Antwain Turner*)
  - a. Contacted by ATC or Head Coach if not present.
  - b. Communicates with family as needed (notified by ATC or AD).
  - c. Communicates with media as needed. (Follow SCISA, Memorial, NATA and HIPPA guidelines). If under 18, may not release info, refer them to the athlete themselves.
- VI. Student Athletic Trainers/Managers/Intern
  - a. Assists ATC
  - b. Helps direct EMS to location (with help of coaching staff)
- VII. Game Administrator & Security
  - a. Make sure parents and fans are kept off the field/away from emergency
  - b. That gates/doors are open and clear of people and equipment and EMS will easily be able to access
  - c. In the event bad weather is suspected, game administrator will be given the lightening detector to monitor for upcoming weather.
  - d. She/he will be responsible for notifying officials when there is lightening in the area and of proper safe locations for people to go to in the mean time. Will be responsible for following protocol with weather and notifying every one of plans.

# Bethesda Academy Football

## Emergency Action Plan

In case of an emergency during football practice and/or a football game, we make the following plan to help get the emergency to the hospital with as much speed and care as possible.

### PRACTICE PLAN

In the event of a serious injury at football practice, the following procedure and precautions will be taken:

1. Katy, the Bethesda Academy ATC, will attend to the injured player. Coach and **any other coaches that are necessary** will assist her. If necessary a call to 911 will be made by AT. In the event that Katy is not present, a call will be placed to her as soon as possible after/or prior to the 911 call depending on the severity of the injury.
  - a. Provide :
    - i. Name of caller and Athlete
    - ii. Address: **9520 Ferguson Ave, Savannah GA 31406**
      1. **Directions from hospital to Bethesda:**
      2. (from Memorial Health's main entrance make a left on Waters.)  
(from Candler: Go to light at DeRenne, make a Left.  
Continue on DeRenne until the ramp for Harry Truman Parkway South, veer Right onto ramp. Follow this until the Whitefield Avenue exit. Make a left at the bottom of the ramp. Continue on Whitefield. At the intersection of Whitefield and Ferguson Avenue (there is a stoplight), take a left on to Ferguson. Bethesda Academy will be approx. 1/8 of a mile down Ferguson on the right. Enter school grounds and go straight. The school building is the first on the right, to get to the Gym or football practice fields continue straight and make the first right (there is a sign pointing to the gym). To get to the football field, go straight and at the parking lot take a right to go around the building and keep going until you see the field.
    - iii. Telephone number calling from
    - iv. Number of individuals injured
    - v. Condition of Injury
    - vi. First aid treatment rendered
    - vii. Specific Directions to location
2. Coach will proceed to the Ferguson Street Entrance gate to escort the ambulance to the injured player
3. Coach get *emergency contact and insurance documents* AND retrieve any splints, AED or other material out of Athletic training Kit.
4. Coach Katy or AT will go to the nearest phone and call the parents of the injured athlete.
5. Coach and **all other available coaches** will take the team to another area of the practice fields and try to complete practice.
6. Coach will accompany the injured athlete to the hospital and remain there until the player's parents, or another coach arrive.
7. Coach AT will inform the Principal and the President about the injured athlete. (NOTE: no specifics of injury to be given due to HIPPA regulations. Simply state \_\_\_\_\_ was injured and transported to the hospital, the parents have been contacted and Coach \_\_\_\_\_ is with them.



## GAME PLAN: FOOTBALL

In case of an emergency during a game, home or away, the following procedure and precautions will be taken:

1. Katy, the Bethesda Academy's ATCs, will attend to the injured player. Coach and/ will assist her. If necessary a call to 911 will be made by Coach, He will also assist administration in crowd control to keep parents off field and calmed down.
  - a. Info to 911:
    - i. **name of caller and athlete**
    - ii. address : **Calvary Day School; 4625 waters Ave (entrance on Paulsen Street), Savannah Ga, 31406**
    - iii. Telephone number: Calling from
    - iv. Number of individuals
    - v. First aid rendered
    - vi. Specific directions
    - vii. Other information requested
2. In the event that Katy is not present, a call will be placed to her as soon as possible after/or prior to the 911 call depending on the severity of the injury. When necessary Katy, or the team doctor for the game, will be called to the field to administer to the injured player.
3. **Coach**            **will get emergency contact and insurance documents (located in Top section of kit in a binder AND retrieve any splints, AED or other material out of Athletic training Kit.**
4. Coach            will take the team to the sideline and pray and then ride in the ambulance with the athlete to the hospital if the parents are not at the game.
5. **Coach**            will take the team after they have prayed move towards the sideline.
6. **Coach**            and/or **Coach**            will accompany the injured athlete to the hospital if the athlete's parents are not in attendance, and remain there until the player's parents arrive.
7. **Coach**            **will call parents as soon as possible if they are not at the game.**
8. **Coach** AT will inform other administration and dean of students if a boarding student, about the injured athlete. (NOTE: no specifics of injury to be given due to HIPPA regulations. Simply state            Was injured and transported to the hospital, the parents have been contacted)

**\*During games school administration will be responsible for crowd control.**

**Emergency Information**  
**Southside fire/EMS 912-355-6688**

**Information for 911:**

- Provide name
- Address
- Telephone number
- Number of individuals injured
- Condition of injury
- First aid treatment rendered
- Specific directions
- Other information requested
- Phone Number calling from

**Information for onsite Team Physician and EMS:**

- Method of injury
- Vital signs
- Treatment rendered
- Medical history
- Assist with emergency care as needed

**Training:**

- All athletic training personnel and coaches MUST be certified in first aid and CPR.

**Equipment:**

- Pocket mask (on ATC and in Kit)
- Face mask extractor (on ATC for football only)
- Gloves and gauze (on ATC and in kit)
- Splints ( in Red Bag)
- Blood pressure cuff and stethoscope ( in Kit)
- AED

**Bethesda Academy**  
9520 Ferguson Avenue  
Savannah, GA 31406

**Bible Baptist**  
4700 Skidaway Dr.  
Savannah GA, 31406

**Savannah State Track Complex**  
Corner of Skidaway Road and LaRoche Avenue  
Savannah, GA 31406

**Candler Hospital**  
3232 Reynolds Ave  
Savannah, Ga 31405

**St. Josephs Hospital**  
11705 Mercy Boulevard  
Savannah, GA 31419

**Memorial Medical Center**  
4700 Waters Ave  
Savannah, GA 31405

## Emergency Contact List

	<u>Phone#</u>
St. Josephs' Hospital ER:	912-819-4009
MRI	912-819-2139
Candler Hospital	912-819-8273
MRI	912-819-8225
Memorial Medical Center	912-350-8000
ER	912-350-9616
MRI	912-350-8820
<u>Athletic Trainer</u>	
Katy Margeson,	717-448-6254 (personal cell)
	912-665-2565 (work cell)
Paul Tschilda, Manager Memorial Sports One	912-656-8352
<u>Team Physician and Physician Assistant</u>	
Chatham Orthopedics	912-355-6615
Dr. Spencer Wheeler	912-667-2718 (c ) 912-239-2344 (pager)
Dan Vacala, PA	912-667-2718(c)
Mary Vacala, PA	912-313-7899 (c)
Dr. Hoffman	912-660-5096 (c)
Dr. Jenkins	912-667-2821 (c)
Dr. Murray	912-239-2366 (pager)
Dr. Holtzclaw	912-239-2350 (pager)
Dr. John George	(912) 644-5331 office
Mickey McBroom (PA)	(912) 658-2996
EMS	911
Southside Fire Department (ambulance)	912-354-1011 (information)
<u>Bethesda Academy Administration</u>	
Michael Hughes (President)	912-351-2042
Megan Kicklighter (Principal)	912-351-2064
Athletic Director (Antwain Turner)	912-351-2056 (o) 912-604-1084 cell
Karleen Brown (Assistant Principal)	912-351-2065 (o) 912-484-2097 cell
Mrs. Clark (Front office)	912-351-2055
Keith Kilgore (Dean of Students)	912-644-4386
Beau Lynah (Maintenance)	912-644-4388
	912-313-0374 (Beau Lynah – cell)
	912-313-0376 (Bruce Matthews – cell)
<u>Coaching Staff</u>	
Antwain Turner	912-604-1084
Gary Byrd	912-429-0265
Clevan Thompson	912-604-0908
John Black	912-239-0802
Lamar Hill	706-840-5734
Jonathan Shwartzfischer	919-830-1960

# Emergency Injury Management –Evaluation Protocol

## Life Threatening

Concussions, facial injuries, Abdominothorax pain, Seizure, Anaphylaxis, Heat Stroke, Heat Exhaustion, Spine related Injuries, Asthma, Cardiac conditions

## Non- Life Threatening

Dislocations, Fractures, Sprains, Strains, Contusions

- I. Check Vital Signs (Primary Survey)
  - a. airway
  - b. Breathing
  - c. circulation/pulse
  - d. Detect and manage immediate life threatening conditions
  - e. provide Basic life support- and activate EMS
- II. Severity (Secondary Survey)
  - a. History/Inspection/Palpation/Functional Tests
  - b. Monitor Status and Vital Signs
- III. Stabilization (above and below affected joint)
  - a. Follow appropriate first aid procedures
  - b. Monitor status and vital signs
  - c. Treat for shock
- IV. Record Information
  - a. Log Sheet
  - b. Injury Report (SOAP note) and Dr. Referral form if seeing a physician
  - c. Notify Parent if unable to call earlier
- V. Notify Supervisor of Situation; (superior: Athletic Director→ principal→President)
  - a. Report on current status
  - b. Refer as advised

## Emergency Management of a Head Injury

### 1. Recognition of Mild Concussion

- No loss of consciousness, stunned/dazed
- Momentary confusion
- No memory loss
- Mild tinnitus
- Mild dizziness
- Mild headache or any other symptom of concussions

#### Care of mild concussion

- Participant should recover quickly
- Monitor for post concussion symptoms & if symptoms get worse
- Not cleared to participate unless athletic training staff says so

#### Referral of Mild Concussion

- Monitor & track presence of symptoms of participant for 24 to 48 hours
- Refer if signs or symptoms change
- Send a head/concussion injury letter home to parents

### 2. Recognition of Moderate Concussion

- Loss of consciousness (<5 minutes)
- Slight confusion
- Mild retrograde amnesia
- Moderate tinnitus
- Moderate dizziness
- Unsteadiness
- Blurred vision
- Mild degree of any other symptoms

#### Care of moderate concussion

- Monitor airway
- Check vitals
- Evaluate for cervical injury
- Withhold from further athletic participation, return only per Physician and ATC orders
- Check signs/symptoms daily and baseline test until back to normal
- Complete progressive RTP protocol
- Refer

- Refer of moderate concussion
- Refer to physician and or specialist for further evaluation

### 3. Recognition of Severe Concussion

- Prolonged LOC (>5 Minutes)
- Severe confusion
- Prolonged retrograde amnesia
- Severe tinnitus
- Vision Abnormalities
- Severe dizziness
- Unsteadiness
- Nausea
- Vomiting
- Any Severe signs or symptoms that are Severe (personality change etc)

#### Care of Severe Concussion

- Maintain airway
- Check vitals
- Evaluate for Cervical Injury
- Not allowed to participate (removed from play the remainder of this day) until cleared by physician and ATC (48 hrs symptom free, complete RTP protocol without problems)
- Refer

#### Referral

Immediate Referral (EMS)

### 4. Recognition of Increased Intracranial Pressure

- Deteriorating state of consciousness
- Hemiplegia or quadriplegia
- Vomiting
- Dilation of pupil
- Rising blood pressure and slowing pulse
- Abnormal respiration or apnea (trouble breathing)

#### Care of Increase Intracranial Pressure

- Maintain airway
- NO PARTICIPATION, return only per physician and ATC orders after symptom free and completing RTP protocol)
- Refer Immediately

#### Referral

Immediate referral

#### **Possible Neurologists to contact**

Dr. Julia Mikell MD  
Neurology Specialist of Savannah  
6602 Waters Ave, Building C  
Patient Coordinator: Miranda  
Phone: 912-354-7676 | Fax : 912-354-5122

Dr. Rosenfeld  
Neurology and Sleep Medicine  
1326 Eisenhower Dr. (Southcoast Medical)  
Phone: 912-691-4100

## Emergency Management of a Spinal Injury

### 1. Recognition

\*\* injuries range from minor pain to paralysis\*\*

Caution is necessary when evaluating an athlete with spinal pain

Decrease range of motion

Shooting pain into posterior scalp, behind, around neck or down shoulder

Radiating pain, numbness, loss of function

Loss of sensation

Muscle Spasm

Insecure feeling of neck or back

### 2. Care

Immobilize spine, if necessary

Check Cranial nerves

Check for associated head injury

Maintain airway, assist breathing, if indicated

Check pulse, begin CPR if needed

Monitor vitals and maintain Neurological watch

Immediate or delay referral, as indicated

### 3. Referral- signs and symptoms for immediate referral

Pain and tenderness over spinous process

Deformity

Numbness or parasthesia

Loss of sensation

Diaphragmatic Breathing

Hypotension without signs of other shock

Unconscious state

Any doubt regarding nature and severity of the condition

## Facial Injury (Eye, Ear, Nose, Teeth, Jaw)

### 1. Recognition

- Ecchymosis (discoloration)
- Swelling
- Protrusions
- Impaled object
- Tenderness
- Instability
- Eye: visual acuity, eye movement, pupil size, reaction to light

### 2. Care

- Rule out head and neck injury
- Maintain Airway
- Control bleeding
- Carefully rinse and replace avulsed skin and teeth
- Save amputated parts in moist, steril dressing
- Clean and dress wound, if needed
- Apply ice as needed
- Immediate or delay referral, if needed

### 3. Referral: signs and symptoms for immediate referral

- Jaw: obvious deformity
  - Crepitation
  - Severe swelling
  - Malocclusion
  - Loss of Symmetry
  - Loss of jaw movement
- Nose: Epistaxis (bleeding) –uncontrollably
  - Severe swelling
  - Foreign body
  - Deformity, crepitation
- Ear: Hemorrhage- CSF (fluid coming out of ear)
  - Foreign body
  - Swelling, hematoma formation
  - Infection or inflammation
  - Sudden hearing impairment
  - Vertigo
- Teeth: bleeding around tooth
  - Chipped, cracked, broken, or dislodged
  - Sensitivity to air and temperature
- Eye: Foreign body
  - Suspected abrasion or laceration
  - Loss of vision
  - Double vision
  - Irregularly shaped pupil
  - Pain/ Hemorrhage into anterior chamber/ Restricted eye movement



**Abdominothorax pain  
Abdomen or Thorax pain**

**1. Recognition**

- Vomiting blood
- Pain with breathing, coughing, sneezing or movement
- Tenderness or rigidity
- Pain in Right lower abdominal quadrant, appendicitis
- Pain in upper left, below ribs, spleen
- Bruises or Lacerations
- Respiratory distress
- Deviation of trachea
- Unequal lung expansion
- Irregular heartbeat
- Shock

**2. Care**

- Place patient in a comfortable position
- Be alert for vomiting
- Keep detailed secondary survey
- Maintain open airway
- Assist with bleeding if indicated
- Immediate or delay referral, as indicated

**3. Referral: signs and symptoms for immediate referral**

Abdominal:	Severe Pain Radiating or referred pain Tenderness, rigidity Blood in urine Signs of shock Palpable mass Increased nausea Any doubt of the severity of condition
Chest:	difficulty breathing Severe pain Diminished chest movement Coughing up blood Suspected Rib fracture Signs of shock Any doubt of the severity of condition

## SEIZURE

### 1. Recognition

Blank stare, dazed, unresponsive, unaware of surroundings,  
Rapid blinking  
Chewing movements  
Rigidity, followed by muscle jerks  
Shallow breathing  
Bluish skin  
Loss of bladder or bowel control  
Abnormal behavior

\* be aware of predisposing/existing medical conditions: seizures, Diabetes, epilepsy

### 2. Care

Protect from further injury (make sure surroundings are soft, so they don't fall and hit head)

Have them sit not stand/ keep someone at sides in case it gets worse

Maintain clear airway

While lying down, Turn head to side to avoid aspirating /choking on vomit

Once seizure has subsided: check vital

Check for injuries

It is natural to be sleepy after a seizure

Make sure someone is going to be around for them at home to keep an eye on them

\*\* if it is a known/prior existing condition find out if medicine was taken that day, any events in past 24 hours that may have brought seizure on\*\*

\*\*\*NOTIFY PARENT, DO NOT ALLOW STUDENT TO DRIVE UNTIL THEY HAVE BEEN SEEN BY A PHYSICIAN FOLLOWING THIS EVENT\*\*\*

### 3. Referral: signs and symptoms for immediate referral

a. Initial Seizure (no history)

Refer for evaluation

b. Prior history

1. Refer if unusual or change in pattern or severity of seizure

## **ANAPHYLAXIS**

**\*\*Any Bethesda Academy student who has identified that they are allergic to specific foods or bugs/stings etc is required to have an extra epi-pen on file with the school office\*\***

### **1. Recognition**

- Difficulty breathing
- Chest tightness
- Wheezing
- Feeling of lump in throat
- Hoarseness
- Swelling of eyelids, tongue, lips
- Nausea, vomiting, cramps
- Severe itching

### **2. care**

- Lie Patient flat, legs elevated
- Maintain open airway
- If patient has identified allergy, with personal emergency kit- help administer medication
- Refer

### **3. Referral:**

IMMEDIATE

## Illness procedures

### 1. Cold/Sore throat

- a. Question for presence and duration of symptoms
  1. Head and/or nasal congestion
  2. Ear Congestion vs. Ear ache (observe with otoscope if available)
    - a. Redness of external auditory canal
    - b. fluid behind tympanic membrane
  3. History of allergies
  4. Chest congestion
  5. cough
    - a. dry or productive?
  6. Sore throat
    - a. Redness
    - b. swelling of tonsils
    - c. sinus drainage on posterior pharyngeal wall
    - d. pustules/exudates. If either is present, refer to MD.
  7. Headache
  8. Nausea
  9. Vomiting (number of episodes)
  10. Diarrhea (number of episodes)
  11. Temperature (sweat/chills)
  12. Anterior/Posterior Cervical Lymph nodes (swollen/tender)
- b. Refer to MD any severe, prolonged symptoms, elevated temperature, throat pustules or exudates, green/brown phlegm, swollen lymph glands.
- c. Record athletes phone number on injury report and for minors, contact parents.

### 2. Gastrointestinal Disorder

- a. Question for presence and duration of symptoms:
  1. Nausea
  2. vomiting
  3. history of problems
  4. Diarrhea. Stool color.
    - a. weight loss, if long duration
  5. eat anything unusual
  6. stomach pain:
    - a. location
    - b. palpate for tenderness, rebound pain
    - c. cramping associated with diarrhea
    - d. blow to area
    - e. menstrual difficulties
    - f. Kehr's sign
  7. temperature
  8. current medications
- B. refer to MD any intense, inexplicable stomach pain, increased temperature, persistent symptoms especially with significant weight loss.

### 3. Symptomatic Treatment

- a. Nasal/ear congestion
  - 1. Sudafed
  - 2. Advil cold/sinus or Tylenol cold/sinus
  - 3. Benadryl- may cause drowsiness
- b. Cough
  - 1. cough drops
  - 2. If non-productive, recommend hot, steamy shower and humidify room and/or Robitussin expectorant.
- c. Sore Throat
  - 1. Throat lozenges
  - 2. Chloraseptic
  - 3. Tylenol or Advil
- D. Body Aches, headache, fever
- E. Nausea/Vomiting
  - 1. Diotame
  - 2. clear fluids
  - 3. No Extremes of Temperature
  - 4. bland diet ( B.R.A.T- bananas, rice, applesauce, toast)
  - 5. NO CAFFEINE
- F. Diarrhea
  - 1. Diotame or Immodium AD
  - 2. Re-hydrate
  - 3. Avoid dairy products
- G. Emphasize rest, diet and fluids
- H. Come Back if symptoms persist

4. **Swine Flu:** This will be treated according to CDC guidelines. Any athlete or student at Bethesda who suspects their self or a family member have swine flu or know they have been exposed to it should notify school staff or athletic trainer ASAP.

### 5. Contagious illnesses/disease

- any student who is suspected to have an illness (mono, strep throat, etc) that may be contagious to other students and staff should be removed from play /school until treated by a physician. These individuals should also be provided their own personal water bottle and towel so as not to share with team mates. Doctor's note is needed for files and before able to return to sport.

## **Infectious Pathogen Procedures and Universal Precautions**

- 1) Gloves are to be worn as a barrier precaution to prevent skin and mucous membrane exposure. Barrier precaution should take place when treating or coming in contact with any blood, bodily fluids, mucous membranes, or non intact skin (or dermatitis ) of all athletes. This includes the handling of soiled materials or surfaces. Gloves will be available at all treatment areas. Gloves should be changed after contact with each individual athlete/patient.
- 2) Hand and surrounding skin should be washed thoroughly following treatment of all athletes. Hand sanitizer will be sufficient until washing is accessible.
- 3) Surfaces and tables should be cleaned with a solution made to kill bacteria, fungus and viruses including HIV.
- 4) Mouthpieces for resuscitation will be available for use at each venue or provided in each kit.
- 5) Any sports medicine personnel with exudative lesion or dermatitis should refrain from direct contact with patients until condition is resolved. ALL OPEN WOUNDS SHOULD BE COVERED AT ALL TIMES DURING ATHLETICS.
- 6) Soiled linen should be properly bagged and washed with hot water and detergent. As per GISA rules, athletes may not participate with blood on uniform.
- 7) Universal guidelines should be followed in the control of bleeding, handling of bloody dressings, handling of mouth guards and other articles containing bodily fluid. Anything used to clean up blood should only be disposed of in red biohazard bag or bin.
- 8) All soiled or bloody dressings should be disposed of in proper biohazard bin or bag.
- 9) Inoculation to protect staff from Hepatitis B will be recommended (is required by hospital for ATC).
- 10) Uniforms, equipment, or padding that become blood stained should be changed as soon as possible or cleaned with the proper chemicals. As per GISA rules, athlete will be removed from competition until uniform is cleaned and approved by official or a new uniform is put on.
- 11) Signs stating tips on how to decrease spread of Disease and Infection should be posted in ATR and through athletic facility in locker rooms and bathrooms.

## WOUND CARE

### 1. Minor Lacerations/Abrasions

- A. Have athlete shower/clean off
- B. Clean the area of the individual with Hibiclens (or similar product).
- C. Gently scrub the area with a sterile pad.
- D. Wash clean with saline solution.
- E. Apply antibiotic ointment.
- F. Apply the necessary dressing, closure strip or bandage.
  - 1. If steri strips are used (laceration is deep/wide enough) it is not advisable athlete continue to play especially if it's a contact sport. Athlete should then be referred to physician for follow up and stitches.
- G. ALWAYS dispose of any materials that have blood or other bodily fluid on it in a RED BIOHAZARD BAG/BIN. It must be disposed of properly.

**When in doubt of the severity of the laceration, always refer.**

If blood or other fluids get on uniforms or other surfaces proper cleaning must take place, use blood buster on both and if clothing is too soiled and blood can't be removed, athletes must change jerseys before returning to competition. **\*\*SOILED UNIFORMS MUST BE WASHED SEPRATELY FROM OTHER UNIFORMS\*\***

## Student Procedures to Decrease Spread of Disease

In an effort to decrease the incidence of infectious disease at Bethesda Academy, we are providing the following information for you.

1. Hand washing is the single most important behavior in preventing infectious disease. Wash your hands after *sneezing, blowing, or touching your nose*. Wash your hands after *using the toilet*. Wash your hands *before eating*, and *after leaving the athletic area*.
2. Wash hands **with WARM water and soap** for a minimum of 15 seconds
3. **Do NOT SHARE** drinks or food with friends.
4. Shower with soap and water as soon as possible after sports.
5. **Do not share** towels, or clothing, including shoes and socks, razors, clippers and athletic equipment.
6. *Consider a wound infectious* if there is any purulent drainage (pus) from the wound, especially if accompanied by fever, redness or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage.
7. Any student with an active infection must be evaluated by a physician.
8. **All wounds need to be cleaned and covered** while at school/participating in athletics. If the wound is not covered completely they may not attend school until it is cleared.
9. Follow all instructions from the doctor in treating any infection.
10. Do not stop taking prescribed antibiotic until all doses have been taken.
11. Athletes need to wash equipment, both clothing and otherwise on a regular basis.

Following these simple guidelines will help students to remain healthy, and decrease the number of communicable diseases they will experience, including colds, flu, strep throat, conjunctivitis (pink eye), staph (staphylococcus) infection, MRSA (Methycillin resistant Staph), athletes foot and ringworm.



## Rehabilitation and Therapeutic Exercise

Goals for Rehabilitation:

Our goal for rehabilitation is to utilize proven techniques and equipment to help the athlete recondition their affected body part to a point that it is at least equal to what it was prior to their injury. Our goal is to have bilateral:

- |                       |                             |
|-----------------------|-----------------------------|
| 1) Range of motion    | 6) Cardiovascular endurance |
| 2) Strength           | 7) Speed                    |
| 3) Flexibility        | 8) Balance/Proprioception   |
| 4) Muscular Endurance | 9) Agility                  |
| 5) Power              | 10) Skill Level             |

Types of exercises:

**Passive exercise:** Patient is in a relaxed state and remains passive throughout the duration of exercise. The desired movement is brought about by the athletic trainer manipulating the injured body part.

**Active Exercises:** Patient controls the desired movements by contracting and relaxing the involved body parts. These exercises are done without assistance from athletic trainer.

**Active resistance exercises:** Once the patient can perform active exercises throughout the full range of motion, some form of resistance may be applied to the movement. These exercises are done to increase strength in the injured body part. Resistance can be in the form of water, manual resistance, weights, or any other device made to safely provide resistance.

**Range of motion exercises:** the patient moves the involved body part throughout its full pattern of movement by contracting and relaxing surrounding musculature.

**Flexibility exercises:** Muscle groups are stretched statically as far as possible to reduce contractures and reduce muscle shortening.

**Isometric exercises:** The patient applies a force through the contraction of muscles to an immovable object. A muscle contraction is obtained without any actual lengthening or shortening of the muscle itself. Some people refer to this as muscle setting.

**Isotonic exercises:** The exercises are performed by applying a force to a resistance and the muscle is either lengthened or shortened during the execution of the movement. These exercises are usually done throughout the muscles full range of motion.

**Isokinetic exercises:** these exercises are active movements caused by the actions of the muscles wherein the resistance can be adjusted according to the force and speed of contraction.

**Phases of Rehabilitation:** Rehabilitation at Bethesda usually begins immediately after the initial treatment or surgery, as prescribed by physician. Rehabilitation progresses into three general phases. Progression from one phase to the next depends on daily evaluation by the athletic trainer and/or physician.

### Phase I

- a) Treatment with modalities
- b) Isometric Exercises
- c) Massage (only if warranted)
- d) Active or Passive range of motion exercises
- e) Ice treatment

### Phase II

- a) Treatment with modalities
- b) Range of motion exercises
- c) Active and/or resistive exercises (PRE's)
- d) Stretching exercises
- e) Conditioning exercises
- f) Ice treatments

### Phase III

- a) Treatment with modalities
- b) Stretching exercises
- c) Active and/or resistive exercises (PRE's)
- d) Conditioning exercises
- e) Sport Specific agility's
- f) Ice treatments

### **RETURN TO ACTIVITY:**

The athlete may be returned to activity once he has regained normal levels of the components mentioned earlier (i.e. strength, flexibility, power, etc.) and can perform sport specific skills without a problem. A joint decision between the athletic trainer and team physician has been met that the athlete is ready to return to activity. Supportive and/or protective devices may be applied in order to reduce risk of further injury or re-injury. In most cases the athlete will be instructed to continue some form of rehabilitation program even after being cleared to play. In some cases protective bracing will be mandatory, if athlete refuses to wear protective bracing he is not permitted to play.

The above exercises and phases are only general guidelines and should not be substituted for a comprehensive, well constructed individualized rehabilitation program.

## MODALITY AND MACHINE USAGE

Usage will depend on modality and availability at Bethesda

Currently available at Bethesda are cryotherapy in a variety of forms, Thermootherapy in the form of moist heat packs, and Electrotherapy.

A) Cryotherapy: Is a modality using some form of cold application. It is used as a primary treatment for acute and overuse injuries and as follow-up treatment.

### **Methods of application:**

**Ice Pack:** Fill plastic bag with ice. If any complications arise the treatment should be discontinued or something additional should be placed between the patient and form of cryotherapy. Treatment time is between 10-20 minutes depending on body part.

**Ice massage:** Fill paper cup  $\frac{3}{4}$  of the way full of water and place in freezer. Once frozen cup is then peeled back to expose the ice while still leaving enough paper for user to grasp the cup. The user then rubs the affected area vigorously until the desired effect is accomplished. This is usually done in conjunction with active range of motion exercises. Preferred method of treatment for muscle strains. Treatment time is between 10-15 minutes.

**Ice Immersion:** Is accomplished by filling up some type of water receptacle with ice and water. Receptacles that can be used are buckets, tanks and other objects that can hold water. Then injured athlete immerses their affected body part in the ice water and leaves it for the duration of the treatment. Care should be taken to prevent frostbite from over exposure to the cold. Ice immersion is the preferred treatment for acute extremity injuries. Treatment time is between 10-20 minutes.

**\*\* Contraindications of cryotherapy:**

- 1) Hypersensitivity to cold
- 2) Cold Allergies
- 3) Circulatory disorders
- 4) Raynaud's Syndrome
- 5) Rheumatoid Arthritis
- 6) Prolonged use around bony prominence.
- 7) Prolonged use around superficial nerves (Ulnar and Peroneal)

### B) Electrotherapy

Electrical stimulation is a form of treatment that utilizes a unipolar technique with a low voltage alternating current stimulation unit or a high voltage galvanic/direct current stimulation unit. The electrical stimulation can either be used during or following cryotherapy or thermootherapy. Treatment time is between 10-20 minutes.

**\*\*Contraindications of Electrotherapy:**

- 1) Patients with implants
- 2) Pregnancy
- 3) Cancerous Lesions
- 4) Stimulation over the heart
- 5) Stimulation over the carotid sinus

### C) Thermotherapy

Thermotherapy is a modality using some form of heat application. It is used as a follow up treatment for acute and overuse injuries.

Hydroculator pads: Moist heat pack treatments can be accomplished by using the canvas sacks filled with silicon gel and pre-soaked in water approximately 160 degrees F. The pad is wrapped in a terrycloth cover and secure shut with Velcro. The pad is then applied to injured site of athlete. The moist heat pack treatments are the preferred treatments for the pre-workout patient who has an injured body part that would be too inconvenient to place in the world pool. Treatment time is between 8-20 minutes.

\*\*Contraindications for hydroculator pads:

- 1) Acute Injuries
- 2) Sub acute Injuries
- 3) Hemorrhaging
- 4) Increased swelling
- 5) Impaired circulation, sensation or pain
- 6) Thermoregulatory disorders