POLICIES AND PROCEDURES MANUAL

Waverly High School – District 145 - Athletic Training

2015
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INTRODUCTION

Mission

Waverly High School Athletic Trainer provides care under the supervision of a physician. Waverly High School Athletic Trainer’s mission is to prevent, evaluate, treat, and rehabilitate injuries and illnesses of student-athletes in the most effective manner available, within the athletic training room or referring to other health care professionals.

Philosophy

Waverly High School Athletic Trainer’s philosophy is to provide safe and effective healthcare to each Waverly High school student-athlete.

Athletic Training Staff & Physicians

- Cassie Metzner  Athletic Trainer  cassie.metzner@bryanhealth.org  (402) 245-0156
- Lincoln Orthopedic Center  Team Orthopedic Physicians  (402) 436-2000

Code of Ethics - NATA Code of Ethics – Appendix 1

- Principle 1 : Waverly High School Athletic Trainers shall respect the rights, welfare, and dignity of all.
  1.1 : Waverly High School Athletic Trainers shall not discriminate against any legally protected class.
  1.2 : Waverly High School Athletic Trainers shall be committed to providing competent care.
  1.3 : Waverly High School Athletic Trainers shall preserve the confidentiality of privileged information and shall not release information to a third party not involved in the patient’s care without a release unless required by law.
- Principle 2 : Waverly High School Athletic Trainers shall comply with the laws and regulations governing the practice of athletic training.
  2.1 : Waverly High School Athletic Trainers shall comply with the local, state, and federal laws and institutional guidelines.
  2.2 : Waverly High School Athletic Trainers shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
  2.3 : Waverly High School Athletic Trainers shall report illegal or unethical practices related to athletic training to the appropriate persons or authority.
  2.4 : Waverly High School Athletic Trainers shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.
- Principle 3 : Waverly High School Athletic Trainers shall maintain and promote high standards in their provision of services.
  3.1 : Waverly High School Athletic Trainers shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity and services.
  3.2 : Waverly High School Athletic Trainers shall provide only those services for which they are qualified through education or experience and which are allowed by practice their practice acts and other pertinent regulation.
  3.3 : Waverly High School Athletic Trainers shall provide services and make referrals that are necessary.
  3.4 : Waverly High School Athletic Trainers shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 : Waverly High School Athletic Trainers shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

- Principle 4 : Waverly High School Athletic Trainers shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.
  
  4.1 : Waverly High School Athletic Trainers should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

MEDICAL POLICIES AND PROCEDURES

Medical Eligibility

- All student-athletes must annually complete and pass a pre-participation physical exam performed by a physician who is “licensed to diagnose, treat, or recommend treatment in areas covered by the recommended physical examination form”, NSAA Bylaws 3.4.1.1.
- The pre-participation exam will only be affective for one year from the date of the examination.
- The pre-participation exam form can be seen in Appendix 2.

Injury Protocol

- In order for Waverly High School to provide students with proper athletic related medical care, we request from parents/guardians that any injuries (fractures, concussions, etc.) including those on and off the field, during school, or unrelated to school, be communicated to Waverly health care staff. Please notify the athletic trainer promptly when injury is suspected or known.
- Waverly High School Athletic Trainer can assist in seeking proper medical care for student injuries. In the event of an emergency, appropriate emergency medical personnel should be contacted.
- Waverly High School requires written documentation from a licensed medical provider when the student requires medical care outside of the athletic training room.
- Waverly High School Athletic Trainer will make the final decision when determining a student’s return to Waverly High School practice or game.
- The Waverly High School Athletic Trainer is only required to evaluate, treat, and rehabilitate Waverly High School athletic related injuries.

Medical Records

- Student-athletes evaluated, treated, and/or rehabilitated by Waverly High School’s Athletic Trainer will be placed in the Sportsware Injury Tracking Software along with his or her injury/ies, progress notes, treatment, rehabilitation, etc.
- Any paperwork (physician notes, symptom graded scales, release to activity forms) will be placed in the file cabinet in its appropriate folder.

ATHLETIC TRAINING ROOM POLICIES

Athletic Training Room Rules

1) No profanity.
3) Do not remove anything from the athletic training room without asking permission.
4) Be clean before entering the athletic training room for treatment.
5) T-shirt and shorts must be worn for treatment.
6) No shoes on tables.

**Football Helmet Removal**

- Helmet and shoulder pads should always stay intact during a head or spinal injury.
- The helmet’s mask is the only thing that may be removed.
- The helmet should only be removed if emergency personnel are unable to get to the airway with the removal of the mask, emergency personnel are unable to remove the mask to get to the airway, or the head of the student-athlete will not be held securely during transportation.
- If the helmet is removed the shoulder pads must be removed as well.
- For additional information see Appendix 3.

**Inventory**

- Waverly High School Athletic Trainer is responsible for maintaining sufficient amount of supplies in the athletic training room.

**MEDICAL ISSUES**

**Blood Borne Pathogens**

- Common blood-borne pathogens are Hepatitis B Infection (HBV) and Human Immunodeficiency Virus (HIV).
- Personal protective equipment is used by the Waverly High School athletic training/health care staff in order to prevent transmission of bloodborne pathogens during the care of a student-athlete and environmental surfaces.
- A student-athlete with an open wound and/or bleeding or has blood on his/her uniform will be removed from practice or game to cover the wound, control bleeding, clean blood from uniform, or change uniform.
- If blood or bodily fluid comes in contact with skin, immediately wash with soap and water. If blood or bodily fluid comes in contact with open wound seek necessary medical care.
- If a student-athlete at Waverly High School is concerned about a bloodborne pathogen the athletic training/health care staff can refer the student-athlete to a physician for an assessment and testing.
  - The athletic training staff will abide by the physician’s plan.
- For more information see NCAA Guideline 2L: Bloodborne Pathogens and Intercollegiate Athletes and National Federation of State High School Association General Guidelines for Sports Hygiene, Skin Infections, and Communicable Diseases in Appendix 4.

**Concussion Policy and Procedures**

- ImPACT Baseline Testing will be taken by every Waverly High School student-athlete. Waverly High School will test all freshman and junior student-athletes and anyone who has not played athletics at Waverly High School during the prior year. Also individuals who received a concussion will take the ImPACT baseline test again during the next academic year.
• If a possible concussion is sustained at a school sporting event or other school activity, family is notified of possible concussion and encouraged to seek medical confirmation and advice through an athletic trainer or physician.

District 145- Waverly Public Schools
Head Injury and Concussion Protocol

This protocol shall hereby be implemented for all students residing in District 145 including all students at Eagle Elementary, Hamlow Elementary, Waverly Intermediate Schools (WIS), Waverly Middle School (WMS), and Waverly High School (WHS). No student shall be exempt from this protocol regardless of age. A Concussion Management Team is available for the district and will be in contact regarding all concussion regardless of age of student and severity. This team consists of, but is not limited to: RN (Registered Nurse) at WHS and/or other Health Staff, Athletic Trainer, Student Services Director, Counselors, WHS Activities Director and/or the student’s Principal(s).

Any head injury will be classified as any official contact of head to head or head to object regardless of the severity of impact (mild to severe). This includes, but is not limited to: head to head contact in sports (both in practice and in games), accidental contact with an object in PE, accidental contact on or around school property, car accidents, etc.

The protocol is as follows:
Should any staff member be informed a student has hit their head or is having symptoms associated with concussions, the student should be taken to the closest health office at the closest school.
If this occurs at a sporting event, the Athletic Trainer should assess immediately regardless of location, or a school staff member from the student’s school should be informed immediately. They will begin the protocol process at varying steps depending on who is informed first.

If student is in health office during school day:
1. Health Staff member of school will request that student fill out concussion symptom list (included). The Health Staff member may help student with reading or filling out form, if needed, however answers will come directly from student.
2. If symptom score is over 0, the Health Staff member will call the RN at Waverly High School. The RN will discuss with Health Staff if assessment is needed and RN may or may not see the child at school.
3. Parents/Guardians will then be called by RN to inform them about student.
4. It is strongly encouraged that students should be sent home if they are having symptoms as physical activity (sports, practice, play (for small children), tv, etc. should cease for the remainder of the day). If student does not go home, student will be allowed to stay in health staff office if he/she is not able to return to class.
5. Student will be sent home either will parent or at the end of the day with a Parent Information Brochure to watch their student over the evening.
6. Student returns to the following school day, if possible. Student will see Health Staff upon arriving to school. Student will complete another symptoms sheet at this time.
7. For students that are athletes, the Certified Athletic Trainer for District 145 will be informed. The Athletic Trainer will then evaluate the student and diagnose with concussion, if needed.
8. No matter If student is/was diagnosed by Athletic Trainer or another Medical Professional, information on the student and their concussion will be shared with the district Concussion Management Team. The Health Staff member will inform any and all teachers that the student has a concussion and provide information on any classroom accommodations the student may need until recovered.
9. At this time, the student will then follow the district Return to Learn and Return to Play Protocol (included). Return to Learn Protocol will be based upon symptoms through networking with Health
Staff, Athletic Trainer, and Parents/Guardians. Return to Play Protocol will specifically be based upon assessment by the Athletic Trainer.

10. Should symptoms persist for a longer than anticipated time frame, the Concussion Management Team will meet to discuss the student’s situation more in depth and will devise a specific plan, if needed.

Concussion Management Team
( Teams will vary with students’ schools)

Student Services Director: Delanie McMillan
WHS Principal: Ryan Ricenbaw
WHS Assistant Principal: Brian Daniell
WHS Asst. Principal/Activities Director: Brad McMillan
WHS RN: Joslynne Stauss
District 145 Athletic Trainer: Cassie Metzner
WHS Counselor (A-K): Jason Boitnott
WHS Counselor (L-Z): Kelly Verkamp
WMS Principal: Ross Ricenbaw
WMS Assistant Principal: George Schere
WMS Health Assistant: Rochelle Johnson
WMS Counselor: Ruth Schmidt
WIS Principal: Craig Patzel
WIS Health Assistant: Michelle Henrickson
Hamlow Elementary Principal: Michelle Rezek
Hamlow Elementary LPN: Tracy Anderson
Eagle Elementary Principal: Dottie Heusman
Eagle Elementary Health Assistant: Shelly Janssen
Elementary Counselor: Ashley Hergott

All students will automatically be referred to the CMT if:
- The student has a history of previous concussions regardless of when the last concussion occurred.
- The student has a history of severe headaches or migraines.
- The student has diagnosed Depression, diagnosed Anxiety, or other diagnosed Mental Health diseases.
- The student has been diagnosed with ADHD or SLD.
- The student has a known and diagnosed sleeping disorder.
Return to Academics (Learn) Protocol

Progression for each student will be individualized. Some may progress much quicker than others. Also, be advised that the student may jump back and forth between steps or skip steps depending on symptoms.

**STEP 1**
**HOME:** Student will stay home for cognitive and physical rest.
- Stay at home
- No driving
- Limited mental exertion including: computers, texting, homework, and video games

**STEP 2**
**HOME:** Light Mental Activity
- Stay at home
- No driving
- Up to 30 minutes of mental exertion
- No prolonged concentration

*Student may progress to step 3 only when he/she can withstand 30 minutes of mental exertion without worsening of symptoms.*

**STEP 3**
**SCHOOL:** Part time with maximum adjustments, built in breaks, and shortened day/schedule
- Provide quiet place for scheduled mental rest
- Lunch in quiet environment
- No significant classroom or standardized testing
- Modify rather than postpone academics
- Provide extra help, time, and adjustment of assignments

*Student may progress to step 4 only when he/she can withstand 30-40 minutes of mental exertion without worsening of symptoms.*

**STEP 4**
**SCHOOL:** Part time with maximum adjustments and shortened day/schedule
- No standardized testing
- Modified classroom testing
- Moderate decrease of extra help, time, and modification of assignments

*Student may progress to step 5 only when he/she can withstand 60 minutes of mental exertion without worsening of symptoms.*

**STEP 5**
**SCHOOL:** Part time with minimal adjustments
- No standardized testing (routine classroom testing ok)
- Continued decrease of extra help, time, and adjustment of assignments
- May require more support in academically challenging subjects

*Student may progress to step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance to full return to learn and play.*

**STEP 6**
**SCHOOL:** Full time with full academics and no adjustments
- Attends all classes
- Full homework and testing
When symptoms continue beyond 3-4 weeks, prolonged in-school support and accommodations are required. CMT will meet and discuss individualized plan for the student.

Updated 8/19/2015

Return to Play (Athletics) Protocol

Return to Play is a medical decision. The District 145 CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student.

In order for a student to progress past Stage 1 in the Return to Play Protocol a student must be symptom free for at least 2 days and must have taken and passed the ImPACT Test. Progression through the Protocol is individualized. Student only continues to progress as long as their symptoms do not return.

STAGE 1
NO ACTIVITY: Symptom limited physical and cognitive rest.
• Recovery Stage

Student must be symptom free and pass the ImPACT test prior to progressing to Stage 2.

STAGE 2
LIGHT AEROBIC EXERCISE: Walking, swimming, or stationary cycling. <70% maximum permitted heart rate. No resistance training.
• Work toward increasing heart rate.
• Increasing activity without return of symptoms.

STAGE 3
SPORT SPECIFIC EXERCISE: Skating drills in ice hockey or running drills in soccer. No head impacts activity.
• Work toward adding more movement with exercise.
• Increasing activity without return of symptoms.

STAGE 4
NON-CONTACT TRAINING DRILLS: Passing drills in football or ice hockey. May start progressive resistance training.
• Progression to more complex drills.
• Work toward increasing exercise, coordination, and cognitive load.
• Increasing activity without return of symptoms.

STAGE 5
FULL CONTACT PRACTICE: Following medical clearance with normal play in activities.
• Restore confidence
• Assess functional skills by coaching staff
• Full activity without return of symptoms

STAGE 6
FULL RETURN TO PLAY: Normal game play if medically cleared.
Disordered Eating

- Disordered eating can be a common issue among athletes attempting to become the best athlete possible. It is important to have a coordinated treatment plan in place when this issue arises. Waverly High School athletic staff wants to prevent, detect a problem early, and provide appropriate care.
- Education is recommended to coaches, athletes, and athletic staff in order to help prevent disordered eating.
- The Waverly High School athletic staff wants early detection through a pre-participation physical exam and history questionnaire.
- If a student-athlete has an eating disorder there is a response team set up to provide care.
  - Student-Athlete Physician
  - Counseling Service
  - Nurse
  - Athletic Trainers
  - Coaches

Skin Conditions

- Skin conditions are common in wrestling; therefore Waverly High School follows the NSAA Skin Infection Guidelines.
- Bacterial Infections-
  - Must have developed no new skin lesions within 48 hours before the meet or tournament
  - Must have no moist, exudative or purulent lesions at meet or tournament time;
  - Cannot cover active purulent lesions to allow participation
- Herpes Simplex-
  - Must be free of systemic symptoms of viral infection
  - Must have developed no new blisters for 48 hours before the examination
  - Must have no moist lesions; all lesions must be dried and surmounted by a firm adherent crust
  - Must have been on appropriate dosage of systemic antiviral therapy for at least 120 hours before and at the time of the meet or tournament
  - Active herpetic infections shall not be covered to allow participation
- Molluscum Contagiosum
  - Solitary or localized, clustered lesions can be covered with a gas permeable membrane, followed by tape
  - Not considered contagious
- Verrucae
  - Verrucae must be covered
  - Not considered contagious
- Tinea Infections
  - For skin lesion must have applied topical therapy or taken oral treatment for a minimum of 72 hours
  - For scalp lesion must have taken oral treatment for a minimum of 14 days
  - May be covered by bio occlusive dressing when considered not contagious
- For additional information see Appendix 5.
Student- Athlete Pregnancy

- A pregnant female-athlete may not only cause harm to herself, but also the fetus while training or competing.
- A female student-athlete who becomes pregnant while at Waverly High School, her pregnancy will remain confidential unless the athlete and a parent/guardian give consent or until there is medical reason to withhold the student-athlete from competition.
- The student-athlete will not be forced to terminate a pregnancy.
- Waverly High School cannot and will not discriminate against any female athlete that become pregnant and chooses to participate in school and athletics.
- The student will be required to meet all academic requirements and will be held to the same standard as any other student athlete.
- Waverly High School will provide support to the student athlete, as needed, during her pregnancy.
- The student-athlete will be required to see a General Physician for guidance on pregnancy and exercise/competition.

ENVIRONMENTAL CONDITIONS

Lightning Policy

- The keys to lightning safety are education and prevention. Education of the lightning safety tips will help prevent injuries and casualties. This policy outlines the procedures in order to make a careful decision with regards to stopping activities during lightning.
  - Steps to Prevention
    1. Monitor Weather Conditions:
       a. The day before and the day of an event the head coach and athletic trainer should monitor local weather forecasts. The National Weather Service issues out watches and warnings. A watch means the conditions are favorable to develop in an area. A warning means severe weather is in the area and people within the area should take precautions.
    2. Evacuation Criteria:
       a. Flash to Bang Method: One must count the seconds from the time lightning is seen to when the clap of thunder is heard. This number is then divided by 5 to determine how many miles the lightning is away. A suspension of activity must occur when there is a “flash to bang” count of 30 seconds or less. After a suspension of an activity play will resume 30 minutes after all lightning and thunder has ceased.
       b. Suspension of Activity Decision:
          i. Practice: An athletic trainer will make the decisions based on the guidelines set forth by this policy. If an athletic trainer is not present the head coach will make the decision based on the guidelines.
          ii. Athletic Contest: The official, athletic director, and athletic trainer of the game and contest must confer and suspend the game during dangerous lightning activity. During lightning activity at an athletic contest, the announcer should immediately announce all spectators to leave the area and seek safe shelter until competition resumes, postponed, or cancelled.
c. Shelter
   i. Safe areas include:
      1. Enclosed buildings: Buildings with walls, roof, and has plumbing and wiring.
      2. Vehicles: Fully enclosed metal vehicles with hard metal roofs and windows up
      3. Outside: If no safe structure or location is within reasonable distance, crouch down on the ground with only the balls of your feet touching the ground, wrap your arms around your knees, and tuck your head down. DO NOT LIE FLAT!!
   ii. Unsafe areas include:
      1. Bleachers
      2. Open field
      3. Fences
      4. Tall Trees
      5. Golf Cart/Gators
      6. Pools of Standing Water

Tornado Procedures

- In the event of a tornado on or near campus, take the following action:
  - If the Lancaster County Emergency Management Agency outdoor warning is sounded, check a media source for the reason and if a tornado warning seek shelter right away.
  - Go to the designated tornado waiting area for the building you are located, curl up into a ball (protecting your head) to become as small of a target as possible for flying debris.
  - Assist anyone who might need help.
  - Do not leave the waiting area until notified by a school official.

Heat Illness First Aid and Prevention

- First aid during heat illnesses include:
  1. Heat Exhaustion: removal from activity, place in a cool area, drink fluids, place cool towels if available, and if necessary immerse in cold water
  2. Exertional Heat Stroke: medical emergency, immerse in cold water until paramedics are at the venue, report vitals
- In order to prevent heat illness, Waverly High School takes preventative measures
  1. Pre-participation physical exam and medical history
  2. NSAA encourages acclimatization over 14 days. Recommendations are seen in Appendix 6
  3. With extreme heat and humidity practices are encouraged during a cooler time of day.
  4. Water is provided to all practices to maintain hydration.
  5. Appropriate clothing is encouraged.
  6. Student-athletes are encouraged to drink two cups or more of water or sports drink in the hour before practice and will be provided water periodically during activity. After activity water should be consumed for the volume lost during activity.
7. Student-athletes have the opportunity to weigh themselves before and after practices. For every pound of water loss, the student-athlete should drink 16-24 ounces of water ideally over 2 hours post-exercise. Fluids containing carbohydrates, sodium, and potassium will also prevent heat illnesses.

8. Hydration can also be determined by urine color. A lemonade color or lighter is considered hydrated and an apple juice color is considered dehydrated.

- For additional information see Appendix 7.
Waverly High School Athletics Emergency Action Plan

The purpose of a written emergency action plan is to provide proper instructions for Waverly High School Athletic Department in case of a medical emergency regarding student-athletes. Emergency situations can occur at any time in athletics, therefore proper action must be taken in order to provide the best possible care.

Athletic organization have a duty to develop an emergency action plan and implement it when an emergency situation arises. Each organization needs to formulate an emergency action plan, maintain appropriate emergency equipment and supplies, utilize appropriate medical personnel, and educate the athletic staff how to manage an emergency situation.

Some emergencies can be avoided through a yearly physical screen of an athlete prior to participation in any sport. Also, safe practices, such as maintained equipment, proper technique, and adequate environment can prevent injuries. However, accidents and illnesses do occur with sports participation. Therefore, proper preparations need to be made in order to manage an emergency appropriately.

An emergency action plan has three basic components: Emergency Personnel, Emergency Communication, and Emergency Equipment. Each component is described in detail below.

**Emergency Personnel**

At Waverly High School the type and degree of sports medicine coverage for an athletic event (practice or contest) may vary on the particular sport or activity, the setting, the type of training or competition, and the daily schedule of the sports medicine personnel. Therefore, throughout the year there might be many times in which an athletic trainer or medical professional is not immediately available. This places athletic personnel, most likely coaches, in the position of potentially providing emergency medical services in the form of cardiopulmonary resuscitation and basic first aid. All coaches must be CPR certified.

Within an emergency action plan it is important to develop an emergency team. An emergency team may include a physician, athletic trainer, coaches, managers, or bystanders depending on the availability. Roles of the emergency team may vary depending on if a physician or certified athletic trainer are on site, venue, and number of members of the emergency team available. The emergency must perform four basic roles: establish scene safety and immediate care to the injured or ill student-athlete, activate emergency medical services, retrieve emergency equipment, and direct emergency medical services to the scene. Establishing scene safety and providing immediate care is the most important role. The most qualified person at the scene should give acute care to the student-athlete. The second role, activating emergency medical services, may be necessary where emergency transportation is not already present. Activation of emergency medical services should be performed as soon as the situation is deemed an emergency or life-threatening. The individual who activates emergency medical services needs to be someone who communicates well, stays calm under pressure, and knows direction and location of the venue. The third role, retrieval of medical equipment should be done by someone who knows the location and type of medical equipment needed. Directing emergency medical services is the fourth role. One individual should be responsible for meeting medical personnel and directing them to the scene. If there are locked gates, this person should have the keys to unlock the gates to provide quicker arrival of medical personnel.

**Emergency Communication**

Prompt emergency response starts with communication. Once a situation is deemed an emergency a member of the emergency team should contact emergency medical services immediately. If there is no phone available on site, it is the responsibility of the certified athletic trainer or coach (if a certified athletic trainer is not present) to bring a cellular phone to the practice or game site. There should always be a backup communication plan if the primary communication system fails.

Activate emergency medical system (EMS) (911)
• Provide name, address, phone number
• Number of individuals injured
• Condition of individuals injured
• Care being given to injured
• Specific directions
• Operator will tell you when to hang up

Direct EMS to scene
• Designate someone to meet EMS to direct medical personnel to scene
• Scene control: move bystanders away from area

Emergency Medical Equipment

In the event of an emergency situation, emergency medical equipment should be retrieved. The certified athletic trainer and coaches should know where and what equipment is available at the venue. Appropriate personnel should know how to operate the equipment. The equipment should be in good condition and checked regularly. The highest trained individual should operate equipment if necessary.

The following is a list of equipment:

• Spineboard: Spineboarding is the responsibility of the EMT, Physician, and/or the Certified Athletic Trainer.
• Splints: Available in the athletic training room under table along East wall and on site with certified athletic trainer for competitions
• Automatic Electronic Defibrillators (AED’s): Available in athletic training room in a cabinet along the South wall and in the HS commons along the West wall.
Emergency Action Plan:
Waverly High School Viking Stadium

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School Viking Stadium - 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School Viking Stadium - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road approximately one quarter mile. Turn right onto Cannongate Road leading into parking lot. Enter through the North gate labeled “Player Entrance”. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School Athletic Training Room

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School Athletic Training Room- 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School Athletic Training Room - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Take first driveway left. Turn right into first parking lot. Enter building through West corner door near benches. Athletic Training Room is the first door on the left as you enter the building. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School Softball Field/ Batting Cages

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.

1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School Softball Field - 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School Softball Field - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Turn left onto Canongate Road into parking lot. Turn right into driveway West of softball field. Enter gate in right field. If emergency is in outdoor batting cages follow outfield fence towards batting cages. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School Southwest Practice Field

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School Practice Field - 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School Practice Field - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Turn left onto Canongate Road into parking lot. Turn right into driveway West of softball field. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School West Football Practice Field

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.

1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School West Football Practice Field - **13401 Amberly Road, Waverly, NE 68462**
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School West Football Practice Field - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Turn left onto Canongate Road into parking lot. Practice field will be on the left. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School Main Gym

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.

1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School Main Gym - 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School Main Gym - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Take first driveway left towards Waverly High School sign on North side of building. Enter through main doors on North side of building, walk down hall, and take a right towards Main Gym. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School Weight Room

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.

1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School Weight Room - 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School Weight Room - located at 13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Take first driveway left towards Waverly High School sign on North side of building. Enter through main doors on North side of building, walk down hall, and take a right towards Main Gym. Proceed up stairs on West side of Main Gym to weight room. Personnel will guide EMS to injury.
Emergency Action Plan:
Waverly High School West Gym

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in the athletic training room in a cabinet along the South wall and in the main lobby along the West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Waverly High School West Gym - 13401 Amberly Road, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Waverly High School West Gym - located at
13401 Amberly Road, Waverly, NE 68462.

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road less than one quarter mile. Turn right onto N 134th Street. Take first driveway left. Turn right into first parking lot. Enter building through West corner door near benches. West Gym is on the right as you enter the building. Personnel will guide EMS to injury.
Emergency Action Plan: Lawson Park

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: available during competitions when Certified Athletic Trainer is on site

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Lawson Park – N 141st Street, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Lawson Park - located at N 141st St
Waverly, NE 68462

Directions: Turn North off of Highway 6 onto Canongate Road. Travel North on Canongate Road for a a half of a mile. Turn right onto Oldfield Street. Turn left on N 141st Street for less than a quarter of a mile. Turn left into Lawson Park parking lot. Travel to gate in left field. Personnel will guide EMS to injury.
Emergency Action Plan:
Wayne Park

Emergency Personnel:
Certified Athletic Trainer, coach(es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: available during competitions when Certified Athletic Trainer is on site

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Wayne Park – N 140th Street, Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Wayne Park - located at N 140th St
Waverly, NE 68462

Directions: Turn South off of Highway 6 onto N 140th Street. Travel South on N 140th Street until you approach a driveway on the left to the parking lot. Turn left into Wayne Park parking lot. Travel to gate in right field. Personnel will guide EMS to injury.
Emergency Action Plan:
Middle School West Field

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in middle school gymnasium along West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Middle School West Field – 13801 Amberly Rd. Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Middle School West Field - located at 13801 Amberly Rd. Waverly, NE 68462

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road approximately one quarter mile. Turn right onto Cannongate Road leading into parking lot. Turn left into first driveway leading to Waverly Middle School. Travel to round-about. Middle School Fields will be southwest of round-about. Personnel will guide EMS to injury.
Emergency Action Plan:
Middle School East Field

Emergency Personnel:
Certified Athletic Trainer, coach (es), and/or administrative staff on site for practices or games.

Emergency Communication:
Cellular phones will be on site by Certified Athletic Trainer and/or head coach.
Landline telephone: located in athletic training room on South wall: 402.786.2765 ext. 244
Emergency: 911

Emergency Medical Equipment:
First aid equipment: in team kits and athletic training room
Vacuum splints: in athletic training room (under table along East wall) or with Certified Athletic Trainer for competitions
AED: in middle school gymnasium along West wall

Roles of First Responder:
In the event that a Certified Athletic Trainer is not present, a coach will perform the role of first responder.
1) Immediate care of injured or ill student-athlete
2) Activate emergency medical system (EMS): 911
   a. Provide name, address, phone number
      Middle School East Field – 13801 Amberly Rd. Waverly, NE 68462
   b. Number of individuals injured
   c. Condition of individuals injured
   d. Care being given to injured
   e. Specific directions
   f. Operator will tell you when to hang up
3) Retrieve emergency equipment
4) Direct EMS to scene
   a. Designate someone to meet EMS to direct medical personnel to scene
   b. Scene control: move bystanders away from area

Nearby Hospital Phone Numbers:
Bryan Medical Center West Campus: 402.481.1111
Bryan Medical Center East Campus: 402.481.1111
St. Elizabeth Regional Medical Center: 402.219.8000

Location:
Middle School East Field - located at 13801 Amberly Rd. Waverly, NE 68462

Directions: Turn South off of Highway 6 onto Amberly Road. Travel South on Amberly Road approximately one quarter mile. Turn right onto Cannongate Road leading into parking lot. Turn left into first driveway leading to Waverly Middle School. Turn left in drive across from parking lots. Turn right toward East side of Middle School. Middle School East Field will be on the East side. Personnel will guide EMS to injury.
Appendix 1

NATA CODE OF ETHICS

September 28, 2005

PREAMBLE

The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1: Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2: Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3: Members shall maintain and promote high standards in their provision of services.

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.
PRINCIPLE 4: Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
4.2 National Athletic Trainers’ Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.
4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
Preparticipation Physical Evaluation

The Athlete with Special Needs: Supplemental History Form

Date of Exam ______________________________ Date of birth ______________________________

Name ________________________________ Age ___________ Grade ___________

Sex ___________________________ School ___________________________

Sport(s) ___________________________

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Do you regularly use a brace, assistive device, or prosthesis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
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<tr>
<td>8. Do you have any casts, pressure sores, or any other skin problems?</td>
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<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
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<tr>
<td>10. Do you have a visual impairment?</td>
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<tr>
<td>11. Do you use any special devices for bowel or bladder function?</td>
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<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
<td></td>
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<tr>
<td>13. Have you had autonomic dysreflexia?</td>
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<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
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<tr>
<td>15. Do you have muscle spasticity?</td>
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<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
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Explain "yes" answers here

Please indicate if you have ever had any of the following.

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<thead>
<tr>
<th>Condition/Sign</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Atlantoaxial instability</td>
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<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
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<td></td>
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<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
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<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
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<tr>
<td>Enlarged spleen</td>
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<tr>
<td>Hepatitis</td>
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<td></td>
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<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
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<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
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<tr>
<td>Numbness or tingling in legs or feet</td>
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<tr>
<td>Weakness in arms or hands</td>
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<tr>
<td>Weakness in legs or feet</td>
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<tr>
<td>Recent change in coordination</td>
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<tr>
<td>Recent change in ability to walk</td>
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<td></td>
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<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
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</tr>
</tbody>
</table>

Explain "yes" answers here

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

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date ___________

**Preparticipation Physical Evaluation**

**Physical Examination Form**

**Physician Reminders**

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you chew tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

<table>
<thead>
<tr>
<th>Examination</th>
<th>Medical</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Appearance</td>
<td></td>
<td></td>
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<tr>
<td>Weight</td>
<td>Eyes, ears, nose, throat</td>
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<tr>
<td>Male Female</td>
<td>Pupils equal</td>
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<td>BP</td>
<td>Hearing</td>
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<td>Pulse</td>
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<td></td>
<td>Lungs</td>
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<tr>
<td>Abdomen</td>
<td>Genitourinary (males only)</td>
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<tr>
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<td>Skin</td>
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<td></td>
<td>HSV, lesions suggestive of MRSA, lines corporis</td>
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<td></td>
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<td>Neurologic</td>
<td>Musculoskeletal</td>
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<td>Neck</td>
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<td>Back</td>
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<td>Shoulder/arm</td>
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<tr>
<td>Elbow/forearm</td>
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<td>Hip/Thigh</td>
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<td>Leg/Ankle</td>
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<td>Foot/Toes</td>
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<tr>
<td>Functional</td>
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</tr>
<tr>
<td></td>
<td>Duck-walk, single leg hop</td>
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</tbody>
</table>

*Consider ECG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.

*Consider GH exam if in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- [ ] Cleared for all sports without restriction
- [ ] Cleared for all sports without restriction with recommendations for further evaluation or treatment for

- [ ] Not cleared
  - [ ] Pending further evaluation
  - [ ] For any sports
  - [ ] For certain sports
  - Reason

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participation in the sport(s) as outlined above. A copy of the physical examination is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________ Date __________

Address __________________________ Phone __________________________

Signature of physician __________________________ MD or DO __________________________
PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM

Name ______________________________ Sex □ M □ F Age ______ Date of birth ______

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ____________________________

☐ Not cleared
   ☐ Pending further evaluation
   ☐ For any sports
   ☐ For certain sports
   Reason ____________________________

Recommendations ____________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) ____________________________ Date ______
Address ____________________________ Phone ______
Signature of physician ____________________________ MD or DO

EMERGENCY INFORMATION

Allergies ____________________________

Other information ____________________________
Guidelines for Helmet Fitting and Removal in Athletics

June 1990 • Revised June 2006

Several sports, including football, men’s lacrosse and ice hockey, require wearing tight-fitting, similarly constructed helmets. The following guidelines, while focused on football, are applicable to periodic evaluation, fitting and removal of protective helmets worn in any sport. These guidelines represent minimal standards of care that are designed to assist physicians, coaches, athletic trainers, paramedics, EMTs and hospital personnel who care for student-athletes.

Medical coverage of interscholastic and intercollegiate teams entails many routine preventive and acute health-care duties for dedicated practicing professionals; however, an occasional, serious, on-the-field, life-threatening head and/or neck injury poses a difficult challenge. It is incumbent upon those individuals assigned to provide medical coverage to be prepared to handle each situation efficiently and expertly.

Proper on-the-field management of head and neck injuries is essential to minimize sequelae, expedite emergency measures and to prepare for transportation. The action of those in attendance must not compound the problem. For this reason, clear communication between the medical staff and emergency-transportation personnel should be maintained. It is important that those involved in the medical management of teams engaged in collision and contact sports, and the student-athlete be knowledgeable about the helmet. The student-athlete should be instructed in the fitting, care and use of the helmet. Helmet manufacturer guidelines should be reviewed and followed for proper fitting and care techniques.

The resilient plastic shell is shaped spherically to deflect impacts. Interior suspension pads are designed to match the skull contour to ensure a snug crown fit. Various rigid and removable jaw and brow pads, along with the chin strap, help to hold the sides of the helmet firmly against the mandible and the forehead. When in place, the front edge of the helmet should be positioned about a finger’s breadth above the eyebrows. Pressure on the helmet crown should be dissipated through the interior suspension padding over the top of the head.

The helmet should fit snugly without dependence on the chin strap. The helmet should not twist or slide when an examiner grasps the face mask and attempts to rock or turn the helmet with the wearer resisting the movement.

With a properly fitted helmet, the top of the head is separated from the helmet shell by a uniform, functional, shock-absorbing support lining. Daily evaluation of this support mechanism, including cheek and brow pads, for placement and resiliency should be taught to the student-athlete. Helmets that require air inflation should be inflated and inspected daily by the student-athlete. Helmet shells should be examined weekly for cracking and be inspected closely again if the face mask has been bent out of shape. All helmets need to be reconditioned and the attachments of the mask replaced on a yearly basis.

Although the helmet is designed for a stable fit for protection during play, removal of the helmet by others is relatively difficult. In the case of a head or neck injury, jostling and pulling during removal presents high potential for further trauma.

Unless there are special circumstances such as respiratory distress coupled with an inability to access the airway, the helmet should never be removed during the pre-hospital
Guidelines for Helmet Fitting and Removal in Athletics

care of the student-athlete with a potential head/neck injury unless:

1. The helmet does not hold the head securely, such that immobilization of the helmet does not immobilize the head;

2. The design of the sport helmet is such that even after removal of the facemask, the airway cannot be controlled or ventilation provided;

3. After a reasonable period of time, the facemask cannot be removed; or

4. The helmet prevents immobilization for transportation in an appropriate position.

When such helmet removal is necessary in any setting, it should be performed only by personnel trained in this procedure.

Ordinarlly, it is not necessary to remove the helmet on the field to evaluate the scalp. Also, the helmet can be left in place when evaluating an unconscious student-athlete, an individual who demonstrates transient or persistent neurological findings in his/her extremities, or the student-athlete who complains of continuous or transient neck pain.

Before the injured student-athlete is moved, airway, breathing and circulation (ABCs) should be evaluated by looking, listening and palpation. To monitor breathing, care for facial injury, or before transport regardless of current respiratory status, the facemask should be removed by cutting or unscrewing the loops that attach the mask to the helmet. These loops may be difficult to cut, necessitating the use of PVC pipe cutters, garden shears or a screwdriver. Those involved in the pre-hospital care of the injured student-athlete should have readily available proper tools for easy facemask removal and should frequently practice removal techniques for facemasks and helmets. It should be noted that cold weather and old loops may make cutting difficult. The chin strap can be left in place unless resuscitative efforts are necessary. For resuscitation, the mouthpiece needs to be manually removed.

Once the ABCs are stabilized, transportation to an emergency facility should be conducted with the head secure in the helmet and the neck immobilized by strapping, taping and/or using lightweight bolsters on a spine board. When moving an athlete to the spine board, the head and trunk should be moved as a unit, using the lift/slide maneuver or a log-roll technique.

At the emergency facility, satisfactory initial skull and cervical X-rays usually can be obtained with the helmet in place. Should removal of the helmet be needed to initiate treatment or to obtain special X-rays, the following protocol should be considered:
• With the head, neck and helmet manually stabilized, the chin strap can be cut.
• While maintaining stability, the cheek pads can be removed by slipping the flat blade of a screwdriver or bandage scissor under the pad snaps and above the inner surface of the shell.
• If an air cell-padding system is present, it can be deflated by releasing the air at the external port with an inflation needle or large-gauge hypodermic needle.

By rotating the helmet slightly forward, it should now slide off the occiput. If the helmet does not move with this action, slight traction can be applied to the helmet as it is carefully rocked anteriorly and posteriorly, with great care being taken not to move the head/neck unit.
• The helmet should not be spread apart by the earholes, as this maneuver only serves to tighten the helmet on the forehead and on the occipital regions.
• All individuals participating in this important maneuver must proceed with caution and coordinate every move.

If the injured student-athlete, after being rehabilitated fully, is allowed to participate in the sport again, refitting his/her helmet is mandatory. Re-education about helmet use as protection should be conducted. Using the helmet as an offensive, injury-inflicting instrument should be discouraged.
Guidelines for Helmet Fitting and Removal in Athletics

References


Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

**Hepatitis B Virus (HBV)**

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure.

The incidence of HBV in student-athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

**HIV (AIDS Virus)**

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop
manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately 14 percent of all new HIV infections occur in persons aged between 12 to 24 years. The risk of infection is increased by having unprotected sexual intercourse, and the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts. Similar to HBV, these rare instances probably occurred through unrecognized-wound or mucous-membrane exposure.

**Comparison of HBV/HIV**

Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained, close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

**Testing of Student-Athletes**

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one's HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, and modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

**Participation by the Student-Athlete with Hepatitis B (HBV) Infection**

**Individual’s Health**—In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

**Disease Transmission**—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained, close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage.) Student-athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

**Participation of the Student-Athlete with HIV**

**Individual’s Health**—In general, the decision to allow an HIV-positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual’s health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The team physician must be knowledgeable in the issues surrounding the management of HIV-infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of
The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athlete’s medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV-infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

Disease Transmission—Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate, but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

Administrative Issues
The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athlete’s medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

Athletics Health-Care Responsibilities
The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms transmission in the context of athletics events and to provide treatment guidelines for caregivers. In the past, these guidelines were referred to as “Universal (blood and body fluid) Precautions.” Over time, the recognition of “Body Substance Isolation,” or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as “Standard Precautions.” Standard precautions apply to blood, body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood. These guidelines, originally developed for health-care, have additions or modifications relevant to athletics. They are divided into two sections — the care of the student-athlete, and cleaning and disinfection of environmental surfaces.
Blood-Borne Pathogens and Intercollegiate Athletics

**Care of the Athlete:**

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.

2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: Personal Protective Equipment (PPE) [minimal protection includes gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled “sharps” container for disposal of needles, syringes and scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.

3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.

4. The necessary equipment and/or supplies important for compliance with standard precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings, and a container for appropriate disposal of needles, syringes or scalpels.

5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.

7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution. Gloves and other PPE, if necessary, should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.

8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminant, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.

9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment,
bandages, dressings and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71 degrees Celsius (160 degrees Fahrenheit) for 25-minute cycles may be used.

**Care of Environmental Surfaces:**

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.

2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include: Personal Protective Equipment (PPE) [gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter]; supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol; and properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:100 bleach/water ratio).

3. Put on disposable gloves.

4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)

5. Spray the surface with a properly diluted chemical germicide used according to manufacturer’s label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.

6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:100, and follow manufacturer’s label directions for disinfection; wipe clean. Place towels in waste receptacle.

7. Remove gloves and wash hands.

8. Dispose of waste according to facility protocol.

**Final Notes:**

1. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a Hepatitis B (HBV) vaccination.

2. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.

3. Occupational Safety and Health Administration (OSHA) standards for Bloodborne Pathogens (Standard #29 CFR 1910.1030) and Hazard Communication (Standard #29 CFR 1910.1200) should be reviewed for further information.

Member institutions should ensure that policies exist for orientation and education of all health-care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.
References


General Guidelines for Sports Hygiene, Skin Infections and Communicable Diseases

By on November 21, 2014

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition. These conditions include skin infections that occur due to skin contact with competitors and equipment. The transmission of infections such as Methicillin-Resistant Staphylococcus aureus (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases such as Influenza can often be greatly reduced through proper hygiene. The NFHS SMAC has outlined and listed below some general guidelines for the prevention of the spread of these diseases.

Universal Hygiene Protocol for All Sports:
• Shower immediately after every competition and practice.
• Wash all workout clothing after each practice.
• Wash personal gear (knee pads and braces) weekly.
• Do not share towels or personal hygiene products (razors) with others.
• Refrain from full body (chest, arms, abdomen) cosmetic shaving.

Infectious Skin Diseases
Strategies for reducing the potential exposure to these infectious agents include:

• Athletes must be told to notify a parent or guardian, athletic trainer and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional should evaluate any skin lesion before returning to competition.

• If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection.

• Coaches, officials, and appropriate health-care professionals must follow NFHS or state/local guidelines on “time until return to competition.” Participation with a covered lesion may be considered if in accordance with NFHS, state or local guidelines and the
lesion is no longer contagious.

**Blood-borne Infectious Diseases**

Strategies for reducing the potential exposure to these agents include following Universal Precautions such as:

- **An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.**

- **Athletic trainers or other caregivers need to wear gloves and take other precautions to prevent blood or body fluid-splash from contaminating themselves or others.**

- **In the event of a blood or body fluid-splash, immediately wash contaminated skin or mucous membranes with soap and water.**

- **Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves when cleaning.**

- **Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.**

**Other Communicable Diseases**

Means of reducing the potential exposure to these agents include:

- **Appropriate vaccination of athletes, coaches and staff as recommended by the Centers for Disease Control (CDC).**

- **During times of outbreaks, follow the guidelines set forth by the CDC as well as State and local Health Departments.**

For more detailed information, refer to the "Blood-Borne Pathogens,” “Infectious Mononucleosis” and “Skin Conditions and Infections” sections contained in the NFHS Sports Medicine Handbook.

Revised and Approved in October 2012
April 2010 and added to all NFHS Rules Books in October 2010
National Federation of State High School Associations
Sports Medicine Advisory Committee

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: ____________________________________________

Diagnosis __________________________________________

Location AND Number of Lesion(s) ________________________________

Medication(s) Used to Treat Lesion(s) ________________________________

Date Treatment Started: ___ / ___ / ___

Time: ________________________________

Form Expiration Date for this Lesion (Note on Diagram(s)): ___ / ___ / ___

Earliest Date the Wrestler May Return to Participation: ___ / ___ / ___

Provider Signature ____________________________________________

Office Phone #: ________________________________

Provider Name (Must Be Legible) ________________________________

Office Address ____________________________________________

Below are some treatment guidelines that suggest MINIMUM TREATMENT before return to wrestling:

Bacterial Disease (impetigo, boils): To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered.

Herpetic Lesions (simplex, fever blisters/cold sores, Zoster, Glandularum): To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Glandularum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm on scalp or skin): Oral or topical treatment for 72 hours on skin and oral treatment for 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management.

Conjunctivitis (Pink Eye): 24 hours of topical or oral medication and no discharge.

Measles Contagious: Upon treatment with curetage and hyfrecator, may cover with bioinocclusive and wrestle immediately.

Note to Appropriate Health-Care Professionals: Non-contagious lesions do not require treatment prior to return to participation (e.g., eczema, psoriasis, etc.). Please familiarize yourself with NFHS Wrestling Rules 4-2-3, 4-2-4 and 4-2-5 which states:

“ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear undesirable, the coach shall provide written documentation as defined by the NFHS or the state association, from an appropriate health-care professional stating that the suspected disease or condition is not communicable and that the athlete’s participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated on-site or appropriately health-care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to compete.”

“ART. 4 . . . If a designated on-site or appropriately health-care professional is present, he/she may override the diagnosis of the appropriate health-care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition.”

“ART. 5 . . . A contestant may have documentation from an appropriate health-care professional only indicating a specific condition such as a burnmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation.”

Once a lesion is considered non-contagious, it may be covered to allow participation.

Disclaimer: The National Federation of State High School Associations (NFHS) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or validity of the information provided here.

Revised/Approved by NFHS/SMAC - April 2015
# 14-Day Heat-Acclimatization Period

(Football, Golf, Softball, Tennis, Cross Country)

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). The only pieces of player equipment to be worn by the individuals during the walk-through are shoes and helmets. The only pieces of general equipment to be used during the walk-through are footballs and kicking tees. **(Football ONLY)**

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.
   - On days 3–5, contact with blocking sleds and tackling dummies may be initiated. **(Football ONLY)**
   - Beginning on day 6, all protective equipment may be worn and full contact may begin.
   - 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.

**NOTES:**

1. Consideration should also be taken for any practices conducted in hot and humid weather in non-air cooled facilities.
2. Marching Bands should be considered for Heat Acclimatization protocols.
3. Consult the Heat Index Chart, [www.nssahome.org](http://www.nssahome.org), Sports Medicine Page

References:

[http://www.nfhs.org](http://www.nfhs.org)

NSAA SMAC Revised and Approved – April, 2015
NSAA SMAC Revised and Approved – April, 2014
NSAA SMAC Recommendations – April, 2013
Prevention of Heat Illness

June 1975 • Revised June 2002, June 2010

Practice or competition in hot and/or humid environmental conditions poses special problems for student-athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, exertional heat stroke (EHS) is the third-leading cause of on-the-field sudden death in athletes. There have been more deaths from heat stroke in the last five-year block (2005-2009) than any other five-year block during the past 35 years. Constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed:

1. An initial complete medical history and physical examination, followed by the completion of a yearly health-status questionnaire before practice begins, is required, per Bylaw 17.1.5. A history of previous heat illnesses, sickle cell trait and the type and duration of training activities for the previous month, should also be considered.

2. Prevention of heat illness begins with gradual acclimatization to environmental conditions. Student-athletes should gradually increase exposure to hot and/or humid environmental conditions during a minimum period of 10 to 14 days. Each exposure should involve a gradual increase in the intensity and duration of exercise and equipment worn until the exercise is comparable to that likely to occur in competition.

3. Clothing and protective equipment, such as helmets, shoulder pads and shin guards, increase heat stress by interfering with the evaporation of sweat and inhibiting other pathways needed for heat loss. Dark-colored clothing increases the body’s absorption of solar radiation, while moisture wicking-type clothing helps with the body’s ability to dissipate heat. Frequent rest periods should be scheduled so that the gear and clothing can be removed and/or loosened to allow heat dissipation. During the acclimatization process, it may be advisable to use a minimum of protective gear and clothing and to practice in T-shirts, shorts, socks and shoes. Rubberized suits should not be worn.

4. To identify heat stress conditions, regular measurements of environmental conditions are recommended. The wet-bulb globe temperature (WBGT), which includes the measurement of wet-bulb temperature (humidity), dry-bulb temperature (ambient temperature) and globe temperature (radiant heat), assesses the potential impact of environmental heat stress. A WBGT higher than 82 degrees Fahrenheit (28 degrees Celsius) suggests that careful control of all activity should be undertaken. Additional precautions should be taken when wearing protective equipment (see reference No. 6).

Intense exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Report problems to medical staff immediately.

**PROTECT YOURSELF AND YOUR TEAMMATES:**

**Know the Signs**
- Muscle cramping.
- Decreased performance.
- Unsteadiness.
- Confusion.
- Vomiting.
- Irritability.
- Pale or flushed skin.
- Rapid weak pulse.

**Report your Symptoms**
- High body temperature.
- Nausea.
- Headache.
- Dizziness.
- Unusual fatigue.
- Sweating has stopped.
- Disturbances of vision.
- Fainting.
Prevention of Heat Illness

The American College of Sports Medicine has recently (2007) revised its guidelines for conducting athletic activities in the heat (see reference No. 1).

5. EHS has the greatest potential of occurrence at the start of preseason practices and with the introduction of protective equipment during practice sessions. The inclusion of multiple practice sessions during the same day may also increase the risk of EHS. Ninety-six percent of all heat illnesses in football occur in August.

6. Hydration status also may influence the occurrence of EHS, therefore fluid replacement should be readily available. Student-athletes should be encouraged to drink frequently throughout a practice session. They should drink two cups or more of water and/or sports drink in the hour before practice or competition, and continue drinking during activity (every 15 to 20 minutes). For activities up to two hours in duration, most weight loss represents water loss, and that fluid loss should be replaced as soon as possible. After activity, the student-athlete should rehydrate with a volume that exceeds the amount lost during the activity. In general, 16-24 ounces of fluid should be replaced for every pound lost. Urine volume and color can be used to assess general hydration. If output is plentiful and the color is “pale yellow or straw-colored,” the student-athlete is not dehydrated. As the urine color gets darker, this could represent dehydration of the student-athlete. Water and sport drinks are appropriate for hydration and rehydration during exercise in the heat. Sport drinks should contain carbohydrates and electrolytes to enhance fluid consumption. In addition, the carbohydrates provide energy and help maintain immune and cognitive function.

7. During the preseason period or periods of high environmental stress, the student-athletes’ weight should be recorded before and after every workout, practice and competition. This procedure can detect progressive dehydration and loss of body fluids. Those who lose five percent of their body weight or more should be evaluated medically and their activity restricted until rehydration has occurred. For prevention, the routine measurement of pre- and post-exercise body weights is useful for determining sweat rates and customizing fluid replacement programs.

8. Some student-athletes may be more susceptible to heat illness. Susceptible individuals include those with: sickle cell trait, inadequate acclimatization or aerobic fitness, excess body fat, a history of heat illness, a febrile condition, inadequate rehydration, and those who regularly push themselves to capacity. Also, substances with a diuretic effect or that act as stimulants may increase risk of heat illness. These substances may be found in some prescription and over-the-counter drugs, nutritional supplements and foods.

Tips for student-athletes and coaches

Stay cool
✓ Conduct warm-ups in the shade.
✓ Schedule frequent breaks.
✓ Break in the shade.
✓ Use fans for cooling.
✓ Take extra time – at least three hours – between two-a-day practices.
✓ Wear light-colored, moisture-wicking, loose-fitting clothing.
✓ Increase recovery interval times between exercise bouts and intervals.

Stay hydrated
✓ Drink before you are thirsty (20 oz. two to three hours before exercise).
✓ Drink early (8 oz. every 15 minutes during exercise).
✓ Replace fluids (20 oz. for every pound lost).
✓ Lighter urine color is better.
✓ Incorporate sports drinks when possible.

Acclimatize
✓ Avoid workouts during unusually hot temperatures by picking the right time of day.
✓ Progress your exercise time and intensity slowly during a two-week period before preseason.
✓ Reduce multiple workout sessions; if multiple sessions are performed, take at least three hours of recovery between them.

Coaches be prepared
✓ Use appropriate medical coverage.
✓ Have a cell phone on hand.
✓ Know your local emergency numbers and program them in your phone.
✓ Report problems to medical staff immediately.
✓ Schedule breaks for hydration and cooling (e.g., drinks, sponges, towels, fans).
✓ Provide ample recovery time in practice and between practices.
✓ Monitor weight loss.
✓ Encourage adequate nutrition.
9. Student-athletes should be educated on the signs and symptoms of EHS, such as: elevated core temperature, weakness, cramping, rapid and weak pulse, pale or flushed skin, excessive fatigue, nausea, unsteadiness, disturbance of vision, mental confusion and incoherency. If heat stroke is suspected, prompt emergency treatment is recommended. When training in hot and/or humid conditions, student-athletes should train with a partner or be under observation by a coach or athletic trainer.

**First aid for heat illness**

**Heat exhaustion**—Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress. Symptoms usually include profound weakness and exhaustion, and often dizziness, syncope, muscle cramps, nausea and a core temperature below 104 degrees Fahrenheit with excessive sweating and flushed appearance. First aid should include removal from activity, taking off all equipment and placing the student-athlete in a cool, shaded environment. Fluids should be given orally. Core temperature and vital signs should be serially assessed. The student-athlete should be cooled by ice immersion and ice towels, and use of IV fluid replacement should be determined by a physician. Although rapid recovery is typical, student-athletes should not be allowed to practice or compete for the remainder of that day.

**Exertional Heatstroke**—Heatstroke is a medical emergency. Medical care should be obtained at once; a delay in treatment can be fatal. This condition is characterized by a very high body temperature (104 degrees Fahrenheit or greater) and the student-athlete likely will still be sweating profusely at the time of collapse, but may have hot, dry skin, which indicates failure of the primary temperature-regulating mechanism (sweating), and CNS dysfunction (e.g., altered consciousness, seizure, coma). First aid includes activation of the emergency action plan, assessment of core temperature/vital signs and immediate cooling of the body with cold water immersion. Another method for cooling includes using cold, wet ice towels on a rotating basis. Student-athletes who incur heatstroke should be hospitalized and monitored carefully. The NATA’s Inter-Association Task Force recommends, “cool first, transport second” in these situations (see reference No. 7).

**POTENTIAL RISK FACTORS**

As identified throughout Guideline 2c, the following are potential risk factors associated with heat illness:

1. **Intensity of exercise.** This is the leading factor that can increase core body temperature higher and faster than any other.

2. **Environmental conditions.** Heat and humidity combine for a high wet-bulb globe temperature that can quickly raise the heat stress on the body.

3. **Duration and frequency of exercise.** Minimize multiple practice sessions during the same day and allow at least three hours of recovery between sessions.

4. **Dehydration.** Fluids should be readily available and consumed to aid in the body’s ability to regulate itself and reduce the impact of heat stress.

5. **Nutritional supplements.** Nutritional supplements may contain stimulants, such as ephedrine, ma huang or high levels of caffeine.* These substances can have a negative impact on hydration levels and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as sickle cell trait, hypertension, asthma and thyroid dysfunction.

6. **Medication/drugs.** Certain medications and drugs have similar effects as nutritional supplements. These substances may be ingested through over-the-counter or prescription medications, recreational drugs, or consumed in food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.

7. **Medical conditions.** Examples include illness with fever, gastro-intestinal illness, previous heat illness, obesity or sickle cell trait.

8. **Acclimatization/fitness level.** Lack of acclimatization to the heat or poor conditioning.

9. **Clothing.** Dark clothing absorbs heat. Moisture wicking-type material helps dissipate heat.

10. **Protective equipment.** Helmets, shoulder pads, chest protectors, and thigh and leg pads interfere with sweat evaporation and increase heat retention.

11. **Limited knowledge of heat illness.** Signs and symptoms can include elevated core temperature, pale or flushed skin, profound weakness, muscle cramping, rapid weak pulse, nausea, dizziness, excessive fatigue, fainting, confusion, visual disturbances and others.

*NOTE: Stimulant drugs such as amphetamines, ecstasy, ephedrine and caffeine are on the NCAA banned substance list and may be known by other names. A complete list of banned drug classes can be found on the NCAA website at NCAA.org/health-safety.
Prevention of Heat Illness

References


REFERENCES


