

INJURY PROTOCOL

As athletes are injured, the certified athletic trainer should always be informed. If on-site, the athletic trainer will assess the injury and decide whether further medical attention is needed. If a trainer is not present, the coach will determine whether the parents should be contacted and/or medical attention is required. Once under the care of a physician and before the athlete can resume participation, documentation from the physician that medically clears the athlete must be provided to the athletic trainer.

It is essential throughout this process all parties involved communicate as to what is in the best interest of the athlete.

- **Athlete:** Must communicate their ailments to the coach, parents and athletic trainer and follow issued instructions.
- **Coach:** Responsible for communicating with the trainer and athlete, to confirm status of injury and follow up with the parents as necessary.
- **Athletic Trainer:** Communicate with coaches and athletes to confirm status of injury. If doctor care is needed, communicate with parents and follow up.
- **Parents:** Encourage child to communicate their injury issues and follow up with coach or athletic trainer with their concerns.

SUPPLEMENTAL INSURANCE

Rochester Community Schools does not provide health or accident insurance for injuries incurred by the students, while they are at school or participating in extra curricular activities. However, as a service to students and their families, the school district is making available to students an accident insurance plan at a nominal cost.

ASSUMPTION OF RISK

Participation in supervised interscholastic athletics is accompanied by the risk of injury. While it is impossible to eliminate this risk, the Student Athlete Health & Welfare Guide is designed to aid athletes and their parents in managing some of the risks associated with athletic participation and provide them with additional resources.



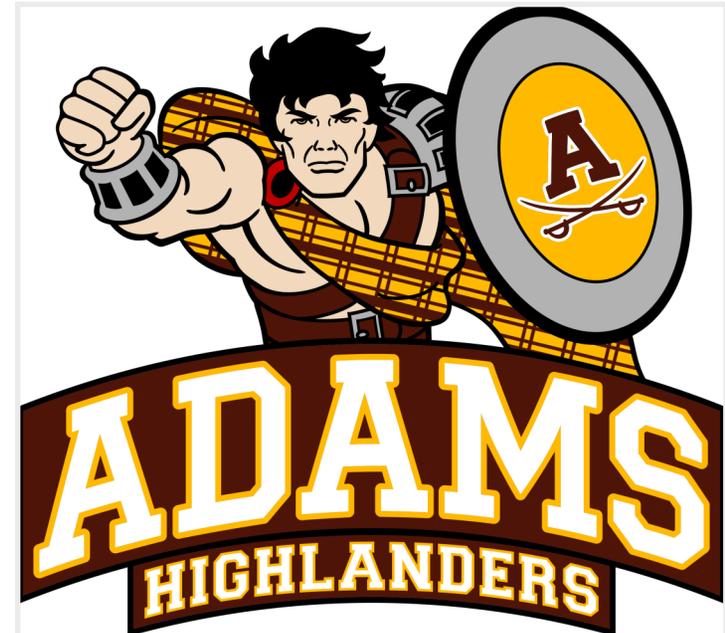
Additional Resources

www.mhsaa.com/resources/safety/index.html

www.henryford.com/body.cfm?id=38654 (Henry Ford hospital sports medicine page)

ROCHESTER ADAMS HIGH SCHOOL

STUDENT-ATHLETE HEALTH AND WELFARE GUIDE



Jason Rapp, Athletic Director
Nathan Brasseur, Certified Athletic Trainer

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Training Room Phone: 248-726-5241
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MRSA:

MRSA is a form of a staph infection which has developed resistance to treatment from basic antibiotics. The skin serves as the major barrier to protect us from infections. When that barrier breaks down, as in cuts or abrasions, we are subject to a number of viruses and bacteria, including MRSA. MRSA can be transmitted by skin to skin contact with someone carrying a staph infection, contact with surfaces possessing staph, or through sharing equipment.

Signs and symptoms of MRSA...

MRSA usually presents itself as skin infections that may look like a pimple or boil which can be red, swollen, painful, or have drainage.

Prevention of MRSA...

- Frequently wash hands with liquid anti-bacterial soap or alcohol based hand sanitizer.
- Proper wound care is essential. If you or your teammates have an open wound (scrape, cut, burn), be certain it is cleaned and bandaged.
- Do not share equipment, clothing and towels. Keep personal items personal, as MRSA is often spread through direct contact.
- Shower with soap and water after playing sports and regularly clean your personal equipment

Dehydration:

Adequate fluid intake is essential for comfort, performance and safety. Remember that your body is already dehydrated by the time you feel thirsty.

Signs and symptoms of dehydration...

Thirst, muscle cramps, weakness, nausea, decreased attention, headaches, and decreased performance are all indications of dehydration.

Prevention of Dehydration...

Minimum recommendations for proper hydration include:

- 20oz of water or a sports drink prior to activity.
- During the activity, rehydration should occur 3-4 times per hour
- 20oz of per pound lost to replenish the body after the activity.

Signs of proper hydration...

The volume and color of your urine is a simple and effective way of determining your hydration level. Large amounts of pale urine is a good sign of proper hydration, while smaller amounts of dark urine indicate the need for more fluids.

Concussions:

Concussions range in severity from mild to severe, but share one common factor — they temporarily interfere with brain functions. Memory, judgment, reflexes, speech, balance and coordination can all be affected by concussions. Usually caused by a blow to the head, concussions don't always involve a loss of consciousness. In fact, most people who experience concussions never black out. Additionally, whip lash type injuries without blows to the head can also lead to concussions.

Signs and symptoms of a concussion...

Symptoms of a closed head injury may not immediately appear. In some instances, it may be several hours after the initial trauma before symptoms occur. The list below is provide to alert students and parents to the symptoms associated with this type of injury. If you experience one or more of the following symptoms, seek medical attention.

- Difficulty in remembering recent events or common facts
- Severe headache
- Mental confusion or abnormal behavior
- Nausea or vomiting
- Dizziness, poor balance, or unsteadiness
- Weakness in arms or legs
- Abnormal drowsiness
- Unequal pupil size
- Persistent ringing in the ears
- Slurred speech

Nutrition

An athlete's everyday diet should consist of whole grains, fruits, vegetables, healthy protein sources and plenty of water.

- Healthy sources of whole grains are brown rice, 100% whole wheat bread, and oatmeal.
- Healthy sources of protein include skinless chicken breast, fish, egg whites, skim milk and lean beef. Avoid processed meat and protein that has high amounts of saturated fat.

Athletes should be eating at least 3 meals a day to ensure they are consuming enough calories to have energy for competition. Beverages high in caffeine or sugar should be avoided because they dehydrate the body. A proper diet and hydration can go a long way to improve athletic performance.