YULEE HORNETS

SPORTS MEDICINE

Policies and Procedures Manual

2020-2021

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Purpose:

This document was created to serve as a resource for the sports medicine team and coaching staff discussing policies and procedures pertaining to the safety and care of all students participating in sports at Yulee High School.

Sports Medicine Team:

Team Physician

Jeremy L. Coleman, MD, CAQSM

jeremy.coleman@jax.ufl.edu

Athletic Trainer

Christopher A. Griffis, LAT, ATC

griffisathletictraining@outlook.com

(904)-323-6836

Emergency Action Plan

If ATC is present in an athletic emergency…	If *only* Coaches are present in an athletic emergency…
• ATC assumes role of **first responder** & activates EMS. • ATC is **lead responder.** • Initiate scene size-up. • Primary survey. (Check for signs of life) • Designated person is asked to activate EMS, and they must provide appropriate information to dispatcher and report back to the ATC and patient. • ATC must have emergency equipment to access in the event of injury. • As instructed by ATC, designated person gets appropriate emergency equipment. • Designated person clears bystanders. • Designated person is sent to escort EMS to the scene. • ATC remains with patient, providing care, until EMS assists. Designated person: up to discretion of lead responder	• Coach (assistant or head) assumes role of **first responder.** • Coach is **lead responder** • Initiate scene size-up. • Primary survey. (Check for signs of life) • Activate EMS, or have a designated person to call 911. • Provide basic life support and appropriate care. • Assistant coach gets appropriate emergency equipment. • Designate person to clear bystanders. • Designate person to escort EMS to the scene. ○ Coach remains with patient until EMS assists. • Notify team ATC and parent/guardian of patient if they are a minor ASAP. Designated person: up to discretion of lead responder

I. Emergency Personnel

The highest person in the chain of command, the lead responder**,** is the designated leader in the decision to activate EMS and provide care. This person is subject to change. If the person at the top is not present, the next down on the list will assume the role of lead emergency personnel. As **lead responder**, they must appropriately delegate responsibilities to surrounding staff as needed.

Chain of Command

Team Physician

Certified Athletic Trainer (ATC)

Athletic Director

Head Coach

Assistant Coach

II. Activating EMS

The following are scenarios that require *immediate emergency medical care (911)*. An emergency means Emergency Medical Service (EMS) should be summoned to give professional medical attention and transportation to a seriously injured person.

Loss of consciousness

No pulse

No breathing

Severe bleeding

Severe allergic reaction/ Anaphylaxis

Agonal breathing

Choking

Drowning

Head or neck fracture

Potential spinal injury

Shock

Severe open fracture

Severe dislocation

Severe Pain

Paralysis

Vomiting blood

Severe heat exhaustion

Steps in activating EMS:

1. Call 911 using the nearest cellular phone or landline.

2. Calmly state your name and position or title.

3. State the name and age of the patient.

4. Briefly describe the injury and what care is being provided for it.

5. Provide detailed location.

85375 Miner Rd, Yulee, FL 32097

6. Explain the nearest EMS entrance.

7. Remain on the phone until EMS arrives or you are directed to disconnect.

8. Report back to scene and first responder.

9. Ensure proper insurance and personal medical information is transported with the patient in ambulance.

Common Emergencies

Dislocation or Open Fractures

- Activate EMS.
- Cover open wounds with moist sterile gauze.
- Immobilize the limb as it was found.
- Monitor for shock and re-check vitals periodically until the patient is in the care of EMS.
    - For a closed fracture on an otherwise stable patient, immobilize the injured limb and make the patient comfortable until they can be referred to a physician. The option to send them to the emergency room immediately is up to the discretion of the parent or guardian.

Asthma

- Remove patient from asthma trigger.
- Patient self-administers inhaler as prescribed.
- Monitor symptoms for improvement or worsening.
- If symptoms worsen or do not improve, activate EMS.
- Continue to monitor vitals and alertness of the patient and apply emergency care if necessary.

Severe Hemorrhage

- Activate EMS.
- Apply appropriate personal protective equipment.
- Apply pressure continually with layers of gauze or larger clean fabric to control bleeding.
- Keep the patient comfortably warm.
- Monitor for shock and re-check vitals periodically until the patient is in the care of EMS.

Seizure

- Activate EMS, unless the patient seizing has a preexisting seizure disorder and has specific instruction from a physician to do otherwise.
- Gently roll the patient onto their side if possible to do so without injuring yourself or the patient.
- Remove all objects away from the patient and time the seizure activity.
- Do not insert anything into the patient's mouth.

- Monitor for shock and re-check vitals (if the patient is not thrashing) periodically until the patient is in the care of EMS.

Shock

- Activate EMS.
- Perform primary and secondary survey to identify possible causes.
- Comfortably place the patient supine with a blanket and elevate their legs.
- Monitor and re-check vitals periodically until the patient is in the care of EMS.

Allergic Reaction

- Activate EMS.
- EpiPen administration to an unconscious patient:
    - Properly uncap the EpiPen so it is ready to inject.
    - Place EpiPen in the hand of the unconscious patient.
    - Wrap your own hand around the hand of the patient holding the EpiPen.
    - Firmly insert the pen to the lateral thigh through clothing and hold for 10 seconds and remove.
    - Monitor for shock and re-check vitals periodically until the patient is in the care of EMS.

Heat Stroke

- Activate EMS
- Place athlete in cooling tub ASAP.
- If possible rectal temperature should be obtained by EMS before removing athlete from cooling tub.
- Athlete should be transported to emergency room only after an internal temperature of 102ºF is reached.

Lightning Policy

The following policy is based on guidelines written by the FHSAA and NFHS.[1]

1. Assign staff to monitor local weather conditions before and during practices and contests.
2. Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area.
3. **When thunder is heard or lightning is seen**, suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately. 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed prior to resuming play. Any subsequent thunder or lightning after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
4. Review the lightning safety policy annually with all administrators, coaches and game personnel and train all personnel.
5. Inform student-athletes and their parents of the lightning policy at start of the season.

Concussion Policy

The following policy is based on guidelines written by the FHSAA.[2] All athletes are required to take computer based, baseline concussion testing administered by either the ATC or coaching staff prior to the first game of the season. For assistance please contact ATC.

1. Any athlete diagnosed with a concussion by the team physician or athletic trainer must be withdrawn from play until both cleared by a physician for return to play and completion of a 5 day return to play protocol directed by the ATC.

2. The athlete should report to the athletic trainer daily following diagnosis of a concussion to monitor symptoms and determine return to play status.

3. During the 5-day RTP protocol the athlete will complete computer based concussion testing to ensure cognitive function equal to baseline.

Heat Policy

The following policy is based on Florida law and guidelines written by the FHSAA.[3]

1. The ATC must measure WBGT daily to evaluate heat stress for any outdoor related activity when temperature exceeds 80 degrees. The following chart should be used:

WBGT	Activity Guidelines
< 82.0	Normal Activities – Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.2 - 86.9	Use discretion for intense or prolonged exercise; Provide at least three separate rest breaks each hour with a minimum duration of 4 min each.
87.1 - 90.0	Maximum practice time is 2 h. For Football: players are restricted to helmet, shoulder pads, and shorts during practice. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 min each.
90.1 - 91.9	Maximum practice time is 1 h. For Football: No protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 min of rest breaks distributed throughout the hour of practice.
≥ 92.1	No outdoor workouts. Delay practice until a cooler WBGT is reached or move to an indoor air conditioned environment.

2. Cold water immersion must be readily available during any outdoor related activity. Tub must be filled with water and ice should be in a cooler next to tub ready for immediate use.

   Tub is located next to boys and girls bathrooms, next to the football field.

Injury Policy

1. Any injuries that require a loss of play of more than ½ a day must be reported to ATC to allow for proper diagnosis and rehabilitation of the injury.

2. ATC must report injury status and RTP estimation directly to coaching staff.

3. ATC is responsible for the completion and filing of injury reports for all athletes.

References

1. https://www.fhsaa.org/sites/default/files/orig_uploads/health/pdf/lightning.pdf
2. https://www.fhsaa.org/sites/default/files/at18_return_to_play_1.pdf
3. https://www.flsenate.gov/Session/Bill/2020/1696/BillText/c2/PDF
4. NATA Position Statement on Heat Illness
5. NATA Position Statement on Concussion Management
6. NATA Position Statement on Lightning Safety