GLASTONBURY HIGH SCHOOL
ATHLETIC TRAINING POLICY & PROCEDURES
REVISED 10/2024

PERSONEL:

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Team Physician	Dr. Lavallee Jeffrey.Lavallee@hhchealth.org	
Athletic Trainer	Andrew Abraham abrahama@glastonburyus.org	O-860-652-7200 X11170

FACILITIES:

The indoor athletic training room is located off the gymnasium. The outdoor athletic training room is located in the field house next to the football field.

EQUIPMENT:

Both athletic training rooms are equipped with taping tables, treatment tables, first aid / athletic training supplies, basic rehab equipment and heat and cold therapies. GHS teams carry a medical kit, including Blood Borne Pathogen supplies, and ice to all practices and games. Stocked kits and coolers are to be signed out from the athletic training room at the beginning of preseason and returned immediately after the season ends. **The athletic trainers are equipped with a medical kit, ice and automated external defibrillator at all practices and games.**

ATHLETIC TRAINING ROOM SERVICES / COVERAGE:

Athletic training services are available for all boys' and girls' varsity and sub-varsity sports teams. On-field game coverage is determined by location (i.e. on-campus vs off-campus),

contact type (i.e. collision, contact, non-contact), and level (i.e. Varsity, JV, freshmen). The athletic training staff will also provide care for teams visiting GHS.

During the fall and spring seasons, the athletic trainers are in the indoor athletic training room from approximately 2:00 pm - 3:00 pm, Monday through Friday. After 3 pm, the athletic trainers will be out on the fields for game and practice coverage until about, or when the last game is concluded. Coverage on weekends will be available for all home contests. Weekend practice coverage is subject to hours remaining after game coverage and weekday practice coverage. Athletic trainers do not cover practices on Sundays, except in extenuating circumstances, and unless otherwise directed by the Athletic Director.

During the winter, the athletic training coverage schedule is determined by home athletic contests, many of which are held late into the evening. This may require limited coverage of after school or weekend practices. Many winter practices are held off of GHS school grounds. These practices will not have on-site athletic trainer coverage. An athletic trainer will be available by phone.

A weekly schedule of coverage will be given to the coaches via email indicating the hours of coverage. The schedule will be posted on the indoor athletic training room for reference, as well as on the Athletic Training tab on the GHS Athletics website.

Athletes utilizing the indoor athletic training room MUST report immediately after school to allow for coverage of all sports. Athletes arriving within the last five to ten minutes of the indoor athletic training room hours may be asked to go outside to the outside athletic training room for service(Fall/Spring). Should an athlete need to be seen after 3:00 pm due to an after school meeting in the Fall/Spring the athlete should either arrange an appointment with the athletic trainer or see the athletic trainer in the outdoor athletic training room before 3:30 pm.

Pre-practice taping and injury evaluations take place in the athletic training room immediately following school, if the athletic trainers begin coverage in the afternoon (vs. winter evenings). Teams traveling away are generally attended to first; followed by those with early practice; followed by those with a home game, and finally initial evaluations. Athletes with new injuries are encouraged to come after the practice or game in which they are injured. Athletes with new injuries that come to get evaluated by the athletic trainers the day of a game may be asked to come back the following day for a complete evaluation. Injuries should be attended to the day of occurrences unless it occurred after the athletic trainer’s hours.

Home game coverage is determined by the highest risk sport; therefore, collision sports receive the highest priority. With the exception of varsity football, only home games are covered. However, as ice hockey is a collision sport and home games are off-campus, the athletic trainers do travel to cover those home games despite the possibility of other home games being on campus. If possible, away state tournament games may be covered as well.

When traveling, teams departing during times when the athletic trainer is not there should notify the athletic trainer in advance, so as to make the necessary arrangements.

The schedule is subject to change, especially on days where school is not in session, during vacation weeks, and due to makeups from inclement weather. Please notify the athletic trainers should you change your practice time, accommodations for coverage may be available. Schedules are posted on the indoor athletic training room door weekly, as well as online.

The athletic trainers have the use of a golf cart for efficient coverage of all fields during fall and spring, and it will be at the site of the game that is being covered.

PHYSICIANS:

GHS has a Team Physician present during home varsity football games. No other physicians are sanctioned by GHS to provide care of athletes during athletic events.

ATHLETIC TRAINING ROOM RULES:

A list of rules is posted in each athletic training room and reads as follows:

1. During times of high volume, athletes should not be in the athletic training room unless being tended to by the athletic trainer or otherwise directed.
2. Order of Care:
    a. Injuries that have already been seen/evaluated
        i. Athletes who have an early bus (practice or away game)
        ii. Athletes who have practice directly after school
        iii. Athletes who have a home game
    b. Athletes needing a new evaluation
3. Sign in BEFORE getting treated
4. There will be no spatting

5. No bags or sports equipment in the athletic training room
6. No taking supplies without permission (i.e. tape, pre-wrap, etc.)
7. No food or drink in the athletic training room
8. No foul language

Hard goods such as splints, crutches, and braces are to be returned to the athletic training room. A sign out record will be taken and the athlete will be notified if the equipment is not returned.

Should coaches need their medkits restocked, a coach must speak to the athletic trainers about supplies. No supplies should be taken out of the athletic training room or storage without speaking to the athletic trainers. No athlete will be given complete rolls of tape or pre-wrap for personal use (ie. for socks or hair)

An athlete should report to his/her coach if they sustained an injury during practice or a game. The coach should then contact one of the athletic trainers via cell phone. The athletic trainers will then meet the athlete at his/her sports field as soon as possible. ***NO athlete should leave the field to go find the athletic trainer*.**

Athletes are to report to the athletic trainers **early** prior to the next practice or game following their injury for reassessment regarding participation status and/or treatment. Injured players are required to observe practice (or game) after treatment and/or evaluation unless otherwise recommended by the athletic trainers. A Coaches' Report may be distributed upon request indicating the status of injured players

PLAYERS WHO HAVE RECEIVED MEDICAL ATTENTION FROM A PHYSICIAN ARE REQUIRED TO PRESENT A NOTE TO THE ATHLETIC TRAINER CLEARING THEM TO RETURN TO PARTICIPATION. No coach is to accept a doctor's note from an athlete. *No athlete is cleared to play until the coach is notified by the athletic trainer indicating the athlete's status of play.* Players arriving late for practice are expected to do warm-ups and stretches prior to joining the practice. Players arriving late may be given a pass to practice and a note describing their status if needed.

Players requiring taping and/or injury assessment/treatment should report to the athletic training room as soon as possible after school. (New evaluations may be late to practice as they are taken care of last).

Coaches have the initial responsibility of treating, evaluating, and determining care for an injury when the athletic trainer is not present. Injuries incurred at away contests will be

handled by the coach (and any medical staff at that site). **The coach MUST call/email the athletic trainer within 24 hours to report any injuries which may occur at away contests or when the athletic trainers are not on campus.** Parents should be notified upon arrival at school of any injury incurred by the athlete. The athlete MUST follow-up with the athletic trainers the next possible day. An injury report needs to be filed with athletic trainers.

Practical operation of the athletic training room requires that all coaches and athletes adhere to these policies. Questions regarding policymaking can be referred to the athletic trainers and athletic director. Treatment and progress of injuries is a shared responsibility. In order to protect our athletes and coaches, practice and game limitations need to be adhered to, rules need to be followed, and athletes need to keep the athletic trainers aware of progress and any changes in symptoms. Due to the number of athletes, it is impossible for athletic trainers to directly monitor each injured athlete on a daily basis.

DOCUMENTATION:

Athletes are required to sign in upon entering the athletic training room for treatment, taping, or evaluation. Attendance records are available for coaches' inquiries. Injured athletes are given instructions regarding limitations on participation. As noted earlier, the athletic trainer will not excuse an athlete from attending a practice or game for an injury but may limit participation. If limited participation is not possible or practical, the coach may excuse the player from attending the practice/game at his / her discretion.

Management/rehabilitation protocols for more minor injuries are taught/administered in the athletic training room. Injuries deemed more serious or requiring physician referral are given written notification to the athlete for the parents and physician. The school health office is notified through incident reports and/or email communication from the athletic trainers. ***WRITTEN CLEARANCE FROM THE PHYSICIAN IS REQUIRED FOR RETURN TO PARTICIPATION*.** Physician's notes must be given to the athletic trainers, as they are retained as part of the athlete's record. An athlete is not eligible to play until the athletic trainer has seen the note and given clearance.

GHS Sports Injury Report Forms for athletes requiring care beyond the training room are required for insurance purposes as well as for follow-up care. They need to be completed by the person at the incident (coach or athletic trainers) and forwarded to the Athletic Director, establishing an official record of the injury. GHS Sports Injury Report Forms are also required of ALL injuries which occur at an away contest or offsite practice, not seen by the athletic trainer at the time of injury, or have seen a doctor prior to reporting to the

athletic trainer. These are to be forwarded to the athletic trainers with the athlete for further evaluation by the athletic trainer **within 24 hours of the injury occurring.**

As per GHS Health and Physical Education Department: “Medical restrictions will be accepted when written by a doctor, school nurse, or athletic trainer. A note written by the parent will not be accepted.” Communication regarding injuries affecting participation in academics will be between nurse and athletic trainer. The nurse will then disseminate the information to the appropriate teachers. The athletic trainer may choose to include the PE teacher in communication with the nurse. Athletes not participating in PE due to injury or illness should not be allowed to participate in that day’s practice/game. Athletic trainers cannot excuse a student-athlete from PE class, only a physician can.

PRE-SEASON:

An overview of the sports medicine program at GHS and any related topics are discussed at the Athletic Director’s preseason coaches’ meeting. First aid protocols and injury management may be reviewed. The handling of bloody or infectious materials is also taught by school personnel. Written instructions can be found in the Coaches’ Handbook. In addition, all coaches are required to fulfill the state-mandated requirement for a current American Red Cross Adult First Aid, CPR and AED certifications or its equivalent. Preseason medical history/screening forms are now included in the registration process. These screens supplement the information provided by the physical form and alert the athletic department staff to injuries or conditions that warrant observation or rehabilitation prior to the competitive season

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BBP PROGRAM:

By virtue of being trained to provide first aid care, coaches assume a reasonable expectation to be called upon to do so. Because this aspect of the job poses potential risks of exposure to blood-borne pathogens (BBP’s), OSHA required (and GHS provides) an in-service program to minimize risk.
This program includes:

1. Hepatitis B vaccinations for all coaches (optional)
2. Instruction in protective measures used during situations involving potential exposure (Universal Precautions)
3. Providing all coaches with the materials needed to manage a situation involving blood or other bodily fluids. (These materials are contained in the first aid kits, marked as BBP materials)

4. Post-exposure evaluation, counseling, and testing, if necessary.

OTHER DUTIES:

- The athletic trainers will assist the coaching staff in fitting football helmets/pads during preseason, as needed.
- During the wrestling preseason, the athletic trainers will assist in administering the CIAC weight certification program.
- The athletic trainers submit a budget for approval by the Athletic Director.
- The athletic trainers work in cooperation with the Guidance Department in coordinating shadow experiences for students interested in the profession.
- The athletic trainers will assist coaching staffs in designing strength and conditioning programs per request.
- Other unspecified duties will be considered as they are suggested.

HEAD INJURY POLICY:

This will serve as a guide for head injuries suffered when an athletic trainer is not present. As head injuries can progress to be more serious than they initially appear, it is important to monitor the athlete and err on the side of caution.

In accordance with Connecticut Public Act No. 14-66, any athlete exhibiting signs and/or symptoms relating to a concussion after a direct hit to the head or an indirect hit affecting the head must be immediately removed from practice or contest and evaluated by the AT or attending physician. *A parent or guardian must be notified within 24 hours of injury***.** Any athlete will be referred immediately to an MD, including EMS transport to the Emergency Department if loss of consciousness has occurred, if symptoms worsen, or if demonstrating signs and symptoms of expanding intracranial lesion. **All athletes will need to obtain clearance from a medical professional (Physician, Physician Assistant, Advanced Practice Registered Nurse, or Athletic Trainer) to fully return to their sport as defined by Connecticut state law.** Treatment for any concussion will be on an individual basis.

In addition, parents must be notified (verbally or through written communication) of any head injury incurred by an athlete. **The athletic trainer MUST also be notified of any head injury and the athlete is required to follow up with the athletic trainer on the next possible day.** *This is especially important because of the possibility of the onset or increase in symptoms later on.*

Concussion/head injury evaluation

A hit witnessed by the AT or coach and/or reported at the time of injury may be evaluated by using any or all of the following tests. If symptoms increase at any point during the testing process, the evaluation is stopped and the athlete is diagnosed with a concussion.

- Self-reported symptoms checklist
- Orientation: Time, place, person, and situation (circumstances of the injury.)
- Concentration: Digits backward, months of the year in reverse order.
- Memory: Names of teams in the prior contest. Recall of 5 words at 0 and 5 minutes. Recent noteworthy events. Details of the contest.
- Neurological Tests: Strength, balance, coordination, agility, and sensation.
- Dual Tasks: 10 Meter Walk while counting backward, doing math.
- Exertional Tests: jumping jacks/squat jumps, burpees/up-downs, sideline sprint

A hit not witnessed and/or reported the day following the injury or later may be evaluated using any or all of the following tests. If symptoms increase at any point during the testing process, the evaluation is stopped and the athlete is diagnosed with a concussion.

- Self-reported symptoms checklist
- Orientation: Time, place, person, and situation (circumstances of the injury.)
- Concentration: Digits backward, months of the year in reverse order.
- Memory: Names of teams in the prior contest. Recall of 5 words at 0 and 5 minutes. Recent noteworthy events. Details of the contest.
- Neurological Tests: Strength, balance, coordination, agility, and sensation.
- Dual Tasks: 10 Meter Walk while counting backward, doing math.
- Exertional Tests: jumping jacks/squat jumps, burpees/up-downs, sideline sprint
- ImPACT post-injury

If the athlete presents with no symptoms the following day and no symptoms are provoked during any of the previous tests, the athlete must go through exertional testing as follows.

- Exertional testing performed for 20 mins at 80% of max HR
    - HR must be taken pre and post-exercise and can be taken manually or with electronic devices (pulse oximeter, polar HR monitor, etc)

If no symptoms are provoked, the athlete is not diagnosed with a concussion and can enter a full-contact practice. The athlete cannot enter full game participation without a full-contact practice first to ensure that no symptoms related to a concussion occur.

Following a concussion diagnosis, the proceeding return to play guidelines is utilized:

Gradual Return to Play:

- The athlete must rest for 72 hours prior to beginning the outlined gradual return to play program.
    - The gradual return to play program will be conducted under the guidance of the AT or another medical professional.
    - The gradual return to play program must occur in a stepwise fashion, meaning there must be a minimum of 24 hours between the attempts of each stage.

- After 72 hours at rest, the athlete may begin stage 1, symptoms may be present.
- Stage 1 is repeated every 24 hours until there is no exacerbation of symptoms. The athlete may then move to stage 2, symptoms may be present.
- Stage 2 is repeated every 24 hours until symptom-free.
- If symptoms worsen during stage 1 and/or 2 the athlete must stop activity and return to that same stage after a minimum of 24 hours.
- Stage 3 may begin once the athlete remains symptom-free for 24 hours following the completion of stage 2 and has returned to full participation in school, including a full workload and tests/quizzes.
- Stage 4 may begin once the athlete remains symptom-free for 24 hours following the completion of stage 3.
- An athlete cannot begin stage 5/return to full participation until they have remained symptom-free for 24 hours following the completion of stage 4.
- If any symptoms return during stage 3 and/or 4 the athlete must stop activity and return to that same stage once symptom-free for a minimum of 24 hours

Stage	Rehabilitation Stage	Exercise/target HR	Goal
0	No Activity for 72 hours	Complete physical and cognitive rest 30-40% max HR	Recovery
1	Light Aerobic exercise	Walking, swimming, stationary bike, no resistance training 40-60% max HR	Increase HR
2	Sport-specific exercise	Skating, running, no contact 60-80% max HR	Add movement
3	Non-Contact Training	Progression to complex training drills i.e. passing drill in football Resistance training 80-90% max HR	Exercise, coordination, cognitive load
4	Full Contact Practice	Sports specific standard training drills	Restore confidence and skill
5	Full Participation		

<u>ImPACT</u>

GHS utilizes a computer-based neurocognitive assessment, called ImPACT, administered online in a controlled environment. ImPACT has two components - baseline testing and post-injury testing - which are used in conjunction with other assessment tools to

determine if an athlete can safely return to sport following provides a head injury.

In order to provide GHS student-athletes with the best possible care and prevention of multiple concussions and second impact injury, team members of the following sports will perform baseline testing:

- Baseball
- Boys' and Girls' Basketball
- Cheerleading
- Boys' and Girls' Diving
- Field Hockey
- Football
- Gymnastics
- Boys' and Girls' Ice Hockey
- Boys' and Girls' Lacrosse
- Boys' and Girls' Pole Vault (indoor and outdoor)
- Boys' and Girls' Ski
- Boys' and Girls' Soccer
- Softball
- Boys' and Girls' Volleyball
- Wrestling

Baseline testing will be performed the first and third years (i.e. freshman and junior year) of a student-athlete's participation in one of the above mentioned GHS sports. Times will be scheduled for each team to perform its testing protocols.

Any athlete, even if not previously baseline tested, who sustains a head injury during participation in a sport will be required to take a post-injury ImPACT test. The athlete then must achieve results within their results achieved on the preseason baseline test or within normal limits determined by the test, should there be no baseline test, demonstrating that there are no cognitive deficits related to the injury. The results of the ImPACT test do not determine whether or not an athlete may return to his/her sport. It is used as part of the athlete's care in recovering from a head injury. If there are any questions regarding ImPACT, please direct all questions to the athletic trainers.

NO ATHLETE IS ALLOWED TO RETURN FROM A HEAD INJURY WITHOUT CLEARANCE BY BOTH A MEDICAL DOCTOR <u>AND</u> THE ATHLETIC TRAINER.

LIGHTNING:

"When Thunder Roars, Go Indoors!"
Coaches should be aware of potential weather risks each day of practice or game held outside. The athletic trainers will work with the athletic directors in monitoring storms. Athletes must be cleared off of fields as soon as thunder is heard or lightning is spotted. Coaches should not wait for direction from the athletic trainers or athletic directors if they have heard thunder or spotted lightning.

Athletes must evacuate the field and seek shelter in a building; a baseball/softball dugout

is NOT an appropriate place of shelter. GHS should be used for athletes on fields behind it. The field house may be used for athletes on venues nearby.

Once activities have been suspended, they cannot resume until 30 minutes after the last sound of thunder or flash of lightning. If skies are clear, activity may resume once permission is granted by the athletic director or athletic trainer.

In the event that an athlete or coach has suffered from a lightning strike, 911 must be called immediately, and start CPR. An AED should also be located and applied. Please see the GHS EAP for locations of the AEDs.

Automated External Defibrillator (AED) Guidelines

- The athletic trainer/coach must hold current certification for AED use.
- AED must be used according to the parameters of the manufacturer.
- The GHS Health Office will maintain records of monthly checks.
- Written documentation of the incident must be made post-AED usage.
- The athletic trainer will carry/bring the AED with them when they are covering practices/games.
- The AED may be used on GHS athletes, officials, and spectators.
- The AED may not be used by coaches/staff that are not certified to use it.
- AED stays on the GHS campus – unless the athletic trainer is covering an event off-campus.
- AED will remain locked in GHS either indoor or outdoor athletic training room when the athletic trainer is not working.
- Please see GHS Athletics EAP for the location of all AEDs.

TORNADO:

In the event a tornado warning is issued, all athletes must evacuate the field and seek shelter in a building, away from windows; a baseball/softball dugout is NOT an appropriate place of shelter. GHS should be used for athletes on fields behind it. The field house may be used for athletes on venues nearby. Athletes may not be dismissed from school grounds unless a parent is viewed by coaching staff or the all-clear has been issued.

HEAT POLICY:

On the days with extreme heat conditions, the weather will be discussed between the athletic trainers and the athletic directors. Alternative practice decisions will be

decided by the athletic department, it is required that ALL coaches abide by the specific plan created. The plan is not a suggestion but a requirement to ensure the safety of our athletes and coaches.

Prevention Guidelines

Follow the NATA position statement on Exertional Heat Illness (2015) and the Connecticut Interscholastic Athletic Conference Guidelines.

These recommendations do not guarantee full protection from exertional heat-related illnesses.

Athletes should acclimatize to heat gradually over 7 to 14 days, which involves progressively increasing the intensity and duration of physical activity along with protective equipment. Athletes should be allowed to acclimatize to heat before stressful conditions like full equipment, multiple practices within a day, or performance trials are implemented.

Practice and Play Guidelines

- Follow event and practice guidelines for hot and humid weather. The guidelines will include the following adjustments for activity in extreme hot and humid conditions.
- Check environmental conditions before and during activity via weather reports and utilize the WBGT (Wet Bulb Globe Temperature Index) (Casa 2015)
- Compare environmental conditions, WBGT Index, and Heat stress risk temperature and humidity graph.
- Communicate with the Athletic Director and coaches when making decisions.
- Recommend adjusting practice times.
- Minimize equipment accordingly.
- Recommend increased water breaks.
- Provide an adequate supply of the proper fluids to maintain hydration.
- Recommend increased rest breaks.
- Identify and monitor high-risk athletes.
- Have direct access to a means of immersion or other rapid cooling treatments.
- Educate athletes to match fluid replacement with sweat and urine loss in order to maintain adequate hydration.
    - Pre-Practice: to start the body at a normal level of hydration
        - The American Academy of Sports Medicine (ACSM) recommends athletes drink 5-7 mL of fluid per Kg (approximately 2lbs) of body weight 4 hours prior to exercise. For example, if an athlete weighs 150lbs (approximately 70Kg) he or she should be drinking 350-525 mL (approximately 12-18 oz) of fluids. If the athlete does not produce

urine or if the urine is too dark in color (see the urine color chart) the athlete should drink an additional 3-5 ml of fluid per kg of body weight 2 hours prior to exercise. (Sawka 2007)
        - The National Athletic Trainers Association recommends athletes to drink 500-600ml (17-20 oz) of water or sports drink 2-3 hours prior to exercise and 200-300mL (7-10 oz) 10-20 minutes before beginning exercise. (Casa 2000)
    - <u>During Practice:</u> to prevent dehydration
        - The ACSM recommends that fluid intake during exercise should be individualized due to the multiple factors affecting sweat rate and electrolytes. The goal is to prevent a > 2% bodyweight reduction due to fluid loss and any excessive changes in electrolyte balance. (Sawka 2007)
        - The National Athletic Trainers Association recommends athletes should aim to drink fluid in quantities equal to individual sweat and urine loss to maintain hydration. Usually, this requires the athlete to drink 200-300 mL (7-10 oz) of water or sports drink every 10-20 minutes of exercise. (Casa 2000)
    - <u>Post-Practice:</u> to replace any fluid or electrolyte loss
        - The ACSM recommends athletes with a recovery period of 12 hours or less should drink 1.5 L (approximately 50 oz) of fluid per Kg of body weight lost during exercise. Athletes with a recovery period greater than 12 hours, normal fluid consumption should be adequate. (Sawka 2007)
        - The National Athletic Trainers Association recommends athletes replenish fluid equal to sweat loss during exercise within 2 hours of completion. If a rapid recovery period is required, athletes need to be sure to include urination loss during the rehydration process and aim to consume 125-150% of weight loss due to exercise within 4-6 hours after exercise has ended. (Casa 2000)

<u>Prevention Strategies:</u>
The following are suggested ways that coaches/athletes can make accommodations during practices and games in extreme heat/humidity environments:

- Alter practice times to later in the evening
- Alter format of practice (i.e. chalk talk/film practice, game walk-through practice, indoor practice)
- Allow for extra water breaks
- Bring extra water to fields and encourage athletes to start hydration the night before

and continue throughout the school day

WBGT		Activity
F°	C°	
<82.0	<24.5	Normal Activities - Provide at least three separate rest breaks each hour with a minimum duration of 3 min each during the workout.
82.1-86.9	24.6-27.2	Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 min each
87.0-89.9	27.3-28.9	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.
90.0-92.2	29.0-30.0	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	>30.1	No outdoor workouts. Delay practice until a cooler WBGT level is reached

HEAT-RELATED ILLNESS POLICY:

Purpose: The purpose of this policy is to define the symptoms, treatment and return to play criteria for various heat-related illnesses due to athletic activity which may occur at Glastonbury High School. Through this policy, the coaches and Athletic Trainer Certified (ATC) will understand and be able to recognize the symptoms of heat-related illness due to athletic activity and their roles in initiating treatment as well as strategies to help prevent heat-related illnesses due to athletic activity from occurring.

Definitions

Mild to Moderate Dehydration: A condition that occurs during or after strenuous physical activity, usually in a hot environment, when the body lacks the required amount of fluid to achieve normal function. Symptoms may include dry mouth, thirst, headache, dizziness, lightheadedness, fatigue, dark yellow urine, decreased urine output and constipation. A deconditioned athlete may also present with similar symptoms and could be more susceptible to dehydration.

Heat Cramps: A condition that presents during or after exercise, as an acute, painful, involuntary muscle contraction. Other symptoms observed may include heavy sweating, fatigue, and thirst.
Heat Syncope/Exercise – Associated Collapse: The feeling of dizziness, tunnel vision, pale or sweaty skin which may cause a brief episode of fainting due to a decreased pulse rate but normal core temperature (97ºF-102ºF)
Heat Exhaustion: A cardiovascular condition that commonly presents during or after strenuous physical activity in high temperatures and humidity, when the core body temperature measures between 102ºF-104ºF. It is often caused by a large fluid and electrolyte loss from the body due to sweating and/or dehydration. Symptoms may include weak and rapid pulse, decreased blood pressure, cold and clammy skin, nausea, vomiting, headache, heat cramps and heat syncope.
Heat Stroke: A life-threatening emergency condition that occurs when the core body temperature measures above 104ºF during or after physical activity. Symptoms may include those seen in heat exhaustion as well as an altered mental status (confusion, irritability, aggressive behavior, unconsciousness, altered personality, etc.), rapid shallow breathing and increased heart rate.
Exertional Hyponatremia: A condition that occurs when the level of sodium drops below an acceptable level (< 135 mmol/L). Contributing factors could consist of extreme sodium loss through sweat, drinking excessive amounts of low sodium drinks (water, sports drinks), long-duration exercise (>4 hours such as a marathon), female athletes and other underlying medical conditions. The symptoms may include disorientation, headache, nausea, vomiting, lethargy, fatigue, extremity swelling, muscle weakness, spasms or cramps, and seizures.

Treatment
Mild to Moderate Dehydration:

- If possible, move the athlete to a cooler shaded area.
- Remove excess clothing and equipment.
- Start fluid replacement using water or sports drinks.
- Consider replacing electrolytes (i.e. Pedialyte, sport beans, etc.)
- Athlete may return to physical activity when his or her symptoms have subsided.

Heat Cramps

- If possible, move the athlete to a cooler shaded area.
- Remove excess clothing and equipment.
- Monitor vital signs.
- Assist with mild stretching and massage of the muscle spasm.
- Start fluid replacement using water or sports drinks.
- Consider replacing electrolytes (i.e. Pedialyte, sport beans, etc.)

- Athlete may return to physical activity when his or her symptoms have subsided.

Heat Syncope

- If possible, move the athlete to a cooler shaded area.
- Remove excess clothing and equipment.
- Sit or lie down and elevate the legs
- Monitor vital signs.
- Start fluid replacement using water or sports drinks and instruct them to sip slowly.
- Refer to MD if loss of consciousness occurs.
- Activate EMS if symptoms worsen or do not improve.

Heat Exhaustion

- If possible, move the athlete to a cooler shaded area.
- Remove excess clothing and equipment.
- Monitor vital signs.
- Lower core temperature as quickly as possible by utilizing rapid cooling techniques such as immersing the body in a pool or tub of cold water. Ice bags and ice towels applied to the neck/axillary/groin are acceptable if full body immersion is unavailable.
- Continue to monitor vital signs.
- Discontinue rapid cooling once body temperature measured from 101ºF -102ºF.
- Start fluid replacement using water or sports drinks and instruct them to sip slowly.
- Activate EMS if symptoms worsen or do not improve.

Heat Stroke

- Activate Emergency Medical System.
- If possible, move the athlete to a cooler shaded area.
- Remove excess clothing and equipment.
- Monitor the vital signs.
- Lower core temperature as quickly as possible by utilizing rapid cooling techniques such as immersing the body in a pool or tub of ice water. If whole body immersion is not available rotate ice towels by covering the entire body and rewetting/rotating the towels every 1-2 minutes.
- Continue to monitor vital signs.
- Discontinue rapid cooling once body temperature measured from 101ºF -102ºF.

Exertional Hyponatremia

- Ask appropriate questions (e.g. what did you drink today and how much?) to determine the severity.
- Consider replacing electrolytes with salty foods (i.e pretzels, chips, etc)
- If disorientation, lethargy, extremity swelling or seizures are present activate EMS and do not give fluids.

Rapid cooling methods refer to cold water immersion (CWI) whenever possible. Remove as much clothing and equipment as possible from the athlete. Place the in the water and add ice. Stir the water often and add ice as needed to keep it cold. The athletic training room at the field house has a tub for this purpose. The athletic trainers will fill the tub once they arrive outside (approximately 3:15 pm Monday - Friday). If cold water immersion is not available, apply ice towels to head, neck, armpits, elbows, groin, knees, and feet. Rotate/rewet the towels every 1-2 minutes.

COLD WEATHER POLICY:

Prevention Guidelines:

Clothing should be layered to allow adjustments as activity level may increase and decrease within a practice which may elevate or drop the core body temperature. The first layer of clothing should wick sweat and moisture away from the body. The top layers should act as insulators to trap heat and block the wind. All athletic department staff, coaches and student-athletes are encouraged to layer properly when outside in any cold weather, not just freezing temperatures. This includes:

- Several layers around the core of the body, especially for those individuals that are not active.
- Moisture-wicking bottom layer to keep the body dry.
- Long pants designed to insulate.
- Nylon shell or wind pant worn as a top layer for additional wind breaking.
- Long sleeve shirt/sweatshirt/coat designed to insulate and break the wind.
- Gloves or mittens
- Ear protection/hat or helmet.
- Face / neck protection.
- Moisture-wicking socks, preferably wool.

Practice and Play Guidelines:

- Check environmental conditions before and during activity via weather reports and online apps including the temperature and wind chill index
- Communicate with Athletic Director and coaches when making decisions.
- Discuss shortening quarters/halves and lengthening halftime to allow for a rewarming period inside with the Athletic Director, coaches, and referees prior to gameplay.
- Instruct athletes to layer accordingly.
- Recommend increased water breaks.

- Provide an adequate supply of the proper fluids to maintain hydration.
- Identify and monitor high-risk athletes.
- Have direct access to a means of warming.

Windchill Index Chart

wind speed (mph)	temperature (°F)									
60	31	25	17	10	3	-4	-11	-19	-26	-33
55	32	25	18	11	4	-3	-11	-18	-25	-32
50	32	26	19	12	4	-3	-10	-17	-24	-31
45	33	26	19	12	5	-2	-9	-16	-23	-30
40	33	27	20	13	6	-1	-8	-15	-22	-29
35	34	28	21	14	7	0	-7	-14	-21	-27
30	35	28	22	15	8	1	-5	-12	-19	-26
25	36	29	23	16	9	3	-4	-11	-17	-24
20	37	30	24	17	11	4	-2	-9	-15	-22
15	38	32	25	19	13	6	0	-1	-13	-19
10	39	34	27	21	15	9	3	-4	-10	-16
5	42	36	31	25	19	13	7	1	-5	-11
0	45	40	35	30	25	20	15	10	5	0
	45	40	35	30	25	20	15	10	5	0

	Risk of potential cold related injury dramatically increases when the temperature/wind chill reaches 30°F or less.
	Outside participation is limited to 120 minutes when the temperature/wind chill reaches 25°F or less. Practice time should be adjusted to include 10-15 minutes of rewarming for every 60 minutes outside.
	Outside participation is limited to 90 minutes when the temperature/wind chill reaches 15°F or below. Practice times should be adjusted to include 15 minutes of rewarming for every 45 minutes outside.
	Outside participation should be terminated when the temperature/wind chill falls below 0°F

COLD RELATED ILLNESS POLICY:

Definitions

Windchill: The “sensible” temperature we feel due to the airspeed causing the body to lose heat faster. It can increase the rate at which certain cold weather dangers occur. The “actual” temperature alone is not a good indication of how cold you will feel outside.

Chilblains: A condition that occurs several hours after the exposure to extreme cold. Symptoms may include, itchy red areas usually on the hands and feet, blistering, swelling and burning.

Frostbite: A condition that occurs, usually in cold and windy weather, when the skin and underlying tissues freeze. The most common areas affected are the fingers, toes, nose, ears, cheeks, and chin. Frostnip is a mild form of frostbite that irritates the skin but does not cause permanent damage. Symptoms may include cold skin, prickling or numbness, red white or blueish or grayish colored skin, joint and muscle stiffness, swelling and blistering

Hypothermia: An emergency condition that occurs when the body loses heat faster than it can produce heat causing the core body temperature to drop below 95ºF and can happen in any type of weather. Symptoms may include dizziness, hunger or thirst, nausea, shivering that has stopped, lack of coordination, trouble speaking or slurred speech, confusion, drowsiness, weak pulse, slow and shallow breathing and loss of consciousness

Treatment

Chilblains:

- If possible, move the athlete to a warmer area
- Allow the affected area to rewarm on its own.
- Hydrocortisone cream may be given if there is no sign of blisters or risk for infection.

Frostbite:

- If possible, move the athlete to a warmer area and remove wet clothing.
- Check for signs of Hypothermia.
- Gently rewarm the affected area. Soak hands or feet in warm water (98-108ºF)
- DO NOT rub the affected area or use direct heat (i.e. stove, fireplace, heating pad, etc.)

Hypothermia:

- If possible, move the athlete to a warmer area and remove wet clothing.
- Activate EMS and continually monitor vital signs.
- Wrap the athlete’s body in blankets, including the head but leaving the face exposed.

- Offer a warm non-caffeinated beverage (i.e. heated water, tea, etc.) if the athlete is alert and able to drink.
- Remember to be gentle and limit any sudden movements that could trigger cardiac arrest. DO NOT massage or rub the athlete to rewarm.