Google Translate Español Português

Bellingham High School Athletics

Emergency Action Plan

with policies and procedures

Bellingham Public Schools
60 Blackstone Street, Bellingham, MA 02019
(508) 966-4283

Last Update: January 2025

Table of Contents

Introduction & Purpose 5
Athletic Trainer General Information 6
- Regulation of Athletic Trainers 6
- Scope of Practice 6
- Medical Direction 6
- Standing orders 7

Emergency Personnel and Administration 8
Chain of Command 9
- 1. First Responder - ATC or Doctor 9
- 2. Activating Emergency Medical System - ATC, Doctor, AD, or Coach 9
- 3. Retrieving Emergency Equipment - Coach, Administration, or AD 9
- 4. Directing EMS to Scene - Administration, AD, or Assistant Coach 10
- 5. Crowd Control - Administration, AD, or Assistant Coach 10
- 6. Parent Notification - Coach, AD, or Administration 10
  - Emergency Communication 10

Required Safety Certifications for Athletics Dept. 12
- CPR/AED/FIRST AID 12
- NFHS Concussion Training 12
- Bloodborne Pathogens 12

Emergency Equipment 13
- Location of Emergency Equipment 13
  - Crutches, Bag Valve Mask, Splints, & Other Equipment 13
  - Trainers Angels/electric drill 13
  - Tourniquets 13
  - EpiPens 13
  - Inhalers 13
  - Medical Kits 13
  - Emergency Contact & Pertinent Medical Information 14
- Off-Campus Sporting Events 14

Bloodborne Pathogens Policy 15
- Purpose 15
- Scope 15
- Definitions 15
- Procedures for Handling Exposure to Blood 15
- Bloodborne Pathogen Exposure Control Plan 16
- Disposal of Contaminated Materials 16

Recordkeeping and Reporting 16
Review and Update 16
Guidelines for Emergency Care of Specific Injuries or Illnesses 17
Spinal Injuries 17
Head Injuries 17
Concussion Policy and Procedures 18
Major Fracture 19
Major Joint Dislocation 19
Cardiac Emergency 19
Anaphylaxis 20
Respiratory Distress 21
Serious/Catastrophic On-Field Player Injury 22
Heat Illness 23
Heat Cramps 23
Heat Exhaustion 23
Heat Stroke 23
Cold Conditions 25
Early Warning Signs - Recognition 25
Frostnip 26
Frostbite 26
Hypothermia 26
Any Other Emergency Situation 27
Lightning Safety Information 28
Safe Structures 28
Proactive Planning 28
Suspension and Resumption of Play 29
Play suspension 29
Play Resumption 30
Thunderstorm Watch 30
Thunderstorm/ Severe Weather Warning 30
Mental Health Crisis Plan for After School Hours 31
Confidentiality 31
Potentially Violent Threat 31
Recognition 31
Management 31
Potentially Non-Violent Threat 32
Mental Health Plan of Action 33
Emergency Transportation 34
Hospital with Emergency Dept 34
Level 1 Trauma Centers 34

Venue Maps and EMS Direction 35
Bellingham High School 35
Middle School Field Hockey: 36
Off-Campus Home Fields 37
Middle School Facilities 39
Pre-Participation Screening Policy 40
Secondary Insurance Policy 40
Accident Report 41
EAP Pocket Guide 42
PRE-ACTIVITY TIMEOUT MEETING 43
SOURCES 44

Introduction & Purpose

The following handbook and Emergency Action Plan (EAP) has been developed to provide guidelines and for proper emergency management during athletic events at Bellingham High School. Emergencies can be unpredictable and encompass anybody at the event including coaches and spectators. **This EAP is written specifically for Bellingham High School Athletics and should be reviewed yearly. Procedures should be rehearsed and revised by all staff present during an athletic practice/game and local emergency personnel on a regular basis.**

An EAP is a written document detailing the preparations and on-site emergency response of health care professionals and other stakeholders to catastrophic or potentially catastrophic injuries in the prehospital setting. An EAP is a fundamental tool designed to facilitate emergency preparedness via a coordinated and efficient emergency response. [1]

Emergencies may occur at any time during any activity. All school activities' workers must be prepared. Athletic organizations have a duty to develop an emergency plan that can be implemented immediately. To ensure that staff is prepared for any emergency situation that may arise, this EAP will serve as guidelines for emergency steps, proper coverage of events, maintenance of emergency equipment and supplies, utilization of appropriate emergency personnel.

Hopefully, through careful pre-participation physical screenings, adequate medical coverage, and safe practices and training techniques some potential emergencies can be averted. Accidents and injuries are inherent with sports participation, however with careful consideration to plan, and prepare, the Bellingham Athletics Staff are equipped to manage emergencies appropriately.

Disclaimer

By reading this Emergency Action Plan along with the policies and procedures explained, you are by no means certified in performing any of the tasks described. Special classes with certifications and/or high levels of education are required to be legal and competent to do things like administer epi-pens, perform CPR, monitor extreme weather, monitor head injuries, etc. This is not an instruction manual.

Athletic Trainer General Information

Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. The NATA Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. [2]

Athletic trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer. The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited baccalaureate or master's program, and about 70% of ATs have a master's degree. [2]

Regulation of Athletic Trainers

- Athletic trainers are licensed or otherwise regulated in 49 states and the District of Columbia. Efforts continue to add licensure in California.
- NATA has ongoing efforts to update obsolete state practice acts that do not reflect current qualifications and practice of ATs under health care reform.
- 48 states and the District of Columbia require ATs to hold the Board of Certification credential of "Athletic Trainer Certified" (ATC).
- Athletic trainers are qualified to apply for a National Provider Identifier (NPI) as mid-level health care professionals. The taxonomy code for athletic trainers is 2255A2300X. [3]

Scope of Practice

M.G.L., c.112, s. 23A defines athletic training as "the application of principles, methods and procedures of evaluation and treatment of athletic injuries, preconditioning, conditioning and reconditioning of the athlete through the use of appropriate preventative and support devices, temporary splinting and bracing, physical modalities of heat and cold, massage, water, electrical stimulation, sound, exercise and exercise equipment, under the direction of a physician." Specific examples of acts that athletic trainers are authorized to do include taping, evaluating athletic injuries, and making decisions about whether an athlete is fit to return to play after an injury. [3]

Medical Direction

Athletic trainers must work under the direction of a licensed physician or dentist. Athletes may be referred to an athletic trainer by their own physician or athletic training services may be provided under the direction of a team physician.

The certification, training, and scope of practice for EMTs is very different. EMTs are certified by the Department of Public Health pursuant to M.G.L. c. 111C and the Department's Emergency Medical Services System regulations at 105 CMR 170.000. Massachusetts EMTs' scope of practice is defined by their level of training and certification pursuant to the regulations, and the Statewide Treatment Protocols. As one example of their different roles, an EMT working at a high school athletic event provides emergency treatment to an injured or ill athlete, and makes a decision about whether the athlete needs to be transported to a hospital for further care. The EMT does not make a decision about whether or not an athlete can return to play after an injury or illness - that is the athletic trainer's responsibility.[3]

Standing orders

Standing orders, also referred to as medical protocols, help to establish the scope of practice for an athletic trainer. They, under the direction of a physician, create an overview of specific skills the AT is legally able to perform. It is important to remember that these skills also fall under the scope of practice set forth by the regulatory statutes in the state of practice. For example, if the state practice act does not allow for an AT to perform reduction of appendicular joint dislocations, this skill cannot be part of an ATs standing orders. [4]

Bellingham High School's athletic trainer will work under the direction of:
Dr. Felix Perriello

Emergency Personnel and Administration

Emergency # - **911**

Bellingham Police: 508-966-1515

Bellingham Fire: 508-966-1112

Team Physician – Dr. Felix Perriello

Athletic Trainer – Rebecka Fillion 508-966-3761x4128

Athletic Director – Michael Connor 508-966-4283

School Administrators:

- Superintendent – Peter D. Marano
- BHS Principal – Megan Lafayette
- BMS Principal – David Cutler
- Lead Nurse – Susan Young
- BHS School Nurse – Susan Young
- BMS School Nurse - Maureen Loftus
- Fire Chief – William R. Miller
- Police Chief – Ken Fitzgerald

Chain of Command

ATC/Physician is in charge of emergencies until EMS arrives. Coaches are also available to assist ATC but only if asked. The only exception is when the ATC is not present at games or practices; the head coach is in charge until the ATC or EMS arrives. If the visiting ATC is present, they will be responsible for their own team, but home ATC will assist with EAP implementation if necessary. Below you will find the different jobs during an emergency situation, and who carries out the role.

Jobs within the Emergency Team

1. *First Responder (ATC or Physician)*
2. *Activation of the Emergency Medical Service.*
3. *Emergency equipment retriever*
4. *Direction of EMS to scene.*
5. *Crowd control.*
6. *Parent notification.*

1. First Responder - ATC or Doctor

a. Establish scene safety and immediate care of the athlete.
b. Identify the person to activate EMS, call 911.
c. Identify person to retrieve emergency equipment such as AED or other first aid supplies as needed.
d. Lead/coordinate CPR efforts if appropriate until EMS personnel are present to assume care.
e. Identify the person to direct EMS to the scene.
f. Identify person to do crowd control.
g. Identify person to contact parents.

2. Activating Emergency Medical System - ATC, Doctor, AD, or Coach

a. Call 911 immediately
b. Be prepared to give as much information as possible including:
    i. Your name, address, telephone number of caller.
        1. If ATC/doctor is present be sure to leave that cell phone number with dispatch and request that the unit respond to the call on route.
    ii. Why you are calling.
    iii. Condition of athlete.
    iv. Any treatment initiated for student athlete.
    v. Directions if needed.
    vi. Other Information requested by the dispatcher.

3. Retrieving Emergency Equipment - Coach, Administration, or AD

a. Retrieve AED first and return to the scene. Notify FIRST RESPONDER that the AED is present.
b. During practice the AED is located in the Athletic Training Room with the ATC

c. During games the ATC will have AED on the sideline with him/her.
d. All teams will have a first aid kit but additional supplies can be obtained from the ATC or athletic training room.

4. Directing EMS to Scene - Administration, AD, or Assistant Coach

a. If more than one person is needed, request additional help.
b. Use the map to guide EMS to athlete using the most efficient route.
c. Go to the entrance of the area. Be sure gates are open. If the area is not easy to locate, you may want to have several people to get into strategic areas to "flag down" EMS personnel and direct them to the scene.

5. Crowd Control - Administration, AD, or Assistant Coach

a. Limit scene to necessary people. Move bystanders away from the area.
b. If the parents/family are present, have someone standing with them for support. Do not try to remove the family but be sure to keep them out of the way of the care being provided.
c. Tell the PA announcer to let the crowd know that EMS has been activated to prevent additional calls to 911.

6. Parent Notification - Coach, AD, or Administration

a. Obtain information to relay to parents. Emergency contact information and emergency treatment forms are kept via Google SHeets and are emailed to coaches prior to the season.
b. Information needed to share may include:
    i. Your name.
    ii. Brief description of event leading to student's emergency.
    iii. Current condition.
    iv. Any treatment received.
    v. Other pertinent information, EMS on scene, etc.
    vi. Where student will be transported to
b. Be prepared to give parents directions to the hospital if needed.

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers, school staff, and emergency medical personnel must work together to provide the best emergency response capability and should have contact information established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. Access to a working telephone or other telecommunication device, whether fixed or mobile, should be assured. The communication system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is cell phone. At any athletic venue, whether home or away, it is important to know the location of a workable telephone.

Emergency personnel should conduct a debriefing following any activation of the EAP, to continue to improve upon best practices in an emergency, as well as ensure there is an Accident Report Form filled out as soon as possible.

**All coaches at BHS should maintain up to date training in CPR/AED and first aid to best prepare for emergencies situations in which they are the first responder. **

Required Safety Certifications for Athletics Dept.

CPR/AED/FIRST AID

The purpose of this policy is to institute a CPR/AED/First Aid training policy for the Bellingham Athletics staff and to help ensure the health and safety of our student-athletes.

Policy: It is required that all Athletic Trainers and paid Varsity, Junior Varsity and Intermediate athletic coaches have current and valid CPR/AED/First Aid. It is recommended that all volunteer coaches are certified. This certification is good for two years. Upon expiration, the certification course must be retaken. The Athletic Trainer will monitor certifications.

Fee: Coaches are responsible for payment.

Concussion Training

The MIAA requires that all athletic coaches, including volunteers, complete annually, a concussion course. They can take any of the following courses:

1. NFHS - Concussion in Sport
2. SHIELD - Concussion Management in Massachusetts Schools
3. CDC - HEADS UP to Youth Sports: Online Training for Coaches

Certificates of completion will be sent to the Athletic Trainer every year.

Fee: FREE

Bloodborne Pathogens

The Athletics department will provide a presentation for staff to review yearly. Athletics staff will sign-off and return to the Certified Athletic Trainer on staff.

The Athletic Trainer will keep track of certifications and certificates.

Coaches will review a powerpoint presentation yearly to review all requirements.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Appropriate personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment such as AED, vacuum splints, spine boards, if applicable, EpiPens, and Inhalers should be checked on a regular basis and rehearsed by emergency personnel. The equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection logbook for continued inspection is strongly recommended. The school's ATC should be trained and responsible for the care of the medical equipment. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arrive.

Location of Emergency Equipment

During varsity sporting events an AED will be with the athletic trainer at the event. There is an AED directly outside the gymnasium doors, as well as outside the Nurse's office in the High School. Bellingham Middle School: AED is located at the Nurse's office.

Crutches, Bag Valve Mask, Splints, & Other Equipment

In the Athletic Training Room. Equipment can be retrieved by the Athletic Trainer or an administrator. This is stored in a large red bag, kept on the floor of the wet room in the Athletic Training Room. During Varsity home events, this bag will be in the Athletic Trainer's possession.

The school also has a Golf-cart Utility Vehicle that can be used for transportation by contacting the Athletic Director during sports competitions.

Trainers Angels/electric drill

Located inside the Athletic Trainer's kit. To be used for facemask removal.

Tourniquets

In the Athletic Trainer's kit and in the Athletic Training Room (fourth drawer, marked "Emergency Medical Equip." of the white tool box next to the treatment table).

EpiPens

For each individual athlete with an epi-pen prescription, the pen should be located within their personal bag. It should be communicated to a coach where the Epi-Pen can be located. The ATC will also carry one on his/her personal med-kit.

Inhalers

Will be kept with the individual athlete who's medication it is, at all times. Inhalers are not the responsibility of the ATCs or coaches. Athletes should communicate with coaches as to where the athlete keeps their inhaler, in case of an emergency.

Medical Kits

Will be assigned to each team at the start of the season. The med kit should be brought to all practices and games and kept stocked by bringing the kit to the Athletic Training Room. Med kits will include things like first aid supplies,

CPR barriers, Pocket EAP, tape, gloves, and more. Med kits must be returned to the Athletic Trainer at the conclusion of each season for cleaning and restock.

Emergency Contact & Pertinent Medical Information

Will be given to all coaches for all athletes on their team at a school-sponsored event. This information can be accessed via Arbiter Registration (Formerly FamilyID). Pertinent medical history information should be passed on to EMS if being transported. In the event of an emergency, parents/guardians should be notified as soon as the situation permits. They should be told the extent of the situation and also if necessary, where the athlete is being transported to.

Off-Campus Sporting Events

1. When arriving at an off-campus site, check to see if the site has AED. If so, know the location of AED.
2. Have the team's medical kit with you at all times.
3. Know the location of a safe shelter in case you need to evacuate due to inclement weather.
4. If an ATC and/or AD is present, establish communication upon arriving.

Bloodborne Pathogens Policy

Purpose

The purpose of this policy is to establish a comprehensive set of procedures for managing bloodborne pathogen exposure within the Bellingham Athletic Training facility and surroundings. It aims to reduce the risk of bloodborne pathogen transmission, safeguard the health and safety of student-athletes, athletic staff, and visitors, and ensure compliance with applicable regulations, including Occupational Safety Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030. [18]

Scope

This policy applies to all Bellingham Athletics staff, coaches, student-athletes, and visitors within the athletic training facility or while participating in athletic activities where there is a potential for exposure to blood or other potentially infectious materials (OPIM).

Definitions

- *Bloodborne Pathogens:* Microorganisms in human blood that can cause disease in humans, including but not limited to HIV (Human Immunodeficiency Virus), Hepatitis B, and Hepatitis C.
- *Other potentially infectious materials (OPIM):* Other infectious materials can include but are not limited to sweat, saliva, body mucous, cerebral spinal fluid, and other body fluids that may contain visible blood.
- *Exposure Incident:* A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that occurs in the course of performing an employee's duties.
- *Personal Protective Equipment (PPE):* Specialized clothing or equipment worn by an individual to protect against bloodborne pathogens. [18]

Procedures for Handling Exposure to Blood

- **Personal Protective Equipment (PPE):**
    1. All athletic trainers and staff members are required to wear appropriate PPE (e.g., gloves, gowns, masks, and eye protection) when handling blood or OPIM.
    2. Gloves MUST be worn when providing care for an injury with bleeding, when cleaning or disposing of contaminated materials, or when handling any objects or materials that have been in contact with blood.
    3. Gloves MUST be changed after each contact with an athlete and disposed of appropriately. This also applies for any ripped, torn, or defective PPE.
    4. Any cut, laceration, cracked/damaged skin, blister, etc. on a member of the Athletic's staff, needs to be covered appropriately with bandage prior to applying gloves and treating an athlete.
    5. **GLOVES DO NOT SUBSTITUTE FOR WASHING HANDS** Hands and surfaces in which the OPIM has come in contact with, must be washed and disinfected appropriately after the use of gloves.
- **Cleaning and Disinfection:**
    1. All surfaces or equipment contaminated with blood or OPIM must be cleaned and disinfected immediately using an approved disinfectant (e.g., EPA-registered tuberculocidal disinfectant), which can be provided by the custodial staff or Athletic Training staff.
    2. Blood-contaminated laundry (e.g., towels, uniforms) must be handled with gloves and placed in a designated biohazard bag for laundering. Communicate with Athletic Training and/or custodial staff re: laundering. *DO NOT CLEAN IN SCHOOL'S WASHER/DRYER.* [18]

Bloodborne Pathogen Exposure Control Plan

- **Risk Assessment:**
    - The athletic training facility will conduct a risk assessment to identify potential sources of bloodborne pathogen exposure and ensure that control measures are implemented to minimize risks.
- **Vaccination:**
    - All athletic trainers and staff who are at risk of exposure to bloodborne pathogens (e.g., treating injuries with potential for bleeding) should receive the Hepatitis B vaccine series.
- **Training and Education:**
    - Training will include recognizing the symptoms of bloodborne diseases, understanding universal precautions, and knowing the facility's response procedures in case of an exposure incident.
    - Athletics staff will sign off on training yearly.
- **Accidental Exposure:**
    - In the event of an exposure incident, the affected individual will report the incident to the Certified Athletic Trainer, who will collaborate with the Athletic Director and Lead Nurse.
    - The incident should be reported in writing via the Bellingham School District Accident Report. *(If the incident was done off-campus, the individual or trusted adult should fill out the report.)*
    - Any information regarding the individual and the nature of the incident will be kept confidential.
    - The Certified Athletic Trainer, in collaboration with the Lead Nurse, will make arrangements for the individual to forgo appropriate testing and treatment.

Disposal of Contaminated Materials

- **Sharps Disposal:**
    - Needles, razors, or other sharps must be disposed of in a designated sharps container immediately after use. There is a container located in the cabinet of the wet-room of the Athletic Training facility.
- **Biohazard Waste:**
    - Blood-soaked materials such as bandages, gloves, and towels should be placed in designated red biohazard bags for disposal.
    - These items will be disposed of in accordance with local regulations and school district policies.

Recordkeeping and Reporting

- **Confidentiality:**
    - All medical records, including those related to bloodborne pathogen exposure, will be kept confidential in compliance with HIPAA and relevant state laws.
    - The facility will maintain records of the exposure incident, including the details of the incident, the medical evaluation, and any follow-up care provided via the Bellingham School District Accident Report.
- **Documentation of Exposure Incidents:**
    - Exposure incidents will be documented on the Bellingham School District Accident Report, and the affected individuals will be informed of their rights to receive medical evaluation and follow-up.
- **Incident Reporting:**
    - Any incidents of exposure, including potential exposure to bloodborne pathogens, must be reported immediately to the Certified Athletic Trainer, Lead Nurse, or Athletic Director

Review and Update

- This policy will be reviewed annually or following any significant change in regulations or best practices. Updates will be made as necessary, and all personnel will be informed of any changes to the policy. Review of this policy and EAP is required yearly by all Athletics Staff.

Guidelines for Emergency Care of Specific Injuries or Illnesses

Spinal Injuries

Generalized Guidelines

1. If spinal injury is suspected, call 911 immediately.
2. **DO NOT ATTEMPT TO MOVE ATHLETE** unless the athlete is in danger as a result of his/her location.
3. Retrieve oxygen (if available), CPR mask and AED in case it is needed.
4. Check circulation, airway, and breathing patterns (CAB) and administer CPR as needed.
5. Support the cervical spine by positioning hands on the sides of the head. Do not leave this position until the EMS crew has instructed you.
6. Have someone else prevent or treat for shock while you maintain your position at the head.
7. Reassure the athlete to stay calm.
8. *Football Specific Guidelines*
    a. Helmet and Shoulder Pads: The helmet and shoulder pads should be removed, **ONLY IF** there is sufficient trained personnel (min 2 people). They are to take off the helmet and shoulder pads.
        i. If there are not enough trained personnel then helmets and pads are not to be taken off.
        ii. If the emergency action team is uncomfortable in taking off the pads and helmet, then they should not do so.
    b. Facemask Removal: Have tools for facemask removal readily available, which include cutters, cordless screwdriver, and manual screwdriver. The facemask should be removed anytime EMS is called and prior to transportation regardless of current respiratory status.

Head Injuries

1. Check CAB's.
2. If the athlete's symptoms persist, worsen, or the level of consciousness deteriorates after a concussion, the patient should be immediately referred to a licensed medical professional who is trained in concussion management. 911 should be activated if there is a negative change in signs and symptoms, or if there is a loss of consciousness.
3. Stay with athletes at all times and monitor CAB's as well as for changes in signs and symptoms.
4. If concussion or other head injury is suspected, do not allow athletes to return to activity. Refer to an Athletic Trainer or other Licensed Health Care Professional.
5. Oral or written instructions for home care should be given to the athlete and to a responsible adult.

Concussion Policy and Procedures

The purpose of this policy is to require a standard of care regarding hits to the head at Bellingham High School that are consistent with state regulation 105 CMR 201.000 and accepted medical practice. All Athletics Staff, parents, and student athletes are required to take annual concussion training in addition to fully understanding this policy. Student-Athletes are also expected to report all past concussions prior to the start of each season in order to alert healthcare professionals of those at an increased risk of injury.

Student-athletes at Bellingham must complete a SWAY Baseline Test prior to the seasons' competitions. This test is valid for 2 years. It is a computerized concussion evaluation system that can evaluate cognitive function both as a baseline and post-injury. Results from cognitive assessment tests via SWAY can be used as one component of the clinical evaluation. Testing results are not intended to provide a diagnosis or decision about the test taker and should be interpreted only by qualified healthcare professionals [5]

Concussion Signs *Observed*	Concussion Symptoms *Reported*
• Can't recall events prior to or after a hit or fall. • Appears dazed or stunned. • Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent. • Moves clumsily. • Answers questions slowly. • Loses consciousness (even briefly). • Shows mood, behavior, or personality changes.	• Headache or "pressure" in head. • Nausea or vomiting. • Balance problems or dizziness, or double or blurry vision. • Bothered by light or noise. • Feeling sluggish, hazy, foggy, or groggy. • Confusion, or concentration or memory problems. • Just not "feeling right," or "feeling down".

[6]

If a student-athlete sustains a head injury during the school day, the nurse will notify the athletic trainer via email or phone when it occurs. If the athletic trainer is in the building, the student-athlete can report to the athletic training room for a concussion evaluation. If the athletic trainer is not available for an evaluation, the nurse will follow district protocols. An accident report should be filled out and a copy should be in the nurses and athletic trainers possession.

When an athlete is hit in the head or a suspected head injury/concussion has occurred after school, coaches should notify the Certified Athletic Trainer (ATC) at earliest convenience, within 24 hours. Because concussion symptoms are often unique and can have a prolonged onset, return to play decisions are by physician or other authorized health care professional. If the sports team is at a home or away contest or there is no ATC available, then the athlete should remain out of participation until they can be evaluated by a licensed medical professional who is trained in Concussion Management. If signs and symptoms progress or worsen over time then EAP should be activated, call 911 and parents/guardians immediately. The student-athlete should be continuously monitored by a member of the staff.

The ATC can conduct an evaluation for suspected head injury using Standard Assessment of Concussion Test 6 (SCAT6) or another evaluation of best-practice. If the ATC determines there is a suspected concussion then the student-athlete will be placed on Concussion protocol. (*Only the ATC or other trained healthcare professional can rule-out a concussion and allow an athlete to return to play the same day as the injury.)* A letter will go to the parent/guardian. In any case a Report of Head Injury During Sports Season is required to report the incident. It is important to notify parents or guardians of any concerns as soon as possible to ensure they follow through with monitoring the student-athlete after a blow to the head. The school nurse will be notified as well to make the

necessary academic accommodations including PE participation. Student-athletes should fill out a Daily Symptom Checklist with the ATC for monitoring. This checklist continues until the athlete is cleared with no restrictions.

Concussion Return to Play protocol will begin once the student-athlete has been symptom free for 24 hours, fully participating in academics without restriction, and/or okayed by the school nurse and ATC/physician. All students must complete the 5 day return to play protocol with the Athletic Trainer before returning to full practice. After the return to play protocol is complete, the Athletic Trainer will fill out the Post Sports-Related Head Injury Medical Clearance and Authorization Form, and perform an SWAY test which should be within normal limits. Staff should notify the ATC immediately if signs or symptoms recur after the student-athlete has been cleared. In accordance with the central office and Bellingham School Committee, The athlete will not return to play without the note from the medical provider and only after completion of the Return to Play Protocol followed by the athletic trainer.

Major Fracture

1. Call 911
2. Treat the athlete for shock
3. Apply basic first aid
4. DO NOT ATTEMPT TO REDUCE THE FRACTURE
5. Splint, making sure the athlete continues to have a distal pulse and sensation

Major Joint Dislocation

1. Call 911
2. Treat the Athlete for shock
3. Apply basic first aid
4. DO NOT ATTEMPT TO REDUCE DISLOCATION
5. Splint, making sure the athlete continues to have a distal pulse and sensation

Cardiac Emergency

1. Check airway, breathing, and circulation, and administer CPR if needed
2. Activate EMS
3. Treat for Shock
4. Apply AED if indicated

Cardiopulmonary Resuscitation (CPR)

CPR is an emergency lifesaving procedure performed when the heart stops beating. Immediate CPR can double or triple chances of survival after cardiac arrest. Keeping the blood flow active – even partially – extends the opportunity for a successful resuscitation once trained medical staff arrive on site. For healthcare providers and those trained: conventional CPR using chest compressions and mouth-to-mouth breathing at a ratio of 30:2 compressions-to-breaths. In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a rate of 100 to 120/min and to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]). Adolescents in the middle and high school setting would be considered adults and compressions should be at the depth listed above. For the general public or bystanders who witness an adult suddenly collapse: compression-only CPR, or Hands-Only CPR is

acceptable. Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly collapse in an out-of-hospital setting (such as at home, at work, or in a park). [7]

Automatic External Defibrillator (AED)

One of the best lifesaving emergency equipment available, which is standard at all Bellingham Public Schools Athletics facilities, is an Automated External Defibrillator (AED). The location of all AEDs can be found on Map diagrams on Pages 30-34. An AED Provider and AED should be available at any school-sponsored athletic event. Each AED should be checked daily prior to practice or game and signed off on the AED checklist. All athletic coaches must be trained AED Providers. [8]

Automated External Defibrillators (AEDs) have been shown in a variety of cases to greatly increase the chance of survival during a cardiac emergency. Every minute that defibrillation is delayed decreases the victim's chance for survival by 10 percent. Both the American Red Cross and the American Heart Association support the use of AEDs and suggest they be present and available as much as possible. [8]

The American Red Cross suggests a "Cardiac Chain of Survival" that must be implemented in order to maximize a victim's chance of survival. Any break in this chain can compromise the victim's chance of survival. Early defibrillation is the most critical step in restoring the cardiac rhythm and resuscitating a victim of sudden cardiac arrest. The "Cardiac Chain of Survival" is as follows:

1. Early Recognition
2. Early Cardiopulmonary Resuscitation (CPR)
3. Early Defibrillation
4. Early institution of Advanced Cardiac Life Support (ACLS) i.e., calling 911 or another emergency number
5. Early Post Resuscitative Care (Hospital Care) [8]

Anaphylaxis

1. Activate Emergency Action Plan by calling EMS
2. Maintain airway and monitor vitals
3. Administer epinephrine by a prescribed auto-injector
4. Continue to reassess and monitor vitals

EpiPen Information

Epinephrine is the drug of choice for the emergency treatment of severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs or other allergens and for basic life support treatment for severe asthma. Epinephrine when given subcutaneously or intramuscularly has a rapid onset and a short duration. Epinephrine causes bronchial smooth muscle to relax, which alleviates wheezing and dyspnea (difficulty breathing). Epinephrine also alleviates itching (pruritus), hives (urticaria), and angioedema and may be effective in relieving gastrointestinal and genitourinary symptoms associated with anaphylaxis. [9]

The Epi-Pen is a spring activated needle that is designed to deliver a single precise dose (0.3 mg of 1:1000 solution) of epinephrine to adults when activated. There is also an Epi-Pen Jr. that has a dosage of 0.15 mg of epinephrine that should be used for infants/children under 8 years old. Once the Epi-Pen epinephrine is injected, the drug takes effect

within seconds, but the duration of its effectiveness is short (about 10-20 minutes). In a very severe case a second dose may need to be administered after 5 minutes if the initial response was inadequate. [9]

How to Administer Epinephrine through Epi-Pen:

1. Check the Epi-Pen to ensure the medication has not expired, has not become discolored and does not contain particulates or sediments.
2. Prep skin site with alcohol pad
3. Remove the gray safety cap from the auto-injector
4. Place the tip of the auto-injector against the anterolateral aspect of the patient's thigh midway between the waist and knee
5. Push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (about 10 seconds)
6. Dispose of the auto-injector in a sharps biohazard container. Be careful not to prick yourself since the needle will now be protruding from the end of the injector
7. Record that epinephrine was administered, the dose and the time of administration [9]

Respiratory Distress

1. Remove any protective equipment surrounding airways
2. Ask athlete if they have an inhaler and where it can be located
3. Assist, if needed, in the administration of albuterol
4. Monitor ABCs and be prepared for cardiac emergency
5. If symptoms persist after inhaler is used, activate EMS

Inhaler Information

Albuterol is used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease (COPD; a group of diseases that affect the lungs and airways). Albuterol inhalation aerosol and powder for oral inhalation is also used to prevent breathing difficulties during exercise. Albuterol inhalation aerosol (Proair HFA, Proventil HFA, Ventolin HFA) is used in adults and children 4 years of age and older. Albuterol powder for oral inhalation (Proair Respiclick) is used in children 12 years of age and older. Albuterol solution for oral inhalation is used in adults and children 2 years of age and older. Albuterol is in a class of medications called bronchodilators. It works by relaxing and opening air passages to the lungs to make breathing easier. [10]

When the inhalation aerosol or powder for oral inhalation is used to treat or prevent symptoms of lung disease, it is usually used every 4 to 6 hours as needed. When the inhalation aerosol or powder for oral inhalation is used to prevent breathing difficulty during exercise, it is usually used 15 to 30 minutes before exercise. The nebulizer solution is usually used three or four times a day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Use albuterol exactly as directed. Do not use more or less of it or use it more often than prescribed by your doctor. [10]

Call your doctor if your symptoms worsen or if you feel that albuterol inhalation no longer controls your symptoms. If you were told to use albuterol as needed to treat your symptoms and you find that you need to use the medication more often than usual, call your doctor.

Albuterol controls symptoms of asthma and other lung diseases but does not cure them. Do not stop using albuterol without talking to your doctor.[10]

To inhale the aerosol using an inhaler, follow these steps:

1. Remove the protective dust cap from the end of the mouthpiece. If the dust cap was not placed on the mouthpiece, check the mouthpiece for dirt or other objects. Be sure that the canister is fully and firmly inserted in the mouthpiece.
2. If you are using the inhaler for the first time or if you have not used the inhaler in more than 14 days, you will need to prime it. You may also need to prime the inhaler if it has been dropped. Ask your pharmacist or check the manufacturer's information if this happens. To prime the inhaler, shake it well and then press down on the canister 4 times to release 4 sprays into the air, away from your face. Be careful not to get albuterol in your eyes.
3. Shake the inhaler well.
4. Breathe out as completely as possible through your mouth.
5. Hold the canister with the mouthpiece on the bottom, facing you and the canister pointing upward. Place the open end of the mouthpiece into your mouth. Close your lips tightly around the mouthpiece.
6. Breathe in slowly and deeply through the mouthpiece.At the same time, press down once on the container to spray the medication into your mouth.
7. Try to hold your breath for 10 seconds. remove the inhaler, and breathe out slowly.
8. If you were told to use 2 puffs, wait 1 minute and then repeat steps 3-7.
9. Replace the protective cap on the inhaler.
10. Clean your inhaler regularly. Follow the manufacturer's directions carefully and ask your doctor or pharmacist if you have any questions about cleaning your inhaler. [10]

Serious/Catastrophic On-Field Player Injury

1. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between medical staff and all available emergency personnel should be established and maintained.
2. Players, parents, and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
3. Players or non-medical personnel should not touch, move or roll an injured player.
4. Players should not try to assist a teammate who is lying on the field. (i.e. removing the helmet or chin strap, or attempting to assist breathing by elevating the waist).
5. Players should not pull on an injured teammate or opponent from a pile-up.
6. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
7. Players and coaches should avoid dictating medical services to the athletic trainer or team physicians or taking up their time to perform such duties.

Heat Illness

1. Remove athlete from the heat
2. Remove excess clothing
3. Monitor CAB’s

4. Attempt to cool the body (ice bath is preferred method)
5. Stay with the athlete at all times
6. Call 911

Heat Cramps

Painful muscle spasms that are accompanied by heavy sweating, weakness, and/or lightheadedness.

Treatment: remove the athlete from the warm environment, place them in a cool area, rehydrate, and stretch. Call ATC

Heat Exhaustion

Can present as faintness, dizziness, nausea, or vomiting, heavy sweating often accompanied by cold clammy skin, weak, rapid pulse. Athletes can have a pale or flushed face, cramps, headache, and fatigue.

Treatment: activate EAP, call 911, and then ATC. Remove equipment, move to a cool area, rehydrate, and cool with ice packs and cold water/ice bath. Monitor vital signs.

Heat Stroke

Means a high body temperature (106°F or higher), hot dry skin (can be moist when exercising), rapid pulse, possible unconsciousness, *altered mental state*, confusion, agitation, seizures, slurred speech, strange behavior.

Treatment: activate EAP, perform life saving actions, call 911, and then ATC. Remove equipment, move to a cool area, rehydrate, and cool with ice packs and cold water/ice bath. Monitor vital signs. Number 1 priority is cooling the patient ASAP.

Heat Modification Policy

These guidelines are provided by the American College of Sports Medicine and modified for use by MIAA member schools. This policy will be implemented in conjunction with state regulation. Athletics' Staff should use local weather's Heat Index (HI) when there is no WBGT available or a thermometer as a last resort. Careful planning and preparation should be done in the event of hot environments during sports. [11]

A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each activity to ensure that the written policy is being followed properly. For indoor events without climate control, a WBGT reading should be taken indoors. For climate-controlled indoor events, this measurement is unnecessary. WBGT can change during an event and throughout the day. [11]

WBGT READING	ACTIVITY GUIDELINES & REST BREAK GUIDELINES
Below 76°F	Normal activities. Provide at least 3 separate rest breaks each hour for a minimum duration of 3 minutes each during workout.

76.1-81.0°F	Use discretion for intense or prolonged exercise, and watch at-risk players carefully. Provide at least 3 separate rest breaks each hour for a minimum duration of 4 minutes each.
81.1-84.0°F	Maximum activity time is 2 hours. For equipment intensive sports: Players should be restricted to a helmet, shoulder pads, and shorts during activity; all protective equipment may be worn during activities. For all sports: Provide at least 4 separate rest breaks each hour for a minimum of 4 minutes each.
84.1-86.0°F	Maximum length of activity is 1 hour. No protective equipment may be worn during activity, and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of activity.
Above 86.1°F	No outdoor workouts. Cancel exercise, and delay activity until a cooler wet-bulb globe temperature reading occurs.
**If equipment modifications are necessary, no games should occur.*	

The MIAA has no rules or regulations regarding heat acclimatization for sports other than football. Given the nature of sports, Bellingham Public Schools is adopting a 7-day heat acclimatization process, using the NATA and NIH as a source of information. Football will follow MIAA Guidelines/schedule. This applies for all sports (indoors, outdoors, equipment-intensive or not): [12]

1. No double sessions on days 1 or 2, no more than 2 hours long (including warmup, conditioning, weight training, drills, etc.)
    a. 60-minute-max walkthroughs are allowed if there are 3 hours between sessions.
2. 2 sessions per day are allowed on or after Day 3, under certain conditions:
    a. After a day of double sessions, it must be followed by a rest day or single session day
        i. If your single session is during high heat hours, no conditioning can be performed.
    b. Both sessions must be separated by at least 3 hours where athletes are allowed to go into AC'ed buildings/facilities to cool down.
    c. Sessions may not exceed 2.5 hours long (including all warm-ups, cool-downs, conditioning, weight training, etc.)
3. *See below for equipment standards and rules*.
4. Using WBGT, practices are allowed to be cut short or modified by the Athletic Trainer and Athletic Director, if readings are high. Sessions will still not exceed 2 hours each (day 1-2) or 2.5 hours (day 2+).

Other Considerations:

1. Break stations (ie, shaded areas where athletes can rest and have unlimited access to fluids) should be available at the training venue. If possible, cooling devices (i.e.: fans, cold towels, sports drinks, etc.) should be used during breaks
    a. Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved.
    b. For sports that use helmets, helmets should be removed during rest time.

    c. The site of the rest time should be a “cooling zone” and not in direct sunlight
2. If a conditioning session that includes high-intensity work is planned during the heat-acclimatization period (days 1–7), it should either (a) be planned as a separate session and consider the only training for that day or (b) occur at the beginning of practice to reduce the risk of exertional heat illness.
3. During the heat-acclimatization period, practice sessions that are solely dedicated to conditioning (rather than sport-specific skills) should occur indoors in an air-conditioned environment or during times of the day (early morning or evening) when the environmental heat is low and in conjunction with environment-based activity modifications.
4. Conditioning that is outside of the normal sport practice (eg, punishment conditioning sessions) should be prohibited. [13]

Sport-Specific Considerations:

1. Days 1-2: Helmets only for equipment intensive sports (including field hockey goalies).
2. Days 3–4: only helmets and shoulder OR leg pads should be worn.
3. Day 5+: All protective equipment may be worn and full contact may begin.
4. For athletes in endurance sports (eg, cross-country), training in the heat should be based on relative intensity (perceived exertion by the athlete) rather than absolute intensity (specific pacing/timing/intensities)
5. The guidelines used during the heat-acclimatization period should not differ by (1) level of sport), (2) sex, or (3) conditioning history. The guidelines for an institution should apply to all athletes independent of previous individual heat exposure.
6. Given the variability across sports with respect to mode, intensity, duration, and protective equipment worn during exercise, modifications to the heat-acclimatization guidelines should be considered. [13]

Cold Conditions

1. Remove athlete from the cold
2. Remove any wet or cold clothing
3. Apply warm blankets and attempt to warm slowly
4. Monitor CAB’s
5. Stay with the athlete at all times
6. Call 911 [14]

Early Warning Signs - Recognition

- Core temperature between 98.6° to 95°F
- Continuous shivering
- Numbness, pain, burning or abnormal sensation of the extremities
- Slurred speech[14]

Frostnip

When blood flow slows and stops to distal areas of the body. The skin will look unusually pale as the area is not receiving blood flow.

Treatment: transport the athlete to a warm area and gently place a glove or clothing over the area. Do not rub and call ATC. [14]

Frostbite

When ice crystals form in bodys' cells. This condition is more severe and body cells are often damaged. Signs and Symptoms of Frostbite:

- Pain
- Burning, numbness, or tingling in extremities (fingers and toes specifically)
- Minor skin irritation (itchy skin)
- Slight skin discoloration (grayish-yellow)

Treatment: activate the EAP, call 911 and ATC. Transport to a warmer area and do not rub the body part as you can damage already fragile body cells. [14]

Hypothermia

A condition in which the body temperature falls faster than heat can be produced. It is also categorized when the body temperature falls below 95°F from the normal 98.6°F. Shivering, numbness, slowed body functions, confusions, slow heart rate can all be warning signs of hypothermia. If left untreated, hypothermia could be fatal. Signs and symptoms include:

- Aggressive shivering
- Pale skin appearance
- Core temperature dropping below 98.6
- NOTE: Hypothermia can have many signs/symptoms and progresses in stages; consult with athletic trainer immediately if these signs are apparent

Treatment: activate EAP, call 911 and the ATC. Transport to a warmer area and monitor vital signs until EMS arrives. [14]

Cold Weather Policy

This policy was created on the topic of sports and cold weather and outlines procedures for preparing for the cold, modifications for outdoor activities in response to cold temperature and cold injuries to be most aware of. Please be aware these guidelines are to be used in the absence of any form of precipitation (ex. Snow, rain, etc.). In the case of precipitation AND cold weather, medical staff or Athletic Training services on site are responsible for final decisions regarding outdoor athletic activity due to the increased risk of cold injuries in this specific environment. [14]

Wind-Chill Temperature	**Guidelines/Modifications**
≤0℉	Cancel all planned events, practices, and outdoor workouts and reschedule (or move indoors if facility allows)
≤10-15℉	-All athletes not actively participating (due to injuries, illness, eligibility, etc.) shall remain indoors

	-Limit outdoor exposure time to no longer than 60 consecutive minutes -After 20 consecutive minutes of outdoor practice, allow for indoor rewarming for at least 15 minutes before returning outside *-Re-warming: allow for athletes to raise body temperature by being inside and changing base layer of clothing* -All practice plans should be mindful of outdoor temperature and be modified to include decreased "down time" -Encourage all athletes to continuously move when on sidelines during games
≤20℉	-All participants are required to wear extra clothing and accessories to cover any exposed skin including, but not limited to, pants, long sleeve shirts, hats, and gloves. Athletic Training or other medical staff present will make adjustments/recommendations for additional winter clothing or equipment as seen fit. -All athletes not actively participating (due to injuries, illness, eligibility, etc.) shall remain indoors
≤25℉	-Be alert, aware, and attentive to possible signs of cold injury -All participating athletes should take all precautions to continue to cover any exposed skin. Hats, gloves and extra layers should be worn, at minimum, during warm-ups but encouraged during the entire practice -All athletes not actively participating (due to injuries, illness, eligibility, etc.) should take all precautions on the sidelines by covering any area of exposed skin and continuing to move around rather than stay stationary

[14]

Any Other Emergency Situation

1. Check CAB's.
2. Apply basic first aid.
3. Prevent and/or treat for shock.
4. When in doubt, activate EMS.
5. Retrieve CPR mask and AED in case needed.

Lightning Safety Information

Lightning poses the most significant and frequent weather threat to athletic programs. This policy is designed based on NFHS Lightning Guidelines, which is recommended by the MIAA. All teams and facilities will have a designated

shelter area for athletes, personnel, and spectators and coaches or site supervisors must maintain access to these designated areas during all athletic events, including practices. Any personnel in charge of an event or practice should make arrangements, especially with the threat of inclement weather, to have access to designated safe structures. [15]

Safe Structures

- Bellingham High School – Gymnasium or cafeteria through the main entrance or side doors of school. Press box and underneath bleachers are not considered safe.
- Bellingham Memorial Middle School - Gymnasium or cafeteria through main entrance or side doors of school

Off-campus facilities:

- Baseball (Richardson Field - 60 Harpin Street, Bellingham, MA 02019) - DiPietro Elementary School through the front door
- Softball (High Street Field - High Street, Bellingham, MA 02019) - Building on the right side of the parking area. If no access, stay in cars/buses.
- Golf (New England Country Club, 180 Paine Street, Bellingham, MA 02019) - Clubhouse at the entrance of the course.

Proactive Planning

1. Assign staff to monitor local weather conditions before and during practices/contests.
2. Develop an evacuation plan, including identification of appropriate nearby safe areas *(see above)* and determine the amount of time needed to get everyone to a designated safe area:
    a. A designated safe area is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safe place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus. [15]
3. Develop criteria for suspension and resumption of play:
    a. When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
    b. 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.
    c. Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
    d. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning-detection device.
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 the start of the season.

**At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.* [14]

Specific lightning-safety guidelines have been developed for the NCAA with the assistance of the National Severe Storms Laboratory (NSSL):

- As a minimum, NSSL staff strongly recommend that by the time the monitor obtains a flash-to-bang count of 30 seconds, all individuals should have left the athletic site and reached a safe structure or location. Athletic events may need to be terminated.
- The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.
- If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees or a dry ditch. Assume a crouched position on the ground with only the balls of the feet touching the ground, wrap your arms around your knees and lower your head. Minimize contact with the ground, because lightning current often enters a victim through the ground rather than by a direct overhead strike. MINIMIZE YOUR BODY'S SURFACE AREA, AND MINIMIZE CONTACT WITH THE GROUND! DO NOT LIE FLAT! If unable to reach safe shelter, stay away from the tallest trees or objects (such as light poles or flag poles), metal objects (such as fences or bleachers), individual trees, standing pools or water, and open fields. Avoid being the highest object in a field. Do not take shelter under a single, tall tree.
- A person who feels his or her hair stand on end, or skin tingle, should immediately crouch, as described above.
- Avoid using the telephone, except in emergency situations. People have been struck by lightning while using a land-line telephone. A cellular phone or portable remote phone is a safe alternative to land-line phones, if the person and the antenna are located within a safe structure or location, and if all other precautions are followed.
- When considering resumption of an athletic activity, NSSL staff recommends that everyone should ideally wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field or activity.
- People who have been struck by lightning do not carry an electrical charge. Therefore, cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR. Lightning-strike victims who show signs of cardiac or respiratory arrest need emergency help quickly. Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. [16]

Suspension and Resumption of Play

The suspension of play can be determined by the athletic trainer, game officials, coaching staff, athletic director, site supervisor, or other administrator. Personnel should keep a vigilant watch during suspected thunderstorms and especially in the event of severe weather alerts. If lightning or thunder is witnessed, an administrator, game official, or coach should be notified immediately.

Play suspension

1. When thunder is heard, or a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning. Suspend play and take shelter immediately.
    a. *<u>At New England Country Club:</u>* Leave clubs where you are on the course. Begin walking towards the clubhouse. Try to stay within a tree line and not in the wide-open space. A coach, admin, or Pro-Shop will deploy to the course to pick-up student-athletes.

2. When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Vacate the outdoor activity to the previously designated safer location immediately.

Play Resumption

1. 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.
2. Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
3. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning-detection device.

* *At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.[16]*

Thunderstorm Watch

Possible thunderstorms in the area, keep a vigilant watch

Thunderstorm/ Severe Weather Warning

Severe weather has been reported in the area and everyone should take shelter

Mental Health Crisis Plan for After School Hours

Mental health issues in secondary schools are a growing concern. In the event of a psychological or mental health crisis on campus, safety is the highest priority. Whenever possible, defer to school personnel (i.e. school counselor/nurse, school administrator, etc.) in such an emergency. In the after school hours, the athletic director or athletic trainer may be the point person for such emergencies. In the event that the athletic director or athletic trainer is not available, the athletic coach is in charge of the emergency. [17]

Confidentiality

Student-athletes often trust their athletic trainer or coaches with personal information or concerns. While in the majority of situations, utmost confidentiality is afforded to the athlete, cases in which an individual poses a risk to themselves or others, or where the individual is being abused in any way must be reported. In the state of Massachusetts anyone working with students in a school system in any capacity is a mandated reporter. The expectation for a crisis of this seriousness for student-athletes, especially those under the age of eighteen, is that even if they do not want the information shared, the athletic trainer or coach is obligated to notify school officials and/or local authorities of these situations. At Bellingham, if an incident such as this occurs, the expectation is the athletic trainer or coach will follow the necessary steps to help get the student-athlete into a safe place. [17]

Below are guidelines prompts provided by The National Athletic Trainer's Association (NATA) on how to approach potentially violent and non-violent emergency situations:

Potentially Violent Threat

Recognition

(Any YES answer should be considered an emergency):

- ⬜ Am I concerned the student-athlete may harm himself/herself?
- ⬜ Am I concerned the student-athlete may harm others?
- ⬜ Am I concerned the student-athlete is being harmed by someone else?
- ⬜ Did the student-athlete make verbal or physical threats?
- ⬜ Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- ⬜ Does the student-athlete have access to a weapon?
- ⬜ Is there potential for danger or harm in the future?[17]

Management

(If immediate risk to safety):

- Remain calm - maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow them to express their thoughts. Provide them the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete.
- Avoid judging the student-athlete; provide positive support.
- Keep yourself safe - do not attempt to intervene if there is an imminent threat of harm or violence.
- Keep others safe - try to keep a safe distance between the student-athlete in distress and others in the area.

- Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school contact the student-athlete's parents or emergency contact.
- If the student-athlete seems volatile or disruptive, get help from a co-worker or other adult. Do not leave the student-athlete alone, but do not put yourself in harm's way if he/she tries to leave.
- Follow campus and department protocols and policies.
- If you call 911, provide the following information:
    - Student-athlete's name and contact information.
    - Physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.).
    - Description of the situation and assistance needed.
    - Exact location of the student-athlete.
        - If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves[17]

Potentially Non-Violent Threat

- Offer a quiet and secure place to talk.
- Show your genuine concern.
- Avoid judging the student-athlete; provide positive support.
- Provide support and a positive tone. **Do not try to solve his or her problem; it is not within the scope as an ATC or coach.**
- Help the student-athlete understand that he or she is not alone - others have been through this too.
- Listen to the student-athlete. Allow them to express their thoughts. Provide them the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete.
- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
    - Can you tell me what's troubling you?
    - Are you thinking of hurting yourself?
    - Is someone hurting you?
    - Have you thought about suicide?
        - If the student-athlete is expressing suicidal ideation:
            - Determine if he or she has formulated a plan.
            - Emphasize ensuring the athlete's safety, while being aware of your own.
            - Do NOT leave the person alone.
- Alert designated school officials and/or colleagues available at that time of day (i.e. school administrator or athletic director). Call the student-athlete's parents or emergency contact.
- You may offer a positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need."
- Document this interaction on the Mental Health Safety Screening Form that is provided in your medical kits. Please make sure to get a copy of the document to the appropriate school contact. The original should go with the student-athlete and their parent/guardian. [17]

Mental Health Plan of Action

PARENT/GUARDIAN PLAN OF ACTION

Student Name: _____ Date: _____

Parent/Guardian Name:_____ Phone:_____

Completed by:_____

It has been reported to us that your child expressed the following comments, thoughts, behaviors or gestures that can indicate a danger to self or others:

_____

_____

- ☐ Has considered suicide or is considering suicide
- ☐ Has made a credible threat of violence to self or others
- ☐ Has the means available, immediate accessibility, and/or a specific plan for harm

It is our intention to inform you of the potential harm to your child or others. Please have your family doctor, local mental health center or emergency services *(listed below)* evaluate your child and assist you in finding support or treatment. It would be beneficial to Bellingham Schools if you would share information from any of these sources with us, to help the school better understand and support the safety needs of your child.

24-hour Emergency Services Phone Numbers:

Milford Regional Medical Center
14 Prospect Street, Milford, MA 01757
508-473-1190 Emergency line 508-422-2240

Riverside Mobile Crisis
176 West Street, Milford, MA 01757
(508) 634-3420 Toll Free: (800) 294-4665

Release of student to Parent/Guardian:

I have been informed by the athletic coach, athletic trainer, or athletic director, or other school administration of their safety concerns regarding my child. I understand that I am responsible to follow recommended actions to ensure my child's continued safety. According to MA Law Ch 119, Section 51A, failure to provide adequate services to a child in need is considered neglect, and all school personnel are mandated reporters.

Parent/guardian to check and initial as appropriate:

- ☐ I understand the above statement and will ensure adequate services are provided to my child. _____
- ☐ I will contact my child's school to schedule a re-entry meeting after my child is evaluated and assessed as safe to return to school. _____
- ☐ I will sign a release and/or provide necessary medical documentation to the school. _____
- ☐ I am unable or unwilling to have my child evaluated. *(Police and Dept of Child and Family Services notified).* _____
- ☐ Parent declined to pick up the child. *(Police and Dept. of Child and Family Services notified)*. _____

Comments: _____

_____ _____ _____ _____

Parent signature Date Present Staff signature Date

Emergency Transportation

In many emergencies any transportation of an injured or ill person can be accomplished by EMS. If a person needs to be moved, suspected fractures should be splinted above and below the injury. Staff should clear the area of people and create a clear path to direct EMS to arrive. Please refer to Map Diagrams, personal inspection of athletic facilities, and resources available to help direct EMS to the area of incident.

In the event that an injured or ill person would be best moved to another area the Staff can contact the Athletic Director or Athletic Trainer and have use of the Golf-cart Utility Vehicle. No one should be moved on the Golf-cart Utility Vehicle or at all with a suspected spinal injury.

There are a number of Emergency Rooms and Hospitals in the area. Student Athletes may be transported to a variety of facilities depending on EMS's assessment of the situation and hospital's . The following medical facilities might be used based on proximity:

Hospital with Emergency Dept

Milford Regional Medical Emergency Room
14 Prospect Street
Milford, MA 01757

Level 1 Trauma Centers

UMASS Medical Center
55 Lake Avenue, Fourth Road
N. Worcester, MA 01655

Massachusetts General Hospital
302 Shawmut Avenue
Boston, MA 02118

Boston Children's Hospital
300 Longwood Avenue
Boston, MA 02115

HASBRO Children's Hospital
593 Eddy Street
Providence, RI 02903

If a parent or guardian is not available to go to the hospital with their student-athlete then an assistant coach should accompany the individual until the parent or guardian can arrive. The coach should also have available the student-athlete's medical information which can be kept as a hard copy or through Arbiter Registration.

****In the event that an EMS vehicle needs to come on campus, please use the following directions to the 9-1-1 dispatcher or EMS personnel. Precise directions need to be given to the dispatcher, otherwise the ambulance will pull only to the front of the school.****

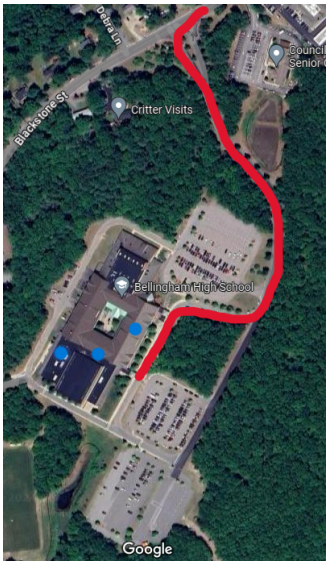
If on campus, and EMS services are needed and the Athletic Trainer is present, the Athletic Trainer should stay present with the athlete. A coach should run out to meet and guide the ambulance to the appropriate location. The following are directions and maps for EMS personnel to various venues:

Venue Maps and EMS Direction

Bellingham High School

Turf Field: EMS can pull the truck through the access road next to the snack shack. They can also pull into the field dirt driveway (between field and public library. There will be personnel directing them to the entrance of the field.

Gymnasium: Ambulance should come down Blackstone Street turn left at 60 Blackstone Street into the driveway to the High School. Follow the road to signs marked “buses.” Ambulance may pull right in front of school. Coach/AD/Site supervisor should meet the ambulance on the road marked “buses” to ensure EMS can pull directly in front, at the front entrance of the school closest to the gymnasium.



Last Update: August 2024

Rear grass field: EMS truck should pull into driveway between Public Library and Turf Field. Personnel will direct EMS to the back field. Once on the grass, the outside of the field can hold the weight of the truck best. If EMS needs to go to Field 4, it can be accessed near tree line.

Middle School Field Hockey:

Access past BHS Snack Shack and directly onto field.

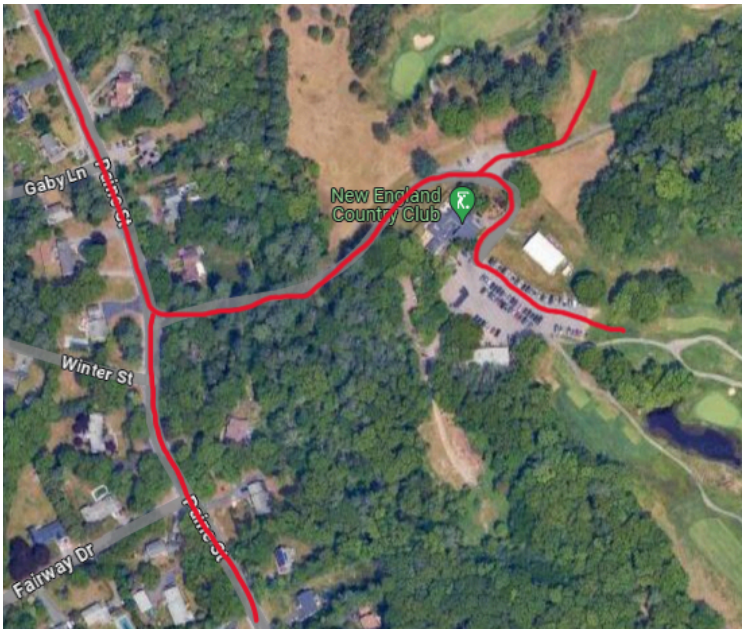
Off-Campus Home Fields

<u>Baseball (Richardson Field - 60 Harpin Street, Bellingham:</u> Follow the road as traffic allows. Fields can be accessed via parking areas. Use coach/administrator to direct EMS truck.

<u>Softball High Street Field - High Street, Bellingham:</u> Follow normal traffic to get to field. Pull into parking area. Coach/admin to direct EMS truck to specific field

Hockey Pirelli Veterans Arena - 910 Panther Way, Franklin, MA 02038): Follow normal traffic patterns to rink, coach/admin at front doors to direct EMS to athlete.

New England Country Club: Establish communication with employees on course ASAP. EMS should normal traffic patterns to 180 Paine Street, Bellingham, MA 02019. Coach or staff member should meet EMS at the initial parking area and direct to which hole the injury is at. Correspond with Club employees.



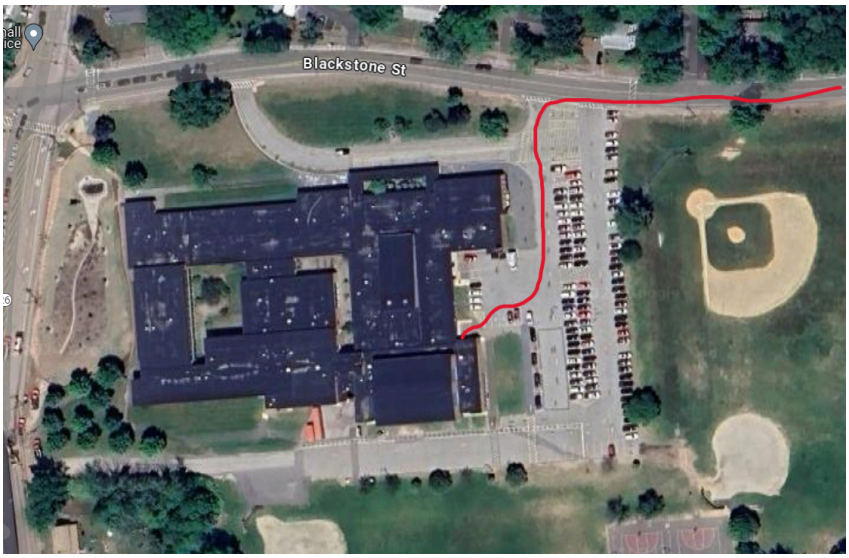
Last Update: August 2024

Middle School Facilities

AED Location: Nurse's office

Follow the same directions as High School for outdoor activities since fields/facilities are the same.

Middle School gymnasium: Gymnasium can be accessed on the east side of the school.



Pre-Participation Screening Policy

The Massachusetts Interscholastic Athletic Association (MIAA) requires student-athletes to adhere to the Department of Public Health's policy. In order to be in compliance with the state regulation physical exams will be required every 13 months to the day of the exam. For example if a student-athlete has a physical exam dated September 14, 2023, that exam will expire on October 14, 2024. Meaning as of October 15, 2024, the student-athlete becomes ineligible to practice or compete until they present proof of a current physical exam to the school nurse or athletic department. Please make certain that your child has a current physical exam that will last the duration of the season, or schedule a doctor's appointment as soon as possible to have an updated physical exam. There will be no exceptions to this rule, nor will there be extensions granted based upon a doctor's note.

No athlete will be cleared to participate in his or her sport until a recent physical (within thirteen months) is submitted. This paperwork is due in the sport season registration process through Arbiter Registration (formerly known as: Family ID). Physicals are required to be uploaded in Arbiter Registration (formerly known as: Family ID).

The athletic trainer with the assistance of the school nurse will review and approve physicals. Approval will be marked in Arbiter and made available to all coaches.

Secondary Insurance Policy

Bellingham High School Athletics carries a secondary insurance policy to help student-athletes and their families deal with health care costs accrued from injuries that occur while participating in athletics at Bellingham High School.

This policy is not a primary insurance policy. It is designed to assist with co-pays, deductibles, etc. that the student-athlete's primary insurance does not cover.

In the event of an injury, the coach (if off-campus), Certified Athletic Trainer, or School Nurse will fill out the Athletic Accident Report.

The Bellingham School District uses a policy via:

Berry Insurance
phone: (508) 528-5200
fax: (508) 520-6914
www.berryinsurance.com

Contact AD Michael Connor for information on this plan. There is typically a 90-day grace period from date of injury to when you submit the claim.

Accident Report

BELLINGHAM ATHLETIC DEPARTMENT
60 Blackstone St, Bellingham, MA 02019
Phone 508-966-4283 ● Fax 508-966-4287
ATHLETIC ACCIDENT REPORT

Date of Injury:_____ **Time:**_____

Name of Athlete:_____ **D.O.B:**_____ **SEX:**____

ADDRESS:_____

GRADE:_____ **SPORT:**_____ **AGE:**_____

NAME OF PARENT_____ **TELEPHONE #:**_____

STUDENT INSURED: YES NO CLAIM: YES NO

Where did the injury occur?:_____
How did the injury occur:
_____
_____
_____
_____

Nature and Extent of Injury:_____

Did the Accident Occur:

A. While student was supervised:	**YES**	**NO**
B. While participating in sport:	**YES**	**NO**
C. Designate:	**PRACTICE**	**GAME**

First Aid Given:_____

First Aid Given by:_____ **Reported to ATC by:**_____

Referred to Physician: YES NO MD Name or Practice:_____

Print Name:_____ **POSITION:**_____

Signature: _____ **DATE:**_____

Report Received by:

Nurse:_____ **Principal**_____ **Superintendent:**_____
Insurance Claim Made:_____ **Follow up:**_____ **Close Date:**_____
Use other side of report, and additional paper, if necessary to include all pertinent data.

EAP Pocket Guide

Bellingham High School

(Will be in every Med Kit)

Roles within the Emergency Team

1. First Responder.
2. Activation of the Emergency Medical System.
3. Emergency Equipment Retrieval.
4. Direction of EMS to Scene.
5. Crowd Control.
6. Parent Notification.

Important Numbers

EMS: 911

ATC: Rebecka Fillion (508-922-5528)

AD: Michael Connor (508-954-4283)

AED Locations

- Outside gymnasium doors within Bellingham High School
- Outside Nurse's office within Bellingham High School
- In Athletic Training Room or on ATC's person

Spinal Injuries

- Call 911
- Do not move athlete

Concussion/blow to head/whiplash

- When in doubt, sit them out
- Accident Report
- Notify ATC

Anaphylaxis

5. Activate Emergency Action Plan by calling EMS
6. Maintain airway and monitor vitals
7. Administer epinephrine by a prescribed auto-injector
8. Continue to reassess and monitor vitals

Respiratory Distress

6. Remove any protective equipment surrounding airways
7. Ask athlete if they have an inhaler and where it can be located
8. Assist, if needed, in the administration of albuterol
9. Monitor CABs and be prepared for cardiac emergency
10. If symptoms persist after inhaler is used, activate EMS

Major Fracture

6. Call 911
7. Treat the athlete for shock
8. Apply basic first aid.
9. DO NOT ATTEMPT TO REDUCE THE FRACTURE.
10. Splint, making sure the athlete continues to have a distal pulse and sensation.

Major Joint Dislocation

6. Call 911
7. Treat the Athlete for shock.
8. Apply basic first aid.
9. DO NOT ATTEMPT TO REDUCE DISLOCATION.
10. Splint, making sure the athlete continues to have a distal pulse and sensation.

Cardiac Emergency

5. Check airway, breathing, and circulation, and administer CPR if needed.
6. Activate EMS.
7. Treat for Shock.
8. Apply AED if indicated.

Heat Illness

7. Remove athlete from the heat.
8. Remove excess clothing.
9. Monitor CAB's.
10. Attempt to cool the body (ice bath is preferred method).
11. Stay with the athlete at all times.
12. Call 911.

Cold Conditions

7. Remove athlete from the cold.
8. Remove any wet or cold clothing.
9. Apply warm blankets and attempt to warm slowly.
10. Monitor CAB's.
11. Stay with the athlete at all times.
12. Call 911.

Any Other Emergency Situation

6. Check CAB's.
7. Apply basic first aid.
8. Prevent and/or treat for shock.
9. When in doubt, activate EMS.
10. Retrieve CPR mask and AED in case needed.

ALWAYS FILL OUT AN ACCIDENT REPORT & CONTACT ATC/AD

Last Update: August 2024

PRE-ACTIVITY TIMEOUT MEETING

PURPOSE: This meeting is essential to ensure awareness of event specific, participant health and safety procedures. This meeting should take place prior to the start of the first contest of the day or at a time designated by the host school administration if multiple contests are taking place in one day. The ideal time for this meeting will depend upon the activity. The meeting should be facilitated by host school administration or event management.

Date: Event:

Meeting Location: Meeting Time:

AGENDA

1. **Introductions:**
    a. **School Administration/Site Director/AD**: Michael Connor - Athletic Director
    b. **Event Medical Personnel: ATC, Physician, EMS:** Rebecka Fillion - Certified Athletic Trainer
    c. **Contest Officials***
    d. **Coaches for each team***
    e. **Weather Decision (who, MIAA Rule)**
    f. **Event Security**
    g. **Others**

*** The availability of officials and coaches to attend this meeting will be time and activity dependent. It is recommended the meeting be held when at least one contest official and one coach from each participating school can be present. If a participating school does not have an administrator on site to attend this meeting, a coach from that school should be present.**

2. **Location of host school administration during contest:**
3. **Location of host medical personnel during contest:**
4. **Who will call 911?**
    a. **Other EAP numbers:** Bellingham Fire 508-966-1112
    b. **Landline if necessary – location**
    c. **Other Communication plan/devices:** EMS Radio via Athletic Director,
5. **Emergency transport information**
    a. **Ambulance on site: No**
    b. **Ambulance/Emergency vehicle entrance/exit location:**
    c. **Locked gates/Unlocked gates:** AD will unlock all gate prior to contests
    d. **Ambulance delivers to which designated hospital(s):**
6. **Venue and equipment**
    a. **AED location(s):** with ATC (two within school - outside gymnasium and nurse's office)
    b. **Who will get AED:** ATC will designate a person at time of emergency. typically coach
    c. **Cold tub/cooling equip. Location:**
    d. **Other equipment (splints, etc.):** Red splint bag with ATC
    e. **Cart available for injured athlete transport: Yes/No Location:** Yes. With ATC or AD
    f. **Severe weather team evacuation location: (Precautions/Shelter)**
    g. **Severe weather fan evacuation location: (Precautions/Shelter)**
7. **Identify special events/concerns related to event:**

SOURCES

1. Scarneo-Miller, S. E., Hosokawa, Y., Drezner, J. A., Hirschhorn, R. M., Conway, D. P., Elkins, G. A., Hopper, M. N., & Strapp, E. J. (2024). National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport. Journal of Athletic Training, 59(6), 570–583. https://doi.org/10.4085/1062-6050-0521.23
2. *Athletic training*. (2023, May 30). NATA. https://www.nata.org/about/athletic-training
3. Commonwealth of Massachusetts. (n.d.). Advisory on Massachusetts requirements for being an athletic trainer. Mass.gov. https://www.mass.gov/policy-statement/advisory-on-massachusetts-requirements-for-being-an-athletic-trainer
4. Standing orders for athletic trainers. (2023, March 23). Go4Ellis. https://support.go4.io/hc/en-us/articles/115003873591-Standing-Orders-for-Athletic-Trainers
5. ImPACT Applications, Inc. (2022). ConcussionManagement.com. https://impacttest.com/wp-content/uploads/What-is-ImPACT.pdf
6. Signs and Symptoms of Concussion. (2024, April 7). HEADS UP. https://www.cdc.gov/heads-up/signs-symptoms/?CDC_AAref_Val=https://www.cdc.gov/headsup/basics/concussion_symptoms.html
7. What is CPR. (n.d.). cpr.heart.org. https://cpr.heart.org/en/resources/what-is-cpr
8. American Red Cross Training Services. (n.d.). What is AED? | Learn What an AED Is | Red Cross. Red Cross. https://www.redcross.org/take-a-class/aed/using-an-aed/what-is-aed
9. University of Georgia Sports Medicine. (2001). Epi-Pen policies and procedures. https://www.nata.org/sites/default/files/epi-pen-policies-procedures.pdf
10. Albuterol oral inhalation: MedlinePlus drug information. (n.d.). https://medlineplus.gov/druginfo/meds/a682145.html
11. American College of Sports Medicine. (2021). MIAA Heat Modification Policy. https://www.miaa.net/sites/default/files/2024-06/miaa-heat-modification-policy-081821-amended-9-1-22cb.pdf
12. Adams, W. M., Hosokawa, Y., Casa, D. J., Périard, J. D., Racinais, S., Wingo, J. E., Yeargin, S. W., Scarneo-Miller, S. E., Kerr, Z. Y., Belval, L. N., Alosa, D., Csillan, D., LaBella, C., & Walker, L. (2021). Roundtable on Preseason Heat safety in Secondary school athletics: Heat acclimatization. Journal of Athletic Training, 56(4), 352–361. https://doi.org/10.4085/1062-6050-596-20
13. Casa, D. J., Csillan, D., Inter-Association Task Force for Preseason Secondary School Athletics Participants, Armstrong, L. E., Baker, L. B., Bergeron, M. F., Buchanan, V. M., Carroll, M. J., Cleary, M. A., Eichner, E. R., Ferrara, M. S., Fitzpatrick, T. D., Hoffman, J. R., Kenefick, R. W., Klossner, D. A., Knight, J. C., Lennon, S. A., Lopez, R. M., Matava, M. J., . . . American Academy of Pediatrics. (2009). Preseason Heat-Acclimatization Guidelines for Secondary school athletics. Journal of Athletic Training, 44(3), 332–333. https://www.nata.org/sites/default/files/preseason_heat-acclimatization_guidelines_for_secondary_school_athletics.pdf
14. MIAA Sports Medicine Committee. (2021). Cold weather reference document. https://www.miaa.net/sites/default/files/2024-06/cold_weather_modification_smc_feb_2021.pdf
15. National Weather Service. (2018). GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING OR THUNDER DISTURBANCES. https://www.nfhs.org/media/1014153/guidelines_on_handling_practices_contests_during_lightning_thunder_disturbances_march_2018.pdf
16. Lightning safety. (n.d.). NCAA.org. https://www.ncaa.org/sports/2014/4/9/lightning-safety.aspx
17. Cooper, L., ATC, NATA Secondary School Athletic Trainers' Committee, EAP FOR MENTAL HEALTH CRISIS SUBCOMMITTEE, & NATA. (2016). Emergency Action Plan Guidelines: Mental health emergency in secondary school athletes. https://www.nata.org/sites/default/files/mental_health_eap_guidelines.pdf
18. Bloodborne pathogens - Overview | OSHA.gov | *Occupational Safety and Health Administration*. (n.d.). https://www.osha.gov/bloodborne-pathogens