Standard Operating Policies and Procedures



Muhlenberg School District Sports Medicine

2023-2024

INTRODUCTION

Muhlenberg School District Sports Medicine Mission Statement

**Mission Statement**

The mission of the Muhlenberg School District Sports Medicine Department is to provide high quality medical care to the student-athletes within the district through injury prevention, management of athletic injuries, and rehabilitation of athletic injuries. The medical needs of the student-athlete shall always be the first consideration is the underlying philosophy for the Sports Medicine Department. The Sports Medicine Staff intends to fulfill the mission statement by:

1. Creating a comfortable caring environment within the athletic training facility
2. Assuring team physician, licensed Athletic Trainers and athletic training students maintain a pleasant, caring, and professional attitude consistent with the National Athletic Trainers Association Code of Professional Practice
3. Assuring that our emergency procedures are safe and efficient
4. Thorough communication, creativity and innovation collaborate in a team approach in order to meet the needs of the student-athlete

**Vision Statement**

The Muhlenberg School District Sports Medicine Department shall provide injury prevention, care, and rehabilitation services of recognized excellence to the student-athletes within the school district. In addition, student-athlete education will also be made available in the area of lifelong health practices. The Sport Medicine Department is committed to provide accessibility and the best possible evidence based quality care to ensure the health and safety of the student-athletes.

**Rationale**

The following are rationale for implementing a Policy & Procedures for Muhlenberg School District Sports Medicine:

* To provide the community with pertinent information regarding the operating policy and procedures of the Muhlenberg School District Sports Medicine Program.
* To ensure there is a system checklist in place for workers and supervisors to provide consistent and accurate performances that do not harm individuals involved.
* To ensure procedures are followed based on national, state, departmental, and governmental regulations regarding Athletic Training services and emergency procedures.
* To serve as day-to-day procedural steps that should be utilized by Muhlenberg School District Athletic Trainers, Team Physicians and Athletic Training Students under the supervision of a Preceptor.

National Athletic Trainers’ Association Code of Ethics

The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

**1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELFARE, AND DIGNITY OF OTHERS**

1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient’s care without a release unless required by law.

**2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS’ ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS**

2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse.  For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

**3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES**

3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.

3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

**4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT’S HEALTH AND WELL-BEING.**

4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

**Board of Certification (BOC) Code of Professional Responsibility**

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other ac on with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, www.bocatc.org.

**Patient Care Responsibilities**

The Athletic Trainer:

1.1  Renders quality patient care regardless of the patient’s age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law

1.2  Protects the patient from undue harm and acts always in the patient’s best interests and is
an advocate for the patient’s welfare, including taking appropriate ac on to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice

1.3  Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies

1.4  Communicates effectively and truthfully with patients and other persons involved in the patient’s program, while maintaining privacy and confidentiality of patient information in accordance with applicable law

1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values

1.5  Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain

1.6  Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient

1.7  Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan

1.7.1 Does not make unsupported claims about the safety or efficacy of treatment

**Competency**

The Athletic Trainer:

2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence

2.2 Complies with the most current BOC recertification policies and requirements

**Professional Responsibility**

The Athletic Trainer:

3.1  Practices in accordance with the most current BOC Practice Standards

3.2  Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3  Practices in collaboration and cooperation with others involved in a patient’s care when warranted; respecting the expertise and medico-legal responsibility of all parties

3.4  Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services

3.5  Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training

3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.6 Does not guarantee the results of any athletic training service

3.7 Complies with all BOC exam eligibility requirements

3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful

3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificate application, documents or other materials without proper authorization

3.10 Takes no ac on that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

3.11 Reports any suspected or known viola on of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

3.13 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information

3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law

3.15 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Sec on 4 of the *BOC Professional Practice and Discipline Guidelines and Procedures*.

**Research**

The Athletic Trainer who engages in research:

4.1  Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

4.2  Protects the human rights and well-being of research participants

4.3  Conducts research activities intended to improve knowledge, practice, education, outcomes

and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

**Social Responsibility**

The Athletic Trainer:

5.1 Strives to serve the profession and the community in a manner that benefits society at large

5.2 Advocates for appropriate health care to address societal health needs and goals

**Business Practices**

The Athletic Trainer:

6.1  Does not participate in deceptive or fraudulent business practices

6.2  Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered

6.2.1 Provides documentation to support recorded changes

6.2.2 Ensures all fees are commensurate with services rendered

6.3  Maintains adequate and customary professional liability insurance

6.4  Acknowledges and mi gates conflicts of interest

**STANDARDS OF OPERATION**

**Confidentiality and Privacy**

The Muhlenberg School District Sports Medicine Department protects the confidentiality of injured/ill student-athletes and their medical records and is an important component in the success of our services. The Sports Medicine Staff ensures that the privacy rights of our student-athletes are protected and that all state and federal laws protecting those are strictly enforced. All medical records and information are stored electronically using PlanetHS/Big Teams software. All HIPPA and FERPA regulations are followed.

**Liability Statement**

Licensed Athletic Trainers on staff complete at minimum 50 hours of continuing education and 10 hours of evidenced based continuing education during every two-year reporting period. In addition, all licensed Athletic Trainers on staff recertify in basic life support (BLS) bi-annually.

All Athletic Trainers on staff maintain a license to practice through the Pennsylvania State Board of Medicine or Osteopathic Medicine; renewed biennially.

Under section 6311 of the Child Protective Services Law, Athletic Trainers are considered “mandatory reporters”. In accordance with Act 31 Training for Child Abuse Recognition and Reporting in Pennsylvania, all licensed Athletic Trainers on staff are required to complete three (3) hours of training approved by the Department of Human Services (DHS) on the topic of child abused recognition and reporting upon initial licensure by any of the Pennsylvania health-related boards. As a condition of biennial renewal, all Athletic Trainers on staff are required to complete two (2) hours of approved training on the topic of child abuse recognition and reporting from an approved provider. Approved provider courses can be found at <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Pages/Act-31.aspx>

**Staffing**

Currently there are two (2) full time, licensed and certified Athletic Trainers employed by the Muhlenberg School District. Athletic Trainers are available during designated hours of operation of the Athletic Training Room located in the High School. Each Athletic Trainer is responsible for providing daily on-site and/or off-site athletic training services. It is the responsibility of the student-athlete, coach or parent to report all medical issues to an Athletic Trainer.

A member of the Muhlenberg School District Sports Medicine Staff will be present or available at all home competitions. To be present means to be on site at the campus or arena of the competition. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

At least one (1) team physician (or designated, appropriate representative) is on site for all home varsity football games.

At least one (1) licensed Athletic Trainer will travel to all varsity football away events. A licensed Athletic Trainer will travel with sports during post-season/play-off events as the schedule allows.

**Responsibilities**

The Muhlenberg School District Athletic Department, in conjunction with the Health Services Department, maintains AED supplies and equipment to be used in the event of an emergency.

In the event of a snow/virtual instruction day, as determined by the superintendent, the athletic training room will be closed.

The licensed Athletic Trainers have immediate cell phone access in the event that emergency services need to be contacted. Home football games will always have access to two-way radios to have direct contact with the on-site EMS.

**Hours of Operation**

The Athletic Training Room, located in the rear of Muhlenberg High School, is open at noon during the school day. The Athletic Training Room will remain open until the end of the last practice or competition for the day. The Athletic Training Room hours are subject to change due to inclement weather, sports season, sport travel, etc. The licensed Athletic Trainers will post any hour changes with as much advanced warning as possible.

All rehab appointments for the Athletic Training Room are scheduled with a licensed Athletic Trainer based off of the availability of the student-athlete and staff member.

**Event Cancellation**

In the instance when an event (practice or game) gets canceled, postponed or changed time for a non-weather-related reason, the licensed Athletic Trainers require a 24-hour advanced notification when possible. This allows the licensed Athletic Trainers to make proper adjustments to accommodate such changes. The licensed Athletic Trainers do not guarantee last minute changes will be accommodated.

Muhlenberg School District Sports Medicine Team

**Contact Information**

**Athletic Training Room: 610-921-8078 x 4285**

**Athletic Training Room Fax: 610-921-7925**

**Daniel Kropf, MS, LAT, ATC, PES, CSS**

**Athletic Trainer**

Cell: 484-955-9319

kropfd@muhlsdk12.net

**Ashley Care, MS, LAT, ATC**

**Athletic Trainer**

Cell: 484-955-9296

carea@muhlsdk12.net

**Dr. Tim Moyer, Athletic Director**

Office: 610-921-8078 x 4119

moyert@muhlsdk12.net

**Lori Steiner, Athletic Administrative Assistant**

Office: 610-921-8078 x 4116

steinerl@muhlsdk12.net

**Paul Marr, MD**

**Team Physician**

Office: 610-779-2663

**Kathy Bower, CRNP, CSN, MEd**

**Health Services Department, Muhlenberg School District**

Office: 610-921-8078 x 5

bowerk@muhlsdk12.net

**Commonwealth Orthopedics**

11 Fairlane Road

Reading, PA 19606

610-779-2663

**Penn State Health St. Joseph**

2500 Bernville Road, Reading PA 19605

General Phone: 610-378-2000

Emergency Department: 610-378-2330

Medical Records: 610-378-2380

**Tower Health**

Sixth Ave & Spruce Street, West Reading, PA 19611

General Phone: 484-628-8000

Emergency Department: 484-628-5168

Medical Records: 484-628-8252

**Athletic Trainer**

**POSITION GUIDE:** Athletic Trainer (2 full-time); 220 day Act 93 Employee

**REPORTS TO:** Athletic Director

**JOB GOAL:** Collaborate with physicians and the other district athletic trainers to optimize activity and participation of athletes. Provide the athletic programs with injury prevention measures, diagnosis, and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities.

**QUALIFICATIONS:**

1. Bachelor’s Degree in athletic training from a CAATE accredited college or university athletic training program or Master’s degree in an appropriate area of specialization
2. Certification from the National Athletic Trainers’ Association Board of Certification
3. Licensure (or eligible) by PA State Board of Medicine or State Board of Osteopathic Medicine
4. PA Drivers License
5. 50 Continuing Education Units every 2 years
6. AED/CPR certification
7. Knowledge of State Medical Practice Act
8. Experience with technology that is compatible with district-wide systems and athletic training software
9. A working knowledge of office equipment.
10. Excellent organizational skills and abilities.
11. Current Act 34, Act 151 and FBI clearances as required by the laws of Pennsylvania; any other clearances that may be required by law.
12. Such alternatives to the above qualifications as the Board may find acceptable and reasonable.

**Job Duties**

1. Provide athletic training services within the scope of practice set forth by the State of Pennsylvania and the Board of Certification (BOC) for the site’s athletic department as directed by the team physician(s) and/or the athletic director, including attendance at scheduled team practice and home and away competitions as necessary.
2. Oversee the compilation, input and organization and maintenance of all student-athlete medical records into the electronic medical record system.
3. Compile and submit information necessary for insurance, school district, or other injury reports.
4. Supervise and monitor the daily work schedule within the athletic training department. Weekly schedules should be submitted to the Athletic Director for approval every Thursday. Schedules will be subject to change as events may be postponed or rescheduled.
5. Organize on-campus pre-season physicals.
6. Collaborate with each other within the athletic training department, school nurses, physicians, emergency medical personnel and athletic director to provide physical exams and athletic training services for contests and follow up on all accidents and injuries.
7. Coordinate fitting, ordering and testing of durable medical equipment.
8. Perform treatments and rehabilitation of athletes both during the school day after school hours.
9. Maintain proper compliance with all PIAA sports medicine policies and procedures.
10. Share in the responsibility of the athletic training room maintenance and upkeep.
11. Share in the responsibility of maintaining and organizing the athletic training room file system.
12. Consult with designated Team Physician(s) for the guidance on the treatment of injured student-athletes and report on their progress.
13. Report the status of injured student-athletes to coaching staff daily and periodically meet to identify and discuss problem areas.
14. Organize the athletic training department’s budget, including inventory, bidding, ordering and receiving and maintenance of all athletic training room supplies and equipment.
15. Serve as a Preceptor for Alvernia University and Lebanon Valley’s Athletic Training Programs.
16. Develop and maintain a Sports Medicine handbook/policy manual for the Sports Medicine, Athletic Department and Emergency Response Teams.
17. Establish and enforce Code of Ethics and BOC Standards of Professional Practice and rules of use for the athletic training facilities and equipment.
18. Establish and implement an emergency action plan (EAP) and policies and procedures for all athletic teams in conjunction with the Team Physician(s), area emergency medical services and local hospitals.
19. Represent Muhlenberg School District and the Sports Medicine Department at professional conferences and/or meetings as required or requested.
20. Provide training programs/professional development for coaches and other school district employees i.e. precautionary measures, first aid, CPR and any other professional development activities assigned to them by administration.
21. Instruct coaches, staff members and student trainers in the following district policy and OSHA standards for blood borne pathogens.
22. Complete all required trainings assigned by district administration.
23. Educate all district athletes on developing lifelong positive health habits.
24. Travel requirements as needed.
25. Adhere to all school district policies and procedures.
26. Other duties as assigned by the Athletic Director

**PHYSICAL DEMANDS:**

1. Able to stand and move around the work area for extended periods of time.
2. Able to raise or lower objects from one level to another.
3. Able to push or pull objects as needed.
4. Able to carry objects (up to 75 lbs.) in arms or by appropriate means.
5. Able to use hands and arms to reach and pick up objects.
6. Able to see clearly with or without corrective lenses.
7. Able to perceive speech or the nature of sounds in the air, in person, and on the telephone.
8. Able to coordinate eyes, hands and fingers rapidly.
9. Able to walk moderate distances inside and outside of facilities and able to climb steps.
10. Able to travel inside or outside the District as necessary for work related tasks.
11. Able to withstand changes in environmental conditions inside and outside the work facilities, and adapt to these changes.

**WORK RELATED DEMANDS:**

1. Able to work with others in a courteous and cooperative manner.
2. Able to deal effectively with many types of situations and personalities.
3. Able to effectively deal with deadlines and stressful situations.
4. Able to communicate effectively both verbally and in writing.
5. Able to perform numerical operations accurately and quickly.
6. Able to perform repetitive tasks.
7. Able to make appropriate judgements as they pertain to the responsibilities of the position.
8. Must possess supervisory skills
9. Able to use all athletic machines and equipment.

**Athletic Training Student**

**Reports To:** Muhlenberg School District Athletic Trainer, Athletic Director, College’s/University’s Athletic Training Program Director and Clinical Coordinator

**Summary:** Athletic Training Students have varying responsibilities depending on their skill level and academic preparation through the program.

**Background Requirements:**

* Good standing in the Athletic Training Program
* Must maintain appropriate AED/CPR Certification
* FBI Background Check
* PA State Police Fingerprints

**Job Duties:**

1. Maintain professional attitude at all times when representing College/University and Muhlenberg School District
2. Maintain the status and function of the Athletic Training Room at all times.
3. Be responsible for duties and assignments by completing them in a timely manner.
4. Notify appropriate Preceptor **prior to** a known absence and arrange accommodations in such absence.
5. Respect the right of confidentiality of the student-athletes.
6. Maintain appropriate working relationships with all coaches and student-athletes.
7. Act as a role model/good example for student-athletes.
8. Use the proper channels for questions and procedural advice.
9. Report all injuries to licensed Athletic Trainer/Preceptor.
10. Keep current with the Athletic Training Room functions and actively seek improvement in the program.
11. Help maintain and update documentation.
12. Communicate appropriately with Preceptors, coaches and administration.
13. Inform Preceptor of appropriate competencies to be completed.
14. Assist with on or off-field injury maintenance when needed.
15. Set up field/for home events and practices.
16. Ensure all necessary equipment (water, ice, AED and first aid equipment) is available.
17. Help with designated administrative duties.
18. Stock taping tables.
19. Respect the Athletic Training equipment (coolers, water bottles, carts, etc.).
20. Be on time for scheduled practices and events.
21. Be dressed appropriately.
	1. No flip flops, no revealing attire, no sweatpants
	2. College/University or Muhlenberg School District attire is required for all games
22. Report concerns to Sports Medicine Staff.
23. Other duties as assigned by the Sports Medicine Staff.
24. **Social media interactions or contact with student-athletes outside of the Athletic Training Room is strictly prohibited.**

**RMCTC Work Study Student**

**Reports To**: Muhlenberg School District Athletic Trainers, Athletic Director, CareerLink Representative

**Background Requirements:**

* Student at Muhlenberg High School and Reading Muhlenberg Career and Technology Center
* CPR/AED certification preferred

**Job Duties**

1. Set up field/for home events and practices.
2. Ensure all necessary equipment (water, ice, AED and first aid equipment) is available.
3. Help with designated administrative duties.
4. Stock taping tables.
5. Assist in maintaining a clean Athletic Training Room and supplies.
6. Respect the Athletic Training equipment (coolers, water bottles, carts, etc.).
7. Be on time for scheduled practices and events.
8. Be dressed appropriately.
	1. No flip flops, no revealing attire
	2. Muhlenberg School District attire is required for all games
9. Report concerns to Sports Medicine Staff.
10. Other duties as assigned by the Sports Medicine Staff.

**Other Sports Medicine Team Members**

Paul Marr, MD

* Supervising physician for the Muhlenberg School District Sports Medicine Staff.
* Attendance (or appropriate representation provided) at all home varsity football games.
* Ability to evaluate injured athletes (on campus or at Commonwealth Orthopedics) as soon as possible or during appointments made by parents/guardians or licensed Athletic Trainer
* Provide feedback to licensed Athletic Trainers on rehabilitation and care of injured athletes.

Thomas Franek, PhD, LAT, ATC (Alvernia University)

Eva Franks, PhD, LAT, ATC (Lebanon Valley College)

* Athletic Training Program Director
* Ensure Sports Medicine Staff is trained and updated in preceptor duties

Kim Stoudt, Ed.D, LAT, ATC (Alvernia University)

Erin Ulrich, DHSc, LAT, ATC (Lebanon Valley College)

* Athletic Training Program Clinical Coordinator
* Serve as liaison between Sports Medicine Staff and Athletic Training Students
* Assign Athletic Training Students to clinical placements
* Ensure Sports Medicine Staff is trained and updated in preceptor duties

Muhlenberg School District School Nursing Staff

* Provide care to ill student-athletes
* Provide Athletic Trainers with appropriate documentation from other healthcare providers regarding student-athlete injuries/illnesses
* Appropriately treat and/or refer student-athletes for mental health conditions
* Serve as liaison to school counselors and social workers
* Assist Athletic Trainers with concussion symptom monitoring and/or accommodations

Muhlenberg School District Coaches

* All Head Coaches are required to obtain Cardiac Wise and Concussion Wise prior to the start of their season
* Attend pre-season education session
* Assist the licensed Athletic Trainers in emergency situations as designated in the Emergency Action Plan
* Understand, with the help of the licensed Athletic Trainers, the student-athletes’ injuries and the accommodating limitations
* Abide by the licensed Athletic Trainer’s written or vocalized participation status, return-to-play instructions, permissions and restrictions regarding the student-athletes’ injuries
* Required to report and refer any known injury, illness, head injury or symptoms to the Sports Medicine Staff for further evaluation
* Adhere to the severe weather policies (lightning, heat, cold) as outlined by the Sports Medicine Department

Emergency Medical Services for Scheduled Home Events (when required)

* Services provided to Muhlenberg School District by the Muhlenberg EMS
* Provide transport of injured/ill student-athletes to designed local Emergency Department
* Attendance at all home varsity football games and other events as requested by Athletic Department/Athletic Trainers

**Athletic Training Room Guidelines**

1. No cell phone camera use in the Athletic Training Room.
2. Proper athletic attire appropriate for treatment needs.
3. No food or drink (other than water) permitted in the athletic training room.
4. Personal items to be stored outside the athletic training room.
5. Excess personnel, other than what is necessary, is not permitted.
6. No lewd or inappropriate language.
7. Respect all Sports Medicine Staff (physicians, athletic trainers, athletic training students, work study students, etc.) and the athletic training facility.
8. No equipment permitted to leave the athletic training room without permission.
9. Signing in is required to receive treatment or to use any of the equipment/facility.
10. All rehabilitation is to be scheduled in advance, when possible.
11. All new injuries should be reported right away or in a timely fashion.
12. Maintain a positive attitude when in the athletic training facility.

**Professional Appearance**

The licensed Athletic Trainers on Staff represents the Muhlenberg School District and the profession of Athletic Training. It is expected that clothing is appropriate and in accordance with progression standards.

* The Sports Medicine Staff shall keep him or herself as hygienically clean as possible to prevent the spread of pathogenic bacteria.
* Beards, mustaches and sideburns must be neat and trimmed.
* A collared shirt or an appropriate logo shirt must be worn when in the Athletic Training Room and at events
* Cosmetics must convey a professional appearance. Make-up should not be excessive. The length of fingernails must promote patient and employee safety.
* Shorts must be appropriate length.
* Business casual is appropriate attire.
* Appropriate outer clothing is to be worn during inclement weather.
* The following additional clothing WILL NOT be permitted in the Athletic Training Room or at practices/games:
	+ Cut off shorts
	+ Flip flops
	+ Torn clothing
	+ Skirts
	+ Ripped T-shirts
	+ Tank tops or low-cut tops

No member of the Muhlenberg Sports Medicine department shall pursue, have or maintain a romantic or sexual relationship with any high school or undergraduate collegiate student-athlete. No Muhlenberg Sports Medicine department shall fraternize with any high school or undergraduate collegiate student-athlete during a non-athletic related event, on or off campus. In the event that an employee and student-athlete are at the same off-campus location, the employee should make an attempt to leave that location. The members of the Muhlenberg Sports Medicine department shall conduct themselves in a professional manner as described in the Code of Ethics set forth by the National Athletic Training Association and Pennsylvania State Board of Medicine/Pennsylvania State Practice Act for Athletic Trainers.

**Athletic Trainer Expectations**

1. Practice within the NATA Code of Ethics, the NATABOC and PA Practice Act scope of practice.
2. Maintain professional and positive attitudes at all times when representing the Muhlenberg School District
3. Focus on teamwork to achieve optimal patient-care.
4. Maintain the status and function of the Athletic Training Room at all times.
5. Effective, positive communication with the entire Sports Medicine Staff, the administration and other healthcare professionals.
6. Daily communication (when applicable) with coaching staff.
7. Be responsible for duties and assignments by completing them.
8. Respect the confidentiality of all student-athletes.
9. Use the proper chain of command for all questions and procedural advice.
10. Flexibility of schedule.
11. Dedication and commitment to the sports medicine team, the student-athletes, the administration and to the profession of Athletic Training.

**Athletic Trainer/Physician Communication**

Communication between the members of the Sports Medicine Staff and team physician(s) will occur in the following forms:

* Pre-season/summer meetings
* Home varsity football games
* Consultations as needed over the phone, e-mail or facsimile

Injury report diagnosis reports from the treating physician will be delivered via the student-athlete, a fax from the physician’s office, via telephone or through secure e-mail.

The supervising team physician (or designated, appropriate representative) will receive injury reports and progress updates from the licensed Athletic Trainers upon request.

**CARE AND PREVENTION OF ATHLETIC INJURIES**

**Pre-Participation Screening and Education**

The Muhlenberg School District Sports Medicine Staff organizes the availability of medical providers to conduct pre-participation physical for all Muhlenberg School District student-athletes prior to each athletic season. Participation is optional, but the student-athlete will then be responsible for obtaining their own pre-participation physical. All student-athletes are required to complete all six (6) sections in the packet provided by the Pennsylvania Interscholastic Athletic Association (PIAA). All physicals must be dated on or after June 1 of the current school year..

**Muhlenberg School District Athletic Department Sport Related Concussion Safety Protocol**

Introduction

The Muhlenberg School District is committed to ensuring the health and safety of its student-athletes. To this end, and in accordance with PIAA Sports Medicine Guidelines, Muhlenberg School District Athletic Department has adopted the following Sport-Related Concussion Safety Protocol for all student-athletes*.* This protocol establishes and/or identifies: (1) a sport-related concussion definition; (2) concussion safety protocol personnel; (3) independent medical care; (4) preseason education; (5) pre-participation assessment, (6) recognition and diagnosis of concussion; (7) concussion management; (8) return to activity, including both return-to-learn and return-to-play; (9) reducing exposure to head trauma

1. Concussion Definition

The 6th international conference on concussion in sport defines concussion as follows:

Sport-related concussion (SRC) is a traumatic brain injury induced by biomechanical forces. Several common features that may be utilized to clinically define the nature of a concussion head injury include:

* SRC may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
* SRC typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, signs and symptoms evolve over a number of minutes to hours.
* SRC may result in neuropathological changes, but the acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
* SRC results in a range of clinical signs and symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive features typically follows a sequential course. However, in some cases symptoms may be prolonged.
* The clinical signs and symptoms cannot be explained by drug, alcohol or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction, etc.) or other comorbidities (e.g., psychological factors or coexisting medical conditions).
1. Independent Medical Care

Team physicians, treating physicians and athletic trainers shall have unchallengeable autonomous authority to determine concussion management and return-to-activity decisions for all student-athletes. Further, the athletic trainers and athletic director shall ensure that the concussion safety protocol is available for, and rehearsed by, all athletics personnel.

1. Preseason Education

All student-athletes and parents will be required to read and sign an acknowledgement (PIAA Section 3), on an annual basis during their pre­participation evaluation, that they have been provided, read and understood the concussion education material. This signed acknowledgement will be filed in the student-athlete's medical record.

Further, all coaches will be required to complete ConcussionWise training and must submit proof of completion prior to their competition season.

1. Recognition and Diagnosis of Concussion

A member of the Muhlenberg Sports Medicine Team, with training in the diagnosis, treatment and initial management of acute concussion will be present or available at all home competitions and practices.

**NOTE:** To be present means to be on site at the campus or arena of the competition. Muhlenberg School District will ensure that such personnel will be from Muhlenberg School District, from the opposing team or will be contracted independently for the event.

**NOTE:** To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, or other immediate communication means. Further, the case can be discussed through such communication, and immediate arrangements can be made for the athlete to be evaluated.

Symptoms of concussion include, but are not limited to: (1) physical symptoms of headache, nausea, balance problems, dizziness, visual difficulty, fatigue, sensitivity to light, sensitivity to noise, headache, feeling "out of it" or "foggy," vision changes, feeling dazed or stunned; (2) cognitive symptoms of feeling mentally foggy or slowed down, difficulty concentrating, difficulty remembering, forgetfulness, confusion, feeling slow; (3) emotional symptoms of irritability, sadness, nervousness, feeling more emotional; (4) sleep symptoms of drowsiness, sleeping more or less than usual, difficulty falling asleep.

Visible signs of concussion include but are not limited to: lying motionless; unconsciousness; vomiting; vacant look; slow to get up; balance difficulty or incoordination; clutching the head.

If an athlete, teammate, coach, official or member of medical staff identifies signs, symptoms or behaviors consistent with concussion, the following will take place immediately:

* The athlete must be removed from practice or competition.
* The athlete must be evaluated by a member of the medical team with concussion experience.
* The athlete must be removed from practice/play for that calendar day if concussion is confirmed or suspected.
* This policy will be enforced on visiting student-athletes.

The initial concussion evaluation will include:

* Symptom assessment. SCAT 6.
* Physical and neurological exam. Vestibular Ocular Motor Screening (VOMS)
* Balance exam. BESS.

Because a force sufficient to cause concussion can also cause cervical spine or other head trauma, the initial concussion evaluation will also include assessment for cervical spine trauma, skull fracture and intracranial bleed.

1. Post-concussion Management

An emergency action plan will be in place for any suspected or diagnosed concussion. This plan includes rehearsed arrangements for emergency medical transportation. The emergency action plan will be activated for any of the following:

* Glasgow Coma Scale < 13.
* Prolonged loss of consciousness.
* Focal neurological deficit suggesting intracranial trauma.
* Repetitive emesis.
* Persistently diminished/worsening mental status or other neurological signs/symptoms.
* Spine injury.

Because concussion may evolve or manifest over time, for all suspected or diagnosed concussions, there will be in place a mechanism for serial evaluation of the athlete. All student-athletes will follow-up with an athletic trainer or designated school nurse within 24-hours of the initial assessment. The mandatory follow-ups will occur daily until the student-athlete receives full and final clearance to return to participation. The student-athlete will also require an evaluation by a licensed physician of medicine or osteopathic medicine (MD or DO) comfortable with current concussion management principles.

For all cases of diagnosed concussion, the parent or guardian will be provided oral and/or written care regarding concussion management. Such instructions must be documented.

As most athletes with concussion have resolution of symptoms in 7-10 days, all athletes who have prolonged recovery more than two weeks could require a follow up evaluation with a physician. Such re-evaluation should be performed to confirm the concussion diagnosis, or to consider co-morbid or post-concussion diagnoses such as: sleep dysfunction; migraine or other headache disorders; mood disorders such as anxiety and depression; ocular or vestibular dysfunction; cervicalgia/neck pain; other post-concussion diagnoses.

1. Return to Activity

Student-athletes require a graduated program of care following concussion, both for return-to-learn and return-to-play. Both will be considered carefully.

*Return-to-Learn*

Returning to academic activities after a concussion is a parallel concept to returning to play after concussion. After concussion, brain energy may not be available to perform normal cognitive exertion and function. The return-to-learn concept should follow an individualized and step-wise process overseen by a point person within the athletics department, who will work in conjunction with a multidisciplinary team.

The multidisciplinary team may vary student-to-student, depending on the difficulty in returning to a normal school schedule. Such team will include, but not necessarily be limited to:

* Team Sports Medicine Physician
* Primary Care Physician
* Athletic Training Staff
* School Nurse
* Guidance Counselor
* Teachers
* School Social Worker
* Coaches

The return to learn accommodations should be based on an individual basis. The student-athlete will be evaluated by a licensed physician of medicine or osteopathic medicine (MD or DO) comfortable with current concussion management principles. Any academic accommodations set forth by a treating physician will be forwarded to appropriate school nurses. The school nurse will be responsible for sending accommodations to the student-athlete’s teachers and instructors.

*Return-to-Play*

It is important to recognize each return-to-play plan will be individualized and directly supervised by a Muhlenberg School District licensed Athletic Trainer with expertise in concussion management. Final determination of return-to-play will be made by the treating licensed physician of medicine or osteopathic medicine (MD or DO) comfortable with current concussion management principles or his/her qualified designee.

The initial treatment for all athletes following concussion may include mild, submax aerobic activity during the transition period of returning to pre-concussion baseline status, so long as such activity does not exacerbate post-concussion symptoms or signs. Once the student-athlete reports an increase of symptoms, the activity is discontinued for the day. The student-athlete is permitted to start the activity the next day if the symptoms are considered mild by the Sports Medicine Staff.

*Timeline:*

On the day of initial injury, student-athlete will be evaluated using the SCAT6, Vestibular Ocular/Motor Screening (VOMS), and an upper quarter neurological screen. If a sport related concussion (SRC) is diagnosed, the student-athlete will be referred to a licensed physician of medicine or osteopathic medicine (MD or DO) comfortable with current concussion management principles and entered into the return-to-play/monitoring protocol. The student-athlete will continue a daily SCAT6 symptoms check-list with the Sports Medicine Staff or designated school nurse. If symptoms persist past 7 days, a follow up SCAT6 and VOMS evaluation will be performed to monitor the progression. Once the athletic trainer receives written notification from the treating physician and is asymptomatic, the student-athlete may begin the exertional return-to-play protocol listed below. Once the student-athlete successfully completes the exertional return-to-play protocol, the student-athlete will get final clearance from either the treating physician or athletic trainer. The final step (#5 below) in the return-to-play protocol cannot be return to competition. Each step must take place at least 24 hours apart.

The treating athletic trainer holds the right to recommend any follow-up appointments at their discretion with the treatment physician during any point of the return to play protocol.

*Exertional Return-to-play Protocol*:

1. Light aerobic exercise such as walking or riding a stationary bike for at least 20 minutes. No resistance training is permitted. **If** asymptomatic with light aerobic exercise, then;
2. Moderate aerobic exercise such as elliptical or jogging on a treadmill for at least 20 minutes. **IF** asymptomatic with moderate aerobic exercise, then;

3. Sport-specific (mode, duration and intensity specific) with no head impact. **If** asymptomatic with sport-specific activity. Light resistance training is permitted. **IF** symptomaticthen;

4. Non-contact sport drills and resumption of progressive resistance training (weight room). **IF** asymptomatic with non-contact drills and resistance training, then;

5. Full-contact practice and unrestricted training. **IF** asymptomatic with full-contact practice,

then;

6. Return-to-competition is allowed.

**NOTE:** If the student-athlete participates in a non-contact sport (such as golf, tennis, or track and field), the student-athlete is permitted to participate in a full practice as Step 4. Return-to-competition would be permitted upon successful completion.

**NOTE:** If at any point the student-athlete becomes symptomatic (more symptomatic than baseline) adjustments will be made to the return-to-play progression. The student-athlete will perform the last step in which was completed asymptomatically.

1. Reducing Exposure to Head Trauma

Muhlenberg School District is committed to student-athlete health and safety. To that end, the Muhlenberg School District Athletic Department will be proactive in efforts to minimize exposure to head trauma. The following procedures are in place:

* Concussion Fact Sheets, plus education regarding safe play and proper technique, are made available to coaches, sport administrators, team physicians, athletic trainers and strength and conditioning coaches on an annual basis/during each pre-season meeting.
* Reducing gratuitous contact during practice.
* Taking the head out of contact.
* Teams will take a “safety-first” approach to sport.

**Evaluation Procedure and Documentation**

Once a student-athlete has sustained an injury a thorough assessment must be performed. The Sports Medicine Staff will evaluate injuries in accordance with the national orthopedic guidelines.

The Muhlenberg School District Sports Medicine Staff will document injuries using a standard SOAP document and by using Planet High School/Big Teams Med Central electronic documentation system. This software package includes a database for student-athlete information, injury evaluations, progress note updates, treatment regimens and medication information. Any hard copies of paperwork will be scanned into BigTeams and discarded appropriately.

**Medical Referral Guidelines**

The Sports Medicine Staff must refer student-athletes with a significant injury to a specialist and an illness to the school district nurses office or a facility of the parent’s /guardian’s discretion. The goal of referral is to ensure that the student-athlete receives the most effective care possible. The Sports Medicine Staff may refer directly to an Urgent Care, if appropriate.

If a student-athlete chooses to see another physician, other than a Team Physician, the final return to play clearance must be given by the treating physician, or an appointee, in order for the student-athlete to resume participation.

**Equipment Compliance**

**Modality Calibration**

The Muhlenberg School District therapeutic modalities are calibrated annually by Muhlenberg Medical (certified calibration technician).

**Modality Problems, Repair and Safety**

Any problems identified by the Athletic Training Students or Staff with any electrical modality are to be reported to the a staff Athletic Trainer and/or the athletic director immediately. Any modality with a suspected dysfunction is then to be removed from use until the problem is corrected. A member of the Sports Medicine Staff may need to contact a qualified technician to arrange repair. Ground Fault Circuit Interrupter breakers are connected to outlets in the Athletic Training Room to ensure the safety of all modalities from electric shock. Every Athletic Training Student must receive didactic education on each modality before they are allowed to clinically apply under supervision. Athletic Training Students are not permitted to use any modality without supervision.

**Athletic Equipment**

Athletic equipment is stored and maintained by the equipment manager and/or the student-athlete. The Muhlenberg School District equipment manager(s) and Athletic Director are responsible for the equipment needing annual certifications and for fixing/repairing broken equipment.

**HEALTH AND SAFETY**

**Asthma**

As outlined in the National Athletic Trainers’ Association (NATA) position statement “Management of Asthma in Athletes”, it is recommended that Athletic Trainer should be educated to recognize asthma symptoms, should understand how to assess asthma symptoms, should understand when a referral is necessary and should understand the management of asthma through pharmacological and non-pharmacological treatment protocols.

Student-athletes with diagnosed asthma or exercise induced asthma should have an established location (med kit, with Athletic Trainer, in personal bag) for their MDI to be used in case of an asthmatic emergency.

**Asthma Attack**

**Recognition**

* The sports medicine staff should be aware of the major asthma signs and symptoms (ie, confusion, sweating, drowsiness, forced expiratory volume in the first second of less than 40%, low level of oxygen saturation, use of accessory muscles for breathing, wheezing, cyanosis, coughing, hypotension, bradycardia or tachycardia, mental status changes, loss of consciousness, inability to lie supine, inability to speak coherently, or agitation) and other conditions (eg, vocal cord dysfunction, allergies, smoking) that can cause exacerbations.

**Treatment**

* For an acute asthmatic exacerbation, the athlete should use a short-acting ~2-agonist to relieve symptoms. In a severe exacerbation, rapid sequential administrations of a ~2-agonist may be needed. If 3 administrations of medication do not relieve distress, the athlete should be referred promptly to an appropriate health care facility.
* Inhaled corticosteroids or leukotriene inhibitors can be used for asthma prophylaxis and control. A long-acting ~2-agonist can be combined with other medications to help control asthma.
* If feasible, the athlete should be removed from an environment with factors (eg, smoke, allergens) that may have caused the asthma attack.
* If symptoms do not resolve or improve in 20 min, activate emergency action plan

**Diabetes**

Treatment Methods and Recommendations for Athletes:

*Type I*:

 Goal: maintain blood glucose levels around 80-120mg/dL

* Check with personal physician in regards to insulin adjustments for levels of activity
* Insulin
* Dietary modifications
* Exercise
* Wear diabetic ID
* Avoid exercise at peak insulin action
* Attempt to match expected glucose expenditure to insulin dose or carbohydrate intake
* Asses blood sugar before, during and after exercise
* Drink adequate fluids
* Athletic Training kit should be stocked with fast acting carbohydrates in case of a decrease in sugar levels
* Athletic Training kit or the student-athlete should have a blood glucose testing equipment for the student-athlete

*Hypoglycemia:* Consume 15-20mg of glucose or simple carbohydrate

* Glucose tablets as instructed
* Gel tube as instructed
* 2 tablespoons of raisins
* ½ cup of juice
* hard candies/jellybeans/gumdrops

*Hyperglycemia:* Check urine for ketones if your blood glucose is above 240 mg/dL. If you have ketones do not exercise. Exercising can increase your blood glucose level even higher. Consider a dietician and physician to make a plan to control glucose levels.

Exercise, Injury, Infection and Diabetes

*Exercise can:*

* Enhance psychological well-being
* Facilitate fat loss which can lead to decreased insulin resistance in Type II
* Can decrease glucose excess by utilizing the stored glucose for exercise

*Exercise and Type I Diabetes:*

* If the athlete has elevated insulin levels from medication there is a good potential for the initiation of hypoglycemia. Exercise may also lead to an additional rise in

blood glucose if it is already elevated prior to activity.

* Check with personal physician or Team Physician in regards to insulin adjustments for levels of activity

**Blood-Borne Pathogens**

The Muhlenberg School District Sports Medicine Staff has adopted the OSHA guidelines as the gold standard of care involving situations regarding blood borne pathogens. All members of the Muhlenberg School District Sports Medicine Team are trained in using Personal Protective Equipment (PPE), and know the potential risks of exposure. While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids.

Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform, it must be either cleaned with an appropriate solution or completely changed before the athlete may participate.

2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.

3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.

4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes. Typically a bleach/water solution is used or a broad spectrum cleaner designed to kill MRSA, HIV, and Hep-B.

5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.

6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.

7. Athletic trainers/Coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.

8. Contaminated towels should be properly disposed of/disinfected.

9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards and other articles containing body fluids.

10. Proper disposal of all bio-hazardous waste, including blood-soaked bandages and dressings, contaminated towels or uniforms, etc. should be performed, using specifically designed bags/boxes marked as “bio-hazardous,” which are typically provided by and disposed of by an outside company. This can often be coordinated with the school nurse’s office.

**Wound Care Protocol**

*The following are steps taken with open wounds*:

* Wound is cleaned and examined daily to prevent and detect infection. A Hibistat soap and water solution is initially used to clean the wound. If there is an allergy, an iodine-based, alcohol-based or 50/50 hydrogen peroxide/saline will be used.
* Soap and water will be used for any subsequent cleanings as needed.
* Initial topical antibiotics for superficial wounds will only be used if there is significant initial contamination.
* Bandages should be worn until the wound is healed.
* Pending size, location and depth of wound, the athlete may be referred to the emergency room, urgent care or team physician for sutures or skin glue.
* If infection is detected the athlete is referred to an urgent care, team physician or primary care physician

*In game wound care:*

* Wound is cleaned with saline and bleeding is controlled.
* Once cleaned, the wound is dressed with a non-adherent pad and non-adhesive tape for return to sport.
* Wound is cleaned post game as above
* Pending size, location and depth of wound, the athlete may be referred to the emergency room, urgent care or team physician for sutures or skin glue.

\*\*All wounds must be covered for practice and games.

**Skin Infections in Wrestling**

Data indicates that skin infections are associated with at least ten percent (10%) of the time-loss injuries in wrestling. It is recommended that qualified personnel examine the skin over the entire body, and the hair of the scalp and pubic areas of all wrestlers before any participation in the sport. Open wounds and infectious skin conditions that cannot be adequately protected should be considered cause for medical disqualification from practice or competition.

Categories of such skin conditions and examples include:

1. Bacterial skin infections: impetigo, erysipelas, carbuncle, staphylococcal disease, folliculitis, hidradenitis suppurativa

2. Viral skin infections: herpes simplex, herpes zoster (chicken pox), molluscum contagiosum

3. Fungal skin infections: tinea corporis (ringworm)

4. Parasitic skin infections a. pediculosis; b. scabies

**NOTE: Current knowledge indicates that many fungal infections are easily transmitted by skin-to-skin contact.**

Besides identification of infected individuals and their prompt treatment, prevention can be aided through proper routine cleaning of all equipment, including mats and shared common areas, such as locker rooms.

If at anytime (weigh-ins or otherwise), a referee observes a skin infection in the athlete, the following shall apply:

* If it is questionable as to whether a skin infection is communicable or not, the wrestler will be required to have a current licensed physician of medicine or osteopathic medicine (MD or DO)-signed document stating the skin infection is no longer communicable.
* Any new skin infection occurring after the licensed physician of medicine or osteopathic medicine’s (MD or DO) note has been written should be examined by the licensed physician of medicine or osteopathic medicine (MD or DO) and a new note may be required.
* For the safety of all wrestlers, it is recommended that Coaches use a similar guideline before allowing wrestlers to return to practice.
* As a further precaution against skin infections, wrestlers should shower after each practice or competition with an antibacterial soap.
* Of additional concern with regard to skin infections are the equipment and clothing used by wrestlers.
* As mentioned earlier, practice and competition mats should be cleaned with a disinfectant cleaner immediately prior to each use.
* Each wrestler's practice uniform, including headgear, should be cleaned daily using an antibacterial soap or cleaner. Wrestlers who are suspected of being infected, or who have just returned to participation after being infected, should have their practice uniform and any towels they may have used laundered separately to reduce the risk of contamination.
* Wrestlers with a suspected skin lesion must have the National Federation of State High School Associations Sports Medicine Advisory Committee Medical Release for Wrestlerform completed by the treating physician. This form must be returned to the athletic training room as soon as possible.

**Staph and MRSA Protocols**

It is important to understand the following:

Symptoms of infections such as staph and or MRSA

Prevention of infections such as staph and or MRSA

* + Such as the following:
		- Wash your hands often with soap and water
		- Don't share your sports gear or personal items
		- Clean your sports gear often
		- Keep cuts and scrapes clean and bandaged until they heal
		- Do not touch other players' wounds or bandages
		- Procedures taken if a student athlete thinks they may have an infection such as staph and or MRSA
		- Handouts given to student athletes restating the above-mentioned material as well as pictures of what staph and MRSA may look like
		- Signs posted throughout locker rooms warning against infections, how to prevent infections and what they may look like

Student-athletes should report to the Athletic Trainer immediately if any of the following occur:

* A sore that resembles an ingrown hair or spider bite
* Boils, pimples, pustules, or draining cuts
	+ - Red, painful, warm areas of skin
		- Cough with fever and/or chest pain
		- Painful, red swollen joints associated with fever
		- Back pain with fever

The following are procedures that are taken in the case of a suspected staph infection:

* + If a student athlete is suspected as to having an infection such as staph or MRSA he is directed to the nurses office or an appropriate off-site medical facility such as an urgent care or primary care physician
		- The infected student-athlete’s locker will be cleaned, as well as all lockers within the team’s locker room
		- Shower facilities are cleaned
		- Rest room facilities are cleaned
		- Laundry baskets are cleaned and laundry staff is notified of infection
		- Team and parents are made aware of the infection (withholding the infected student athletes name)
* Athletic Training and weight room Facilities are cleaned are cleaned
* Whirlpools and hydrocollators are sanitized
* Teams are re-educated on infections, prevention techniques and signs and symptoms.

**Medicine Distribution**

**Roles and Responsibility**

* The Muhlenberg School District licensed Athletic Trainers are not permitted to distribute any prescription or over-the-counter (OTC) medicine to student-athletes.
* The licensed Athletic Trainers may assist in administering life-saving medications such as an Epi-pen, inhaler or glucose tablets
* Any prescription medications for student-athletes must be labeled with individual’s name

**Epi Pens**

Epinephrine injectors will only be used for use to a student-athlete that holds a current prescription for such medication. The epi-pen must be appropriately labeled with the student-athlete’s name. A blank epi-pen will not be used nor will an epi-pen be used on a student-athlete not prescribed the medication.

Student-athletes with prescribed epi-pens are encouraged to know the location of their epi-pens and notify the licensed Athletic Trainers and their coaching staff of specified location (med-kit, personal bag, etc).

**Supplements**

The Muhlenberg School District Sports Medicine Department does not endorse any performance enhancing ergogenic aids based on the lack of regulation by the USFDA under the Dietary Supplement Health and Education Act of 1994.

**Sickle Cell Trait**

Sickle cell trait (SCT) is a condition in which an athlete has inherited one gene for normal hemoglobin and one gene for sickle hemoglobin. SCT is common, present in > 3 million Americans (estimated at 1 in 12 Blacks and 1 in 2,000-10,000 Whites). This condition is more prevalent in athletes whose ancestors come from malarial regions of the world where this trait is protective including: Africa, South or Central America, Caribbean or Mediterranean countries, India, and Saudi Arabia. SCT is usually benign. Most individuals with this condition lead normal, healthy lives and can have exceptional athletic carriers at all levels of sport. However, SCT can cause red blood cells to change shape during intense or prolonged exertion from “coined shaped” to “quarter-mooned shaped.” This can lead to blocked blood vessels and damaged muscle (including the heart). This damage can result in two fatal conditions: fulminant exertional rhabdomyolysis (explosive muscle breakdown) and exercise-associated sudden death.

No SCT athlete should ever be disqualified. Simple precautions may prevent complications of sickling in athletes with SCT and enable these athletes to excel in their sport. Student-athletes should be cognizant of their sickle cell status and should appropriately document a positive result on their PIAA CIPPE form. The Muhlenberg Sports Medicine Staff should inform coaches of any student-athlete that has tested positive for SCT. Coaches and athletes should remember to allow frequent and adequate rest, acclimatization, cooling down time, and hydration especially in early season practices. This is not only helpful for athletes with SCT, but is recommended for all athletes. Any athlete felt to be having health difficulties with practice should be identified by Coaches and/or other athletes immediately and be evaluated by the Muhlenberg School District athletic trainer or other medical professional such as an MD or DO. Quick identification in these situations may save a life or a prolonged absence from the season.

Specifically for athletes with SCT, the National Athletic Trainers’ Association recommends the following guidelines:

1.) All athletes with SCT who begin to develop symptoms (e.g., cramping, pain, weakness, fatigue, shortness of breath) should stop exercise immediately and report to their athletic trainer and Coach. Symptoms of suspected sickling can occur after just 2-3 minutes of sprinting or similar sustained exertion.

2.) Preventive measures include: decreasing exercise intensity, encouraging a slow build-up of conditioning activities, allowing for frequent rest and recovery periods, and increasing opportunities for hydration. The goal is to make exercise easier. If athletes with SCT are allowed to set their own pace, they seem to do fine.

3.) All athletes with SCT should avoid timed serial sprints and sustained exertion for > 2-3 minutes without a break.

4.) Environmental heat stress, dehydration, asthma, and illness predispose athletes with SCT to sickling. Exercise should be adjusted for heat stress, hydration encouraged, asthma controlled, and illness considered a contraindication to exercise in athletes with SCT.

5.) Pennsylvanian athletes with SCT who plan to exercise and/or compete at altitude should be closely monitored when new to altitude (~ 5,000 ft.). Training effort should be reduced and oxygen should be readily available. While the PIAA does not mandate SCT screening of student athletes, parents can request screening from their child’s pediatrician or family physician.

**Exertional Heat Illness**

*Definitions*

Exercise-associated muscle cramps: a sudden or sometimes progressively and noticeably evolving, involuntary, painful contractions of the skeletal muscle during or after exercise.

Heat syncope: also called orthostatic dizziness, often occurs in unfit or heat-unacclima87tized persons who stand for a long period of time in the heat or during sudden changes in posture in the heat, especially when wearing a uniform or insulated clothing that encourages and eventually leads to maximal skin vasodilatation.

Heat exhaustion: the inability to effectively exercise in the heat, secondary to a combination of factors, including cardiovascular insufficiency, hypotension, energy depletion and central fatigue. Manifested by an elevated core body temperature (usually < 105F), heavy sweating, high rate or volume of skin blood flow and dehydration.

Exertional Heat Injury: moderate to severe heat illness characterized by organ and tissue injury with sustained high body temperature. Body temperature is usually not always greater than 105.

Exertional Heat Stroke: the most severe heat illness. It is characterized by neuropsychiatric impairment and a high core body temperature ( >105). This condition is a medical emergency.

Prevention:

1. Physician supervised pre-participation medical screening before the start of the season to identify student-athletes with risk factors.
2. Individuals should be acclimatized to heat gradually over 7 to 14 days.
3. Student-athletes who are currently sick with a viral infection or other illness or have a fever or serious skin rash should not participate until the condition is resolved.
4. Individuals should maintain euhydration and appropriately replace fluids and electrolytes lost through sweat during and after games and practices. Student-athletes should have free access to readily available fluids at all times.
5. The Sports Medicine Staff must educate relevant personnel (coaches, admin, EMS staff, Athletic Training Students, student-athletes) on preventing and recognizing exertional heat illness. Review signs and symptoms of a medical emergency.
6. The licensed Athletic Trainers must monitor the weather conditions via a wet bulb globe thermometer (if available) or by using the National Weather Channel/WFMZ predicted heat index.
7. Appropriate medical care must be available and all personnel must be familiar with exertional heat illness prevention, recognition and treatment.
8. When environmental conditions warrant, a cold-water immersion tub, a Polar Pod and/or ice towels will be available to immerse or soak a patient suspected of heat illness.

**Muhlenberg School District Sports Medicine**

**Emergency Action Plan for Exertional Heat Illness**

**Exercise-Associated Muscle Cramps**

1. Immediate care for exercise-associated muscle cramps is rest and passive static stretch of the affected muscle.
2. Fluid absorption, retention and distribution are enhanced that contain sodium and carbohydrates.
3. Patients with exercise-associated muscle cramps are normally conscious, responsive and have normal vital signs. Medical professionals can provide fluids orally to a patient who is suffering from muscle cramps and tolerate fluid intake.
4. Recurring exercise-associated muscle cramps should undergo a thorough medical screening to rule out a more serious condition.
5. The Athletic Trainer should monitor the patient’s condition until signs and symptoms are no longer present.

**Heat syncope**

1. The patient should be moved into a shaded area.
2. Monitor vital signs.
3. Elevate the legs above the level of the heart.
4. Cool the skin.
5. Rehydate.
6. Refer to a Team Physician or family physician for final clearance on return-to-play.

**Exertional Heat Exhaustion**

1. The patient should be moved into a shaded area.
2. Remove any excess clothing and equipment to facilitate cooling.
3. The patient should be cooled via fans or ice towels.
4. If recovery is not rapid (within 30 minutes) and uneventful, fluid replacement should begin and the patient should be referred to a physician for further care.
5. If the condition worsens during or after treatment, EMS should be activated and parents/guardians should be notified.
6. Patients with exertional heat exhaustion should not return to same-day activity.
7. Refer to a Team Physician or family physician for final clearance on return-to-play.

**Exertional Heat Stroke**

1. For any exertional heat stroke, the goal is to lower the core body temperature to less than 102 within 30 minutes of collapse.
2. When exertional heat stroke is suspected, EMS should be activated and parents/guardians should be notified immediately. The patient’s body should be quickly immersed in a pool or tub of cold water.
3. When EMS is onsite, all patients should be cooled first then transported second.
4. Removing excess clothing will enhance cooling, but can be time consuming. Clothing and equipment should be removed while the patient is in the tub.
5. Cold water immersion up to the neck is the most effective cooling modality.
6. Refer to a Team Physician or primary care physician for final clearance on return-to-play. Recovery typically involves a rest period, normal blood-work results and a progression of physical activity supervised by the Athletic Trainer or medical professional with knowledge of exertional heat stroke treatment and care.



**Sudden Cardiac Arrest**

**Prevention**

* Access to early defibrillation is essential. A goal of less than 3-5 minutes from the time of collapse to delivery of the first shock is strongly recommended.
* The pre-participation physical examination should include the completion of a standardized history form and attention to episodes of exertional syncope or pre-syncope, chest pain, a personal or family history of sudden cardiac arrest or a family history of sudden death, and exercise intolerance.

**Recognition**

* Sudden cardiac arrest (SCA) should be suspected in any athlete who has collapsed and is unresponsive. A patient's airway, breathing, circulation, and heart rhythm (using the AED) should be assessed. An AED should be applied as soon as possible for rhythm analysis.
* Myoclonic jerking or seizure-like activity is often present after collapse from SCA and should not be mistaken for a seizure. Occasional or agonal gasping should not be mistaken for normal breathing.

**Management**

* Activate EAP
* Cardiopulmonary resuscitation should be provided while the AED is being retrieved, and the AED should be applied as soon as possible. Interruptions in chest compressions should be minimized by stopping only for rhythm analysis and defibrillation. Treatment should proceed in accordance with the updated American Heart Association health care professionals follow a sequence of chest compressions (C), airway (A), and breathing (B).

**Exertional Rhabdomyolysis**

Exertional rhabdomyolysis is characterized by the breakdown and necrosis of striated skeletal muscle after engaging in physical activity. Necrosis of skeletal muscle cells releases intracellular contents causing pain, swelling, and potential end organ damage in the athlete. Rhabdomyolysis is associated with hyper- and hypothermia, sickle cell trait (and other ischemic conditions), exertion, crush syndromes, infection, autoimmune and metabolic disorders, and certain drugs. Rhabdomyolysis can result in kidney failure and death.

**Prevention**

* Athletes are most at risk during pre-season, transitioning into return to sport using a gradual progression of intensity will limit chances of exertional rhabdomyolysis
* Adequate rest and hydration

**Recognition**

* Signs and symptoms include, extreme continuation of delayed-onset muscle soreness, proportional pain, tenderness, weakness, swelling in the muscles affected following strenuous athletic activity. Other symptoms include blood in the urine, abdominal pain, fever, rapid heart rate, confusion, lack of consciousness and nausea/vomiting Elevated CK levels 5 times the upper limit of normal with these symptoms are required for diagnosis.
* In acute situations, could be secondary to dehydration/collapse.
* Patients with history of sickle cell trait are more likely to be diagnosed with exertional rhabdomyolysis.

**Management**

* If exertional rhabdomyolysis is suspected, encourage hydration and emergency room visit is warranted. In an emergency, activate EAP for site.

**Return to Play**

* Return to play following exertional rhabdomyolysis will be determined by Team Sports Medicine Specialist.

**Weight Loss: hypohydration**

There are two general types of weight loss common to student-athletes who participate in interscholastic sports: loss of body water (at issue here) or loss of stored body lipid (fat) and body tissue.

The loss of body water or the process of dehydration, which leads to a state of negative water balance (hypohydration), is brought about by withholding drinking fluids and carbohydrates, the promotion of extensive sweating, and the use of emetics, diuretics, or laxatives. The problem is most evident in those who must be certified to participate in a given weight classification, but it also is present in other athletic groups.

A clue to normal hydration is urine color. Well-hydrated athletes will urinate a dilute urine that is either light yellow (e.g., the color of lemonade) or clear. Ideally, fluid losses should be replaced after each Practice or competition, with consumption of 16 ounces of fluid for each 1 pound of weight lost over that timeframe.

There are no valid reasons for subjecting the student-athlete's body to a hypohydrated state, because of the variety of adverse physiological effects and possible pathology that accompany hypohydration. These include reduced strength and local muscular endurance, smaller plasma, and blood volume, modified cardiac functioning (including higher heart rate, smaller stroke volume, and lesser cardiac output), impaired thermoregulation, decreased kidney blood flow and filtration, reduced liver glycogen stores and loss of electrolytes.

When hypohydration is extensive, attempts at rehydration usually are insufficient for body fluid and electrolyte homeostasis to be restored before competition. In **wrestling**, this is especially true between the official weigh-in and actual competition.

The practice of fluid deprivation (dehydration) should be discouraged. To promote sound practices, student-athletes and Coaches should be educated about the physiological and pathological consequences of hypohydration. The use of laxatives, emetics and diuretics should be prohibited. Similarly, the use of excessive food and fluid restriction, self-induced vomiting, vapor-impermeable suits (e.g., rubber or rubberized nylon), hot rooms, hot boxes and steam rooms should be prohibited.

Hypohydration constitutes an unnecessary potential health hazard that acts synergistically with poor nutrition and intense exercise to compromise health and athletic ability. The positive alternative would be to minimize weight loss and maintain a desired weight over the course of the competitive season. To implement these policies, the use of standard measures of percent body fat and body weight would be advisable to ascertain a reasonable weight status for the student-athlete. In wrestling, the official competition weigh-in should be scheduled an hour before match time.

Pursuant to National Federation Wrestling Rule 1-5-1, the recommended minimum body fat should not be lower than seven percent (7%) for males or 12 percent (12%) for females. If a wrestler’s weight assessment is below 7% for males and 12% for females the wrestler shall have a medical release to participate signed by an appropriate medical professional (MD or DO). This release shall not allow a wrestler to participate at a weight class below that for which the initial assessment allows. A program to monitor an average weight loss of 1.5 percent a week, with descent, may use the minimum weight determined by the body fat testing as the lowest weight a wrestler may wrestle. This weight management plan should also involve a nutritional component developed at the local level.

PIAA’s weight control program shall require each wrestler to establish a certified minimum weight and prohibit recertification at a lower weight during the season.

**Severe Weather Policies**

**Heat**

The heat index will be monitored by the Sports Medicine Department via the internet at [www.weather.gov](http://www.weather.gov). When the heat index is predicted to be 90 or above a wet bulb globe temperature (WBGT) reading will be taken throughout the day. Communication with coaches about potential activity accommodations will be done throughout the day. The final decision on activity accommodations will be made 30 minutes prior to the start of activity determined by the last WBGT reading. Readings will be taken at the site of activity.

Any accommodations (i.e start time, extra water breaks) needed for a home game or event will be made prior to the visiting team departure from home institution. The visiting institution will be contacted concerning the accommodations.



Reference: The Korey Stringer Institute



**Cold**

Based on data supplied by the National Oceanic and Atmospheric Administration (NOAA) the National Weather Service (NWS), and the National Athletic Trainers’ Association (NATA), the following guidelines should be followed:

* Real Temperature of < 5: Cancelation of outdoor activity
	+ Athletic sessions must be canceled or moved indoors
* Wind Chill (air temperature + wind speed) below 0: Cancelation of outdoor activity
	+ Athletic sessions must be canceled or moved indoors
* Wind Chill below 15: Extreme Caution/Alteration of outdoor activity
	+ Student-athletes and staff must be allotted a re-warming period of 15 minutes every hour. This re-warming period must be conducted within a heated indoor facility. Student-athletes should remove any wet clothing at this time and replace with dry clothing prior to returning to activity.

The wind chill will be monitored by the licensed Athletic Trainers using www.weather.gov.

Any accommodations (i.e start time) needed for a home game or event will be made prior to the visiting team departure from home institution. The visiting institution will be contacted concerning the accommodations.

**Lightning Safety**

Prevention

* The most effective means of preventing lightning injury is to reduce the risk of casualties by remaining indoors during lightning activity. When thunder is heard or lightning seen, people should vacate to a previously identified safe location.
* No place outdoors is completely safe from lightning, so alternative safe structures must be identified. Sites that are called "shelters" typically have at least one open side and therefore do not provide sufficient protection from lightning injury. These sites include dugouts; picnic, golf, or rain shelters; tents; and storage sheds. Safe places to be while lightning occurs are structures with 4 substantial walls, a solid roof, plumbing, and electric wiring-structures in which people live or work. Buses and cars are also considered safe places.
* People should remain entirely inside a safe building or vehicle until at least 30 minutes have passed since the last lightning strike or the last sound of thunder.

Treatment and Management

* Victims are safe to touch and treat, but first responders must ensure their own safety by being certain the area is safe from imminent lightning strikes.
* Triage first lightning victims who appear to be dead. Most deaths are due to cardiac arrest. Although those who sustain a cardiac arrest may not survive due to subsequent apnea, aggressive CPR and defibrillation (if indicated) may resuscitate these patients.
* Apply an AED and perform CPR as warranted. Activate emergency action plan.
* Treat for concussive injuries, fractures, dislocations, and shock.

Chain of Command

* During practices, the Athletic Trainer or a designated appointee will make the decision to evacuate the field and the decision to resume activities.
* If the Athletic Trainer is not present during a practice, the Head Coach becomes responsible for maintaining the lightning safety policy.
* During games/competitions, the Athletic Trainer will discuss the procedures with the referee/umpire PRIOR to the competition if there is potential for severe weather.
* The Athletic Trainer and/or will make the decision to evacuate the field during competitions
* If possible, a weather announcement should be made directing spectators to seek safe shelter.

Radar and Severe Weather Alerts

* Local weather will be monitored each day before and during practice and/or competition. The Sports Medicine Staff should be aware of the possibility for severe weather and will be informed of all National Weather Service (NWS) issued “watches” and “warnings”.
* The following devices will be used to monitor the radar and alerts:
	+ The Weather Channel website and WFMZ website.
	+ Cell phone app (WeatherBug)
* If thunder is heard, begin preparation for evacuation.
* If lightning is seen or detected within 5 miles of the site, there MUST be a suspension of activities. ALL personnel, student-athletes, fans, etc., should be moved to a designated safe shelter.
* Designated personnel will continue to monitor the weather.
* When the playing surface is cleared due to lightning, no one is permitted to return to the playing surface until all clear is given by the sports medicine staff or representative.

Resumption of Activity

* Once activities are suspended, play can resume **30 minutes after** the last rumble of thunder or lightning flash is seen.
	+ The Athletic Training staff will determine when it is safe to resume outdoor activities.

**EMERGENCY PROCEDURES**

**Emergency Action Plans for Athletic Events**

The implantation of an emergency action plan (EAP) will help ensure that the best patient care is provided to the student-athletes of the Muhlenberg School District and the student-athletes from visiting institutions.

* Reasonable attention to all possible preventive measures will not eliminate sports injuries, but each scheduled practice or contest of an institution-sponsored athletics, as well as, out of season practices and skills sessions, should include an emergency plan. Through careful pre-participation physical screenings, adequate medical services, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation and proper preparation from the Sports Medicine Team will enable each emergency situation to be managed appropriately. Like overall student-athlete welfare, an emergency plan is a shared responsibility of the athletics department. Components of an EAP include:
1. The presence of qualified delegate to render emergency care to a stricken participant.
2. The presence or planned access to a physician for prompt medical evaluation of the situation when warranted.
3. Planned access to early defibrillation.
4. Planned access to a medical facility, including a method for communication and transportation between the athletic site and the medical facility for prompt medical services, when warranted.
5. Access to a working telephone, whether fixed or mobile, should be assured.
6. All necessary emergency equipment should be at the site or quickly accessible. Equipment should be in good operating condition, and the personnel must be trained in advance to use it properly.
7. Emergency information about the student-athlete should be available both at home and on the road for use by medical personnel.
8. An inclement weather policy that includes provisions for decision-making and evacuation plans.
9. A thorough understanding by all parties, including the leadership of visiting teams, of the personnel and procedures associated with the EAP.
10. Certification in CPR techniques, first-aid and prevention of disease transmission should be required for all athletics personnel associated with practices, competitions, skills instructions and strength and conditioning.
11. A member of the institution’s Sports Medicine Staff should be empowered to have the unchallengeable authority to cancel or modify a workout for health and safety reasons (i.e environmental changes), as he or she deems appropriate.

**Emergency Situation Procedures**

In an emergent medical situation, it is important to sustain order, efficiency, and competence. It is with these emergency situation procedure guidelines that those goals can be met.

In any emergent situation, a coach, an administrator, athletic training student or work study student should yield to the certified Athletic Trainer, who should yield to the team physician (if present).

**Unconscious, not breathing:**

* If student-athlete is prone (on stomach), log roll student-athlete to a supine (on back) position while maintaining spine precautions.
* Open airway
* Begin to administer CPR
* Appoint ONE DIRECT PERSON to call 9-1-1 and retrieve the AED
* Appoint ONE DIRECT PERSON to contact student-athlete’s parent/guardian designated on the emergency contact form
* If AT is not present, call Athletic Training Room (or AT cell phone) to alert Athletic Trainer to situation. AT will bring AED, if not already on site.
* Appoint one person to meet ambulance at designated location
* Coaches, game day administration or other designated school appointee should help with crowd control or unlock any gates for ambulance access.
* Trained professional(s) perform AED/CPR until EMS arrives and takes over or until student-athlete regains proper vitals.

**Unconscious, breathing:**

* If the student-athlete is prone, log roll the student-athlete into the supine position while maintaining spine precautions and continue to monitor breathing
* Appoint one person to call 9-1-1 and retrieve the AED
* Appoint ONE DIRECT PERSON to contact student-athlete’s parent/guardian designated on the emergency contact form
* If AT is not present, call Athletic Training Room (or AT cell phone) to alert Athletic Trainer to situation. AT will bring AED, if not already on site.
* Appoint one person to meet ambulance at designated location
* Coaches, game day administration or other designated school appointee should help with crowd control or unlock any gates for ambulance access.
* Continue to monitor vital signs
* Be prepared to begin AED/CPR if there is a cessation in breathing

**Conscious, Breathing**

* Do not move or allow the student-athlete to move
* Calm student-athlete, if necessary
* Determine chief complaint
* If AT is not present, call Athletic Training Room (or AT cell phone) to alert Athletic Trainer to situation.
* Arrange transportation as appropriate for the situation

**Emergency Equipment**

* Vacuum Splints: located in the Athletic Training room during practices and available at all home sporting events
* Cervical Immobilizers: provided by EMS upon arrival
* Cordless screw driver: located in Athletic Training med kit at all football, boy’s lacrosse practices and games
* CPR Mask: located with certified Athletic Trainer
* Two way radios, cell phones
* AED
	+ Refer to site-specific EAP for location of AED
	+ Athletic Training Room: located on counter by sink
	+ Readily accessible with Athletic Trainer at ALL events and practice

**Mental Health Emergency Action Plan**

Mental health issues in secondary schools are a growing concern. In the event of a psychological or mental health ***crisis/life-threatening situation*** on campus, safety is the highest priority. Whenever possible, defer to school personnel (i.e. school counselor/nurse, social worker, school administrator, etc.) in such an emergency.

If a mental health ***crisis/life-threatening situation*** were to occur after school hours, when school administrators, counselors or nurses may not be available, the athletic training staff will be central in managing the situation. Intervention and reporting must be managed appropriately, without further risk of harm or escalation.

Student-athletes often trust their coaches and athletic trainers (AT) with personal information or concerns. While in the majority of situations, utmost confidentiality is afforded to the athlete, state and federal laws require the AT to report certain situations involving minors. 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. Athletic trainers are mandated reporters in the state of Pennsylvania. The expectation must be made clear to the student-athlete, especially those under the age of eighteen, that even if they do not want the information shared, the AT is obligated to notify school officials and/or local authorities in these situations.

Muhlenberg School District Athletics Mental Health Emergency Action Plan (MHEAP) is designed to coordinate athletic department personnel, school district personnel and administration to provide a safe, expedient resolution to a ***life-threatening*** medical or mental health situation concerning a student-athlete. All federal FERPA and HIPAA privacy regulations and Pennsylvania regulations regarding these situations will be followed.

The purpose of the MHEAP is to protect Muhlenberg School District student-athletes regarding mental health situations, which result in a student-athlete being a danger to themselves, a danger to others, or gravely disabled.

**While on school campus (after normal school hours):**

* + If a student or student-athlete is in a ***crisis/life-threatening situation*** due to one’s mental health call **911** or **988 (Suicide and Crisis Lifeline) first.** OR to speak with a crisis worker, Berks County residents contact Holcomb Crisis Center at **610-379-2007**
	+ Give the location and the disposition of the student-athlete. ***Do not leave the student athlete.***
	+ If the first responder is a coach, **call an AT** **after EMS has been activated**.
	+ The AT will notify the Athletic Director/school administrator.
	+ Remain calm - maintain calm body language and tone of voice.
	+ Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her 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.
	+ 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.

**While traveling to away contest or off school campus:**

1. If a student-athlete is in a ***crisis/life-threatening*** mental health crisis and you are traveling with an athletic trainer, contact them. If not call **911** or **988 (Suicide and Crisis Lifeline) first.** OR to speak with a crisis worker, Berks County residents contact Holcomb Crisis Center at **610-379-2007**
2. Give the location and the disposition of the student athlete. ***Do not leave the student athlete.***
3. If the first responder is a coach, **call an AT** **after EMS has been activated**.
4. The AT will notify the Athletic Director/school administrator.
5. Remain calm - maintain calm body language and tone of voice.
6. Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the
opportunity to be heard. It’s OK to have a moment of silence between you and the student-
athlete.
7. Avoid judging the student-athlete; provide positive support.
8. Keep yourself safe - do not attempt to intervene if there is an imminent threat of harm or violence.
9. Keep others safe - try to keep a safe distance between the student-athlete in distress and
others in the area.
10. 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.

If you have concerns about another individual who may be in crisis, you can access Safe 2 Say by calling 1-844-723-2729, using the Safe 2 Say app, or by visiting [http://safe2saypa.org](http://safe2saypa.org/)

**Muhlenberg School District Athletic Trainers**

**\*Athletic Training Room Phone Number: 610-921-8078 x 4285\***

**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

**Crisis TEXT hotline**

* TEXT: TALK to 741-741

**ruOK? Berks**

* TEXT: ruOK to 484-816-7865

**NAMI (National Alliance on Mental Illness)**

* 1-800-950-6264
* <https://www.nami.org/>

**Service Access and Management, Inc. (SAM)**

* 610-236-0530

**Substance Abuse & Mental Health Services**

* 1-800-662-HELP (4357)
* <https://www.samhsa.gov/>

**National Eating Disorders Association**

* 1-800-931-2237
* <https://www.nationaleatingdisorders.org/>

**Trevor Lifeline (LGBTQI)**

* 1-886-488-7386
* <http://www.thetrevorproject.org/>

***Muhlenberg Football Field***

*Football, Outdoor Track and Field*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) and/or the Team Physician (football games only) or coach.
2. If the first responder is a coach, they will **activate EMS (if deemed necessary),** **call an AT** and designate personnel to access **the AED that is located in the storage garage OR the AED that is located in the press box of the football stadium.** The coach will also contact the certified Athletic Trainer via cell phone.
3. The AT will designate personnel to call **9-1-1 (if appropriate)** or activate EMS via 2 way radio (when an ambulance is on site). The AT will also bring **an additional AED to the site.**
4. The on-site ambulance will be located next to Gochnauer Field (baseball stadium)
5. Coaches and/or present administrators should focus on crowd control
6. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to access the football stadium behind the Muhlenberg Junior High: **801 E Bellevue Ave, Reading, PA 19605**
7. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
8. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
9. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
10. Designated personnel will wait for EMS at the corner of the Gochnauer Field (baseball stadium) to direct the ambulance field access
11. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
12. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

**\*Athletic Training Room Phone Number: 610-921-8078 x 4285\***

**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

***Gouchnauer Field***

*HS Baseball*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, they will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located in the concession stand.** The coach will also contact the certified Athletic Trainer via cell phone.
3. The AT will designate personnel to call **9-1-1 (if appropriate) and will bring an additional AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to access all fields behind the Muhlenberg Junior High: **801 E Bellevue Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the gate entrance to the turf field to direct the responding personnel access to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

**\*Athletic Training Room Phone Number: 610-921-8078 x 4285\***

**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

***Tim Braun Field***

*HS Softball*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, they will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located in the third base dug out closet.** The coach will also contact the certified Athletic Trainer via cell phone.
3. The AT will designate personnel to call **9-1-1 (if appropriate) and will bring an additional AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to access all fields behind the Muhlenberg Junior High: **801 E Bellevue Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the gate entrance to the turf field to direct the responding personnel access to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

***Turf Field***

*HS G/B Soccer, HS Field Hockey, G/B Lacrosse*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, they will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located in the storage hallway behind the concession stand.** The coach will also contact the certified Athletic Trainer via cell phone.
3. The AT will designate personnel to call **9-1-1 (if appropriate) and will bring an additional AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to access all fields behind the Muhlenberg Junior High: **801 E Bellevue Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the gate entrance to the turf field to direct the responding personnel access to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

**\*Athletic Training Room Phone Number: 610-921-8078 x 4285\***

**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

***Muhlenberg High School Gym***

*HS Volleyball, HS G/B Basketball*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, they will **activate EMS (if deemed necessary), call an AT**  and designate personnel to access **the AED that is located outside of the nurse’s office or outside of the auditorium.** The coach will also contact the certified Athletic Trainer via cell phone.
3. The AT will designate personnel to call **9-1-1 (if appropriate) and bring an additional AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to the Muhlenberg High School Gym entrance: **400 Sharp Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-court players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian court access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the gymnasium entrance to direct emergency personnel
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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***C.E Cole Intermediate Center***

*Wrestling Matches, Junior high wrestling practices*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. The AT will have an **AED on site** for all home wrestling matches.
3. The AT will designate personnel to call **9-1-1.**
4. If the first responder is a coach, they will **activate EMS (if deemed necessary), call an AT**  and designate personnel to access **the AED that is located in the gymnasium.** The coach will also contact the certified Athletic Trainer via cell phone.
5. The AT will designate personnel to call **9-1-1 (if appropriate) and bring an additional AED to the site.**
6. Coaches and/or present administrators should focus on crowd control
7. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to access the C.E Cole Gymnasium by the rear entrance near the Blue Building and tennis courts: **3630 Kutztown Rd, Laureldale, PA 19605**
8. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
9. A coach and/or support staff will be appointed to control the players and keep them away from the injury site.
10. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
11. Designated personnel will wait for EMS between C.E Cole and the Blue Building to direct responding emergency personnel
12. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
13. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

***Muhlenberg High School Wrestling Room***

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, the coach will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located in the Athletic Training Room next door**
3. The AT will designate personnel (if not already performed) to call **9-1-1 and bring an AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to behind the Muhlenberg High School: **400 Sharp Ave, Reading, PA 19605, door 16**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the Muhl Path entrance to direct emergency personnel to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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***Junior High/JV Baseball field, Tennis Courts***

*JH Baseball, JV Baseball, Tennis*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, the coach will **activate EMS (if deemed necessary), call an AT** and designate personnel to call an AT and access **the AED that is located inside of the tennis storage shed**
3. The AT will designate personnel to call **9-1-1 and bring AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to behind the Muhlenberg High School: **400 Sharp Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the Muhl Path entrance to direct emergency personnel to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

**\*Athletic Training Room Phone Number: 610-921-8078 x 4285\***

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**\*Ashley Care cell: 484-955-9296**

***Football Practice Fields/Junior High Softball Field***

*HS Football, JH Football, JH Softball*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, the coach will **activate EMS (if deemed necessary), call an AT** and designate personnel to call the AT via cell phone.
3. The AT will designate personnel to call **9-1-1 and bring the AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to behind the Muhlenberg High School: **400 Sharp Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the Muhl Path entrance to direct emergency personnel to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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***Muhlenberg High School Natatorium***

*Swimming, Water Polo*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, the coach will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located on the pool deck.**
3. The AT will designate personnel (if not already performed) to call **9-1-1 and bring an AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to the side of Muhlenberg High School: **400 Sharp Ave, Reading, PA 19605, door 15**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the Muhl Path entrance to direct emergency personnel to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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***Muhlenberg Junior High Gymnasium***

*JH Volleyball, JH G/B Basketball, Freshman Basketball*

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, the coach will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located in the lobby of the gym.** The coach will also contact the certified Athletic Trainer via cell phone.
3. The AT will designate personnel to call **9-1-1 and will bring an additional AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to the Muhlenberg Junior High School Gym entrance: **801 Bellevue Ave, Reading, PA 19605**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-court players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian court access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the gymnasium entrance to direct emergency personnel
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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**\*Dan Kropf cell: 484-955-9319**

**\*Ashley Care cell: 484-955-9296**

***Muhlenberg High School Weight Room***

1. In case of a traumatic injury, the first responder to the injury will be the certified Athletic Trainer (AT) or coach.
2. If the first responder is a coach, the coach will **activate EMS (if deemed necessary), call an AT** and designate personnel to access **the AED that is located at the entrance of the weight room on the wall by the water fountain.**
3. The AT will designate personnel (if not already performed) to call **9-1-1 and bring an AED to the site.**
4. Coaches and/or present administrators should focus on crowd control
5. The following information should be provided for EMS:
	1. Name and location
	2. Type of emergency
	3. Type of injury
	4. Condition of athlete
	5. Medical history (i.e medication, past medical history)
	6. Current assistance being given
	7. EMS should be directed to behind the Muhlenberg High School: **400 Sharp Ave, Reading, PA 19605, door 16**
6. Designated personnel will be appointed to obtain appropriate emergency equipment that is necessary to treat the situation.
7. A coach and/or support staff will be appointed to control the on-field players and keep them away from the injury site.
8. A coach and/or support staff will be appointed to direct parent or guardian field access (if present) or will be appointed to contact parent, guardian or emergency contact via phone
9. Designated personnel will wait for EMS at the Muhl Path entrance to direct emergency personnel to appropriate field
10. A parent, guardian (if present) or other designated personnel will accompany the injured student-athlete to the medical facility.
11. Once at the medical facility, the designated individual or parent/guardian will contact the responding Athletic Trainer who should then contact the Head Athletic Trainer and Athletic Director with medical updates.

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**Preventing Sudden Catastrophic Injury and Illness**

The Muhlenberg School District Sports Medicine Staff is well educated and has well-rehearsed EAPs when dealing with catastrophic injury and prevention of catastrophic injury.

The Muhlenberg School District Sports Medicine Staff recommends the following:

* Sportsmanship
	+ The principle of sportsmanship is foundational to athletic competition and creates a moral and ethical framework within which athletics competition occurs. This framework rejects any intentional effort by athletes to use any part of their body, uniform or protective equipment as a weapon to injure another athlete or themselves. This philosophical commitment is further amplified by expressed statements about the value of sportsmanship in sport playing rules. The avoidance of on-field or on-court behaviors intended to cause injury to another athlete must become part of the cultural foundation from which all subsequent sport safety initiatives arise.
* Protective equipment
	+ Protective equipment that is used in sport typically must be manufactured and maintained according to performance and safety standards promulgated by standards organizations such as the National Operating Committee on Standards for Athletic Equipment and ASTM International. When sport playing rules require equipment to comply with existing standards, the legality of the equipment is dependent on compliance, certification or both with existing standards.
* Acclimatization and Conditioning
	+ Many non-traumatic deaths take place during the first week of activity of a transition period in training. Given this fact, it is imperative to recognize the vulnerability during these periods and to ensure that both proper exercise and heat acclimatization are implemented.
	+ For acclimatization and conditioning, the following direction should be considered for all sports and by any individual responsible for the planning and/or implementation of training and conditioning sessions, whether that be a strength and conditioning professional or a sport coach:

1. Training and conditioning sessions should be introduced intentionally, gradually and progressively to encourage proper exercise acclimatization and to minimize the risk of adverse effects on health. This is especially important during the first seven days of any new conditioning cycle, which should be considered a transition period. A lack of progression and sport-specificity in the volume, intensity, mode and duration of conditioning programs in transition periods has been noted as a primary factor in non-traumatic fatalities. Importantly, in this period of year-round sport, new conditioning cycles can occur several times throughout the year and are not limited to the beginning of a competitive season. During transition periods, athletes should be instructed to avoid additional volunteer sessions of physical activity (e.g., 7-on-7 drills, pickup games, drill work). Physical activity schedules during transition periods should be well prescribed, accounting for all sources of physical activity in which an athlete engages. Examples of transition periods for athletes include, but are not limited to: a. Individual transitions. (1) Athletes new to the program. (2) Returning after an injury or illness. (3) Any delayed participation relative to the team schedule, (4) Resumption of training after an academic break (e.g., winter, spring, summer breaks).

2. Training and conditioning sessions should be exercise-science based and physiologically representative of the sport and its performance components. Conditioning programs should begin with work-to-rest ratio intervals appropriate for the goals of the training session and that allow for proper recovery.

3. Athletes are especially vulnerable to exertional injuries during the first four days of transition periods, and the data support that modifications in these periods can greatly decrease the risk of catastrophic events. During this time, training and conditioning sessions should be appropriately calibrated and include limitations on total volume and intensity of activity. This may be accomplished in several ways. For example, holding only one training and conditioning session per day during the transition period may be effective for limiting the volume of physical activity.

a. Properly training during transition periods also should greatly reduce or eliminate rhabdomyolysis, which is largely preventable. Novel overexertion, or exertion caused by new activities or at unaccustomed volume or intensity, is the most common cause of exertional rhabdomyolysis and is characterized as too much, too soon and too fast in a workout regimen.

b. When phasing in activity during transition periods, athletics staff members should consider the following: (1) Days/week. (2) Body part. (3) Activity/exercise. (4) Sets/repetitions/distance. (5) Load (percent of one-repetition maximum, i.e., 1RM). (6) Work-rest ratio. (7) Modifications: position; individual; return from injury; environment.

4. All training and conditioning sessions should be documented. In addition, all training and conditioning sessions should:

a. Be approved by a credentialed strength and conditioning professional, or by the head sport coach at institutions that do not employ strength and conditioning professionals.

b. Address exercise volume, intensity, mode and duration.

c. Ensure the location of the training and conditioning session is identified

in the plan to accommodate venue-specific emergency action planning.

d. Be reproducible upon request and be shared with the primary athletics health care providers (team physician and athletic trainer) before the session in which they are to be used.

e. Be modified in response to hazardous environmental conditions, scheduling considerations, etc. The amended workout plan should maintain the above principles.

5. A disciplinary system should be developed and applied to strength and conditioning professionals and sport coaches who fail to follow these recommendations.

* Emergency Action Plan
	+ Please read over the EAP that the Sports Medicine Department currently has in place for the specific venue/facility being used.
* Responsibilities of athletics personnel
	+ Physical activity never should be used for punitive purposes. Exercise as punishment invariably abandons sound physiologic principles and elevates risk above any reasonable performance reward. All athletics personnel, including both sport and strength and conditioning professionals, as well as primary athletics health care providers, should intervene when they suspect that physical activity is being used as punishment. Although “intent” of punishment may be difficult to establish, punishment workouts use unsound physiological principles, as enumerated in this document.
* Education and training
	+ Beyond strength and conditioning professionals, each institution should adopt requirements for the education and training of athletics personnel, including as a minimum, but not limited to, strength and conditioning professionals, sport coaches and primary athletics health care providers. Education should focus on preventing catastrophic injury and sudden death in sport. Such education and training should occur annually. Regular education not only can serve to improve the recognition and response skills of those who may be involved in a catastrophic event but also can contribute to a heightened state of organizational mindfulness that contributes to an environment of emergency readiness. Education and prevention strategies should be customized for the unique learning needs of relevant stakeholders and their roles on the athletics team. Such training should include the following:

1. Foundational information regarding emergency action plans.

2. Environmental monitoring (heat/humidity, lightning).

3. Head and neck injuries.

4. Cardiac arrest.

5. Heat illness and heatstroke.

6. Exertional Rhabdomyolysis.

7. Exertional collapse associated with sickle cell trait.

8. Any exertional or non-exertional collapse.

9. Asthma.

10. Diabetic emergency.

11. Mental health emergency.

12. Proper training principles/principles of periodization.

* + Education and training will occur at the annual pre-season coaches’ meeting.

**Catastrophic Injury and Emergency Notification Plan**

**Catastrophic** is defined as the sudden death of a student-athlete, coach or staff member from any cause, or disabling and/or quality-of-life threatening injury.

* Fatalities
* Permanent disability injuries
* Serious injuries (c-spine, serious head injury)
* Permanent or temporary paralysis

**Management Team**

Selected group of administrators who will receive all facts pertaining to the catastrophe

* Athletic Trainer providing medical services to event
	+ - * Activate EAP
			* Activate the phone list
			* Debrief team on severity of situation
			* Discourage “word of mouth” situations
			* Offer counseling information if necessary
* Dan Kropf and/or Ashley Care: Athletic Trainers
	+ - * Will be the direct contact for responding Athletic Trainer or the personnel accompanying student-athlete to medical facility
			* Will relay information to Athletic Director
			* Provide counseling referrals for involved student-athletes, teammates and/or staff as necessary
* Tim Moyer: Athletic Director
	+ - * Will be direct contact from the Athletic Trainer with medical updates
			* Provide counseling referrals for involved student-athletes, teammates and/or staff as necessary
			* After receiving consent from the student-athletes’ family, will assist the School District, Athletic Trainer, the Team Physician and Head Coach in providing an official statement to the media.
* Kathy Bower: Health Services Department, Muhlenberg School District
* Provide follow-up medical services pending type and severity of injury
* Provide counseling referrals for involved student-athletes, teammates and/or staff as necessary
* Lauren Heydt: Social Work
* Provide counseling referrals for involved student-athletes, teammates and/or staff as necessary
* Dr. Paul Marr: Team Physician
* Provide follow-up medical services pending type and severity of injury
* Head Coach of affected team
* Debrief team on the severity of injury
* Support injured athlete’s family, team, staff

**Catastrophic Injury and Emergency Notification Plan**

**Away Contest Responsibilities**

In the event that a student-athlete must receive treatment or care from a medical facility at an away contest, the Head Coach and Athletic Trainer must ensure proper emergency insurance information is available. This information will be carried by the coaching staff electronically via PlanetHS.

* Accompanying the student-athlete: An assistant coach, parent/guardian (if present) or representative should accompany the student-athlete to the medical facility. The coach, parent/guardian or representative must exchange contact numbers to ensure medical updates are accurate.
* Each case can pose different circumstances; therefore communication must be made to an Athletic Trainer whether they are present or not.

**Assistance to Visiting Team’s Catastrophic Incident**

* Follow EAP for the specific venue
* Alert appropriate administration
* Assist in alerting the student-athlete’s parent or guardian and home institution and/or athletic administration

**Documentation and Records**

Official documents should be immediately written/typed/signed by the members of the catastrophic management team who can record and verify specific details of the event.

**Muhlenberg School District Sports Medicine**

**Suspected Spinal Injury Protocol**

**Planning and Rehearsal**

These guidelines should be discussed with local EMS to make annual updates prior to the start of the fall season. Rehearsal should take place with all persons involved in the emergency action team. Helmet removal equipment and AED should be checked on a monthly basis.

**Assessment**

The goal for on-field management of possible spine injuries is safe, efficient stabilization and quick transport to an ED. Initial assessment should include the student-athletes’ circulation, airway, breathing, level of consciousness and neurological function. If spine injury is suspected, then universal spine precautions are implemented.  There is no reliable way on-field to diagnose which spinal level(s) may be involved.

If the injured student-athlete is in the prone position, the log roll maneuver (while maintaining spine stabilization) will be used to position the student-athlete in a supine position.

Level of Consciousness: Determined by the student-athlete’s orientation to person, place time and incident

The unconscious student-athlete: Treated as though there is a spinal cord injury.

The conscious student-athlete: Cranial nerve screen, myotomes, dermatomes, level of consciousness, assessment of pain, numbness, tingling, paralysis of the limbs are assessed.

*Stabilization*

In-line stabilization occurs during the primary assessment of the student-athlete. In-line stabilization is essential for those student-athletes who are unconscious or who have demonstrated any impairment during assessment that would indicate a spinal injury. Any athlete will have a medical provider protecting in-line alignment of the c-spine until the helmet/head is stabilized with blocks or towels on the board and secured with tape and/or straps to the board.

If BLS is required, one provider will maintain stabilization while another medical provider initiates CPR, rescue breathing and/or AED application. If only one provider is present, CPR is of the higher priority.

*Equipment Laden Student-athlete*

In the event of a suspected spinal injury in an equipment laden student-athlete, the responding medical provider will remove the facemask of the helmet by using a cordless screwdriver or Riddell quick release device.

The shoulder pads/helmet on a football student-athlete with a suspected spine injury will remain on for transportation except under extenuating circumstances as determined by the on-site medical provider (such as life-threatening conditions that require access to head and/or chest, poorly fitting loose helmet that's preventing cervical stabilization, equipment that prevents in-line alignment of the spine, etc).

In the case of a boy’s lacrosse student-athlete, the facemask should be removed in order to maintain an airway. Lacrosse shoulder pads that include a commotio cordis shield should be removed to perform adequate chest compressions, if necessary. If adequate ventilations cannot be achieved with just the removal of the facemask, the helmet should be removed.

Understanding the uniqueness of the various types of helmets and shoulder pads and practicing the skills during pre-season in-service will ensure the ease of equipment removal.

*Chest and airway access*

Access to the chest should be initiated first and foremost in the unconscious student-athlete in the event to administer chest compression in an equipment laden student-athlete or if AED application becomes necessary. Use medical scissors to cut a uniform off in a “T” fashion away from the neck.

*Combative or uncooperative*

Student-athletes who are combative or uncooperative should be placed in spinal motion restriction (i.e spine board with straps) regardless of exam or mechanism to prevent further injury to themselves or the medical team.

*Student-athlete Transfer to ambulance*

* On non-helmeted student-athletes, a correctly sized cervical collar should be placed on the student-athlete prior to moving. Even after the cervical collar is placed, a medical provider must protect in-line alignment of the cervical spine during transfers until the head is stabilized with blocks or towels on the board and secured with tape and/or straps to the board.
* When moving a prone suspected spine-injured student-athlete, the head and trunk should be moved as a unit. The log roll maneuver should be used to roll the student-athlete into a supine position. It is recommended that at a minimum three (3) rescuers, preferably five to six (5-6) be in place to perform the log roll maneuver.
* Logroll (or lift if enough help is available) is also used when moving the student-athlete onto the scoop stretcher or spine board.
* If using the scoop stretcher for transfer it is recommended using 4-6 rescuers to facilitate the transfer of the supine student-athlete onto the EMS gurney.
	+ The stretcher is adjusted to the correct length and then separated, inserted and fastened according to design.
	+ The patient is lifted 4 to 6 inches off the ground while the scoop stretcher is slid underneath.
	+ The scoop stretcher should not be picked up by the head and foot ends or used to carry a patient before the EMS gurney is lowered next to the patient.

*Documentation*

Official documents should be immediately written/typed/signed by the members of the management team who can record and verify specific details of the event. If a medical provider makes the decision to remove shoulder pads/helmets, all documentation will reflect such justification.

*Rehearsal*

Rehearsal of these skills, techniques and emergency action plans will occur at least once an academic semester. The Sports Medicine Staff is required to document the dates, times and location of the rehearsals.

**SIGNATURE PAGE**

This manual will be reviewed and/or revised annually by the Muhlenberg School District Sports Medicine Department.

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