



GREENVILLE ISD

ATHLETIC TRAINING

GUIDELINES & PROCEDURES

Revised 2-24-23

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INTRODUCTION AND PURPOSE

Greenville ISD takes the safety and security of its student-athletes, athletic personnel, parents, and community members seriously. In order to assist the athletic department in ensuring the safety and security of all involved, this manual has been developed. The purpose of this manual is to provide general guidelines and procedures for Greenville ISD athletic trainers, coaches, campus administrators, and school personnel to follow during emergency situations or other safety issues during athletic events.

Under the supervision of the GISD Athletic Director:

- All athletic personnel and campus administrators will receive annual training regarding their respective roles during emergency situations as outlined in this manual. Proof of annual training and signed attendance sheets over these guidelines and procedures will be kept on file in the Athletic Director's office.
- The athletic director's secretary (or other designated athletic personnel) will schedule ambulance/EMS services for all Varsity Football games.
- The athletic director's secretary (or other designated athletic personnel) will make the official sport-specific schedules available to the EMS services at the beginning of each school year for purposes of being "on call".
- Prior to the beginning of each school year, the athletic trainer will work with the Hunt Regional Medical Center to secure a physician to serve as the team physician for the year and attend games as available.
- This document will be reviewed annually and updated as necessary to ensure the continued safety and security of those involved in the GISD athletic program.

MISSION STATEMENT

The mission of the Greenville ISD Athletic Training Department is to provide first-class, comprehensive, and state-of-the-art health care as it pertains to the well-being of student-athletes.

All Coaching Staff and Athletic training staff review and train for these policies and procedures before the beginning of the school year. Coaches hired after the annual training will receive this training as part of their onboarding process with the athletic department.

The following principles will be embraced by the Greenville ISD Athletic Training Staff:

- To provide professional, first-class leadership and counseling necessary to prevent, manage, and rehabilitate the student-athletes and their injuries.
- To serve as a major resource for Greenville ISD Athletics through the development of partnerships with healthcare professionals in our community.
- To consistently provide a high level of student-athlete care and service.
- To maintain integrity, accountability, and carry out sound management practices.
- To promote character, development, leadership, and sportsmanship
- To support the mission, goals, and objectives of Greenville ISD coaches and the school district as a whole.

GHS ATHLETIC TRAINING ROOM RULES

1. All student athletes must sign in.
2. No students allowed in the Training Room without supervision.
3. No students are allowed in the Training Room during class time unless with a note from their coach or teacher allowing the student to come.
4. Shower after practice before receiving post practice treatments.
5. No loitering, horseplay, loud talking, or bad language.
6. Shirts and shorts are required at all times.
7. No cleated, spiked, or muddy shoes.
8. No food or gum.
9. Do not handle therapeutic modality equipment on your own.
10. No cups or ice will be given for drinks.
11. Do not take anything without the Athletic Trainer's explicit permission.
12. No photos, videos, or facetime in the athletic training room.
13. Rehabs must be completed before receiving any treatment unless otherwise stated by the athletic trainer.

GHS Athletic Training Room Hours of Operation

Lisa Topham
MS, LAT, ATC: (903) 453-3657

Ian Underwood
MS, LAT, ATC (903) 453-3657

Fax: ATTN: Lisa (903) 455-5158

All Sports Served On-Site or On-Call at All HOME Events

Hours of Operation (*August - November*)

Monday-Thursday: 7:30am - 6:00pm

Friday: 7:30am - 3:50pm

Saturday: 9:00am – 12:00pm

Sunday: Closed

Hours of Operation (*December - May*)

Monday- Friday 7:00am - 6:00pm

Saturday: As needed by appointment

Hours of Operation (*June*)

Monday-Thursday: As needed by appointment

Closed in July unless AT is contacted for an appointment

GHS Athletic Training Procedures for Coverage of Games and Practices

Practice:

- Practice for football (V, JV, F) is covered by at least one Athletic Trainer at all times. For GMS athletic trainers are on call.
- For all other sports at least one Athletic Trainer will be available to take care of any injury, and can be reached by cell phone or in the Training room:
 - GHS TRAINING ROOM ---- 903-453-3657

Games:

- All home events are covered by an athletic trainer. Sometimes there may be multiple events so the athletic trainer will cover one sport, but will still be available by cell phone for the other sports.
- All varsity football games are covered by both athletic trainers. All sub-varsity away football games are covered by the other team's athletic trainer.
- All other sports away games are covered by that team's athletic trainer. If a team reaches the playoffs, their away games will be covered by an athletic trainer.

Middle School Coverage and Student Evaluations:

- Coaches are discouraged from transporting students to the Athletic Training Room unless proper documentation has been filed.
- If a student needs to see an athletic trainer for evaluation then coaches should contact parents and direct them to the training room or athletic trainer will travel to the middle school and parents will be contacted.
- Middle School Coaches should inform the training staff of any significant injury.
- If emergency or urgent care is needed, then coaches should activate 911 if needed and contact parents first, followed by the athletic trainer.
 - If after hours, then established emergency procedures should be followed as outlined in the manual.

Pre-participation Requirements for Athletics

Physical Examinations:

- All incoming 7th graders thru 12th graders will need a current physical exam done by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.
- The physical exam shall be done on the UIL physical exam form. **No other form will be accepted. (forms located on the last page)**
- Transfer students can use their prior school's physical exam as long as it is in the UIL format and current.
- All current athletes need to complete a medical history packet annually.
- GHS will provide a designated date and location for free athletic physicals to be performed by a designated Physician. Students can go to their preferred medical doctor at their own expense.
- Always remember to check the medical history form and the physical exam form thoroughly. This will inform you of any abnormal findings, special instructions, limitations, and exclusions.
- No athlete shall be allowed to participate until the physical exam and all other UIL forms are on file in the athletic trainer's office.
- It is the coach's responsibility to provide the athletic trainer with a team roster and notify of any changes or additions to the roster as soon as possible.
- All coaches shall confirm rosters with the athletic trainer to verify the names of all cleared athletes.
- If an athlete has not been cleared by the athletic trainers and marked cleared on the google document they shall not be allowed to participate in **any athletic activity**.

GISD Athletic Injury Reporting Procedures

1. All injuries/illnesses should be reported to the athletic trainer.
2. Athletic Trainers will evaluate and decide the proper treatment plan moving forward.
3. All injured athletes will be included on the Athletic Injury Reports sent out to coaches.
4. Parent contact protocols:
 - Anything requiring a doctor's visit / release.
 - An injury requiring a follow up treatment.
 - An injury that will limit their participation from practice, games, or off-season workouts.
 - An injury that is considered serious or that is going to have the athlete limited at home or with activities of daily living (ADLs).
5. Injuries directed to a doctor:
 - Head injuries / concussion.
 - Orthopedic concerns (spinal and extremities)- requiring X-rays.
 - Joint / Ligament instability or trauma.
 - Injuries causing dysfunction or inability to complete ADLs.
6. Injuries requiring 9-1-1 / ambulance transport:
 - Anything that is considered life-threatening or life-altering.
 - Any injury or trauma needing emergent medical attention.
 - Any severe head or neck trauma.
 - Any severe allergic reaction.
 - Heat stroke / severe heat exhaustion.

Non-Emergent Injury Evaluations and Physician Referral Procedures

Injury Evaluations:

Student athletes may come to the Training Room for injury evaluations before class, during lunch time, and/or after school hours. (*See Training Room Hours*). No student will be allowed in the Training Room during regular class time unless they are referred by a coach and with a hall pass from their teacher.

Middle Schools:

- Coaches are discouraged to transport students to the Athletic Training Room unless proper documentation has been filed.
- Athletic trainers will establish and maintain weekly visits to the middle schools for injury evaluations.
- If a student needs to see an athletic trainer for evaluation then coaches should contact parents and direct them to the training room.

Medical Referring Procedures:

- No coach shall refer any athlete to the doctor unless in an emergency situation or without following the Injury Reporting Procedures (page 8).
- Parents ultimately have the final decision when referring.
- Athletic Trainers may recommend a physician only when the parent requests and or when the student may not have a personal physician. At that time explanation of school insurance procedures may be warranted.
- The student-athlete may return to activity only with the treating physician's detailed written clearance note to be kept on file at the school.

Student Insurance Claim Filing Procedures

Greenville ISD has an accident insurance policy in place for when students are injured during practice, strength and conditioning sessions, or games.

The insurance company for the 2022-2023 school year is Health Special Risk, Inc. (HSR)

Phone: (972)-512-5600 Fax: (972)-512-5820 E-mail: CustomerService@HSRI.com

A GISD student accident report must be completed by the supervising coach or the athletic trainer.

Our policy is a secondary insurance policy, meaning that the parents will provide their own insurance policy first, then the school's accident policy will be in effect. If uninsured or the student is on a government-funded insurance program (Medicaid), the school's policy acts as a primary.

When an injury occurs requiring treatment by a physician:

1. The athlete must be seen by a physician within 30 days of the date of injury.
2. In an emergency, whenever practical, the supervising coach should complete the top portion of the claim form (Part I), then give the form to the Parents to complete the bottom parent portion (Part II and III).
3. In a non-emergency, parents shall bring their child to the Training Room for evaluation as soon as practical.

The completed claim form must accompany the student to the physician's office or it can be turned in to the registration desk at the ER. A copy of the completed form must also be turned into the athletic trainer.

All medical expenses will be submitted to the parent's primary insurance company first. All other balances and co-pays will be submitted to the school's secondary insurance company unless uninsured or on a government-funded program (Medicaid).

The student-athlete may return to activity only with the treating physician's written release note to be kept on file at the school.

Any question regarding these procedures, contact your athletic trainer.

Coaches Responsibilities to the Athletic Trainer

1. Coaches must comply with duties, e.g. creating and maintaining rosters, verifying eligibility, and providing season game/ practice schedules to the athletic trainer.
2. Prohibit any student-athlete from participating without completing all UIL required participation forms. The coach will be responsible for liability actions if a student-athlete is allowed to participate without completed UIL forms.
3. Protect the student-athletes' health, safety, and welfare as the top priority.
4. Refer a student-athlete whose health, safety, or welfare is in question to the athletic trainer, or school nurse immediately.
5. Encourage injured athletes to adhere to scheduled Athletic Training Room treatments, rehabs and check-ins.
6. Make sure coaches are following up with the athletic trainer after athletes have physician appointments for consultation, or follow-up in a timely fashion.

Athletic Trainer Responsibility to the Coaching Staff

1. Establish office hours to be kept as posted Monday through Friday and have the facility available as necessary.
2. Be the liaison between physicians, coaches, the athletic director, and the principal regarding the medical condition of the athletes.
3. Maintain records of all training room visits and treatments.
4. Inform coaches of all significant injuries.
5. Determine which student-athletes are eligible for athletic participation based on pre-participation physical examinations and insurance/waiver forms.
6. In conjunction with physicians, determine when athletes are to be removed from competition due to injury and when they may return.

7. Any treatments will be recorded and maintained in the training room.
8. Missed treatments will be reported and rescheduled by the athletic training staff.
9. The team physician, or designated physician, has the final responsibility to determine when a student athlete is to be removed or withheld from participation due to an injury or illness.

Coach's Checklist for Games / Travel

1. Trainer's Kit
2. Water bottles (Unless previous arrangements have been made with the host athletic trainer)
3. Ice Bags (located in kit)
4. Emergency Parent Contact Information
5. Blank Injury Insurance Forms

GISD CONCUSSION MANAGEMENT PLAN 2022-2023

Concussion Management Plan Outline

- I. **Concussion Oversight Team (COT)**
 - A. Mission Statement
 - B. Members
- II. **Concussion Education**
 - A. Coaches, Athletic Trainers, Cot Members
 - B. Parents / Guardians, Student Athletes
- III. **Response to A Suspected Concussion**
 - A. Removal from Play
 - B. 4 Step Action Plan
- IV. **Medical Evaluation and Clearance**
 - A. Following A Concussion
 - B. Academic Modifications
- V. **Return to Play**
 - A. Progressive Return to Activity
 - B. Step-by-Step Activity Program
 - C. Middle Schools
 - D. Subsequent Concussions
- VI. **Forms**
 - A. UIL Concussion Acknowledgment Form
 - B. UIL Return to Play Form
 - C. Progressive Return to Play form
 - D. Fact Sheet
 1. English Form
 2. Spanish Form

I. CONCUSSION OVERSIGHT TEAM (COT)

Mission Statement: The Greenville Independent School District is dedicated to educating and providing a safe environment for all of our student-athletes. GISD recognizes that a concussion is a serious injury to the brain. GISD has implemented a Concussion Management Plan to include education, detection, evaluation, and return to play following a concussion injury. School personnel will work together to ensure that laws are abided and procedures are followed. This plan will be supervised by the Superintendent of Schools and implemented by the athletic trainers of GISD.

COT Members

1. Team Physicians – Hunt Regional Medical Center
2. Lisa Topham—MS, LAT, ATC
3. Ian Underwood—MS, LAT, ATC

II. CONCUSSION EDUCATION AND TRAINING

- A. Coaches, athletic trainers, and COT members: Coaches will meet with the athletic training staff prior to the school year to go over the subject matter of concussions. Athletic trainers will be required to complete a course for CEU's in the subject matter of concussion. Physicians who serve on the COT will be required to periodically take a CME course on the subject matter of concussions.
- B. Parents and student-athletes will be required to sign, prior to the first practice, the UIL Acknowledgment of Rules Form and the Concussion Acknowledgment Form (attached). The information explains concussion prevention, symptoms, treatment, oversight, and the guidelines for safely resuming participation in an athletic activity following a concussion. Before their first practice, athletes will complete concussion baseline testing and education.

III. RESPONSE TO A SUSPECTED CONCUSSION

- A. **Removal from Play:** A student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:
 1. An athletic trainer
 2. A coach
 3. A physician
 4. A licensed healthcare professional
 5. The student's parent, guardian or another person with legal authority to make medical decisions for the student.'

B. 4 Step Action Plan

1. Athletic trainers/coaches, upon suspecting or recognizing a concussion, shall remove the student athlete from play or activity, immediately.
2. Student-athletes will be evaluated by an appropriate health care professional as soon as practicable. Either by the athletic trainer, emergency personnel, or physician.
3. Inform the student-athlete's parent or guardian about the possible concussion and give them information on concussion: Concussion Fact Sheet (see attached forms).
4. If it is determined that a concussion has occurred, the student-athlete shall not be allowed to return to participation that day regardless of how quickly the signs or symptoms of the concussion resolve and shall be kept from activity until a physician indicates they are symptom free and gives clearance to return to activity as described below in the Progressive Return to Activity Program directed by the athletic trainer. **A coach of an interscholastic athletics team may not authorize a student's return to play.**

IV. MEDICAL EVALUATION AND CLEARANCE

A. **Following a Concussion:** A student removed from an interscholastic athletics practice or competition that is suspected of having a concussion may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

1. The student has been evaluated; using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
2. The student has successfully completed each requirement of the return-to-play protocol established necessary for the student to return to play;
3. The treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
4. The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - a. Have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - b. Have provided the treating physician's written statement to the person responsible for compliance with the return-to-play protocol, and
 - c. Have signed the UIL Return to Play Form (see attached forms)

B. Academic Modifications

1. Academic adjustments will not be used unless specifically called for on the Physician Evaluation Form. In the event that the treating physician requires that the student be given academic modifications, the school nurse, classroom teachers, and administrators will all be notified.
2. During the recovery time these adjustments will be reviewed and modified according to the symptoms that the student is experiencing. Academic support during concussion recovery will be administered with as little disruption to the student's' academic schedule as possible, while allowing for maximum recovery.

V. RETURN TO PLAY

A. Progressive Return to Activity: Following clearance and compliance with the above information, supervised progression of activities should be initiated utilizing the now standardized protocol (Step by Step Activity Program):

- A. The student-athlete shall be symptom free for 24 hours prior to initiating the return to play progression.
- B. Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.
- C. If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

B. Step-by-Step Activity Program:

- Step 1: When the athlete completes Phase 1, begin light aerobic exercise – 10 minutes on an exercise bike, or light jog (30-50% max); no weight lifting, resistance training, or any other exercise.
- Step 2: Moderate aerobic exercise - 15 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment followed by a circuit of aerobic exercises.
- Step 3: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.
- Step 4: Partial contact practice or training in full gear.
- Step 5: Full contact practice.

After all five days of the Return To Play (RTP) are completed and passed, the athlete can resume normal activity.

C. Middle School: In the event that a middle school student is diagnosed with a concussion, the coach may observe and supervise each phase of the protocol and report the daily outcome to the athletic trainer of the high school that their school feeds into. The athletic trainer in consultation with the treating physician will have the

final say whether the student will move to the next phase. **Coaches may not authorize a student's' return to play after a concussion injury.**

D. Subsequent Concussion: Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation.

VI. FORMS

A. [UIL Concussion Acknowledgement Form](#)

B. [UIL Return to Play Form](#)

C. Parent Fact Sheet

1. [English](#)

2. [Spanish](#)

D. Athlete Fact Sheet

1. [English](#)

2. [Spanish](#)

GISD On Field Cervical Spine Injury Protocol

- Evaluation should be performed when arriving on the scene. The evaluation should always begin with a check of ABC's (Airway, Breathing, and Circulation).
This should be performed by the athletic trainer or, in their absence, a coach.
- As outlined in the Emergency Action Flow Sheet, if the athlete is conscious, the history of the injury and present symptoms should be obtained from the athlete. If the athlete is unconscious they must be treated as if they have a severe neck injury (especially if the injury involved head and or neck trauma). Activate EMS immediately.
- The football helmet or shoulder pads should not be removed, in most cases, on the field by the athletic trainer, coach, physician, or EMS personnel in the case of a suspected cervical fracture.
- If the athlete is face down or side lying, they should be turned as a unit ("log roll"). If there are no airway problems, coaches can wait for EMS personnel to perform the "log roll" procedure.
- One person (athletic trainer or in their absence a coach) should be in charge of stabilizing the head. They will serve as the "captain" of the team. This person should be the most medically-trained individual. The log roll will require 4 to 5 individuals.
- The face mask should be removed while the head and neck are stabilized. **Do not remove the chin strap.**
- An evaluation should be performed to the level of evaluator's ability.
- If there is any question to the well-being of the athlete's cervical spine (motor or sensory neurological deficits that do not resolve), EMS should be activated.
- When EMS arrives on the scene, the athletic trainer or the coach will describe their initial findings or evaluation. The athletic trainer and coach will work together with EMS personnel in moving and securing the athlete on a back board.
- The helmet, shoulder pads, and other equipment should be removed as a unit by emergency room personnel trained in the removal procedure, preferably after a thorough cervical evaluation.

Greenville ISD Athletic Training Skin Infections Procedures

Prevention

Student-Athletes are educated on the recognition of signs and symptoms of harmful skin infections, as well as preventive care including frequent hand washing and showering after every sport activity. Athletes are discouraged from sharing towels, athletic gear, personal water bottles, disposable razors, and hair clippers. Athletes are instructed to turn in all gear/clothing to be laundered and/or disinfected on a daily basis. Students are instructed to inform the athletic trainer or coach if they have a skin infection and in which students will not participate in contact activities until the athletic trainer has approved their return to the activity.

Care of Draining Wounds

Any wound will be considered an infectious wound if there is any drainage (pus) from the wound, especially if accompanied by fever, redness, or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage. Once the wound has no drainage and/or treating physician clears the athlete, the person can be considered non-infectious.

Initial Precautions

- Treat any draining wound as a potential MRSA infection.
- Infected athletes will be kept from direct physical contact with other athletes.
- The student athlete with an active infection must be evaluated by a physician or other advanced practice clinician.
- Treat uncultured wounds as MRSA.

Secondary Precautions at School

- Instruct the athlete to carry and use an alcohol-based hand sanitizer when soap and water are not available. Athletes with draining wounds or infections will not participate in practice or games until the wound has stopped draining.

- Permit the athlete to participate in non-contact activities if wounds are covered and the infected person observes good hygienic practices in washing hands, showering, and laundering clothes. (only with physician approval or clearance)
- Clean sports equipment or any part of the athletic area that comes in contact with the wound with commercial disinfectant or fresh solution of diluted bleach before any other athlete comes in contact with the equipment or area.
- Cover treatment tables. Discard or launder coverings after each use.
- Place disposable items that have come in contact with the infected site in a separate trash bag and close the bag before placing in the common garbage.

Facility Precautions

- Athletic laundry will be done using hot water and dried on the hottest cycle.
- Laundry soap will consist of a commercial grade, 4 stage process. That includes a detergent, bleach, sanitizer, and pH balancer.
- Showers and soap dispensers are available and students are encouraged to use daily after practices and games.
- The athletic area and sports equipment will be cleaned at least weekly using a commercial disinfectant or a solution of bleach.

Over the Counter and Prescription Medication

To comply with Texas State Law, the following restrictions apply to the taking of medicine by students while in school.

- All medicine must be brought to and kept in the nurse's office or in the Training Room (upon approval by the school nurse)
- Prescription and non-prescription medicine must be in the original container and properly labeled. Prescription medicine must have a pharmacy label with the student's name. Prescribed medicine must be prescribed by a physician licensed to practice in Texas.
- Medication bought in a foreign country cannot be dispensed. This applies to prescription and non-prescription medicines. Parents/Guardians can give these medicines before and after school as close to the prescribed time as possible. Parents can also come and administer their child the medication at school. (This should be done at the nurse's or trainer's office)
- If it is necessary to give prescription medication during school hours, the medicine must be accompanied with a note signed by the parent/guardian giving authorized school personnel permission and directions for its administration (time and dosage).
- Parents will be contacted for the approval of dispensing over the counter (OTC) medications and students will be questioned on allergies, if they have taken anything else, etc.
- Athletes will then sign a log of what they received, what for, and when.
- School personnel will not give any medicine, including OTCs, unless it is provided by parents/guardians, or the above requirements are met.

Asthma and Anaphylaxis Medications

In accordance with FFAC (LEGAL), a student with asthma or anaphylaxis may possess and self-administer prescription asthma or anaphylaxis medication while on school property.

- The prescription medication must be brought in the original, properly labeled container.
- A written statement from the physician or licensed health care provider that states that the student has asthma or anaphylaxis and may carry and self-administer the prescription medication in school must be submitted to the school nurse annually.
- The school nurse will review the information submitted with the student, discuss the steps for administering the medication and check the skill of the student. The student must demonstrate to the school nurse and athletic trainer the skill level necessary to self-administer the medication including the use of any device required to administer the medication. If these skills are not shown, the nurse can deny the student the ability to self-administer, and inform the parent and physician.
- The student is instructed and the parent is told that if it is necessary to self-administer the medicine for reasons other than routine (e.g. before athletic activity).
- The student's condition will be assessed and if the condition does not improve, the parent is notified or if the student is in distress, 911 will be activated.

Medical and Non-Medical Emergencies

Medical emergencies

Breathing cessation, severe bleeding, concussion with or without loss of consciousness, suspected neck or spinal injury, fracture, dislocation, eye or face injury, heat related illness, any other injury or illness resulting in poor vital signs such as decreased blood pressure, weak pulse or signs of shock.

If no athletic trainer is available the head coach shall:

- Follow first aid / CPR principles and provide appropriate care.
- Notify 911 and emergency contact person.
- Monitor vital signs.
- Calm and reassure athlete if conscious.
- Complete a medical referral form (CLAIM FORM).
- Notify the Athletic Trainer as soon as possible regarding follow up care.

In emergency situations athletes should always be transported by ambulance.

Reporting Injuries, Non-School Injuries, And When to Refer

Injury / Illness Reporting Procedures

Any student athlete who is injured or becomes ill must report the injury or illness to an athletic trainer or his/her coach as soon as practical. Financial responsibility pertaining to an injury not reported in a timely manner may become the responsibility of the athlete's parents or guardian(s).

Non-Sport Related Injury / Illness Procedures

The Greenville ISD provides secondary insurance coverage through Health Special Risk, Inc., for activities related to UIL interscholastic athletics. Non-sports related injuries are not covered by this secondary insurance policy.

When to Refer to a Physician

- Severe pain and cannot put any weight on the injured body part.
- Area over the injured joint or next to it is very tender when you touch it.
- Injured area looks crooked or has lumps and bumps (other than swelling) that you do not see on the uninjured joint.
- Cannot move the injured joint.
- Cannot walk more than a few steps without feeling significant pain.
- Limb buckles or gives way when you try to use the joint.
- Numbness in any part of the injured area.
- Redness or red streaks spreading out from the injury.
- Pain, swelling, or redness over a bony part of your foot.
- You are in doubt about the seriousness of the injury or how to care for it.

When to Remove an Athlete from Play

- **Fever:** Working out can cause body temperature to rise even higher which could lead to more serious complications.
- **Persistent Cough:** This could diminish lung capacity and make breathing difficult and could indicate a more serious respiratory illness.
- **Nausea, Vomiting, or Diarrhea:** These symptoms can result in dehydration.
- **Chronic or Serious Illness:** Clearance by a physician is required before resuming activity.
- **Concussion:** Any signs that arise following a blow to the head or a sudden violent jolt should be considered a sign of a concussion. GISD concussion protocol shall be followed.
- **Bump or Lesion on Skin:** This could be a possible sign of a skin infection that can be contagious. If unusual appearance, redness, warmth, painful, swollen, or drainage is noticed then cease all activity and get evaluated as soon as possible before returning to play.
- **Signs of Infection:** Redness, swelling, streaking, warmth, pain, drainage, pus and pimples.
- **Injuries:** that include severe pain, swelling, deformity, instability, numbness, or cannot put any weight on the injured body part.
- Any signs or symptoms that last more than 2 days refer student to the athletic trainer or to a physician. A written medical clearance document should be kept on file at the school for all conditions requiring medical evaluation.

General Recovery Process

Refer all injuries to GISD Athletic Trainer or Physician if injury shows no sign of improvement after 24 hours or if pain is severe or if you are questionable to the severity or nature of the injury.

Keep athlete involved in team practices

- Can observe practice and learn plays.
- Can help with manager duties.
- Still involved in team meetings.

Maintain overall conditioning while the injury heals

- Adapt conditioning to the specific injury. (An athlete with a wrist injury can still run, do sit-ups, and lower body workout in the weight room.)

Decrease pain and swelling

- Protection, Rest, Ice, Compression, Elevation.

Regain full motion and strength of injured body part

- Range of motion exercises first to regain full pain-free motion.
- Keep all movements within limits of pain. Never force any movement.
- Once full range of motion is attained, begin strengthening exercises.

Gradual, progressive return to play

- Begin with light functional drills and progress to sport-specific drills. Always use pain as a guide for return to play progression.

Adequate warm-up before activity and cool-down after activity

- An athlete returning from injury will need extra warm-up time. This may include more stretching time, a little more jogging or throwing, or moist heat treatments.
- Every practice should end with a cool-down period. Athletes returning from injury need to cool down well and ice the injured area after practices and games to decrease swelling and pain.

If you have any question involving specific injury recovery or return to play, please contact your GISD athletic trainer.

Return to Play Policy

The student-athlete's attending physician, in consultation with a Greenville ISD Athletic Trainer, has the final authority in deciding if and when an injured student-athlete may return to practice and/or competition.

Any student-athlete seen by a physician must return to the Athletic Training Room for follow-up and final clearance prior to active participation status. If a student-athlete is under the care of a physician for an injury or illness and the physician's treatment precludes or alters activity in interscholastic athletics, **the student-athlete must secure, in writing, a release to reinstate the student-athlete to full participation.** No student-athlete will be allowed to return to participation until the athletic trainer has received a release from the physician and the student-athlete is cleared for participation.

GISD Athletic Emergency Action Flow Sheet

The Universal Chain of Command should be followed in the event of ANY athletic injury.

- The Universal Chain of Command:
 Team Physician - EMS
 Athletic Trainer - EMS
 Coach – EMS

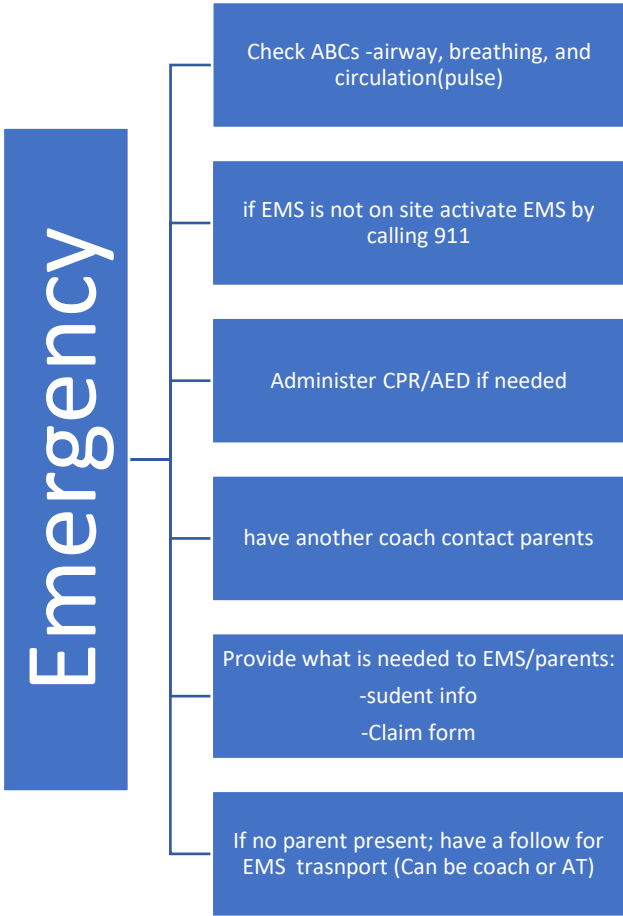
**** INJURY ASSESMENT****

#1 Team Physician
(if on site)

#2 Athletic Trainer
(if on site)

#3 Coach

**** ALWAYS RULE IN SCENE SAFETY BEFORE GOING TO AN EMERGENCY****



ALWAYS DOCUMENT THE INJURY SITUATION AND ALWAYS FOLLOW UP WITH:

- *Athlete
- *Doctor
- *Parents
- *Athletic Trainer

Greenville High School EAP

Football/Track/Soccer

Address: 3515 Lions Lair Rd. Greenville, TX 75402

Venue Directions:

TA Cotton Ford Stadium- turning in off of Sayle St., the entrance will be the 4th driveway on your left. Turn in and go all the way down until the parking lot dead ends, there will be a red gate on your right you will need to go through to access the field.

Roy Q Traylor athletic complex- Turning off of Sayle St. on to Lions Lair Rd., the entrance will be the 4th driveway on your left. Turn in and go down to the gate on the right that says John Mason field. Turn right into that parking lot.



Emergency Personnel

Certified Athletic trainers- present for all games and practices for football. On campus/present for soccer and track.

Student Athletic trainers- present for all games and practices for football. On campus/present for soccer and track.

Coaches- present for games and will initiate CPR if needed and no athletic trainer is present.

Physician- Limited basis (on call only)

EMS services - Varsity football games only (on call for all other events at the stadium)

Equipment Available: Splint bag, AED Located with the covering AT or on the golf cart

Roles:

Athletic trainer- assess the area for safety and respond to and evaluate injuries of the affected party

Student athletic trainer- assist the ATC in calling 911, helping with alerting EMS to the location, and player crowd control.

Coaches- Assist in calling 911, and keeping unnecessary persons away from the scene.

Campus Administrators- Assist in crowd control and with parents of injured players.

EMS activation Procedure:

1. Assessment of the surroundings and athlete to determine if EMS services are required.
2. Activation of EMS (911)- stay on the line until the responder hangs up.
3. Emergency equipment retrieval
4. Direct EMS to the scene (after 911 is called) (designated individual)
5. Control scene while EMS is working (Limit or remove bystanders)

Greenville High School EAP Volleyball/Basketball

Address: 3515 Lions Lair Rd. Greenville, TX 75402

Venue Directions:

Greenville High School Gymnasium- Turning off of Sayle St. taking a left on to Lions Lair Rd., the entrance will be the 4th driveway on your left. Turn in and go down to the parking lot then turn left into the lot and pull up next to the red band tower. The first sidewalk on your left will be the door to enter through.



Emergency Personnel

Certified Athletic trainers- present for all home games, on call/present for practices

Student Athletic trainers- present for all games and practices

Coaches- present for games and will initiate CPR if needed and no certified athletic trainer present.

Physician- on call

EMS services – on call

Equipment Available: Splint bag, AED Located with the covering AT on the sideline

Roles:

Athletic trainer- assess the area for safety and respond to and evaluate injuries and/or the situation.

Student athletic trainer- assist the ATC in calling 911, helping with the injured player, or player crowd control.

Coaches- Potentially assist in calling 911, and keeping unnecessary persons away from the scene.

Campus Administrators- Assist in crowd control and with parents of injured players.

EMS activation Procedure:

1. Assessment of the situation and athlete
2. Activation of EMS (911)- stay on the line until the responder hangs up.
3. Emergency equipment retrieval
4. Direct EMS to the scene (after 911 is called) (designated individual)
5. Control scene while EMS is working (Limit or remove bystanders)

Greenville High School EAP Baseball

Address: 3515 Lions Lair Rd. Greenville, TX 75402

Venue Directions:

Greenville High School Baseball field- Turning off of Sayle St. taking a left on to Lions Lair Rd., the entrance will be the 5th driveway on your left. Turn in and go towards the stadium lot, then turn left into the gate. Gate is located right before the parking lot gate and leads directly into left field.



Emergency Personnel

Certified Athletic trainers- present for all home games, on call/present for practices

Student Athletic trainers- present for all games and practices

Coaches- present for games/practices and will initiate CPR if needed and no certified athletic trainer present currently.

Physician- on call

EMS services – on call

Equipment Available: Splint bag, AED Located with the covering AT on the sideline or on the golf cart if multiple events are going on

Roles:

Athletic trainer- Assess the area for safety and respond to and evaluate injuries of the athlete.

Student athletic trainer- Assist the ATC in helping with the injured player, or player/crowd control.

Coaches- Assist in calling 911, and keeping unnecessary persons away from the scene.

Campus Administrators- Assist in crowd control and with parents of injured players.

EMS activation Procedure:

1. Assessment of the surrounding area and the athlete to determine if EMS is required.
2. Activation of EMS (911)- stay on the line until the responder hangs up.
3. Emergency equipment retrieval
4. Direct EMS to the scene (after 911 is called) (designated individual)
5. Control scene while EMS is working (Limit or remove bystanders)

Greenville High School EAP Softball Field

Address: 3515 Lions Lair Rd. Greenville, TX 75402

Venue Directions:

Greenville High School softball field- Turning off of Sayle St. taking a left on to Lark St. Travel down Lark St. past the gate after the main school. Soft ball field is located behind the old field. There is a driveway next to the maintenance shed right inside the gate where the ambulance will pull off to get behind the field. Ambulance entrance is located on the 3rd base side and also in right field on the opposite side.



Emergency Personnel

Certified Athletic trainers- present for all home games, on call/present for practices

Student Athletic trainers- present for all games and practices

Coaches- present for games/practices and will initiate CPR if needed and no certified athletic trainer present currently.

Physician- on call

EMS services – on call

Equipment Available: Splint bag, AED Located with the covering AT on the sideline or on the golf cart if multiple events are going on

Roles:

Athletic trainer- Assess the area for safety and respond to and evaluate injuries of the athlete.

Student athletic trainer- Assist the ATC in helping with the injured player, or player/crowd control.

Coaches- Assist in calling 911, and keeping unnecessary persons away from the scene.

Campus Administrators- Assist in crowd control and with parents of injured players.

EMS activation Procedure:

1. Assessment of the surrounding area and the athlete to determine if EMS is required.
2. Activation of EMS (911)- stay on the line until the responder hangs up.
3. Emergency equipment retrieval
4. Direct EMS to the scene (after 911 is called) (designated individual)
5. Control scene while EMS is working (Limit or remove bystanders)

Greenville High School EAP Tennis Courts

Address: 3515 Lions Lair Rd. Greenville, TX 75402

Venue Directions:

Greenville High School tennis courts- Turning off of Sayle St. taking a left on to Lark St. Going down Lark St. you will see the tennis courts to the left with a sidewalk that leads down to all the courts.



Emergency Personnel

Certified Athletic trainers- present for all home games, on call/present for practices

Coaches- present for games/practices and will initiate CPR if needed and no certified athletic trainer present currently.

Physician- on call

EMS services – on call

Equipment Available: Splint bag/ AED Located with the covering AT; or on the golf cart if multiple events are going on.

Roles:

Athletic trainer- Assess the area for safety and respond to and evaluate injuries of the athlete.

Student athletic trainer- Assist the ATC in helping with the injured player, or player/crowd control.

Coaches- Assist in calling 911, and keeping unnecessary persons away from the scene.

Campus Administrators- Assist in crowd control and with parents of injured players.

EMS activation Procedure:

1. Assessment of the surrounding area and the athlete to determine if EMS is required.
2. Activation of EMS (911)- stay on the line until the responder hangs up.
3. Emergency equipment retrieval
4. Direct EMS to the scene (after 911 is called) (designated individual)
5. Control scene while EMS is working (Limit or remove bystanders)

Guidelines to Use During a Serious On-Field Player Injury:

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

Emergency Communication Phone Numbers

Greenville EMS.....	911 or (864) 467-7005
Greenville Police Dept.....	911 or (903) 457-2900
GHS Athletic Training Room (ATR).....	(903) 453-3657
Lisa Topham, Athletic Trainer.....	See ATR #
Ian Underwood, Athletic Trainer.....	See ATR #
Darren Duke (Athletic Director)	(903) 453-3652
Olivia Sampson (Athletic Secretary)	(903) 453-3652
Hunt Regional Medical Center	(903) 408-5000
Future Team Physician office.....	TBD
Hunt Regional Orthopedic office.....	(903) 408-5770

Greenville Emergency Rooms Information

Hunt Regional Medical Center

4215 Joe Ramsey Blvd E, Greenville, TX 75401

-Emergency room open 24/7

From GHS take a left off Lions Lair Rd. onto Sayle St. Follow that to 380 and take a left onto the highway.

Medical center will be on the left (turn in available).

Quality Care ER

8090 Monty Stratton Pkwy, Greenville, TX 75402

-Open 24/7

From GHS take a left onto Lions Lair Rd., then a left on to Monty Stratton Pkwy. The ER should be on the right hand side.

(does not take Medicare, Medicaid, or Tricare)

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE PROTOCOL

1. Purpose

To establish an action plan for responding to a medical crisis involving a victim of sudden cardiac arrest on a school campus or department where an AED is available.

2. Training Requirements

Any employee that is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heart-Saver AED standards or other equivalent training organizations and American Safety and Health Institute (ASHI) standards.

3. Designated Emergency Medical Responders

The following employees will be trained in the use of CPR/AED:

All athletic trainers, coaches, nurses, PE teachers, band directors, cheerleader sponsors, and student trainers shall maintain current certification in CPR / FA and AED Use.

It is essential to have a team of responders available during business/school hours.

4. Emergency Medical Response Plan Activation

Once notified of an emergency, the person informed notifies the campus/department responders and will

- Contact the Athletic Trainer
- Contact the School Nurse
- Contact Campus Principal
- Advise Campus Security

When activating “911” give the following information

1. Type of emergency.
2. Address of facility.
3. Location of emergency.
4. Phone number they are calling from.
5. Further information requested from “911” operator.

5. Indications For AED Use

The AED is intended to be used by personnel who have been trained in its operation. The user should be qualified by training in basic life support or other physician-authorized

emergency medical response. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing.

- Apply AED and if a shockable ventricular tachyarrhythmia is noted, the responder will be advised to shock.
- Follow the AED prompts and continue with CPR as advised.
- Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm.
- If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver therapy.

*Apply the AED if person is unresponsive and not breathing.

6. Procedure For AED Use:

Assess scene safety. Is the scene free of hazards?

Rescuer makes sure there are no hazards to them. Some examples are:

- Electrical dangers (downed power lines, electrical cords, etc.).
- Chemical (hazardous gases, liquids or solids, smoke).
- Harmful people (anyone that could potentially harm you).
- Traffic (make sure you are not in the path of traffic).

7. Post Incident Procedure

Complete the following steps promptly after the incident: (This will be done by campus AED Administrator)

1. Replace electrode pads (make sure date on replacement pads is not expired).
2. Replace pocket mask/shield and other supplies used.
3. Check batteries and replace if necessary.
4. View the status indicator on AED. If indicator has a Green check, place the AED in the cabinet and arm the cabinet alarm.

8. Physician Oversight

- Physician Oversight for this department/business will be provided by the designated physician.
- When the AED is used, all response documentation and rescue data will be reviewed by the oversight physician and recommendations will be made as necessary.
- A response documentation form must be completed after each use of the AED and AED Program Coordinator and the Oversight Physician will review the completed form.

9. Basic Maintenance

The AED is maintained according to the manufacturer's guidelines for scheduled maintenance. The school nurse or site coordinator will be responsible for documenting and submitting the maintenance information as requested by the AED Program Coordinator.

Basic Maintenance:

- The AED unit is defaulted to run a system check at 3:00 AM daily. At the beginning of each school day the designated school nurse or department head will check the status indicator to ensure that it has a green check
- Once a month, a unit test is conducted. This is done by depressing the on/off button for 7-10 seconds. The unit will then perform a self-check. If the unit is ready for use, it will tell you that the unit is "OK". This is documented on a maintenance checklist.

GISD ATHLETIC DEPARTMENT LIGHTNING POLICY

Background:

Lightning is the most consistent and significant weather hazard that may affect interscholastic athletes. Within the United States, the National Severe Storms Laboratory (NSSL) estimates more than 100 fatalities and 400-500 injuries requiring medical treatment occur from lightning strikes every year. While the probability of being struck by lightning is extremely low, the odds are significantly greater when a storm is in the area and the proper safety precautions are not followed.

Prevention and education of our coaches are the keys to lightning safety. Education begins with information on lightning. Prevention should begin long before any athletic event or practice is held. The following steps are recommended by the NCAA and UIL to mitigate the lightning hazard.

Chain of Command

1. Game Administrator / Athletic Trainer
2. Game Official / Head Coach / Athletic Department Administrator
3. School Administrator

The Game Administrator and the Licensed Athletic Trainer will co-command the implementation of the lightning policy. Both the Game Administrator and the Licensed Athletic Trainer can activate the safety plan by suspending an event. The Game Administrator assumes the responsibility as spokesperson to participating teams, school administrators, game officials, press box and news media.

Monitor Local Weather Forecasts

The athletic training staff will actively obtain weather reports the day of the game and during the event. This information will be shared within coaching staff and the licensed athletic trainer will disseminate the information within the chain of command.

All representatives in the “Chain of Command” are required to monitor local weather forecasts. Administrators and athletic trainers receive alerts via Anything Weather (AW) for current updates on the lightning range.

Be aware of the National Weather Service issued (NWS) thunderstorm “watch” and “warning” as well as the signs of thunderstorms developing nearby.

- A “watch” means conditions are favorable for severe weather to develop in an area.
- A “warning” means that severe weather has been reported in an area and for everyone to take proper precautions

Define and List Safe Location

Define and List safe locations for participating athletic teams.

Primary Location

Any building normally occupied or frequently used by people. (Example: building with plumbing and/or electrical wiring that acts to electrically ground the structure) Avoid using shower facilities for safe shelter and do not use the showers plumbing facilities during thunderstorms.

Secondary Location

In the absence of a sturdy, frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled up windows can provide a measure of safety.

A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle a safe shelter, but the hard metal roof, which dissipates the lightning strike around the vehicle.

DO NOT TOUCH THE SIDES OF THE VEHICLE

Avoid being in or near:

High places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, baseball dugouts, communications towers, flagpoles, light poles, bleachers (metal or wood), metal fences, convertibles, golf carts, or water (oceans, lakes, swimming pools, rivers, etc.)

When inside a building, avoid:

Use of the telephone(landline), taking a shower, washing your hands, doing dishes, or any contact with conductive surfaces with exposure to the outside, such as metal doors or window frames, electrical wiring, telephone wiring, cable TV wiring, plumbing, etc.

“30-30” Lightning Safety Rules:

Suspension and Resumption of Athletic Activities

The key to a lightning safety plan of action is knowing the answer to the following two questions:

1. How far away am I (or the group for whom I am responsible) from a safe location?
2. How long will it take me (and/or my group) to get to the safe location?

These questions need to be answered before lightning storms threaten. By knowing the answer to the above questions, you will greatly increase your chances of not becoming a lightning strike victim.

Suspension of Play

To estimate the distance between you and a lightning flash, use the “Flash-to-Bang” method. The Flash-to-Bang method is the most reliable, easiest and most convenient way to estimate how far away lightning is occurring. Thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment, and its distance from the observer. The audible range of thunder is about 810 miles. The premise upon which the Flash-to-Bang method is based is the fact that light travels faster than sound, which travels at a speed of approximately one mile every 5 seconds.

How to use Flash-to-Bang

Once lightning is sighted, and after giving the alert to seek shelter to the participants count the number of seconds until the thunder (bang) is heard; divide by 5 to obtain how far away (in miles) the lightning is occurring. Example: If an individual counts 15 seconds between seeing the flash and hearing the bang, 15 divided by five equals three, therefore, the lightning flash is approximately three miles away. Play is suspended as Flash to Bang method reaches 30 seconds. This indicates the lightning is at the 6-mile range. Lightning awareness should be increased with the first flash of lightning or the first clap of thunder, no matter how far away. This activity must be treated as a wakeup call to those monitoring inclement weather. The important aspect to monitor is how far away the lightning is occurring, and how fast the storm is approaching, relative to the distance of the safer shelter.

At a minimum, the National Severe Storm Laboratory (NLSS) and NCAA Committee on Competitive Safeguards and Medical Aspects of Sports strongly recommend that by the time the observer obtains a FLASH-TO-BANG count of 30 seconds, all individuals should have left the athletics site and reached a safe structure or location. Athletic events may need to be terminated.

The existence of blue sky and the absence of rain are not protection from lightning. Lightning can and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike. During large storms, the distance between successive lightning flashes was once thought to be 6 miles. Experts have revised that distance to 23 miles. That is just 10-15 seconds in the Flash to Bang count. While seeking shelter when the Flash to Bang count is under 30 seconds may put you at risk, as the next successive lightning strike may be on you.

“30-30” Safety Rule: Resumption of Play

Resumption of play can continue only when lightning or thunder has not been detected for 30 minutes. Every time lightning or thunder is detected within the 30 minutes, the clock restarts.

Speed of Texas Storms

A typical thunderstorm can travel up to 30 miles per hour. Experts believe 30 minutes allows for thunderstorms to be about ten to twelve miles from the area. This minimizes the probability of a nearby, and dangerous, lightning strike.

Bolt out of the Blue

Evidence of blue sky in the local area, or lack of rainfall, are not adequate reasons to breach the 30-minute return to play rule. Lightning can strike far from where it is raining, even when the clouds begin to clear and show evidence of blue sky. You must wait for the all clear from the athletic trainer or athletic administrator on duty.

Obligation to Warn

Stadium announcements should be repeated over the public address system.

First Aid/Emergency procedures

People who have been struck by lightning do not carry an electrical charge. Therefore, the first responder is safe to begin first aid procedures. When possible, move the victim to a safe area.

Activate EMS as soon as possible, and remember that lightning strike victims who show signs of cardiac or respiratory arrest need emergency help quickly. Prompt first aid and CPR have been highly effective for the survival of lightning strikes.

Safety Position without Shelter

- Kneeling fetal position with hands covering ears.
- Feet must be together.
- Make yourself as close to the ground as possible.

******Baseball, softball dugouts, and soccer benches are unsafe during lightning storms.***

All players, student trainers, managers, and coaching staff should leave the field and proceed to the designated safe area.

Public Address Announcement

“Hazardous lightning has been monitored in the immediate area and this sporting event has been temporarily suspended. All team members have been advised to seek shelter in the designated safe location. This suspension will last a minimum of 30 minutes.”

“All spectators are advised to leave the stadium bleachers at this time. Stadium seating is an unsafe location for you to remain during the lightning storm. Event Spectator location here at (Name of School) is (location of safe place.) “Please seek safe shelter at this time.

Avoid high places and open fields. Do not seek shelter under trees, picnic shelters, baseball or softball dugouts. or not stand near a flagpole, light poles or metal fences. The (Name of safe place) is a safe location, you may seek shelter inside the facility now. Do not remain outdoors. If you choose not to go to the designated safe area, please return to a fully enclosed vehicle with a metal roof, with the windows rolled up. Do not touch the metal of your car during the lightning storm. This delay will be at least 30 minutes. Thank You.”

Spectator Awareness Instructions

Personal Lightning Safety Tips

Practice and training increase athletic performance. Similarly, preparedness can reduce the risk of the lightning hazards. Lightning is the most frequent weather hazard impacting athletic events. Baseball, softball, football, golf, swimming, soccer, tennis, track and field events... all these and other outdoor sports have been impacted by lightning. Advance planning is the single most important means to achieve lightning safety.

Spectator Safety:

- If you hear it (thunder), clear it!!!
- If you see it (lightning), flee it!!!

At the first sign of lightning or thunder, leave the event. Go to the designated safe place or your vehicle and take shelter there with your windows rolled up.

Avoid:

- Metal or wooden bleachers.
- High places and open fields.
- Going under trees.
- Baseball or softball dugouts, picnic shelters, flagpoles, and metal fences.

Seek:

- Any building normally occupied or frequently used by people.
- Any vehicle with a hard metal roof (not a convertible) and rolled up windows.

Do not touch the metal of the vehicle during the lightning storms.

Wait 30 minutes after the last observed lightning or thunder before you leave shelter.

Event administrators will signal a resumption of activities.

If lightning strikes nearby, you should:

- Crouch down with feet together.
- Place hands on ears to minimize hearing damage.

Injured persons

- Apply First Aid procedures to a lightning victim only if you are qualified to do so. Call 911 or send for help immediately.

GISD Heat Policy for Outdoor Practices/Activities

-High temperatures can present a dangerous situation for student-athletes and coaches, but with reasonable precautions, those situations can be mitigated. The GISD athletic department under the direction of the Athletic Director has adopted the following policies with regards to outdoor activities.

-The athletic trainers will monitor the official temperature each day, and will meet with head coaches prior to each practice to discuss specific conditions and planned activities for practice.

When temperatures reach 98-102 degrees or heat index rises to 107 degrees.

- All Outdoor Sports - Practices will include a 5-minute break every 30 minutes of practice in the shade if possible. Practice is not to exceed 2 hours total outdoor time. Water should be available at all times during practice.
- Football - Helmets off during breaks.
- Cross Country - Runners should run a course where all athletes can be viewed by a coach at all times, preferably on campus.

When temperatures reach 103-105 degrees or heat index is between 108-111 degrees.

- All Outdoor Sports - Grass fields preferred. Practices will include a 5-minute break every 30 minutes of practice in the shade if possible. Practice is not to exceed 2 hours total outdoor time. Water should be available at all times during practice.
- Football - Shorts and shoulder pads for practice. Helmets and shoulder pads off during breaks.
- Cross Country - Runners should run a course where all athletes can be viewed by a coach at all times, preferably on campus.

When the temperature is above 106 up to 109 degrees or the heat index is between 112 -120 degrees.

- All Outdoor Sports - Practice off of turf fields. Practices will include a 5-minute break every 15 minutes of practice in the shade if possible. Practice is not to exceed 1.5 hours total outdoor time. Water should be available at all times during practice.
- Football - Practices will be in t-shirts and shorts with helmet. Helmets off during breaks
- Cross Country - Runners should run a course where all athletes can be viewed by a coach at all times, preferably on campus.

When the temperature reaches 109 degrees or the heat index is over 120 degrees.

- OUTDOOR PRACTICES SHOULD BE CANCELLED OR RESCHEDULED

Heat Stress and Athletic Participation

Early fall football, cross country, and soccer practices are conducted in very hot and humid weather in many parts of Texas. Due to the equipment and uniform needed in football, most of the heat problems have been associated with football. During hot weather conditions, the athlete is subject to the following:

- **Heat Cramps** - Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to sweating.
- **Heat Syncope** - Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heatstroke.
- **Heat Exhaustion (Water Depletion)** - Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.
- **Heat Exhaustion (Salt Depletion)** - Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.
- **Heatstroke** - An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heatstroke victims, contrary to popular belief, may sweat profusely).

It is believed that the above-mentioned heat stress problems can be controlled provided certain precautions are taken. According to the American Academy of Pediatrics Committee on Sports Medicine, heat related illnesses are all preventable. (Sports Medicine: Health Care for Young Athletes, American Academy of Pediatrics, 1991). The following practices and precautions are recommended:

1. Each athlete must have a physical exam with a medical history when first entering a program and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included. State high school association's recommendations should be followed.

2. It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the **physical condition** of their athletes and set practice schedules accordingly.
3. Along with physical conditioning, the factor of acclimatization to heat is important. Acclimatization is the process of becoming adjusted to heat and it is essential to provide for **gradual acclimatization to hot weather**. It is necessary for an athlete to exercise in the heat if he/she is to become acclimatized to it. It is suggested that a graduated physical conditioning program be used and that 80 percent acclimatization can be expected to occur after the first seven to ten days. Final stages of acclimatization to heat are marked by increased sweating and reduced salt concentration in the sweat.
4. The old idea that water should be withheld from athletes during workouts has no scientific foundation. The most important safeguard to the health of the athlete is the replacement of water. Water must be on the field and readily available to the athletes at all times. It is recommended that a minimum of ten minutes be scheduled for a water break every half hour of heavy exercise in the heat. **Water should be available in unlimited quantities.** Check and be sure athletes are drinking the water. Cold water is preferable. Drinking ample water before practice or games has also been found to aid performance in the heat.
5. Salt should be replaced daily. Modest salting of foods after practice or games will accomplish this purpose. Salt tablets are not recommended. **Attention must be directed to replacing water - fluid replacement is essential.**
6. Cooling by evaporation is proportional to the area of skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible. **Never use rubberized clothing.**
7. Athletes should **weigh** each day before and after practice and **weight charts checked**. Generally, a three percent weight loss through sweating is considered safe and over a three percent weight loss is in the danger zone. Over a three percent weight loss, the athlete should not be allowed to practice in hot and humid conditions. Observe the athletes closely under all conditions. Do not allow athletes to practice until they have adequately replaced their weight.
8. Observe athletes carefully for signs of trouble, particularly athletes who lose significant weight, and the eager athlete who constantly competes at his/her capacity. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, visual disturbance, and unsteadiness.

9. Teams that encounter hot weather during the season through travel or following an unseasonable cool period should be physically fit but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.
10. Know what to do in case of emergency. Be familiar with immediate first aid practices and prearranged procedures for obtaining medical care, including ambulance service.
 1. **Heat Stroke - This is a medical emergency. DELAY COULD BE FATAL.**
Immediately cool body while waiting for transfer to a hospital. Remove clothing and place ice bags on the neck, in the axilla (armpit), and on the groin area. Cold submersion tanks are also available.
 2. **Heat Exhaustion - OBTAIN MEDICAL CARE AT ONCE.**
Cool body as you would for heat stroke while waiting for transfer to hospital. Give fluids if athlete is able to swallow and is conscious.

11. Risk Factors-

- A. **Air temperature, humidity, and dehydration** are common.
risk factors associated with heat illness. In addition, the following factors also put student-athletes at increased risk:
- B. **Nutritional supplements.** Nutritional supplements may contain stimulants, such as ephedrine, ma huang or caffeine. * These substances can dehydrate the body and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as hypertension, asthma and thyroid dysfunction.
- C. **Medication/Drugs.** Certain medications and drugs have similar effects. These substances may be ingested through over-the-counter or prescription medications or with food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.
- D. **Medical conditions.** Examples include illness with fever, gastrointestinal illness, previous heat illness, obesity or sickle cell trait.
- E. **Acclimatization/fitness level.** Lack of acclimatization to the heat or poor conditioning.
- F. **Clothing.** Dark clothing absorbs heat. Protective equipment limits heat dissipation.

12. **Summary** - The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Water breaks two or three times per hour are better than one break an hour. Probably the best method is to have water available at all times and to allow the athlete to drink water whenever he/she needs it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water. The small amount of salt lost in sweat is adequately replaced by salting food at meals. Be familiar with emergency procedures.

GISD Cold Policy for Outdoor Practices/Activities

Due to the risks during cold weather extremes, the following policy has been developed to protect GISD athletes, fans, coaches, game workers, and officials. The temperature will be checked at 2:00 pm to provide ample time to contact all appropriate people to adjust plans for practices and games.

For practices or games earlier than 2:00 pm the temperature will be taken 30 minutes prior to start time.

If the temperature is equal to or below 32 degrees F

- All outdoor practices and sub-varsity games should be canceled or moved indoors.

If the temperature is equal to or below 30 degrees F

- All outdoor activities for the day including varsity games should be canceled or moved indoors.

If the wind chill is equal to or below 25 degrees F

- All outdoor activities for the day including varsity games should be canceled or moved indoors.