# NORTH LAMAR ISD EMERGENCY ACTION PLAN FOR ATHLETICS

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERVIEW OF THE EMERGENCY PLAN</td>
<td>4</td>
</tr>
<tr>
<td><strong>ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES</strong></td>
<td>10</td>
</tr>
<tr>
<td>The Role of the Athletic Trainers</td>
<td>11</td>
</tr>
<tr>
<td>Athletic Trainer Priorities</td>
<td>11</td>
</tr>
<tr>
<td>Athletic Training Room Hours</td>
<td>11</td>
</tr>
<tr>
<td>Athletic Training Room Rules</td>
<td>12</td>
</tr>
<tr>
<td>Reporting Injuries</td>
<td>12</td>
</tr>
<tr>
<td>Taping &amp; Treatments: Services Available</td>
<td>12</td>
</tr>
<tr>
<td>Over The Counter Medications</td>
<td>12</td>
</tr>
<tr>
<td>Physician Referrals</td>
<td>12</td>
</tr>
<tr>
<td>Getting Hurt on the Field</td>
<td>13</td>
</tr>
<tr>
<td>Other Injury Management</td>
<td>13</td>
</tr>
<tr>
<td>Sports Medicine &amp; UIL Forms</td>
<td>13</td>
</tr>
<tr>
<td>Coaching: CPR &amp; First Aid Training</td>
<td>13</td>
</tr>
<tr>
<td>Medical Kits</td>
<td>13</td>
</tr>
<tr>
<td>Student Athletic Trainers</td>
<td>13</td>
</tr>
<tr>
<td>HIPAA</td>
<td>14</td>
</tr>
<tr>
<td>Contacting the Athletic Trainers</td>
<td>14</td>
</tr>
<tr>
<td>Sports Medicine Team Members</td>
<td>14</td>
</tr>
<tr>
<td><strong>DEALING WITH SPORT EMERGENCIES AT NLISD</strong></td>
<td>15</td>
</tr>
<tr>
<td>Aerial View of NLISD Campus: East Side</td>
<td>16</td>
</tr>
<tr>
<td>R.L. MADDOX STADIUM: Football, Soccer, &amp; Track</td>
<td>17</td>
</tr>
<tr>
<td>R.L. MADDOX STADIUM: AMBULANCE ENTRY</td>
<td>18</td>
</tr>
<tr>
<td>POS LONG BASEBALL FIELD</td>
<td>19</td>
</tr>
<tr>
<td>POS LONG BASEBALL FIELD: AMBULANCE ENTRY</td>
<td>20</td>
</tr>
<tr>
<td>NLISD SOFTBALL FIELD</td>
<td>21</td>
</tr>
<tr>
<td>NLISD SOFTBALL FIELD: AMBULANCE ENTRY</td>
<td>22</td>
</tr>
<tr>
<td>FOOTBALL &amp; SOCCER PRACTICE FIELDS, &amp; TENNIS COURTS</td>
<td>23</td>
</tr>
<tr>
<td>FOOTBALL &amp; SOCCER PRACTICE FIELDS, &amp; TENNIS COURTS: AMBULANCE ENTRY</td>
<td>24</td>
</tr>
<tr>
<td>James A. Dawson Fieldhouse &amp; Indoor Facility</td>
<td>25</td>
</tr>
<tr>
<td>James A. Dawson Fieldhouse &amp; Indoor Facility: AMBULANCE ENTRY</td>
<td>26</td>
</tr>
<tr>
<td>North Lamar HS Gym: Volleyball &amp; Basketball</td>
<td>27</td>
</tr>
<tr>
<td>North Lamar HS Gym: Volleyball &amp; Basketball: AMBULANCE ENTRY</td>
<td>28</td>
</tr>
<tr>
<td>Stone MS Gym: Volleyball &amp; Basketball</td>
<td>29</td>
</tr>
<tr>
<td>Stone MS Gym: Volleyball &amp; Basketball: AMBULANCE ENTRY</td>
<td>30</td>
</tr>
<tr>
<td>Band Practice Field</td>
<td>31</td>
</tr>
<tr>
<td>Band Practice Field: AMBULANCE ENTRY</td>
<td>32</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Cervical Spine Protocol</td>
<td>34</td>
</tr>
<tr>
<td>Spine Boarding/Transportation Protocol</td>
<td>36</td>
</tr>
<tr>
<td>Head Injury Protocol</td>
<td>37</td>
</tr>
<tr>
<td>General CPR/AED Protocol</td>
<td>38</td>
</tr>
<tr>
<td>Shock Protocol</td>
<td>40</td>
</tr>
<tr>
<td>Excessive Bleeding Protocol</td>
<td>40</td>
</tr>
<tr>
<td>General Wound Management</td>
<td>41</td>
</tr>
<tr>
<td>Abdominal/Thoracic Injury Protocol</td>
<td>41</td>
</tr>
<tr>
<td>Allergy Protocol</td>
<td>42</td>
</tr>
<tr>
<td>Asthma Protocol</td>
<td>42</td>
</tr>
<tr>
<td>Heat Illness Protocol</td>
<td>43</td>
</tr>
<tr>
<td>Lightning Protocol</td>
<td>45</td>
</tr>
<tr>
<td>AED Policy</td>
<td>46</td>
</tr>
<tr>
<td>Appendix A (Monthly Maintenance Checklist)</td>
<td>49</td>
</tr>
<tr>
<td>Appendix B (Incident Report Form)</td>
<td>50</td>
</tr>
<tr>
<td>Concussion Management Protocol</td>
<td>51</td>
</tr>
<tr>
<td>Preseason Parental Information and Consent Form for Concussions</td>
<td>53</td>
</tr>
<tr>
<td>Return to Play Guidelines for Parents</td>
<td>55</td>
</tr>
<tr>
<td>Information about Concussion Protocol for Treating Physicians</td>
<td>57</td>
</tr>
<tr>
<td>Authorization for the Release of Medical Information</td>
<td>58</td>
</tr>
<tr>
<td>Symptoms for Concussion Referral</td>
<td>59</td>
</tr>
<tr>
<td>Home Instructions Following a Concussion</td>
<td>60</td>
</tr>
<tr>
<td>Teacher, Nurse letter following a Concussion</td>
<td>61</td>
</tr>
<tr>
<td>References</td>
<td>62</td>
</tr>
<tr>
<td>NLISD Concussion Management Team</td>
<td>63</td>
</tr>
</tbody>
</table>
NORTH LAMAR
SPORTS MEDICINE

Part I
EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW
North Lamar ISD
Emergency Action Plan for Athletics Overview

Introduction
Emergency situations may arise in any time during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activity workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical examines, adequate medical coverage, 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 on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan
These are the basic components of every emergency action plan of athletics:
1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Athletic Trainers, Student Trainers, Coaches, & Administrators
5. Venue Directions with map

The North Lamar ISD Emergency Action Plan also includes the following:
- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques for Coaches

Emergency Plan Personnel
With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based of such factors as the sport or activity,
the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, student athletic trainers, coaches, parents, and possibly other bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activation the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. An administrator, coach, or student athletic trainer may be appropriate for this role.

**Roles within the Emergency Team**

1. Establish scene safety and immediate care of the athlete.
2. Activation of the Emergency Medical System.
3. Emergency equipment retrieval.
4. Direction of EMS to the scene.

**Activating the EMS System**

**Making the Call**

911 (all emergencies in Texas)

**Providing Information**

* Name, address, telephone number of phone being called from.
* Nature of emergency, whether medical or non-medical.
* Number of athletes involved.
* Condition of athlete(s).
* First aid treatment initiated by ATC/Physician.
* Specific directions as needed to locate the emergency scene (“Come to the baseball parking Lot off of Stillhouse Road”)
* Other information as requested by dispatcher.
When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not be present.

**Emergency Communication**

Communication is the key to quick emergency response. Athletic Trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as a telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

**Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. The school’s Certified Athletic Trainer should be trained and responsible for the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean environmentally controlled area. It should be readily available when emergency situations arise.

**Medical Emergency Transportation**

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activation emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “Load and Go” situation and emphasis placed on rapid
evaluation, treatment and transportation. In order to provide the best possible care for North Lamar ISD athletes, all emergency trauma transports are to be sent to Paris Regional Medical Center – South Campus per hospital directive.

**Non-Medical Emergencies**
For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district’s emergency action plan guidebook (multi-colored flip chart) and follow the instructions provided.

**Conclusion**
The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, North Lamar ISD helps ensure that the athlete will have the best care provided when an emergency situation does arise.
Approval and Acceptance of the North Lamar ISD
Emergency Plan for Athletics

Approved by___________________________________ _______________
NLISD Team Physician Date

Approved by___________________________________ _______________
NLISD Superintendent Date

Approved by___________________________________ _______________
NLISD Assist. Superintendent Date

Approved by___________________________________ _______________
NLISD Head Athletic Trainer Date

Approved by___________________________________ _______________
NLISD Athletic Director Date

Approved by___________________________________ _______________
NLISD School Board President Date

Approved by___________________________________ _______________
NLHS Principal Date
The Training Room

The Role of the Athletic Trainer
Certified by the National Athletic Trainers Association and Texas Advisory Board of Athletic Trainers, an athletic trainer (ATC/LAT) is a member of the allied health community whose role is to care for and help prevent athletic-related injuries. At North Lamar ISD, there is one certified athletic trainer on staff. The priority of this athletic trainer is to provide on-site care for all interscholastic sports practices and contests here at North Lamar ISD. Because of limitations, there may or may not be an athletic trainer available at all sports practices and contest. In any case, all sports’ athletes are welcome to utilize athletic training services at the school during posted training room hours. If any athlete is injured during athletic participation, he/she needs to be evaluated by the athletic trainer. Services in the training room are rendered on a first-come-first-serve basis.

Athletic Training Room Hours
On most school days, there will be an athletic trainer available M-F from 7:00am to 6:00pm. On game days, training room hours may vary. Other times may be scheduled. If coaches schedule practice times other than during these times, it is up to those coaches to alert the athletic trainer and arrange for the training room to be available to athletes.

Athletic Trainer Priorities
The athletic trainer will be at as many athletic practices and games as possible. Event coverage adheres to NATA injury surveillance studies and will be prioritized as follows:

Fall: Athletic training room open M-F between 7:00am to 7:30pm; Treatments on Saturday from 8:00am to 11:00am; Sundays at 1:00pm (By appointment only).
   1. Varsity Football: All Home and Away games
   2. JV & 9th Football: All Home games
   3. JH Football: All Home games
   4. Volleyball: Home games – when available
   5. Cross Country: Home meets only

Winter: Athletic training room open 7:00am to 6:00pm
   1. Basketball: All boys and girls home games
   2. Soccer: All boys and girls home games

Spring: Athletic training room open 7:00am to 6:00pm
   1. Baseball: All home games
2. Softball: All home games
3. Track & Field: All home meets
4. Tennis: All home meets
5. Golf: All home tournaments – when available

**Athletic Training Room Rules: The Ten Commandments**

I. Thou shalt not use vulgar language in athletic training room.
II. Thou shalt show up for morning, afternoon and weekend injury treatments when they are scheduled.
III. Thou shalt not bring food into the athletic training room.
IV. Thou shalt not loiter in the athletic training room.
V. Thou shalt practice good hygiene if thou want to be treated.
VI. Thou shalt wear appropriate and modest dress when in the athletic training room.
   Underwear shalt not be seen and cleats shalt not be worn when inside the building.
VII. Thou shalt not enter the athletic trainer’s office.
VIII. Thou shalt not enter the athletic training room unless a Certified Athletic Trainer has first unlocked the room and are present or nearby.
IX. Thou shalt not render any treatments (whirlpool, stim or ultrasound) unless a Certified Athletic Trainer is present in the athletic training room.
X. Thou shalt not take anything from the athletic training room (medications, coolers, equipment, or supplies) without the consent of a Certified Athletic Trainer.

**Reporting Injuries to the Athletic Trainer After Hours**

If an athlete is injured and an athletic trainer is not available at the time, the coach should have the injured athlete report to the athletic training room the next day at 7:00am (school day). The coach should also call the athletic trainer to alert them to the injury. If the injury is serious, coaches should send the athlete immediately to a physician. All injuries sustained by North Lamar athletes and subsequent evaluations and treatment rendered by North Lamar ISD’s athletic trainer must be documented. All physicians release forms must go to the athletic trainer.

**Taping and Treatments: Services Available**

The North Lamar ISD athletic trainer and student trainers will only tape athletes who we recognize as having orthopedic issues. Preventative taping will be preformed as long as the athlete comes everyday. We will not tape athletes just for game days. If an athlete needs to be taped, it will be because the Certified Athletic Trainer have first assessed the athlete and decided upon the need. Sore ankles are not necessarily unstable ankles. Other treatment services available in the athletic training room include cold therapy (ice, whirlpool), thermotherapy (heat packs), electric stimulation, ultrasound, iontophorisis, assisted stretching, wound care, and rehabilitation.

**Over the Counter Medications**

Several over the counter medications are available in the athletic training room. These include Tylenol, Ibuprofen, antacids, antidiarrheal medicine, electrolyte tablets, cold and flu relief, and
pepto bismul. Coaches should strongly discourage athletes from carrying their own over the counter medications.

**Physician Referrals**

Should an injury or illness warrant additional treatment and care, the Certified Athletic Trainer at North Lamar ISD can assist in the referral process. Orthopedic referrals will only be done to the Paris Orthopedic Clinic. In most cases, when the athletic trainer calls the Orthopedic Clinic directly, the athlete will be seen by a doctor within one to three days. Any athlete who sees a physician for an injury or illness while participating in a sport activity at North Lamar ISD must present a signed physician release form to the athletic trainer. Any athlete who does not present a physician release to the athletic trainer should not be allowed to resume practice or participate in games.

**Getting Hurt on the Field of Play**

If an athlete is injured on the field of play, no matter what type, **he/she should never be moved if a head or neck injury is suspected**. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis or death for that athlete. Thus, you should never move an injured athlete! In the case of football and all home events, an athletic trainer will always be present. At other sporting events, however, it will be necessary for the coach to evaluate the injury and use a “common sense” approach to whether or not it will be necessary to call for an ambulance.

**WHEN IN DOUBT, DIAL 9-1-1.**

**Other Injury Management**

In the event that an athlete sustains an injury, it is his/her responsibility to contact the athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. The athletic trainer will contact the athlete’s parents to inform them of the injury. In the event that a Physician Referral is necessary, the athletic trainer will refer the athlete to the proper physician.

**Sports Medicine and UIL Forms**

Before an athlete can participate in any sport, they must have Preparticipation Physical Exam on the appropriate UIL form. Physicals are required for all incoming 7th, 9th, and 11th grade athletes or if they were referred to a physician for an injury or illness during the previous year. Free physicals are given every spring through the school. Athletes must also have their parents fill out the sports medicine and UIL forms that are given to them before their sports starts. These forms consist of emergency information, consent to treat, acknowledgement of rules, Medical history, UIL steroid notification and agreement, and Over the Counter Medication Consent. These forms must be filled out and given to the athletic trainer in order for the athletes to participate in athletics. These forms are put into the athletes’ permanent athletic file kept by the athletic trainer.

**Coaches First Aid and CPR/AED Training**

In accordance with the University Interscholastic League’s rules and recommendations, all coaches must be trained in First Aid and CPR. NLISD’s athletic trainer will instruct the course periodically based on interest and need.

**Medical Kits**

The athletic trainer will supply a medical kit to all sports teams. The student athletic trainers or coaches (if there is not a student athletic trainer assigned) involved with that sport will be in charge of the medical kit. Please take care and keep up with these kits.
**Student Athletic Trainers**
The head athletic trainer will assign student athletic trainers to sports teams when they can based on availability. By law, all student athletic trainers must be directly supervised at all times (within sight and sound). That means they cannot travel with teams by themselves unless the coach feels comfortable providing supervision of those student trainers and the head athletic trainer feels comfortable sending them. In this instance, the only thing student trainers can do is to provide taping services and basic first aid. Never can a student athletic trainer make return to play decisions involving an orthopedic or head-injured athlete.

**Injury Privacy and the Law**
The Health Insurance Portability and Accountability Act (HIPAA) prohibit any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personnel should never release any information about an athlete’s injury or condition to any person without expressed written consent of the athlete’s parent.

**Contacting the Athletic Trainer**
Danny Bulls ATC/LAT  
Head Athletic Trainer  
North Lamar ISD  
dbulls@northlamar.net  
(903)669-0190 Office  
(903)737-7684 Cell

**Additional North Lamar ISD Sports Medicine Team Members**

<table>
<thead>
<tr>
<th>Dr. Drew Temple, MD</th>
<th>Dr. Mark Gibbs, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paris Orthopedic Clinic</td>
<td>Paris Orthopedic Clinic</td>
</tr>
<tr>
<td>Team Physician/Orthopedic Physician</td>
<td>Orthopedic Physician</td>
</tr>
</tbody>
</table>

**Chris Carter, MPT**
Paris Physical Therapy Clinic  
Physical Therapist
Part III
DEALING WITH SPORT EMERGENCIES AT NORTH LAMAR ISD
AERIAL VIEW OF NORTH LAMAR ISD CAMPUS
EAST SIDE
NORTH LAMAR ISD EMERGENCY PLAN
R.L. MADDOX STADIUM: FOOTBALL, SOCCER, & TRACK

Emergency Personnel: One Certified Athletic Trainer and any number of students athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-669-0190 ext 2074) and James A. Dawson Fieldhouse (903-669-0190 ext 2071,2072, or 2073).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
• Unlock gate at the Lewis Lane entrance to R.L. Maddox Stadium
• Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
• Ensure access inside the stadium is clear and accessible to emergency personnel
• Clear and control scene of bystanders.

Venue Directions:

R.L. Maddox Stadium:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
POS LONG BASEBALL FIELD

Emergency Personnel: One Certified Athletic Trainer and any number of students athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-669-0190 ext.2074) and James A. Dawson Fieldhouse (903-669-0190 ext 2071, 2072, or 2073).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access to the baseball field is clear and accessible to emergency personnel
• Clear and control scene of bystanders.

Venue Directions:

POS LONG BASEBALL FIELD:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
SOFTWARE FIELD

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-669-0190 ext. 2074) and James A. Dawson Fieldhouse (903-669-0190 ext 2071, 2072, or 2073).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher).
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Unlock gate at the Lewis Lane entrance to softball field
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
• Ensure access to the softball field is clear and accessible to emergency personnel
• Clear and control scene of bystanders.

Venue Directions:

NORTH LAMAR ISD SOFTBALL FIELD:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
FOOTBALL & SOCCER PRACTICE FIELDS, & TENNIS COURTS

Emergency Personnel: One Certified Athletic Trainer and any number of students athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-669-0190 ext. 2074) and James A. Dawson Fieldhouse (903-669-0190 ext 2071, 2072, or 2073).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher).
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access to the fields is clear and accessible to emergency personnel
• Clear and control scene of bystanders.

Venue Directions:

FOOTBALL & SOCCER PRACTICE FIELDS, & TENNIS COURTS:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
JAMES A. DAWSON FIELDHOUSE & INDOOR FACILITY

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-669-0190 ext. 2074) and James A. Dawson Fieldhouse (903-669-0190 ext 2071,2072, or 2073).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access inside the fieldhouse and indoor facility is clear and accessible to emergency personnel
- Clear and control scene of bystanders.

Venue Directions:

**JAMES A. DAWSON FIELDHOUSE & INDOOR FACILITY:**

**VENUE MAP & AMBULANCE ENTRY:**
NORTH LAMAR ISD EMERGENCY PLAN
NORTH LAMAR HIGH GYMS: VOLLEYBALL & BASKETBALL

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from North Lamar High school (903-737-2011) and North Lamar High School gym (903-737-2011 ext. 1040 or 1042).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Ensure parking area and entrance to gym is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access inside the gyms is clear and accessible to emergency personnel
- Clear and control scene of bystanders.

Venue Directions:

NORTH LAMAR HIGH SCHOOL GYM: VOLLEYBALL & BASKETBALL

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
STONE MS GYMS: VOLLEYBALL & BASKETBALL

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from Stone Middle school (903-737-2041)

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access inside the gyms is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

STONE MIDDLE SCHOOL GYM: VOLLEYBALL & BASKETBALL

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
BAND FIELD

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)739-4722. Additional fixed telephone lines accessible from NLISD administration office (903-737-2000).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physician’s orders.

Roles of Student Athletic Trainers
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene

Roles of Administrative Staff
- Ensure entrance area and Priscilla way is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access on the field is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Band Field

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR
SPORTS MEDICINE

Part IV
PROTOCOLS FOR SPORT EMERGENCIES AT NORTH LAMAR ISD
Cervical Spine Protocol

In many of today’s sports, particularly collision/contact sports, the neck is at increased risk of injury because of an inability to pad, brace, or protect the cervical spine while maintaining its function. The cervical spine must be flexible enough to allow the head and eyes to move to the right place at the right time. The spine also serves as the central nervous system, with the spinal cord and cervical nerve roots passing through it, making injury to the neck a potentially catastrophic event. The following is a general protocol when dealing with cervical spine injuries. This protocol may need to be modified depending on the situation. Remember to always treat an unconscious athlete as if they have a cervical spine injury. Extreme care must be given to the athlete so no further damage occurs. We will always take the cautious side with these types of injuries. It is better to be safe than sorry!

On Field Care of Cervical Spine Injuries

1. Primary Assessment
   a. Survey of the scene as you approach the injured athlete.
      1. What position are they in? What position are the head and neck?
      2. Are they conscious?
      3. Do you notice any movement in the extremities?
   b. Check ABC’s- Airway, Breathing, and Circulation.
   c. Primary assessment should take no longer than 30 seconds to 2 minutes.
   d. Immobilize the head in case of C-Spine injury. Head should be stabilized by grabbing the upper trapezius, clavicle, and scapular area with the hands, and cradling the head between the forearms. Immobilize the head in the position found to prevent further injury and position hands in appropriate manner taking into consideration how the athlete will ultimately be placed on the spine board.
   e. Athlete should be left in the original position until nature and severity of injury have been determined except in the cases of respiratory or cardiac distress.
   f. Helmet and shoulder pads should be left on the athlete. **DO NOT REMOVE!**
   g. Initiate emergency action plan, keeping unnecessary personnel and players away from the injured athlete.
   h. Keep the athlete calm if conscious. Explain to the athlete what steps you are about to take in a calm, relaxed tone of voice.

Unconscious Athlete

1. Tap the athlete’s shoulder and shout into the ear if athlete is not fully alert. Avoid shaking the athlete in order to prevent any unnecessary spinal movement.
2. If no response, have designated person call for emergency help.

3. Perform necessary emergency procedures
   a. CPR
      1. If athlete has no pulse, make sure to leave both helmet & shoulder pads on.
      2. Remove facemask with appropriate equipment (Trainers’ Angel).
      3. Cut open jersey and shoulder pads anteriorly, to give clear access to chest.
      4. Perform CPR until athlete has a pulse, is conscious or until emergency help arrives.

Conscious Athlete

1. Suspect a cervical spine injury has occurred if the athlete remains lying on the court or field.
2. Immobilize the head, reassure and comfort the athlete, and let them know you do not want them moving at all until you are completely through examining them. The athlete should be examined in the position he/she is found.
3. Ask the following questions:
   a. Where is the injury?
   b. Is there any neck pain? It is important to remember that neck pain does not have to be present in order for a serious C-Spine injury to have occurred.
   c. Is there any tingling, burning, or numbness in the extremities?
   d. Is there any difficulty in breathing? Abdominal breathing is a danger sign for a C-Spine injury.
   e. Any problems in moving the extremities? Can he/she move hands or feet?
4. If any of the above is present, treat as a potentially severe neck injury.
5. Remove the facemask ONLY, not the helmet, and cut open the jersey and shoulder pads anteriorly, just in case CPR may have to be administered.
6. Perform a secondary survey
   a. Neurological testing of the upper extremity tests the integrity of each neurological level. Use a safety pin or something that can be used to produce a light touch.
      Remember to compare BOTH sides.
      1. Sensory (Dermatomal) Testing
         a. C1-2 level- top of the head
         b. C2 level- back of the head
         c. C3 level- back of the neck
         d. C4 level- upper part of shoulder
         e. C5 level- lateral upper arm
         f. C6 level- lateral forearm
         g. C7 level- 2nd, 3rd and 4th fingers
         h. C8 level- medial half of ring finger, little finger and distal half of medial forearm.
         i. T1 level- medial side of upper half of forearm
   • Remember, whenever neurological involvement is recognized or suspected, it is not necessary to continue the assessment process. It is time to seek emergency help.

2. Motor (Myotomal) Testing
a. C4 level- shoulder elevation  
b. C5 level- shoulder abduction  
c. C6 level- elbow flexion & wrist extension  
d. C7 level- elbow extension & wrist flexion  
e. C8 level- finger flexion, thumb extension, & ulnar deviation  
f. T1 level- hand intrinsics  

- Important to remember 3 things during motor testing: 1) May not be able to perform these tests on athlete in the position he/she is found 2) Always compare to the other side and 3) Do not step over the top of the athlete when comparing the other side.

**Spine Boarding/Transporting Protocol**

When it is deemed necessary to spine board an athlete, the protocol at North Lamar ISD is to stabilize the head of the athlete and monitor all vital signs. The ambulance will be summoned in response to the Emergency Action Plan and EMT’s will take over the spine boarding procedure. There are a variety of ways to spine board. If we were to spine board at North Lamar ISD, we would use the “Lift and Place” method. The following is the “Lift and Place” spine boarding protocol.

6 + Person Lift and Place Method of Spine Boarding (Supine Athlete)

A. A team of 6 people will be needed.
B. The person immobilizing the head is designated the “leader” or “head person” and is in charge of giving out directions.
C. Position team members at the shoulder and upper torso, at the trunk and upper thigh, and at the knee and lower legs on each side of the athlete.
D. The team member’s hands are slid under the athlete and equipment.
E. Place the spine board at the feet of the athlete.
F. Leader gives the command to lift the athlete. “On the count of three we will lift the athlete; 1,2,3 lift.”
G. The team members lift the athlete 4-6 inches off the ground. It is imperative to maintain a coordinated lift and to prevent any movement of the spine.
H. The team member in charge of the spine board slides the board underneath the athlete until the leader determines it is in the appropriate position.
I. Leader gives the command to lower the athlete onto the spine board. “On the count of three we will lower the athlete; 1, 2, 3 lower.”
J. When the athlete is completely lowered, the leader designates a team member up by the shoulders to position the athlete’s arms across the body.
K. Leader designates a team member to strap in and secure the head, to provide as much stabilization as possible for transport.
L. The rest of the athlete’s body is secured snugly with straps.
M. The team members position themselves appropriately at the side of the board. All will face the same direction for transport. Ideally, the inside foot is placed on the ground with the outside knee in contact with the ground. This helps assure a smooth lifting motion without any unnecessary movements taking place.
N. Leader gives the command to lift the board. “On the count of three we will lift the board; 1, 2, 3 lift.”
O. Leader gives the command to walk the athlete to destination. “On the count of three we will walk to the ambulance or stretcher; 1, 2, 3 walk.”
P. Important to remember if you are a team member not at the head, always listen to the leader as command signals may vary amongst individuals.

**Head Injury Protocols**

Injuries to the head are definitely more prominent in collision and contact sports, though the potential for head injuries exists in all sports. An athlete who receives either a direct blow to the head or bodily contact that causes the head to snap forward, backward, or rotate to the side must be carefully evaluated for injury to the brain. Also, injuries to the teeth and nose should be evaluated for any associated head injury. Injuries to the brain may or may not result in unconsciousness; disorientation or amnesia; motor, coordination, or balance deficits; and cognitive deficits. **ALL HEAD INJURIES SHOULD BE REPORTED TO THE CERTIFIED ATHLETIC TRAINING STAFF AND/OR TEAM PHYSICIAN FOR EVALUATION.** At no time will an athletic training student evaluate a head injury and let the athlete back to participation! Head injuries are “weird” and may not appear to be too severe, when in actuality they are. All precautions need to be taken for the health and safety of an athlete.

**Signs of a Head Injury**
- Unequal pupils
- Increased blood pressure (increased systolic/decreased diastolic)
- Decreased pulse
- Progressive impairment of consciousness
- Increasing headache, nausea, vomiting, and disorientation
- Vision disturbances (blind spots, eye nystagmus, papillary disturbances, light sensitivity)
- Mental confusion
- Amnesia or Memory loss
- Tinnitus or Ringing in the ears
- Blood or clear fluid from ears, nose, or mouth
- Respiratory difficulty
- Inappropriate emotional reactions (laughing, crying, rage, irritability, etc.)

**General Return to Play Protocol**

Return to play following a head injury will be based on the individual athlete’s status. An athlete’s past history will play a factor in returning to play along with other physical signs and symptoms associated with a head injury. In practice or game situations, those athletes suffering minor head injuries (as evaluated by Certified Athletic Trainer), may not be permitted to return to practice or play again. This decision will be at the discretion of the certified athletic trainer when no Team Physician is present. If a Team Physician is present, participation in activity will be left up to the attending Team Physician as to whether the athlete will be able to participate. In
most cases, head injured athletes will be sent to the Team Physician or other Physician for further evaluation, and orders form the Physician will take precedence.

---

**General CPR/AED Protocol**

Life threatening injuries take precedence over all other injuries sustained by the athlete. Situations that are considered life threatening include those that require cardiopulmonary resuscitation (CPR), profuse bleeding, and shock. The following a general protocol that we will use at NLISD. Some steps may need to be modified depending on the situation present.

1. Establish unresponsiveness of the athlete by tapping or gently shaking the athlete’s shoulder and shouting “Are you ok?” Activate Emergency Action Plan and send someone after the Automated External Defibulator (AED).
2. If the athlete is in a position other than supine and is unresponsive, the athlete must be carefully rolled over onto their back in case CPR becomes necessary. **DO NOT REMOVE ANY EQUIPMENT FROM THE ATHLETE.**
3. Check that athlete’s ABC’S (Airway, Breathing, Circulation)
   - Open the airway by using the head tilt/chin lift method or modified jaw thrust maneuver on those with a suspected head or neck injury. Place your ear over the victim’s mouth, observe the chest, and look, listen and feel for breath sounds. To determine circulation, locate the Adam’s apple with the index and middle fingers of the hand closest to the head; Then slide the fingers down into the groove on the side of the body on which you are kneeling to locate the carotid artery. Palpate the carotid pulse with one hand (allow 5-10 seconds) while maintaining head tilt with the other.
4. Give 2 slow, full breaths at a rate of 1 1/2 to 2 seconds per inflation. Observe the chest rise and fall. If the athlete’s airway is obstructed, reposition the head and try again. If still obstructed give 5 abdominal thrusts followed by a finger sweep with the index finger. Continue to repeat this until breathing is restored.
5. After giving two slow breaths activate Emergency Action Plan.
6. After giving two slow breaths if the chest does rise, but athlete has no pulse, perform full CPR.
7. With the middle and index fingers of the hand closest to the waist, locate the lower margin of the athlete’s rib cage and the side next to you.
8. Run the fingers up along the rib cage to the xiphoid notch, where ribs meet the sternum.
9. Place the middle finger on the notch and the index finger next to it on the lower end of the sternum.
10. Next, the hand closest to the athlete’s head is positioned on the lower half of the sternum next to the index finger of the first hand that located the notch; the heel of that hand is placed on the long axis of the sternum.
11. The first hand is then removed from the notch and placed on top of the hand on the sternum so that the heels of both hands are parallel and the fingers are directed straight away from the rescuer.

12. Fingers can be extended or interlaced, but they must be kept off the chest wall.

13. Elbows are kept in a locked position with arms straight and shoulders positioned directly over the hands, enabling the thrusts to be straight up and down.

14. In a normal sized adult, enough force must be applied to depress the sternum 1 1/2 to 2 inches. After each compression, there must be complete release of the sternum to allow the heart to refill. The time of release should equal the time of compression. Perform 30 chest compressions followed by 2 breaths.

15. Repeat cycle of 20 compressions to 2 full breaths for 3 complete cycles.


17. resume 30:2 compression to breath ration until emergency help arrives.

**Shock Protocol**

With any injury, shock is a possibility. It is more likely when severe bleeding, fractures, or internal injuries are present. Shock occurs when a diminished amount of blood is available to the circulatory system and poses a life threatening situation to the injured athlete. Certain conditions such as extreme fatigue, extreme exposure to heat or cold, extreme dehydration of fluids, and illness may predispose an athlete to shock. A certified staff member should be notified immediately of an athlete who may be in a state of shock.

**Signs of Shock**

1. Skin is pale, cool, and clammy.
2. Respiration is shallow and extremely rapid.
3. Pulse is rapid and weak.
4. Athlete may be drowsy and appear sluggish.
5. Blood pressure is low, with systolic pressure usually below 90 mm Hg.

**Vital Signs to Observe**

1. **Pulse**- Use the carotid artery of the neck or radial artery of the wrist to determine pulse. Normal for an adult is 60-80 beats/minute. A rapid and weak pulse could mean shock, bleeding, diabetic coma, or heat exhaustion. A rapid and strong pulse may mean heat stroke. A strong but slow pulse could indicate a skull fracture or stroke. No pulse signifies cardiac arrest or death.

2. **Respiration**- Normal breathing rate per minute is approximately 12 breaths in adults. Breathing may be shallow (indicating shock), irregular, or gasping (indicating cardiac involvement). Frothy blood being coughed up indicates a chest injury that has affected a lung.

3. **Blood Pressure**- Indicated by two pressure levels. Systolic pressure reflects the heart’s pumping and diastolic pressure is the residual pressure when the heart is between beats. The normal systolic pressure in around 120mm Hg and the normal diastolic pressure is around 80mm Hg. A lowered blood pressure could indicate hemorrhage, shock, heart attack, or internal organ injury.

4. **Temperature**- Normal body temperature is 98.6* F. Changes in body temperature can be reflected in the skin. Hot, dry skin might indicate disease, infection or overexposure to heat. Cool, clammy skin could mean trauma, shock, or heat exhaustion.

5. **Skin Color**- For individuals who are lightly pigmented, skin can be a good indicator of the state of health. Three colors are commonly identified in medical emergencies; red,
white, and blue. Red skin may indicate heat stroke, high blood pressure, or elevated temperature. Pale or white skin can mean insufficient circulation, shock, fright, hemorrhage, heat exhaustion, or insulin shock. Bluish shin, primarily around the lips and fingernails, usually means an airway obstruction or respiratory insufficiency.

6. **Pupils**- Pupils of the eyes are extremely sensitive to situations affecting the nervous system. A constricted pupil may indicate that the athlete is using a central nervous system depressant drug. If one or both pupils are dilated or enlarged, the athlete may have sustained a head injury, may be experiencing shock, heat stroke, hemorrhage, or may have infested a stimulant drug. Pupil’s response to light should be noted. Failure to accommodate to light may mean an brain or head injury. Pupil response is more critical than pupil size.

7. **State of Consciousness**- Head injury, heat stroke, and diabetic coma can alter the athlete’s level of conscious awareness.

8. **Movement**- Inability to move a body part can indicate a serious central nervous system injury that has involved the motor system. Inability to move one side of the body could be caused by a head injury or stroke. Bilateral tingling, numbness or sensory and motor deficits of the upper extremity could mean a possible cervical spine injury. Weakness or inability to move the lower extremities could mean an injury below the neck, and pressure on the spinal cord could lead to limited use of limbs.

9. **Abnormal Nerve Response**- Numbness or tingling in a limb with or without movement can indicate nerve or cold damage. Blocking of a main artery can produce severe pain, loss of sensation, or lack of pulse in a limb. A complete lack of pain or of awareness of serious but obvious injury may be caused by shock.

**Management of Shock**

1. Maintain body temperature as close to normal as possible.
2. Elevate the feet and legs 8-12 inches for most situations. For a neck injury, the athlete should be immobilized as found. For a head injury, the athlete’s head and shoulders should be elevated. For a leg fracture, the athlete’s legs should be kept level and should be raised after splinting.
3. Try to have athlete remain as calm as possible and avoid viewing any gross injury that may have occurred.
4. Keep spectators away from athlete.
5. Reassure athlete that all is going to be okay.
6. Loosen clothing to provide comfort.
7. Apply heat or ice depending on situation to normalize body temperature.

**Excessive Bleeding Protocol**

An abnormal discharge of blood is called a hemorrhage. The source of hemorrhage may be venous, capillary, or arterial in nature. Venous blood is usually dark red with a continuous constant flow. Capillary bleeding is usually a reddish color. Arterial bleeding flows in spurts and is bright red. Bleeding can stem from open skin wounds such as abrasions, incisions, lacerations, punctures, or fractures. Always take blood borne pathogen precautions when dealing with blood. Athletic training students should notify certified staff of a serious bleeding situation as it may pose a life threatening situation. The control of external bleeding includes the use of direct pressure, elevation, and pressure points.
A. DIRECT PRESSURE- Pressure is directly applied with the hand over a sterile gauze pad. The pressure is applied firmly against the resistance of the underlying bone.

B. ELEVATION- Elevation, in combination with direct pressure, provides an additional means for the reduction of external hemorrhage. Elevating a hemorrhaging part against gravity reduces hydrostatic blood pressure and facilitates venous and lymphatic drainage, which slows bleeding.

C. PRESSURE POINTS- When direct pressure combined with elevation is not applicable for the situation or fails to slow bleeding; the use of pressure points may be used. The two most commonly used pressure sites are the brachial artery for upper extremity bleeding and the femoral artery for lower extremity hemorrhage.

General Wound Management

During sports events you will come across numerous types of open wounds. Different types of open wounds include; abrasions, lacerations, punctures, incisions, and avulsions. Simple wounds may be cared for by any athletic training student or coach here at NLISD. Wounds that are larger than normal or look more severe should be referred on to a Certified Staff member, for possible referral to a Team Physician or to the hospital. The more severe wounds may require more attention or suturing. The following is a BASIC general protocol for wound management.

1. Make sure all instruments such as scissors, tweezers and swabs are sterilized.
2. Wash and clean hands, and apply gloves before providing treatment.
3. Clean in and around a skin lesion thoroughly with saline solution.
4. Place a nonmedicated sterile gauze dressing over a lesion if the athlete is to be sent for medical attention.
5. Avoid touching any part of a sterile dressing that may come in contact with the wound.
6. Place medication such as Bacitracin Zinc ointment on the band-aid or telfa pad rather than directly on a lesion.
7. Secure the dressing with tape or wrap and avoid placing direct pressure over the wound.
8. Dispose of any material properly in red biohazard containers.
9. Clean treatment area with disinfectant.
10. Wash and clean hands after treatment.

“Red Flags” that a wound by be infected, which usually appear two to seven days after injury include:

1. Red, swollen, hot, and tender wound.
2. Swollen and painful lymph glands near the area of the infection.
3. Mild fever, headache, and nausea.

Abdominal/Thoracic Injury Protocol

Injuries to the abdomen and thorax may present an emergency situation. Any athletic training student or coach coming across an athlete with trauma to this area should refer that athlete to a Certified Staff member for further evaluation. In some cases, the athlete may need to be referred on to the Team Physician to rule out any serious internal injury. The following are “red flags” for different abdominal/thoracic injuries that you should be aware of.
Appendicitis

1. Can be mistaken for a common gastric complaint.
3. May complain of mild to severe cramping in lower abdomen along with a low grade fever initially.
4. Cramps localize in right side and palpation may reveal tenderness at a point between the anterior superior iliac spine and the navel (McBurney’s point).

Spleen

1. Usually a result of a fall or direct blow to left upper quadrant of abdomen.
2. Abdominal tightness (rigidity), nausea, and vomiting may occur.
3. Pain radiating to left shoulder (Kehr’s sign).

Liver

1. Usually due to hard blow to right side of rib cage.
2. Pain just below right scapula, right shoulder and substernal area.

Kidney

1. Severe outside force to the back usually occurs.
2. May display nausea, vomiting, shock, rigidity of back muscles, and blood in urine.
3. Pain may be felt high in the back and may radiate forward around trunk into lower abdominal region.

Allergy Protocol

All student-athletes who have allergies must have appropriate identification, such as a bracelet to specify the nature of the allergy. It should also be noted on any Pre-Participation Physical Examination forms or Medical History form so that all Athletic Trainers and Coaches involved are aware of the situation.

For all **Anaphylactic** reactions:
- EMS should be activated immediately.
- DO NOT to take the athlete to the hospital.
- Contact Athletic Trainer: Can administer Epi-Pen

For all **Topical** (skin) reactions:
- Apply ice
- Wash the area
- If possible, apply a hydrocortisone ointment like Benadryl to the area.

For **Respiratory** reactions:
- Use a rescue inhaler (albuterol) two times (if available).
- If symptoms are not decreased if fifteen minutes call EMS.
- If the symptoms decrease, repeat use of inhaler if needed until the athlete’s state is returned to normal.
**Asthma Protocol**

Asthma can be triggered from cold weather, an allergy, or other environmental conditions. If the asthma is triggered by the environment, remove the athlete from the environment. Try to relax and calm the athlete. Use of an inhaler will not be possible until the athlete is calm and relaxed. The use of breathing techniques, such as pursed-lip breathing can be used until the athlete is able to use the inhaler. A rescue inhaler like albuterol should be used. If the attack cannot be controlled or no inhaler is available, EMS should be called immediately. If the asthma can be controlled, that athlete should monitor their maximum exhalation for one week. This can be done using a peak flow meter. If they notice that their breathing has not returned to normal they should follow-up with their physician.

**Heat Illness Protocol**

High temperatures and humidity stress the body’s ability to cool its self, and heat illness becomes a special concern during hot weather. There are three major forms of heat illnesses: **Heat Cramps**, **Heat Exhaustion**, and **Heat Stroke**, with heat stroke being a life threatening condition.

**Forms of Heat Illnesses**

1. **Heat Cramps**
   Heat cramps are muscle spasms which usually affect the arms, legs, or stomach. Frequently they do not occur until late into the workout or game, at night, or when relaxing. Heat cramps are caused by heavy sweating, causing a loss in water and sodium and potassium. Although heat cramps can be quite painful, they usually do not result in permanent damage. To prevent them, drink electrolyte solutions such as Gatorade during the day and try eating more fruits like bananas.

2. **Heat Exhaustion**
   Heat exhaustion is more serious than heat cramps. It occurs when the body’s internal air-conditioning system is overworked, but has not completely shut down. In heat exhaustion, the surface blood vessels and capillaries which originally are enlarged to cool the blood collapses from loss of body fluids (water) and necessary minerals. This happen when you do not drink enough fluids to replace what you are sweating away.

**Symptoms of Heat Exhaustion**

1. Headache
2. Heavy sweating
3. Intense thirst
4. Dizziness
5. Fatigue
6. Loss of coordination
7. Nausea
8. Impaired judgment
9. Cool moist skin
10. Weak and rapid pulse
11. Low to normal blood pressure

**Treatment for Heat Exhaustion**
1. Move athlete to a cool environment
2. Have athlete lie down with feet elevated.
3. Loosen or remove excess clothing or equipment
4. Apply cool towels or fan athlete
5. Have the athlete drink water and Gatorade

3. **Heat Stroke**
   Heat stroke is a life threatening illness with a high death rate. It occurs when the body has depleted its supply of water and salt, and the athlete’s body temperature rises to deadly levels. A heat stroke victim may first suffer heat cramps and/or heat exhaustion before progressing into the heat stroke stage, but this is not always the case. It should be noted that heat stroke is a medical emergency and athletic trainers and coaches should recognize the signs and symptoms of heat stroke.

**Early Signs & Symptoms of Heat Stroke**
1. High Body Temperature (103 degree F)
2. Distinct absence of sweating
3. Hot red or flushed dry skin
4. Rapid pulse
5. Difficulty breathing
6. Constricted pupils
7. Heat exhaustion symptoms

**Advanced Signs & Symptoms of Heat Stroke**
1. Seizures or convulsions
2. Collapse
3. Loss of consciousness
4. Body temperature of over 108 degrees F

**Treatment of Heat Stroke**
1. Activate Emergency Action Plan (Call 911)
2. Lower athlete’s body temperature by applying ice packs to major arteries, getting athlete to an air conditioned building, or submerging athlete in cold water.

**Prevention**

*Anyone can suffer a heat illness, but by taking a few simple precautions, they can be prevented:*

- Condition yourself for working our in hot environments
- Drinking plenty of water. Do Not wait until you are thirsty.
- Taking plenty of rest breaks.
- Wear light weight, light colored clothing
- Practice modification
NORTH LAMAR ISD
LIGHTNING SAFETY POLICY

THORGUIDE LIGHTNING PREDICTION & WARNING SYSTEM

LIGHTENING IS A SEVERE HAZARD THAT MUST BE VIEWED SERIOUSLY! ACTIVITIES SHOULD STOP AND SEEK SHELTER ANY TIME THEY BELIEVE LIGHTNING THREATENS THEM, EVEN IF A SIGNAL HAS NOT BEEN SOUNDED.

PARTICIPANTS WILL BE WARNED BY OUR THORGUIDE LIGHTNING PREDICTION SYSTEM WHICH SOUNDS ONE PROLONGED BLAST OF THE HORN SIGNALLING SUSPENSION OF PLAY OR ACTIVITIES. ALL PARTICIPANTS SHOULD LEAVE THEIR RESPECTIVE AREAS AND SEEK SHELTER.

RESUMPTION OF PLAY IS SIGNALLED BY THREE FIVE-SECOND BLASTS OF THE HORNS.

IF YOU HEAR A WARNING AND CONTINUE TO PLAY, YOU DO SO AT YOUR OWN RISK AND YOU ARE VIOLATING NLISD POLICY.

LIGHTNING SAFETY TIPS

SEEK
* ON-CAMPUS BUILDINGS
* ENCLOSED AUTOMOBILES

AVOID
* OPEN AREAS
* WATER
* TALL TREES
* METAL FENCES
* OVERHEAD WIRES
NORTH LAMAR ISD
Automated External Defibrillator (AED) Policy

This policy is designed to provide guidance in the purchase, placement and administrative management of the North Lamar ISD AED program. An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious, not breathing normally and showing no signs of circulation, such as normal breathing, coughing and movement. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

**Personnel Assignments**

**Medical Director**
Drew Temple, M.D. (903)785-8571
Responsibilities:
- Provide medical direction for use of the AED’s.
- Write medical prescriptions for the AED’s.
- Review and approve guidelines for emergency procedures related to the use of AED’s and CPR.

**Program Coordinator**
Danny Bulls, ATC/LAT (903)737-2070
Responsibilities:
- Select employees for AED training and distribute AED-trained employee lists.
- Coordinate training of emergency responders.
- Document equipment, accessory maintenance and locations.
- Maintain files of specifications/technical information for each approved AED.
- Maintain files on all documentation for each AED.
- Revise procedures as required.
- Monitor effectiveness of the system program.
- Communicate with the Medical Director on issues related to medical emergency response program, including post event reviews.
- Assign campus coordinators.

**Campus Coordinators**
Responsibilities:
• Document monthly maintenance of AED’s.
• Document incident reports.
• Select employees for AED training.

**NLISD AED DEPLOYMENT SITES**

Presently there are seven units at the following locations. It is permissible for an AED to be moved temporarily to provide coverage for a special event.

<table>
<thead>
<tr>
<th>SITE</th>
<th>SERIAL #</th>
<th>MODEL</th>
<th>LOCATION</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bailey Elementary</td>
<td>A07L-03363</td>
<td>Phillips Heartstart</td>
<td>Nurses office</td>
<td>Jennifer Elrod</td>
</tr>
<tr>
<td>Everett Elementary</td>
<td>A07L-03448</td>
<td>Phillips Heartstart</td>
<td>Nurses office</td>
<td>Jennifer Elrod</td>
</tr>
<tr>
<td>Higgins Elementary</td>
<td>A07L-03334</td>
<td>Phillips Heartstart</td>
<td>Nurses office</td>
<td>Cassidy Emeyabbi</td>
</tr>
<tr>
<td>NL Main Training Room</td>
<td>A15H-02659</td>
<td>Phillips Heartstart</td>
<td>West Wall</td>
<td>Danny Bulls</td>
</tr>
<tr>
<td>NL High School</td>
<td>102016265</td>
<td>Defibtech Reviver</td>
<td>Commons Area</td>
<td>Justine Wideman</td>
</tr>
<tr>
<td>NL High School</td>
<td>A15H-02673</td>
<td>Phillips Heartstart</td>
<td>600 Hallway</td>
<td>Justine Wideman</td>
</tr>
<tr>
<td>NL Middle School</td>
<td>X04I043616</td>
<td>Zoll AEDPlus</td>
<td>A Building</td>
<td>Sandra Defrates</td>
</tr>
<tr>
<td>NL Middle School</td>
<td>A15H-02274</td>
<td>Phillips Heartstart</td>
<td>B Building</td>
<td>Sandra Defrates</td>
</tr>
<tr>
<td>Parker Elementary</td>
<td>A07L-03359</td>
<td>Phillips Heartstart</td>
<td>Main Hallway</td>
<td>Sandra Defrates</td>
</tr>
</tbody>
</table>

**Equipment**

Any AED unit installed in a NLISD facility is to be used in accordance with NLISD policy. Each AED unit will have two sets of defibrillation electrodes located in the case. One set is used for ages 8 and up and one set is used for ages below 8 years. One resuscitation kit will be connected to the handle of the AED. This kit contains two pair of latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device.

**Maintenance of Equipment**

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. A monthly check of each AED unit will be completed by the campus coordinator and documented on the appropriated maintenance checklist sheet (Appendix A). At the end of each year the checklist sheet will be turned into the Program Coordinator.

**Training**

Any NLISD employee that would like to be CPR/AED certified will need to contact the program coordinator. Each employee will have the opportunity to obtain this training.

**Good Samaritan Reference**
The State of Texas has statutes in place to protect citizens that aid in an emergency situation.

Section 74.002. 
UNLICENSED MEDICAL PERSONNEL.  
Persons not licensed in the healing arts who in good faith administer emergency care as emergency medical service personnel are not liable in civil damages for an act performed in administering the care unless the act is wilfully or wantonly negligent. This section applies without regard to whether the care is provided for or in expectation of remuneration. 
(V.A.C.S. Art. 1a (part).)

After AED Use

A copy of the AED Program Incident Report Form (see Appendix B) will be sent, within 1 business day to the Program Coordinator. Following the use of emergency response equipment, all equipment will be cleaned, decontaminated, disinfected and taken out of service so that the battery and fibrillation pads can be replaced.
APPENDIX A

North Lamar Independent School District

Monthly Maintenance Checklist for Automated External Defibrillators.
Initial boxes as items are checked off
Return completed form to Program Coordinator

<table>
<thead>
<tr>
<th>Month</th>
<th>Step 1 Open Lid</th>
<th>Step 2 Status indicator should be red</th>
<th>Step 3 Status indicator should turn back to green within 5 seconds</th>
<th>Step 4 Check expiration dates on pads</th>
<th>Step 5 Listen for voice prompts</th>
<th>Step 6 Close lid and confirm green status indicators</th>
<th>Print date</th>
<th>Print name</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>September</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Daily Maintenance: Verify that the Status indicator is Green.

Unit Serial Number: ______________ Location: ________________
APPENDIX B
NLISD AED Program Post Incident Report Form

Patient Name: _________________________________________________

Address:______________________________________________________________________
_________________________________________________________________

DOB: ______________________  Age:_________________________

Time of Incident: ____________ Location of Incident: ___________________________

Time if Arrival at Patient’s side: _____________________________________________

Witnessed Arrest:  YES or NO

Approximate time in minutes between incident and arrival of AED: ____________

Skin color upon arrival (pale, blue, etc.) _______________________________________

Emesis(vomit)? YES or NO   Signs of trauma?  YES or NO

Bystander CPR?  YES or NO

If yes, Bystander Name(s): _________________________________________________

Position patient was found in (lying face up, sitting, lying face down) ______________

Shockable rhythm?  YES or NO

If YES, total number of shocks delivered. ______________________________________

Transfer care to: _____________________________ Time: _______________________

Verbal report given? YES or NO   If YES, to whom? __________________________

Follow up at hospital? YES or NO Comments: _________________________________
North Lamar ISD Guidelines for Sports Concussion Management
Without Neurocognitive Testing

Introduction

The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American high School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to NLISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

What is a Concussion?

Concussion - A concussion is a type of traumatic brain injury (TBI). Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

Prevention Strategies

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual, and are secured properly to the individual. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.

Evaluation for Concussion

1. At time of injury administer one of these assessment tests:
   a. Sports Concussion Assessment Tool – Appendix A
   b. Sideline Functional & Visual Assessments - Appendix A or B
   c. On-field Cognitive Testing – Appendix A or B

2. **ATHLETE DOES NOT RETURN TO A GAME OR PRACTICE if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Doctor Referral (MD/DO)
4. Home Instructions
5. Return to Play Guidelines for Parents
6. Parent Informed Consent and Athlete’s Participation Form
7. **Note - If in doubt, athlete is referred to doctor and does not return to play.**

Concussion Management

1. School modifications
   a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
   b. Notify teachers of post concussion symptoms.
   c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
   d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.
2. Student must be symptom free at rest to begin return to play protocol.

Return to Play Guidelines

1. Activity progressions
   a. No activity until athlete is symptom free at rest
   b. Light aerobic exercise with no resistance training
   c. Sport specific activity
   d. Non-contact training drills with resistance training
   e. Full contact training drills
f. Note – Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, you wait 24 hours and start the progressions again at the beginning.

2. Physician clearance
3. Athletic Trainer clearance

Please refer to Appendices A & B (separate documents) for symptom assessment.

North Lamar ISD Preseason
Parental Information and Consent Form for Concussions

What is a concussion?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

What are the symptoms of a concussion?

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

What should be done if a concussion is suspected?

1. Immediately remove student from practice or game
2. Seek medical attention right away (Athletic Trainer)
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional or professionals.

If you have any questions concerning concussions or the return to play policy, you may contact the Athletic Trainer at your school.

What should the athlete know about playing with a concussion?
Teach athletes it’s not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your athlete convince you that they’re “just fine.”

What are the risks of returning to activity too soon after sustaining a concussion?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

What can happen if my child keeps on playing with a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

Liability Provisions

The student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student understands this policy DOES NOT:

1. waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. waive any immunity from liability under Section 38.159 of House Bill 2038-Natasha’s Law;
4. create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

Parental Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the
North Lamar ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete’s Name (print) ___________________________________________________

Parent’s or Guardian’s Name (print) _______________________________________

Parent’s or Guardian’s Signature __________________________________________

Date: __________________________________________________________________

NLISD Return to Play Guidelines for Parents

General Information for Parents

Teach it’s not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your athlete convince you that they’re “just fine.”

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

North Lamar ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by a physician (MD/DO). They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.

3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:

   a. No activity until athlete is symptom free at rest
   b. Physician clearance to begin activity
   c. Light aerobic exercise with no resistance training (15 minute run)
   d. 10 minute run and 10 minutes of agility drills
   e. 10 minutes of agility drills and 20 minutes of resistance training
   f. Noncontact training drills
   g. Full contact practice
   h. Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussive symptoms, he/she will wait 24 hours and start the progressions again at the beginning.

5. Upon completion of the return to play protocol, the Athletic Trainer must provide a written statement that in the Athletic Trainer’s professional judgment it is safe for the athlete to return to play.

6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

The athlete named below has completed the required return to play protocol for a concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. Furthermore, I certify that my son/daughter has successfully completed the NLISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete’s Name___________________________________________________________

Athlete’s Signature________________________________________________________

Parent of Guardian’s Name_________________________________________________

Parent or Guardian’s Signature______________________________________________

Date___________________________________________________________________
NLISD Return to Play Guidelines

Information for Treating Physician

North Lamar ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. The injured athlete must complete and successfully pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by a physician (MD/DO). They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.

3. The student must be asymptomatic at rest and exertion.

4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the Prague statement. The progressions will advance at the rate of one step per day. The progressions are:
   a. No activity until athlete is symptom free at rest
   b. Physician clearance to begin activity
   c. Light aerobic exercise with no resistance training (15 minute slow run)
   d. 10 minute run and 10 minutes of agility drills
   e. 10 minutes of agility drills 20 minute weight room workout
   f. Noncontact training drills
   g. Full contact practice
   h. Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion
symptoms, he/she will wait 24 hours and start the progressions again at the
beginning.
5. Upon completion of the return to play protocol, the athletic trainer must provide a
written statement that in the Athletic Trainer’s professional judgment it is safe for
the athlete to return to play.
6. Once the student has completed steps 1 through 5, he/she may return to their sport
activity with no restrictions.

NLISD ISD
Authorization for the Release of Medical Information

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of
a student’s educational records, including personal identifiable information (name, address,
social security number, etc.) from those records. Medical information is considered a part of a
student athlete’s educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including
coaches) of the North Lamar ISD to disclose information concerning my medical status, medical
condition, injuries, prognosis, diagnosis, and related personal identifiable health information to
the authorized parties listed below. This information included injuries or illnesses relevant to
past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis
or treatment concerning my medical condition and any injuries or illnesses. I understand once
the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the North Lamar ISD will not receive compensation for its disclosure of the
information. I understand that I may refuse to sign this authorization and that my refusal to sign
will not affect my ability to obtain treatment. I may inspect or copy any information disclosed
under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to
the head athletic trainer at the respective high school. I understand revocation will not have any
effect on actions North Lamar ISD has taken in reliance on this authorization prior to receiving
the revocation. This authorization expires six years from the date it is signed.
Symptoms for Concussion Referral

Day of Injury Referral

1. Loss of consciousness on the field
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptoms as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function*
14. Decreasing level of consciousness*
15. Decrease or irregularity in respiration*
16. Decrease or irregularity in pulse*
17. Unequal or unreactive pupils*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding*
19. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation*
20. Seizure activity*

Note: * indicates that the athlete needs to be transported immediately to the nearest emergency department.

Delayed Referral (after the day of the injury)
1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete’s daily activities (i.e. sleep, cognition, depression, aggression, etc.)

---

**Home Instructions for Concussions**

_________________________ has sustained a concussion during ________________ today. To make sure he/she recovers please follow the following important recommendations:

1. Please review the items outlined on the **Physician Referral Checklist**. If any of these problems develop, please call 911 or your family physician.
2. Things that are OK to do:
   a. Take acetaminophen (Tylenol)
   b. Use ice packs on head or neck as needed for comfort
   c. Eat a light diet
   d. Go to sleep (rest is very important)
   e. No strenuous activity or sports
   f. Return to school
3. Things that should not be allowed:
   a. Eat spicy foods
   b. Watch TV
   c. Listen to ipod or talk or text on telephone
   d. Read
   e. Use a computer
   f. Bright lights
   g. Loud noise
   h. Drink alcohol
4. Things there is no need to do:
   a. Check eyes with a flashlight
   b. Wake up every hour
   c. Test reflexes
5. Have student report to clinic or athletic training room at ____________ tomorrow for a follow-up exam
Dear Teacher,

__________________________, is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post concussion syndrome and may not be able to participate at their normal level. Some things you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting.

Because these symptoms may linger for an unspecified period of time, you may need to modify school work until he/she is symptom free. Also, if you see anything unusual, please notify me as soon as possible, or contact the school nurse. I will keep you informed of any medical updates that are pertinent to the classroom. The school nurse is aware of the injury, and you may consult with her at any time. Also his/her counselors and the appropriate administrators are aware of the injury.

You are an important member of the team that is treating ________________________ for their head injury. The physician and I only get a small snapshot of his daily activity. Therefore, any information that you can pass along to us is both appreciated and necessary to the successful recovery from the concussion.

If you have any further questions, please contact me.

Insert Date
References

3. www.Impacttest.com
4. www.cdc.org
5. www.brainline.org
NLISD
CONCUSSION MANAGEMENT TEAM

Dr. Drew Temple MD
Dr. Mark Gibbs MD
Danny Bulls ATC/LAT

Dr. Samuel Drew Temple, MD
____________________________       Date____________

Dr. Mark Gibbs, MD
____________________________       Date____________

Danny Bulls ATC/LAT
____________________________       Date____________