



# Lake Washington High School

## Athletic Training Policies & Procedures

PREPARED BY:  
DELANEY FARMER, LAT, ATC  
ATHLETIC TRAINER  
*Lake Washington High School*

**8/7/2016**

**LAKE WASHINGTON HIGH SCHOOL EMERGENCY ACTION  
PLAN/POLICIES FOR ATHLETICS**  
**Table of Contents**

<b>OVERVIEW OF THE EMERGENCY ACTION PLAN</b>	<b>3</b>
<b>ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES</b>	
The Role of the Athletic Trainers	6
Training Room Hours	6
Athletic Trainer Priorities	7
Training Room Taping and Treatment Services	7
Specialize Taping Jobs	7
Over the Counter Medications	7
Physician Referrals	8
Getting Hurt on the Field	8
Injury Management	8
Other Injury Management	8
Concussion Training for Coaches	8
Travel Bags for Coaches	9
Injury Privacy and the Law	9
Contacting the Athletic Trainers	9
<b>BASIC INJURY MANAGEMENT FOR SPORT COACHES</b>	
Bone Injuries	10
Concussions	11
Environmental Concerns	12
Equipment Concerns	
Hydrating Athletes	13
Skin Disorders	14
Special Concerns	15
Sprains & Strains	16
Supplements	17
Wound Care	18
<b>APPENDIX A: Emergency Contacts</b>	<b>19</b>
<b>APPENDIX B: Administration Signage of Approval</b>	<b>19</b>

# **LAKE WASHINGTON HIGH SCHOOL**

## **EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW**

### **Introduction**

Emergency situations may arise at anytime 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 anytime and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to 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. Through 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 for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Athletic Trainers, Coaches, Administrators,
5. Venue Directions with map

### **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 on 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; coaches; parents; other team players; 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. Activating 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. The third role, equipment, (such as the AED), retrieval

may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Other team players 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. A student athletic trainer, administrator, or coach may be appropriate for this role.

<b>Roles within the Emergency Team</b>	
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 scene

<b>Activating the EMS System</b>
<b>Making the Call:</b> 911
<b>Providing Information:</b>
<ul style="list-style-type: none"><li>• Name of the caller</li><li>• Your title with Lake Washington High School</li><li>• Location of the injured athlete</li><li>• Nature of the emergency</li><li>• Condition of athlete(s); conscious, breathing, pulse</li><li>• Name and gender/age of the athlete</li><li>• Description of the care being provided</li><li>• Specific directions to the location of the emergency</li><li>• Other information requested by the dispatcher</li><li>• Victim's location (if different than location of health care provider's location)</li></ul>

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 always 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 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 such as the AED, Vacuum Splints, 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 Trainers should be trained and responsible for the care of the medical equipment.

Lake Washington's medical emergency equipment such as splint bag (vacuum splints) and AED are kept in the Athletic Training room. AED is brought out to each sporting event that the Athletic Trainer covers. Splint bag is provided at any of the school's impact sport programs. A fixed AED is located out in the west entrance to the stadium press box stairway behind the closed door. Combo for the key lock is 1-3-5

## **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 activating 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 Lake Washington High School athletes, *all emergency trauma transports are to be sent to Evergreen Hospital, or otherwise directed by the emergency personnel.*

## **Non-Medical Emergencies**

For the following non-medical emergencies: fire, bomb threats, 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 and concussion trainings. Through development and implementation of the emergency plan, Lake Washington High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.



## Part II: ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES

### The Role of the Athletic Trainers



Certified by the **National Athletic Trainers Association (NATA)**, an athletic trainer (ATC) is the member of the allied health community whose role is to care for and help prevent athletic-related injuries. At Lake Washington High School, there is one certified athletic trainer on staff during after school hours. The priority of the athletic trainer is to provide on-site care for all home sport events including away football games. Because of limitations, there may or may not be an athletic trainer available for other sports contests. In any case, all other 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 for taping, while all evaluations are to be rendered after athletes have been taped and sent out to practice.

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as ice buckets, electronic stimulation, massage, and hot and cold therapy);
- 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; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- *Return to play decision-making on the injured student-athlete;*
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).

### **Training Room Hours**

On most school days, there will be an athletic trainer available M-F from 2:30 to end of practice sessions – if hours change, a notice will be posted on the door and coaches will be informed. 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.* There will be no coverage during weekend hours unless pre-arranged.

### **Athletic Trainer Priorities**

The athletic trainer will be at as many athletic practices and games as possible. Coaches should remember that there is one athletic trainer, and at times there are overlapping events. All varsity events will have main priority. If two events are on at the same time, priority will be given to the event with higher rate of injury, but the Athletic Trainer may also roam between the two events.

### **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 training room the next day. If the injury is serious, coaches should send the athlete immediately to a physician. All physician release forms must go to athletic trainers.

### **Taping & Treatments: Services Available**



The Lake Washington High School athletic trainer will only tape athletes who we recognize as having orthopedic issues (taping because it looks cool will not be permitted). Preventative taping will be performed as long as the athlete comes everyday. The athletic trainer reserves the rights to tape athletes who just want to get taped on game days (tape supplies will generally dictate this outcome). If an athlete needs to be taped, it will be because the certified athletic trainer has first assessed the athlete and decided upon the need.

Sore ankles are not necessarily unstable ankles. Please don't send athletes in to get taped. Other treatment services available in Lake Washington's training room include cold therapy (ice, ice buckets), thermotherapy (heat packs), electronic stimulation, assisted stretching, wound care, and some forms of assistance with rehabilitation.

### **Specialize Tape**

From time to time, the athletic trainer may provide specialize tape for specialize tape jobs (elasticon for elbows and knees are great examples). Because of the expense of these specialize taping materials, these tape jobs will not be providing to the athlete for over a long period of time (time frame, a week and a half to two weeks tops). If the athlete has injured themselves where the coach/athlete feels they need this tape job to continue practice, and the time frame has been met, three things may happen:

1. The athlete will be taken out of practice and all games to do extensive rehab until they no longer need a brace.
2. The athlete will be ask to purchase a brace (the athletic trainer may be able to work with the athletes doctor and arrange to get a specialize brace which could be purchased through the students/parents insurance).
3. The team will be required to provide the specialized tape.

### **Over the Counter Medications**

Coaches are not allowed to dispense any type of medication and should strongly discourage athletes from carrying their own. The trainer will not carry any medication, so please do not send any athletes to the Athletic Trainer for them.

### **Orthopedic Referrals**

Should an injury or illness warrant additional treatment and care, the athletic trainer can assist in the referral process. In most cases, when the athletic trainer calls the orthopedic physician directly, the athlete will be seen by that doctor within one to three days. Any athlete who sees a physician for an injury sustained while participating in a sport or activity at Lake Washington High School must present a signed physician release form to the athletic trainer. **Any athlete who does not present a physician release to the athletic trainer will not be allowed to resume practice or participate in games.**

***WIAA Rules on returning from a Physicians visit. All visits to a medical doctor must provide a note to be eligible to participate back to sport.***

**17.11.4** To resume participation following an illness and/or injury serious enough to require medical care, a participating student must present to the school officials a written release from a physician licensed to perform physical examinations as listed in 17.11.2 and/or a dentist as applicable.

**A physician's note of clearance clears the student-athlete back to the school whereas the school (Athletic Trainer) will provide return-to-play clearance.**



### **Getting Hurt on the Field**

If an athlete is injured on the field, 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 for that athlete. Thus, you should **never move an injured athlete!** In the case of football, wrestling, and home basketball games, 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 an athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. In the event that a Physician referral is necessary, the athletic trainer at Lake Washington will refer the athlete to the preferred physician of the athlete's parents, as noted on the Sports Medicine form completed by parents at the beginning of the year. If a physician referral is necessary, the athletic trainer will then follow that physician's instructions for treatment and rehabilitation. If the athlete is injured enough that he/she can not participate in practice or games, the athletic trainer will let the coaches know. In most cases, please note that the coaches still want the injured athletes to attend practice as an observer. If the athletic trainer is treating an athlete for an injury (i.e., sprained ankle gets whirlpool treatments), it is that athlete's responsibility to show up at the designated time **daily** to receive those treatments.

### **Return-to-Play from Injury**

When an athlete has been absent from practice/competition for a period of time, before they can return to play, they must be able to pass the athletic trainers assessment dealing with functional ability, mental ability and cardiovascular ability for their sport. If the athlete has sustained a moderate injury, the athletic must be involved within one full practice before they may be able to compete in their next competition.

### **Coaching First Aid & CPR Training**

In accordance with the Washington Interscholastic Activities Association rules and recommendations, all coaches, both head and assistant, at Lake Washington High School must be trained in First Aid, CPR & AED.

### **Concussion Training**

As of July, 2009, all head coaches must take an online concussion course and test through the WIAA before they can coach. The Athletic Trainer will talk with each coach and go over concussion protocols verbally at the beginning of the season to answer any questions and to make sure the coaches and athletic trainer are in understanding of each other. – See E.A.P and Concussion protocols for Lake Washington High School for more in-depth information.

### **Travel Kits for Teams**

The athletic trainer will supply a first aid kit to all sport teams that do not have an athletic trainer scheduled to travel with them at the coach's request. Supplies are limited. Coaches should not tape athletes who aren't getting taped daily by athletic trainers. The athletic trainer will periodically check in on the status of the teams training kit. If the kit is showing depletion of supplies, please inform the athletic trainer so he can re-fill the kit.

### **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 consent of the athlete's parent.

### **Contacting the Athletic Trainer**

Each coach will be given a business card with Delaney Farmer's contact information. Also, each kit will have a contact card for Delaney as well.

It is highly recommended that each coach put Delaney's cell number in their cell phone.

**Delaney Farmer: 425-390-4121**

**[cfarmer@lwsd.org](mailto:cfarmer@lwsd.org)**



## **Part III: BASIC INJURY MANAGEMENT FOR SPORT COACHES**

### **Recognizing Fractures:**

An open fracture will typically be self evident due to the exposed bone. The following clues suggest you are dealing with a probable closed fracture:

- The athlete felt a bone break or heard a "snap";
- The athlete feels a grating sensation when he/she moves a limb;
- One limb appears to be a different length, shape or size than the other, or is improperly angulated;
- Reddening of the skin around a fracture may appear shortly after the injury is sustained;
- The athlete may not be able to move a limb or part of a limb (e.g., the arm, but not the fingers), or to do so produces intense pain;
- Loss of a pulse at the end of the extremity;
- Loss of sensation at the end of the extremity;
- Numbness or tingling sensations;
- Involuntary muscle spasms;
- Other unusual pain, such as intense pain in the rib cage when a patient takes a deep breath or coughs.

**Ice On A Fracture Usually Makes It Throb Worse...**

## CONCUSSIONS

**“Any transient neurological dysfunction resulting from a biomechanical force that may or may not result in a loss of consciousness”**

(Giza & Hovda, 2001, p. 228)

### **Recognizing Concussion**

Concussions do not always involve a loss of consciousness. ANY traumatic blow to the head or to another part of the body (which causes a whiplash effect to the head) should be considered as a mechanism of concussion injury. While headache is the most common symptom of concussion, all people will experience concussion differently. Therefore, all of the potential signs and symptoms of concussion should be considered. A symptom checklist can assist the evaluator in making a more objective return to play decision.

**If a player sustains any signs or symptoms of concussion, he/she must be pulled from play. A signed document from one of the 5 Health Care Professionals must write a note to return to play (RTP).**

### **Concussion Signs and Symptoms**

Amnesia Loss of orientation Balance problems Memory problems “Bell rung” Nausea Dazed or Confused Nervousness Depression Numbness or tingling Double vision Drowsiness	Poor concentration Easily distracted Personality changes “Glassy Eyed” Excessive sleep Ringing in the ears Fatigue Sadness Feeling “in a fog” Seeing “stars” Feeling “slowed down”	Sensitivity to light Headache Sluggishness Inappropriate emotions change in personality Sensitivity to noise Irritability sleep disturbance Loss of consciousness Vacant stare Vomiting
---	--	---

**ALL ATHLETES WHO GET “ROCKED” AND EXHIBIT ANY OF THESE SIGNS OR SYMPTOMS SHOULD BE REFERRED IMMEDIATELY TO THE ATHLETIC TRAINER AND/OR A PHYSICIAN!!!**

### **Avoiding Heat Related Illnesses**

People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Factors that contribute to heat-related illness include high humidity, obesity, fever, dehydration, poor circulation, sunburn, and drug and alcohol use. To try to prevent heat related illnesses

- Drink plenty of fluids before, during and after exertion;
- Include electrolytes in the fluids (salt, sodium, potassium);
- Wear light clothing on hot days;
- Wear sunscreen;
- Schedule practices during cool periods (avoid 10am to 2pm) and acclimate athletes to heat gradually.
- Heat illness can happen indoors just as well as outdoors. Confined rooms with little ventilation are of high concern. (wrestling room for example).

### **Heat Related Injuries** *cramping, exhaustion, rapid and shallow breathing, weak pulse, moist pale skin, sweating*

- Remove athlete from the hot environment. Place in a cool environment (air conditioned);
- Loosen athlete's clothing and fan. Watch for shivering;
- Have athlete lay down with legs elevated;
- Give athlete water (if not nauseated);
- If athlete is having muscle cramps, apply moist towels over cramping areas.

### **Cold Related Injuries**

- Get the athlete out of the cold environment;
- Warm the affected area (gradually);
- If the injury is to an extremity, check pulses, splint, and recheck pulses;
- Do not rub or massage the area, and do not re-expose it to cold.

**If the area is white and waxy, grayish colored, or blotched, suspect frostbite and send to hospital.**

### **Bee Stings** *(noticeable bite/sting, blotchy skin, pain or itching, burning, weakness, chills, fever, nausea, etc)*

The two greatest risks from most insect stings are allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious). If an athlete is stung by a bee, wasp, hornet, or yellow jacket, follow these instructions closely:

- Check to see if the stinger is injected. Do not try to pull it out as this may release more venom; instead gently scrape it out with a blunt-edged object, such as a credit card or a dull blade;
- Wash the area carefully with soap and water. This should be continued several times a day until the skin is healed;
- Apply a cold or ice pack, wrapped in cloth for a few minutes;
- Apply a paste of baking soda and water and leave it on for 15 to 20 minutes;
- Instruct athlete to take acetaminophen (Tylenol) for pain. – **PARENTS MUST ADMINISTER**

**If the athlete acknowledges an allergy to stings or has trouble breathing, call 9-1-1**

## HYDRATING ATHLETES

### Fluid Replacement

Athletes should be especially cautious to stay well-hydrated. While water is essential, it is also imperative to replace lost electrolytes. Consuming sports drinks such as **Powerade** and **Gatorade** is one way of doing this. High energy drinks such as *Red Bull* and *Rockstar*, however, are **not recommended as a safe way to replenish electrolytes and hydrate the body.**

Generally speaking, the most important thing is that the athlete stays well-hydrated while not getting too much sugar intake. Here are some general guidelines to follow:

- The athlete should drink plenty of water before athletic participation. Experts recommend 17-20 fl oz of water or a sports drink be consumed 2 to 3 hours before activity.
- Experts recommend 7-10 fl oz every ten to twenty minutes during activity. Those who sweat more should consume more;
- Cool beverages are best (50-59 degrees F).
- Sports drinks containing high amounts of carbohydrate are most beneficial for an athlete if consumed 2-3 hours prior to activity;
- Sports drinks containing fructose should be avoided entirely. Fructose can lead to gastric distress.
- Sports drinks, fruit juices, carbohydrate gels, sodas and other beverages containing more than 8% carbohydrate concentration are not recommended as the sole source of fluid during exercise.
- Recognize signs of dehydration: thirst, irritability, general discomfort, followed by headache, weakness, dizziness, cramps, chills, vomiting, nausea, heat sensations, and decreased performance.
- A moderate amount of sodium chloride in fluid-replacement beverages can be beneficial in offsetting electrolyte imbalances that result from loss of sweat.

**Encourage athletes to drink 16-32 ounces of fluid for every pound lost during activity.**



# SKIN DISORDERS

## Impetigo & Staff Infection

*If undetected, the MRSA virus can be fatal. It is absolutely imperative that all rashes and red areas be reported to an athletic trainer and evaluated by a physician. To prevent MRSA, athletes should practice good hygiene. Practice and game clothes should be washed daily. Lockers should be cleaned and aired out nightly. Athletes should shower with soap after engaging in any physical activity. Towels and water bottles should never be shared.*

## Signs of MRSA

- skin boils or blemishes
- redness (first appears like a spider bite in most cases)
- sometimes accompanied by fever and chills

## Preventing MRSA and other skin disorders

- Avoid contact with infected individuals
- Cover all wounds
- Practice good hygiene: SHOWER with SOAP immediately after EVERY practice/game and do not re-wear sweaty clothing
- Wash practice clothing DAILY
- Do not share clothing
- Clean all equipment - helmets, shoulder pads, wrestling mats, weight equipment, etc. after each use
- Report all skin blemishes/changes to athletic trainer for evaluation
- Prevent getting turf burns
- Wash hands REGULARLY

## Treating MRSA

- Requires physician evaluation and prescription for specific type of oral antibiotics and topical cleanser.

For football – a hygiene letter, created by the athletic trainer, will be given to all football athletes to give to their parents/guardians educating them of the importance wound care, clean uniforms and general hygiene practice.

**IT SHOULD BE STRESSED THAT ATHLETES WASH ALL PRACTICE CLOTHING AFTER EACH USE**

**ATHLETES SHOULD SHOWER WITH SOAP IMMEDIATELY AFTER PRACTICES AND GAMES**

## Physician Examination of Skin Concerns:

In accordance with the WIAA, the Athletic Trainer will supply a doctor's referral form where the athlete will have the physician fill out for return to play.

## **SPECIAL CONCERNS**

### **Allergic Reactions**

- If an athlete has an allergic reaction, it is important that he/she gets medical treatment immediately.
- If the athlete experiences breathing difficulty and and/or if he/she has an Epi-Pen, get it for them and have him/her give themselves an injection. Do not do it for them. If they cannot do it themselves, call 9-1-1.
- If the athlete's reaction is minor (hives, itching, irritation, etc.), contact parent. In most cases, a Benadryl will fix the problem but as a coach, you cannot give that medicine to the athlete.

### **Asthma**

- Only athletes who have been diagnosed with asthma should use inhalers;
- Athletes with asthma should only be allowed to use their own inhaler;
- If trouble persists, **call 9-1-1**.

### **Dental - Broken Tooth**

If an athlete gets a tooth knocked out (or broken off)

- Keep the tooth;
- Put the tooth in a cup of milk (only enough to cover tooth). If milk is unavailable, use water;
- Have athlete chew gum and put over the exposed tooth in mouth (to prevent nerve irritation);
- Send to dentist – don't forget to send the tooth.

### **Diabetics**

*Symptoms:* rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, seizures, anxiousness

*What to Do:* Ask the athlete. The athlete will direct you (is he/she hypoglycemic or hyperglycemic?). Does he/she want juice? Sugar? Get him/her what they need.

### **Muscle Cramping**

- Poor hydration and low electrolyte count is the cause;
- Administer Gatorade or other sports drink;
- Minerals: – Potassium, Magnesium. Magnesium pills are cheap and easy to get at the store.
- PREVENTION: Prior to games, for those who are prone to cramp, eat bananas, drink Gatorade throughout the day or Pedialyte – ask the athletic trainer for some gator-lytes.

### **Seizures**

- Have athlete lie down. Remove any objects in hand or nearby;
- Loosen restrictive clothing;
- If you can do it without injury to yourself, try to put the athlete on their side (prevents tongue swallow)
- Allow the seizure to finish;
- After the convulsions have ended, protect the airway. If athlete is blue, lift chin and tilt head back.

**Call 9-1-1**

**DO NOT MOVE ANY ATHLETE WITH A HEAD OR NECK INJURY.  
IMMOBILIZE THE HEAD, NECK AND BACK...  
CALL 9-1-1**

**Ligament Sprains and Muscle Strains:**

- Apply ice and compression wrap immediately after injury is sustained. Ice 3 to 4 times daily for 20 minutes.
- Anti-Inflammatory medication may help (*Ibuprofen, Advil, etc.*) – have parents administer and follow bottle instructions.
- Never apply heat to a sprain or strain within the first 48-72 hours after the injury is sustained.

**REMEMBER R.I.C.E.: REST – ICE – COMPRESSION - ELEVATION**

**Shin Splints:**

Shin splints are caused by overuse of the lower legs. The pain associated with shin splints is a result of fatigue and trauma to the muscle's tendons where they attach themselves to the tibia. In an effort to keep the foot, ankle and lower leg stable, the muscles exert a great force on the tibia. This excessive force can result in the tendons being overstretched or inflamed.

*Causes:*

- Exercising on hard surfaces, like concrete;
- Exercising on uneven ground;
- Beginning an exercise program after a long lay-off period;
- Increasing exercise intensity or duration too quickly;
- Exercising in worn out or ill fitting shoes; and
- Excessive uphill or downhill running.

*“Cures”:*

The best way to treat shin splints is to take appropriate measures to avoid getting them. This includes proper, thorough stretching before and after activity. Once an athlete gets shin splints, the best hope is to manage them so they don't turn in to stress fractures. Here are a few tips (other than REST):

- Heat immediately before activity followed by extensive stretching & massage
- Massage Posterior Tibialis
- Adequate warm up
- Ice after activity
- Ice massage in the evenings
- Ibuprofen to manage swelling and pain (follow bottle's directions)
- Arch supports inside shoes
- Alter training regiment with closed chain activities (bike instead of run)

# SUPPLEMENTS

## **The Basics On Nutritional Supplements**

Americans spent an estimated \$1.4 billion on sports supplements in 1999, hoping that the pills, drinks, and powders would help them bulk up, slim down, or compete more effectively. But people who take these products are actually conducting what amounts to a vast, uncontrolled clinical experiment on themselves with untested, largely unregulated medications.

The few good scientific studies available on these "dietary" supplements suggest that they either are ineffective or, at best, produce only slight changes in performance. More disturbing, they can contain powerful and potentially harmful substances, such as:

- *Androstenedione*, which can upset the body's hormonal balance when it metabolizes into testosterone and estrogen, and may cause premature puberty and stunted growth in adolescents.
- *Creatine*, a substance produced by the body that can help generate brief surges of muscle energy during certain types of athletic performance. It may also cause kidney problems in susceptible individuals.
- *Ephedra*, an herbal stimulant that acts like an amphetamine ("speed") and that some investigators hold responsible for dozens of deaths and permanent injuries.

Young athletes and other people who want to lose weight or gain energy should not take sports supplements.

Evidence for the products' effectiveness is sketchy at best, and concerns about their safety are too numerous. Adults and youngsters alike should focus instead on the basics of fitness and nutrition.

Parents who are concerned that their children may be taking any of these supplements should familiarize themselves with some of the most common brand names and ingredients

For more information, please contact the source of this information:

[http://www.consumerreports.org/main/detail.jsp?CONTENT%3C%3Ecnt\\_id=59279&FOLDER%3C%3Efolder\\_id=18151](http://www.consumerreports.org/main/detail.jsp?CONTENT%3C%3Ecnt_id=59279&FOLDER%3C%3Efolder_id=18151)

## **Creatine-based Supplements**

Creatine is a popular nutritional supplement used by athletes to increase muscle mass and strength. The results of continued use of Creatine are similar to those produced by anabolic steroids, however because the supplement is relatively new, research is inconclusive about potential long-term medical side effects. It is known that renal failure, weight gain, and increased potential for muscle strains are potential short-term side effects. Therefore, it is recommended that, if taken, Creatine be used in low to moderate amounts and should not be used as an alternative for a good exercise regiment.

# BASIC WOUND CARE

## Abrasions & Turf Burns

- Clean affected area thoroughly.
- Clean/Scrub with a 4 in 1 saline solution to make sure any dirt/grass is removed; If using peroxide, dilute to 50% peroxide / 50% saline solution.
- Apply antibiotic ointment (Neosporin);
- Cover with gauze bandage, pre-wrap and soft tape;
- After 2 days, uncover and air dry. The open air will help the wound to scab over; keep ointment on it.
- Wrap with pre-wrap and soft tape for all participation.

***Covering the wound is not enough. It is imperative that the wound is first cleaned thoroughly in order to prevent potentially harmful bacteria***

## Lacerations- (Deep Jagged Cuts)

- Apply direct pressure with gauze to stop bleeding;
- Clean the wound thoroughly and irrigate with saline and Betadine;
- Steri-strip, if the bleeding stops;
- If bleeding does not stop and wound is deep (greater than 1/8" deep, cover with pressure bandage and send to physician for evaluation/stitches;
- If wound is caused by object, refer for tetanus.

## Blisters

- Clean thoroughly. Irrigate with saline and Betadine;
- Place petroleum jelly pad over blister to avoid continuous rubbing;
- Wrap with pre-wrap and soft tape;
- Watch for inflammation (redness) and warmth, and possibly streaking (long term). These are signs of infection;

If infection develops, refer to physician immediately for antibiotics.

***Never cut away the top skin off a blister if it's soft. The skin helps to provide a protective barrier.***

## Watch for Shock

Excessive bleeding can lead to shock. Don't waste time trying to find a dressing;

- Use gloved hand and apply direct pressure over the wound;
- Elevate the extremity;
- Keep applying steady, firm pressure until the bleeding is controlled;
- Once bleeding is controlled, apply a dressing firmly in place (pressure bandage);
- Refer to Emergency Room for further treatment.

Appendix A

**LAKE WASHINGTON HIGH SCHOOL  
EMERGENCY CONTACTS**

<b>Emergency Medical Services</b>	<b>9-1-1</b>
<b>Athletic Director:</b> Rick O'leary	425-936-1712
<b>Athletic Trainer:</b> Delaney Farmer	425-390-4121
<b>Lake Washington H.S Athletic Secretary:</b>	425-936-1732
<b>Football Team Physician:</b> Dr. Adrielle Fry, MD	

---

Appendix B

**Lake Washington Administration Approval of the  
Athletic Training Policies & Procedures**

_____ Lake Washington Administrator (Lloyd Higgins)	_____ Date
_____ Lake Washington Athletic Director	_____ Date
_____ Lake Washington Team Physician	_____ Date
_____ Lake Washington Athletic Trainer	_____ Date