



Lake Washington High School

Athletic Training Policies & Procedures

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LAKE WASHINGTON HIGH SCHOOL EMERGENCY ACTION PLAN/POLICIES FOR ATHLETICS

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LAKE WASHINGTON HIGH SCHOOL

EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW

Overview

**CALL
911**

In a life-threatening emergency, activate EMS immediately. Provide care within your level of training and follow the venue-specific Emergency Action Plan.

Purpose and Overview

Emergency situations can occur at any time during athletic practices, competitions, conditioning sessions, or other school-sponsored activities. A well-developed and rehearsed Emergency Action Plan (EAP) helps ensure that emergency care is organized, timely, and appropriate when a serious injury or medical emergency occurs.

Preparation includes appropriate event coverage, clearly defined emergency roles, reliable communication, accessible emergency equipment, venue-specific access information, and regular review of emergency procedures. Although many injuries can be reduced through safe training practices and proper medical coverage, emergencies remain an inherent risk of athletic participation. All athletics personnel should be prepared to respond appropriately when they occur.

Core Components of the Emergency Action Plan

Emergency personnel and assigned response roles
Emergency communication and activation of EMS
Emergency equipment and its location
Responsibilities of Athletic Trainers, coaches, administrators, and other responders
Venue-specific access instructions, directions, and maps

Emergency Plan Personnel

During athletic practices and competitions, the first person responding to an emergency may be the Licensed Athletic Trainer, a coach, an administrator, or another trained staff member. Medical coverage varies by sport, venue, and event. The most qualified individual available should assume responsibility for immediate medical care while additional members of the emergency team carry out supporting roles.

Athletics personnel who may be responsible for emergency response should maintain appropriate training in CPR/AED, first aid, bloodborne-pathogen precautions, and the school's Emergency Action Plan. Emergency procedures should be reviewed regularly so personnel understand their responsibilities before an emergency occurs.

Four Primary Emergency Team Roles

Role	Responsibility
1. Scene Safety & Immediate Care	Establish scene safety, assess the athlete, and provide immediate care. This role should be assumed by the most qualified medical responder on scene.
2. Activate EMS	Call 911 as soon as the situation is recognized as an emergency. The caller should remain calm, provide accurate information, and stay on the line until instructed to disconnect.
3. Retrieve Emergency Equipment	Bring the AED, emergency medical bag, splinting equipment, or other needed supplies to the scene without delay.
4. Direct EMS to the Scene	Meet responding EMS personnel at the designated entrance and guide them directly to the athlete. Ensure gates, doors, and access routes are open and clear.

Emergency roles should be adapted to the sport and venue. Whenever possible, more than one individual should be familiar with each responsibility so the response plan remains functional when specific personnel are unavailable.

Activating the Emergency Medical System

CALL 911 for a life-threatening emergency or whenever emergency transport is required.

Information to Provide the Dispatcher

Your name and role with Lake Washington High School

Exact location of the injured or ill athlete

Nature of the emergency or mechanism of injury

Athlete's condition, including responsiveness and breathing status

Approximate age and identifying information when requested

Care currently being provided

Specific entrance, gate, field, gym, or venue directions

Any access barriers or special instructions for EMS

Other information requested by the dispatcher

Do not hang up until the dispatcher instructs you to do so. If possible, designate another person to meet EMS and direct responders to the scene while care continues.

Emergency Communication

Effective communication is essential to a rapid emergency response. Athletic Trainers, coaches, administrators, and EMS personnel should understand how emergency communication will occur at each venue before activity begins.

- A working mobile phone, radio, or other reliable communication device should be immediately accessible.

- Personnel should know the exact venue address, field or gym location, and preferred EMS access point
- A backup communication method should be identified in case the primary system fails.
- At away venues, coaches and medical personnel should identify emergency access, AED location, and communication procedures before competition whenever possible.

Emergency Equipment

Emergency equipment should be readily accessible, maintained in good working condition, and appropriate for the level of training of the personnel expected to use it. Individuals responsible for emergency care should know where equipment is located and how to retrieve and operate it.

Lake Washington High School Equipment Locations

- Primary emergency medical equipment, including the splint bag with vacuum splints, is maintained in the Athletic Training Room.
- An AED is brought to athletic events covered by the Athletic Trainer when appropriate.
- Fixed AED access is available at the football/stadium area and at the softball press box area.
- A splint bag is available for higher-risk collision/contact sport coverage, including football.
- Emergency equipment should be inspected on a regular schedule. AED status, batteries and pads, splinting equipment, and other emergency supplies should be checked and replaced as necessary. The Athletic Trainer is responsible for maintaining medical emergency equipment assigned to the Athletic Training program.

Medical Emergency Transportation

For higher-risk events, onsite EMS or ambulance coverage may be appropriate when arranged. When an ambulance is present, it should have a designated staging location with rapid access to the competition area and an unobstructed route for entrance and departure.

When EMS is not already onsite, call 911 to activate emergency medical transportation. Facility entrances, gates, and access routes must remain identifiable and accessible for responding emergency personnel.

Athletes with potentially unstable or life-threatening conditions should be transported by EMS rather than by a coach, parent, or private vehicle. Examples include significant changes in level of consciousness, airway or breathing compromise, circulatory compromise, suspected spinal injury, major trauma, or neurovascular impairment.

The responding medical team should provide immediate stabilization and time-sensitive care while preparing for transport. When rapid transport is required, care should focus on identifying and managing immediate threats to life and coordinating efficiently with EMS.

Receiving Facility: For emergency trauma transport involving Lake Washington High School athletes, EvergreenHealth Medical Center is the preferred receiving facility when clinically appropriate. For catastrophic injuries, Harborview will be the destination. Final transport destination will be determined by responding EMS personnel based on the athlete's condition and regional emergency protocols.

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

Preparation is essential when responding to an athletic emergency. The outcome of a serious or life-threatening event can depend on how quickly and effectively trained personnel recognize the situation, activate the Emergency Action Plan, and provide appropriate care.

Emergency preparedness is a shared responsibility among Athletic Training personnel, coaches, administrators, and other members of the athletic department. All personnel should understand their roles, know how to activate EMS, be familiar with emergency equipment and venue access, and be prepared to respond when an emergency occurs.

The Lake Washington High School Emergency Action Plan should be reviewed at least annually and whenever significant changes are made to facilities, personnel, procedures, or emergency equipment. Athletic personnel should also maintain current training in CPR/AED, first aid, concussion recognition and management, and other required emergency-response procedures.

Through regular preparation, communication, training, and review, Lake Washington High School can help ensure that student-athletes receive prompt, organized, and appropriate care when an emergency occurs.



Part II: ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES

The Role of the Athletic Trainers

Lake Washington High School has one licensed athletic trainer available primarily during after-school athletic hours. The athletic trainer provides injury prevention, evaluation, treatment, rehabilitation, and emergency care for student-athletes.

Priority coverage is given to home athletic events and designated away football games. Due to scheduling and staffing limitations, athletic trainer coverage may not be available for every athletic contest.

All student-athletes may utilize athletic training services during posted hours. Athletes who are injured during athletic participation should report to the athletic trainer for evaluation.

During busy periods, taping and pre-practice care are generally handled first, followed by injury evaluations and rehabilitation. Urgent medical needs will always take priority.

- 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 typical school days, when the Athletic Trainer is not traveling with a team or assigned to another event, the Athletic Training Room will generally be open Monday through Friday from 3:15 p.m. through the completion of scheduled practices.

Hours may vary on game days, travel days, early-release days, or when multiple athletic events require coverage. Any significant changes to normal hours will be communicated to coaches and, when possible, posted at the Athletic Training Room.

Appointments or access outside normal hours may be arranged in advance when appropriate.

If a coach schedules a practice, workout, or team activity outside normal Athletic Training Room hours, the coach is responsible for notifying the Athletic Trainer in advance if medical coverage or access to the Athletic Training Room is requested.

Weekend coverage is not routinely provided unless it has been arranged in advance for a scheduled athletic event or other approved activity.

Athletic Trainer Priorities

The Athletic Trainer will provide coverage for as many athletic practices and competitions as reasonably possible. Coaches should understand that Lake Washington High School has one Athletic Trainer and multiple practices and events may occur simultaneously.

When events overlap, coverage will be prioritized based on factors such as the level of medical risk, type of sport, anticipated injury potential, availability of other medical personnel, and overall needs of the athletic program.

When appropriate, the Athletic Trainer may move between multiple events to provide the greatest level of medical coverage possible. Coaches should not assume that an Athletic Trainer will be continuously present at every practice or competition.

Coverage assignments and priorities will be determined by the Athletic Trainer in coordination with the Athletic Department when necessary.

Reporting Injuries When the Athletic Trainer Is Unavailable

If a student-athlete is injured when the Athletic Trainer is not available, the coach should evaluate the immediate situation within their level of training and determine whether emergency or outside medical care is needed.

For non-emergency injuries, the student-athlete should report to the Athletic Training Room on the next school day for evaluation.

For serious or potentially serious injuries, the coach should activate the Emergency Action Plan when appropriate and refer the student-athlete for immediate medical evaluation.

Coaches are responsible for communicating significant injuries to the Athletic Trainer as soon as reasonably possible. Any medical documentation, restrictions, or clearance provided by an outside healthcare provider should be submitted to the Athletic Trainer before the student-athlete returns to participation.

When required by Lake Washington School District policy, the coach must also complete the appropriate district injury or incident report.

Taping & Treatments: Services Available



Taping and bracing are provided when determined to be clinically appropriate by the Athletic Trainer. Athletes will not be taped simply for appearance, preference, or because a coach requests it.

Before taping is initiated, the Athletic Trainer must first evaluate the athlete and determine whether taping is appropriate for the injury, instability, or preventive need.

Not all soreness or discomfort requires taping.

Preventive taping may be provided when appropriate, but athletes are expected to report consistently for care and follow the treatment or rehabilitation plan established by the Athletic Trainer. Taping only on game days, without regular follow-up, may not be provided.

Available treatment services may include:

- Cold therapy
- Heat therapy
- Electrical stimulation
- Assisted stretching
- Wound care
- Taping and bracing
- Therapeutic exercise and rehabilitation
- Other treatments within the Athletic Trainer's scope of practice

All treatment decisions are based on the athlete's condition, clinical need, available resources, and the professional judgment of the Athletic Trainer.

Specialize Tape

At times, the Athletic Trainer may use specialized taping materials for specific injuries or conditions. Examples may include heavier elastic tape or other specialty products used for joints such as the knee, elbow, shoulder, or ankle.

Because these materials are more costly and are generally intended as a short-term support measure, specialized taping is not intended to be used indefinitely. In most cases, it will be provided only during the early stages of injury management while the athlete progresses through treatment and rehabilitation.

If an athlete continues to require specialized taping beyond the expected short-term period, the Athletic Trainer may recommend one or more of the following:

1. Temporarily restricting participation while the athlete completes additional rehabilitation.
2. Transitioning the athlete to an appropriate brace or other longer-term support device. When appropriate, the Athletic Trainer may work with the athlete's parent/guardian and medical provider regarding bracing options.
3. Requesting that the team or family provide the specialized taping materials if continued use is appropriate.

The goal of specialized taping is to provide temporary support while addressing the underlying injury, not to replace appropriate rehabilitation, strengthening, or medical follow-up.

Over the Counter Medications

Coaches and Athletic Training personnel will not provide, dispense, recommend, or supply over-the-counter medications to student-athletes. This includes medications such as ibuprofen, acetaminophen, aspirin, antihistamines, cold medications, and similar products.

Student-athletes should not carry or self-administer medication during school-sponsored activities unless they have been specifically authorized to do so in accordance with Lake Washington School District medication procedures.

Athletes should not be sent to the Athletic Training Room to obtain medication. The Athletic Trainer does not stock or distribute over-the-counter medications.

Coaches and athletes should also never share personal medications with another student.

This policy does not apply to medications that a student has been formally authorized to self-carry or self-administer, such as certain inhalers, epinephrine auto-injectors, or other medications approved through the District's established medication procedures.

Physician 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 could be seen by that doctor within 1-5 days (varies depending on our team physician's availability). 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.

18.4.4 WIAA Handbook

To resume participation following medical care by a medical authority licensed to perform a physical examination and/or a dentist (for dental injury) or podiatric physician (for a foot and/or ankle injury), a participating student must present to the school officials a written release from a medical authority licensed to perform physical examinations as listed in Rule 18.4.2 and/or a dentist or podiatric physician 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.

On-Field Injury Management

When a student-athlete is injured during practice or competition, the first priority is to prevent further injury and determine whether emergency medical care is needed.

If a head, neck, or spinal injury is suspected, the athlete should not be moved unless remaining in place creates an immediate danger or movement is required for life-saving care. The athlete should be instructed to remain still while the Athletic Trainer or emergency medical personnel complete an evaluation.

For all on-field injuries:

- Stop play and approach the athlete safely.
- Check responsiveness, breathing, and the athlete's general condition.
- Do not allow the athlete to immediately get up or return to play before being properly assessed.
- If there is significant pain, deformity, loss of consciousness, difficulty breathing, altered mental status, suspected head or spinal injury, or another serious medical concern, activate the Emergency Action Plan.
- Keep other athletes and unnecessary personnel away from the injured athlete.
- Allow the Athletic Trainer or other qualified medical personnel to direct care when present.
- If the Athletic Trainer is not available, the coach should provide care within their level of training and activate EMS when appropriate.

When the seriousness of an injury is uncertain, it is always appropriate to take a cautious approach.

When in doubt, call 9-1-1.

Other Injury Management

When a student-athlete sustains an injury and the Athletic Trainer is not onsite with the team during after-school activities, the coach should notify the Athletic Trainer as soon as possible. The Athletic Trainer will then determine the appropriate next steps, which may include evaluation, treatment recommendations, activity restrictions, or referral for additional medical care.

If a physician referral is needed, the Athletic Trainer will work with the student-athlete and parent/guardian to coordinate appropriate care. When a preferred medical provider has been identified by the family, that preference will be considered whenever possible.

If the student-athlete is evaluated by an outside medical provider, the Athletic Trainer will follow any documented restrictions or recommendations provided and will coordinate the athlete's rehabilitation and return-to-play progression as appropriate.

If an injury prevents the student-athlete from participating in practices or competitions, the Athletic Trainer will communicate the athlete's participation status to the coaching staff. When appropriate, injured athletes may still be expected to attend practices or team activities as observers.

Student-athletes receiving treatment or rehabilitation through the Athletic Training Room are expected to attend scheduled appointments consistently and follow the treatment and rehabilitation plan established by the Athletic Trainer.

Return-to-Play after Injury

When a student-athlete has missed several days of practice or competition because of an injury, they should not return directly to competition without first demonstrating that they can safely tolerate the demands of their sport.

Before returning to full participation, the Athletic Trainer will assess the athlete's functional ability, conditioning, confidence, and readiness to perform sport-specific activities without significant pain, symptoms, or limitation.

For moderate injuries or injuries that have resulted in several days of missed participation, the student-athlete will generally be expected to complete at least one full practice before returning to competition. This allows the Athletic Trainer to evaluate how the athlete responds to the physical, cardiovascular, and psychological demands of their sport in a controlled setting.

If a student-athlete has been medically cleared to return to participation by a physician or other qualified healthcare provider, the Athletic Trainer will not override that medical clearance. However, if the Athletic Trainer has concerns that the athlete may be returning too quickly, particularly without first completing a practice or sport-specific progression, those concerns will be communicated to the parent/guardian and, when appropriate, the treating provider.

The Athletic Trainer may recommend that the athlete complete a practice, additional rehabilitation, or a gradual return-to-play progression before returning to competition. Any

concerns, recommendations, communications, and participation status will be documented in the school's designated medical documentation system, currently FinalForms. The goal of this process is to support a safe and coordinated return to sport, reduce the risk of re-injury, and ensure that the athlete, family, medical provider, coach, and Athletic Trainer are working together in the student-athlete's best interest.

Coaching First Aid & CPR Training

In accordance with the Washington Interscholastic Activities Association rules require, all coaches, both head and assistant, with Lake Washington School District, 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 team's training kit. If the kit is showing depletion of supplies, please inform the athletic trainer so he can re-fill the kit.

HIPPA, PERPA & Student Medical Privacy

The privacy of our student-athletes is important. Medical and injury information maintained by the school is generally protected under the Family Educational Rights and Privacy Act (FERPA). Outside healthcare providers may also be subject to the Health Insurance Portability and Accountability Act (HIPAA).

Information regarding a student-athlete's injury, medical condition, treatment, or rehabilitation should be treated as confidential. Coaches, administrators, Athletic Training staff, and other school personnel should only receive information necessary to fulfill their professional responsibilities or support the health and safety of the student-athlete.

Medical information should not be shared with other athletes, students, parents, spectators, media, or other unauthorized individuals without appropriate consent from the parent/guardian or eligible student, except when disclosure is otherwise permitted by law, such as during a health or safety emergency.

Respect the athlete. Protect their privacy. When in doubt, do not discuss their medical information in a public setting.

Contacting the Athletic Trainer

Each coach will fill out a contact form for the Athletic Trainer so each coach's number is in his contacts.

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

Delaney Farmer: 425-390-4121
cfarmer@lwsd.org



Part III:

BASIC INJURY MANAGEMENT FOR SPORT COACHES

Coaches are often the first person to present when an injury occurs. Their role is to recognize a potential injury, protect the student-athlete from further harm, and obtain appropriate medical assistance. Coaches should not diagnose injuries or attempt treatment beyond their training and scope of responsibility.

When an Injury Occurs

If a student-athlete is injured:

- Stop participation immediately if the athlete is unable to safely continue, has significant pain, altered movement, or reports concerning symptoms.
- Keep the athlete in a safe location and notify the Athletic Trainer as soon as possible.
- Do not encourage an athlete to “play through” an injury when there is concern for further harm.
- Do not provide medications or recommend medication unless specifically permitted under school policy.
- When appropriate, basic early care may include protection from further injury, relative rest, compression, and elevation until the athlete can be evaluated.
- Do not attempt to straighten, relocate, or manipulate a suspected fracture, dislocation, or serious joint injury.

Emergency Situations

Activate the school's Emergency Action Plan (EAP) and call 911 when an athlete demonstrates signs of a potentially serious or life-threatening condition, including:

- Loss of consciousness or significant change in mental status
- Difficulty breathing
- Severe bleeding
- Suspected neck or spinal injury
- Suspected fracture or dislocation with significant deformity
- Seizure
- Signs of heat stroke or other severe heat illness
- Sudden collapse
- Any condition in which the coach believes immediate emergency medical care is necessary

When a head, neck, or spinal injury is suspected, do not move the athlete unless remaining in place creates an immediate danger.

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, they 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 from the SCAT 6 Document

Headache	Don't Feel Right
Pressure in Head	Difficulty Concentrating
Neck Pain	Difficulty Remembering
Nausea/Vomiting	Fatigue or low energy
Dizziness	Confusion
Blurred Vision	Drowsiness
Balance Problems	More Emotional
Sensitivity to Light	Irritability
Sensitivity to Noise	Sadness
Feeling Slowed Down	Nervous or Anxious
Feeling like “In a Fog”	Trouble falling asleep

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.

Not all symptoms mean a concussion – But all concussions have symptoms.

Avoiding Heat Related Illnesses

Exertional heat illness can range from mild heat-related symptoms to life-threatening exertional

heat stroke. Coaches and staff should recognize early warning signs and immediately remove an athlete from activity when heat illness is suspected.

Risk may increase with hot or humid conditions, intense or prolonged exercise, heavy protective equipment, inadequate heat acclimatization, illness, dehydration, poor conditioning, certain medications, and previous heat illness.

Early Warning Signs

Watch for:

- Unusual fatigue or weakness
- Headache
- Dizziness or lightheadedness
- Nausea or vomiting
- Muscle cramping
- Heavy or unusual sweating
- Pale or flushed skin
- Rapid breathing or elevated heart rate
- Declining performance
- Difficulty keeping pace with teammates
- Complaints of feeling unusually hot

If these symptoms occur, stop activity, move the athlete to a shaded or cool area, remove unnecessary equipment or clothing, and begin cooling.

Heat Exhaustion

An athlete experiencing heat exhaustion may have significant fatigue, weakness, dizziness, headache, nausea, vomiting, heavy sweating, or difficulty continuing exercise.

- Immediately remove the athlete from activity.
- Move to a shaded, air-conditioned, or otherwise cool location.
- Remove excess clothing and equipment.
- Cool with cold towels, ice packs, fans, or cool water.
- Allow fluids if the athlete is fully alert, able to swallow normally, and not significantly nauseated.
- The athlete should not return to activity that day if significant heat exhaustion is suspected.
- Refer to the Athletic Trainer or appropriate healthcare provider for further evaluation.

Exertional Heat Stroke – Medical Emergency

Exertional heat stroke should be suspected when an athlete exercising in the heat develops significant changes in brain or nervous-system function, including:

- Confusion or disorientation
- Irrational or unusual behavior
- Loss of coordination, stumbling, or inability to walk normally
- Collapse
- Combativeness
- Seizure

- Decreased responsiveness or loss of consciousness

An athlete does not need to stop sweating to have heat stroke.

When exertional heat stroke is suspected:

1. Activate the Emergency Action Plan and call 911.
2. Remove unnecessary clothing and athletic equipment.
3. Begin aggressive whole-body cooling immediately.
4. Cold-water immersion is the preferred method of cooling when available.
5. If immersion is not available, use the most aggressive cooling method available, such as tarp-assisted cooling, continuous cold-water application, rotating ice-soaked towels, ice packs, and fans.
6. Continue monitoring airway, breathing, circulation, and responsiveness.
7. Do not give food or fluids to an athlete who has altered mental status or cannot safely swallow.

When trained medical personnel are present, rectal temperature is the accepted standard for accurately assessing core temperature in a suspected exertional heat stroke. Oral, forehead, ear, and similar temperature measurements are not considered reliable enough to rule out heat stroke in an exercising athlete.

Cool First – Transport Second

Rapid cooling is critical. When exertional heat stroke is suspected and effective whole-body cooling is available onsite, aggressive cooling should begin immediately while EMS is activated.

The goal is to reduce core temperature to approximately 102°F–102.5°F as rapidly as possible, ideally within 30 minutes of collapse. Emergency transport should follow appropriate onsite cooling.

Prevention

Heat illness prevention should include:

- Gradual heat acclimatization at the beginning of the season.
- Appropriate modifications to practice intensity, duration, equipment, and rest periods based on environmental conditions.
- Unlimited access to water.
- Regular hydration and cooling breaks.
- Close observation of athletes during hot-weather practices.
- Extra attention to athletes returning from illness, injury, vacation, or extended absence from training.
- Immediate reporting of symptoms rather than encouraging athletes to “push through” heat-related illness.

When in doubt, remove the athlete from activity and contact the Athletic Trainer.

Cold Related Injuries

In western Washington, cold-related illness is most likely to occur when athletes are exposed to a combination of cool temperatures, rain, wind, and wet clothing. Hypothermia can occur even when temperatures are above freezing, particularly during prolonged exposure or when an injured athlete stops moving and is no longer generating body heat.

Signs of developing cold stress or hypothermia may include:

- Persistent or increasing shivering
- Cold, pale skin
- Numbness or loss of feeling in the hands or feet
- Decreased coordination or difficulty performing normal skills
- Unusual fatigue or weakness
- Confusion, poor judgment, or unusual behavior
- Slurred speech
- Difficulty walking or stumbling
- Drowsiness or decreased responsiveness

Initial Management

- Remove the athlete from rain, wind, and the cold environment.
- Move the athlete to a warm, dry, sheltered location.
- Remove wet clothing as soon as possible and replace it with dry clothing.
- Cover the athlete with dry blankets, jackets, hats, or other insulating materials.
- Concentrate warming around the torso, chest, neck, head, and groin.
- If the athlete is fully awake and able to swallow normally, warm fluids may be provided.
- Do not rub or aggressively massage cold or numb skin.
- Do not apply very hot water, heating pads, or other intense direct heat to cold skin.
- Continue monitoring mental status, breathing, coordination, and overall condition.

Call 911 if the athlete develops confusion, significant loss of coordination, slurred speech, decreased responsiveness, stops shivering despite remaining cold, or otherwise appears to have moderate or severe hypothermia.

Wet and Cold Feet or Hands

Prolonged exposure to wet, cool conditions can cause non-freezing cold injuries even when temperatures remain above freezing. Watch for persistent numbness, tingling, pain, swelling, pale or mottled skin, or changes in sensation.

Remove wet footwear, socks, gloves, and clothing; gently dry and gradually warm the affected area. Athletes with persistent symptoms should be evaluated by the Athletic Trainer or an appropriate healthcare provider.

Frostbite

True frostbite is less common in western Washington athletics because tissue must actually freeze. If skin becomes unusually pale or white, gray, waxy, hard, numb, or develops blistering after cold exposure, protect the area from further cold, do not rub it, and seek prompt medical evaluation.

Prevention

Athletes should dress for the conditions rather than temperature alone. Clothing should include moisture-wicking layers, insulation when needed, and an outer layer that protects against wind and rain. Wet clothing, socks, and gloves should be changed promptly.

Coaches should pay particular attention to injured athletes, substitutes, sideline personnel, and athletes who have finished competing, as they may cool rapidly once physical activity stops.

ATHLETE HYDRATION

Hydration and Fluid Replacement

Proper hydration is important for athletic performance, recovery, and the prevention of heat-related illness. Student-athletes should begin practices and competitions well hydrated and have regular access to fluids throughout activity.

Hydration needs vary considerably between athletes based on body size, sweat rate, exercise intensity and duration, environmental conditions, clothing/equipment, and individual tolerance. Athletes should be encouraged to drink regularly and should never be denied access to water as a conditioning or disciplinary measure.

Water vs. Sports Drinks

For most practices and activities lasting less than approximately 60 minutes, water is generally an appropriate source of hydration.

Sports drinks such as Gatorade or Powerade contain water along with carbohydrates and electrolytes, particularly sodium. Although they are not necessary for routine hydration, they may provide an advantage during:

- Prolonged or intense activity lasting longer than approximately one hour
- Practices or competitions in hot or humid conditions
- Activities involving significant or prolonged sweating
- Tournament or multiple-event days
- Athletes known to have high sweat or sodium losses

The flavor of sports drinks may also encourage some athletes to consume more fluid.

Energy drinks are not sports drinks. Products such as Red Bull, Monster, Rockstar, Celsius, and similar highly caffeinated beverages should not be used for hydration before, during, or after athletic participation.

Coconut water contains fluid and potassium but generally contains less sodium than traditional sports drinks and may not adequately replace sodium lost through heavy sweating. Oral rehydration solutions such as Pedialyte are primarily designed to manage dehydration associated with illness and are generally unnecessary for routine athletic hydration.

General Hydration Guidelines

- 2–3 hours before activity: Drink approximately 16–20 ounces of fluid.
- 20–30 minutes before activity: An additional 8–10 ounces may be helpful.
- During activity: Athletes should have frequent opportunities to drink, generally every 15–20 minutes, with intake adjusted to thirst, sweat rate, heat, and activity level.
- Athletes should not attempt to drink as much fluid as possible. Excessive fluid consumption can lead to dangerously low blood sodium levels known as exercise-associated hyponatremia.
- Athletes beginning activity adequately hydrated should generally not gain body weight during exercise from excessive fluid consumption.
- After activity, athletes who have experienced significant fluid loss should replace approximately 16–24 ounces of fluid for every pound of body weight lost, along with normal meals or snacks containing sodium and other nutrients.

Recognizing Dehydration

Possible signs of dehydration include:

- Thirst or dry mouth
- Dark or decreased urine
- Headache
- Fatigue or weakness
- Dizziness or lightheadedness
- Decreased concentration or athletic performance
- Muscle cramping
- Feeling unusually hot

Athletes demonstrating confusion, altered behavior, stumbling, collapse, or other significant neurological changes during exercise, particularly in the heat, require immediate medical evaluation and activation of the Emergency Action Plan when appropriate.

Key Message

Hydration should be individualized. Water should remain the primary source of hydration for most daily athletic activity, while sports drinks can be useful during prolonged, intense, or high-sweat exercise. Both dehydration and excessive fluid consumption can create health risks.



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 they get medical treatment immediately.
- If the athlete experiences breathing difficulty and/or if they have 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 or saliva.
- 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.
- Do not put tooth on ice
- UW Medical is one of the few places in the area that can deal with emergency room dental issues. You can also call your dentist for after-hour options.

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 (are they hypoglycemic or hyperglycemic?). Do they want juice? Sugar? Get them what they need.

Bee Stings

Most bee, wasp, hornet, and yellow-jacket stings cause a local reaction such as:

- Immediate pain or burning
- Redness
- Swelling
- Itching or tenderness

The primary medical concern is a severe allergic reaction, or anaphylaxis, which can develop rapidly after a sting.

Initial Care

- Move the athlete away from the area to prevent additional stings.
- If a stinger is visible, remove it as quickly as possible. It may be scraped away with a fingernail or card, or removed with tweezers. Ideally use a scraping method before pulling method with tweezers.
- Wash the area with soap and water.
- Apply a cold pack wrapped in cloth for approximately 10–20 minutes to decrease pain and swelling.
- Remove rings, watches, or other restrictive items if swelling may develop around the area.
- Monitor the athlete closely for any developing allergic reaction.

Routine application of baking soda, sting wipes, or other home remedies is not necessary for basic first aid.

Signs of Anaphylaxis

Call 911 immediately if the athlete develops signs of a serious allergic reaction, including:

- Difficulty breathing, wheezing, or shortness of breath
- Swelling of the lips, tongue, face, or throat
- Difficulty swallowing or speaking
- Widespread hives or itching away from the sting site
- Dizziness, fainting, weakness, or collapse
- Rapid or weak pulse
- Repeated vomiting, significant abdominal symptoms, or diarrhea
- Confusion or decreased responsiveness

If an athlete has a prescribed epinephrine auto-injector or other emergency epinephrine and develops symptoms of anaphylaxis, assist with or administer the medication according to the athlete's emergency action plan, school policy, and the responder's level of training. Epinephrine is the first-line treatment for anaphylaxis and should not be delayed while waiting to see if antihistamines improve the reaction.

After epinephrine is given, call 911 and continue to monitor the athlete's airway, breathing, circulation, and responsiveness until EMS arrives.

Athletes With Known Sting Allergies

Athletes with a known severe allergy to insect stings should have an established emergency action plan and appropriate access to their prescribed epinephrine during practices, games, travel, and other school-sponsored activities

Exercise-Associated Muscle Cramps

Exercise-associated muscle cramps are sudden, painful, involuntary muscle contractions that occur during or shortly after physical activity. Although cramps were once primarily attributed to dehydration or electrolyte loss, current research suggests that they are usually caused by a combination of factors, particularly muscular fatigue and altered neuromuscular control.

Athletes who have experienced cramps in the past may be more likely to experience them again. Other contributing factors may include:

- Fatigue or exercising beyond the athlete's current conditioning level
- Sudden increases in exercise intensity or duration
- Inadequate recovery between practices or competitions
- Hot or humid environmental conditions
- Dehydration or significant sweat and sodium losses in some athletes
- Inadequate nutrition or carbohydrate intake during prolonged activity

Cramp Prevention

There is no single food, drink, electrolyte, or supplement that has been proven to prevent all muscle cramps. Prevention should be individualized for athletes who frequently experience cramping.

Recommended strategies include:

- Maintain appropriate conditioning for the demands of the sport.
- Gradually increase training intensity and duration rather than making sudden increases.
- Allow appropriate rest and recovery between intense activities.
- Begin practices and competitions adequately hydrated and drink according to individual hydration needs.
- Athletes who are heavy or salty sweaters may benefit from additional sodium during prolonged activity; this should be individualized with assistance from the Athletic Trainer.
- Maintain a balanced diet with adequate calories, carbohydrates, sodium, potassium, calcium, and magnesium.
- During prolonged or intense exercise, carbohydrate-electrolyte beverages may help maintain energy and replace some fluid and sodium losses.
- Athletes with a history of cramping should discuss prevention strategies with the Athletic Trainer.

Bananas, sports drinks, Pedialyte, pickle juice, mustard, magnesium supplements, or other products should not be relied upon as the primary method of preventing cramps. Routine magnesium supplementation is generally unnecessary unless a deficiency has been identified by an appropriate healthcare provider.

When a Cramp Occurs

The athlete should stop activity and gently stretch the affected muscle until the cramp resolves. Rest, hydration, and addressing contributing factors may then be appropriate before determining whether the athlete can safely return to participation.

Repeated, severe, widespread, or unusual cramping should be evaluated by the Athletic Trainer. Cramping accompanied by weakness, confusion, collapse, significant heat illness symptoms, dark urine, or other concerning symptoms may represent a more serious medical condition and requires prompt medical evaluation.

Seizure Management

If a student-athlete experiences a seizure:

- Stay with the athlete and remain calm.
- Note the time the seizure begins and monitor how long it lasts.
- If the athlete is falling, assist them safely to the ground when possible.
- Clear equipment, furniture, and other objects away from the athlete to prevent injury.
- Place something soft and flat under the athlete's head, if available.
- Remove eyeglasses and loosen restrictive clothing around the neck.
- Allow the seizure to run its course. Do not restrain the athlete or attempt to stop the movements.
- Do not place anything in the athlete's mouth. A person cannot swallow their tongue during a seizure.
- When it can be done safely, position the athlete on their side with the mouth directed toward the ground to help maintain a clear airway.
- Do not give food, fluids, medications, or supplements by mouth until the athlete is fully awake and alert.
- After the seizure, remain with the athlete. Confusion, fatigue, and disorientation may occur during recovery.
- Monitor breathing and responsiveness. If the athlete is unresponsive and not breathing normally, activate the Emergency Action Plan, begin CPR, and use an AED as indicated by your level of training.

Call 911 if:

- The seizure lasts 5 minutes or longer.
- Another seizure begins before the athlete has recovered from the first.
- This is the athlete's first known seizure.
- The athlete has difficulty breathing or does not regain consciousness appropriately.
- A significant injury occurred during the seizure.
- The seizure occurred in water.
- There is any other concern for a medical emergency.

For athletes with a known seizure disorder, coaches and medical personnel should be familiar with any individualized Seizure Action Plan and prescribed emergency medication procedures.

Any student-athlete experiencing a seizure during athletic participation should be removed from activity and evaluated by the Athletic Trainer and/or appropriate medical provider before returning to participation.

Ligament Sprains and Muscle Strains:

- Apply ice and compression wrap immediately after injury is sustained. Ice 3 to 4 times daily for 20 minutes.
If you use normal ice, you can place right on the skin. If you start to see skin blisters, which is rare, please add a paper towel between the skin and ice. If you use chemical ice, always place a paper towel between the ice and skin as the chemical ice gets much colder than normal ice. If you have any questions, please ask the Athletic Trainer or your primary care provider.
- Anti-Inflammatory medication may help (*Ibuprofen, Advil, etc.*) – have parents administer and follow bottle instructions. The athletic trainer and coaches can not provide. If you have any questions or concerns, please reach out to your primary care provider.
- Never apply heat to a sprain or strain within the first 48-72 hours after the injury is sustained.

R.I.C.E.: REST – ICE – COMPRESSION – ELEVATION

Ice is great for large amounts of swelling. For fresh injuries with little to no swelling, compression wrap the area is also an ideal way to treat and manage the injury.

Shin Splints:

“Shin splints,” medically referred to as medial tibial stress syndrome (MTSS), are a common overuse injury in runners and athletes who participate in repetitive running and jumping activities. Symptoms typically involve aching or tenderness along the inner portion of the tibia (shin bone), usually developing gradually with activity.

MTSS occurs when the repetitive stress placed on the lower leg exceeds the body’s ability to recover and adapt.

Common Contributing Factors

Factors that may increase the risk of developing shin pain include:

- Rapid increases in running distance, intensity, frequency, or hill training
- Beginning a new season or returning after an extended break
- Inadequate recovery between training sessions
- Running repeatedly on hard, uneven, or sloped surfaces
- Worn, poorly fitting, or inappropriate footwear
- Lower-leg strength or endurance deficits
- Foot and ankle biomechanics that increase stress through the lower leg
- Weakness or poor control through the hips, legs, or overall kinetic chain
- Inadequate nutrition or low energy availability, which may also increase the risk of bone stress injury

Management

Treatment should focus on reducing the stress that caused the condition while maintaining fitness whenever possible.

- Reduce or temporarily modify painful running and jumping activities.
- Substitute lower-impact conditioning such as cycling, swimming, pool running, or elliptical training when tolerated.
- Gradually restore running volume and intensity as symptoms improve.
- Address lower-leg, calf, foot, hip, and core strength or endurance deficits.
- Evaluate footwear and replace shoes that are excessively worn or inappropriate for the athlete.
- Arch supports or orthotics may be helpful for selected athletes but are not necessary for everyone.
- Ice may be used for short-term pain relief after activity if the athlete finds it helpful.
- Massage, stretching, heat, and other modalities may provide temporary symptom relief but should not replace appropriate load management and rehabilitation.

There is no single stretch, massage technique, shoe, or treatment that has been proven to prevent or cure shin splints. A gradual progression of training and appropriate recovery remain among the most important management strategies.

When to Be Concerned About a Stress Injury

Shin pain should not automatically be treated as routine “shin splints.” An athlete should be evaluated by the Athletic Trainer when pain:

- Becomes localized to one specific point on the tibia
- Occurs during normal walking or causes a limp
- Continuing despite reducing activity
- Occurs at rest or at night
- Is associated with swelling or significant tenderness over the bone
- Progressively worsens with continued running

These findings may indicate a bone stress reaction or stress fracture and may require medical evaluation and diagnostic imaging. Early identification is important because continuing to run through a bone stress injury can allow it to progress to a more significant stress fracture.

Student-athletes experiencing persistent shin pain should report to the Athletic Trainer rather than continuing to run through the symptoms.

Dietary and Performance Supplements

Dietary and sports supplements include products such as protein powders, creatine, pre-workout products, vitamins, minerals, herbal products, and other substances marketed to improve health, strength, energy, recovery, or athletic performance.

Unlike prescription and over-the-counter medications, dietary supplements are not approved by the U.S. Food and Drug Administration (FDA) for safety or effectiveness before they are sold. Manufacturers are responsible for the safety and labeling of their products. As a result, some supplements may contain ingredients that are not listed on the label, incorrect amounts of ingredients, contaminants, stimulants, medications, or substances prohibited in sport.

For most high school athletes, proper nutrition, hydration, sleep, recovery, and an appropriate strength and conditioning program provide the foundation for athletic performance. Supplements should not be considered a replacement for these fundamentals. Most healthy adolescents who consume a balanced diet do not require dietary supplements unless a specific nutritional or medical need has been identified.

Supplement Safety

Student-athletes considering the use of a dietary or performance supplement are encouraged to discuss the product with a parent/guardian and an appropriate healthcare professional, such as their physician, registered dietitian, or athletic trainer.

Any athlete choosing to use a supplement should select products that are NSF Certified for Sport®. This independent third-party certification helps verify that:

- The ingredients listed on the label are present in the product.
- The product has been tested for contaminants.
- The product has been tested for substances prohibited by major sports organizations.
- The manufacturing facility meets established quality standards.

NSF Certified for Sport® significantly reduces the risk associated with supplement contamination but does not guarantee that a supplement is completely safe, effective, or free of every prohibited substance. Athletes should verify the specific product and lot/batch number through the NSF Certified for Sport® database or app rather than relying only on the logo printed on the container.

Creatine

Creatine is a naturally occurring substance found in the body and in foods such as meat and fish. Creatine monohydrate is also one of the most extensively studied sports supplements.

Research in adults has demonstrated that creatine supplementation can improve strength, power, and performance during repeated bouts of short-duration, high-intensity activity, such as sprinting and resistance training. It generally provides little benefit for primarily endurance-based activities.

Creatine is not an anabolic steroid and does not produce the same physiological effects as anabolic steroids. Research in healthy adults has generally found creatine monohydrate to be safe when used appropriately. Common effects may include increased body weight due primarily to increased water within the muscles and, in some individuals, gastrointestinal discomfort.

Research involving children and adolescents is considerably more limited than research involving adults. Because high school athletes are still growing and developing, creatine supplementation should not replace appropriate nutrition and training. Student-athletes considering creatine should discuss its use with their parent/guardian and a qualified healthcare or sports nutrition professional before beginning supplementation.

Lake Washington High School Recommendation

Lake Washington High School encourages student-athletes to take a food-first approach to sports nutrition and performance. No supplement can replace adequate nutrition, hydration, sleep, recovery, and appropriate training.

When supplements are medically or nutritionally appropriate, athletes should choose reputable products and look specifically for the NSF Certified for Sport® designation to help reduce the risk of contamination, inaccurate labeling, and prohibited substances.

BASIC WOUND CARE

Abrasions & Turf Burns

Abrasions and turf burns occur when the outer layers of skin are damaged by friction against turf, flooring, or another surface. Proper cleaning and wound coverage are important to promote healing and reduce the risk of infection.

Initial Wound Care

- Wash hands and wear gloves before providing wound care.
- Control any bleeding with direct pressure using clean gauze.
- Thoroughly rinse the wound with clean running water or sterile saline to remove dirt, turf fibers, rubber pellets, and other debris.
- Gently clean around the wound with mild soap and water. Additional irrigation may be necessary for heavily contaminated turf burns.
- If dirt or debris cannot be completely removed, the athlete should be referred for further medical evaluation.

Dressing the Wound

- Apply a thin layer of petroleum jelly or an appropriate wound-care product to help maintain a moist healing environment.
- Routine use of topical antibiotic ointments is generally not necessary unless recommended by a healthcare provider.
- Cover the abrasion with a clean, non-stick or appropriate occlusive dressing.
- Change the dressing at least daily and anytime it becomes wet, dirty, loose, or contaminated.
- During athletic participation, the wound should remain completely covered with a secure dressing that will stay in place throughout activity.

Monitor for Infection

Athletes should report increasing redness, warmth, swelling, pain, drainage, pus, red streaking, fever, or a wound that is not healing normally to the Athletic Trainer or healthcare provider.

Open wounds are a potential entry point for skin infections, including MRSA. Athletes should not share towels, razors, clothing, ointments, or other personal items. If a wound cannot be securely covered or contains uncontrolled drainage, participation may need to be restricted until appropriately evaluated.

The most important step in treating an abrasion or turf burn is not simply covering it—the wound must first be thoroughly cleaned and all visible debris removed before an appropriate dressing is applied.

Lacerations- (Deep Jagged Cuts)

- Wear gloves and apply firm, direct pressure with clean gauze to control bleeding.
- If bleeding is severe or life-threatening, activate the Emergency Action Plan and call 911. Use a tourniquet for severe extremity bleeding if indicated and you are trained to do so.
- Once bleeding is controlled, thoroughly irrigate the wound with clean water or sterile saline and remove visible dirt or debris.
- Small, superficial wounds with well-approximated edges may be closed with adhesive wound-closure strips when appropriate.
- Refer the athlete for medical evaluation when:
 - Bleeding does not stop with sustained direct pressure.
 - The wound is deep, significantly gaping, or may involve muscle, tendon, nerve, blood vessel, or other deeper tissue.
 - The wound is heavily contaminated or contains debris that cannot be removed.
 - The wound is caused by a bite, puncture, or contaminated object.
 - The wound may require sutures, staples, adhesive closure, or other medical treatment.
- Cover the wound with a clean dressing and keep it protected until further evaluation or healing.
- Monitor for increasing redness, warmth, swelling, pain, drainage, or other signs of infection.

Blisters

Friction blisters commonly develop from repeated rubbing, pressure, heat, and moisture. Proper treatment should reduce friction, protect the skin, and prevent infection.

- Wash hands and wear gloves before providing care.
- If the blister is intact, gently clean the surrounding area with soap and water.
- Whenever possible, leave an intact blister closed. The overlying skin provides a natural protective barrier against infection.
- Protect the blister from additional pressure and friction with a blister pad, moleskin “donut,” hydrocolloid dressing, or other appropriate protective padding.
- Secure the dressing appropriately for athletic participation and replace it if it becomes wet, dirty, or loose.
- If a blister is large, painful, or interfering with participation, it may be drained using appropriate clean/sterile technique while leaving the skin covering the blister intact.
- If the blister has already opened, gently clean the area with soap and water or saline. Do not intentionally peel away attached skin. Apply a thin layer of petroleum jelly or appropriate wound-care product and cover with a non-stick dressing.
- Continue to protect the area until the underlying skin has healed.

Watch for Infection

Monitor for:

- Increasing redness or warmth
- Swelling or worsening pain
- Pus or unusual drainage
- Red streaking extending from the area
- Fever or other systemic symptoms

Athletes showing signs of infection should be referred to the Athletic Trainer and/or appropriate healthcare provider for evaluation. Antibiotics should only be used when prescribed or recommended by a healthcare provider.

Prevention

Athletes prone to blisters should:

- Wear properly fitting shoes and equipment.
- Break in new footwear gradually.
- Keep feet as dry as possible.
- Change wet socks when necessary.
- Use moisture-wicking socks.
- Apply protective padding or friction-reducing products to known problem areas before activity.

Never intentionally cut or remove the intact skin covering a blister. The blister roof acts as a natural protective dressing for the sensitive tissue underneath. If this is done, it must be done by a Healthcare professional.

Watch for Shock

Shock is a life-threatening condition in which the body is not receiving adequate blood flow and oxygen. It may result from severe bleeding, significant trauma, allergic reactions, heat illness, dehydration, or other serious medical conditions.

Signs of shock may include:

- Pale, cool, or clammy skin
- Rapid or weak pulse
- Rapid breathing
- Dizziness or weakness
- Confusion, anxiety, restlessness, or decreased responsiveness
- Nausea or vomiting
- Excessive thirst

If shock is suspected:

- Activate the Emergency Action Plan and call 911.
- For life-threatening bleeding from an arm or leg, apply a commercial tourniquet if indicated and within your training.
- Have the athlete lie down and keep them as still and comfortable as possible.
- If a head, neck, back, or other significant injury is suspected, do not move the athlete unless necessary for safety, CPR, or bleeding control.
- Keep the athlete warm with a blanket or additional clothing, unless overheating is the cause of the emergency.
- Do not give the athlete food or fluids.
- Continuously monitor breathing, responsiveness, and overall condition until EMS arrives.
- If the athlete becomes unresponsive and is not breathing normally, begin CPR and use an AED as indicated.

Shock is a medical emergency. An athlete showing signs of shock requires immediate EMS evaluation and should not simply be transported by a parent or coach.

Appendix A

LAKE WASHINGTON HIGH SCHOOL EMERGENCY CONTACTS

Emergency Medical Services

9-1-1

Athletic Director: Rick O'leary	425-936-1712
Athletic Trainer: Delaney Farmer	425-390-4121
Lake Washington H.S Athletic Secretary:	425-936-1732
Team Physician: Dr. Manning, MD & Dr Hsu, MD	

Appendix B

Lake Washington Administration Approval of the Athletic Training Policies & Procedures

Lake Washington Administrator (Dr Bell)

Date

Lake Washington Athletic Director

Date

Lake Washington Athletic Trainer

Date