

Tempe Union High School District Parent & Student Handbook



Athletic Training Policy & Procedures

- Role of the Athletic Trainer
 - Scope of Practice
- Athletic Training Services
 - Pre-Participation Physicals
 - Practice/Game Coverage
- Athletic Training Hours
- Athletic Training Room Rules
- Consent to Treat
- Injury Reporting
- Communication
- Physician Referrals
- Injury Privacy & Law

Role of the Athletic Trainer

- ATs are hired through Banner Sports Medicine to provide Athletic Training Services to the athletes of the Tempe Union High School District
- Certified by the Board of Certification & Licensed by the State of Arizona to provide allied healthcare to the physically active population
- Athletic Trainers work under the direction of a physician.
 - TUHSD's Directing physician is Dr. Amy Overlin, MD
- Each school has 1.5 Certified ATs on staff:
 - One full time and one part time
 - Some will split time between two schools
- Any injured athlete should be referred for care by the AT staff despite if they will be seen by an outside provider
 - AT staff/directing physician must be up to speed on all student athletes in TUHSD
- **AT staff & Coaches should have a TEAM approach to ensure SAFETY is the #1 priority for TUHSD athletes**

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Scope of Practice of an Athletic Trainer

- Injury & Illness Prevention & Wellness Promotion
- Examination, Assessment, and Diagnosis of injuries & Illnesses
- Immediate & Emergency Care of Injuries & Illnesses
- Therapeutic Intervention of Injuries & Illnesses
- Healthcare Administration & Professional Responsibility

Athletic Training College Interns

- Will work under the direct supervision of a Certified Athletic Trainer to provide care within the scope of practice of a Certified Athletic Trainer
- Students **MUST** be within eye and ear shot of the Certified AT at all times
- Students **ARE NOT** allowed to make Return to Play decisions or travel without the Certified AT

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Athletic Training Services: Pre-Participation Physicals

- Physicals are required prior to try-outs per AIA
- Banner Sports Medicine will offer mass-school Physicals in the Spring (pending COVID restrictions)
- Any athlete NOT cleared on a physical is NOT permitted to participate in any activities until cleared by an appropriate medical provider
 - Documentation addressing the cause of initial denial of clearance is REQUIRED for clearance to return
 - It is NOT acceptable to just get a new physical without addressing the initial concern
 - If an athlete had COVID-19, it must be noted in the PPE
 - History of COVID-19 may require return to participation protocol!
- It is HIGHLY recommended ALL athletes participating in any activity (including pre- and post-season) have a PPE on file prior to participation

Sports Physicals



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Athletic Training Services: Practice Coverage

Fall:

- Varsity Football: ALL home & away games
- Junior Varsity & Freshman Football: ALL home games
- Cross Country: Home meets only
 - Locations/times need to be communicated early
- Volleyball: Home games only – AT on site
- Badminton: Home games only – AT on site
- Swimming/Diving: home meets only
 - Only applies to McClintock High
- Golf: On call for home meets – will not be at venue

Winter:

- Wrestling: all home matches
- Basketball: all home games after soccer if on same night
- Soccer: all home games

Spring:

- Baseball: all home games – on site
- Softball: all home games – on site
- Track & Field: all home meets – on site
- Tennis: all home games—on site
- B. Volleyball: all home games – on site
- Sand Volleyball: all home games – on site

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Athletic Training Room (ATR) Hours

- Each site will have up to 40 hrs of AT services per week (with a second AT providing up to 20 hours of overlapping services)
 - Hours will vary by site & season
 - The ATR will not be open prior to the start of the school day
 - Services available in afternoons Mon - Fri
 - Saturday services for CONTACT FOOTBALL only: 8 am - 12 pm
 - NO treatments during class time (even for seniors with a release hour)

Summer Services:

- Each school will get AT services up to 20 hours per week as determined by the Banner Director of Sports Medicine

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Athletic Training Room (ATR) HOLIDAY Hours

- ATs will be OFF on Thanksgiving day, Christmas Day, News Year Day, Memorial Day, and July 4th
- ATs will work Labor Day if necessary
- School Holidays/Closures:
 - ATR will be open up to 6 hours
 - AT will set hours based on site needs
 - If there is a game, hours will be set around the game time



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ATR Rules

- AT staff will develop and post rules for their facility
- Anyone needing anything from the AT staff (even ice and bandaids) **MUST** sign-in prior to receiving treatment (except in an emergency)
- Athletes should **ALWAYS** be supervised by a member of the AT staff or, at minimum, an adult coach when in the ATR.
 - **NO** unsupervised ice baths!!
- Athletes & coaches are **NOT** permitted in the office of the ATR without permission of the AT staff to comply with federal law.
- Respect for the staff and our equipment is expected
- Failure to comply with these rules will result in expulsion from the ATR.



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Consent to Treat

- Gives AT staff permission to treat the athlete and provide emergency care in the absence of a parent/guardian
- Must be uploaded on Register My Athlete
- Is required to participate in any school activity including pre, post, and summer workouts
- Signed consent to treat **MUST** be on file prior to receiving any AT care
 - If this not on file, emergency care is all that can be rendered

A patient cannot see a Physician without a consent to treat on file. An athlete cannot see an Athletic Trainer without consent to treat on file.



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Injury Reporting

- ALL injuries/illnesses must be reported to the AT
 - Must report even if seeing an outside provider
- All healthcare provider notes must go to the AT staff
- Athletes seen by any healthcare provider **MUST** have a clearance note from that provider *in writing*
- If referred out, only notes from the following providers will be accepted for medical clearance:
 - Medical Physician (MD, DO)
 - Physician Assistant (PA-C)
 - Nurse Practitioner (NP)
- All injuries/illnesses need final clearance by AT staff
- If you hear an athlete state they have a doctor's appointment, please send them to the ATR



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Communication

- Communication is essential to good team work, therefore, all parties should work to ensure good lines of communication in and out of season
- AT staff will communicate with parents & coaches if physician referral is necessary
- Injury/athlete statuses will be communicated to coaching staff
- If you have questions regarding your athlete's status, please contact your Athletic Trainer



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Physician Referrals

- Physician referrals will be facilitated by the AT staff
- Any player seeing an outside provider **MUST** have a written note regarding the visit and status.
 - Athlete will be unable to participate unless a note is provided
 - Notes must go to AT staff, not coaches
- Final clearance notes must be from a Physician (MD/DO), Physician Assistant (PA-C), or Nurse Practitioner (NP/FNP) only!
- The school's sports medicine staff, in conjunction with our supervising physician, will have the final authority over return to play clearance
 - We will not overturn a note restricting play
 - Many times providers clear an athlete for activity, but they are NOT sport participation ready. It is our responsibility to ensure all athletes are entering back into sport in a safe manner



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Injury Privacy & the Law

- Athletic Training services fall under the Health Insurance Portability and Accountability Act (*HIPAA*)
 - Any and all information we receive is confidential and can only be shared with those who have a role in the athlete's care (coaches, AT staff, physicians, AD, parents/guardians)
- Any injury information given to administration or coaches should be considered privileged and should NOT be given to anyone else
- The ATR is considered a healthcare facility and athletes should not be taking pictures/videos as that violates HIPAA privacy laws.



It's NOT a suggestion...it's the law!

Sports Medicine Guidelines for TUHSD: Concussion & Head Injury

Developed from the following documents:

- Berlin Consensus Statement on Concussion in Sport
- National Athletic Trainers Association Position Statements
- Arizona State Statutes
- Arizona Interscholastic Association Articles

Athletic Trainers in TUHSD attend annual concussion education updates and review all policies/guidelines annually

This will outline the key points on the concussion protocol. You may view the full Concussion & Head Injury Guideline documents at your own discretion by contacting your home school's Athletic Trainer.

“Why is the brain is the only organ in that body in which we ask the injured body part to evaluate itself to determine if it needs to be evaluated by a healthcare provider?”

~D.C.



Sports Medicine Guidelines for TUHSD: Concussion & Head Injury

HELP KEEP ATHLETES SAFE *from* **CONCUSSIONS**
AND OTHER SERIOUS BRAIN INJURIES

REPORT IT
Remind your athletes to tell coaching staff right away if they think they have a concussion or that a teammate has a concussion.

FOLLOW THE RULES
Make sure that athletes follow the rules for safety and the rules of the sport.

SPORTSMANSHIP
Encourage athletes to practice good sportsmanship at all times.

ACTION PLAN
Keep the Heads Up Action Plan at all games and practices.

LEARN more AT:
www.cdc.gov/Concussion

EARLY REPORTING LEADS TO EARLIER RETURN

- Athletes that attempt to play through concussion are 2.2 times more likely to have a recovery that lasts longer than 8 days
- Immediate reporting & removal from play shows athletes return 5 days sooner

SECOND IMPACT SYNDROME KILLS

- Once it happens there is **NOTHING** we can do on the field to stop the cascading event of brain swelling & herniation

ALWAYS take Head Injuries seriously &
NEVER hide it from the medical staff
IT IS THE LAW

NO GAME IS WORTH A LIFE

Sports Medicine Guidelines for TUHSD:

Concussion & Head Injury

- Education
- Baseline Testing
- Suspected Concussion & Notification
- Recognition
- Emergency Management & Referral
- Return to Learn
- Return to Play

EDUCATION

State Law: A.R.S § 15-34(A)(24)(b) & AIA Bylaws 14.14 & 17.1

Education regarding concussion risk & recognition must be provided to parent/guardians, student athletes, and coaches/officials

- Parent/Guardians sign acknowledgement of risk of concussion prior to sport participation
 - “mTBI/Concussion Annual Statement & Acknowledgement form” on RMA
- Concussion education to athletes → BRAINBOOK
 - Must pass course with an 80% or higher
 - Submitted on RMA
- Coaches/Officials must complete NFHS Concussion Education
 - “Concussion in Sport - What You Need to Know”

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Baseline Neurocognitive Testing:

- *The Physical for your Brain*
- **ImPACT** --- must have a **VALID** test on file prior to participation
 - Re-tested annually
 - Tests visual/verbal memory, reaction time, & motor speeds
 - NOT a pass/fail test
 - Invalid scores may occur when:
 - Athlete does not follow instructions
 - Does not give maximal effort
 - Technology malfunctions
 - Athlete skips sections
 - Athlete is distracted
 - Scores are read for validity by Athletic Trainers and/or Supervising Physician
- Required for sports considered **HIGH** risk of concussion: football, cheerleading, volleyball, diving, basketball, soccer, wrestling, pole-vaulting, baseball, softball
- Data is used in making return to play decisions post injury. ImPACT does **NOT** diagnose a concussion

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Baseline Neurocognitive Testing:

- Athletic Trainers will offer ImPACT testing opportunities multiple times throughout the school year
- It is the athlete's responsibility to PLAN AHEAD to complete their annual ImPACT baseline
 - DO NOT wait until the day of try-out to test or review test results!
- Baseline Testing CANNOT be done at home or with other providers - as we will not have access to results
- Upon completion of a baseline test the AT staff will review results:
 - If test is VALID the Athletic's office will be notified and the athlete's ImPACT will be checked off in RMA
 - If test is INVALID the athlete's ImPACT will NOT be checked off in RMA
 - If athlete has not updated RMA, valid tests will be kept on file in Athletic Office & Athletic Training room
 - Athletes should follow up with Athletic Trainer or Athletics Office within 1 week to determine if testing was Valid or Invalid

Sports Medicine Guidelines for TUHSD:

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SUSPECTED CONCUSSION & Notification:

State Law: A.R.S § 15-34(A)(24)(b)

- Suspected concussion during activity **MUST** be **IMMEDIATELY** removed from activity
 - Coach, parent/guardian of athlete or other athlete on same team, official, or licensed healthcare provider
- Suspected concussion may return to play same day **ONLY** if Licensed Health care provider rules-out a concussion
 - Subsequent day Return to Play: **ONLY** if evaluated by & written clearance from a licensed healthcare provider
- HB 2088: Once removed from play parent/guardian must be notified of injury

District Guideline for Initial Evaluation & Notification

- AT on site does initial evaluation, makes additional referrals as necessary, notifies parent/guardian
 - Visiting AT staff should do evaluation when away
 - Coaches should notify home AT staff & parent/guardian of injury sustained at away events
- **FINAL** clearance is **ALWAYS** made *by the school's Athletic Training Staff/Directing Physician*
 - AT staff will never be more aggressive, but may be more conservative than any treating provider

Sports Medicine Guidelines for TUHSD:

Concussion & Head Injury

- Education & Baseline Testing
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 - Licensed Healthcare Providers
- Recognition
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- Return to Learn
- Return to Play

LICENSED HEALTHCARE PROVIDERS:

State Law: A.R.S § 15-34(A)(24)(b)

- Only the following licensed healthcare providers are permitted to evaluate, manage, diagnose, and make return to play decisions in regards to head injuries/ concussions
 - Certified Athletic Trainers (AT)
 - Medical Physician (MD, DO)
 - Physician Assistants (PA-C)
 - Nurse Practitioners (NP)
- Other medical providers may provide treatments to athletes with a concussion, but may not provide clearance for Return to Play



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Recognition of Concussions

Mechanism:

- Concussions can occur from a hit to, or jarring of the head:
 - Blunt Trauma to Head
 - Acceleration Forces
 - Deceleration Forces
 - Rotational Forces
 - You do NOT have to be hit in the head to be concussed!!

Common signs/symptoms may include, but not limited to:

- Thinking and remembering (confusion, dazed, mentally foggy, memory problems, etc.)
- Physical (nausea/vomiting, headache, sensitivity to light/sound, etc.)
- Emotional (irritability, nervousness, sadness, etc.)
- Behavioral (changes in sleeping habits)

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Emergency Management

- The following situations indicate a medical emergency
 - Prolonged loss of consciousness
 - Deteriorating neurological function
 - Decreasing level of consciousness
 - Decreased/irregular respirations
 - Signs/Symptoms of skull fracture, major bleeding, spine injury
 - Seizure activity
 - Increasing severity in head/neck pain

Referral:

- AT staff will evaluate & make necessary referrals
 - Non-emergent referrals based on: clinical exam, athlete's history, recovery curves, and need for additional resources
- Referrals are made to providers with a background in concussion management and will be facilitated by AT staff & directing physician
- All athletes referred will still follow all RTP guidelines & final clearance will be through AT staff/directing physician

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Return to Learn

- A STUDENT-athlete MUST return to being a STUDENT before they return to being an athlete
- AT staff/directing physician will work together with school administration, counselors, school nurse, & teachers to ensure proper accommodations take place for a concussed athlete to recover and return to school
- Some school modifications may include:
 - Rest breaks
 - Fewer hours at school
 - Additional time for work/tests
 - Additional help for work
 - Reduced screen/reading/writing time
 - Early dismissal to avoid congested hallways
- Athlete must complete the following stages before they will be allowed to begin the return to play progression
 - Normal activities at home
 - Normal school activities at home
 - Return to School Part-time
 - Return to School Full-time
- Some athletes will return to learn right away, some will require a longer recovery

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Return to Play

- Average recovery for a pediatric concussion can be up to 3 weeks
 - Minimum recovery is 1 week
- All Athletes MUST complete all 6 stages of the *Graduated Return to Play Protocol (RTPP)* regardless of any outside medical documentation
 - All stages MUST be supervised by AT staff
- IMPACT scores must be back at baseline prior to beginning any contact activities
 - Prior to stage 5
- IF referred to a physician, athlete must have written clearance from physician prior to completing RTPP
- FINAL clearance will be made by AT staff/directing physician regardless of any outside medical documentation

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Graduated Return to Play Protocol (International Protocol)

1. Symptom Limited Activity:
 - a. Initial Rest (24-48 hours) w/treatment by AT staff
 - b. Rehab with AT staff
 - c. Return to Learn activities
2. Light Aerobic Activity:
 - a. Increase heart rate, no formal team activities
3. Sport Specific Exercise/Conditioning
 - a. No head contact activities
 - b. Running, agility movements - no equipment
4. Non-Contact Training Drills/Practice:
 - a. Weight room activities
 - b. Practice drills without contact of other players
 - c. Athlete must be actively participating - if they stand & watch practice it will NOT count as a day
5. Full Contact Practice:
 - a. ImPACT must be at Baseline to progress to this stage
 - b. Athlete must complete a full normal practice with contact/hitting drills
 - c. Cannot move to stage 6 without completing this stage
6. Return to Sport/Game Play
 - a. Athlete still needs to check in with AT staff before/after this stage for final clearance

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Graduated Return to Play Protocol

- Only 1 stage may be completed per day
 - Must remain asymptomatic for 24 hours between stages
- Athlete's clinical exam must remain normal throughout stage, if symptomatic they will return to previous stage on subsequent day & repeat
- All stages of RTPP must be supervised and documented by AT staff
- Activities and drills will be sport specific
- Coaches should assist with sport specific exercises and non-contact practice days as requested by ATs
- Anyone diagnosed with a concussion **MUST** go through the 6 staged return to play protocol before being cleared. *There is no way out of this, even if they were seen and cleared by an outside provider!*

Sports Medicine Guidelines for TUHSD: Environmental Heat Illness

HEAT EXHAUSTION	OR	HEAT STROKE
Faint or dizzy		Throbbing headache
Excessive sweating		No sweating
Cool, pale, clammy skin		Body temperature above 103° Red, hot, dry skin
Nausea or vomiting		Nausea or vomiting
Rapid, weak pulse		Rapid, strong pulse
Muscle cramps		May lose consciousness
<ul style="list-style-type: none">Get to a cooler, air conditioned placeDrink water if fully consciousTake a cool shower or use cold compresses		CALL 9-1-1 <ul style="list-style-type: none">Take immediate action to cool the person until help arrives

[Weather.gov/socialmedia](https://www.weather.gov/socialmedia)
[Weather.gov/heat](https://www.weather.gov/heat)

[Sacramento](https://www.sacramento.gov)
[Sacramento](https://www.sacramento.gov)

[@SacramentoOES](https://twitter.com/SacramentoOES)
[SacramentoReady.org](https://www.sacramentooready.org)

Heat illness guidelines are **CRITICAL** for safe sports participation here in the valley

Developed from the following documents:

- National Athletic Training Position Statements
- Arizona Interscholastic Association Articles
- *Healthy Hydration For Young Athletes* by Heather Mangieri, RDN, CSSD

Athletic Trainers in TUHSD review all policies/guidelines annually based upon recent evidence based practice

This will outline the key points on the heat illness protocol. You may view the full heat illness guideline documents at your own discretion by contacting your home school's Athletic Trainer.

“Exercise intensity increases core body temperature faster than any other factor”

Sports Medicine Guidelines for TUHSD: Environmental Heat Illness

- Heat Acclimatization Protocol
- Prevention Strategies:
 - Hydration Recommendations
 - Heat Restrictions & Practice Modifications
- Heat Illness Recognition
- Emergency Management & Referral
- Cooling Methods
- Return to Play

Acclimatization: AIA Bylaws 14.17

- *“Physiologic response to repeated heat exposure during exercise over the course of 10-14 days”*
- Body gradually adapts to exercising in a hotter environment & increases its ability to cope with heat
 - Reduces risk of heat related illnesses
- Violations of the acclimatization process will be reported to school & district administration.
- Days must be consecutive
 - If athlete misses a day, they must resume where they last participated. They may not skip to the next stage with the remainder of the team.
- Acclimatization practices must be held in the same environment in which you will play



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Acclimatization: AIA Bylaws 14.17

Days 1-5 Practice Times

- Only 1 practice/day allowed
- No more than *3 hours per day*
- May have a 1 hour max walk through in addition to the above
- 3 hour recovery period between practice and walk through is required

Walk through = no contact w/ individuals, pads, dummies, or sleds



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Acclimatization AIA Bylaws 14.17

Day 1-3

- Helmet only
- Shields & dummies used as non-contact teaching tool



Day 4-6

- Helmet & shoulder pads only
- Blocking sled and dummies may be initiated



Day 7-14

- Full Padded practice may commence
- Two-a-day practices ok
 - Must be followed by single practice day or rest day
 - Any single practice may not be longer than 3 hours
 - Total time in practice in a single day cannot exceed 5 hrs
 - *Warm-up, cool-down, stretching, walk-through, conditioning, & weight room all count as practice!!*



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Hydration Recommendations

- Athletes should carry a personal water bottle to drink throughout the day. Waiting until practice is too late.
 - ½ - 1 cup of water after every class & at lunch
- Baseline needs for Daily Hydration (without activity)
 - Males aged 14-18: 14 cups of water
 - Females aged 14-18: 10 cups of water
- During Activity: 9-13 oz water every 15 minutes
- UNRESTRICTED access to water during participation

Athletes should be encouraged to monitor fluid loss by weighing in before & after participation

Condition

% Body Mass Deficit

Mild-Moderate dehydration

2-5%

Severe dehydration

> 5

>5% change is associated with ↓ performance & ↑ health risks

Athletes should consume 2-3 cups for every lb lost during activity to rehydrate

Heat Illness Guidelines:

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Hydration Distribution (Pending COVID restrictions)

- Water will be provided by AT staff for in-season sports as determined by AT staff and in consideration of COVID protocols
- Out of season sports may have water, but must fill, deliver, return, and clean on their own
- If AT is not on site - athletes are responsible for supplying their own water
- **CENTRALIZED HYDRATION MAY NOT BE PROVIDED DEPENDENT ON MITIGATION PROTOCOLS!**
- Athletes must bring their own water until further notice for games and practice!



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Heat Restrictions & Practice Modification

- AT staff will monitor heat conditions using WeatherBug and/or a sling psychrometer.
 - Sling psychrometers (digital) preferred for site specific recordings
- Heat index identified using the provided chart & finding the value corresponding to current temperature & humidity
 - Higher value is used to calculate humidity
 - EX: 11% use value for 15% row
- Modifications for practice are provided based on each heat index level
- AT staff will communicate to coaches/AD all practice modifications prior to start of practice
 - Practice may be postponed until a lower index is reached
 - Once practice starts modifications are in place for the duration of practice
 - There is an accumulation effect of core temperature during exercise therefore heat index will not be re-read for different modifications

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Heat Restrictions & Practice Modification

Heat index below 105

- No modifications

105-110

- Helmet and shells only & Group rest/water every 20 min

111-115

- Helmets Only
- Rest and water as group every 20 minutes with helmet off
- Conditioning ok, but without equipment

116-120

- Practice OUTSIDE with:
 - NO equipment
 - Practice time limited to 90 minutes or less
 - Water/rest breaks every 10-15 minutes
- Practice INDOORS
- Practice postponed until lower index is reached

120+

- Practice moved inside, cancelled, or postponed

Water Break: rest without any activity, helmets removed, and unlimited hydration intake is available

		Temperature (° F)																										
		90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	
Relative Humidity	100																											
	95																											
	90	119																										
	85	115	119																									
	80	112	115	119																								
	75	109	112	115	119																							
	70	106	109	112	115	118																						
	65	103	106	108	111	114	117																					
	60	100	103	105	108	111	114	116	120																			
	55	98	100	103	105	107	110	113	115	118																		
	50	96	98	100	102	104	107	109	112	114	117	119																
	45	94	96	98	100	102	104	106	108	110	113	115	118	120														
	40	92	94	96	97	99	101	103	105	107	109	111	113	116	118													
	35	91	92	94	95	97	98	100	102	104	106	107	109	112	114	116	118	118										
	30	89	90	92	93	95	96	98	99	101	102	104	106	108	110	112	114	114	116	118	120							
	25												101	103	104	106	108	109	111	113	115	117	119					
	20														103	105	106	107	109	110	112	113	115	117	119			
	15															102	103	104	105	107	108	109	111	112	113	115		
	10																		103	103	105	106	107	107	109	110		
	5																				102	103	104	104	105	106		

Heat Index < 105: Below Danger Zone	Practice as normally conducted. Water available and breaks given
Heat Index 105 -110: Danger Zone	Shells and Helmets only. Water breaks every 20 minutes, allowing athletes to remove helmet during water breaks. Conditioning permitted with shells and helmets.
Heat Index 111 – 115: Danger Zone	Helmets only. Water breaks every 20 minutes, allowing athletes to remove helmet during water breaks. Conditioning permitted, but without equipment.
Heat Index 116 – 120: Critical Zone	Outside practice may occur with NO equipment and reduced practice time (no longer than 90 minutes) Water breaks given every 10-15 minutes

Sports Medicine Guidelines for TUHSD:

Environmental Heat Illness

- Heat Acclimatization Protocol
- Prevention Strategies:
 - Hydration Recommendations
 - Heat Restrictions & Practice Modifications
- Heat Illness Recognition
- Emergency Management & Referral
- Cooling Methods
- Return to Play

Heat Illness Recognition:

An athlete may be suffering from a heat illness if any of the following are observed:

- Confusion, disorientation, impaired consciousness
- Poor coordination or irrational behavior
- Excessive sweating OR absence of sweating
- Pale, cool, clammy skin OR red, hot, dry/wet skin
- Dehydration, lightheadedness, dizziness
- Nausea, vomiting
- Weakness

Types of Heat Related Illness

Exercise Associated Exertional Heat Cramps

- Painful, involuntary muscle contraction

Heat Syncope

- Fainting episode from high heat

Heat Exhaustion

- Inability to continue exercise due to physical changes from heat. Core temp < 104° F

Exertional Heat Stroke

- Central nervous system dysfunction, organ system failure due to core temp >104° F

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Emergency Management & Referral:

- The following indicate a medical emergency & require transportation to a hospital
 - Altered mental status/decreased level of consciousness
 - Unstable or decreased vital signs, including elevated core temperature
 - Rectal thermometry will be used as primary method
 - Deteriorating neurological function
 - Decreasing/irregular respirations or prolonged difficulty breathing
 - Seizure activity
 - Prolonged vomiting
- ANY suspected heat illness should be removed from activity
- AT should be contacted
- Athlete should be moved to a cooler area & cooled

COOL FIRST - TRANSPORT SECOND

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Cooling Methods:

Ice Bath (cold water immersion with water oscillation)

- Fill cold-tub with ice and water (Target 50-60°F)
- Submerge athlete in water, keeping head above water
- If athlete is unconscious be sure those assisting are able to hold body above water to prevent drowning or injury to others
- Keep water oscillating if possible

T.A.C.O. (tarp assisted cooling oscillation)

- Place athlete on tarp
- Have one person at the head make sure it stays above water
- Have 4 or more people get on all sides of the patient and lift the sides creating a shallow pool
- Dump cold water into the shallow pool and oscillate with the rescuers' knees

Ice Packs or Ice Towels

- Place ice bags on groin, armpits, and neck
- Fan body

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Return to Play:

Exercise Associated Exertional Heat Cramps

- May return at discretion of AT

Heat Exhaustion/Heat Syncope

- Removed from play for remainder of day to be evaluated/treated by AT staff
- No participation minimum 24-48 hours, possibly withheld 7-14 days or longer depending on severity
 - Return to play will be determined by AT staff and directing physician
 - Persisting symptoms will be referred for further evaluation
- Once cleared to return: must re-acclimate
 - Day 1: light practice, no conditioning, no equipment
 - Day 2: light practice, no conditioning, half equipment
 - Day 3: normal practice, no conditioning, full equipment
 - Day 4: full return to regular practice
- FINAL Clearance will be made by AT staff/directing physician regardless of any outside medical documentation

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Return to Play:

Heat Stroke

- No participation minimum 7 days
- Follow up with physician after 7 days
- Once cleared for activity by physician, begin exercise in cool environment & gradually increase duration, intensity, and heat exposure over a 2 week period
- If heat tolerance is achieved after 2-4 weeks athlete may return to full participation
- If athlete is having difficulty 1 month post event: refer for exercise-heat tolerance lab testing
- FINAL clearance will be made by AT staff/directing physician regardless of any outside medical documentation



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