

**Tempe Union High School District  
Athletic Training  
Parent and Student Handbook**



**Steward Health Care/Hedley Orthopaedic  
Institute Athletic Trainers**

Supervising Physician:  
Amy Jo Overlin, MD

## **Philosophy of Athletic Training Services for Tempe Union High School District**

The philosophy of the Steward Health Care/Hedley Orthopaedics Athletic Training and Sports Medicine staff is to take a team approach in providing the highest quality of healthcare to the student athletes of the Tempe Union High School District. The health and safety of the student athletes will be of utmost importance with the goal of decreasing both short term and long term rates of injury and disability. We pride ourselves in using the most current trends in research and evidence based practice while evaluating and treating all of our student athletes within TUHSD.

## **Athletic Training Room Policies and Procedures:**

### **The Role of Athletic Trainers:**

Athletic Trainers (ATs) are certified through the Athletic Training Board of Certification (BOC) and Licensed by the Arizona Board of Athletic Training. Athletic Trainers are members of the allied health community. Athletic Trainers are trained in injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions under the direction or collaboration with a physician (MD or DO).

### **Sports Medicine Staff:**

- Athletic Trainer
  - There are two athletic trainers assigned to each school that holds athletics. One athletic trainer will be on campus full time, while the other will be part time.
- Supervising Physician
  - Dr. Amy Overlin, MD
    - Dr. Overlin is board certified in family and primary care sports medicine. She serves as the head team physician for the WNBA's Phoenix Mercury as well as a team physician for Team USA Ski. She will be overseeing all athletic trainers working within TUHSD. She will be the primary consultant for all injuries and illnesses occurring during TUHSD scholastic athletic participation.
- Hedley Orthopaedic Institute in Conjunction with Tempe St. Luke's
  - Main providers for sports medicine serving TUHSD athletics
  - These providers will assist Athletic Trainers with Home Varsity Football games
  - Expedited appointment times are available for all TUHSD student-athletes
    - Dr. Amy Overlin, MD
    - Dr. Leah Brown, MD/Michael Rabago, PA-C
    - Dr. Phillip Bennion, MD/Jason Apfel, PA-C
    - Dr. Calvin Damper, DO
- College Athletic Training Students
  - TUHSD athletic trainers partner with GCU and NAU Athletic Training Professional Programs
  - These students under the supervision of Athletic Trainers will assist in patient care
- High School Sports Medicine Student-Aid
  - Will assist with daily functioning of the athletic training room under supervision of the Athletic Trainers

**Athletic Training Room Hours:**

- Monday-Friday mid-afternoon to approximately 7:30 pm. *Times will vary depending on the sport season and/or school schedule.* Athletic Training Services are not available during school hours except for traveling teams.

**Athletic Training Room Rules:**

- All student-athletes should be supervised by either an athletic trainer or coach while in the athletic training room.
- All student-athletes are REQUIRED to sign-in on the daily treatment log (digitally using a QR Coding reading app).
- Student-athletes are not permitted into the athletic trainers' office unless permission is granted by the Athletic Trainer.
- Specific Rules per athletic training room will be posted inside
- Phones are not permitted during treatment unless given permission by Athletic Trainers

**Injury Reporting:**

- If a student-athlete sustains an injury during scholastic athletic participation, they need to be evaluated by the Athletic Trainer, even if they plan on seeing their personal physician at a later time.
- Parents/Guardians will be notified of injuries via phone call, email, or notes sent home depending on severity of injury
- Coaches will be notified regarding student-athlete injuries and participation status.
- When a student-athlete sees an outside provider they MUST bring documentation to the Athletic Trainer stating injury, treatments required, and participation status for any medical appointment. Return to play clearance documentation will ONLY be accepted from the following healthcare providers: MD, DO, PA and NP. Documentation from any other providers will not be accepted for clearance for participation. Any documentation clearing a student-athlete is subject to final approval by the Athletic Trainers in consultation with the supervising physician. Any documentation withholding a student-athlete from participation will be considered final.

**Medications:**

- NO over the counter medications are available in the athletic training room.
- Prescription medications should be reported to the Athletic Trainers.
  - Student-athletes will not be permitted to participate while taking opioid medications. Physician documentation will be required stating student-athlete is no longer taking opioid medication prior to return to participation. See TUHSD district Opioid Policy for more information regarding specific protocols and resources.
  - Student-athletes that require an emergency inhaler or Epi-pen should keep device with them or give to Athletic Trainers or coaches for practices and games.

**Physician Referrals (See Appendix A for referral form):**

- Should an injury or illness warrant additional care the athletic trainers will provide guidance to an appropriate medical provider. In most cases if a student-athlete is seen by Hedley Orthopaedic staff TUHSD student-athletes can be seen within one to three days pending insurance type.
- Student-athletes are permitted to see the provider of parent/guardian's choosing as long as proper documentation is provided to the Athletic Trainers.
- If Athletic Trainers determine a physician referral is required student-athlete must be seen by an MD, DO, PA, or NP prior to return to participation with appropriate documentation.
- Wrestling athletes referred for treatment of skin infections must have the AIA wrestling skin documentation completed by the treating physician. Forms can be found at:  
<http://files.constantcontact.com/decef7eb001/41a5bdec-e778-4891-9f2c-0bbfbe59eed.pdf>

**Return to Participation Post Injury and Illness:**

- All return to participation is finalized by the Athletic Trainers and they may override physician clearance if the athlete displays any concerning signs or symptoms putting them at risk for specific sports participation.
- Athletic trainers will collaborate with supervision physician on any questions/concerns regarding an athletes treatment/diagnosis/safe return to play.
- Athletic trainers may use functional/sports specific testing for final clearance for safe return to participation.
  - While a physician may clear an injury from a healing standpoint, Athletic Trainers use a battery of functional testing that is used to pick up on weakness that may expose student-athlete to future injury or re-injury.
- All student-athletes cleared from a concussion must complete a graduated return to sport protocol under supervision of the Athletic Trainers.
  - See Concussion in Appendix B
- All student-athletes returning from heat stroke must be cleared by a physician MD or DO, and follow return to participation protocol.
  - See Heat Illness in Appendix C
- Any skin infections must be cleared by an MD, DO, PA, or NP.
  - Wrestlers must provide skin lesion clearance form
    - See Appendix D

**Services Available (include but not limited to):**

- Injury and Illness Prevention and Wellness Promotion
  - Pre-participation Physical Exams
    - Student-athletes are required to have a pre-participation physical exam on file before the start of tryouts. This must be completed on the AIA Physical Evaluation/Examination forms and be signed by an MD, DO, PA or NP. No other medical provider signatures will be accepted in pre-participation physical exams.

- Hedley Orthopaedic Institute will offer mass pre-participation physical exams once a year at the request of each high school. Cost of these will be \$15 cash or check.
    - If a student-athlete is not cleared on a pre-participation physical exam, they are not permitted to participate in any athletic event until they have been cleared by a MD, DO, PA or NP for the cause of clearance denial. Documentation addressing the cause of denial is required for clearance. It is not acceptable to get a new physical from a different provider without addressing the initial medical concern.
    - It is HIGHLY recommended that all student-athletes participating in out-of-season practices/camps have a current pre-participation physical exam on file prior to beginning athletic participation.
  - Nutrition/Hydration guidance
    - Student-athletes are encouraged to have healthy nutrition throughout the day along with proper hydration.
    - Caffeine and energy drinks are highly discouraged
  - Equipment fitting and usage
    - Personal protective equipment is permitted but be aware that school personnel may not have proper tools or replacement parts. A waiver is required for usage.
  - Proper technique and biomechanics
- Examination, Assessment, and Diagnosis of Athletic Injuries and Illnesses
- Immediate and Emergency Care of Athletic Injuries and Illnesses
- Therapeutic Interventions
  - Cold/Heat Therapy
  - Manual Therapy
  - Electrotherapy
  - Rehabilitation of Athletic Injuries and Illnesses
  - Taping, bracing, and padding as determined by the athletic trainers
    - Student-athletes will only be taped if deemed appropriate, not because it looks cool.
    - Student-athletes will be required to perform additional rehabilitation exercises or other necessary treatments in order to be taped. This is to ensure that an injured body part is not becoming reliant on taping and appropriate strength is maintained.
    - Spatting will not be permitted. Spat covers may be used.
- Healthcare Administration and Professional Responsibility
  - Review Pre-participation physicals and other documentation
  - Communication with all stakeholders

## **Policies and Procedures:**

### **Lightning**

- Athletic trainers will instruct coaches to move practice indoors when lightning is detected within six miles or closer or thunder is heard. If an Athletic Trainer is not present coaches are instructed to move inside when flash to bang is 30 seconds or spark lightning detection show lightning is within six miles or thunder is heard.
- During competition lightning decisions are made by officials under recommendation of Athletic Trainers and administration. Safety of student-athletes takes precedence.
- Activities can resume outdoors 30 minutes after the last lightning strike or heard thunder.

### **Dust Storms**

- To reduce risk of health complications for student-athletes with breathing disorders, allergies, or predisposing student-athletes to Valley Fever practice will be moved indoors during dust storms.

### **Concussion**

- See Appendix B

### **Heat Illness**

- See Appendix C

### **Opioids**

- Student-athletes and parent/guardians will receive opioid education yearly prior to the start of the athletic season.
- All prescription medications should be reported to the Athletic Training staff. Opioid medication use will be documented and monitored. A physician's note stating athlete is no longer using opioid medication will be required prior to return to full participation. NO athlete will be permitted to resume participation while on an opioid medication.
- Any sign of use of abuse of opioid medication should be reported to the athletic training staff so appropriate intervention may take place.
- See TUHSD Opioid Policy for further details on policy and procedures, resources, and other information regarding the risks and suspected misuse of opioids.

## Appendix A

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Physician: Amy Overlin, MD  
Hedley Orthopaedics • 602-553-3113 • 1492 S. Mill Ave, Tempe, AZ; Suite 113

This patient was referred by the Certified Athletic Trainer for evaluation of \_\_\_\_\_

### Medical Provider's NOTE

Provider's Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

Provider's Clinic/Office Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Clearance Status:

- May return to participation at the discretion of the Certified Athletic Trainer
- May begin sport specific training on \_\_\_\_/\_\_\_\_/\_\_\_\_
- May NOT return to participation until further notice
- May return to participation with the following restrictions: \_\_\_\_\_

Needs further testing/referral/evaluation

Prescriptions: TUHSD does not allow athletes to participate while taking a narcotic pain medication. Physician documentation stating athlete is off all narcotic pain medications are required

- No medication prescribed
- Medication prescribed: \_\_\_\_\_
- Was previously on a narcotic, but is no longer taking narcotic as of \_\_\_\_\_ (date)

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD, DO, PA, NP

\*\*Only notes from the following medical providers will be accepted: MD, DO, PA, & NP\*\*

### Patient is a student-athlete in the Tempe Union High School District

Referring Athletic Trainer:

High School:

Desert Vista • Corona Del Sol • Marcos De Niza • McClintock • Mountain Pointe • Tempe

Sport:

Football • Volleyball • Cross Country • Golf • Swimming/Diving • Cheerleading • Danceline • Badminton • Basketball • Wrestling • Soccer • Baseball • Softball • Track & Field • Tennis • Sand Volleyball

**Tempe★Union**  
HIGH SCHOOL DISTRICT



## **Appendix B**

### **Tempe Union High School District Sports Medicine Guidelines**

#### **1. Concussion and Head Injury Guidelines**

#### 2. Purpose:

- 2.1. The purpose of these guidelines is to implement reasonable precautionary measures to protect students who show signs or symptoms of a concussion or head injury and to ensure students receive proper care and return to play in a safe manner.

#### 3. Guidelines:

##### 3.1. State Law: A.R.S § 15-341(A)(24)(b)

- 3.1.1. Requires before a pupil participates in an athletic activity, the pupil and the pupil's parent/guardian must sign an information form at least once each school year that states that the parent/guardian is aware of the nature and risk of concussion.
- 3.1.2. All schools must provide concussion education information to students, parents, and coaches.
- 3.1.3. A pupil suspected of sustaining a concussion in a practice, game, or any other interscholastic athletic activity must be immediately removed from the athletic activity.
  - 3.1.3.1. May be removed by: coach, parent from pupil's team, official, or a licensed health care provider
- 3.1.4. Pupil may return to play if a licensed health care provider and the contracted Sports Medicine staff rule out a suspected concussion at the time of play.
  - 3.1.4.1. On a subsequent day the pupil may return to play if the pupil has been evaluated by and received written clearance to resume participation in athletic activity from a health care provider who has been trained in the evaluation and management of concussions and head injuries and from the contracted Sports Medicine Staff.
- 3.1.5. Licensed Health Care Providers trained in the evaluation and management of concussions as defined by the state law are limited to: licensed physician (MD/DO), licensed athletic trainer (AT), licensed nurse practitioner (NP), and licensed physician assistant (PA)
- 3.1.6. Per HB 2088, once pupil is removed from activity for suspected concussion the pupil's parent/guardian must be notified.

##### 3.2. AIA Bylaws

- 3.2.1. Article 14.14 Concussion Education – “all student athletes shall complete the Brainbook online concussion education course prior to participation in practice or competition”
- 3.2.2. Article 17.1 states “all head and assistant coaches, whether paid or volunteer, and all registered officials, shall complete the NFHS online education course entitled “Concussion in Sports – What You Need to Know.”
- 3.2.3. Article 17.1.1 states “coaches shall be approved in accordance with the personnel policies of the school district and in accordance with the Arizona Revised Statutes”

#### 4. Procedure:

##### 4.1. Training/Baseline Testing

- 4.1.1. Brainbook was approved by AIA in 2011 as the concussion education course to be completed prior to participation in athletic activities. A certificate will be printed at the completion of the course and uploaded to Register My Athlete. Pupils must score 80% or better in their Brainbook course. Brainbook course can be found at [www.aiaacademy.org](http://www.aiaacademy.org)
- 4.1.2. Pupils determined to be involved in high risk sports (football, cheerleading, volleyball, diving, basketball, soccer, wrestling, pole-vaulting, baseball, softball) will take an annual baseline neurocognitive test prior to beginning in-season try-outs for their sport. This test will be conducted by TUHSD’s Sports Medicine staff and results will be kept on file with the school of attendance. Prior to participation, pupil will have baseline testing checked off in Register My Athlete. The neurocognitive test used for TUHSD will be IMPACT.
- 4.1.3. NFHS online education course “Concussion in Sports – What You Need to Know” will be completed by all coaches. It is the responsibility of the athletic department to keep these results on file.

##### 4.2. Parent Approval

- 4.2.1. The Parent/Guardians must read and acknowledge the document “Mild Traumatic Brain Injury (MTBI)/Concussion” document in Register My Athlete prior to athletic participation.

##### 4.3. Recognition of Concussion or Head Injury:

- 4.3.1. A pupil may be suspected of suffering a concussion or head injury if any of the following signs or symptoms are observed arising from a possible blunt trauma, acceleration of force or deceleration of force
  - 4.3.1.1. Transient confusion, disorientation, or impaired consciousness
  - 4.3.1.2. Concentration or memory problems
  - 4.3.1.3. Signs of other neurological or neuropsychological dysfunction, including but not limited to:
    - Headache

- Nausea/vomiting
- Dizziness
- Fatigue
- Balance problems
- Sensitivity to light/noise
- Irritability/emotional changes
- Vision impairments
- Reports of getting “dinged” or having “bell rung”
- Vestibular ocular changes

4.4. Emergency Management & Referral: the following situations indicate a medical emergency and require emergency medical assistance and transportation to an emergency room.

4.4.1. Any pupil who had prolonged loss of consciousness and who is not stable and worsening over time.

4.4.2. Any pupil exhibiting the following symptoms:

- Deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity in respirations
- Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
- Seizure activity
- Severe increase in head or neck pain

4.5. Removal from Activity & Notification:

4.5.1. Any coach, official, parent, or athletic trainer suspecting a concussion or head injury must remove the pupil from athletic participation immediately.

4.5.2. If a Licensed Athletic Trainer or a Supervising Physician is present on site, the pupil must be evaluated by the Physician or Licensed Athletic Trainer at time of injury. If the supervising Physician evaluates the pupil the supervising Physician’s decision will supersede any other medical providers return to play decision.

4.5.3. If no Athletic Trainer is present on site, parent/guardian may take pupil to an appropriate medical provider of their choice. Medical documentation must be brought back to the Sports Medicine staff upon evaluation by an outside medical provider.

4.5.4. At any time, a concussion/head injury is suspected, the following personnel must be notified prior to continuation of athletic activity: coaching staff, sports medicine staff, and parent/guardians.

4.5.5. A pupil suspected of concussion/head injury will NOT be allowed to go home alone or drive. The pupil must be sent home with parent/guardians or

responsible adult authorized by a parent/guardian if the parent/guardian is unable to be reached or cannot transport the pupil. If parent/guardian or other responsible adult are unable to be reached the pupil will be sent to appropriate medical facility.

#### 4.6. Approved Licensed Health Care Providers in Concussion Management

4.6.1. Pursuant to A.R.S § 15-341 (A) (24) (b) (SB 1521), the pupil must obtain evaluation/diagnosis and obtain written clearance to return to full participation by the following licensed health care providers who have been trained in concussion management: licensed physician (MD/DO), licensed athletic trainer (AT), licensed nurse practitioner (NP), and licensed physician assistant (PA)

4.6.2. If an outside medical provider refuses to clear a pupil to return to practice or competition, the decision of the outside medical provider shall be final, and the TUHSD Sports Medicine staff (Licensed Athletic Trainers and supervising Physician when available) will not override the decision of the outside medical provider. If an outside medical provider clears a pupil to return to practice or competition, TUHSD Sports Medicine staff will have the final say regarding clearance of all concussions or head injuries. This includes the authority to supersede clearance by an outside medical provider who is not affiliated with or a representative of the Sports Medicine staff for TUHSD. This is to ensure only health care providers who have adequate training in the management of concussions and head injuries are making return to play decisions regarding concussion/head injury. In addition, this prevents TUHSD from being exposed to litigation caused by improper clearance from outside health care providers.

#### 4.7. Possible Temporary Transitional Accommodations for Student-Athletes with Sports-Related Head Injuries

4.7.1. Since concussions/head injuries affect the pupil's cognitive abilities, pupils may experience delayed healing and prolonged or increased symptoms while in the classroom.

4.7.2. To combat this, the specific school's Licensed Athletic Trainer will work directly with the school nurse and school administration in developing modifications and restrictions to the student's academic work if warranted. If the student was referred to a physician, the treating physician will be asked to provide recommendations/guidance for classroom modifications.

4.7.3. Modification/Restrictions include but are not limited to:

- Rest breaks as needed
- Fewer hours at school
- Additional time to complete tasks/tests
- Additional help with school work

- Reduced time using computer, reading, writing
- Early dismissal from class to avoid busy/noisy hallways

4.8. Graduated Return to School Strategy: Any pupil needing restrictions from the classroom will be required to complete all four stages of a graduated return to school plan prior to completing the graduated return to sport plan.

| Stage | Aim  | Activity  | Goal of each Step  |
|-------|--|---|--|
| 1     | Daily activities at home that do not give the pupil symptoms | Typical activities of the pupil during the day as long as they do not increase symptoms (eg reading, texting, screen time). Start with 5-15 min at a time | Gradual return to typical activities                           |
| 2     | School activities  | Homework, reading or other cognitive activities outside of the classroom  | Increase tolerance to cognitive work                           |
| 3     | Return to school part-time                                   | Gradual introduction of school work. May need to start with a partial school day or with increased breaks during the day                                  | Increase academic activities                                   |
| 4     | Return to school full time                                   | Gradually progress school activities until a full day can be tolerated  | Return to full academic activities and catch up on missed work |

4.9. Graduated Return to Sport: Pupils will need to complete the graduated return to sport procedures under the supervision of the Licensed Athletic Trainer.

Progression through each stage is only allowed by the Athletic Trainer and/or supervising physician.

| Stage | Aim                         | Activity  | Goal of each step   |
|-------|-----------------------------|---|---|
| 1     | Symptom-limited activity    | Daily activities that do not provoke symptoms   | Gradual reintroduction of work/school activities                  |
| 2     | Light aerobic exercise      | Walking or stationary cycling at slow to medium pace. No resistance training          | Increase heart rate   |
| 3     | Sport-specific exercise     | Running or skating drills. No head impact activities                                  | Add movement  |
| 4     | Non-contact training drills | Harder training drills, eg, passing drills. May start progressive resistance training | Exercise, coordination and increased thinking                     |
| 5     | Full Contact practice       | Following medical clearance, participate in normal training activities                | Restore confidence and assess functional skills by coaching staff |
| 6     | Return to sport             | Normal game play  |   |

4.9.1.1. Initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning RTS

4.9.1.2. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in

the later stages (stage 3 or 4 at the earliest). This gives a minimum of one week before full return to play.

- 4.9.2. If symptoms do not follow a normal recovery curve than they will be referred to an appropriate healthcare provider who is an expert in the management of sport related concussion. Recovery timelines will be consulted with the supervising team physician.
- 4.9.3. For neurocognitive testing TUHSD will use ImPACT to evaluate post-concussion neurocognitive function. Prior to beginning stage 5 of RTS, the pupil must have neurocognitive testing with scores within baseline range. This test may be given multiple times throughout the return to sport process, but not done on two consecutive days. Scores will be evaluated by TUHSD's Sports Medicine staff, with the aid of the supervising Physician as needed.
- 4.9.4. Students that leave the care or do not show for treatment with the Sports Medicine Staff during a concussion return to sport protocol will be discharged from the care of the TUHSD Sports Medicine staff at the end of the academic year. They will require a note from an Approved Licensed Health Care Provider in Concussion Management prior to returning to sports the following academic year.
- 4.9.5. Athletic Trainers will notify administration and have a letter sent home notifying parent/guardian of non-compliance in concussion management. If student continues to be non-compliant a letter of discharge in care will be sent home at the end of the academic year.

## **Appendix C**

### **Tempe Union High School District Sports Medicine Guidelines**

#### **1. Heat Illness Guidelines**

#### **2. Purpose:**

2.1. The purpose of these guidelines is to implement reasonable precautionary measures to prevent and protect students who show signs or symptoms of a heat related illness and to ensure students receive proper care and return to play in a safe manner. Included is:

- 2.1.1.1.1. Recognition and management of exertional heat illnesses
- 2.1.1.1.2. The risks associated with exercising in hot, humid environmental conditions
- 2.1.1.1.3. The need for gradual acclimatization over a 14-day period
- 2.1.1.1.4. Guidelines for proper hydration
- 2.1.1.1.5. Implementing practice/competition modifications according to local temperature and relative humidity readings

#### **3. Guidelines:**

3.1. AIA Bylaws Article 14.17: Heat Acclimatization and Exertional Heat Illness Management Policy

3.1.1. Definitions (AIA 14.17.1): Exertional heat illness includes the following conditions, ordered from the least to the most dangerous:

- 3.1.1.1.1. Exercise associated muscle cramps: an acute, painful, involuntary muscle contraction usually occurring during or after intense exercise, often in the heat, lasting approximately 1-3 minutes
- 3.1.1.1.2. Heat Syncope: also known as orthostatic dizziness, it refers to a fainting episode that can occur in high environmental temperatures, usually during the initial day of heat exposure.
- 3.1.1.1.3. Exercise (heat) exhaustion: the inability to continue exercise due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse. Core temperature is below 104<sup>0</sup>F.
- 3.1.1.1.4. Exertional heat stroke: a severe condition characterized by core body temperature >40<sup>0</sup>C (104<sup>0</sup>F), central nervous system (CNS) dysfunction, and multiple organ system failure induced by strenuous exercise, often occurring in the hot environments.

3.1.2. Heat Acclimatization Protocol

3.1.2.1. Days 1-5: consists of the first five days of formal practice.

- 3.1.2.1.1. Students may not participate in more than one practice per day.

- 3.1.2.1.2. If interrupted by inclement weather or heat restrictions, the practice should recommence once conditions are deemed safe. Total practice time should not exceed three hours in one day.
- 3.1.2.1.3. Teams may have a one hour maximum walk-through in addition to practice in a day.
- 3.1.2.1.4. A 3 hour recovery should be inserted between the practice and walkthrough.
- 3.1.2.1.5. A walkthrough is defined as no contact with other individuals, dummies, sleds, or shields
- 3.1.2.2. Day 1-3: in sports requiring helmet and shoulder pad
  - 3.1.2.2.1. Only helmet is allowed
  - 3.1.2.2.2. Shields and dummies are permitted only as a non-contact teaching tool
- 3.1.2.3. Days 4-6:
  - 3.1.2.3.1. Only helmet and shoulder pads may be worn
  - 3.1.2.3.2. Football ONLY: blocking sleds and tackling dummies may be initiated
- 3.1.2.4. Days 6-14:
  - 3.1.2.4.1. Double practice days may begin no earlier than day 6
  - 3.1.2.4.2. Double practice days must be followed by a single practice day
  - 3.1.2.4.3. On single practice days, one walk-through is permitted with at least three hours of rest in between practice and walk-through.
  - 3.1.2.4.4. If a double practice day is followed by a rest day, another double practice day is permitted after the rest day.
  - 3.1.2.4.5. Double Practice Days:
    - 3.1.2.4.5.1. Neither practice may exceed more than 3 hours in length
    - 3.1.2.4.5.2. Student-athletes should not participate in more than a total of 5 hours of practice in a single day.
    - 3.1.2.4.5.3. ***Warm-up, stretching, cool-down, walk-through, conditioning, and weight room activities are included as part of practice time***
    - 3.1.2.4.5.4. Two practices should be separated by at least three continuous hours of rest in a cool environment
  - 3.1.2.4.6. Day 7: All protective gear may be worn and full contact practices may begin. Full contact sports may begin 100% live contact drills, no earlier than day 7.

### 3.2. Hydration Strategies (AIA 14.17.3)

- 3.2.1. Sufficient, sanitary, and appropriate fluid should be readily accessible and consumed at regular intervals before, during, and after all sports participation

and other physical activities to offset sweat loss and maintain adequate hydration while avoiding overdrinking.

3.2.2. Generally, 100 to 250 mL (approximately 3-8oz) every 20 minutes for 9- to 12-year-olds and up to 1.0 to 1.5L (approximately 34-50oz) per hour for adolescent boys and girls is enough to sufficiently minimize sweating-induced body-water deficits during exercise and other physical activity as long as their pre-activity hydration status is good.

3.2.2.1. Pre-activity to post-activity body-weight changes can provide more specific insight to a person's hydration status and rehydration needs.

3.2.2.2. Athletes should be well-hydrated before commencing all activities

3.2.2.3. Recommended guidelines

| Condition               | % Body Weight Change |
|-------------------------|----------------------|
| Well hydrated           | +1 to -1             |
| Minimal dehydration     | -1 to -3             |
| Significant dehydration | -3 to -5             |
| Serious dehydration     | > -5                 |

% Body weight change = [(pre-exercise body weight – postexercise body weight) / pre-exercise body weight] x 100

Per NATA Position Statement: Fluid Replacement for Physically Active: Athletes should not gain weight during exercise. This would be hyperhydration and can increase risks of hyponatremia.

3.3. Return to Play Following Exertional Heat Stroke (AIA 14.17.4) will be followed according to AIA article 14.17.4. Details on return to play are outlined under Procedure 4.9. In addition, there will be guidance given for return to play for exercise associated muscle cramps, heat syncope, and heat exhaustion.

3.4. NATA Position Statement: Exertional Heat Illness states that the Licensed Athletic Trainer will check current weather status (temperature and humidity) to determine event modifications/restrictions/cancellations on a site by site basis. The athletic trainer will use the provided Heat Index chart, the weather channel and Weatherbug applications, or on-site digital sling psychrometer to make these decisions. The licensed athletic trainer, if available, will be consulted by site administration before making the final decision regarding all event modifications/restrictions/cancellations due to extreme weather.

4. Procedure:

4.1.1. AIA Acclimatization protocol

- 4.1.1.1. The Licensed Athletic Trainer will work with the coaches and administration to ensure the 14 day acclimatization protocol is strictly followed.
    - 4.1.2. Teams must complete their 14 day acclimatization protocol in the climate they will be participating in on a daily basis.
    - 4.1.3. The 14 days of acclimatization need to be done consecutive. If an athlete misses a day, they must repeat the last day they were present before moving on to the next stage.
      - 4.1.3.1. If the licensed Athletic Trainer finds that the acclimatization protocol is not being followed it will first be reported to the school's athletic director and supervising physician and then a formal complaint will be made to the school's principal. If no action is taken to comply with the acclimatization protocol, the licensed Athletic Trainer shall report this to the Superintendent.
  - 4.2. Daily Preventative Measures
    - 4.2.1. As stated in the NATA Position Statement on exertional heat illness the Licensed Athletic Trainer will get a daily reading of the heat index.
      - 4.2.1.1. The heat index will be determined using the attached Heat Index Chart, the weather channel and Weatherbug applications or on-site digital sling psychrometer. This will take into account the temperature and relative humidity.
      - 4.2.1.2. The higher number will be used when calculating the humidity. For example if the humidity is 11%, the heat index will be calculated using the 15% row.
      - 4.2.1.3. The Calculated Heat Index will be given to the head and assistant coaches prior to the start of practice and will remain in effect for the duration of practice. It is the responsibility of the coaching staff to alert the teams of any changes/modifications/cancellations. Below is an outline of modifications for each heat index value:
        - 4.2.1.3.1. Heat Index below 105: Below Danger Zone
          - 4.2.1.3.1.1. Practice as normally conducted. Water available and breaks given
        - 4.2.1.3.2. Heat Index 105-115: Danger Zone
          - 4.2.1.3.2.1. Practice with modifications. Increased supervision by Athletic Training Staff and Coaches.
          - 4.2.1.3.2.2. Heat index of 105 – 110
          - 4.2.1.3.2.3. Shells and Helmets only. Water breaks every 20 minutes, allowing athletes to remove helmet during water breaks. Conditioning permitted with shells and helmets.
          - 4.2.1.3.2.4. Heat index of 111 – 115

4.2.1.3.2.5. Helmets only. Water breaks every 20 minutes, allowing athletes to remove helmet during water breaks. Conditioning permitted, but without equipment.

4.2.1.3.3. Heat Index 116-120: Critical Zone

4.2.1.3.3.1. Practice modified, postponed, or cancelled.

4.2.1.3.3.2. Outside practice may occur with NO equipment and reduced practice time (no longer than 90 minutes)

4.2.1.3.3.3. Water breaks given every 10-15 minutes

4.2.1.3.3.4. Indoor practice may occur with normal practice time.

4.2.1.3.3.5. Practice may be postponed until reading is no longer in the critical zone.

4.2.1.3.3.6. Increased supervision by Athletic Training Staff and Coaches.

4.2.1.3.4. Heat Index > 120: Above critical zone

4.2.1.3.4.1. All practices will be cancelled or moved indoors until a lower index is reached

4.2.1.4. The Licensed Athletic Trainer will determine the zone prior to practice and notify coaching staff and administration which modifications will be.

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

#### 4.3. Hydration Distribution

4.3.1. Water will be available for all AIA sectioned in-season practices and games. Each team will be given a certain amount determined by the Licensed Athletic Trainer. If a team is running low and needs to refill, it is the coach's responsibility to notify the Sports Medicine Staff.

4.3.2. Daily water procurement for practices and games will be determined between the Sports Medicine Staff and coaches at each site. The Sports Medicine Staff will provide water for ALL visiting teams during AIA sanctioned in-season events. Coaches should meet with their respective Sports Medicine staff at the start of each season to discuss the delivery, returning, and cleaning of hydration equipment.

4.3.3. Hydration equipment will be available for out of season athletes, but it is the responsibility of the coaching staff to check-out, fill, return, and clean all equipment appropriately.

4.3.4. It is the responsibility of the school to keep all hydration equipment in good working condition and in line with all Arizona Health Codes while being used by their athletes.

#### 4.4. Parent Notification & Approval

4.4.1. The “know the risks” video should be viewed on Register My Athlete and parent/guardian electronically acknowledge they have viewed and understand the risk of injury during participation prior to participating in athletic activities.

4.4.1.1.1. Parent/Guardian’s will have to read and sign the acknowledgment of the revised protocol to treatment of heat stroke on Register my Athlete prior to the start of the athletic season.

4.5. Recognition of Heat Illness:

4.5.1. A pupil may be suspected of suffering a heat related illness if any of the following symptoms are observed

4.5.1.1. Transient confusion, disorientation, or impaired consciousness

4.5.1.2. Poor coordination or irrational behavior

4.5.1.3. Other signs/symptoms of heat related illnesses including but not limited to:

4.5.1.3.1. Excessive sweating or loss of sweating

4.5.1.3.2. Pale, cool clammy skin or red, hot dry skin

4.5.1.3.3. Dehydration

4.5.1.3.4. Headache

4.5.1.3.5. Lightheadedness

4.5.1.3.6. Dizziness

4.5.1.3.7. Nausea/vomiting

4.5.1.3.8. Weakness

4.6. Emergency Management & Referral: the following situations indicate a medical emergency and require emergency medical assistance and transportation to an emergency room

4.6.1. Any pupil who has altered mental status and/or decreased levels of consciousness

4.6.2. Any pupil who has unstable/decreased vital signs, including an elevated temperature. Core temperature will not be measured in the high school setting.

4.6.3. Any pupil exhibiting the following symptoms:

4.6.3.1.1. Deterioration of neurological function

4.6.3.1.2. Decreasing level of consciousness

4.6.3.1.3. Decrease or irregularity in respirations

4.6.3.1.4. Seizure activity

4.6.3.1.5. Prolonged vomiting

4.6.3.1.6. Prolonged difficulty breathing

4.7. Removal from Activity & Notification:

4.7.1. Any coach, official, parent, or Athletic Trainer suspecting a heat related illness must remove the pupil from athletic participation immediately for evaluation.

- 4.7.2. If a Licensed Athletic Trainer is present on site, the pupil must be evaluated by the Athletic Trainer at time of illness and treated accordingly.
  - 4.7.3. If no Athletic Trainer is present on site, parent/guardian may take pupil to appropriate medical provider of their choice. Medical documentation must be brought back to the Sports Medicine staff upon evaluation by outside medical staff.
  - 4.7.4. At any time a heat related illness is suspected the following personnel must be notified prior to continuation of athletic activity: coaching staff, sports medicine staff, and parent/guardians.
  - 4.7.5. A pupil suspected of severe heat related illness will NOT be allowed to go home alone or drive. The pupil must be sent home with a parent/guardian or responsible adult previously authorized by a parent/guardian if the parent/guardian is unable to be reached or cannot transport the pupil. If parent/guardian or other responsible adult are unable to be reached the pupil will be sent to appropriate medical facility.
- 4.8. Cooling Methods used to treat Exertional Heat Illnesses as outlined by the NATA Position Statement "Exertional Heat Illness"
- 4.8.1. Treatment for Suspected Heat Stroke:
    - 4.8.1.1. Lower core body temperature within 30 minutes of collapse
    - 4.8.1.2. Remove excess clothing and equipment for cooling
    - 4.8.1.3. Trunk and extremities submerged in a cold water immersion if available and appropriate staffing is present to not cause additional harm to patient or staff
    - 4.8.1.4. If cold water immersion is not applicable: partial body immersion with a small pool or tub may be used or other modalities such as wet ice towels rotated and placed over entire body or cold water dousing with or without fanning may be used.
  - EMS will be activated for referral to Emergency Room. Upon arrival of EMS to scene patient will be transferred to their care for additional cooling and transport.
    - If cooling via cold water immersion, cooling should be continued on scene until temperature is below 100 degrees Fahrenheit or patient regains consciousness, or shivering occurs. Transport once this status has been reached
- 4.9. The Return to Play Protocol (RTPP) Procedure
- 4.9.1. Exercise Associated Muscle Cramps
    - 4.9.1.1. The Licensed Athletic Trainer may return an athlete to play at their discretion following evaluation and treatment.
  - 4.9.2. Heat Exhaustion/Heat Syncope

- 4.9.2.1. Athlete will be removed from play for remainder of day, evaluated, and treated at discretion of Licensed Athletic Trainer.
- 4.9.2.2. Athlete will be withheld from practice for a minimum of 24-48 hours, but may be withheld from participation for 7-14 days depending on severity of condition. Length of time withheld from participation will be determined by the Licensed Athletic Trainer in consultation with supervising physician. If symptoms persist athlete will be referred for additional follow-up care by a physician.
- 4.9.2.3. Once athlete is cleared by Sports Medicine Staff to resume activity, the athlete will need to follow an acclimatization protocol and show heat tolerance during activity.
  - 4.9.2.3.1. Day 1: light practice, no conditioning, no equipment worn
  - 4.9.2.3.2. Day 2: light practice, no conditioning, half equipment worn
  - 4.9.2.3.3. Day 3: normal practice, no conditioning, full equipment worn
  - 4.9.2.3.4. Day 4: Full return to regular practice
- 4.9.3. Heat Stroke as defined by AIA
  - 4.9.3.1.1. Refrain from exercise for at least 7 days following the acute event
  - 4.9.3.1.2. Follow up in about 1 week for physical exam by a licensed physician (MD, DO)
  - 4.9.3.1.3. When cleared for activity by a licensed physician, begin exercise in a cool environment and gradually increase the duration, intensity, and heat exposure for 2 weeks to acclimatize and demonstrate heat tolerance under the direction of the Licensed Athletic Trainer.
  - 4.9.3.1.4. If return to activity is difficult, consider a laboratory exercise-heat tolerance test about one month post-incident
  - 4.9.3.1.5. Athlete may be cleared for full competition if heat tolerance exists after 2-4 weeks of training
- 4.9.4. If an outside medical provider refuses to clear a student-athlete to return to practice or competition, the decision of the outside medical provider shall be final, and the TUHSD Sports Medicine staff (Licensed Athletic Trainers and Supervising Physician when available) will not override the decision of the outside medical provider. If an outside medical provider clears a student-athlete to return to practice or competition, TUHSD Sports Medicine staff will have the final say regarding clearance of all heat related illnesses. This includes the authority to override clearance by an outside medical provider who is not affiliated with or a representative of the Sports Medicine staff for TUHSD. This is to ensure only health care providers who have adequate training in heat related illnesses are making return to play decisions. In addition, this prevents

TUHSD from being exposed to litigation caused by improper clearance from outside health care providers.