

Tyler ISD Athletics

ATHLETIC TRAINING GUIDELINES

2019-2020

7-19-2019

Athletic Training Guidelines for High School and Middle School

Required Forms and Physical Guidelines

Each athlete must be cleared by the Athletic Trainer (AT) prior to participation at the high school level. Each athlete must be cleared by one of the coordinators prior to participation at the middle school level.

- All **required forms** listed below must be completed online in Rank One before **any** try-out, practice, athletic class, open gym, open weight room, athletic competition, or travels with an athletic team for any purpose.
- TISD Athletic Guidelines and Code of Conduct Notification and Agreement/ Student Information
- UIL Pre-Participation Physical Evaluation- Medical History and Physical Examination
- UIL Parent and Student Notification/Agreement Form- Illegal Steroid Use and Random Steroid Testing High School Only)
- UIL Concussion Acknowledgement Form
- UIL Acknowledgement of Rules
- TISD Drug Testing Consent Form
- UIL Sudden Cardiac Awareness Form
- Over the Counter Drug Consent Form
- The student is required to use the Pre-participation - Physical Examination Form. **NO OTHER** Physical Examination Form can be accepted as per the UIL. **A new physical exam must be given to those entering their 7th, 9th, and 11th grade year.**
- **Athletes in 8th, 10th, & 12th grades will be required to complete the Medical History Form signed by the student and parent/guardian.**

Training Room Treatment/Evaluation Guidelines

No one, regardless of affiliation, is to be denied first aid.

1. Treatments are to be administered only to student-athletes from a TISD High School or Middle School that are injured during certain school sponsored activities and have a current physical on file. These activities include:

Basketball	Baseball
Cross Country	Football
Golf	Powerlifting
Soccer	Swimming
Softball	Tennis
Track & Field	Volleyball

1. Only athletes who are involved in a UIL activity will be treated.
2. Any athlete who is under the care of a physician must provide written documentation of treatment protocol, restrictions, and/or release for return to play.
3. Athletes who are members of a school sponsored activity who are injured in non-U.I.L. activities (i.e. club sports, open gyms, recreational, etc.) will only receive first aid care until they are evaluated by a physician. The physician must provide in writing diagnosis.
4. The Sports Medicine Staff will not treat non-athletic injuries.

Non-Athletic Injuries

Non-athletic injuries will be seen in the Athletic Training Room under the following guidelines:

1. Due to liability concerns, the student-athlete must first see a medical doctor prior to being treated by the Athletic Training Staff.
2. The student-athlete must provide a prescription for treatment/rehabilitation from the medical doctor. The information must be specific as to what type of rehabilitation is to be done.
3. Injuries that are the result of a motor vehicle accident will be given first aid only, until a note from the physician is presented and no litigation is pending.

Pregnant Student-Athlete

The TISD athletics department is committed to the personal health and development of all our student-athletes. We strive to provide an environment that respects all pregnancy and parenting decisions and urges all participants to work cooperatively with the athletic trainers and coaches. This policy sets forth the protections that should be provided for pregnant and parenting students, including those with pregnancy related conditions. It also prohibits retaliation against any student or employee who complains about issues related to the enforcement of this Pregnancy Policy. We want to protect every student-athlete's physical and psychological health, and their ability to participate in athletics.

The TISD Athletic Department; staff, coaches, athletic trainers, and any other personnel shall not influence, make any statements or give personal opinions regarding the choices of a pregnant student-athlete.

Reporting:

TISD athletics department will not require any student-athlete to reveal pregnancy or parenting status to coaches or teammates. Our department will work to create an environment which encourages the student-athlete to voluntarily reveal her pregnancy and his or her parenting status, in order to provide optimal support for physical and mental health with professional health care.

No athletics department personnel will publicly release personally identifiable health information about pregnancy without written, timely authorization from the student-athlete.

When a student-athlete reveals her pregnancy or parenting status to athletics personnel, they should direct the student-athlete to this policy. They should reiterate the department's protection of the student-athlete's team status. Coaches/athletic personnel should refer the student-athlete to the athletic trainer so that they can help facilitate referral to professionals trained in pregnancy and support options.

Physician Referrals/Consultations

TISD has been fortunate to have the continued support and services of some of the most respected and qualified Orthopedic and Sports Medicine Professionals in Tyler and the region. As our team physicians these individuals have consistently provided high quality service and care to our student-athletes. Members of the Athletic Training Department will refer student-athletes to these providers, unless extenuating circumstances necessitate a different provider. A member of TISD Athletic Training staff must authorize and properly refer all student-athletes to see a physician or medical consultant, and/or for diagnostic tests.

Non-Prescription Medications

All non-prescription or over the counter (OTC) medications will be ordered and administered in pre-packaged units. All non-prescription/OTC medications may be administered to a student-athlete with a parent/guardian's consent, regardless if the student-athlete is of 18 years of age. All student-athletes will be required to have a completed OTC consent form on file with the athletic training department before any non-prescription OTC medication will be administered to the student-athlete.

Policies and Procedures Regarding Insurance and Medical Expenses

All athletes' grades 7-12 are covered by an athletic insurance policy for all supervised UIL activities. There is no cost for this coverage. This is a secondary policy that is to prevent you from having to pay a large amount in the event of an injury to the student athlete. This secondary coverage pays after primary insurance has paid. In the event that a student is not covered by a primary insurance, the district's coverage becomes primary. The athletic insurance has a pre-determined schedule of benefits for injuries; this means that the remainder of the bill is not always a zero balance. In such cases, it is the responsibility of the students' parents for the remainder of the bill. Athletes must be referred by the athletic director, head coach, or athletic trainer; failure to do so may result in assumption of full responsibility for all bills incurred. Injuries need to be brought to the athletic trainer's attention immediately. Emergency situations would be an exception to the above guidelines. Please do not hesitate to call the athletic trainers as a question may present itself.

The student-athlete must complete a demographic form which confirms or denies primary insurance coverage. This form and the information it contains should be completed prior to the first conditioning or practice session of the year. Failure to comply may result in the inability of the Athletic Training Department to guarantee the student-athlete will gain clearance to begin conditioning/practice with their team, should insurance issues arise.

Athletic Trainer Travel/Coverage

The TISD Athletic Training Department will do our best to provide medical coverage (home and away) to all of our teams. We will base coverage needs on the following:

- Potential Risk of Injury
- Traditional or non-traditional seasons
- Regular Season or Post Season Play. Athletic trainers will cover all playoff games.

- Competition or practice
- Is it a TISD hosted event
- Number of events taking place at a given time and availability of athletic training staff
- It is paramount that all coaches notify us as far in advance of scheduled events or practices so that we can make every effort to provide optimal medical coverage. At least 48 hours advance notice must be given of all game changes and additions, unless it is weather related. All changes needs to be reflected in Rank One within 24 hours.
- However, in certain situations it will not be possible to cover all events or practices. When these situations arise a member of the athletic training staff will be available by phone. In emergency situations please refer to the Emergency Action Plan for the site of practice or competition.

Heat and Hydration Guidelines

Practice or competition in hot and humid environmental conditions poses special problems for student-athletes. Heat stress and resulting heat illness is a primary concern in these conditions. Although deaths from heat illness are rare, constant surveillance and education are necessary to prevent heat-related problems. The following practices should be observed.

General Considerations for Risk Reductions

1. Encourage proper education regarding heat illnesses (for athletes, coaches, parents, medical staff, etc.) Education about risk factors should focus on hydration needs; acclimatization, work/rest ratio, signs and symptoms of exertional heat illnesses, treatment, dietary supplements, nutritional issues, and fitness status.
2. Assure that onsite medical staff has authority to alter work/rest ratios, practice schedules, amount of equipment, and withdrawal of individuals from participation based on environment and/or athlete's medical condition.

General Guidelines

1. An initial complete medical history and physical exam.
2. Gradual acclimatization of the athlete to hot/humid conditions is a must. We advise that student-athletes should gradually increase exposure to hot and/or humid environmental conditions over a period of seven to 10 days to achieve acclimatization.
3. Clothing and protective gear can increase heat stress. Dark colors absorb solar radiation, clothing and protective gear interfere with the evaporation of sweat and other avenues of heat loss. During acclimatization process, student athlete should practice in T-shirts, shorts, socks and shoes. Rubberized suits should never be worn.
4. To identify heat stress conditions, regular measurements of environmental conditions will be taken daily. TISD will use the Pocket Perry weather monitoring system at the high school level.
5. Middle School Coordinators will get a heat index reading from an approved source at 1:30 P.M. and follow the guidelines appropriate for that heat index reading.

Specific Guidelines

Heat index of less than 100 degrees:

Unrestricted access to water at all times. Asthmatic athletes may remove themselves from workout without penalties or repercussions.

- No Restrictions

Heat Index of 100-105 degrees:

- Unrestricted access to water at all times. Asthmatic athletes may remove themselves from workout without penalties or repercussions.
- After 20 min. of participation each athlete will have a 5 min. break.

HIGH SCHOOL FOOTBALL

Full Pads (Outside)-Helmets removed at any time athlete is not actively participating.

Conditioning – No equipment!

Limit practice to 1 ½ hours.

Shells (Outside) - Helmets removed at any time the athlete is not actively participating.

Conditioning – No equipment!

Limit practice to 2 hours.

*If a two practice day, the total hours of exposure is not to exceed 3 hours.

OTHER HIGH SCHOOL SPORT

Cross Country: Stay on campus.

Limit runs to ½ length.

Limit practice to 1 ½ hours.

Middle School Sports

Shells Only!

Conditioning – No equipment!

Heat Index of 106-108 degrees:

Unrestricted access to water at all times. Asthmatic athletes may remove themselves from workout without penalties or repercussions.

- After 20 min. of participation each athlete will have a 5 min. break.
- For every 45 min. exposure there must be 15 min. of no activity, indoors or in the shade, with water.

HIGH SCHOOL FOOTBALL

No Full Pads Practice Outside

Shells (Outside) - Helmets removed at any time the athlete is not actively participating.

Conditioning – No equipment!

Limit practice to 1 ½ hours

*If a two practice day the total hours of exposure is not to exceed 2 ½ hours.

Example- 20 min. practice / 5 min. break – 20 min. practice / 15 min. (off field) – 20 min. / 5 min. break – 5 min. conditioning

OTHER HIGH SCHOOL SPORTS

No extraneous gear

1 ½ hour workout

MIDDLE SCHOOL SPORTS

Shorts, T-shirts, Light Colors.

Outside – 30 min exposure/ 15 min breaks in tents/shaded area.

Heat Index of 109 degrees or greater:

HIGH SCHOOL FOOTBALL

No outdoor activity.

OTHER HIGH SCHOOL SPORTS

No outdoor activity.

MIDDLE SCHOOL SPORTS

No outdoor activity.

TISD Lightning Guidelines

The purpose of this document is to establish a written lightning safety policy for the TISD Athletic Department. It is imperative that all athletic teams and personnel are aware of lightning hazards and the specific safety shelter for their venue. The following policy is based on the specific recommendations as stated by the National Athletic Training Association (NATA) Lightning Safety position statement. In the event of lightning during an official sport practice or event, precautions must be taken to ensure the safety of both athletes and spectators. In any event, the specific sport Certified Athletic Trainer/Licensed Athletic Trainer (ATC/LAT), in conjunction with administrator on duty and/or sport officials if necessary, will be responsible for monitoring inclement weather. Our staff will utilize an online weather monitoring system to determine participation status.

Pocket Perry Weather Monitoring System

Pocket Perry is an online system that alerts users to inclement weather. All sports medicine staff members have mobile access to text alerts (lightening, thunderstorms, tornado, heat indexes, inclement weather) and all staff Athletic Trainers have access to the mobile web version of Pocket Perry which allows the monitoring of radar and lightening as well as other features contained on the system. In the event that neither online monitoring system is available, TISD Athletic Training staff will utilize the flash-to-bang method.

Flash-to-Bang method

To use the flash-to-bang method,

1. Count the seconds from the time lightning is sighted to when the clap of thunder is heard.
2. Divide this number by five (5) to obtain how far away in miles the lightning is occurring.

3. For example, if an individual counts 30 seconds between seeing the flash and hearing the bang, 30 divided by 5 equals 6; therefore, the lightning flash is approximately 6 miles away.
4. As a minimum, the NCAA and the National Severe Storms Laboratory (NSSL) strongly recommend that all individuals leave the athletic site and reach a safe location by the flash-to-bang method of 30 seconds (6 miles).

As a minimum, the NCAA requires evacuation of athletic venues when a storm is within 6 miles, but per the TISD Athletics protocol, events or activities will be suspended and venues will be evacuated when Pocket Perry or Flash-to-Bang identify a 10 mile warning. Once activities or events have been suspended, the ATC/LAT, with assistance of Event Management Staff and/or Game officials if necessary, will use the “all clear” signal sent by Pocket Perry indicating that a lightning strike has not occurred within the 10 mile warning range within 30 minutes. It is the NATA Position Statement recommendation to wait at least 30 minutes after the last visible strike or audible thunder before resuming activity.

Lightning Safe Shelters

In addition to the policy for observing and tracking lightning during practices and events, the following are designated as Lightning Safe Shelters:

John Tyler High School:

JT Game Field: Frank A. Melton Fieldhouse, Old Field house, or vehicles

JT Band/Practice Field: Vehicles, HS

JT Baseball/Softball Fields: Old field house, vehicles

JT Tennis Courts: Tennis office, vehicles

Robert E Lee High School:

REL Game Field: Football field house or vehicles

REL Practice Field: Football field house or vehicles

Tennis and Swim Courts: Vehicles

TISD Stadiums/Fields:

CHRISTUS Trinity Mother Frances Rose Stadium: Locker rooms, vehicles

Mike Carter Field: Vehicles, restrooms

Faulkner Park: Vehicles, restrooms

Three Lakes Middle School:

Football field: Auxiliary Gym, Main Gym

Boulter Middle School:
Football/Track & Field: Main Gym

Moore Middle School:
Football/Track & Field: Main Gym

Hogg Middle School:
Football, Track & Field: boys & girls locker rooms, or gymnasium

Hubbard Middle School:
Football, Track & Field: locker room

In the event severe weather/lightning occurs during an event, the administrator on duty or an event staff member will offer a recommendation to spectators:

Lightning Announcement #1

May I have your attention please! A lightning storm is currently moving in the direction of the stadium. For your safety, you may wish to start moving calmly out of the stands toward shelter. Please go to your vehicle. The game is not being halted at this time. If we need to fully clear the stadium, we will notify you immediately. You will be permitted to re-enter the stadium when an announcement is made that it is safe for you to do so over the Public Address system. Thank you for your cooperation.

Lightning Announcement #2

Attention! A lightning storm is approaching our area. We need to clear the stadium. Please move to the nearest aisle and calmly exit the stadium. Seek shelter in (lightning safe shelter). Do not remain under the stands. The game will be halted soon. Please tune your radios to (_____) to listen for further instructions. Thank you for your cooperation.

The students should be evacuated to a safe shelter. Staying away from tall or individual trees, lone objects (light or flag poles), metal objects, and open fields. Examples of safe shelter are a bus, dressing room, or other building. A dug out or awning are not considered safe shelter. Administrators should evacuate spectators from the stadium.

Resume Practice and Competition

Once a game or practice has been suspended the storm should continue to be monitored. No contest or practice should be resumed until

1. The lightning has moved out of the ten mile radius on Pocket Perry Weather Monitoring system.
2. No lightning strike has been detected within 6 miles for 30 consecutive minutes using the Flash Bang method.

Although the home team is responsible for each game or match, it should be noted that the athletic trainer, head coach and/or administrator is wholly responsible for the safety and well-being of adults and students in his/her charge. If no policy is in effect at the out of town site, it is recommended that the Tyler I.S.D. guidelines be followed.

TISD Cold Weather Guidelines

Cold exposure can be uncomfortable, impair performance and even become life threatening. Conditions created by cold exposure include frostbite and hypothermia. Wind chill can make activity uncomfortable and can impair performance when muscle temperature declines. Frostbite is the freezing of superficial tissues, usually of the face, ears, fingers, and toes. Hypothermia, a significant drop in body temperature, occurs with rapid cooling, exhaustion and energy depletion. The resulting failure to the temperature=regulating mechanisms constitutes a medical emergency.

Hypothermia frequently occurs at temperatures above freezing. A wet and windy 30-50 degree exposure may be as serious as a subzero exposure. For this reason TISD is developing a cold policy using the wind chill factor not the ambient temperature. Wind speed interacts with ambient temperature to significantly increase body cooling. When the body and clothing are wet (whether from sweat, rain, snow, or immersion), the cooling is even more pronounced due to evaporation of the water held close to the skin by the wet clothing.

Clothing is one of the most important parts of keeping the athlete's body warm. Athletes should dress in layers and try and stay dry. Layers can be added or removed depending on temperature, activity and wind chill. Athletes should layer themselves with wicking fabric next to the body, followed by lightweight pile or wool layers for warmth. Athletes should use a wind block garment to avoid wind chill during workouts. Heat loss from the head and neck may be as much as 50% of total heat loss; therefore the head and neck should be covered during cold conditions. Other extremities should be covered at all times to protect from the wind chill.

Cold Exposure:

- Breathing of cold air can trigger asthma attack (bronchospasm)
- Coughing, chest tightness, burning sensation in throat and nasal passage
- Reduction of strength, power, endurance, and aerobic activity
- Core body temperature reduction, causing reduction of motor output

Cold Recognition:

- Shivering, a means for the body to generate heat
- Excessive shivering contributes to fatigue, loss of motor skills
- Numbness and pain in fingers, toes, ears, and exposed facial tissue

- Drop in core temperature; athlete exhibits sluggishness, slowed speech, disoriented

Chain of Command:

- The following chain of command will occur:
- Notification of temperature
- Coaches will obtain weather report from weather.com, using the 75701 zip code or from Pocket Perry.
- The weather report will be taken at 6:30 am for morning workouts, and 2:00 pm for afternoon workouts.
- The wind chill of the day will determine which protocol will be followed.
- Wind chill readings will be taken before teams leave for traveling for competitions, and an hour by hour report will guide our decisions for the event.

Enforcement of Policies

- Head Coach / Staff Athletic Trainers will monitor time of exposure
- Staff Athletic Trainers will report any violations to the Campus Coordinator
- Campus Coordinator will meet with the Head Coach
- Violations of policies will be reported to the Director of Athletics in writing.

High School Athletic Cold Policy for Practice

Wind Chill Factor 33 to 35 degrees (W/Precipitation):

- 35 minutes of exposure/20 minutes inside (may return outside after 20 minutes)
- 35 minutes exposure/20 minutes inside
- Dry clothing (socks, gloves)
- Athletes must be dressed in warm-ups with extremities covered

Wind Chill Factor 32 Degree or Below (W/Precipitation):

- All activities will be inside
- No outside exposure

Wind Chill Factor Under 32 degrees (Dry):

- 45 minutes exposure/ 15 minutes inside
- Athletes must be in warm-ups with extremities covered

Wind Chill Factor 20 to 30 Degree (Dry):

- 30 minutes of total exposure to chill factor
- 15 minutes inside for re-warming
- Warm-ups must be worn at all times, extremities covered

Wind Chill Factor of 19 degrees or below:

- No outside activity
- All work must be inside

Middle School Athletic Cold Policy for Practice

Wind Chill Factor of 39 to 45 degrees (W/Precipitation):

- 35 minutes of exposure/20 minutes inside (may return outside after 20 minutes)

- 35 minutes exposure/20 minutes inside
- Dry clothing (socks, gloves)
- Athletes must be dressed in warm-ups with extremities covered

Wind Chill Factor 38 degree or Below (W/Precipitation):

- All activities will be inside
- No outside exposure

Wind Chill Factor 35 to 38 degrees (Dry):

- 45 minutes exposure/ 15 minutes inside for re-warming
- Athletes must be in warm-ups with extremities covered

Wind Chill Factor 31 to 34 degree (Dry):

- 30 minutes of total exposure to chill factor
- 15 minutes inside
- Warm-ups must be worn at all times, extremities covered

Wind Chill Factor Below 30 degrees:

- No outside activity

Cold Policy for Games

Games to be postponed due to cold weather will be determined on a case by case basis by the Director of Athletics. Postponed games to be re-scheduled will be determined by the Head Coach of that sport as well as the Director of Athletics. A game date will be considered for rescheduling if the wind chill is below 28.

School Day Cancellation— full day

No travel or practice unless approved by the Director of Athletics or the Principal

School Day Early Dismissal—deteriorating weather conditions

Practice must be approved by the Director of Athletics or the Principal

If approved practices should be over at 5:00pm

TISD Infection Control Guidelines

Cleaning schedule

End of each class period – training room treatment tables (after each student if body fluids are left on the surface or open wounds are treated.)

Daily – Whirlpool tubs

Weekly – Padding on Weight Room equipment

4 x annually – Emptied lockers for custodial cleaning

Laundering of Uniforms and Towels (Practice and Game)

General population of non-infected athletes: Towels, uniforms; and any other washable

items are to be washed in hot water with ordinary laundry detergent, and dried on the hottest possible setting of the clothes dryer. Athletes with diagnosed or suspected wound infection: Soiled items are to be sent home for laundering. Items not sent home must be laundered separate from the items of non-infected athletes.

Training of Student Athletic Trainers

Minimum of 2 days training to include:

Certification in Adult CPR/Standard First Aid/AED Training

Blood borne Pathogens

Orientation to facilities, equipment, guidelines and procedures

Documentation of completed training should be signed by the student and person conducting the training, and maintained on file until superseded.

Disposal of Soiled Bandages and Sharps

Sharps containers can be ordered through District approved vendors.

Disposal of sharps containers can be done on campus by using the following methods:

Tape the sharps container closed when full, place it inside a box and tape it securely before disposing it in the trash; or full containers can be taped closed and taken to a physician's office that has agreed to accept the filled containers.

All waste receptacles in the athletic training room area are to be double bagged for the safe and proper disposal of contaminated bandages and first aid supplies. Red biohazard bags are not required and are not to be used.

Student Allergies

Visible signs are to be posted in the treatment area instructing student athletes to communicate any allergies they have to medicines or treatment products used in the Athletic Training Room.

Student athletic trainers and Athletic Trainers are to always ask the student athlete about possible allergies prior to beginning any treatment process involving the application or administration of a medicinal or non-medicinal product.

TISD Concussion Guidelines

Revised Dec. 2017

These guidelines were created to assist Athletic Trainers, coaches, athletes, parents and administrators understand TISD's concussion protocol, and to be in compliance with House Bill 2038 "Natasha's Law".

Concussion Oversight Team (COT)

The COT has been created to establish a "Return to Play" protocol, based on peer-reviewed scientific evidence. The COT is overseen and directed by Greg Priest the Director of Athletics for TISD. The following are the members of the COT;

- Ngan Morris, MEd, ATC, LAT- Athletic Trainer

- Amy Langley, MS, ATC, LAT- Athletic Trainer
- Dr. Allison Tobola, MD-CHRISTUS Trinity Mother Frances Sports Medicine Physician
- Dr. Cathy Fieseler, MD- CHRISTUS Trinity Mother Frances Sports Medicine Physician

Each of these team members have been trained in the evaluation, oversight and treatment of concussions at the time of appointment.

Roles

School Administrator

1. Oversee the management of the COT and report to the School Board annually regarding compliance with the state regulation and to propose any changes to the RTP protocol recommended by the Physician direction.
2. Establish a policy for auditing concussion incident documentation to ensure compliance with state regulation
3. Establish and enforce procedures for school non-medical personnel regarding the proper treatment of suspected head injuries.
4. Establish a policy for maintaining documentation of certification for all non-medical staff (coaches) in concussion recognition and for all medical and COT members who require certification in the management of concussions.

Physician Direction

Trinity Clinic Sports Medicine Physicians, Dr. Cathy Fieseler, MD & Dr. Allison Tobola, MD are both Family Practice Board Certified and Sports Medicine Board Certified Physicians who have multiple years of experience in dealing with athletes who have suffered traumatic head related injuries. Both serve as Medical Directors over the CHRISTUS Trinity Mother Frances Sports Medicine Program which serves over 30 School Districts, 3 Colleges & 1 University.

Athletic Trainers

Athletic Trainers are responsible for:

1. Ensuring that the pre-season parental consent form is signed before any athlete begins participating.
2. "Return to Play Protocol" is completed and reports to the treating physician.
3. Ensure that the statement from the treating physician indicating that it is safe for the student to return to play is received.
4. The parent or legal guardian has completed and signed the U.I.L. "Concussion Management Protocol Return to Play Form".
5. Communicate with school nurses to help ensure the medical personnel on campus are aware of athletes with concussions or athletes that come to them with potential concussions.

"Return to Play Protocol"

1. CHRISTUS Trinity Mother Frances Sports Medicine Physicians have utilized and recommend that TISD adopt the Concussion Evaluation and Management Protocol as outlined in the “Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, November 2008”
2. This most recent consensus statement not only addresses the signs and symptoms of a concussion, but also offers a comprehensive evaluation tool that is currently used by the CHRISTUS Trinity Mother Frances Sports Medicine Physicians and TISD Athletic Trainers to evaluate the athlete physical and cognitive symptoms, and provides a systematic “Return to Play Protocol”.
3. Every year a parent concussion information and consent form must be distributed to all athlete parents from grade 7-12. Athletes should not be allowed to participate until the designated school official has received the signed consent form.
4. All athletes will take a baseline ImPACT test that will illustrate normal cognitive function for that athlete.
5. When a suspected head injury occurs the designated school official (i.e.: athletic trainer) who is assigned by the COT to manage concussions must inform the parent/guardian and given written information regarding the signs, symptoms, treatment of a concussion and the RTP protocol. In the same information packet should be information for the treating physician regarding the School Districts RTP protocol and documentation procedures.
6. The school nurse and teachers will be notified as soon as possible of a concussion, and attendance at school will be physician directed. Classroom management for athletes with concussions will be dealt with on a case by case basis.
7. The treating physician must recognize and accept the RTP protocol and may not clear a student athlete to full participation prior to the completion of the protocol. The physician must provide a written statement of the athlete’s diagnosis on letterhead. No generic or handwritten notes. *ER visits will not count as the primary physician visit.
8. When symptoms have subsided, the athlete will take their first “post-test” ImPACT test. Scores will be compared with baseline scores.
9. Emphasis should be placed on the RTP protocol for all suspected head injuries as a minimum standard for returning the athlete to full participation, but this should not be the only determining factor. The treating physician has ultimate say on when it is safe for the athlete to return to full participation. In the case where an athlete has suffered multiple concussions the necessity of a longer period of the athlete being asymptomatic is highly recommended before beginning the RTP protocol. Prior to returning to competition, the athlete must make a return visit to the treating physician and review written final clearance.
10. In the case of Middle School athletes a minimum of two days per step of the RTP protocol is required to allow sufficient time for their brains to heal. They will be held out of competition for a minimum of two weeks to give them time to complete the RTP protocol. Middle school coaches may supervise the RTP protocol, and must sign and date the RTP protocol form.
11. After Step 4 is completed, and prior to the Step 5 (contact phase) of the RTP protocol, the athlete will take a 2nd “post-test” impact test. Athletes will remain at this stage until post-test scores have returned to baseline levels.

12. Following completion of the RTP protocol, and written clearance from the treating physician, the AT or middle school coach will complete and sign the UIL “Concussion Management Protocol Return to Play Form”, and have the student athletes’ parent or legal guardian also sign and date.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No Activity	Complete physical & cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling, keeping intensity <70% MPRH; no resistance training	Increase HR
3. Sport-Specific exercise	Skating drills in ice hockey, running drills in soccer, no head impact activities.	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination, and cognitive load
5. Post-concussion ImPACT Testing	ImPACT	Assess neurocognitive skills.
6. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
7. Return to play	Normal game play	

The athlete only moves through the various stages of the protocol if they are without symptoms 24 hours after completing any one step.

TISD Emergency Action Plan (EAP) for Athletics

Purpose of EAP

To provide TISD Athletics with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. ATC, coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Need for EAP

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick,

organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.

Emergency Contacts:

Fixed phones are not available outside school building. A phone is available inside AT's office (ATC has keys) and can be used for sports played inside school (i.e. volleyball, basketball). In the instance that a fixed phone line is not available, cell phones are carried by ATC, coaches, and athletic staff and even spectators if necessary.

The following is a list of important phone numbers needed in case of emergency:

Amy Langley, REL ATC	903-504-0427
Colin Shillinglaw, REL ATC	254-733-5234
Ngan Morris, JT ATC	903-714-3686
Jay Ramsey, JT ATC	903-245-3923
REL School Office Phone	903-262-2625
JT School Office Phone	903-262-2850
Kurt Traylor, Campus Coordinator REL	903-262-3408
Ricklan Holmes, Campus Coordinator JT	903-330-8498
Gregory Priest, Director of Athletics	254-709-4634
Dr. Jayesh Patel	330-554-7462
Dr. Joshua Stein	903-279-9395
Tyler Fire Dept. and EMS	903-535-0005
Poison Control Center	800-222-1222
Ambulance, Fire, Police	911 (9-911 from a district phone line)

Information to be provided over the phone in case of emergency:

1. Name and phone number you are calling from
2. Exact location of emergency and directions (street names, buildings, landmarks, entry into building, specific areas, etc.)
3. Type of injury or illness
4. Condition of patient(s) and type of aid being provided
5. Number of people injured
6. Other information as requested and be the last one to hang up

ATC will make the decision to call EMS and will personally make the call or they may assign a responsible person to call. Local EMS should also have a map of campus to aid in the response of an emergency. A map is located at the end of this document.

Chain of Command

ATC is in charge of emergency until EMS arrives. Doctors will assist if summoned by ATC. Coaches and student AT's are also available to assist ATC but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when ATC is not at games or practices the head coach is in charge until ATC or EMS arrives.

Emergency Qualifications

It is required that ATC, student athletic trainers, and coaches are all trained in CPR and first aid. ATC for event may have student athletic trainer's onsite at competitions and practice as well as coaches to assist in providing emergency first aid as the ATC sees fit. New staff involved in athletic activities should comply with this rule within six months of employment. It is recommended that all personnel also be trained in the prevention of disease transmission. EMS will not be on site for games or practices since they are located close enough to respond quickly to an emergency. Visiting teams should also be informed of EAP procedures.

EAP Training and Personnel

Once the importance of the emergency plan is realized and the plan has been developed, the plan must be implemented. Education and rehearsal are necessary for EAP to be successful. Personnel involved in EAP training should include, but are not limited to, ATC for school, AT students, all coaches, school doctor(s), emergency room doctor(s), paramedics and other EMS responders. ATC will be in charge of annual training and will meet with coaches before each season begins to rehearse EAP for each sport that season. Training will involve a review of EAP, a presentation of expectations and standards that each person will be held accountable for, assignments of responsibilities, and rehearsal EAP. Doctors should be at these meetings but if a conflict arises, ATC will meet with doctors as soon as time permits. A thorough understanding of the procedures associated with the emergency care plan is required to ensure quick and successful care. Training and review is required each time a member joins the personnel involved in emergency situation.

Responsibilities of Emergency Team Members

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. All coaches are responsible for emergencies during practice and games until ATC, EMS, or doctor arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital.

Equipment and Supplies

All available supplies and equipment are stored in the AT rooms.

At John Tyler HS the Main training room is located behind the Frank A. Melton Fieldhouse or "New Fieldhouse" towards the front of the campus off of Lions Dr. The second ATR is located in the varsity gym entrance, just to the right as you walk in the main doors.

At Robert E Lee HS, One AT room is located between the locker rooms in the varsity gym (see map). Enter into either the boys or girls locker rooms and in the middle is the ATR. The main ATR is located in Building M.

All available equipment will be on site for games and quickly accessible including a fully stocked and complete AT kit for all games and competitions ATC attends. ATC is not required to bring main bag to practice but is required to bring personal AT bag. Equipment should be in good condition and personnel must be trained, in advance, to use it properly. Keys for AT room are held by ATC, head coaches, and athletic director. To ensure that emergency equipment is in working order, all equipment should be checked on a regular basis. In addition, medical records and emergency contacts for all athletes should be available both at the school and on the road.

Environmental Conditions

In case of lightning, referee or athletic director is responsible for the decision to stop the game. However, ATC can inform referee and/or athletic director of possible hazard. Heat and cold conditions are also a possibility in this area. ATC should be current on both heat and cold injuries signs and symptoms and be able to treat ill or injured athlete(s) accordingly. If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions by use of internet websites such as Pocket Perry, weather.com or local news website. ATC should also follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.

In case of a fire, everyone inside building will proceed to nearest exit and remain outside and away from building. Someone should also call 911 to inform them of situation.

Emergency Care

Apply basic emergency care as situation requires. Care might include:

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
 - a. AED, spine board, cervical collar, first aid kit
4. Apply basic first aid as situation requires:
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar

- e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - f. Treat for Shock – if necessary
5. Any other emergency procedures as necessary
6. Other things to consider during emergency situation:
- a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

Activating the EMS System

Making the Call:

911

Providing Information:

1. Name, address, telephone number of caller nature of emergency, whether medical or non-medical *
2. Number of athletes
3. Condition of athlete(s)
4. First aid treatment initiated
5. Specific directions as needed to locate the emergency scene ("Come to the faculty parking lot off of Donnybrook")
6. Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

START Triage Plan

The concept of triage is simply a method of quickly identifying victims who have immediately life-threatening injuries and who have the best chance of surviving so that when additional rescuers arrive on scene, they are directed first to those patients. When the situation arises where there is a need to treat multiple victims, the head ATC at the site will be in charge of determining the order of care for the victims. All victims will be identified using athletic tape as follows:

- *IMMEDIATE* – 1 strip of tape for the serious, life-threatening injuries that need immediate care. These patients are at risk for early death - usually due to shock or a severe head injury. They should be stabilized and transported as soon as possible.

- *DELAYED* – 2 strips for moderate injuries that aren't immediately life threatening. Patients who have been categorized as *DELAYED* are still injured and these injuries may be serious. They were placed in the *DELAYED* category because their respirations were under 30 per minute, capillary refill was under 2 seconds and they could follow simple commands. But they could deteriorate. They should be reassessed when possible and those with the most serious injuries or any who have deteriorated should be top priorities for transport. Also, there may be vast differences between the conditions of these patients. Consider, for example, the difference between a patient with a broken leg and one with multiple internal injuries that is compensating initially. The second patient will need much more frequent re-assessment.
- *MINOR* – 3 strips for mild injuries that require the least amount of emergency care. Ask those who are not injured or who have only minor injuries to identify themselves. Tag those with minor injuries as *MINOR*. Patients with *MINOR* injuries are still patients. Some of them may be frightened and in pain. Reassure them as much as you can that they will get help and transport as soon as the more severely injured patients have been transported. Any of these patients also could deteriorate if they had more serious injuries than originally suspected. They should be reassessed when possible.
- As an ATC and first one on the scene, not starting CPR may be the hardest thing you must do at a multiple casualty scene. But if you perform CPR on one patient, many others may die. ATC will assign doctors, AT students, or coaches to assist in care until ATC or EMS can attend to athlete.

Emergency Communication

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

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

Non-Medical Emergencies

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district's emergency action plan.

Medical Emergency Transportation

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to

the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation.

Medical Emergencies at Home

When a participant in an athletic activity is injured, first provide reasonable and immediate assistance to the injured party until qualified medical help arrives. Second, initiate the emergency medical procedure.

1. Assess the injury and provide immediate care.
2. Provide an environment that stabilizes the injured student athlete.
3. Send an individual to find athletic trainer or call parents.
4. If further assistance is necessary, call 911 for an ambulance.
5. If a student needs to be transported to the hospital, have a coach go with the injured person or meet them at the hospital (even if it means canceling a practice). A STUDENT ATHLETE SHOULD NOT BE AT THE HOSPITAL ALONE.
6. Have the necessary information that has been provided on the physical and medical release form and call parents or guardian. This is the responsibility of the coach, not a student.
7. Do not leave the hospital until the parents arrive.
8. When appropriate, call the Athletic Trainer, Athletic Director, Principal.

Medical Emergencies Away

1. Assess the injury and provide immediate care.
2. Provide an environment that stabilizes the injured student athlete.
3. Send an individual to find the athletic trainer or call parents.
4. If further assistance is necessary, call 911 for an ambulance.
5. If a student needs to be transported to the hospital, have a coach go with the injured person or meet them at the hospital (even if it means canceling the contest). A STUDENT ATHLETE SHOULD NOT BE AT THE HOSPITAL ALONE.
6. Have the necessary information that has been provided on the physical and medical release form and call parents or guardian. This is the responsibility of the coach, not a student.
7. Do not leave the hospital until the parents arrive.
8. When appropriate, call the Athletic Trainer, Athletic Director, Principal.

Documentation

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit. This will ensure better reactions and effectiveness for potential emergencies. ATC will be mainly in charge of recording information. Doctors may assist as they provide care or treatment.

Documentation should include the following:

1. Documentation of response and actions during emergency situation
2. Follow-up documentation on evaluation of response to emergency situation
3. Documentation of personnel training and rehearsals

All medical records should be kept at the school and copies made to be brought along when traveling. Records left at school are kept in AT office and keys are held by custodians and AT's.

Procedures for CHRISTUS Trinity Mother Frances Rose Stadium

Non Varsity game

In case of emergency a cell phone will be used by AT to call EMS. The AT will give directions for EMS to Rose Stadium. The stadium is located at 609 Fairpark Dr. Tyler TX 75702. A coach will be assigned to meet EMS at the north entrance (scoreboard side) of the parking lot. They will guide EMS onto the field.

Varsity football game

In case of emergency, the AT will signal EMS to come onto the field. They will use a pre-determined hand signal.

Procedures for CHRISTUS Trinity Mother Frances Mike Carter Stadium

In case of emergency a cell phone at the court will be used by ATC. Mike Carter stadium is located at 1718 W Houston Street, Tyler TX 75702. A coach will be assigned to meet EMS at the entrance to the stadium & direct them into the field area.

Procedures for Faulkner Park

In case of emergency a cell phone at the court will be used by ATC. The softball fields are located at 410 Cumberland Rd. Tyler, TX 75703. A coach will be assigned to meet EMS at the entrance to the softball parking lot & direct them into the field area.

Procedures for TISD Aquatic Complex

In case of emergency a cell phone will be used by Coach to call EMS. The assistant coach will give directions to the aquatic complex. The complex is located at 3013 Earl Campbell Pkwy, Tyler TX 75701. The assistant coach, or trusted athlete, will meet EMS at the entrance to the complex & direct them to the pool area.

Procedures for Various Sport Locations at REL High School

Varsity Gym – Boys/Girls Basketball, Volleyball

In case of emergency a cell phone at the court will be used by ATC. ATC will give directions for EMS to the varsity gym at REL High School if necessary. The school is located at 411 ESE Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the Donnybrook entrance to parking lot. They will guide EMS to the court which can be accessed by using the glass doors in front of the varsity gymnasium. The main gym doors are located immediately inside those doors.

K Gym – Basketball, Volleyball Practice, Powerlifting Meets

In case of emergency a cell phone will be used by ATC to call EMS. ATC will give directions for EMS to K gym at REL High School if necessary. The school is located at 411 ESE Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the Donnybrook entrance to the parking lot. They will guide EMS to the K Gym which can be accessed by walking to the right or left of the varsity gym. It is located directly behind the varsity gymnasium.

Football Turf Field/Track

In case of emergency a cell phone at the field will be used by ATC. ATC will give directions for EMS to the turf field at REL High School if necessary. The school is located at 411 ESE Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the Donnybrook entrance to parking lot. They will guide EMS to the field. If necessary the gates at the scoreboard end of the field and can be opened by ATC, coach or administrator allowing EMS can drive right up to the field/track.

Football Grass Field

In case of emergency a cell phone at the field will be used by ATC. ATC will give directions for EMS to the turf field at REL High School if necessary. The school is located at 411 ESE Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the doubles gates located on Donnybrook. They will guide EMS to the field. If necessary the gates can be opened by ATC, coach or administrator allowing EMS can drive right up to the field.

Tennis Courts

In case of emergency a cell phone at the courts will be used by ATC or Coach. ATC/Coach will give directions for EMS to the tennis courts at REL High School if necessary. The courts are located at the corner of Donnybrook and Shiloh. Someone will be assigned to meet EMS at the corner of Donnybrook and Shiloh. They will guide EMS to the courts.

Procedures for Various Sports Locations at JT High School

Varsity and JV Gym – Boys/Girls Basketball, Volleyball

In case of emergency a cell phone at the court will be used by ATC. ATC will give directions for EMS to the varsity gym at JT High School if necessary. The school is located at 1120 NNW Loop 323, Tyler, TX. Someone will be assigned to meet EMS at to parking lot off of Loop 323 and is the far north entrance towards the back of campus. They will guide EMS to the court which can be accessed by using the glass doors in the back of the varsity and JV gymnasium. The JV gym doors will be the second double doors on your right. The varsity gym doors will be located straight ahead as you walk.

Football Game Field/Track

In case of emergency a cell phone at the field will be used by ATC. ATC will give directions for EMS to the game field at JTHS if necessary. The school is located at 1120 NNW Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the gate at Lions Dr. They will guide EMS to the field. If necessary the gate at the home side of the field near the west end zone can be opened by ATC, coach or administrator. Otherwise EMS can drive right up to the field/track.

Baseball, Softball, and Band Field

In case of emergency a cell phone at the field will be used by ATC. ATC will give directions for EMS to the game field at JTHS if necessary. The school is located at 1120 NNW Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the parking lot near the old Fieldhouse and agriculture building. They will guide EMS to the field. EMS can drive right up to fields.

Football Practice Field/Soccer Field and Tennis Court

In case of emergency a cell phone at the field will be used by ATC. ATC will give directions for EMS to the field at JTHS if necessary. The school is located at 1120 NNW Loop 323, Tyler, TX. Someone will be assigned to meet EMS at the parking lot off of Loop 323 and is the far north entrance towards the back of campus. They will guide EMS to the field. EMS can drive right up to the fields.

Procedures for Various Sport Locations at Three Lakes Middle School

Football Field

In case of emergency a cell phone at the field will be used by Head Coach/Campus Coordinator. Head Coach/Campus Coordinator will give directions for EMS to the field at Three Lakes Middle School if necessary. The school is located at 2445 Three Lakes Parkway Tyler, TX. Someone will be assigned to meet EMS at the Highlands Lane entrance to the parking lot. They will guide EMS to the field. EMS can drive right up to the fields.

Gym

In case of emergency a cell phone at the field will be used by Head Coach/Campus Coordinator. Head Coach/Campus Coordinator will give directions for EMS to the gymnasiums at Three Lakes Middle School if necessary. The school is located at 2445 Three Lakes Parkway Tyler, TX.

Someone will be assigned to meet EMS at the west end of campus at the gym parking lot. They will guide EMS to the court(s).

Procedures for Various Sports Locations at Boulter Middle School

Main and Practice Gym – Boys/Girls Basketball, Volleyball (Weight Room included)

In case of emergency a cell phone at the court will be used by the assigned Teacher/Coach. The assigned Teacher/Coach will give directions, if necessary, for EMS to the main gym at Boulter Middle School. The school is located at 2926 Garden Valley Rd., Tyler, TX. Someone will be assigned to meet EMS at the main gym parking lot, accessible from Garden Valley Road, in the front of the campus. They will guide EMS to the court which can be accessed by using the staircase to the main (front) gym and the sidewalk to the practice (back) gym. The practice gym will be located at the end of the outdoor hall, following the boys and girls locker rooms, on the southwest side of the campus. The main gym doors will be located immediately down the staircase to the right, on the Northwest side of the campus.

Football Practice Field/Track

In case of emergency a cell phone at the field will be used by the coach or administrator on duty. The coach or administrator will give directions, if necessary, for EMS to the practice field at. The school is located at 2926 Garden Valley Rd., Tyler, TX. Someone will be assigned to meet EMS at the Garden Valley entrance to the parking lot. They will guide EMS to the field. If necessary, the opening to the practice field located directly on Garden Valley Road can be used (*this opening does not have a vehicle or wheel chair ramp*).

Procedures for Various Sport Locations at Hubbard Middle School:

Football Field

In case of emergency a cell phone at the field will be used by Head Coach/Campus Coordinator. Head Coach/Campus Coordinator will give directions for EMS to the field at Hubbard Middle School if necessary. The school is located at 1300 Hubbard Dr, Tyler, TX. Someone will be assigned to meet EMS at the corner of Husky Lane & New Copeland Dr. They will guide EMS to the field. EMS can drive right up to the fields.

Gym

In case of emergency a cell phone at the field will be used by Head Coach/Campus Coordinator. Head Coach/Campus Coordinator will give directions for EMS to the gymnasiums at Hubbard Middle School if necessary. The school is located at 1300 Hubbard Dr, Tyler, TX. Someone will be assigned to meet EMS at Husky Dr. & New Copeland Dr. and guide EMS to the court(s) through the back entrance of the gymnasium.

Procedures for Various Sport Locations at Moore Middle School:

Football Field

In case of emergency a cell phone at the field will be used by Head Coach/Campus Coordinator. Head Coach/Campus Coordinator will give directions for EMS to the football field at Moore Middle School. The school is located at 2101 Devine, Tyler, TX. Someone will be assigned to

meet EMS at the Golden Rd entrance to the parking lot. They will guide EMS to the field. EMS can drive right up to the fields.

Gym

In case of emergency a cell phone at the field will be used by Head Coach/Campus Coordinator. Head Coach/Campus Coordinator will give directions for EMS to the gymnasiums at Moore Middle School if necessary. The school is located at Golden Rd, Tyler, TX. Someone will be assigned to meet EMS at the Golden Rd entrance to the parking lot and guide them up to the gym.

Procedures for Various Sport Locations at Hogg Middle School:

Football Field

In case of an emergency the Campus Coordinator will use his/her cell phone to give directions for EMS to get to the football field at James S. Hogg Middle School. The school is located at 920 S. Broadway. An assistant coach will meet EMS at the gate entrance on the Southeast end of the field.

Gym

In case of an emergency the Campus Coordinator will use his/her cell phone to provide directions for EMS to get to the Gym area at James S. Hogg Middle School. The school is located at 920 S. Broadway. An assistant coach will meet EMS at the base of the teacher parking lot.

TISD's Automated External Defibrillator (AED) Guidelines

Introduction, Rationale, & Purpose

Sudden Cardiac Arrest (SCA) will strike greater than 350,000 people per year in the United States, with 95% of those dying. SCA results in the immediate cessation of blood and oxygen flow to the brain. Without proper blood flow, irreparable brain damage will begin in four to six minutes. Rapid intervention, therefore, is required to restore proper heart function and blood flow. The American Heart Association (AHA) describes the most effective Chain of Survival for treatment of SCA as including:

1. Early Access / Emergency Medical Response
2. Early Cardio-Pulmonary Resuscitation
3. Early Defibrillation
4. Early Application of Advanced Care / ACLS

CPR is most effective when started immediately after the victim's collapse, but the use of basic CPR cannot convert a heart that is in ventricular fibrillation (VF) to a normal rhythm. The purpose

of an Automated External Defibrillator (AED) is to rapidly identify and provide early defibrillation to the victim of SCA. Recognition of early warning signs, such as chest pains and discomfort before collapse, and shortness of breath, as well as the availability of an AED and the speed with which defibrillation is performed are major components for a successful resuscitation attempt. The use of AEDs within four to six minutes of the time of SCA has shown to be highly predictive for survival of a victim. AEDs eliminate the need for training in rhythm recognition and make early defibrillation by minimally trained individuals practical and achievable.

Definitions

- Ventricular Fibrillation (VF) - an abnormal heart rhythm that results from very fast, unorganized electrical activity in the heart. VF is characterized by an ineffective quivering of the heart ventricles that does not allow for adequate blood flow to the heart, lungs, brain, and the rest of the body.
- Defibrillation- the delivery of a present amount of electrical energy (“electrical shock”) to the heart intended to stop ventricular defibrillation and allow the heart to regain an organized rhythm. The most effective and definitive treatment for ventricular fibrillation.
- Automated External Defibrillator (AED) - a portable device whose purpose is to defibrillate (shock) a heart that is in ventricular fibrillation in order to restore normal heart rhythm.
- Public Access Defibrillation (PAD) - the use of automated external defibrillators by individuals other than the traditional providers of emergency healthcare / medicine.

Program Administration

- The AED Administrator and/or his/her designee are responsible for the implementation of the AED Program Guidelines.
- The AED Administrator and/or his/her designee will maintain, review, and update the AED Program Guidelines a minimum of once every twelve (12) months and/or whenever necessary to include new or modified tasks and procedures.
- Questions, comments, and/or concerns regarding the Tyler Independent School District’s AED Program Implementation Guidelines should be directed to one of the following:

Ngan Morris, M.Ed, ATC/ LAT
Head Athletic Trainer
John Tyler High School
1120 NNW Loop 323
Tyler, TX 75702
Office- (903) 262-2850 x-3840
Email- ngan.morris@Tylerisd.org

Amy Langley, M.S, ATC/LAT
Head Athletic Trainer
Robert E. Lee High School
411 East Loop 323
Tyler, TX 75701
Office- (903) 262-2626 ex 4113
Fax- (903) 262-2690
Email- amy.langley@Tylerisd.org

- The AED Administrator and/or his/her designee will be responsible for ensuring that all required medical actions relating to public access defibrillation are performed, and that appropriate records are maintained.
- The AED Administrator and/or his/her designee will be responsible for training, certification, and continuing education for all personnel involved. Documentation of training will be kept and maintained by the Athletic Director/Assistant Athletic Director/Athletic Secretary.
- All personnel have an opportunity to review this plan at any time by contacting the AED Administrator and/or his/her designee.

Equipment

- Cardiac Science PowerHeart AED with internal memory, text display, and lithium battery
 - Ready Kits include- Gloves, Face Shield, Scissors, Disposable Razor, Gauze Pads, and Antiseptic Wipes
- Rescuelink AED Data Management Software
- PowerHeart AED defibrillation electrodes

Policies and Procedures

AED Priority

- Priority for AED usage will be based on the following conditions:
 - Competition/Scrimmage has priority over practice.
 - Home games have priority over away games.
 - Team Priority:
 1. Football
 2. Men's Basketball
 3. Women's Basketball
 4. Baseball
 5. Softball
 6. Men's Soccer
 7. Women's Soccer
 8. Men's/Women's Track & Field / CC
 9. Volleyball
 10. Men's Tennis
 11. Women's Tennis
 12. Cheerleading
 13. Men's Golf
 14. Women's Golf
 - Parameters used to determine priority include:
 - Sudden Cardiac Death (SCD) occurs in male athletes more than female athletes.
 - SCD occurs in black athletes more than any other race of athletes.
 - Men's basketball has the highest reports of SCD followed closely by football.
 - Blunt injuries to the chest can cause ventricular fibrillation.
- * *The TISD AED program administrator will have the final decision over AED priority.*

AED Locations

- The Tyler Athletic Department will have a total of seventeen (17) AED units.
- AEDs will be located in the following locations throughout the School District
 - Four (4) units will be located at the John Tyler High School Campus. Field House, Gym, (2) Athletic Training Room
 - Four (4) units will be located at the Robert E. Lee High School Campus. Field House, P Gym, Aux Weight Room, Training Room
 - Two (2) units will be located at CHRISTUS Trinity Mother Frances Rose Stadium. One (1) each on the home and visiting team concessions stands.
 - One (1) unit will be located at Mike Carter Field.
 - One (1) Unit at each of the 5 Middle School
- Professional staff in each location will use their best efforts to provide appropriate security and access to certified AED users.

Emergency Phone Numbers

AMBULANCE/POLICE/FIRE campus/pay phone)	9-911 (on-campus phone)	911	(off-
Poison Control Center	1-800-222-1222		
TISD Police 3900 RELHS	(903) 531-6048 JTHS	(903)	531-

Usage Procedures/ Emergency Algorithm

- Please refer to the American Red Cross or AHA standards.

Post Event Procedures

Immediately following the conclusion of an incident, the following events should take place:

1. The AED should be turned off unless it is immediately needed for an additional incident.
2. The AED should be immediately delivered to the AT. The AT will remove the data card and download the event information using the Rescuelink AED Data Management Software as per the manufacturer's directions.
3. The following persons / offices should be notified following each AED use:
 - TISD Head Athletic Trainers
 - TISD Athletic Director
 - Appropriate TISD Administration (as per specific departmental policy)
4. All persons involved in the use of the AED will complete a *TISD Incident Report Form*. The original will be placed on file with the Director of Athletics. Copies of the form will be distributed to the Athletic Director, Campus Principal, Athletic Trainer, and appropriate EMS personnel.
5. The AT will perform a complete inspection of the AED unit as soon as possible, and replace any single-use supplies (e.g. defibrillator electrode pads, disposable razor, bag-valve mask/CPR barrier mask, etc.).
6. The AT will complete an *AED Use Report / Post-Event Checklist* as soon as possible after the incident. This report will include a case by case analysis of the AED application, including:
 - A review of the AED Rescue Data Card;
 - A review of the circumstances leading up to the use of the AED unit;
 - An evaluation of the treatment of the victim with shocks using the AED unit;

- An evaluation of the command of the scene, safety, efficiency, speed, professionalism, ability to troubleshoot, completeness of patient care, and the interactions with other professionals and bystanders;
 - A brief review of all participants in the emergency algorithm, as well as any witnesses
 - Recommendations for the improvement of future emergency situations / AED use.

This report will be maintained on file in the Athletic Trainer's office, along with copies being distributed to the Athletics Director, Campus Principal, Athletic Trainer, and appropriate EMS personnel.

1. The AT will arrange for a stress debriefing / post-incident counseling session with the appropriate personnel as needed and/or requested.
2. The AED unit will not be returned to service until it has been thoroughly inspected by the AT for proper functioning and battery level, all single-use supplies have been replaced, and the proper paperwork has been filed with the appropriate persons.
3. All statements to the press / media concerning the emergency situation and surrounding events will be made by a member of the TISD Director of Communications.
 - ***At no time is anyone authorized to speak with any member of the press / media regarding the emergency situation unless the TISD Director of Communications has approved and authorized the statement.***

Compliance

All policies and procedures contained within this document will be in compliance with current state and local laws regarding AED use. These include the State of Texas, the AHA, and the American Red Cross.

AED Training

Course Instructors

- Only instructors certified by the AHA and/or the American Red Cross to teach CPR and AED courses will provide training to designated personnel.
- A permanent file for each designated CPR / AED instructor will be maintained.
- The aforementioned instructor file will contain copies of the AHA and/or American Red Cross CPR / AED Instructor certificates, as well as copies of each class roster taught by the individual instructor.
- These records will be available for review as required or requested.

Documentation

- Training records will be completed upon the completion of the training session, and will be located in the Athletic Director's office.
- Training records will contain the place & date(s) of the training session and names of those attending the training session, and the names of all persons conducting the training session.
- Training records will be available for review as required or requested by authorized personnel.
- Training records shall be maintained for three (3) years from the date on which the training occurred.

