

Carlisle Area School District



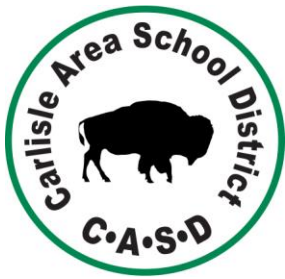
Sports Medicine Handbook

2023-2024

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Carlisle Area School District

540 West North Street • Carlisle, Pennsylvania 17013

717-240-6800 • www.carliseschools.org

Dr. Colleen M. Friend • Superintendent

Carlisle Area School District Sports Medicine

Brian Waiter, MS, LAT, ATC (717-645-6588) – Brandi Carpenter, MS, LAT, ATC (717-448-0815)

Spencer Fuller, LAT, ATC (717-473-7677)

Vision Statement

The Sports Medicine Staff at Carlisle Area School District is committed to providing a standard of high quality injury prevention, care, and rehabilitation to the student athlete. Furthermore, we aspire to be a leader in quality Sports Medicine and Athletic Training Services.

Mission Statement

The Carlisle Area School District Sports Medicine Program is committed to high quality, efficient, timely delivery of Sports Medicine services. This includes injury prevention, recognition, evaluation, care/treatment, emergency first aid, rehabilitation, documentation, and referral of athletic injuries to the outside medical providers.

To reach this goal, the Athletic Director, Athletic Team Physicians, and Licensed Athletic Trainers have developed this Sports Medicine Handbook of policies, guidelines, protocol, and procedures for administrators, school nurses, coaches, parents, and athletes.

The philosophy we are dedicated to one of student athletes first as well as NATA Code of Ethics and Professionalism of being the best provider of Sports Medicine Services. We strive to use all the technology and equipment available for the treatment of our student athletes and aim to represent CASD and Sports Medicine profession with the utmost integrity.



CODE OF ETHICS

Including Shared Professional Values

Revised May 2022

Preamble The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails. The National Athletic Trainers' Association respects and values diversity amongst its members and patients served. Our members work respectfully and effectively with diverse patient populations in varied healthcare environments. The NATA prohibits discrimination based on race, ethnicity, color, national origin, citizenship status, religion (creed), sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, military status, family/parental status, income and socioeconomic status, political beliefs, or reprisal or retaliation for prior civil rights activity, or other unlawful basis, in any program or activity conducted or funded by the NATA (VATA, 2020).

PRINCIPLE 1.

MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS

1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.

1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.

1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2.

MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS

2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

PRINCIPLE 3.

MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES

3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.

3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4.

MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.

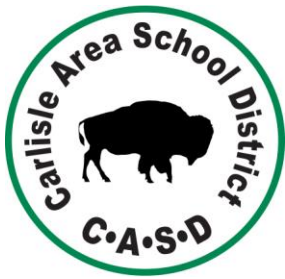
4.1. Members should conduct themselves personally and professionally in a manner, that reflects the shared professional values, that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office



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Role of the Licensed Athletic Trainer to the Athletic Program

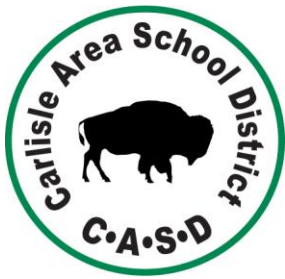
- I. The ATC is the link between the athletic program and the medical community for implementation of injury prevention, emergency care, and injury management with major functions in:
 - i. Injury prevention through post-season, off-season, pre-season, and in season conditioning programs.
 - ii. Injury recognition and evaluation
 - iii. Injury management or treatment and disposition
 - iv. Injury rehabilitation

- II. The ATC is the link for the Athletic Director between coach, athlete, physician, and parent concerning athletic injury and safety in the athletic environment with major functions in
 - i. Assuring and Emergency Plan is in place when emergencies arise
 - ii. Assuring the facilities and equipment are safe for competition
 - iii. Seeing that the locker rooms and sports medicine facilities are maintained for cleanliness and health standards are met
 - iv. Keeping health records and insurance files updated
 - v. Counseling and educating coaches, athletes, parents, and school personnel in the latest sports medicine techniques and procedures

10 Commandments of Sports for Parents

By Morgan Wootten

1. Make sure that your child knows that win or lose, scared or heroic, you love them, appreciate their efforts, and are not disappointed in them.
2. Try your best to be completely honest about your child's athletic capability, their competitive attitude, their sportsmanship, and their actual skill level.
3. Be helpful, but don't coach them on the way to the court, or on the way back, or at breakfast.
4. Teach them to enjoy the thrill of competition. Don't say "winning doesn't count" because it does.
5. And hear this parents: Try not to relive your athletic life through your child in a way that creates pressure. Don't pressure them because of your pride.
6. Don't have us (the coaches) thinking about you while we are coaching your child.
7. Don't compare the skill, courage, or attitudes of your child with those of other members of the team....or at least not in their hearing.
8. Always remember that children tend to exaggerate, both when praised and when criticized. Temper your reaction when they bring home tales of woe or heroics.
9. Make a point of understanding courage and the fact that it is relative. Some of us climb mountains but fear a flight; some of us fight but turn to jelly if a bee buzzes nearby. Courage is not absence of fear, but rather doing something in spite of fear.
10. Remember to have fun and enjoy!



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Emergency Care Plan for CASD

Pre-Established Requirements:

1. A Coach will be present at all practices and games and will carry with him/her their cell phone. This cell phone will provide immediate communication to the LAT/ATC.
2. The LAT/ATC will carry a cell phone with them at all times.
3. The LAT/ATC will be in the Athletic Training Room or at the athletic fields and will be accessible via cell phone during all practices and games.
4. An ambulance will be present at all home football games.
5. The LAT/ATC will attend all home contests. When there is a conflict, the LAT/ATC will make periodic rounds of all contests.
6. Once LAT/ATC will travel to all away varsity football contests. Other in-season sports will rely on the other schools LAT/ATC when traveling.
7. Emergency equipment will be in the Athletic Training Room during all practices and will accompany the LAT/ATC during all home contests. Emergency equipment includes
 - a. Crutches
 - b. Med Kit
 - c. Splints
 - d. Cell phone
 - e. Automated External Defibrillator (AED)
8. There will be a first aid kit at every practice and game. This kit will contain all student athlete's medical cards for the sport being covered.
9. The Emergency Care Plan will be published and distributed to all coaches as well as the Carlisle Area Police Department and local EMS stations. This publication will contain maps to all the facilities and emergency phone numbers
10. The Emergency Care Plan will be included in the Carlisle Area School District Athletic Manual for Coaches. By signing the back cover of the manual the coach is declaring that he/she has read the Emergency Care Plan and that they are fully aware of the role that they are to play in its implementation

****This Emergency Care Plan will be followed in all circumstances involving an injured student-athlete.****

(Revised: 2023)

Emergency Care Plan for all Home Venues

Steps:

1. Injured athlete
2. If LAT/ATC is not present, the CPR/AED certified Coach will provide first aid immediately.
 - a. If the LAT/ATC is present the LAT/ATC will provide immediate care and will be assisted by the coach.
 - b. If a Team Physician is present, the care of the athlete will be deferred to them.
3. Contact LAT/ATC via cell phone if the LAT/ATC is not present.
4. If the injury is not deemed an emergency, send the athlete to the Athletic Training Room or wait for the LAT/ATC to arrive at the scene.
5. If the injury is an emergency, contact 911 from the nearest phone.

*****Situation constituting and emergency:*****

Unconscious, respiratory failure, possibility of head or neck injury, excess bleeding, shock, fractures and dislocations, choking, a severe heat illness, cardiac arrest, seizures.

- A) The LAT/ATC will be carrying a cellular phone at all times. The AD will be carrying a cellular phone during all home contests.
 - B) LAT/ATC or highest trained medical personnel stays with the student-athlete and provides care.
 - C) AD calls 911 if he is on-site. If the AD is not on-site, then the Assistant Coach will call 911.
 - D) Give all pertinent information to dispatch:
 1. Your name
 2. Exact location of the Emergency
 3. First aid presently being performed
 4. Location of phone being used and its #
 5. Speak slowly and clearly
 6. Hang up last or follow operator's instructions (i.e. stay on the phone until emergency personnel arrive).
6. Begin CPR or early defibrillation (AED) if indicated
 7. Notify parents
 - a. AD's responsibility if present
 - b. Coach's responsibility if AD is not present
 - c. If Coach is providing or aiding in first aid, the Assistant Coach will contact the parents.
 8. Continue first aid and monitor until ambulance arrives

9. Event Security will meet the ambulance at the venue entrance and will open any locked gates. If there is no Event Security (i.e. at practice) the Assistant Coach will complete these responsibilities.
10. LAT/ATC or highest trained medical personnel will communicate all information to the EMT's and will assist them in the deliverance of care.
11. Have student-athlete's medical information card available. It should include the following:
 - a. Insurance information
 - b. Any special conditions the student-athlete may have
 - c. Current medications
 - d. Hospital preference
 - e. Parent's phone numbers/contact information
12. Ambulance will transport the student-athlete to the nearest hospital or the preferred hospital.
 - a. The Assistant Coach will either ride with the student-athlete in the ambulance or will drive behind the ambulance if the parents are not on-site.
 - b. If the parents are on-site, the Sports Medicine team will defer to their wishes.
13. The LAT/ATC will complete injury report form.

Emergency Care Plan for all Away Venues

1. The host school's Emergency Action Plan will be followed
2. If medical professional is not on site or present at that specific field and an athlete goes down. The Coach is NOT permitted to move them until one arrives.
3. The Head Coach and/or medical personnel will be responsible for notifying the parents.
4. If the parents are not on-site, it is highly recommended that the Assistant Coach accompany the student-athlete to the hospital. However, if this is not possible, the Head Coach has the responsibility of deciding who accompanies the athlete to the hospital. A responsible adult MUST accompany the injured student-athlete to the hospital. If the parents are on-site, the coaching staff will defer to their wishes.
5. The Head Coach will fill out an injury report form and submit to the LAT/ATC as soon as possible after a student under his supervision has been injured.
6. The Coach WILL contact the LAT/ATC upon return to the school by telephone if the LAT/ATC is no longer on school property. If the team returns late, contact the LAT/ATC the next day unless the injury is considered to be extreme (life threatening).

****All injured athletes must report to the LAT/ATC the first school day following an injury****

****When in doubt, contact the parents and refer athlete to their Physician or ER. ****

Transport via parents' request – never otherwise.

American Heart Association – CPR Guidelines

Summary of Emergency Techniques	Adult (Puberty on up)	Child (1yr. to Pre-Pubescent)	Infant (Under 1 yr.)
Rescue Breathing	1 breath / 6 seconds 10 breaths/min	1 breath/6 seconds 10 breaths/min	1 breath/6 seconds 10 breaths/min
CPR Cycle	30 compressions/2 breaths	30 compressions/2 breaths	30 compressions/2 breaths
Hand Positioning	Center of Chest	Center of Chest	Two fingers just below nipple line in center of chest
Compress	At least 2 inches	About 2 inches	About 1 ½ inches
Rate	100-120 Compressions/min	100-120 Compressions/min	100-120 Compressions/min

Coaches Role in ECP:

1. All Coaches must be First Aid/CPR certified
2. When the Athletic Trainer is not present, the Head Coach is now in charge.
3. Should a medical concern arise, that is beyond the Coach's knowledge and training, they should immediately refer to the Medical Professionals (i.e. Athletic Trainers). If an Athletic Trainer is not available or physically present then 911 should be activated.
4. In the event that an athlete has a pre-existing condition. The coaching staff should also be trained in how to deal with their condition as well as specific signs and symptoms to watch out for (i.e. Asthma, Allergies, etc.).

Carlisle Area School District Emergency Numbers

Ambulance.....911

Carlisle Area Police Dept.....717-243-5252

Athletic Trainer: Office.....717-240-6800 ext. 26010

Brian Waiter.....717-645-6588

Brandi Carpenter.....717-448-0815

Spencer Fuller.....717-473-7677

Athletic Director: Office.....717-240-6800 ext. 26837

George Null.....717-26-7149

Carlisle Area School District Sports Medicine Department

THE PURPOSE OF THE PRE-PARTICIPATION – PHYSICAL EXAMS

Pre-participation physical exams are instrumental in evaluating student-athletes to identify pre-existing medical problems and gain any other information that will allow the student-athlete to participate in sports activities without the risk of injury or illness.

The primary role of the PPE is to prevent the student-athlete from participation in a sporting activity when they have a medical condition that could endanger their health and/or their teammates' health. The PPE also assists in discovering a possible disqualifying condition in a student-athlete and will determine their readiness for participation in their chosen sport.

In addition, the PPE provides a means of counseling and educating in health related issues such as drugs, alcohol and eating disorders.

Sports Physicals:

Important Physical Information for All Sports:

The Pennsylvania Interscholastic Athletic Association (PIAA) has issued guidelines for athletic physicals. Carlisle School District follows the PIAA guidelines. Carlisle athletes must complete both, the PIAA Athletic Forms on Powerschool and a Section 6 CIPPE Physical Examination every year. As well as an Impact test every 2 years.

INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete Section 6 Physical Examination form (From the CIPPE packet used in years past); and (2) have the appropriate person(s) completed the PIAA forms on Powerschool. Upon completion of PIAA forms and Section 6 by and Authorized Medical Examiner (AME), those sections must be turned in to the Licensed Athletic Trainers, of the student's, for retention by the school. A pre- participation examination may not be performed earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a Section 6 physical, the same student seeking to participate in Practices, Inter-School practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must update their PIAA forms on Powerschool making sure all information is up to date and correct, but completing the re-certification forms. The Licensed Athletic Trainers, will then determine whether Section 8 needs to be completed.

IMPACT TESTING: Prior to any student participating in Practices, Inter-School practices, scrimmages, and/or Contests, and any PIAA member school in any school year, the student is also required to have taken the Impact test 2 years prior to the first day of practices for their desired season's start.

****Example:** If the first day of practices falls on 11/17/2023, the student must have taken the Impact test after 11/17/2021, if not, they are required to take the new baseline test to stay eligible to participate in ANY athletic team practice or game**

****Any questions regarding when a student last took Impact test should be directed to any of the 3 Licensed Athletic Trainers or the Athletic Director****

Fall Sports Physical Exam Dates (2023-2024)

Thursday, June 8th, 2023- 3:00 – 8:00 PM- Gene Evans Gym Entrance

3:00 – 5:30 PM	Girls Tennis Grades 9-12 Girls Golf Grades 9-12 Girls Soccer Grades 9-12 Girls Volleyball Grades 9-12 Girls Cheerleading Grades 9-12 Girls Cross Country Grades 9-12 Girls Field Hockey Grades 9-12 7 th & 8 th Grade Girls Field Hockey 7 th & 8 th Grade Girls Cross Country
5:30 – 8:00 PM	Boys Football Grades 9-12 Boys Golf Grades 9-12 Boys Soccer Grades 9-12 Boys Cross Country Grades 9-12 7 th & 8 th Grade Boys Cross Country

Tuesday, August 1, 2023- 3:00 PM - 8:00PM- Gene Evans Gym Entrance

3:00 – 5:30 PM	Boys Soccer Grades 9-12 Boys Golf Grades 9-12 Boys Cross Country Grades 9-12 Boys Football Grades 9-12 Boys Cross Country Grades 7 th & 8 th
5:30 – 8:00 PM	Girls Tennis Grades 9-12 Girls Golf Grades 9-12 Girls Soccer Grades 9-12 Girls Volleyball Grades 9-12 Girls Cheerleading Grades 9-12 Girls Cross Country Grades 9-12 Girls Field Hockey Grades 9-12 7 th & 8 th Grade Girls Field Hockey 7 th & 8 th Grade Girls Cross Country

Physical Procedure

The Pennsylvania Interscholastic Athletic Association (PIAA) requires all interscholastic athletes to have a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) completed by an authorized medical examiner, which includes a Licensed Physician of Medicine or Osteopathic Medicine, a certified registered Nurse Practitioner, a certified Physician's Assistant or a school Nurse Practitioner. All student-athletes are required to complete the new PIAA physical examination known as a CIPPE Section 6.

All students interested in participating in athletics at Carlisle Area School District are required to undergo a comprehensive physical evaluation for participation in his/her first sport of the school year and sign an Insurance Waiver Form. The Section 6 CIPPE form are available to download from our website www.carliseschools.org and then click on the Athletics Tab. The short physical forms used before 2014 for sports participation will no longer be accepted by the Carlisle Area School District.

To be eligible to play a sport during the 2023-2024 school year, the initial CIPPE physical evaluation form must be completed no earlier than June 1st. Any CIPPE physical turned in after that date will be valid for the entire 2023-2024 school year. This Comprehensive evaluation can be performed at your Family Physician's office or with our Team Physician. If you decide to have your Primary Care Physician perform the physical evaluation, please check to ensure that the student's initial physical will be valid for 1 year, otherwise it would be advantageous for your child to get a physical with our school doctor. When making an appointment with your family doctor, please take all physical forms to the authorized medical examiner and have him/her fill out the Section 6 of the evaluation. Please note – Students participating in the sport of Wrestling need to complete Section 9. If you elect to use our Team Physicians, we are offering physical dates each season (Fall, Winter, Spring). The physicals will be performed at the McGowan Athletic Training room.

No candidate is eligible until ALL PARENT AND HEALTH CARE PROVIDER SIGNATURES ARE ON FILE. No practice, No workouts, No games.

Authorization Forms for Release of Medical Information must be completed by all FIRST TIME PARTICIPANTS, of current school year.

All forms must be sent directly to the Athletic Training Room or the Athletic Office, not the coach, prior to participation. Physicals turned in last minute may result in the student not being permitted to practice or to participate in tryouts. Such delays may result in a loss of tryout time or perhaps losing the opportunity to tryout completely. Once the physical is turned into the Athletic Office and reviewed for satisfactory completion, the student will be granted permission to participate in athletics. When a student-athlete has a desire to participate in a sport that has roster reductions or cuts, it is imperative that they have all their paperwork submitted in a timely fashion.

For any athlete participating in multiple sports seasons, please follow the guidelines above for the initial CIPPE for the first sport season. For the 2nd or 3rd sport seasons, the parent/guardian and the student will need to re-certify their contact information and health assessment, which is included on the PowerSchool Parent Portal. Wrestlers must complete Section 9 at least 6 weeks prior to the start of the winter sports season. Your doctor does not need to re-certify any information unless there has been a change in the student-athlete's health or if he/she has sustained a serious injury since the initial evaluation.

Lastly, the Carlisle Athletic Department suggests that all students participating in athletics complete the Impact Concussion baseline testing program prior to the first day of official practice outlined by the PIAA. The Licensed Athletic Trainers' will work with the coaches to make sure the appropriate teams get this testing done. This innovative process known as Impact which stands for Immediate Past Concussion Assessment and Cognitive Testing.

For further information please Contact the Athletic Trainers at the contact information below.

Carlisle Area School District Sports Medicine.

Brian Waiter, MS, LAT, ATC

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623 West Penn Street – Carlisle, Pa 17013

Phone: (717) 240-6800 x26010 / Fax: (717)241-3284

Facilities that Offer Sports Physicals

FACILITY	ADDRESS/PHONE	COST \$\$
UPMC Urgent Care - Carlisle (Walk-In)	1175 Walnut Bottom Road Carlisle, PA 17015 Phone: 717-258-9355 8am-8pm Every Day	\$65
UPMC West Shore Orthopedics (Appt Needed) *Athletic Trainers Can set up Apt*	19 Sprint Drive Carlisle, PA 17015 Phone: 717-988-8135 8am-4pm Mon-Friday	\$25
Penn State Health Urgent Care (Walk-In)	1211 Forge Road Carlisle, PA 17013 Phone: 717-218-3990 9am-7pm Mon-Friday	\$55
Concentra Urgent Care (Walk-In)	1124 Harrisburg Pike Carlisle, PA 17013 Phone: 717-245-2411 8am-5pm Mon-Friday	\$45
UPMC Urgent Care Mechanicsburg (Walk-In)	6481 Carlisle Pike Mechanicsburg, PA 17050 Phone: 717-796-9355 8am-8pm Every Day	\$65
Patient First Urgent Care (Walk-In)	107 S Sporting Hill Road Mechanicsburg, PA 17050 Phone: 717-943-1781 8am-8pm Every Day	\$55

**SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____ / _____ (_____ / _____ , _____ / _____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED** with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone (_____) _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ____/____/____

SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name _____ Relationship _____

Parent/Guardian E-mail Address: _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| <div style="border: 1px solid black; padding: 2px; width: fit-content;"> An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below. </div> | | | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 6. Do you have any concerns that you would like to discuss with a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

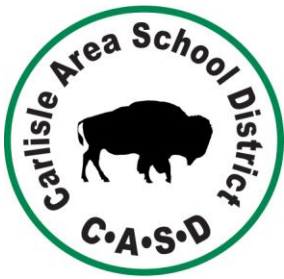
#s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parents/Guardian's Signature _____ Date ____/____/____



Carlisle Area School District

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Dr. Colleen M. Friend • Superintendent

Carlisle High School Sports Medicine

Dr. Thomas Chu, D.O. & Dr. Nathan Wool, M.D.

Athletic Trainers

Brian Waiter, MS, LAT, ATC waiterb@carliseschools.org

Brandi Carpenter, MS, LAT, ATC carpenberb1@carliseschools.org

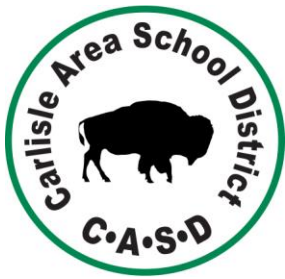
Spencer Fuller, LAT, ATC fullers@carliseschools.org

Your Student-Athlete _____ was examined by our Athletic Team Physician on _____ and did NOT received clearance to participate in Athletic or Physical Activity for the following reason(s):

In order to participate in Carlisle Athletics, your son/daughter needs to get cleared by completing the following protocol: _____

and turn in a script note from the physician or specialist to the Athletic Training Staff which indicates what there are no restrictions to play sports for the Carlisle Area School District.

For questions concerning your student-athlete's condition, please call the Athletic Training Office and we will get back to you as soon as possible with the information. Please contact only the individuals listed above for clarification of the health issues which resulted in the clearance denial. Athletic Training Office (717)240-6800 X 26010.



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Carlisle Area School District Sports Medicine Department

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Spencer Fuller, LAT, ATC (717-473-7677)

FOOTBALL PRE-SEASON HEAT-ACCLIMATIZATION GUIDELINES

Practice or competition in hot and/or humid environmental conditions poses special problems for student-athletes. Heat illness is a primary concern in these conditions. Having a scripted practice plan with breaks from activity as well as scheduled hydration and cooling off periods will be of great assistance in preparing student-athletes for the football season.

CORE PRINCIPLES:

1. Acclimatization Period: All schools sponsoring high school football are recommended to institute the heat acclimatization program on Monday or Tuesday (August 8 or 9, 2022) for 5 consecutive days prior to the Monday starting date (August 15, 2022) for the 2022 football season. If a school opts to institute heat acclimatization during this period, the intent is to have all members of the team be present and participate in all 5 consecutive days of the heat acclimatization period. A school must have 5 consecutive days of heat acclimatization prior to their first contact drills and contact drills may not be initiated before Monday, August 15, 2022 (the first legal practice date of fall sports).

- The practices for this week are limited to a 5-3-5-3-5 hours of practice daily for the 5 days of heat acclimatization. Practice sessions may be no longer than 3 hours in length and teams must have 2 hours of rest (recovery period) between sessions. Days 1, 3 and 5 are limited to 5 hours per day and Days 2 and 4 are limited to 3 hours per day. NOTE: For the 2022 Football Season, if a Team is unable to meet the 3 hour daily minimum due to school being in session during the day(s) of heat acclimatization, the Team is expected to maximize the time available for heat acclimatization on those days to satisfy the spirit and intent of this guideline.
- Helmets and shoulder pads with shorts are permitted the first 5 days of heat acclimatization. Full gear and contact may not be worn until Monday, August 15th after the completion of the five consecutive day heat acclimatization period.
- If a school starts heat acclimatization on Monday, August 8th, if they choose, they may practice on Saturday, August 13th, but there may be no contact on this day the same as the previous 5 days of heat acclimatization since it is prior to the first contact day of Monday, August 15th. If a school starts heat acclimatization on Tuesday, August 9th, then Saturday August 13th is their 5th consecutive day of at acclimatization and no contact is permitted.
- If a school starts heat acclimatization on the first practice day, Monday, August 15th, they must have 5 consecutive days of heat acclimatization with helmets, shoulder pads, shorts, prior to their first legal practice with contact. If starting on August 15th, a school must have 5 heat acclimatization days, plus the 5 regular practice days (where contact

and full gear is permitted) before their first scrimmage. If they are scheduled to play on the first play date of the fall season, this schedule may limit them to only 1 scrimmage. Schools are advised to be cautious in scheduling a second scrimmage if starting heat acclimatization on August 15th.

- The only exception to the first legal play date for football is those schools who are playing Week Zero by trading a scrimmage for their first regularly scheduled contest. That varsity team may play the optional weekend of August 26 & 27, (Week 0) with junior varsity competition to follow.

2. Scrimmages: A team shall not participate in a scrimmage prior to the first available scrimmage date as provided in Article XVI: Season and Out-of-Season Rules and Regulations of the PIAA By-Laws.

3. Participation Limitation: No Team, no individual member or members of such Team, and no individual representing any PIAA member school, may Practice or participate in an Inter-School Practice, Scrimmage, Contest, and/or Open Gym on more than six days in any Calendar Week during the Regular Season.

4. Out-of-Season Activities: General conditioning provides only partial heat acclimatization. Therefore, student athletes should be exposed gradually to hot and/or humid environmental conditions to provide better heat acclimatization. Each exposure also should involve a gradual increase in the amount of exercise that is undertaken over a period of days to weeks until the exercise intensity and duration is comparable to that likely to occur in competition. If conditions are extreme, training or competition should be held during a cooler time of the day.

- When protective gear and clothing is authorized by the school Principal outside of the defined season, frequent rest periods should be scheduled so that the gear and clothing can be loosened to allow evaporation of sweat and other forms of heat loss. During the acclimatization process, it may be advisable to use a minimum of protective gear and clothing and to Practice in T-shirts, shorts, socks and shoes. Excessive tape and outer clothing that restrict sweat evaporation should be avoided. Rubberized suits should never be used.

Maximum Practice Time: The maximum allotted time per day for practice is 5 hours and teams must have 2 hours of rest between sessions.

Minimum Practice Time: The minimum practice time for the first five days is 3 hours per day.

Practice: The time a player engages in physical activity. It is defined that any practice session be no greater than three (3) hours in length. Warm-up, stretching, conditioning, weight training and 'cool-down' periods are all considered practice.

Recovery Period: A minimum of a two (2) hour recovery period must be provided after any session.

Walk-through: No protective equipment or strenuous activity permitted. Only balls and field markers (cones) may be used. Prevention of Heat Illness from the Sport Medicine Guidelines of the PIAA Handbook should be observed.



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Spencer Fuller, LAT, ATC (717-473-7677)

Heat Index and Hydration Policy for Carlisle Area School District

CASD will utilize the Kestrel Digital Sling Psychrometer -Thermo Hygrometer to get the Wet-Bulb Globe Temperature Index and heat index. The Carlisle Area School District Sports Medicine Department will follow this policy in regards to the Athlete's health and safety as it pertains to the Environmental condition of the heat and humidity:

WBGT (°F)	Activity Guidelines and Rest Break Guidelines
<82.0	Normal activities: provide ≥ 3 separate rest breaks of minimum duration 3 min each during workout.
82.0-86.9	Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥ 3 separate rest breaks of minimum duration 4 min each.
87.0-89.9	Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥ 4 separate rest breaks for minimum duration 4 min each.
90.0-92.0	Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.
>92.1	No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.

Source: NATA Position Statement: Exertional Heat Illness, Journal of Athletic Training volume 50, number 9 2015, Table 5

All Coaches are to adhere to the aforementioned guidelines and make fluids freely available to their athletes.

Tips for Safer Two-A-Days

Review the WIAA Heat Acclimatization guidelines. Injury rates increase during two-a-day workouts whether athletes are in peak physical condition or not. In fact, many athletes don't even make their starting lineup because of injuries incurred during preseason training.

Here are some tips to help ensure athletes stay at their best and prevent heat-related injuries during two-a-days.

Encourage Athletes to Begin Conditioning Before Two-A-Days

Encourage athletes to begin conditioning in the heat two weeks before official practice begins. This allows athletes' bodies to cool more efficiently by increasing sweat production sooner than when they are not acclimated to the heat.

Avoid Workouts During Unusually Hot Temperatures

Practice sessions during unusually hot and humid conditions should be limited to very moderate workouts, postponed until cooler times of the day or brought inside to avoid the heat.

Make Fluids Part of the Playbook

Before, during and after competition, be sure to consume adequate amounts of fluid. Athletes can make sure they are properly hydrated by checking their urine color: lighter urine color indicates athletes are better hydrated. The longer the workout session, the more frequently fluids need to be replaced. Research shows that a sports drink containing a 6% carbohydrate solution, like Gatorade, can be absorbed as rapidly as water. But unlike water, a sports drink can provide energy, delay fatigue and improve performance for workouts lasting longer than 45 minutes.

Use the Shade

Before practice, warm up in the shade and be sure to rest in the shade during breaks. Even during rest, exposure to heat can raise the body temperature, increase fluid loss and decrease the blood available to the muscles during workouts.

Recommend Wearing Loose Fitting Clothing

Cotton blend, loose fitting clothing can help promote heat loss. The rule: the less clothing and pads/equipment the better, especially in warmer conditions. Change to dry shirts at breaks.

Signs of Dehydration and Heat Illness

Dehydration can seriously compromise athletic performance and increase the risk of exertional heat injury. That's why it's important to recognize the warning signs.

- Thirst
- Irritability
- Headache
- Weakness
- Cramps
- Nausea
- Decreased performance
- Dizziness

Be Prepared for an Emergency

Always have a cell phone on hand and be familiar with emergency numbers. Also keep ice and ice towels on hand in case of heat-related emergencies. The gold standard is an ice bath (kiddie pool with ice water, trough, etc.)

Fluid Guidelines for Two-A-Days

Proper hydration is the best safeguard against heat illness. Remember to have athletes drink before, during and after training and competition.

Before Exercise

- ✓ 2 to 3 hours before exercise drink at least 17 to 20 oz. of water or a sports drink.
- ✓ 10 to 20 minutes before exercise drink another 7 to 10 oz. of water or a sports drink.

What to Drink During Exercise

Drink early — Even minimal dehydration compromises performance. In general, every 10 to 20 minutes drink at least 7 to 10 oz. of water or a sports drink. To maintain hydration, remember to drink beyond thirst. Optimally, drink fluids based on amount of sweat and urine loss.

- ✓ Athletes benefit in many situations from drinking a sports drink containing carbohydrate.
- ✓ If exercise lasts more than 45 to 50 minutes or is intense, a sports drink should be provided during the session.
- ✓ The carbohydrate concentration in the ideal fluid replacement solution should be in the range of 6% to 8% (14 to 18 g/8 oz.)
- ✓ During events when a high rate of fluid intake is necessary to sustain hydration, sports drinks with less than 7% carbohydrate should be used to optimize delivery.
- ✓ Fluids with salt (sodium chloride) are beneficial to increasing thirst and voluntary fluid intake as well as offsetting the amount in lost sweat.
- ✓ Cool beverages at temperatures of 50° to 59°F are recommended.

What Not to Drink During Exercise

- ✓ Fruit juices, carbohydrate gels, sodas and those sports drinks that have carbohydrate levels greater than 8% are not recommended as the sole beverage.
- ✓ Beverages containing caffeine, alcohol and carbonation are discouraged during exercise because they can dehydrate the body by stimulating excess urine production, or decrease voluntary fluid intake.

After Exercise

Immediately after training or competition is the key time to replace fluids. Weigh athletes before and after exercise. Research indicates that for every pound of weight lost, athletes should drink at least 20 oz. of fluid to optimize rehydration. Sports beverages are an excellent choice.

Managing Two-A-Days

Stay Cool

- ✓ Get in shape and acclimate
- ✓ Know the warning signs of dehydration and heat illness
- ✓ Don't rely on thirst to drink
- ✓ Drink on schedule
- ✓ Favor sports drinks
- ✓ Monitor body weight
- ✓ Watch urine color and caffeine intake
- ✓ Key in on meals as an opportunity to increase fluid intake
- ✓ Stay cool when you can

From: Eichner, E.R. (1998). Treatment of Suspected Heat Illness. Int. J. Sports Med. 19:S150-153.

Stay Healthy

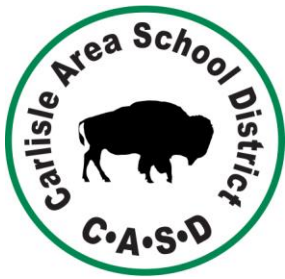
- ✓ Minimize the stresses of life
- ✓ Eat a well-balanced diet
- ✓ Avoid overtraining
- ✓ Sleep well
- ✓ Avoid rapid weight loss
- ✓ Avoid people with colds
- ✓ Keep hands away from nose and mouth
- ✓ Get a flu shot
- ✓ Stay hydrated and ingest carbohydrates during exercise

From: Niemen, D.C. (1998). Immunity in Athletes: Current Issues. Sports Science Exchange 11(2):1-6.

Stay Hydrated

- ✓ Drink throughout the day
- ✓ Drink at least 17 to 20 oz. of fluid 2 to 3 hours before a practice or game
- ✓ Drink an additional 7 to 10 oz. of fluid 10 to 20 minutes before competition
- ✓ Drink 20 to 40 oz. of fluid per hour of play (at least 7 to 10 oz. every 10 to 15 minutes) to replace sweat loss during exercise
- ✓ Drink at least 20 oz. per pound of weight loss within two hours of finishing training or competition
- ✓ Optimal to have fluid intake match sweat and urine loss.

From: Casa, D. et al. Journal of Athletic Training 35(2):212-224, 2000.



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Concussion Management Program

IMPACT Testing Instructions

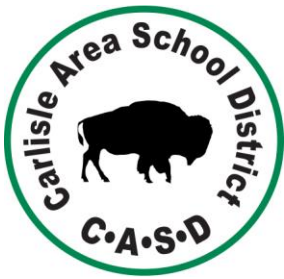
1. Log on to the Carlisle Area School District Website- www.carliseschools.org
2. Go to Departments and click on Athletics
3. After clicking on Athletics then look for the IMPACT Test at the bottom of the screen
4. Click on the IMPACT Test and start the program.
5. After you start the IMPACT Test, you will go through six stages of the testing that will last anywhere from 20-30 minutes to complete.
6. When you finish the IMPACT TEST the website itself will save your results to the Carlisle Area School District's web server and you are done.
7. You must have completed the IMPACT Test before participating in practices/games at the beginning of your sports season . THERE WILL BE NO EXCEPTIONS!!!!
8. The IMPACT Test is good for two (2) years and must be redone if the date of the previous IMPACT Test is longer that two years of the official PIAA starting date of your season.
9. After the completion of the Impact Test, please e-mail the confirmation receipt on the very last page to carpenterb1@carliseschools.org

****Impact Test need to be taken on devise that has a mouse. No Tablets or Phones****

Password: A43538792D

School District: Carlisle Area School District

When completed send e-mail to: carpenterb1@carliseschools.org



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Protocol for Concussion Management

If an athlete receives a concussion, he/she is managed as an individual dealing with a Traumatic Brain Injury (TBI).

- A. When an athlete receives a blow to the head or a head injury he/she will be removed immediately from the competition or practice to be evaluated.
- B. The Team (Athletic) Physician and the Licensed Athletic Trainers from the Carlisle Area School District (CASD) will determine if the signs and/or symptoms warrant that the athlete has a concussion.

***If the student athlete is only evaluated by the Licensed Athletic Trainer and they suspect a possible concussion then the student athlete/parent must see a Licensed Physician to get a definitive diagnosis.

*** Concussions are NO longer graded as mild or severe

- C. If the athlete has a concussion, he/she is instructed to stop play immediately and follow the protocol to return to play with the stepwise progression with not more than one level of advancement in a 24 hour period:

_____ Step 1- No activity- Rest until the athlete is asymptomatic

_____ Step 2- When the athlete is asymptomatic a Licensed Athletic Trainer at CASD will administer the IMPACT Test and consult with the CASD Team (Athletic) Physician to start the progressive steps to return to play.

_____ Step 3- Light Aerobic Exercise (Stationary Cycle/Elliptical)

_____ Step 4- Low Impact Aerobic Exercise (Jogging)

_____ Step 5- Resistance Exercise (Lifting with weights/body weight)

_____ Step 6- Non-Contact Drills pertinent to student athlete's sport in practice

_____ Step 7- Full Contact/Activity in student athlete's sport in practice

_____ Step 8- Released to Full Activity for Games/Matches

******NOTE: If signs or symptoms occur during any point in the protocol, the athlete must drop back to the previous days step and be asymptomatic before continuing the stepwise progression.**

- D. Final Assessment: The return to play will be determined by the CASD Team (Athletic) Physician in cooperation with the athlete's personal physician and the CASD Licensed Athletic Trainer.

Procedure to follow when an athlete is taken to a private personal Physician for the care and treatment of a Sports related injury.

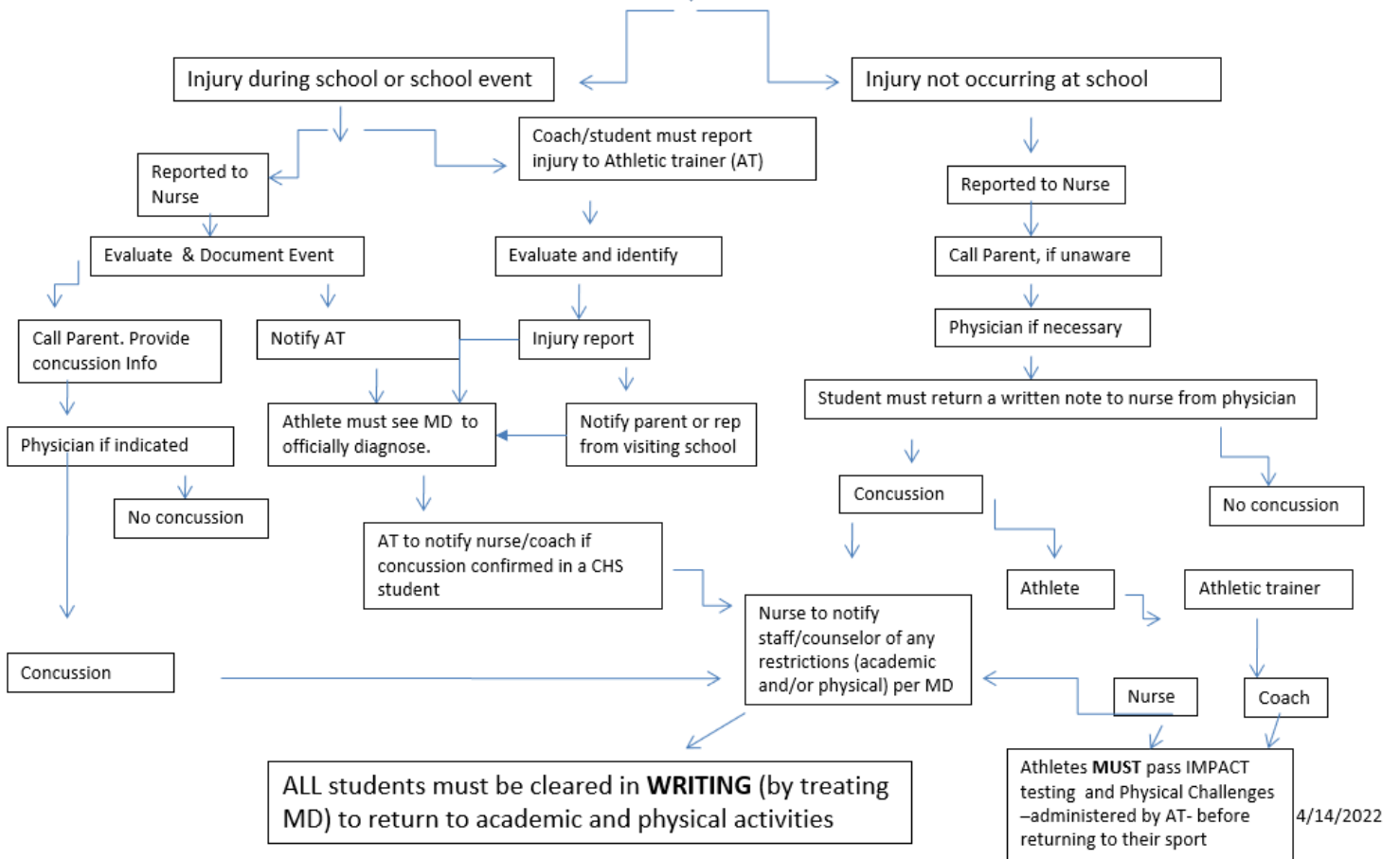
Upon return from a visit to a private physician the student- athlete should provide the following information from the private physician to the Carlisle High School Licensed Athletic Trainers in writing:

1. The date the physician evaluated you.
2. A treatment or rehabilitation plan.
3. The date the athlete is to return to practice or play in a game.
4. A follow-up appointment date if necessary.

***** If this information is not on the returned note, the Carlisle High School Licensed Athletic Trainers will hold that athlete out of practice or game until the Carlisle High School Athletic Physician can be contacted and permission is granted by him.

Concussion Algorithm

Suspected Concussion



4/14/2022



PRIVATE MEDICAL RECORDS

Sideline Concussion Evaluation Tool

Name: _____
 DOB: _____
 School: _____

Date: _____
 Grade: _____
 Sport: _____

History/Mechanism of Injury: Number of previous concussions? _____ ADD/ADHD? Migraines?

Symptom	Initial	Recheck
Check List:		
Headache:	___/6	___/6
Pressure in Head:	___/6	___/6
Neck Pain:	___/6	___/6
Nausea/Vomiting:	___/6	___/6
Dizziness:	___/6	___/6
Blurred Vision:	___/6	___/6
Balance Problems:	___/6	___/6
Sensitivity to Light:	___/6	___/6
Sensitivity to Sound:	___/6	___/6
Feeling Slowed Down:	___/6	___/6
Feeling Foggy:	___/6	___/6
Don't Feel Right:	___/6	___/6
Difficulty Concentrating:	___/6	___/6
Difficulty Remembering:	___/6	___/6
Fatigue/Low Energy:	___/6	___/6
Confusion:	___/6	___/6
Drowsiness:	___/6	___/6
Trouble Falling Asleep:	___/6	___/6
More Emotional:	___/6	___/6
Irritability:	___/6	___/6
Sadness:	___/6	___/6
Nervous/Anxious:	___/6	___/6
Total Number of Symptoms:	___ / 22	___ / 22
Symptom Severity Score:	___ / 132	___ / 132

Immediate Recall:	trial 1	trial 2	trial 3
elbow candle	Y/N	Y/N	Y/N
apple paper	Y/N	Y/N	Y/N
carpet sugar	Y/N	Y/N	Y/N
saddle sandwich	Y/N	Y/N	Y/N
bubble wagon	Y/N	Y/N	Y/N
Delayed Recall:	___/5	___/5	___/5

Concentration:	Trial 1	Trial 2
1-4-5	Y/N	Y/N
3-8-1-4	Y/N	Y/N
6-2-8-9-4	Y/N	Y/N
9-2-1-4-8-7	Y/N	Y/N

Orientation:	Memory:
Month? Y/N	What venue are you at? Y/N
Date? Y/N	Which half is it? Y/N
Year? Y/N	What team scored last? Y/N
Day? Y/N	Last team you played? Y/N
Time? Y/N	Did you win your last game? Y/N

Months: Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan

Balance: Footwear: _____ Side: _____

Double leg stance: _____ errors

Single leg stance: _____ errors

Tandem Stance: _____ errors

Eyes:	
Smooth Pursuit:	WNL / Abnormal _____
Saccades Vertical:	WNL / Abnormal _____
Saccades Horizontal:	WNL / Abnormal _____
VOR Vertical:	WNL / Abnormal _____
VOR Horizontal:	WNL / Abnormal _____
PERRLA:	WNL / Abnormal _____
Convergence	WNL / Abnormal _____
Finger to Nose:	WNL / Abnormal _____

Clinical Impression: _____ Guardian Contacted: Coach Contacted: Withheld from play Y / N

If you have any questions about the injury or the instructions, please call the athletic trainer at the number listed below. They will be happy to answer your questions or to help arrange a consultation with a physician. The athletic trainer is a highly educated and skilled professional specializing in athletic healthcare. In cooperation with others, athletic trainers play an integral part in healthcare.

Name: _____ Signature: _____ Phone: _____



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Name: _____

Previous Concussion: Y/N

Sport: _____

If Yes, date occurred: __/__/__

- The Student/Athlete **DID NOT** sustain a concussion, OR..
- The Student/Athlete **DID** sustain a concussion and...

Medical Provider Recommendations

Academics

- __ May return to school at this time
- __ May return to school on __/__/__
- __ No school until follow up appointment on __/__/__
- __ Shortened school day (__ hours)

Please check any of the following supports:

- | | |
|--|--|
| __ Shortened classes (__ mins. Max) | __ Lessen Computer time |
| __ Rest breaks as needed when symptomatic | __ No classroom or standardized testing |
| __ Allow extra time for test and assignments | __ Reduction of workload |
| __ Limited # of tests per day __ | __ Test, Quiz, Handouts on grey paper |
| __ Open book tests | __ Preferred seating away from bright lights |
| __ Other: _____ | |

Physical Education

- __ No PE at this time
- __ May return to PE at this time
- __ May return to play after completing RTP progression
- __ May return to PE with the following Restrictions:

Athletics

- __ May NOT participate in any practice or competition at this time
- __ May start Return to Play (RTP) progression under the supervision of their Licensed Athletic Trainer.
- __ Must return to medical provider for full clearance to return to competition
- __ May start RTP progression with their LAT and is cleared for full participation upon full completion.
- __ Has completed RTP progression w/o any recurrence of symptoms and is cleared for full participation.

Additional Instructions, comments, or notes: -

Physician Name: _____
License #: _____

Physician Signature: _____
Date: _____

Brian Waiter
(717)645-6588

Brandi Carpenter
(717)448-0815

Spencer Fuller
(717)473-7677



PIAA Wrestling Weight Management Guidelines

RULE 1 Competition, Sections 5 Weight-Control Program:

*Article 1...*Each individual state high school association shall develop and utilize a specified weight-control program which will discourage excessive weight reduction and/or wide variations in weight, because this may be harmful to the competitor. Such a program should be planned to involve the wrestler, as well as the parents/guardians, appropriate health-care professional and coach in establishing the minimum certified weight class. An ideal program would be one where an appropriate health-care professional would assist in establishing a minimum weight class through hydration testing, body fat assessment and a monitored descent plan. Minimum body fat should not be lower than 7 percent for males or 12 percent for females.

*Article 2...*For health and safety reasons, the state's weight control program shall require hydration testing with a specific gravity not greater than 1.025, which immediately precedes the body fat assessment. A minimum weight class will be determined by a body fat assessment. Any wrestler's assessment that is below seven percent for males and 12 percent for females shall have a medical release to participate signed by an appropriate health-care professional. This release shall not allow a wrestler to participate at a weight class below that for which the initial assessment allows. A program to monitor an average weight loss of 1.5 percent a week, with descent, may use the minimum weight determined by the body fat testing as the lowest weight class a wrestler may wrestle. This weight management plan should also involve a nutritional component developed at the local level.

Article 3... The state's weight-control program shall require each wrestler to establish a certified minimum weight and prohibit recertification at a lower weight during the season

PIAA Board of Directors' Adopted Weight Control Program:

Pursuant to the Weight Control Program adopted by PIAA: 1) the deadline for a PIAA member senior high school to enter its complete varsity wrestling schedule into the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) is one week prior to the first assessment (**Friday, October 22, 2021**) (see **NOTES 1 and 2**) prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (a) certified to by an Authorized Medical Examiner (AME)*, and (b) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season (**Friday, October 29, 2021**) and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (**Monday,**

December 6, 2021) (see NOTE 2). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations(NFHS) Wrestling Rule 1, Competition, Section 5, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator, Scholastic Edition (together, the "Initial Assessment").

NOTES:

1. Any subsequent additions or substitutions to a PIAA member senior high school's complete varsity wrestling schedule must be approved by that school's PIAA District Wrestling Chairman.
2. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15th and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.
3. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod), Hydrostatic Weighing or Dexa Testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment. Where the Initial Assessment and/or a second Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

Clarification on Appeals: Appeals may take place any time prior to a wrestler's first competition. If a wrestler competes at an assessed weight prior to an appeal, that wrestler is accepting of the initial Minimum Wrestling Weight and assessment. 2 For all wrestlers, the MWW must be certified to by an AME. To reduce or eliminate "clerical errors", it is required that each head wrestling Coach initial the MWW of each of his wrestlers before the school's Principal certifies to the eligibility of the school's wrestlers. A two (2)-pound growth allowance is authorized on or after Saturday, December 25, 2021 for both junior high/middle school and senior high school wrestlers.

Procedure to Request Relief from Delinquent Hydration Test and/or Weight Assessment:

1. A member school shall submit the following, relative to its request for relief:
 - a. A letter requesting relief from the delinquent hydration test(s) and/or weight assessment(s) submitted, on behalf of the affected student(s), by the concerned Principal.
 - b. Confirmation from the school's attending assessor of the respective dates of failed hydration test(s) and the hydration level(s) achieved.
 - c. Any pertinent information from the attending assessor of any assessments attempted and the rationale of why those assessments failed.
2. All information must be forwarded to the PIAA District Wrestling Chairman on or before Friday, February 11, 2022, for that wrestling chairman's consideration, with a courtesy copy of the cover letter requesting relief from the delinquent hydration test(s) and/or weight assessment(s) forwarded to the involved PIAA District Chairman.
3. The District Wrestling Chairman will submit all provided information to that District's Chairman with a cover letter of support or nonsupport of the request for relief.
4. The District Chairman will review all information and either approve or reject the request for relief.
5. Upon request by the Principal of the concerned school, the District Chairman may convene a hearing before his District Committee into the request for relief.
6. Decisions of District Committees may be appealed by the Principal of the concerned school to the PIAA Board of Directors or a PIAA Board of Appeal by requesting an appeal, in writing, to the PIAA Executive Director

**NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS SPORTS MEDICINE ADVISORY COMMITTEE
MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION**

Student's Name: _____ Age: _____ Grade: _____

Enrolled in _____ School

Diagnosis: _____

Location AND Number of Lesion(s): _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ____ / ____ / ____ Time: _____

Form Expiration Date for this Lesion [Note on Diagram(s)]: ____ / ____ / ____

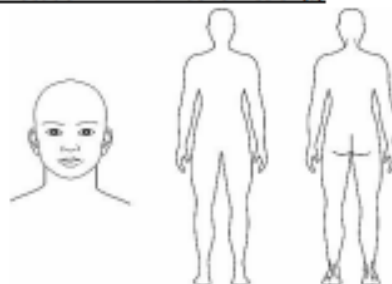
Earliest Date the Wrestler May Return to Participation: ____ / ____ / ____

Treating Authorized Medical Examiner (*AME) [print/type]: _____ License # _____

Office Address: _____ Phone: () _____

Treating *AME's Signature: _____ Date of Exam: ____ / ____ / ____

Mark Location AND Number of Lesion(s)



FRONT

BACK

Below are some treatment guidelines that suggest MINIMUM TREATMENT before return to wrestling:

Bacterial Diseases (impetigo, boils): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for 72 hours is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 72 hours. For a first episode of Herpes Gladiatorum, wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment before return to wrestling should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm on scalp or skin): Oral or topical treatment for 72 hours on skin and oral treatment for 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management.

Conjunctivitis (Pink Eye): 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: Upon treatment with curettage and hyfrecator, may cover with bioocclusive and wrestle immediately.

Note to Appropriate Health – Care Professionals: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Wrestling Rules 4-2-3, 4-2-4 and 4-2-5 which states:

"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from an appropriate health – care professional stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh – in for the dual meet or tournament. The only exception would be if a designated, on-site meet appropriate health – care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh – in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

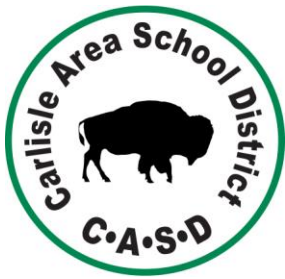
"ART. 4 . . . If a designated on-site meet appropriate health – care professional is present, he/she may overrule the diagnosis of the appropriate health – care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition."

"ART. 5 . . . A contestant may have documentation from an appropriate health – care professional only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."

Once a lesion is considered non-contagious, it may be covered to allow participation.

DISCLAIMER: The National Federation of State High School Associations (NFHS)/Pennsylvania Interscholastic Athletic Association, Inc. (PIAA) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or part, in reliance upon the accuracy or veracity of the information provided herein.

*** AUTHORIZED MEDICAL EXAMINER (AME):** A licensed physician of medicine or osteopathic medicine, a physician assistant certified, or either a certified registered nurse practitioner or a school nurse practitioner, who is under the supervision of a licensed physician of medicine or osteopathic medicine.



Carlisle Area School District

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Dr. Colleen M. Friend • Superintendent

Dear Wrestling Parents,

In recent years there have been several confirmed cases of skin infections on students on the wrestling team. The district follows established protocols from the Pennsylvania Department of Health for cleaning (disinfecting) the areas that may carry bacteria.

Our Licensed Athletic Trainers and Team Physicians meet with all the high school wrestlers to check for any skin situations regularly that would warrant further evaluation or treatment. Basic precautions that should be done daily by each wrestler have been explained to them to prevent any further skin issues. Included are some basic information from our Sports Medicine Department for your review.

Since parents are most often the first to notice symptoms on a child, I would encourage all parents to report them immediately to the CASD Licensed Athletic Trainers and then schedule a follow up appointment with your primary care physician or other medical professional. I would encourage all parents to report any confirmed case that has been diagnosed by their family doctor to the School Nurse and Licensed Athletic Trainers. This information will remain confidential but will allow the district to follow the proper cleaning protocols.

We would like to take this opportunity to give you some information on skin infections. Skin infections may appear as sores or boils that are red, swollen, painful, or have pus. They can also be dry and almost flakey in some instances. Due to the close quarters, sweaty equipment, and physical contact, athletes are susceptible to skin infections. However, good hygiene is the best defense against contracting and spreading these skin infections. The Athletic Department and the Licensed Athletic Trainers of Carlisle Area School District are working hard to ensure the safety of your student-athletes. Here is what you and your student-athlete can do to protect themselves.

- **Good hygiene is very important!** Washing hands frequently and showering after all sport activities will reduce your risk. If water is not available for hand washing use an alcohol based hand sanitizer.
- **Cover all wounds!** A simple barrier like a band-aid will help to keep your wound free of bacteria. Also, covering your wounds will prevent you sharing an infection with someone else.
- **Don't share personal items!** Although it may seem like the nice thing to do for a teammate, please do not share clothing, towels, deodorant, sport equipment, etc. In addition to not letting others use your things, be sure to wash all clothing and

equipment. All uniforms and/or practice clothes should be washed daily, not left in your locker until the end of the week.

- **Speak UP!** If any wound or pimple concerns you, seek help from one of your Licensed Athletic Trainers, School Nurse, and either your Team or Family Physician. The quicker a skin infection is diagnosed, the faster it can be treated.

NFHS MEDICAL RELEASE FORM FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee (SMAC) conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

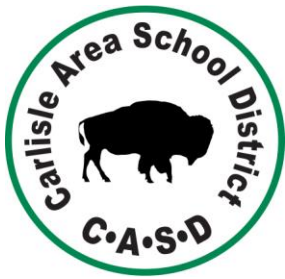
Neither the NFHS nor the NFHS SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and appropriate health-care professionals that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and studentathletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing "return to competition forms". Consistent use of these guidelines should reduce the likelihood of wrestlers catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Each state association needs to determine which appropriate health-care professional can sign off on this form.
 2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
 3. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should mitigate the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
 4. Inclusion of a “bodygram” with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.
 5. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
 6. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee’s role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.
- This form may be reproduced, if desired, and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS SMAC would welcome comments for inclusion in future versions as this will continue to be a work in progress



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Helpful Hints for Reducing the Potential Spread of Bacteria (e.g. MRSA)

Institute a Hand and Arm Washing Hygiene Protocol

- Have Athletes wash hands and arms to mid biceps with an antimicrobial soap with residual killing action (Hibiclens) to help prevent the transfer of pathogens during high risk activity.
- Washing of hands and arms (past elbows) should be conducted multiple times throughout the day. At a minimum they should be conducted at the following times; first things in the morning, immediately before lunch, after use of the restroom, and as a last wash of the day.

Institute a Shower Protocol

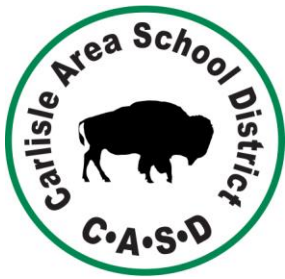
- All Athletes should shower with an antimicrobial soap with residual killing action (Hibiclens) after practice and competition/play.

Institute an Equipment and Gear Cleansing Protocol

- Clean all surfaces and equipment with an antimicrobial cleaner proven to kill MRSA (Surfaceaide XL, Surficlean, Cavicide, Bleach, etc)
- Clean all athletic gear with a surface cleaner proven effective to killing MRSA. Note: If personal gear is not cleared or maintained at the athletic facility, ensure that each athlete has an understanding of the options available for proper cleansing of his/her own personal equipment.
- Wash all fabrics with fabric cleaner that has been proven to kill MRSA (Fabricaid or others). Fabrics should be washed at 140 degrees or hotter. NOTE: Most fabrics will not withstand this high heat and most machines are not set to achieve this high setting. Drying times should be extended to ensure fabrics are completely dry before removing.

Additional Areas of Note

- Should an athlete have a suspect area or open wounds, was the infected or suspected areas thoroughly with an antimicrobial soap with residual killing action (Hibiclens) and seek medical attention
- Have athletes keep all suspected areas and open wounds covered after thoroughly washing until the area is completely healed.
- Prohibit athletes with open or draining wounds from use of hot or cold tubs until wounds are completely healed.
- Prohibit the sharing of soaps, razors, towels, or athletic gear.
- Never wait to see if a suspected area gets better on its own – consult a physician immediately.
- See Hibiclens bottle for complete information regarding use.



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Precautions for N1H1 Virus in Athletes

1. An athlete with cold like symptoms should be encouraged to wash and sanitize their hands frequently.
2. When coughing, an athlete should cover their mouth or turn their head away from other individuals. (N1H1 virus is respiratory- Airborne)
3. An Athlete with flu-cold-like symptoms should be encouraged to get treatment from a licensed physician.
4. The training room rehabilitation equipment and training tables should be disinfected daily by the Athletic Training staff.
5. Floors, countertops, benches, stools, chairs, sink basins, and toilets in the Athletic Training Room and locker rooms must be disinfected daily by the custodial staff.
6. The seats, benches, and handles on weight equipment in the weight rooms should be disinfected by coaches, physical education instructors, and supervisors at the end of each workouts.
7. Athletes should be directed to wash their clothing and equipment daily.
8. Athletes should be directed to use their own equipment, clothing, and not share water bottles, cups, or food with other athletes.
9. Athletes diagnosed with N1H1 virus will be suspended from the team until a licensed physician releases him or her from their care with a written script note for the Athletic Trainers.

Wound Care, General:

Keep the wound and dressing clean. If the dressing gets wet, remove it and blot the wound dry, then reapply a new dressing. Dressings should be changed daily.

You can shower or bathe right away, unless instructed differently by the physician. Wash with soap and water. Avoid peroxide or betadine as these can damage healing tissues. Do not submerge the wound in water for long periods of time (No soaking in the bathtub)

To dress the wound, first put on a thin coating of antibiotic ointment (for example, Bacitracin). Put the ointment on the wound itself, avoiding it on the uninjured skin.

Apply a non-stick pad such as Telfa or Adaptic. If padding is needed, add gauze either as a pad or roll (Kerlix). Dressings on extremities are best secured with a roll bandage (Kling wrap). Apply just enough tape to keep the bandage in place. Dressings should be replaced if they become wet, blood soaked, damp with drainage, or dirty.

After a few days, you can let the wound air dry. For example, you could take off the dressing at night. Continue to protect the area from trauma and sunlight (use a sunscreen) for about 6 months.

If any signs of infections occur (Swelling, redness, increasing tenderness, red streaks, tender lumps in the armpit or groin above the laceration, or fever), see doctor immediately.

Ultraviolet Precaution!

Once the wound is healed, the fresh skin will be very sensitive to ultraviolet radiation. Sun exposure can result in permanently abnormal skin color. Avoid direct sunlight for at least 6 months. If exposure is unavoidable, apply a high-potency sunscreen every time you are in the sun. Absolutely do not go in a tanning parlor.

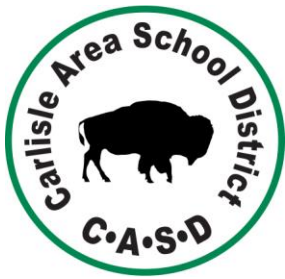


GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING OR THUNDER DISTURBANCES

These guidelines provide a default policy to those responsible or sharing duties for making decisions concerning the suspension and restarting of practices and contests based on the presence of lightning or thunder. The preferred sources from which to request such a policy for your facility would include your state high school activities association and the nearest office of the National Weather Service.

PROACTIVE PLANNING

1. Assign staff to monitor local weather conditions before and during practices and contests.
 2. Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area:
 - a. A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus.
 3. Develop criteria for suspension and resumption of play:
 - a. When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
 - b. 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed* prior to resuming play.
 - c. Any subsequent thunder or lightning* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
 - d. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning-detection device.
- * – At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.
4. Review the lightning safety policy annually with all administrators, coaches and game personnel and train all personnel.
 5. Inform student-athletes and their parents of the lightning policy at start of the season.



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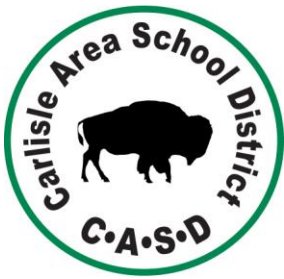
Lightning Safety and Action Plan:

Lightning Detection:

1. Spark Lightning Detector via Weather Bug and/or My Lightning. Coaches will be warned to start wrapping things up once lightning is detected to be about 10 miles away. When lightning is detected as close as 8 miles away, all playing fields will be cleared. Play will not resume until 30 mins after the last lightning/thunder has been detected within that 8 mile radius.
2. Flash to Bang Method. In the event an Athletic Trainer is not present the Coach and/or observer begins counting when a lightning flash is sighted. Counting is stopped when the associated bang (thunder) is heard. Divide this count by 5 to determine the distance of the lightning flash (in miles). Within this method, anything within 10 miles the playing fields will be cleared. Play will not resume until 30 mins after the last seen lightning.

Safe Shelters:

1. Grass Soccer Fields: Wilson and/or Lamberton Middle Schools
2. Baseball/Softball Fields: McGowan Building
3. Track and Field: McGowan Building and or Stadium Locker Rooms
4. Football/Grass Field Hockey Field: McGowan or Swartz Building and/or Stadium Locker Rooms
5. Multisport Turf Field: McGowan Building and/or Stadium Locker Rooms.
6. Football Stadium: McGowan Building and/or Stadium Locker Rooms.



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Cold Illness Issues

RECOGNITION AND MANAGEMENT

- Mild Hypothermia – Goose bumps, numb hands, shivering.
- Moderate Hypothermia – intense shivering, muscle incoordination, mild confusion, depression
- Severe Hypothermia – Shivering stops, exposed skin is bluish and puffy, muscle rigidity, decreased pulse and respiration.

MANAGEMENT

- Remove athlete from cold environment
- Remove cold, wet clothing and replace with dry clothing and blankets.
- Refer all moderate cases to an Emergency Department once safe to transport.
- Treat severe hypothermia as a medical emergency. Wrap victim in insulated blankets and seek emergency medical care immediately.
- Conscious athlete – remove wet clothing and insulate with whatever warming material is available. Evacuate to a warm building, car, bus or shower. Encourage drinking large amounts of warm, sweet liquids. Encourage athlete to exercise to promote heat production.
- Unconscious athlete – should be insulated and transported by the emergency medical system (EMS). Field warming and CPR are ineffective and should not delay transportation to a medical facility.
- Cold induced asthma – exercises induced asthma (EIA) is promoted by exercising in cold weather, coaches, parents, administrators, and athletic trainers should be very aware of the environmental conditions and make necessary event changes.

CLOTHING – FOOD AND LIQUID INTAKE

- Layering of clothing is highly recommended. The inner layer acts as a wick for perspiration. A middle layer is the insulated layer that allows moisture transfer and the outer layer is necessary to repel wind and rain, but is able to allow the transfer of perspiration to air.
- Athletes can sustain exercise in cold by ingesting 6-8% carbohydrate beverages. Carbohydrate rich foods are indicated or recommended for exercise in the cold.



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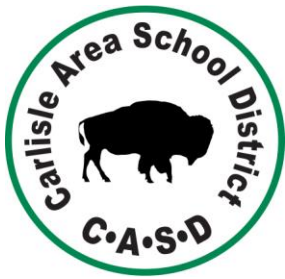
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Athletic Training Room Rules

1. Proper dress is required: Shirt-shorts-flip flops or stocking feet – No bare feet.
2. No cleats or dirty equipment are permitted at any time in the Athletic Training Room.
3. The Licensed Athletic Trainer will evaluate – start – and end injury treatment not coaches – athletes or any other school personnel. (PA Osteopathic Medical and Medical Board Law).
4. The Licensed Athletic Trainer or Athletic Team Physician will return the injured athlete to practice or game – Coaches – athletes or other school personnel have no legal authority to do this.
5. No horse play or rough housing will be tolerated at any time.
6. Mutual respect is expected in all athletic training room interactions.
7. Do not help yourself to anything in the Training Room – ask the Licensed Athletic Trainer.
8. Only go to the athletic training room if you are injured or need treatment.
9. The athletic training room is a medical rehabilitation facility, not a team meeting room or social club. Enter – Get treatment – Exit Promptly.
10. Athletic contests are won on the field of play – not in the athletic training room.
11. The Stadium Football Athletic Training Room will be closed 15 mins before the start of practice. Dress for practice – then come to the athletic training room.



Carlisle Area School District

540 West North Street • Carlisle, Pennsylvania 17013
717-240-6800 • www.carliseschools.org
Dr. Colleen M. Friend • Superintendent

Carlisle Area School District Sports Medicine Department

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Injury Protocol

1. An injured Athlete must be referred to the Carlisle Area School District LAT. (Licensed Athletic Trainer) or Athletic Team Physician no matter the extent of the injury for treatment and care. These Health Care Professionals will determine the extent, care, and return to play. No coach, athlete, or other athletic or school personnel has that legal authority.
2. If a parent chooses to seek injury care for their athlete with any other Health Care Professional than the Carlisle Area School District Athletic Health Professional, a written statement with the time out of competition, the care to be given (including a program of rehab, modalities of care, and the date for return to competition) will be necessary on the return to the school for competition or activity related to their Sport
3. If an athlete gets injured in the coach's sport with the absences of the LAT. or Athletic Team Physician, the Coach should render First Aid within his ability to care for the Athlete and then contact the LAT. followed with an Injury Report within 24 hours after the injury.
4. No coach, athlete or other athletic personnel has the legal authority to issue protective equipment, apply modalities, evaluate, render treatment, or give a program of rehabilitation to any injured athlete. This is the responsibility of the LAT and the Athletic Team Physician. (The LAT or Athletic Team Physician will never tell a coach how to coach his sport – In return the LAT. and Athletic Team Physician does not want the coach telling them how to administer their Sports Medicine Program)
5. When an athlete comes to be treated for an athletic injury to the Training Room he or she is expected to get treatment and exit promptly after treatment.
6. When an athlete is injured and needs care, all treatments will be done after practice or between practices, if time permits. If an athlete does not stay to receive treatment, he or she will be held out of competition by the LAT. or Athletic Team Physician until given permission to return to play by those two individuals.
7. When an athlete is held out of completion by the Carlisle Area School District Health Care Professionals, a coach, athlete, or other school personnel must not try to influence or persuade the medical professionals into an earlier return to competition in any way.

Procedure to follow when an athlete is taken to a private personal Physician for the care and treatment of a Sports related injury.

Upon return from a visit to a private physician the student- athlete should provide the following information from the private physician to the Carlisle High School Licensed Athletic Trainers in writing:

5. The date the physician evaluated you.
6. A treatment or rehabilitation plan.
7. The date the athlete is to return to practice or play in a game.
8. A follow-up appointment date if necessary.

***** If this information is not on the returned note, the Carlisle High School Licensed Athletic Trainers will hold that athlete out of practice or game until the Carlisle High School Athletic Physicians (Dr. Thomas Chu, D.O. OR Dr. Nathan Wool, M.D.) can be contacted and permission is granted by him.

Away Venues

1. The host school's Emergency Care plan will be followed.
2. If a medical professional is not on site or present at that specific field and an athlete goes down. The Coach is NOT permitted to move them until one arrives.
3. The Head Coach and/or medical personal will be responsible for notifying the parents.
4. If the pears are not on -site, it is highly recommended that the Assistant Coach accompany the student-athlete to the hospital. However, if this is not possible, the Head Coach has the responsibility of deciding who accompanies the athlete to the hospital. If the parents are on-site, the coaching staff will defer to their wishes.
5. The Head Coach will fill out an injury report form and submit it to the LAT/ATC as soon as possible after a student under his supervision has been injured.
6. The Coach WILL contact the LAT/ATC upon return to the school by phone if the LAT/ATC is no longer on school property. If the team returns late, contact the LAT/ATC the next day unless the injury is considered to be extreme (Life threatening).

***All injured athletes must report to the LAT/ATC the first school day following an injury**

When in doubt, contact the parents and refer athlete to their physician or ER

Transport via parent's request – never otherwise



Carlisle Area School District



Sports Medicine

Record of Injury and Treatment

Athlete's Name: _____ Sport: _____

Injury Date: _____ Date Reported: _____ Grade: _____

Mechanism of Injury:

Body Part: _____ Side: L ___ R ___ B/L ___

Mode of Onset: Acute ___ Chronic ___ Re-Injury ___

HISTORY:

SIGNS & SYMPTOMS/INSPECTION:

RANGE OF MOTION:

MANUAL MUSCLE TEST:

SPECIAL TEST:

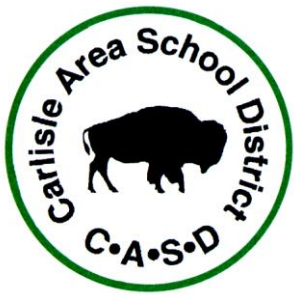
ASSESSMENT: _____

PLAN:

ACTIVITY STATUS: Unlimited ___ Limited ___ No Practice ___

Limited Activities: _____

ATHLETIC TRAINER FILING REPORT: _____, LAT, ATC



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GENERAL INJURY FORM

Sports Medicine Use:

Patient Name: _____ Date: ___/___/___ DOI: ___/___/___

Current Sport: _____ DOB: ___/___/___ Transportation: _____

Body Part Injured: Right Left _____

Notes to Physician: _____

** Please return this form to the Athletic Trainers when your child has been seen by a physician**

Physician Use:

Diagnosis: _____

Treatment/Rehab: _____

Practice/Game Status: ___ Full Activity/No restrictions
___ Upper Body Activity Only
___ Lower Body Activity Only
___ No Contact Sports / PE Class
___ Other (EXPLAIN): _____

Follow Up Exam: Y / N If yes, when: ___/___/___

May the Athletic Trainer contact your office to update athletic status or for clarification purposes? Y / N

Physician Signature: _____ Date: ___/___/___

License #: _____ Office Phone #: (____)_____-_____

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Carlisle High School Sports Medicine

Protocol for Volunteer Support Help

Mission Statement:

The purpose of this protocol is to allow volunteer to lend help and support to the Carlisle High School Sports Medicine Program without violating the Pennsylvania State Athletic Training Act and medical HIPAA, or Consumer Protection Laws

The protocol is established by the Athletic Physicians, Athletic Director, and the Licensed Athletic Trainers for Carlisle Area School District.

Before volunteering begins, the person wanting to volunteer must obtain the following clearances:

1. ACT 34 – Criminal Clearance
2. ACT 151 – Child Abuse Clearance
3. ACT 114 – FBI Criminal Background Check
4. ACT 24 – Arrest/Conviction Report and Certificate Form

The protocols for volunteers to follow:

1. Refer all injured athletes to the Licensed Athletic Trainer
2. Basic First Aid (if certified)
3. CPR-AED Application (if certified)
4. Fill ice chests and water coolers
5. Fill ice chests for officials
6. Assist at pre-participation physical exams as directed by the licensed athletic trainers.
7. Assist the licensed athletic trainer in any way the athletic trainer designates that does not violate any laws.

The volunteers **may not do** the following:

1. Evaluate an injured athlete.
2. Recommend advanced treatment for the injured athlete.
3. Perform CPR/AED treatment if the volunteer has not been trained and/or certified.
4. Move the injured athlete if a head, neck, or back injury is suspected. Only medical personnel will move the injured person
5. Use any modality to treat the injured athlete (ultrasound, hydrocollator, packs, whirlpools, or rehab equipment). This is in violation of the Athletic Training ACT of PA.
6. Prepare or tape an injured athlete as this is in violation of the Athletic Training ACT of PA.
7. Recommend any rehabilitation program (treatment protocol or exercises) for the athlete.
8. Recommend or fit any brace, support, or orthotic device for the athlete.
9. Send or return an athlete to competition. Only the team physician or licensed athletic trainer has clearance to do so.

NOTE: Violation of any of the protocol will result in removal and suspension from volunteer service to the CASD Sports Medicine Program.



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Student Aid / Intern HIPAA Compliance Form

Student Aides / Interns assisting or shadowing in the Athletic Training Room at Carlisle Area School District, where patients are being treated, must sign this Confidentiality Agreement in compliance with HIPAA Privacy Law. All Student Aides / Interns must follow CASD Sports Medicine protocols, to protect the rights of our patients, staff, and healthcare information.

I acknowledge that during the course of my participation in the CASD Athletic Training Office, hereby referred to as a "Healthcare Facility", that I may receive access to confidential information that is prohibited from disclosure to others.

"Confidential Information" means information provided by the Healthcare Facility that is not available to the general public, or is required by law or regulation to be protected from disclosure to third parties as defined by the Health Information Portability and Accountability Act (HIPAA). Confidential Information includes any and all information discussed between Sports Medicine Staff, patients, parents, coaches, etc. whether it be spoken, written, or electronic. All discussions about patient medical conditions must be kept in private setting. All medical records are to be accessed on an as needed basis.

I will maintain and protect the privacy of the CASD Athletic Training Room staff and patients. I understand that any violation of this Agreement may result in serious ramifications for which I will be held solely responsible for.

Please sign below to indicate you have read and agree to the above policies

Name: _____ Date: _____

Print Please

Signature: _____

LAT/ATC Initials: _____

HIPAA Law of 1996: <https://www.cdc.gov/phlp/publications/topic/hipaa.html>

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**NATIONAL ATHLETIC TRAINERS' ASSOCIATION:
OFFICIAL STATEMENT ON PROPER SUPERVISION OF SECONDARY SCHOOL STUDENT
AIDES**

Introduction:

This Official Statement of the National Athletic Trainers' Association provides support and guidance to school administrators and athletic trainers in the education and supervision of secondary school students enrolled in sports medicine courses or volunteering in secondary school athletic training programs. The goal of this statement is to continue to foster a positive, safe learning environment where students benefit from the instruction and observation of qualified health care professionals.

Official Statement:

The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs.

Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions.

Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

- (1) Interpreting referrals from other healthcare providers
- (2) Performing evaluations on a patient
- (3) Making decisions about treatments, procedures or activities
- (4) Planning patient care
- (5) Independently providing athletic training services during team travel



Dear fellow secondary school athletic trainers:

Some recent statements at district meetings have created a controversy and a torrent of emotional responses. These statements revolve around the use of student aides at the secondary school level.

First, let me say that whenever there is change, there is resistance. I am hoping that if you have strong feelings one way or another, you will give this some serious thought and a period of reflection. Your educated approach concerning this matter will benefit the profession and, ultimately, you.

Minor changes in verbiage were made to the NATA Official Statement on Proper Supervision of Student Aides. The content, which essentially remained the same, still focuses on the proper use of student aides and fostering a positive, safe learning environment. Athletic trainers are a recognized health care profession, acknowledged as leaders in athletic health care. We have regulation in forty-eight states and the District of Columbia, yet there are still health care professionals who are using secondary school students as a work force. We understand that it is not everyone, but enough to catch the attention of administrators, physicians and other athletic trainers.

However, we also know that there needs to be a means to expose students to our profession. This creates interest and increases the visibility of our skill set. In an effort to meet this need, there are many great classes being taught at the secondary school level under various titles, e.g., Sports Medicine, Athletic Training Fundamentals, Introduction to Athletic Training, etc. Some of these courses are within the general course offerings provided locally, which are unregulated. Others are regulated and fall under either the State Department of Education or the state's Career and Technical Education department (CTE). In this case of the latter, these courses are taught separate from the athletic training program. They are strictly academic with no practical experience outside the classroom. They are not to be confused with a student aide program where students actually observe an athletic trainer at work. These classes can be compared to Introduction to Physics, American History and Introduction to Literature, where they teach content and general practical knowledge. This is where the similarities should remain. The physics teacher does not use any students to be a lab assistant or test proctors, so why should we use our students to do our jobs?

It does not go unnoticed that many of us working at the secondary school level are often stretched past our capacity. We feel that administrators do not value our positions, do not understand what we do and, certainly, rarely step into our athletic training rooms to observe what we do. For this reason, it is hard to get them to add a second or third staff member. Another reason the administration won't add an additional position might be because they, along with parents, see a student working a soccer practice or volleyball game while the AT is working at football practice, and the perception is that the student is providing the same services that an athletic trainer does. All of us know that this is truly not the case; however, public perception cannot be stopped. We must all consider whether or not we are following our state practice acts, state regulations and job descriptions.

Hopefully, you are generating statistics on the number of visits, types of treatments, number of rehabilitative procedures, etc. you are performing daily. These statistics help illustrate your value and support the need for an additional staff member. The improper use of students will continue to keep ATs in overworked, underappreciated situations. How can you help the profession or the NATA reach its goals of putting at least one AT in every secondary school? The first thing on the list should be to STOP using

students as a workforce. Though some may believe them to be a tremendous help in the now, due to outward perception, it will ultimately hold you and the profession back in the long run.

It is understood that some secondary school ATs teach a class and are comfortable with the knowledge they have shared with their students. Keep in mind, the class is to teach, impart knowledge and share experiences. Consider the difference between 'on the job training' versus 'job shadowing.' Students can shadow and observe from the sideline, on the court, on the mat, on the field and in the athletic training room. Teach them CPR/ AED or even first aid. It will only benefit them in the future. You can teach them skills like taping, special tests and your RTP procedures. They can practice on each other in the classroom setting. However, they should not be initiating a rehabilitation program, determining return to play, evaluating an injury, etc. on any student athlete under your watch. Any of these would be a violation of most states' practice acts. We know there are exceptions; this is why the statement leaves room for interpretation. The hope is that your interpretation falls within your state's rules and regulations.

School districts can and have faced litigation due to lack of proper supervision of students and studentathletes. Why would we, as an organization, promote anything other than the highest standard of proper supervision and use of students at all times? Our leadership needs to be strong in our message to protect students, instructors and the athletes they come into contact with, even if being prudent might be unpopular.

There are many reasons for the strict supervision standards in an undergraduate or graduate AT education program for non-certified college students. How can it be acceptable to allow 15 - 18 year old high school students more freedom and less supervision than college-age students? If anything, these students should require stricter supervision guidelines, not only for their safety but also for the safety of the student-athletes we, the ATs, are responsible for.

As secondary school athletic trainers, we all face some very unique challenges on a daily basis. While these guidelines may seem too restrictive for some, there are other things that student aides can do that are just as helpful and do not involve patient care. Learning about the administrative component is also an important aspect of the field. This can help free up ATs to focus on patient care, while educating students on what it takes to run a facility. This gives them value that may be lost when observing only. This is no different than what teachers have when they get a student aide. Consider the following:

Proper student aide educational practice:

- Field set up and take down
- Hydration specialization
- Cleaning duties
- Performing inventories
- Stocking kits
- Stocking shelves, taping tables, etc.
- Making ice bags
- Eyes and ears-sideline recognition of an athlete struggling with heat illness, head injury, etc. (we teach players to do this for each other)
- Give students a different color shirt that says AIDE on the back.

Sincerely,

Larry Cooper, MS, LAT, ATC Chair, NATA Secondary School Athletic Trainers' Committee

Jim Thornton, MA, ATC, CES President, National Athletic Trainers Association