Woodhaven High School: Sports Medicine

Policy & Procedure Manual

Brittany M. Tyler MA, AT, ATC

District Head Athletic Trainer

Sports Medicine Athletic: Training Course Instructor

Table of Contents:

Statement of Purpose

The following manual has been created to outline a comprehensive informational guide for athletes, coaches, parents, volunteer athletic department staff, and athletic department administrative staff. The purpose of this policy and procedure manual is to define the day to day operations of the athletic training program of the Woodhaven-Brownstown School District staff and facilitate communication amongst members of the athletic department and athletic training staff to provide the best and most efficient health care for both home and away student athletes.

Mission Statement

Woodhaven Sports Medicine provides an efficient and effective experience for our student athletes that encompass the domains of athletic training including injury prevention, immediate and emergency care, treatment, and rehabilitation of injuries. We also focus on nutritional, and the psychological needs of our student athletes. The certified/licensed athletic trainer will provide these services for all home and away student athletes with genuine and dignified concern for an athlete's overall health.

Personnel & Responsibility

Athletic Trainer

The Woodhaven-Brownstown School District has a full-time district employed athletic trainer who is licensed and board certified for the state of Michigan. The athletic trainer's responsibility is encompassed but not limited to the six domains of athletic training:

1. Organizational and Administration
2. Professional Responsibility
3. Immediate and Emergency Care
4. Clinical Evaluation and Diagnosis
5. Injury Prevention
6. Treatment, Recondition, and Rehabilitation

The athletic trainer will abide by and uphold all principles and standards set forth in the National Athletic Trainers Association (NATA) Code of Ethics and the Board of Certification (BOC) Standards of Professional Practice. Athletic trainers are required to maintain and continue educational knowledge to provide the most efficient health care to Woodhaven-Brownstown School District Students. To ensure this, athletic trainers must remain consistent with updating technology and ideas within the athletic training field and sports medicine field through reading of athletic training journals, and other professional literature. Athletic trainers are responsible for obtaining the required number of continuing education units (CEU) to maintain certification.

Job Description of the Certified Athletic Trainer (ATC)

The ATC reports to the Athletic Director (AD). Athletic trainers attend scheduled practices and competitions assigned by the AD. The responsibilities of the ATC shall include , but are not limited to:

1. Hold a current BOC and State of Michigan Licensure.
2. Provide on site injury care and evaluation as well as appropriate acute treatments, follow up treatment and rehabilitation as necessary for all injuries sustained by student athletes.
3. Coordinate with team physician (Dr. Marc Milia).
    a. Follow up care of athletes
    b. Assistance pertaining to the health of a student athlete
4. Determine when an athlete can safely return to full participation after an injury (following a physician authorization if necessary).
5. Maintain complete and accurate student athlete records.
6. Notify parents/guardians of injury, treatment, and any follow-up care needed for the student athlete.
7. Supervise the athletic training room and inspect the athletic facility with coaching staff as needed.
8. Select and maintain the athletic training room equipment and supplies.
9. Organize, implement, and instruct athletic training students.
10. Obtain current athletes emergency information.
11. Attend clinics and symposiums to further education ATC.

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

Athletic Training Students Assistant (ATSA)

Woodhaven-Brownstown School District students may serve as athletic training student assistants. No more than three students at a time. These students will assist the ATC with practice and competition day set up. Pre-event treatment and rehabilitation sessions supervised. Athletic training students will follow the policy and procedures manual as described. ATSA must understand the roles, abilities, and limitations as a part of the ATC staff. Rules of proper use of student assistants will be taken from NATA Official Statement on Proper Supervision of Secondary School Student Aides.

Athletic Clearance and Required Medical Form

Prior to participation in activities, student athletes must complete a pre-participation physical exam performed by a qualified health care professional. All student athletes must receive this exam on or after 4.15 of the previous school year. A licensed physician, physician assistant, or nurse practitioner may complete the MHSAA Pre Participation Physical Form per MHSAA regulations.

Athletic Training Room (ATR) Procedures

Purpose of the ATR

The ATR facility is where students receive prophylactic care as well as treatment for athletic injuries sustained either during practice or competition. The ATC is responsible for providing these services to maintain the athlete's highest athletic ability while continuing the safety of the sport. The ATR is considered an acute care facility however ATC will assist in the long-term management and care of a student athlete if deemed necessary. Student athletes are NOT to self-treat or use any aspect of the ATR or equipment without the ATC's supervision.

ATR Policies

1. ATR Hours
    a. The ATR is open Monday-Friday from 12pm-until the last home event or practice ends.
2. Needs are addressed as follows:
    a. Taping, Bracing, Bandages.
    b. Care of previous injuries including electrical stimulation, cold or heat applications, and any other necessary modality usage (cupping, massage, etc.).
    c. Address and evaluate new injuries.
    d. Rehabilitate.
    e. Athletes are seen on a first come, first served basis.
3. EMERGENCIES TAKE PRECEDENCE!
    a. During practices the ATC will either be in the ATR or at practices and can be reached via cell phone.
    b. Any emergencies will be communicated by coaches and abide by the Emergency Action Plan.

4. The ATC will attend all home scheduled competitions and practices. Each situation is handled differently and coverage of the ATC is outlined below in order of highest probability of emergency medical need
    a. Collision Sports (Football, Hockey, Wrestling)
    b. Contact Sports (Soccer, Volleyball, Basketball, Cheerleading, Baseball, Softball)
    c. Non-Contact (Cross Country, Track & Field, Tennis, Golf, Tennis, Swimming and Diving)
5. ATR is open on Saturdays and holiday breaks for scheduled home events and by coaches request only!
    a. If there is a practice, scrimmage, or competition on a non-school day or if the ATC was not given a 24-hour notice then the ATC will not be responsible for coverage.
6. Athlete uses of ATR
    a. Athlete will not bring belongs into ATR
    b. Athletes will abide by the ATR rules.
7. Physical Education (PE) Injuries
    a. All injuries sustained during PE class will be reported to and managed by the PE instructor
    b. The ATC will be available (if not instructing) to aid during emergency situations.
8. ATR Rules
    a. The ATR will be locked whenever the ATC is off-campus or covering another venue.
    b. No one expects administration is allowed in without permission.
    c. No student athletes are to be in the ATR without supervision.
    d. No coaches or administrators will themselves or allow student athletes into the ATR without supervision from ATC.
    e. No one may use ATR supplies or equipment without express permission of ATC.
        i. Equipment borrowed will be documented on an equipment checkout list and whomever checked it out is responsible for the entire piece.
    f. All therapeutic modalities, except ice must be administered by ATC.
    g. ATR is operating on a first come first serve basis expect:
        i. Earlier practice time
        ii. Competition prep vs Practice prep
        iii. In season vs Off season
        iv. Emergencies take precedence.
    h. Actions and language should be respectful-no horseplay
        i. If student athlete violates this rule they may be asked to leave
        ii. Cleats or shoes with are not permitted
        iii. No shoes allowed on the treatment tables

9. Water
    a. A cooler for water or ice may be checked out by teams

i. Teams are responsible for filling their own cooler
ii. Teams must return the cooler in the same condition it was given to you
iii. You may only check out one cooler at a time.

b. Water will be available by the ATC for home events
c. Improper use of equipment will result in loss of privileges
d. All using the water will abide by the water etiquette rules
i. Never touch water bottle lids or pump sprays to the mouth
ii. Never put hands or bottles inside the cooler
iii. Always use spigot to refill cooler
iv. Never remove lid and drink directly from bottle
v. Be respectful of equipment provided
vi. Never throw or drop provided equipment
vii. Sick athletes must use their own bottles

10. Equipment
    a. Athletic Training Kit
        i. The ATR kit will be filled with necessary supplies for home or away events
        ii. Kits are given to head coaches for each team and must be returned at the conclusion of the season
            1. Coaches are responsible for the care and administration of supplies in the kit
            2. If more specialized equipment is needed please let ATC know
        iii. Missing equipment will be charged to the team or individual athlete if required.
11. Supplies
    a. If specialized equipment is needed for teams it is the coach's responsibility to notify the ATC as soon as possible.
12. Rehabilitation Equipment (Cupping, electrical stimulation)
    a. ATR equipment is available to students' athletes only with ATC supervision
    b. Student athletes should not be permitted to work in an unsupervised area
13. Emergency Equipment
    a. Major emergency equipment (AED, Splints, Crutches) will be kept in the ATR
    b. ATC will review the location with coaches
14. Protective Equipment
    a. It is players and parent responsibility to purchase protective equipment not given to them by coaches.
    b. The ATC will provide parents with proper protective equipment rules and regulations set by MHSAA. Please do not purchase equipment without communication with coaches or ATC
        i. Cups
        ii. Braces

    c. Taping Policy

i. If tape is needed it will be on an individual basis and applied to support the athlete from further injury while allowing the athlete to continue participating

15. Golf Cart
    a. Used to get an injury and for the transportation of injured athletes, equipment, supplies at the discretion of the ATC.
    b. Must be licensed drivers to operate the golf cart

Reporting Injuries

It is essential that ALL athletic injuries be reported to the ATC within 48 hours. When an ATC learns of an injury proper notification to coaches, parents, etc. will be done and vice versa if the ATC is not around. The ATC will make the necessary medical referrals as indicated.

Coaches will not refer student athletes to physicians. The first and only referral by a coach is to be to the ATC (excluding emergency situations).

Event of an Injury

1. Athletes will report to the ATR and/or contact an ATC regarding injury. If injury is severe and the student athlete cannot be moved the coach should contact the ATC for him/her to meet the athlete at that location.
2. ATC will evaluate injury and report findings to student athletes, coaches, and parents/guardians if necessary.
3. If injury is serious and requires a physician's referral or will cause an athlete to miss practice or competition the ATC will notify parents/guardians. ATC will provide information regarding options for follow up care, EMS transport.
    a. In the event a parent/guardian/emergency contact and EMS is needed, the default hospital to which the athlete is transferred to is Henry Ford Brownstown. Parents can notify ATC and EMS personnel for another location if desired.
4. ATC will maintain accurate and appropriate reports of care
5. ATC will collect and record all physicians returned to them by the student athlete as a part of their medical record.
6. Daily record of new injuries will be maintained by ATC
7. If an athlete is injured during practice or game and ATC is not present it is the coach and athletes responsibility to report injury to ATC as soon as possible.
    a. Coaches should not attempt to diagnosis or judge severity of injury
8. It is important to report injuries, even minor, as soon as possible. Minor injuries may be more serious than you think and waiting to report may result in more missed practices/competitions.
9. Athletes who fail to report injury has assumed all risk for continuing to participate in practice/competition
10. Injury Treatment Policy

a. Treatment will be based upon the athletic trainer's experience, established protocols and standing orders furnished by MHSAA, athletic trainer, and/or our team physicians and/or caring physician.
b. Treatment/Rehab will NOT be given during practice unless athlete is unable to practice and coach gives permission
    i. So long as treatment is feasible
c. If athlete is unable to report during treatment/ATR hours they will need to make an appointment with an ATC

Treatment and Rehabilitation

All athletes should report to the ATR for injury evaluation and treatment during the hours of operation. At no time should athletes use the ATR without supervision or permission

1. Dress
    a. Student athletes should be dressed appropriately for evaluation. (T-shirt/Shorts)
2. Conduct
    a. All school rules of conduct apply in the ATR
    b. All students not needing evaluation or treatment of an injury may be asked to leave
    c. Students athletes waiting to see the ATC are encouraged to wait patiently as misbehavior will be dealt with accordingly
3. Hours of Operation
    a. ATR is opened for care during established window
    b. Off campus practices are at own discretion (excluding hockey and middle school)

Administration of Medication

1. The ATC is not allowed to administer OTC or other medication unless signed documents by parents allow ATC to do so.
    a. Medication provided: Motrin, Tylenol, Tums.
    b. Note the prescription, dosage, time administered, and expiration date.
2. In the event of a catastrophic event (allergy, diabetic) the ATC will respond and begin EAP.

Event Coverage

1. Activity Coverage
    a. Coaches give 24-hour notice of practice or competition changes or risk their being no coverage
2. Practice Coverage
    a. ATC will be onsite for most scheduled practice. The ATC will be floating between practice and/or station at higher injury risk practice (football, wrestling)
3. Game Coverage
    a. ATC will be on site for all home event location is followed
        i. Collision Sports (Football, Hockey, Wrestling)
        ii. Contact Sports (Soccer, Volleyball, Basketball, Cheerleading, Baseball, Softball)

iii. Non-Contact (Cross Country, Track & Field, Tennis, Golf, Tennis, Swimming and Diving)

4. Travel
   a. ATC travels only with Varsity Football
   b. All others will have a medical kit provided and the host school ATC will be available to you
   c. Sports continuing into the postseason coverage will be depended on availability
5. Off Season Sports
   a. ATC will not generally cover off season, except for emergencies
   b. Off season athletes are encourage to check in when injured to receive treatment but understand that are to be patient

Concussion Management Policy & Protocol

Detailed concussion protocol and management per MHSAA regulations

Concussion Management Policy

MHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONALFEDERATION SPORTS PLAYING RULES FOR CONCUSSIONS

"Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional."

The language above, which appears in all National Federation sports rule books, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. This language reflects an increasing focus on safety and acknowledges that the vast majority of concussions do not involve a loss of consciousness.

This protocol is intended to provide the mechanics to follow during the course of contests when an athlete sustains an apparent concussion.

1. The officials will have no role in determining concussion other than the obvious one where a player is either unconscious or apparently unconscious. Officials will merely point out to a coach that a player is apparently injured and advise that the player should be examined by a health care professional for an exact determination of the extent of injury.
2. If it is confirmed by the school's designated health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may reenter competition pursuant to the contest rules.
3. Otherwise, if competition continues while the athlete is withheld for an apparent concussion, that athlete may not be returned to competition that day but is subject to the return to play protocol.
   a. The clearance may not be on the same date on which the athlete was removed from play.
   b. Only an M.D., D.O., Physician's Assistant or Nurse Practitioner may clear the individual to return to activity.
   c. The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student's return to unrestricted activity.
   d. Individual school, districts and leagues may have more stringent requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
4. Following the contest, an Officials Report shall be filed with a removed player's school and the MHSAA if the situation was brought to the officials' attention.
5. **ONLINE REPORTING: Member schools are required to complete and submit an online report designated by the MHSAA to record and track head injury events when they occur in all levels of all sports during the season in practices and competitions. Schools with no concussions for a season (fall, winter and spring) are required to report this at the conclusion of that season.**
6. **POST-CONCUSSION CONSENT FORM:** Prior to returning to physical activity (practice or competition) the student and parent (if a minor student) must complete the Post-Concussion Consent Form which accompanies the written unconditional clearance of an M.D., D.O., P.A or N.P. **This form should be kept on file at the school for seven years after the student's graduation and emailed to or faxed to 517-332-4071.**
7. In cases where an assigned MHSAA tournament physician (MD/DO/PA/NP) is present, his or her decision to not allow an athlete to return to activity may not be overruled.

Education and compliance

SANCTIONS FOR NON-COMPLIANCE WITH CONCUSSION MANAGEMENT POLICY

Following are the consequences for not complying with National Federation and MHSAA rules when players are removed from play because of a concussion:

- A concussed student is ineligible to return to any athletic meet or contest on the same day the concussion is sustained.
- A concussed student is ineligible to enter a meet or contest on a subsequent day without the written authorization of an M.D., D.O., Physician's Assistant or Nurse Practitioner and the signed "Post-Concussion Consent Form."

These students are considered ineligible players and any meet or contest which they enter is forfeited.
In addition, that program is placed on probation through that sport season of the following school year.
For a second offense in that sport during the probationary period – that program is continued on probation through that sport season of the following school year and not permitted to participate in the MHSAA tournament in that sport during the original and extended probationary period. A school which fails to submit required online concussion reports will be subject to the penalties of Regulation V, Section 4 A. This includes reporting zero if no concussions occurred in a season.

Athletic Department Personnel

All coaches are required to complete annual concussion education training. This training includes information signs & symptoms of concussion/MTBI (Mild Traumatic Brain Injury). Coaches should educate athletes on signs & symptoms and encourage them to notify a coach or athletic trainer if they or a teammate is suspected of sustaining a concussion or MTBI. An athlete will not be allowed to return to participate if concussion or concussion like symptoms are present until they receive written clearance from a licensed healthcare professional trained in evaluation and concussion/MTBI and has completed all return to play.

Parents/Guardian

Parents/Guardians are REQUIRED to report any and all concussion athletes previously sustained on the Pre-participation Physical Exam Medical History Form (MHSAA).

Athletes

Athletes are encouraged to notify a coach or athletic trainer if they or a teammate exhibit signs or symptoms of a concussion/MTBI.

Detailed Return to Play Protocol

Return to Play Protocol (Varies per sport)

1. Student athlete must be cleared by a physician with note handed to the ATC outlining the order to begin return to play protocol
2. Physical and mental rest until completely asymptomatic for 24 hours
3. Light aerobic exercises (walking, 20 min of biking or elliptical)
4. Moderate aerobic exercise (20-30 min jogging)
5. Sprints and agilities
6. Non-contact practice (position drills). Red jersey practice. (Non-contact athletes=75% of maximal effort.
7. Full contact/Full effort practice
8. Return to Normal

Only one step will be completed in 24-hour periods. Any symptoms during RTP steps will be removed and repeated the following day. Increased symptoms over five days the athlete will be referred to back to the physician for medical evaluation. Only once the athlete has completed the return to play

protocol in full and received written clearance will they be allowed to return to full participation. **THE ATC RESERVES THE RIGHT TO HAVE THE FINAL SAY IN ALL RETURN TO PLAY DECISIONS. AT NO TIME WILL A COACH MAKE A RETURN TO PLAY DECISION. THIS POLICY IS NOT ALL INCLUSIVE AND THE ATC RESERVES THE RIGHT TO ALTER THE POLICY AT ANY TIME AS THEY SEE FIT TO PROTECT THE ATHLETE.**

Practice and Game Procedures for an Injured or Ill Athlete

Medical decisions regarding student athletes for practice or competitions require the cooperative efforts of the student athlete, coach, ATC, physicians, parents, and AD. These decisions are based on sound medical judgements. ATC will attempt to provide quality health care for the student athletes under the following guidelines:

1. If student athletes are under the care of physicians, the physician determines the ability of the student athlete to practice or compete.
2. If a student athlete is NOT under a physician care the ATC provides the primary care and determines the ability of an athlete to compete or practice.
3. ATC will relay a no-play decision to appropriate coach (whether per physician or ATC)
    a. At no circumstances should the coach allow the student to practice or compete until they are cleared by the ATC or physician.
        i. Document is required a full clearance to return to play
        ii. A representation by the student athlete to ATC and/or coach will NOT meet the requirements for the student athletes to return to play.
        iii. A no play decision by the physicians will allows be followed
    b. At no circumstances will the coach allow a student to practice or compete when no-play decisions of the ATC or physician are made.

#1 priority of the ATC is the health of the student athlete. If it is unsafe for the athlete to participate or it is deemed further play will result in a further injury. They should not be participating.

4. If a no play decision is made the student athlete may perform rehabilitation (per physicians' approval) and is expected to report to ATC daily.
5. Medical Referral and continued care
    a. At the time of the comprehensive exam of injury the ATC will present an option on the need for a referral.
    b. Parents/Guardians will be notified if a referral is needed
        i. ATC will give advice about which type of physician would be best whether we use our team physician or not and is only a suggestion.
    c. Final decision rests with parents/guardians, if the parent/guardian disregards the referral the student athlete will be medically disqualified until the problem has resolved or they see a physician.
    d. If a student athlete is referred to a physician, a completed note indicating the diagnosis, date, and suggestions for the continued care of the student athlete is required.
    e. In the event of an injured athlete seeing a physician without prior knowledge of the ATC the athlete must bring a written report of the physicians' findings for the release to play EVEN IF THERE WERE NO PRE-EXISTING LIMITATIONS. If the information is not provided the student athlete will not be permitted to practice/compete until the note is filed with ATC.
6. Protective Equipment

a. Any athlete who sustains an injury that requires protection of that injury through use of fiberglass cast must have clearance by treating physician to return to activity.
b. Cast, bracing, etc. must be padded correctly to meet the needs of MHSAA standards.

General Return to Play Protocol

All athletes who sustained an injury must be cleared by the ATC and/or physician in order to return to play. Regardless of physician's clearance a student athlete wishing to return to play must adhere to this protocol in order to return to play.

The following is a standard protocol for releasing a student athlete to return:

1. Student athlete must maintain full range of motion bilaterally
2. Student athlete must maintain full strength bilaterally
3. Student athletes must be pain free while performing functional aspects of their sport. Pain must be below 5/10 at all times while participating AND after participation in activity.
4. Any student athlete needing extra support or padding must report to the ATR daily in order to maintain that equipment given to the athlete.
5. Any athlete needing tape support must report to the ATR daily to have tape applied.
    a. Supplies are not endless and consideration should be given to this by the student athlete. No one shall be taped more than one time per practice. If there is a projection of an easy practice, consider not taping.
6. Student athlete must have little to no swelling within the injury site in order to be eligible to play
7. Student athletes must understand the risk involved in returning to play after the injury and must be ready to adapt to the physical demand of their sport in relation to their injury.
8. If ATC feels that continued play with an injury is detrimental to the student athlete regardless of physician's clearance, the student athlete will remain under no participation status until ATC contact physician and get clarification on exact findings evaluation.

Environmental Considerations

1. Heat Related Issues & Hot Temperatures
    a. Extreme heat and humidity can adversely affect an athlete's performance and in some cases pose a serious health risk. Taking proper precautions to help prevent heat related injuries when athletic events take place during days with high ambient temperature and relative humidity. Heat injuries are preventable. Exercising common sense and adhering to the following recommendations can hold heat injuries to a minimum.
    b. Activity in a hot or humid environment can easily cause heat related illness (heat cramps, heat exhaustion, heat rash, heat syncope, and heat stroke.
    c. Athletic department staff should follow the recommendations outlined in the Woodhaven-Brownstown Athletic Emergency Action Plan. Taken directly from MHSAA when there are high temperatures with or without humidity.

MODEL POLICY FOR MANAGING HEAT & HUMIDITY
Adopted March 22, 2013

1. Thirty minutes prior to the start of an activity, and again 60 minutes after the start of that activity, take temperature and humidity readings at the site of the activity. Using a digital sling psychrometer is recommended. Record the readings in writing and maintain the information in files of school administration. Each school is to designate whose duties these are: generally the athletic director, head coach or certified athletic trainer.
2. Factor the temperature and humidity into the Heat Index Calculator and Chart to determine the Heat Index. If a digital sling psychrometer is being used, the calculation is automatic.

3. **If the Heat Index is below 95 degrees:**
   - All Sports
     - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
     - Optional water breaks every 30 minutes for 10 minutes in duration.
     - Ice-down towels for cooling.
     - Watch/monitor athletes carefully for necessary action.

If the Heat Index is 95 degrees to 99 degrees:
- All Sports
  - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
  - Optional water breaks every 30 minutes for 10 minutes in duration.
  - Ice-down towels for cooling.
  - Watch/monitor athletes carefully for necessary action.
- Contact sports and activities with additional equipment:
  - Helmets and other possible equipment removed while not involved in contact.
- Reduce time of outside activity. Consider postponing practice to later in the day.
- Recheck temperature and humidity every 30 minutes to monitor for increased Heat Index.

If the Heat Index is above 99 degrees to 104 degrees:
- All Sports
  - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
  - Mandatory water breaks every 30 minutes for 10 minutes in duration.
  - Ice-down towels for cooling.
  - Watch/monitor athletes carefully for necessary action.
  - Alter uniform by removing items if possible.
  - Allow for changes to dry t-shirts and shorts.
  - Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
  - Postpone practice to later in the day.
- Contact sports and activities with additional equipment
  - If helmets or other protective equipment are required to be worn by rule or normal practice, suspend practice or competition immediately and resumption may not occur until the index is 99 degrees or below.
- Recheck temperature and humidity every 30 minutes to monitor for increased Heat Index.

If the Heat Index is above 104 degrees:
- All sports
  - Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable.

Note: When the temperature is below 80 degrees there is no combination of heat and humidity that will result in need to curtail activity.

MHSAA Tournament Managers at all levels will follow this policy without exception.

d. In the event an athlete suffers from heat cramps, syncope, exhaustion, stroke, or hyponatremia are the following protocol will be followed:
   i. Heat Cramps
      1. Athletes should pause activity, replace fluid lost with sodium containing fluids, and begin mild stretching with massage of muscle spasm.
   ii. Heat Syncope
      1. Athletes will be moved indoors or to a shaded area, with legs elevated. Vitals signs will be monitored and athletes should begin rehydration.
   iii. Heat Exhaustion
      1. Core body temperature will be measured either orally or temporally. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. Athletes will be moved to ice water and immersion will begin. Fluid replacement will begin at this time. Transfer to physician's care will be facilitated if recovery is not rapid and uneventful.
   iv. Heat Stroke

1. Core body temperature will be measured. Cognitive function and vital signs will be assessed. Excess clothing and uniform will be removed. The athlete will receive ice water immersion, fluid replacement will begin at this time. EMS will be activated per the EAP. Cognitive function and vitals will be monitored. Athletes will be removed from activity until clearance from physicians is obtained.

v. Hyponatremia
1. Differentiation between hyponatremia and heat stroke will be made. If suspected immediate activation of EMS per the EAP. The athlete should not be given fluids until physician consultation. The athlete will be removed until clearance from physicians is obtained.

e. Recommendations for Fluid & Electrolyte Replacement
i. Drinks including coffee, tea, soft drinks, or caffeine should be avoided as they increase urination.
ii. Hydration before, during, and following exercises should be highly encouraged (entire season)
iii. Athletes should consume approximately 16-20 oz of water or sports drink 2-3 hours prior to exercise, and another 6-10 oz 10-20 minutes prior to exercise.
iv. During exercises approximately 6-10 oz of fluid should be consumed every 10-20 minutes
v. Post-exercises approximately 24 oz of fluid should be consumed for each pound lost. This can be determined by weighing in before and after practice.
vi. The easiest method to determine hydration level is by examining the color of urine. If properly hydrated the urine color is light yellow. Darker urine indicated poor hydration.

2. Cold Related Illness & Cold Temperatures
a. Cold environments can cause injury as well. Prolonged exposure to moderate or extreme cold temperatures combined with wind chill, can cause severe permanent tissue damage.
b. Athletic department staff should follow the recommendations outlined in the Woodhaven-Brownstown Athletic Emergency Action Plan. Taken directly from MHSAA when there are low temperatures.

CANCEL OR POSTPONE:

- Competition >1 minute duration at -4°F
- All Activity at -20°F for or at -40° Wind Chill

NOTES

- -15°F or greater Wind Chill – Exposed flesh can freeze in 1 minute
- -70°F or greater Wind Chill – Exposed flesh can freeze in less than 30 seconds

CURRENT STANDARD FOR ALPINE SKIING

- >-4 °F Ambient Temperature – Check for frostbite on exposed skin.
- -4 °F to -10 °F Ambient Temperature – Severe frostbite and hypothermia risk. No metal jewelry. Eye protection for frostbite. Windscreen for genitalia. Modify pre-race protocol to limit athletes' cold exposure to <30 minutes in duration total time.
- < -10 °F Ambient Temperature or -40 °F wind chill – Lower limit for practice and training. Extreme frostbite and hypothermia risk. No exposed skin. Attempt to reschedule event. If competition cannot be rescheduled, a no strip rule will be enforced with all competitors wearing extra layers that include a windshell for entire body. Modify pre-race protocol to limit athletes' cold exposure to <20 minutes in durationtotal time.
- < -40 degrees F wind chill – Postpone/cancel competition

c. Cold injuries range from frostnip to three varieties of frostbite. These are:
    i. Chilblains-Swelling, redness, tingling, numbness, stinging sensations in fingers/toes.
    ii. Superficial frostbite-skin appears hard, plat, and waxy to the touch; skin may feel warm to athlete
    iii. Deep frostbite-extreme medical emergency, permanent tissue damage is possible
d. Athletic department staff and athletes should do the following in cold conditions
    i. Cover head, neck, hands
    ii. Dress in layers,
    iii. Encourage fluid consumption during activity. Dehydration cans till occur in cold temperatures
    iv. Discourage warm liquid consumptions during activity as this can increase perspiration levels
    v. Discourage activity in sleet/snow

3. Lightning Safety
    a. In accordance with the NATA position statement: Lightning safety for athletics and recreation 2013. The ATC will adhere to the following protocol:
        i. Flash to Bang Method
            1. Begin counting in the lightning strike and stop counting when the associated thunder is heard
            2. Divide the number (seconds) by five to determine the distance (miles) to the lightning flash.
        ii. At the first sign of lightning or thunder, athletes, coaches, and spectators should seek a safe structure as outlined in the EAP. By the time the flash-bang count approaches 30 seconds (or less) all individuals should seek shelter.
        iii. Once activities have been suspended. There will be at least a 30 minute wait after the last sound of thunder or flash of lightning before resuming activity or returning outdoors. Each time observed lightning or thunder is heard the clock reset.

Risk Management & Safety Policy

1. All ATC personnel must adhere to the following risk management procedures:
    a. Report faculty equipment immediately
    b. Dangerous materials (solvents, cleaners, chemicals) must be stored no higher than 2 feet. These should be OSHA approved containers and in a cabinet. These cabinets should be locked.
    c. If product precautions recommended using eye protection, mask, ventilation or other personal protective equipment, ATC personnel are responsible for abiding by them.
    d. Never place equipment in an unsafe proximity to athletic practices or competitions.
    e. Items weighing more than 10 pounds should not be stored higher than 4 feet.
    f. Thoroughly clean and dry spills created by athletes or staff within ATR. Wet floor signs should be posted until the area is completely dry.
    g. Using proper lifting techniques, and getting assistance for heavier items.
    h. Use caution when disposing of medical sharps (needles, scalpel blades). Disposal should be in an OSHA approved sharps container.

i. Use proper personal protective equipment (PPE) when dealing with any potential infectious waste containment situation
j. Dispose of soiled objects in biohazard containers
k. Be familiar with the location and proper use of fire alarms and extinguishers in the area
l. Be familiar with all evacuation plans
m. Report athletic playing surface hazards to proper personnel immediately (AD, and/or operations manager). If the hazard is potentially dangerous, no one should be allowed to use the surface until repaired
n. Use assistance when lifting or transporting an injured athlete
o. Work closely with coaches and equipment managers, to ensure safety of all required protective athletic equipment. All equipment should meet required national standards and be in good working conditions. Athletes should never be allowed modified equipment. Equipment should meet national standards, as it may void any claim of manufacturers negligence if an athlete is injured as a result of faculty equipment
p. Annual reconditioning of athletic equipment is the responsibility of the coaching staff

2. Playing Conditions Policy
   a. The ATC may make safety checks of all playing surfaces prior to use
   b. In combination with the operations manager, coaching staff AD, and ATC should check playing surfaces for obvious hazards
   c. Discovered hazards should be reported to the operations manager or AD immediately
3. Bee Sting and Exposure Recommendations
   a. Any personnel or athlete who has been bitten, stung, or exposed to dangerous chemical or diseases should begin immediate first aid procedures
   b. Note the type of insect, animal, or substance affecting the victim if possible
   c. If victim is stable call poison control (1.800.222.1222) if necessary, and contact emergency contact located on medical emergency authorization form
   d. If victim is unstable initiate EMS per the EAP
4. Blood-Borne Pathogens and Universal Precautions
   a. Universal precautions are strictly followed in both the ATR and on the field. Coaches should also practice universal precautions when dealing with injury situations involving blood or other bodily fluids.
   b. Universal precautions include:
      i. When treating an injury involving open skin, mucus membranes, blood, or body fluids be sure to wear disposable latex gloves. Gloves are to be changed after every athlete and discarded appropriately.
      ii. Wash hands thoroughly with soap and warm water immediately after exposure to blood or body fluids even if protective gloves had been used
      iii. Clean all surfaces that have been exposed to blood or body fluids with approved antimicrobial disinfectant
      iv. All existing wounds, abrasions, cuts, can be served as a source of bleeding or as a port of entry for blood borne pathogens, must be covered with an occlusive dressing that can withstand the demands of competitions
      v. Dispose of any sharp objects such as needles or scalpel blades in a sharps container
      vi. Dispose of all contaminated materials in biohazard waste can

vii. During competition/practice as quickly as possible. Once the athlete has been removed from competition until the uniform can be disinfected. Uniforms saturated in blood should be removed and changed before the athlete can return

c. Accidental exposure
    i. Any ATC that feels they may have been exposed to patients' bodily fluids should immediately:
    ii. If exposure involves a wound it should be cleaned thoroughly for at least 5 min
    iii. Report the possible exposure to ATC and fill out an accident report
    iv. Report the possible exposure to the ATC
    v. The exposed individual should report to a nearby hospital for testing and treatment (if needed)
    vi. If possible, the patient should be tested for Hepatitis A, B, and C, tuberculosis, and HIB
    vii. The confidentiality rule will be in effect for any cases involving possible exposure situations

Communication Methods & Equipment

1. Forms of communication that are utilized by the ATC include land, cell, emails, face to face conversation
2. ATC are encouraged to use the following criteria to maintain a strong professional working relationship with coaches
    a. Provide coaching staff with most accurate and prompt injury/illness report
    b. Never get involved in coach/athlete disputes
    c. Never get involved with team-related disputes and should discourage those conversations
    d. Abide by any team policies that directly affect them
3. It is vital that the ATC effectively communicates with parents/guardians
4. In the event of a non-emergency injury, ATC will notify if they believe athlete can not relay information to parent/guardian
5. In the event of an emergency the parent/ guardian will be notified per the EAP. Follow up will be from the ATC via phone
6. If injury occurs at a competition where the parent/guardian is present, the ATC will discuss with them in person

Emergency Action Plan

See Separate Emergency Action Plan document

Relationships and Responsibilities

1. ATC and Student Athletes
    a. The main concern of any ATC should be the health of the athlete

   b. The student athlete is reporting any and all health concerns include injury to ATC as soon as possible
   c. Only important and medically necessary information regarding the injury will be shared with coach
   d. Parents of the injured student athlete will be notified as soon as possible after the injury has occurred if it will cause the athlete to miss any practices/competitions
   e. The student athlete is responsible for follow up treatment of his/her injury
   f. The student athlete maybe medically disqualified from play if treatment requirements and/or full clearance from physician is not met
2. Coach and Athletic Trainer Student Aid (ATSA)
   a. The ATSA works under the direct supervision of the ATC
   b. Under no circumstances is the ATSA communicate athlete information to anyone other than ATC
   c. The ATSA must never be allowed to make medical decisions, analyze, or diagnosis injured or assist in the treatment of an athletic injury except under the direct supervision of the ATC
3. ATC and Coaches
   a. As previously stated all medical decisions will go through ATC
   b. The ATC communicates with the coach about injured athlete
   c. If coach has questions regarding treatments rendered they can come at any time to the ATC
4. ATC, Coaches, and visiting teams
   a. Visiting teams should be made aware of the available ATC aid, supplies, equipment, facilities, and supportive services
5. ATC and ATSA
   a. ATSA are under supervision of ATC
   b. Under supervision ATSA may only assist with the ATC on taping, handling and care of supplies, and treatment of student athlete
   c. Under no circumstances may the ATSA perform any actions of the primary ATC
   d. ATC is also responsible for the AT education of the student
6. ATC and Physician
   a. The ATC works under the conjunction with the team physician as well as community physicians
   b. The ATC and physicians should develop treatment program necessary for the student safe return to activity
   c. When team physicians are present at an athletic event, the final decision regarding the status of the student athlete rests with the physician and the physician is ready and willing to take responsibility for the athlete.
   d. The ATC, coach, athlete, and parents work cooperatively with physicians to ensure quality athletic health care
7. ATC and Parent
   a. It is the responsibility of the ATC to contact the parents/guardians after the student athlete is injured
   b. The ATC will inform the parent/guardian about the injury and recommend care
   c. All parent/guardian questions shall be answered by the ATC

d. Ultimately parents/guardians have the final say on treatment regarding the health of the athlete but the ATC can medically disqualify a student athlete until they are seen by a physician. A parent may override the ATC okay to play and disqualify their child for participation, However, a parent may not override an ATC disqualification
e. The ATC and parents/guardians should work together to ensure a safe return to play for student athlete

Appendix

1. MHSAA Physical Form
2. Concussion Information Sheet
3. Concussion Evaluation Forms
4. MHSAA Concussion Clearance Sheet
5. MHSAA Skin Infection Clearance Sheet
6. Concussion Return to Play Protocol
7. Injury Evaluation Form
8. WBSD Incident Reporting Form
9. Blood Borne Pathogens Exposure Plan
10. Athletic Healthcare Team Roles and Responsibilities
11. Community Mental Health Resources

Woodhaven Brownstown School District Concussion Return to Play Protocol

At WBSD we utilize the 5 Step approach in conjunction with the Center of Disease Control Management of Concussion (Return to activities), and our team physician for return to play after an athlete suffers a concussion or MTBI.

In order to begin protocol the following must all be true

-Athlete has been cleared without restriction for return to play by physician who is providing the athletes post concussive care

-Athlete is symptom free

When these are both true, the athlete may progress through the protocol as follows:

1. Step 1: Return to School (Full day, if they have not)
    a. Complete a full day of classes with no increase symptoms
2. Step 2: Light Aerobic Activity
    a. Begin with light exercises to increase heart rate. 5-10 minutes on an exercise bike, walking or light jogging, no weight lifting.
3. Step 3: Moderate Activity
    a. Continue with activities to increase an athlete's heart rate with body or head movement. Including moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or weight from their typical routine.)
4. Step 4: Heavy, non-contact activity (RED JERSEY)
    a. Add heavy non-contact physical activity, such as sprinting/running, high intensity stations biking, regular weight lifting routine, non-contact sport specific drills (in 3 planes of movement)
5. Step 5: Practice & Full Contact
    a. Return to practice and full contact in a controlled environment (You do not complete a step 5 on game day)
6. Step 6; Competition
    a. May return to competition

Throughout the return to play process, the following considerations must be taken:

1. Athletes MUST wait 24 hours between steps
2. If at ANY time an athlete starts experiencing symptoms, activity must be stopped immediately.
3. After 24 hours from resolutions of symptoms, athletes may return to this step to attempt once again.

Coaches must receive the ok from the ATC in order to allow the athlete back to full practice back to full practice/competition

Blood Borne Pathogens Exposure Plan

Protection and precaution should be taken whenever dealing with blood and bodily fluids. All WBSD employees and affiliates should use universal precaution when dealing with bodily fluids and potential biohazard. Gloves should be worn at all times and soiled gauze, band-aids, and other soiled material should always be disposed of in biohazard bags. The following is a procedure when dealing with bodily fluids.

1. ATC and/or ATSA should always wear gloves to protect themselves from blood borne pathogens
    a. After gloves are put on, the gloves hands should not come in contact with other surfaces that can not be properly disposed of as they will contaminate the surface
    b. To remove gloves after use, use one hand to pinch the soiled end of the glove and pull off-ball first glove in the palm of hand and use other first finger to hook under the glove of the second hand-pull second glove (with the first glove inside) completely off, turning it inside and discard in a biohazard bag.
2. If there is exposure to BBP ATC and/or ATSA should immediately irrigate the affected area with soap and water, and may also wash out with hydrogen peroxide.
    a. The affected person should immediately after the patient is appropriately bandaged.
3. Bodily fluids that are spilled on the floor or other cleanable areas should be cleaned immediately after patient is appropriately bandaged
4. If help is needed then custodial ABM staff will be called for assistance.
5. All soiled gauze pads and paper towel, etc., should be disposed of in biohazard container

MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

MHSAA michigan high school athletic association

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify below:		
☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		
- HEART HEALTH QUESTIONS ABOUT YOU	**Y**	**N**
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply:		
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol		
☐ Kawasaki disease ☐ Other:		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Y**	**N**
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		
- BONE AND JOINT QUESTIONS	**Y**	**N**
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Do you regularly use a brace, orthotics or other assistive device?		
Do you have a bone, muscle or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

- MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
- FEMALES ONLY (Optional)	**Y**	**N**
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: Weight: ☐ Male ☐ Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin HSV Lesions suspicious of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.

BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY
LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

EXAMINER

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (_____)_____

IN EMERGENCY (1): _____ Home #: (_____)_____ Cell #: (_____)_____

IN EMERGENCY (2): _____ Home #: (_____)_____ Cell #: (_____)_____

Drug Reactions: _____ Current Medications: _____

Allergies: _____ FORM A: 8/2020-17

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page ④ to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

① Signature of STUDENT: _____ Date: _____

② Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

③ Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

④ Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

Woodhaven Brownstown School

Athletic Health Care Team Roles and Responsibilities

Athletic Health Care Team (AHCT):

1. Physician: Dr. Marc Milia-Michigan Orthopedic Specialist
2. Administrator: Keith Christnagel, Athletic Director
3. Administrator: Jared Nicholls, Middle School Athletic Director
4. Certified Athletic Trainer: Brittany Tyler
5. Athletic Trainer (Knee Injury PT Referral): Anna Napolitano
6. Strength and Conditioning Coach: Mike Pintar/Kelsey Smith

Roles

1. Team Physician:
    a. Establish working relationship with other members of the AHCT
    b. Provide medical care for in office visited athletes deemed need by the ATC
    c. Refer to proper treatment if needed
    d. Provide medical expertise and shore with ATC
    e. Provide proper documentation from visits
2. Certified Athletic Trainer
    a. Injury Prevention
        i. Tape
        ii. Brace
        iii. PPE
        iv. Monitor playing surfaces
        v. Monitor environment
    b. Work with athlete from injury to resolution
    c. Meet BOC guidelines for certification
    d. Clinical evaluation and diagnosis
    e. Immediate care if acute injuries
    f. Treatment, rehabilitation, reconditioning
    g. Budget, inventory, injury records, student health, emergency action plan development
    h. Supervise ATSA
    Educate the public as necessary
3. Strength & Conditioning Coach
    a. Provide fitness screening if needed
    b. Develop and supervise conditioning programs
    c. Encourage injured athletes to follow rehabilitation instructions
    d. Ensure athlete is not doing anything incorrectly or dangerous/detrimental
    e. Monitor strength and conditioning equipment for safety and function
    f. Keep weight room clean, working order as to ensure safety of athletes
        i. Teaching athletes to remove and rack weights after use
        ii. Ensure that surfaces are clean and free of hazards

Community Mental Health Resources

Mental Health:

Suicide Hotline: 988 (https://suicidepreventionlifeline.org/?scrlybrkr=d31e566d)

Substance Abuse:

Hotline: 1.800.662.HELP (4357)
(https://www.samhsa.gov/find-help/national-helpline?scrlybrkr=d31e566d)