Sample Athletic Healthcare Plan Guide
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EMERGENCY ACTION PLAN FOR ATHLETICS

OVERVIEW

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at anytime and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles Of Certified Athletic Trainers, Student Trainers, Coaches, And Administrators
5. Venue Directions (Map)

Emergency Plan Personnel

With athletic practice and competition, the first responder to an emergency situation is typically a coach or member of the sports medicine staff. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student athletic trainers; coaches; parents; and, possibly, other bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of...
members of the team and the athletic venue itself. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, administrator, or coach may be appropriate for this role.

<table>
<thead>
<tr>
<th>Roles within the Emergency Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish scene safety and immediate care of the athlete</td>
</tr>
<tr>
<td>2. Activation of the Emergency Medical System</td>
</tr>
<tr>
<td>3. Emergency equipment retrieval</td>
</tr>
<tr>
<td>4. Direction of EMS to scene</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activating the EMS System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making the Call:</td>
</tr>
<tr>
<td>911 (all emergencies in Idaho and Utah)</td>
</tr>
<tr>
<td>Providing Information:</td>
</tr>
<tr>
<td>• name, address, telephone number of caller</td>
</tr>
<tr>
<td>• nature of emergency, whether medical or non-medicinal *</td>
</tr>
<tr>
<td>• number of athletes</td>
</tr>
<tr>
<td>• condition of athlete(s)</td>
</tr>
<tr>
<td>• first aid treatment initiated by ATC/Physician</td>
</tr>
<tr>
<td>• specific directions as needed to locate the emergency scene (“Come to the faculty parking lot off of Fairway Drive”)</td>
</tr>
<tr>
<td>• other information as requested by dispatcher</td>
</tr>
</tbody>
</table>
When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

**Emergency Communication**

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

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

**Emergency Equipment**

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. The school’s Certified Athletic Trainers should be trained and responsible for the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

**Medical Emergency Transportation**

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

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

Non-Medical Emergencies

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

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel and local emergency response teams. Through development and implementation of the emergency plan, High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the High School Emergency Plan for Athletics

Approved by ________________________________  ________________________________  ________________________________

_____________________________ High School Principal  ________________________________  ________________________________  Date

Approved by ________________________________  ________________________________

_____________________________ High School Athletic Director  ________________________________  ________________________________  Date

Approved by ________________________________  ________________________________

_____________________________ High School Head Athletic Trainer  ________________________________  ________________________________  Date
Emergency Plan: Baseball

Baseball Practice Fields at ____________

Emergency Personnel: Administration, Certified Athletic Trainer, and Coaches.

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from ____________ High School XXX-XXX-XXXX. Because some practices occur away from ____________ practice facilities, we also recommend the head coach of each of the baseball teams carry a cellular phone, in case of emergency.

Emergency Equipment: supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team’s physician.

Roles of Administration, Certified Athletic Trainer (ATC), Coaches

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Direct EMS personnel (ambulance) to scene;
- Emergency equipment retrieval
- Unlock and open bar gate between school and practice fields;
- Designate individual to “flag down” EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Ensure parking lot is clear and accessible to emergency personnel
- Contact students parent or guardian

Venue Directions:

____________ Baseball Practice Fields: Take Olympus Drive to Fairway Drive. Cross Bench Road and enter faculty parking lot off of Fairway Drive, next to the tennis courts. There is a bar-gate on the east side of the school, adjacent to the football practice fields. Enter through that gate. Ambulance may park there, next to the school. School Address: ____________________________
Venue Map: ___________ Baseball Practice Fields
Emergency Plan: Basketball, Volleyball & Wrestling

Main Gymnasium at ______________________

Emergency Personnel: Administration, Certified Athletic Trainer, and Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from ______________________ High School XXX-XXX-XXXX. Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball and wrestling teams carry a cellular phone, in case of emergency.

Emergency Equipment: Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary.

Roles of Certified Administration, Athletic Trainer (ATC), Coaches

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS)
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Direct EMS personnel (ambulance) to scene
- Emergency equipment retrieval
- Ensure emergency entrance to basketball facility (“D” Building) is clear and accessible (check parking lots regularly)
- Unlock and open doors for EMS to access gym
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present)
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Contact students parent or guardian

Venue Directions:

Main Gymnasium at ______________________: Take Olympus Drive to Fairway. Go east on Fairway, across Bench Road and turn into faculty parking lot adjacent to the school’s tennis courts. Enter “D” Building through doors on southwest end of parking lot. Main Gymnasium is located in the center of “D” building.
Venue Map: Main Gymnasium at ___________________
Sample

Emergency Plan: Football

Emergency Practice Fields

Emergency Personnel: Administration, Certified Athletic Trainer, and Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from ________________ High School XXX-XXX-XXXX. Because many freshman practices are held during early evening hours when the Certified Athletic

Emergency Equipment: supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team’s physician.

Roles of Certified Administration, Athletic Trainer (ATC), and Coaches

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Emergency equipment retrieval
- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- Designate individual to “flag down” EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Ensure parking lot is clear and accessible to emergency personnel (watch parking lot).
- Contact students parent or guardian

Venue Directions: Football Practice Fields: Take Olympus Drive to Fairway Drive. Cross Bench Road and enter faculty parking lot off of Fairway Drive, next to the tennis courts. There is a bar-gate on the east side of the school, adjacent to the football practice fields. Enter through that gate. Ambulance may park there, next to the school. School Address: 1800 Bench Road. XXX-XXX-XXXX (main office).
Venue Map: Football Practice Fields
Emergency Plan: Football

Stadium

Emergency Personnel: Administration, Certified Athletic Trainer, Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from __________________________ High School XXX-XXX-XXXX.

Emergency Equipment: supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, and various wound care necessities. Equipment brought to games to, trauma kit, spine board, c-collars, wound care necessities, crutches, braces, various taping supplies, and any other items deemed necessary.

Roles of Administration, Certified Athletic Trainer (ATC), and Coaches

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Direct EMS personnel (ambulance) to scene;
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Unlock gate at the Fairway entrance to District 25 Stadium;
- Ensure parking area inside District 25 Stadium is clear and accessible to emergency personnel (ambulance and fire truck);
- Ensure access inside gate surrounding the track is clear and accessible to emergency personnel;
- Clear and control scene of bystanders;
- Contact students parent or guardian

Venue Directions:

District 25 Stadium: Take Olympus Drive to Fairway. Follow Fairway and turn onto Von Elm Street that leads to the __________________________ Golf Course parking lot. Stadium field is accessible through gate off Von Elm. Ambulance should enter stadium through gate off the golf course parking lot area and then drive onto track to appropriate sideline area (______________________’s sideline will always be on the west side, closest to the bleachers. Directions should be given to dispatcher to direct ambulance to appropriate sideline).
Venue Map: Football Stadium
Emergency Plan: Soccer

Soccer Complex

Emergency Personnel: Administration Certified Athletic Trainer and Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from ________________ High School XXX-XXX-XXXX.

Emergency Equipment: Supplies and equipment brought to Bannock Soccer Complex for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team’s physician.

Roles of Administration, Certified Athletic Trainer (ATC), Coaches

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number, number of individuals injured, condition of injured; first aid treatment; specific directions; other information as requested);
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to soccer facility is clear and accessible (watch for congested parking lots);
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Contact students parent or guardian

Venue Directions:

**Bannock Soccer Complex:** Take Alameda Drive to Pocatello Creek Road. Go north on Olympus Road approximately ¾ mile. Bannock Soccer Complex is located just north of Fairway Drive within the Bannock County Fairgrounds. There are two access lanes to soccer fields. The first is located from the main parking lot, across from Butte Street. This is the best access area for emergency vehicles. There is a gate to drive in to the field area at the western most end of the parking lot. The second access area is located at north end of soccer fields, across from Jerome Street. This access is much more limited.
Venue Map: Soccer Complex
SAMPLE

_______________________ Emergency Plan: Softball

Softball Complex

Emergency Personnel: Administration, Certified Athletic Trainer, and Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from __________________________ High School XXX-XXX-XXXX.

Emergency Equipment: Supplies and equipment brought to park for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Administration, Certified Athletic Trainer (ATC), Coaches
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to softball facility is clear and accessible;
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete;
- Contact students parent or guardian

Venue Directions:

O.K. Ward Softball Complex: Take Yellowstone Avenue to Quinn Road (Chubbuck). Travel west on Quinn Road, past Hawthorne Road, to O.K. Ward Park entrance. Softball complex is at the northern end of the park, adjacent to Interstate 86. There is an emergency entrance into the softball complex at the center of the parking lot adjacent to it.
Venue Map: Softball Complex
Emergency Plan: Track & Field

Track & Field Stadium at ______________________

Emergency Personnel: Administration, Certified Athletic Trainer, and Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from ______________________ High School XXX-XXX-XXXX.

Emergency Equipment: Supplies and equipment brought to Stadium for meets include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Administration, Certified Athletic Trainer (ATC), Coaches

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to track & field facility is clear and accessible
- Unlock and open bar gate between school and practice fields;
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Contact students parent or guardian

Venue Directions:

District 25 Track & Field Stadium: Take Olympus Drive to Fairway. Follow Fairway and turn onto Von Elm Street which leads to ______________________ Golf Course parking lot. Stadium field is accessible through gate off of Von Elm. Ambulance should enter stadium through gate off the golf course parking lot area and then drive onto track to appropriate area. If running events are taking place, ambulance should park next to gate entrance to the track, or the ambulance may opt to pull onto infield grass area. ATC on scene will provide specific directions depending on condition and site of injured athlete.
Venue Map:  Track & Field Stadium at

DISTRIBUTION 25 STADIUM AT HIGHLAND

HIGHLAND GOLF COURSE

FAIRWAY DRIVE

Parking area

AMBULANCE ENTRY

storage shed

Teen Parent Center

Tennis Courts

DISTRIBUTION 25 TRACK & FIELD STADIUM

high jump

long jump

pole vault

triple jump

shotput & discus area

Football Practice Fields

to HHS
SAMPLE

Emergency Plan: Wrestling

Practice Facility at ______________________

All mats are to be thoroughly cleaned, disinfected and dried after each practice and match. It is recommended that this cleaning, disinfecting, and drying process be done at least once during practice, as well.

All wrestlers should be required to shower at the conclusion of each practice or match to prevent communicable skin disorders.

Emergency Personnel: Administration, Certified Athletic Trainer, and Coaches

Emergency Communication: The Certified Athletic Trainers and/or Coach carry cellular telephones (XXX-XXX-XXXX). Additional fixed telephone lines accessible from _______________________ High School XXX-XXX-XXXX.

Emergency Equipment: Supplies and equipment brought to gym for matches include taping and bracing supplies, general trauma and wound care kits. Disinfectant spray, paper towels, nose plugs, and wound care supplies will be available for each mat during duals and tournaments. Additional supplies stored in Training Room include trauma kit, splint kit, spine board, c-collars, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team’s physician.

Roles of Certified Athletic Trainer (ATC)

- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;
- Ensure emergency entrance to basketball facility (“D” Building) is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.
- Contact students parent or guardian

Venue Directions:

Auxiliary Gymnasium at ______________________: Take Olympus Drive to Fairway. Go east on Fairway, across Bench Road and turn into faculty parking lot adjacent to the school’s tennis courts. Enter “D” Building through door adjacent to sliding garage. In the event that door is locked, enter through “D” building passcard entrance door (normal entrance) and proceed through door to first classroom on the left.
Venue Map: Wrestling Practice Room
### High School Emergency Plan for Athletics

#### Emergency Contacts

<table>
<thead>
<tr>
<th></th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Police Department</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>Fire &amp; Ambulance</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>Medical Center</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>High School Training Room</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>ATC – Cell Phone</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>High School Main Office</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>Administrative Office</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>Athletic Director</td>
<td>XXX-XXX-XXXX</td>
</tr>
<tr>
<td>Athletic Director Cell Phone</td>
<td>XXX-XXX-XXXX</td>
</tr>
</tbody>
</table>
AAA Lightning Guidelines and Procedures

The following procedures will be put in place for lightning disturbances or other weather related issues:

Lightning Delay Procedures

1) Use the AAA Handbook/NFHS Rulebook as a guide to implement lightning delay procedures.
2) When thunder is heard or a cloud-to-ground lightning bolt is seen or an approved lightning/storm detector indicates that lightning is within eight (8) miles of the venue, the thunderstorm is close enough to strike your location. Suspend play and take shelter immediately.
3) Adhere to the 30 minute rule before resuming play, regardless of the point of interruption.
4) Communicate with host school administration, visitor administration, and head coaches of both teams as conditions change.
5) Attempt to finish contest, if at all possible, once lightning disturbances subside.
6) It is ultimately the responsibility of the game officials in communication with the host site administration as to whether to suspend the contest or extend the delay additionally.

*Refer to page 35 of the NFHS Sports Medicine Handbook for more information regarding lightening safety.
AAA Concussion Guidelines and Procedures

The Arkansas Activities Association Board of Directors has adopted the following guidelines for dealing with a concussed student athlete:

1. No athlete should return to play or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day (MD, DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant).
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, return to play should follow a step-wise protocol with provisions for delayed return to play based upon the return of any signs or symptoms.

Concussions at all levels of sports have received a great deal of attention in the past few years. The attention has increased even more so over the past year, culminating with the NFL, NCAA, and NFHS testifying before the U. S. Congress about what each organization is doing to protect athletes from concussions. Over the past year and a half the Arkansas Activities Association has taken a proactive stance by providing our member schools with educational resources dealing with concussions. During the 2009-2010 school year, the AAA Sports Medicine Advisory Committee recognized concussion as our Sports Medicine Point of Emphasis. Concussion awareness was included in all required sports rules meetings.

A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Most concussed athletes do not lose consciousness, yet they often show other common signs, symptoms and behaviors of concussion. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” on the head, it is now understood that a concussion has the potential to result in short- and long-term changes in brain function. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as further injury to the brain – and even death. The AAA strongly believes that student athletes who show signs/symptoms of a concussion should be removed from play.

The NFHS Sports Medicine Advisory Committee (composed of leading doctors, athletic trainers, research specialists and state association staff) developed new guidelines for concussion management of a student exhibiting signs, symptoms or behaviors consistent with a concussion. Those guidelines will go into all NFHS rules books and will be in effect starting with the 2010 – 2011 school year. They have also been included in all required AAA sports rules meetings. The language will read:

> 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.
Behavior or signs observed indicative of a possible concussion:

- Loss of consciousness
- Appears dazed or stunned
- Appears confused
- Forgets plays
- Unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes
- Cannot recall events prior to or after the injury

Symptoms reported by a player indicative of a possible concussion:

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

In order for the NFHS rule to be effective coaches, officials, administrators, and health-care professionals must know and recognize their roles. The rule calls for the immediate removal of the participant from the contest. It is important to note that the responsibility of the official is limited to activities that occur on the field, court, or mat. Once the participant has been removed from a contest due to a suspected concussion, the coach or appropriate health-care professional(s) assumes full responsibility for the athlete’s further evaluation and safety.

The safety of the student athlete is of paramount concern during any athletic contest. The new rules adopted by the NFHS and the AAA should provide a framework for the effective recognition and management of a concussed student athlete. We encourage every coach and official to view the free new NFHS 20-minute online coaches education course – Concussion in Sports – What You Need to Know, it is a useful tool for providing concussion education, the course also contains supplemental information from the NFHS and the CDC. The free course is also appropriate for administrators, health-care providers, parents, and students. It can be found at www.nfhslearn.com.

*Refer to page 91 of the NFHS Sports Medicine Handbook for more information regarding concussions.*
Sample MRSA Procedures

Defense against MRSA

- Athletes MUST wash their hand prior to any athletic participation.
- Athletes should have all cuts and scrapes covered prior to participation. After participation clean the wound and recover.
- DO NOT allow athletes to share water bottles, towels, razors, or athletic equipment. (use cups disposable drinks, individual towels or disposable towels, and make sure athletes are wearing the equipment that was issued to them.
- Make alcohol based hand sanitizer available during practice and games.
- Athletes MUST take showers after practice and games.
- Disinfect ALL balls used in practice or games by spraying the with Lysol.
- Clean locker rooms, meeting areas, in-door workout facilities, courts, and cheerleading mats weekly with an FDA approved solution that targets MRSA (wrestling mats should be cleaned daily)
- If you have turf in your indoor facility check with manufacturer to see which disinfectants are recommended.
- Wash all soft good items daily (towels, practice gear, etc.)
- Specific equipment for each sport should be cleaned weekly (volleyball knee pads, football equipment, catcher’s gear, etc.
- Weight rooms should be equipped with disinfecting wipes and hand sanitizer (wipe down weights after each use, encourage athletes to clean hands, cover and tears on weight benches, athletes should wear shirts while working out)
- Any athlete with signs and symptoms of an infection should be isolated from the rest of the team immediately and referred to a licensed health care professional, such as a school nurse, certified athletic trainer, or physician

**Refer to page 100 of the NFHS Sports Medicine Handbook for more information regarding skin conditions and infections.**
Basic Heat Illness Information

Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of collapse.

While exertional heat illness (EHI) is not always a life-threatening condition, exertional heat stroke (EHS) can lead to fatality if not recognized and treated properly. EHI is most commonly composed of four different conditions including exertional heat stroke, heat exhaustion, heat syncope, and heat cramps. Each condition presents in different ways, and it is imperative to understand the distinctive signs and symptoms of each. As the word heat implies, these conditions most commonly occur during the hot summer months; however, EHI can happen at any time and in the absence of high environmental temperatures. Through proper education and awareness, all forms of exertional heat illness can be prevented, recognized, and treated correctly.

**Exertional Heat Stroke (EHS)**

- Severe condition characterized by core temperature > 40°C (104°F), central nervous system (CNS) dysfunction, and multiple organ system failure induced by strenuous exercise, often occurring in the hot environments

- EHS is a medical emergency and can be a fatal condition if the individual’s core body temperature remains above 40°C for an extended period of time without the proper treatment

**Signs and Symptoms**

Core body temperature > 40°C, tachycardia (increased heart rate), hypotension, sweating, hyperventilation, altered mental status (disorientation/confusion), dizziness, irrational behavior, irritability, headache, inability to walk, loss of balance/muscle function, vomiting, diarrhea, collapse, seizures, and coma.

It is recommended when performing temperature assessment, ONLY a rectal temperature should be used with a hyperthermic individual; it is the only method for an accurate and immediate temperature assessment if an ingestible thermometer was not used. Other temperature devices (tympanic, oral, skin, or axillary) may give false readings.

**Predisposing Factors**

Vigorous activity in hot-humid environment (usually lasting longer than 1 hour), lack of heat acclimatization, poor physical fitness, dehydration, sleep deprivation, fever or illness, warrior mentality, high pressure to perform and heavy equipment/uniform.

**Treatment**

Rapid and aggressive whole-body cooling is the key to survival of exertional heat stroke
The fastest way to decrease body temperature is to remove excess clothing and equipment and immerse the body into a pool or tub of cold water -- cold water immersion -- (35-59°F) \(^{1,4}\)

- The individual should be immersed within 30 minutes for optimal results and submersed until rectal temperature is below 38.3-38.9°C (101-102°F) \(^{1,4}\)
- After cooling, the individual should then be transported to a medical facility for monitoring of possible organ system damage \(^{2,4}\)
- For more information please see KSI Cold Water Immersion Cooling Guidelines

**Return-to-Play**

Return to activity should be determined by a physician. Individuals should avoid exercise for a minimum of one (1) week after release from medical care. Individuals should start with a gradual return to activity under the supervision of a qualified health professional. \(^{1,2}\)

**Prevention**

*To prevent EHS, individuals should adapt to exercise in the heat gradually over 10-14 days (acclimatization) by progressively increasing duration and intensity of work, incorporate rest breaks, minimize amount of equipment/uniform worn in hot-humid weather, provide and encourage adequate fluid consumption.* \(^{1,3}\)

*IT IS IMPORTANT TO REALIZE THAT EHS IS DIFFERENT FROM CLASSICAL HEAT STROKE, WHICH USUALLY AFFECTS THE ELDERLY AND CHILDREN DURING PROLONGED ENVIRONMENTAL HEAT EXPOSURE*

- View KSI Exertional Heat Stroke Survival Kit for further assistance.

**Heat Exhaustion**

- Most common heat-related condition observed in active populations \(^{2}\)
- Defined as the inability to continue exercise due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse \(^{1,4}\)

**Signs and Symptoms**

Fatigue, weakness, heavy sweating, dehydration, sodium loss, fainting, dizziness, irritability, headache, hyperventilation, nausea, vomiting, decreased urine output and blood pressure, decreased muscle coordination, and core temperature between 36-40°C \(^{2,4}\)

Obtain a rectal temperature and assess central nervous system function to rule out exertional heat stroke (< 40°C). \(^{1,3}\)

**Predisposing Factors**

Exercising in hot and humid environment (air temp > 33°C), inadequate fluid intake (dehydration), and body mass index > 27kg/m \(^2\)
Treatment

To treat exertional heat illness, move individual to cool/shaded area, remove excess clothing, elevate legs to promote venous return, cool with fans, rotating ice towels, or ice bags. Individual should respond quickly to treatment, if not heat stroke could be suspected. Provide oral fluids for rehydration. 1-4

Return-to-Play

Returning to activity the same day of episode is not prudent or advised. Individuals should wait 24-48 before returning to activity and should gradually increase intensity and volume of exercise 1-2,4

Prevention

To prevent EHI, individuals should adapt to exercise in the heat gradually -- acclimatize -- over 10-14 days by progressively increasing duration and intensity of work. 1,3

Heat Syncope

- Also known as orthostatic dizziness.
- Refers to a fainting episode that someone can experience in high environmental temperatures, usually during the initial days of heat exposure. 1,3

Signs and Symptoms

Dizziness (vertigo), weakness, tunnel vision, pale or sweaty skin, nausea, decreased pulse rate, and normal exercising rectal temperature. 1,3

Predisposing Factors

Standing for long periods of time, usually wearing a uniform, immediately after cessation of activity, or after rapidly standing from prolonged resting or sitting posture. 1,3

Treatment

- Move person to shaded/cool area, monitor vital signs, elevate legs to promote venous return, and rehydrate. 3
- Individuals who experience heat syncope will recover relatively quickly, within 10-15 minutes. 3

Return-to-Play

An athlete may return to play once his/her symptoms have resolved and any other medical conditions have been ruled out. Athletes should attempt to rehydrate as necessary.

Prevention
Heat syncope often occurs in individuals that are unacclimatized to the heat (the body is not used to increased environmental temperatures) therefore, individuals should adapt to exercise in the heat gradually acclimatize over 10-14 days by progressively increasing duration and intensity of work.  

**Heat Cramps (Exercise-Associated Muscle Cramps)**

- Defined as an acute, painful, involuntary muscle contraction usually occurring during or after intense exercise, often in the heat, lasting approximately 1-3 minutes.  
- Often occurs in the muscles of the legs, arms, or abdomen.

**Signs and Symptoms**

Dehydration, thirst, sweating, transient muscle cramps, and fatigue.

A precursor to the initial onset of cramps involves twitches or fasciculations.

**Predisposing factors**

Exercise-induced muscle fatigue, excessive body water loss and excessive sodium loss (sweating).

**Treatment**

To treat heat cramps: rest, stretch and massage with muscle in full length position, and provide fluids or food with salt content such as a sports drink.

**Return-to-Play**

Individuals can return to play usually during the same exercise session with rest and fluid replacement.

**Prevention**

To prevent heat cramps, individuals should maintain fluid and salt balance, especially when exercising in the heat and sweat losses are great.

Supplemental/extra sodium may be needed.

**Exertional Sickling**

Sickle cell trait (SCT) is a genetic variation and usually benign. About 1 in 12 African Americans and about 1 in 2,000 to 1 in 10,000 Caucasians have SCT. While not the same as sickle cell anemia, SCT can cause exertional sickling also termed explosive rhabdomyolysis, during intense exercise. Exertional sickling occurs when the sickled red blood cells “log-jam” in the blood vessels, which can cause fatal ischemic/exertional rhabdomyolysis.

**Signs and Symptoms**

Usually occurs in the first few minutes of high intensity exercise.
Reports of increasing pain and weakness in the muscles, especially in the lower extremity. This might be perceived as “cramping” but is much more diffuse than heat cramps. Heat cramps normally cause the athlete immediate acute pain that immobilizes them while exertional sickling is more of an strong ischemic pain. 

Legs become weak and unstable, athletes normally collapse and most often are mistaken for a case of heat stroke, heat exhaustion or heat cramps.

**Predisposing factors**

Heat, dehydration, altitude, asthma, high intensity exercise with few rest intervals

**Treatment**

Give supplemental oxygen if possible

Cool the athlete, if needed

Call 911 and explain to doctors the urgent care needed to prevent explosive rhabdomyolysis

**Return-to-Play**

Blood samples must return to normal (specifically creatine kinase and liver/renal markers).

In mild and well-managed cases athletes may be able to return to play the next day, in severe cases, extended stay in a hospital may be warranted and return to play may take weeks, if at all.

**Prevention**

Sickle cell trait is genetic. Athletes with a family history of sickling should be tested.

Those with known SCT or a high probability of SCT should be treated as follows:

Allow a greater time for build up in training

Provide breaks as needed or longer “breathers” between intervals and allow SCT athletes to set their own pace

No all-out exertion lasting longer than 2 minutes

Have supplemental oxygen ready if at high altitudes

Be aware of the signs and symptoms and tell the athlete to report them immediately if they begin to experience these
References:

4. Inter-Association Task Force on Exertional Heat Illness Consensus Statement

*Refer to page 42 of the NFHS Sports Medicine Handbook for more information regarding heat illness.
INTRODUCTION
The following policy on heat illness has been developed by the Sports Medicine and Athletic Department to provide the highest quality healthcare for student-athletes at __________ High School. This procedure is reviewed annually and revised as needed. Annual training occurs for the sports medicine staff as well as annual updates and training with the local EMS provider. Prolonged environmental heat exposure and endogenous heat production during activity both require elaborate regulation by the endocrine, exocrine, circulatory, and neurologic systems. Heat illnesses are best thought of as a collection of illnesses that range from benign to potentially fatal. From the mild heat syncope and cramp, to moderate heat exhaustion, and the life threatening heat stroke, this guideline serves to review and provide optimal strategies to help minimize heat illnesses.

“Exertional heat stroke has had a 100% survival rate when immediate cooling (via cold water immersion or aggressive whole body cold water dousing) was initiated within 10 minutes of collapse.” From Korey Stringer Institute, University of Connecticut: http://ksi.uconn.edu/info/basic.html

Because of this, ________________ School Athletic Department has adopted a “cool first, transport second policy”.

PREVENTION OF HEAT ILLNESS
Circumstances in which heat illness conditions occur may be predictable. The appropriate modification of these circumstances should be discussed and implemented starting during the pre-season.

Pre-Season
☐ Thorough and complete pre-participation history and physical examination
  ☐ Note history of heat illness
  ☐ Note history of sickle cell trait and screening test results If positive:
  ☐ Student athlete counseled on sickle cell trait
  ☐ AT for sport notified
  ☐ Coaches notified

☐ Sickle cell trait does not predispose to heat illness but the conditions may be confused with each other and outcome from EHS may be more severe. (for more information on sickle cell – see page 113 in NFHS Sports Medicine Handbook)
  ☐ Type and duration of training activities within the past 1---2 months
  ☐ Extent of training done in heat
  ☐ Acclimatize athletes to high heat and humidity gradually over 10---14 days
  ☐ Set up strength and conditioning/acclimatization programs
  ☐ Education athletic training staff and coaching staff on heat illness recognition, management and prevention
  ☐ Perform training sessions when medical care is available and on-site
Preparation of Sports Medicine and Practice Facilities
- Ice/water
- Ice towels
- Coolers/water bottles
- Water/sports drink (Gatorade)
- Ice tubs/cold whirlpools

- 2 large ice tubs outside on football practice field under misting tents during fall football camp
- Cold whirlpool located in athletic training room
  - Lower air conditioning in buildings (70°)

- Emergency planning/Communication
  - Communication between athletic trainers, team physicians and local EMS
  - Availability of cell phones or radios
  - Cold tubs—checked and filled before every practice
- Cold whirlpool in athletic training room constantly full and checked each morning
  - Temperature maintained at 55 degrees
- Ice tubs filled before practice and ice chest filled with ice and ready for use
- If immersion necessary, additional ice is readily available from athletic training room and/or in ice chest located next to the ice tubs during fall camp
  - Carts for patient transport

Pre-Practice
- Monitor Heat Index via internet weather report
- Communicate with coaches (adjust practice times, breaks, intensity of workout)
- Equipment check—utilize light colors, lightweight, and sun—protection
- Communicate with student—athletes
- Diet/nutrition (when and what to eat)
- Stop medications that impair heat loss, increase thermogenesis, or decrease sweating (Ephedra compounds, antihistamines, large amounts of caffeine, diuretics) and substitute with safer medications
- Hydration
  - See National Athletic Trainers’ Association Position Statement: Fluid Replacement for Athletes
- Weight charts
  - Daily weigh—in pre and post practice
  - If > 3% weight loss from day before, must increase salt/fluid intake before practice and monitor athletes for signs of symptoms heat illness closely

- At discretion of Sports Medicine team &/or parent, student athlete may be held from practice until rehydrated
- Ice/water/ice towels available
- Designate cool/shaded area (4 - 10x10 pop-up tents, misting lines, fans,& 8-benches)
- Ice tubs (practice field, athletic training room)
  - Temperature of tubs and cold whirlpool re—checked
  - Athletic training staff ensures that there is enough ice in ice machine and/or ice chest to adequately cool water and checks to make sure there is ice floating at the top of the ice tubs
- Emergency equipment (AED, oxygen, thermometer, transport carts, etc)
During Practice

- Monitor Heat Index every 20---30 minutes via internet weather report as needed
- Minimize warm up time in heat
- Conduct warm ups in the shade or cooler (indoor) environments when possible
- Communication with coaching staff
  - Increase breaks (frequency & duration)
  - Lower intensity of workout depending on heat
  - Minimal equipment, clothing
- Ice, water, towel availability
- Injured athletes observe practice from cool/shaded areas
- Cold tubs (Athletic Training Room and football practice field)
  - Can access athletic training room with cart to transport student athletes from practice field.
  - (Cart access to rear entrance of athletic training room.)
  - Ice towels on practice field to be used during transport
- Sports Medicine Staff field communication (cell phones, radios)
- Heat Illness recognition
  - Any athletes who display signs and symptoms of heat illness must have participation restricted based on the judgment of the sports medicine staff/coach/parent
- Practice modification
  - Rest breaks should be planned to match conditions and intensity of activity
  - Minimize the amount of equipment and clothing worn in hot or humid conditions
- Pre---hydration and hydration during activity
  - See National Athletic Trainers’ Association Position Statement: Fluid Replacement for Athletes

Post---Practice

- Communicate with coaches (injury report; weather forecast, etc.)
- Communicate with student athletes
  - Encourage student athletes to sleep at least 6---8 hours at night in a cool environment
  - Eat a well---balanced diet that includes proper hydration
- Lots of fluids; low---fat meal; no caffeine or alcohol
- Lightly salted foods; no fast food; drink fluids with meal
  - Extra sodium may be required when exercising in hot conditions or on days with multiple practices, either in diet or rehydration beverages
  - Signs placed in athletic training room & locker rooms regarding heat illness prevention
- Hydration
  - See National Athletic Trainers’ Association Position Statement: Fluid Replacement for Athletes
- Weight charts
  - Note > 3% weight loss and monitor athletes for signs or symptoms heat illness closely and educate the student athlete regarding appropriate rehydration
- Have cold tubs available (athletic training room)
  - Cold whirlpool is available post---practice for cryotherapy in athletic training room
  - Outdoor ice tubs may also be used for cryotherapy
- Ice is added as needed to achieve a temperature of 55 degrees
RETURN TO ACTIVITY
If an athlete has experienced any of the previous heat related illnesses, he or she should be evaluated by a physician to determine a return to play strategy. Student athletes with exertional heat stroke should avoid heat exposure for a minimum of one week. The student athlete should not return to athletic activity until fully cleared by physician.
SAMPLE HEAT INDEX CHARTS
Use charts such as the ones below to develop a plan for what your school will do at different levels of heat index. Suggested items to discuss as procedures are:

- Monitor Heat Index every 20---30 minutes via internet weather report as needed
- Minimize warm up time in heat
- Conduct warm ups in the shade or cooler (indoor) environments when possible
- Communication with coaching staff
  - Increase breaks (frequency & duration)
  - Lower intensity of workout depending on heat
  - Minimal equipment, clothing
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- Sports Medicine Staff field communication (cell phones, radios)
- Heat Illness recognition
  - Any athletes who display signs and symptoms of heat illness must have participation restricted based on the judgment of the sports medicine staff/coach/parent
- Practice modification
  - Rest breaks should be planned to match conditions and intensity of activity
  - Minimize the amount of equipment and clothing worn in hot or humid conditions
- Pre---hydration and hydration during activity
- Reschedule practice at cooler time of day
- Postpone practice
- Cancel practice
**NOAA’s National Weather Service**

**Heat Index**

**Temperature (°F)**

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**Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity**

- **Caution**
- **Extreme Caution**
- **Danger**
- **Extreme Danger**
Apparent temperature is how hot the heat-humidity combination makes it feel.
Sample heat index charts from state associations:

Tennessee


Kentucky


Oregon

http://www.osaa.org/heatindex/
SAMPLE VERIFICATION OF EMERGENCY ACTION PLANS AND PROCEDURES FOR HOT WEATHER PRACTICES

Please copy form as needed

___________________ School has emergency action plans for each athletic venue. The plans are reviewed annually with the local emergency service provider.

_______________________     _______________________
(signature)                 (title or position)              (date completed)

_______________________     _______________________
(signature)                 (title or position)              (date completed)

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(signature)                 (title or position)              (date completed)

___________________ School has procedures for hot weather practices.

_______________________     _______________________
(signature)                 (title or position)              (date completed)

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(signature)                 (title or position)              (date completed)
SAMPLE VERIFICATION OF ACKNOWLEDGMENT OF TRAINING ON CONCUSSIONS

Please copy form as needed

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for an AAA member school must sign this form certifying that the coach or volunteer has completed the training on concussions. The training must be completed every three years.

I hereby verify by signing below that I have completed the training on concussions.

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THIS FORM IS TO BE KEPT ON FILE AT EACH AAA MEMBER SCHOOL AND PRESENTED FOR REVIEW UPON REQUEST BY THE AAA OR ADE.
SAMPLE VERIFICATION OF ACKNOWLEDGMENT OF TRAINING ON HEAT ILLNESS

Please copy form as needed

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for an AAA member school must sign this form certifying that the coach or volunteer has completed the training on Heat Illness. The training must be completed every three years.

I hereby verify by signing below that I have completed the training on Heat Illness.

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SAMPLE VERIFICATION OF ACKNOWLEDGMENT OF TRAINING ON M.R.S.A

Please copy form as needed

Each coach or volunteer in every sport providing instruction, assistance, or supervision in an athletic activity for an AAA member school must sign this form certifying that the coach or volunteer has completed the training on M.R.S.A. The training must be completed every three years.

I hereby verify by signing below that I have completed the training on M.R.S.A.

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