



Athletic Training Policies

Student Secondary Insurance

There is an accident insurance policy that has been purchased in which MISD pays the premium. This is a secondary policy that will help cover the deductible from the family's primary carrier. If you have no other insurance, the MISD policy is the primary carrier. Each covered person for whom the MISD policy has been paid will be covered for an injury that occurs:

- A. On or after the first day of scheduled practice
- B. Up to the last day of school following the policy date, and
- C. While the covered person is practicing for or competing in interscholastic UIL activities.

The accident policy under MISD is a limited benefit plan. This plan will not pay 100% of the bills. This means that the policy will only pay a small portion of the medical bills and that the student's parents/guardians are responsible for the remainder of the charges. To be covered under the school policy, the student must receive medical treatment within 180 days of the accident and treatment will only be covered for 1 year from the date of the injury. An insurance claim must be filed within 90 days of the accident in order for the student to receive any benefits from this policy.

What to do if your son/daughter is injured in athletics: Immediately contact one of the Athletic Trainers (FSMS/MHS contact Russell Wagner at 972-775-8237 and HHS/WGMS contact Greg Goerig at 972-775-6509). The school must be able to document that the injury was a result of an accident occurring during a school UIL practice or event for the school insurance claim to be completed. The Athletic Trainers will assist you in filling out an insurance claim form so that your healthcare provider can file with the school insurance. You are responsible for ensuring that a claim has been filed. If you have personal insurance coverage or are a part of an HMO, or PPO, have your healthcare provider file all claims with your insurance carrier first. The hospital, clinic, or doctor can then file the E.O.B.'s (Explanation of Benefits) with the school insurance carrier along with the itemized bills. The healthcare provider will be paid the balance due up to the policy limits. After both insurance policies have paid their portion, there could be some additional expenses, which will be the responsibility of the parent or guardian. If you do not have personal insurance coverage you will have to ask the healthcare provider if they will file the claim with the school insurance policy. You may have to pay for all services in advance. If so, keep all receipts, itemized bills, and diagnosis so that you can file with the school insurance policy.

Pre-Participation Physical Guidelines

MISD policy states that every student athlete is required to have an annual Pre-Participation Physical Examination performed prior to the beginning of the athletic season. This physical examination must be done at the student-athlete's own expense. In accordance with UIL rules, no student athlete will be allowed to participate in any activity/practice before, during, or after school, (both in-season and out-of-season) or games/matches without a completed current physical form on file. The current and most up to date UIL Pre-Participation Physical Examination form must be used, with no exceptions. The Medical History portion must

be filled out entirely prior to the physician completing the examination. The physician must complete and sign the Physical Examination form and the parent/guardian and student athlete must complete the Medical History form. Incomplete forms will not be accepted. Any physical administered prior to April 1st, will not be valid for the following school year.

Athletic Injury Procedure

Student athletes are to report all injuries to the Athletic Trainer as soon as possible for the evaluation, treatment, and/or referral to a physician. Parent/guardians are encouraged to contact/notify the Athletic Trainer prior to seeing a physician for an athletic injury. This is necessary in order for the Athletic Trainer to provide the student athlete with the proper paperwork for documentation and insurance purposes.

Any student athlete under a physician's care for an athletic injury or illness will not be allowed to resume practice or any activity without a written release from the attending physician, preferably on the MISD Athletic Injury Form. Verbal or phone releases will not be accepted and a parent/guardian's release will not supersede or replace a physician's release.

Any MISD equipment that is issued or checked out to a student athlete is expected to be returned at the end of the sport season or at the end of the school year. The student athlete is responsible for the issued equipment and is expected to keep up with the equipment as well as maintain the condition of the equipment. The student athlete is expected to return the issued equipment back to the Athletic Trainer that checked the equipment out to them. Any lost or damaged equipment will be assessed a replacement cost fee. It will be the responsibility of the student athlete to pay for any lost or damaged equipment.

All student athletes are to visit with the Athletic Trainer regarding the wearing and use of any and all athletic braces, sleeves, or support devices. This is necessary to review the history of the injury that requires the use of this device, insure that the device is designed for the associated condition, and to insure the proper fit. The use of therapy protocols will also be discussed with the student athlete at this time.

Skin Infections

Athletes must be told to notify a parent or guardian, athletic trainer and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional should evaluate any skin lesion before returning to competition. If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the Infection. Consider a wound infectious if there is any purulent drainage (pus) from the wound, especially if accompanied by fever, redness or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage. Once the wound has no drainage and/or treating physician clears the athlete, the person can be considered non-infectious. Skin infections that occur due to skin contact with competitors and equipment deserve close oversight, especially considering the emergence of the potentially more serious infection with Methicillin-Resistant Staphylococcus Aureus (MRSA). Skin infections, more specifically Staphylococcus Aureus, are usually easy to treat with inexpensive, well-tolerated antibiotics. However, some staph bacteria (MRSA) have developed resistance; that is; the antibiotics can

no longer kill the bacteria. Although antibiotic-resistant infections pose a significant health threat, the following measures are effective against many other infectious diseases:

Universal Precautions

1. Good hygiene/ hand washing (shower with soap & water immediately after all sports activities)
2. Do not share towels, soap, lotion or other personal care items such as razors.
3. Get all cuts & abrasions cleaned and covered.
4. Wash all workout clothing after practice, and wash personal gear such as knee pads or braces weekly.
5. Athletic Trainer should check skin/wound PRIOR to any participation/ contact. Activity will cause the infection to spread. More specific directions may be provided at that time (example: drainage or MD referral)

Heat and Hydration Guidelines

Heat stress resulting in heat illness to varying degrees is common, but entirely preventable. Most often this is associated with exercising in hot and humid environmental conditions. Although deaths from exertional heat illness are rare, constant surveillance and education are necessary to prevent heat-related problems. The following guidelines are supported by NATA, ACSM and UIL and should be observed.

1. Education (for athletes, coaches, parents, medical staff, etc.) about risk factors should focus on hydration needs, acclimitization, work/rest ratio, signs and symptoms of heat illnesses, treatment, dietary supplements, nutritional issues and fitness status.
2. Assure that onsite medical staff has authority to alter work/rest ratios, practice schedules, amount of equipment, and withdrawal of individuals from participation based on environment and/or athlete's medical condition.
3. The first 1-2 weeks of athletic activity in hot/humid environments presents the greatest risk of heat illness. Gradual acclimitization is necessary. We recommend that student-athletes gradually increase exposure to hot/humid environments over a period of 7-10 days to achieve acclimitization.
4. During the acclimitization process, student-athletes should be aware of their clothing and protective gear. Dark colors absorb solar radiation, excess clothing and protective gear interfere with the evaporation of sweat (our main avenue of heat loss). Rubberized suits and extra layers should not be worn.
5. To identify conditions in which student-athletes will be more prone to heat illness, regular measurements may be taken using EarthNetworks or Wet Bulb Globe Temperature (WBGT) monitors. WBGT is a standard for an accurate representation of environmental conditions. Athletic trainers and coaches should use a common-sense approach in modifying activity in which there is an environmental risk of heat illness. In the event of any modifications, the athletic trainers will notify the athletic director, head coaches and middle school coordinators. The following actions are suggestions that may be taken due to these measurements.

High School Practice Guidelines for when an athletic trainer is present at location:

At the high school campus, when the wet bulb globe temperature is:

WGBT<82°F: Normal Conditions

WGBT 82-87°F: Required 3 separate 4 minute breaks each hour

WGBT 87-90°F: Required maximum of 2 hour with a 4 minute break every 15 minutes

WGBT 90-92°F Required maximum of 1 hour with a 4 minute break every 15 minutes

WGBT >92°F No outdoor activity.

***At the middle school level or all other high school outdoor school activities not covered by an athletic trainer for practice, if the heat index is 105°F or higher, then all outdoor activities are canceled.**

Lightning Guidelines

In the case of severe weather, the athletic trainers will notify the athletic director, head coach of each sport involved, game administrators, and game officials as to the weather danger. When lightning is detected 20 miles away using WeatherBug, EarthNetworks, or the flash to bang method, the athletic trainer will notify the appropriate persons. When lightning is detected 6 miles away, all players, coaches, officials, and spectators will move to a safe shelter, staying away from tall or individual trees, lone objects (light or flag poles), metal objects and open fields. Examples of safe shelter include a bus, dressing room or other building. A dug out or awning are not considered safe shelter. There are primary and secondary safe shelters.

- o Primary safe shelters are buildings that are normally occupied or frequently used by people. (Example- Any building with plumbing and/or electrical wiring that acts to electrically ground the building.)
- o Secondary safe shelters are any vehicle with a hard metal roof. Not a convertible or a golf cart. The large area of a metal on the roof helps to dissipate the lightning, not the rubber tires. This is not the safest place to be, but it is better than being outdoors. Everyone in a vehicle should be instructed not to touch any metal in that vehicle when lightning is in the area.

Once practice or play has been suspended due to lightning, practice or play will not resume until 30 minutes after the last unsafe strike. Although the home team is responsible for each game or match, it should be noted that the athletic trainer, head coach and/or administrator is wholly responsible for the safety and well-being of adults and students in his/her charge. If no policy is in effect at the out of town site, it is recommended that the Midlothian ISD guidelines be followed.

Cold Weather Guidelines

Although excessive and prolonged exposure to cold may be an infrequent problem in high school athletics, the prevention, recognition and management of cold-related conditions are still an important consideration for coaches, administrators and athletic trainers. Athletic trainers and coaches will monitor temperatures using EarthNetworks and cellular weather applications.

- a. The Athletic Trainers will monitor the temperature using weather applications as well as a digital psychrometer. Practices will be modified if needed depending on precipitation or non-precipitation present. NOTE: The high school policy was adopted from the NOAA and NWS and is compiled from the following formula $Wind\ Chill\ (^{\circ}F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})$ Where, T= Air Temperature V=Wind Speed (mph). This table is also approved by the National Athletic Trainers Association

b.

HIGH SCHOOL GUIDELINES

Non-Precipitation / Wind chill:

>30°F:	Normal Conditions
25-30°F	Be aware of the potential for cold injury
16-24°F	45 minutes total exposure.
<15°F	No outdoor activity

Precipitation/ Wind chill:

>38°F	Normal Conditions
35-37°F	Be aware of the potential for cold injury
32-35°F	45 minutes total exposure.
<31°F	No outdoor activity

MIDDLE SCHOOL GUIDELINES

Wind chill

>32°F	Be aware of the potential for cold injury
<31°F	No outdoor activity

c.

Concussion Management

Medical management of sports-related concussion is evolving. Recently there has been a significant amount of research focused on the sports-related concussion in youth student athletes and subsequently management standards are evolving. Also of concern is the risk of repeated concussions and second impact syndrome to our young student athletes. These two problems can have long lasting, and even terminal effects, on the individual. Midlothian ISD has established this document to provide education about concussions for the athletic department staff, other school personnel, parent(s)/guardian(s) and student athletes of MISD. The goal is to ensure that the concussed student athletes are identified, treated and referred appropriately, as well as receive appropriate follow-up medical care as it pertains to the return to athletics.

Concussion Definition: A concussion is defined in Chapter 38, Sub Chapter D of the Texas Education Code as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces or impact to the head or body, which may: a. Include temporary or prolonged altered brain function resulting in physical, cognitive or emotional symptoms or altered sleep patterns; and b. Involve loss of consciousness. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include¹:

1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that, in a small percentage of cases, post-concussive symptoms may be prolonged.
5. No abnormality on standard structural neuroimaging studies is seen in concussion.

¹Clin J Sport Medicine Volume 19, #3, May 2009

Concussion Oversight Team (COT): According to TEC Section 38.153, the governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team. The goal of Midlothian I.S.D. Concussion Oversight Team is to properly manage all head injuries and establish a safe return to play based on peer reviewed scientific evidence under the direction of a medical doctor. The Midlothian ISD concussion oversight team consists of Jeffrey McDaniel, MD, CAQSM, as well as every staff athletic trainer in Midlothian ISD.

Signs and symptoms of a concussion are typically noticed immediately after the injury, but some might not be recognized until days after the injury. Symptoms include, but are not limited to: headache, dizziness, amnesia, nausea or vomiting, fatigue, confusion, ringing in the ears, mood

changes, depression, changes in vision (blurred, fuzzy, double), sensitivity to light or noise, poor attention or concentration, change in sleeping patterns and aggression. The individual may or may not lose consciousness.

Student athletes who may have suffered a concussion should be removed from the athletic practice or competition immediately. The student athlete should be evaluated by the Licensed Athletic Trainer(s) of Midlothian ISD as well as a Licensed Physician, Nurse Practitioner or Physicians Assistant. Student athletes suspected of a concussion should not be allowed to return to play until appropriate medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professionals. When in doubt, the student athlete sits out. Continuing to play with the signs and symptoms of a concussion leaves the young student athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the student athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage student athletes will often under report symptoms of injuries and concussions are no different. As a result, education of coaches, parent(s)/guardian(s) and student athletes is the key for the student athlete's safety.

Concussion Management: The cornerstone of concussion management is physical AND cognitive rest until symptoms resolve and then a graded exertional protocol prior to medical clearance and return to play. During this period of recovery, while symptomatically following an injury, it is important to emphasize to the student athlete that physical and cognitive rest is required. Activities that require concentration and attention (i.e. scholastic work, videogames, text messaging, television, computers, etc.) may exacerbate symptoms and possibly delay recovery. In such cases, the Midlothian ISD Athletic Trainer(s) will work in conjunction with the student athlete, teacher and parent(s)/guardian(s) to ensure appropriate accommodations according to physician recommendations and observations.

1. Remove athlete from game or practice (No athlete will return to play the same day of the injury)
2. Establish immediate communication with parents and coaches involved
3. Evaluate and determine severity. (Loss of consciousness will result in transport to the emergency room)
4. Follow the return to play guidelines.
5. Athlete will **NOT START** return to play until we have written authorization from a physician and athletic trainer

Return to Play Guidelines

1. No Activity: Complete physical and cognitive rest until asymptomatic at rest. Once an athlete has no symptoms at rest and has returned to full academic activity without restrictions, we will progress through the following stages. Each stage will take a

minimum of 24 hours to complete. Athlete may progress to the next state only if they remain asymptomatic with new activities. If new stage provokes symptoms, return to the previous stage for at least 24 hours.

- a. Stage 1: Starts when athlete is symptom free at rest - low level exertion as tolerated. This can include walking, light jogging, or light stationary bike.
 - b. Stage 2: Moderate levels of physical exertion as tolerated. This includes low intensity sport specific exercise with no contact.
 - c. Stage 3: High intensity sport specific training with no head contact and may resume weight training.
 - d. Stage 4: Full contact practice
2. Athlete will need to be symptom free for 5 days before returning to game play

Designated School District Officials Verifies:

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decision for the student
- The student has completed the Return to Play protocol established by the Midlothian ISD Concussion Oversight Team
- The school has received a written statement from the treating physician indicating, that the physician's professional judgment, it is safe for the student to return to play.

Sickle Cell Trait/Disease Management

Sickle cell trait is common and generally benign. Athletes with the trait should not be excluded from athletic participation. More than 3 million Americans have sickle cell trait and almost all live healthy, normal lives. For some though, the trait can pose grave problems that can ultimately cause death. Athletes with sickle cell trait inherit one gene from normal hemoglobin and one gene from sickle hemoglobin (hemoglobin S). If oxygen in tissues fall to low levels, the red blood cells carrying the hemoglobin S can change from the usual disc shape to a crescent or sickle shape. These sickled red cells can clog blood vessels, slowing the delivery of oxygen and removing harmful metabolites, resulting in severe damage to involved tissues. This information is vital to understand for athletes, coaches, and athletic trainers as sickling injuries are preventable with screening and proper precautions.

Practical Management Guidelines for Midlothian I.S.D. students

- **Recommend screening of all athletes-** Midlothian I.S.D. recommend that all athletes who are unaware of their sickle-trait status be screened by a physician.
- **Acclimation-** Build up workout intensity slowly, allowing longer periods of rest between repetitions. These athletes should refrain from first day post workout condition drills.

Encourage the athlete to participate in preseason strength and conditioning program. Have their fitness tests scheduled later in their training program. Use a progressive, periodized program and evaluate their performance once they are acclimated to the stress about to be placed upon them.

- **Modify Drills-** No timed performance tests such as sprints or miles. If these athletes do repetitive high speed sprints, or interval training that induces high levels of lactic acid should be allowed extended periods of recovery between repetitions. During rest, sickled cells tend to revert to normal shape as they regain oxygen traversing the lungs.
- **Hydrate-** Dehydration fosters sickling. These athletes must stay hydrated. Modify workout/rest cycles for the heat.
- **Environmental Considerations-** Ambient heat stress dehydration, asthma and illness predispose the athlete with sickle cell trait to an onset of crisis with physical exertion. Adjust work/rest cycles for environmental heat stress, emphasize hydration, control asthma, no workouts for ill athletes with sickle cell trait.
- **Listen to the Athlete-** The sickle-trait athlete in particular should feel comfortable reporting symptoms (fatigue, breathing difficulty, leg or low back pain and /or cramping) immediately. Cessation of activity at the onset of symptoms is imperative. The coach should consider any of these signs or symptoms as likely sickling and should seek help fast.
- **Act Fast** - A sickling collapse is a medical emergency. Check vital signs. Give oxygen by facemask if available. Cool the athlete if necessary. If there is no improvement or if vital signs or alertness decline, call 911, attach an AED, and get the athlete to the hospital quickly.

Reference: National Athletic Trainers Association Inter-Association Task Force
Consensus Statement: Sickle Cell Trait and the Athlete
<http://www.nata.org/sites/default/files/sicklecelltraitandtheathlete.pdf>

Emergency Action Plan

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the student athlete. As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency action 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. Through careful pre-participation physical screenings, adequate medical coverage, safe practices 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 and efficiently.

The development and implementation of an emergency action plan will help ensure that the best care will be provided. Each campus will have an emergency action plan that will detail specific components unique to each campus and sport facility. It is the responsibility of athletic administration to ensure that the emergency action plan is up to date with appropriate emergency personnel and contact information.