

CARY ACADEMY

Athletic Department

Athletic Training Policies & Procedures Manual

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PREFACE

Statement of Purpose

The following manual has been developed in order to provide a comprehensive informational resource for coaches, parents, student-athletes, and athletic department administrative personnel. The purpose of this manual is to define and delineate the policies and procedures to be used in the day-to-day operation of the Athletic Training program at Cary Academy. This source is intended to increase the awareness of the policies and procedures used by the Cary Academy Athletic Training staff and to facilitate communication between the various members of the athletic program and the Athletic Training staff in an effort to provide the most efficient health care to our student athletes.

The Athletic Training program at Cary Academy is an integral part of the athletic department and serves all participants of the Cary Academy interscholastic athletic program at the Middle School, Junior Varsity, and Varsity levels. The Athletic Training staff works closely with athletes, coaches, parents, and administrative personnel to coordinate and implement policies and procedures which allow for the effective delivery of athletic health care. This includes, but is not limited to, the prevention, recognition, evaluation, treatment, and rehabilitation of various athletic-related injuries and/or illnesses.

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I. Administrative Issues

Personnel and Duties

Cary Academy has on staff a full-time Board of Certification (BOC) certified and North Carolina licensed Athletic Trainer. The Athletic Trainer operates under the direction of a licensed physician as described in the Cary Academy Athletic Training Licensure Protocol. This Protocol follows the guidelines outlined by NC Senate Bill 660, the North Carolina Athletic Trainer Licensure Act and by the North Carolina Board of Athletic Trainer Examiners. The Athletic Trainer's primary duties and responsibilities are defined by the athletic trainer job description. The Athletic Trainer will also abide by and uphold the principles and standards set forth in the NATA Code of Ethics and the Board of Certification (BOC) Standards of Professional Practice. The Athletic Trainer reports directly to the Athletic Director.

Cary Academy Upper School students may serve as athletic training student aides. These student aides are a valuable resource and act as an extension of the certified Athletic Trainer. Athletic training student aides allow for a broader coverage of athletic events in addition to assisting with coverage of the athletic training room during pre-event treatments and rehabilitation sessions. Student aides will work under the supervision of the Athletic Trainer and will follow all Policies and Procedures as described in this document. It is required that all athletic training student aides be certified in CPR/AED as part of their knowledge base. Athletic training student aides must understand their roles, abilities, and limitations as part of the Athletic Training staff.

Clinical Competencies

The Athletic Trainer is expected to maintain the highest level of academic and clinical knowledge in order to provide the most efficient and effective health care to all Cary Academy student-athletes. This requires that the Athletic Trainer remain constantly updated on new technological changes and ideas within the field of athletic training and sports medicine through the reading of athletic training journals and other professional literature. The Athletic Trainer is also responsible for obtaining the required number of continuing education units (CEUs) to maintain his NATA certification.

II. Required Medical Forms

Pre-participation Physical Examination/Medical History Form

Before students undergo the rigors of any organized sport, their health should be evaluated by qualified medical personnel. In order to achieve this goal, all Cary Academy student-athletes must receive an annual pre-participation physical examination. These physical examinations are required by law in North Carolina and will cover the athlete for one year from the date of the physical exam. A licensed physician, physician's assistant, or nurse practitioner must complete the *Physical Examination Form* (Appendix A). In addition to the physical, the student-athlete and their parent/guardian should fill out, sign, and return the *Medical History Form*.

Insurance Information/Waiver of Liability/Consent for Treatment Form

All student-athletes are also required to annually fill out and return a current *Insurance Information/Waiver of Liability/Consent for Treatment Form* (Appendix B). Once completed, this form is to be signed by the student-athlete's parent or legal guardian. Copies of this form will be on file with the Athletic Trainer and School Nurse.

Once final rosters have been finalized, the Athletic Trainer will provide the coach of each team with a folder containing a copy of each member of that team's *Insurance Information/Waiver of Liability/Consent for Treatment Forms*. This folder should travel with and be kept available at all practices and games (both home & away). A copy of this form should accompany any athlete to a medical facility should they need to be transported in the event of an emergency. The form also contains the athlete's parents' contact information.

Medical Clearance for Participation in Physical Activity Form

If any athlete arrives at Cary Academy with a pre-existing injury or illness that has required the care of a physician, he/she must have written clearance for participation before he/she will be allowed to participate in any practices or games. Parents must have the treating physician fill out and sign the *Medical Clearance for Return to Physical Activity Form* (Appendix C). The physician must state in writing when the student-athlete may resume athletic activity, and any limitations to athletic participation, if they exist. This form will also be required for any athlete who has been removed from activity due to an injury/illness which required a physician's care.

All of the required forms can be found and downloaded from:

<http://www.caryacademy.org/page.cfm?p=1538>

Any student-athlete who has not filled out and returned the required paperwork will be withheld from all athletic activity (conditioning programs, practices, or games) until they have corrected these deficiencies.

III. Athletic Training Rules & Regulations

Use of Athletic Training Room

Cary Academy has two Athletic Training rooms for use by its athletic teams. The main Athletic Training room is located in Room 121 of the Fitness Center. There is also a satellite Athletic Training room located in Room 117 of the Sports and Education Annex (SEA). The Athletic Training rooms are available for use by all Cary Academy student-athletes. The facilities are also available for use by members of visiting teams during Cary Academy home contests.

Appropriate care and treatment will be provided for athletes in all Cary Academy sports whenever possible. However, priority will be given to those athletes whose teams are currently in-season.

The Athletic Training room will be locked whenever the Athletic Trainer is either off campus or covering another venue. No one is allowed to use the Athletic Training room without prior knowledge and approval of the Athletic Trainer. All therapeutic modalities, with the exception of ice, must be administered by the Athletic Trainer. A cooler containing ice & bags will be located outside the door of the athletic training room for those athletes needing ice whenever the Athletic Training room is unavailable.

Athletic Training Room Schedule

The main Athletic Training room will be open each weekday beginning at 3:15 pm while school is in session. The Athletic Training room will be open on weekends or when school is not in session only when there is a Cary Academy sanctioned athletic event being held on campus. For events being held during non-traditional hours, the athletic training room will be open approximately one hour prior to the starting time of the event.

The satellite Athletic Training room in the Sports & Education Annex (SEA) will only be open during the fall and winter seasons and only during volleyball, wrestling, and basketball practices and games. Athletes and coaches will only have access to ice, coolers, and first aid supplies in the satellite Athletic Training room.

Treatment Times

The Athletic Training room will be open for taping, pre-game treatments, and injury rehab sessions daily from 3:15 to 4:30 pm. Athletes receiving treatment/rehab for an injury must report to the training room no later than 3:30 pm.

If an athlete is unable to make it during these scheduled hours, they must schedule an appointment with the Athletic Trainer in order to receive treatments/rehab. Athletes missing a portion of practice due to receiving rehab should notify their coach of their whereabouts.

Injury Management Protocol

The Athletic Trainer has valuable knowledge and experience as it pertains to the initial assessment and management of athletic related injuries. Therefore, it is important that coaches make use of this resource. If a student-athlete is injured during a practice or game, the coach must report the injury to the Athletic Trainer. Coaches should not attempt to diagnose or judge the severity of an injury or an athlete's ability to continue participation. If an athlete is sent to the training room to see the Athletic Trainer, the coach should follow-up with the Athletic Trainer that day to receive an update on the athlete's injury status.

If an injury occurs on the field or if an injured athlete reports to the Athletic Training room, the Athletic Trainer will evaluate the injury to determine what course of action needs to be taken. In the event that an athlete requires emergency medical care, first aid will be rendered until EMS arrives and the parents will be contacted as soon as possible.

If an athlete's injury does not require outside medical referral, the Athletic Trainer will complete and send a *Cary Academy Injury Information Form* (Appendix D) to the parent/guardian via e-mail. This form contains information regarding the nature and severity of the injury as well as the Athletic Trainer's recommendations for treatment/care/management of the injury at home. A copy of this form will be sent via e-mail to the Coach, Athletic Director, School Nurse, and Head of School.

Referral to a Physician or Medical Specialist

If the Athletic Trainer is of the opinion that a particular injury requires referral to a medical specialist for further evaluation or treatment, he will contact the parents of the injured athlete via telephone in order to make arrangements for that athlete to be seen by the proper medical professional. The Athletic Trainer will additionally complete and send a *Cary Academy Injury Information Form* to the parent/guardian via e-mail as documentation of injury notification. The Athletic Trainer will also send a *Cary Academy Physician Referral Form* (Appendix E) with the athlete to the medical specialist. This form should be completed and signed by the treating physician and then returned to the Athletic Trainer.

The physicians at Cary Orthopedic & Sports Medicine serve as our official team physicians. Therefore, this orthopedic group will usually be our first choice should the injury involve the musculoskeletal system (bones, joints, muscles). Parents have the option to take their son/daughter to either their family physician or an orthopedist service other than Cary Orthopedic. Should this be the case, the injured athlete will be unable to participate in any athletic activity until all medical records regarding the injury are received and reviewed by the Athletic Trainer. It is the responsibility of the athlete and his/her parents to insure that the physician forwards all requested information.

Coaches do not have the authority to make referrals to any physician without the approval of the Athletic Trainer, except in cases where emergency care is indicated.

Return to Activity Following an Injury

Any athlete who has missed practices or games while under the care of a physician for a particular injury or illness must turn in a completed *Medical Clearance for Return to Physical Activity Form* (Appendix C) to the Athletic Trainer. This form must be completed and signed by the treating physician. Athletes who have missed practices or games due to a particular injury or illness should be re-evaluated by the Athletic Trainer BEFORE they are allowed to return to active participation

Written clearance to participate does not guarantee that the athlete will be able to immediately return to the highest level of activity in their particular sport. Therefore, it is important for the Athletic Trainer to re-evaluate an athlete in order to determine the athlete's readiness to return to activity. This re-evaluation may include functional testing to determine at what level of activity it is safe for the athlete. Coaches must communicate with the Athletic Trainer BEFORE allowing an athlete to return to activity following an injury. Please follow the Athletic Trainer's recommendations.

Any athlete who fails to report an injury assumes all risk for continued participation in practice or contests.

Equipment Check-out

To help keep track of equipment and supplies, persons/groups needing to borrow equipment (ice chests, coolers, crutches, etc.) for non-athletic use, should ask the Athletic Trainer for permission *prior* to the time the equipment is needed. **ALL** equipment being used should be entered into the Equipment Check-out sheet, which is on the clip board located on the brown storage cabinet in the athletic training room. Be sure to enter the items to be used, including any number designations assigned to those items. All items used should be cleaned before returning. Once the item has been returned, enter the date returned on the check-out form.

Water

A cooler of ice water will be delivered to each athletic/practice venue daily. Water bottles will not be supplied; therefore it is important that **each** athlete bring their own *filled* water bottle to practice each day. This is to help prevent the spread of communicable diseases (common cold, mononucleosis, etc) that may be transmitted through the sharing of water bottles. We suggest that athletes use a plastic, one-liter, graduated bottle for this purpose. This enables the athlete to better monitor their fluid intake during and after practice. School policy also allows students to keep a filled water bottle with them while on campus during the school day to enable them to properly hydrate prior to their particular practice or game.

Blood-Borne Pathogens and Universal Precautions

The Cary Academy Athletic Training Staff complies with the Occupational Safety and Health Administration (OSHA) Standard 29 CFR, Part 1910.1030 set forth in 1992. Universal precautions are strictly followed in both the athletic training room and on the field. Coaches should also practice universal precautions when dealing with injury situations involving blood.

These universal precautions include the following:

1. When treating an injury involving open skin, mucus membranes, blood, or body fluids be sure to wear disposable latex gloves. Gloves must be changed after contact with each athlete. This protective equipment should be discarded in a biohazard bag after use.
2. Wash hands thoroughly with soap and warm water immediately after exposure to blood or body fluids, even if protective gloves have been used.
3. Clean all surfaces that have been exposed to blood or body fluids with a solution consisting of one part chlorine bleach to 10 parts water (1:10) or an approved antimicrobial disinfectant.
4. All existing wounds, abrasions, or cuts that can serve 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 competition.
5. Dispose of any sharp objects such as needles or scalpel blades in a specially designed sharps container. This container should be red and clearly marked as biohazard material.
6. Dispose of all contaminated materials (bandages, gauze, gloves, etc.) in a specially marked biohazard waste can.
7. During competition and practice, if an athlete is bleeding, he/she must be removed from the practice or game as quickly as possible. Once the athlete has been removed, the bleeding should be stopped and the open wound covered with an occlusive dressing that can withstand the rigors of competition. Athletes with blood on their uniform must be removed from competition until the uniform can be disinfected. Uniforms that have been saturated with blood should be removed and changed before the athlete can return to competition.

Protective Equipment

Any athlete who suffers an injury that requires protection of that injury through the use of a fiberglass cast must have clearance by the treating physician to return to activity in their particular sport. This clearance must come in the form of a completed *Authorization to Use a Prescribed Appliance in an Athletic Contest Form* (Appendix D). This form is to be completed and signed by the treating physician. The completed form will be placed in the athlete's file. A copy of the form will also be given to the athlete's head coach to present to officials prior to games.

IV. Lightning Safety Policy

Background

Over the last century, lightning has consistently been one of the top three causes of weather-related deaths in the United States. Geographically, thunderstorms most often occur along the Gulf Coast and Southeastern United States, with North Carolina as one of the annual leaders in lightning related fatalities. Most lightning casualties occur during the late summer and early fall months and during the afternoon or early evening. The keys to lightning safety are education and prevention. It is important that coaches and athletes be adequately informed about the dangers of lightning and what measures they should take to ensure their safety.

The National Weather Service has stated that lightning can strike up to a distance of 10 miles, and storms can travel at speeds in excess of 50 miles per hour. However, thunder can only be heard at a distance of eight miles (thus the myth of what is commonly called “heat lightning”; the storm is simply too far away for one to hear the thunder. With all of this in mind it is important that all coaches follow the guidelines below for all outdoor activities, as well as indoor swimming pool activities.

Identifying Possible Inclement Weather

Coaches should check a weather report each day before their scheduled practice or event. In this way, the coaching staff will be aware of the possibility of storms forming or moving into the area during the day.

Suspension/Cancellation of Activities

In the event that imminent lightning activity imposes a potential danger, the Athletic Trainer will recommend to the Athletic Director that all events be suspended until the hazard has passed. If the Athletic Director agrees, the Athletic Trainer will notify all coaches to immediately cease all activity and seek shelter. If the Athletic Director is not available, the Athletic Trainer will make the recommendation to suspend events.

The decision to suspend an athletic activity due to lightning is based on current research as well as the recommendations set forth in the *National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics & Recreation*. It is important that coaches understand that the recommendation to suspend activities has the safety and welfare of all individuals in mind. Although the Athletic Trainer and Athletic Director are responsible for making the recommendation to suspend athletic activities due to lightning, it is ultimately **the coaches’** responsibility to suspend their individual practice or game based on these recommendations.

Seeking Appropriate Shelter

Seeking shelter in a safe location at the first sign of thunder or lightning activity is highly recommended. By the time the flash-to-bang count approaches 30-seconds; all individuals should already be inside or should immediately seek shelter in a safe location. The primary choice for shelter is any sturdy building normally occupied or frequently used by people. Electric and telephone wiring as well as plumbing pathways aid in grounding buildings, thus making them safer than remaining outdoors during thunderstorms. Open porches or breezeways are **not** considered appropriate modes of shelter during a thunderstorm.

In the absence of the initial choice for shelter, the secondary choice is a fully enclosed vehicle with a metal roof and the windows closed. It is important not to touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms. It is important that not only athletes and coaches seek shelter, but spectators and officials as well. Coaches should help to direct spectators and visiting team members to appropriate shelter.

If there is no safe shelter within a reasonable distance, assume a crouched position on the ground with their weight on the balls of their feet in an effort to minimize contact with the ground. Wrap your arms around your knees and lower your head. **DO NOT LIE FLAT!**

Stay away from the tallest trees or lone objects (such as light poles or flag poles), metal objects (metal fences or bleachers), standing pools of water, and open fields. Do not use land-line telephones, except in emergency situations. A cellular telephone or a cordless telephone is a safe alternative to a land-line telephone.

Designated Lightning Shelter Areas (By Venue)

The following areas are designated lightning shelter areas for the various athletic venues:

Upper School Field	Upper School Building/SEA
Baseball Field	Fitness Center/ Middle School Building
Middle School Field	Middle School Building
Softball Field	Fitness Center
Stadium Field/Track	Fitness Center/SEA
Tennis Courts	Fitness Center/SEA
Fields # 1 & 2	Concession Stand/Restrooms

Resumption of Activities Following Suspension Due to Inclement Weather

Once activities have been suspended, teams should wait at least 30 minutes after the last sound of thunder and/or lightning flash before resuming an activity or returning outdoors. The Athletic Trainer will continue to monitor the weather conditions and will decide in conjunction with the Athletic Director, coaches, and officials when it is safe to return to activity.

V. Prevention of Heat Related Illnesses

Introduction

Environmental stress particularly that related to extreme heat & humidity can adversely affect an athlete's performance and in some instances pose a serious health risk. Therefore, it is important to take the 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.

Recommendations for the Prevention of Heat Related Illnesses

The following general recommendations should be considered when planning a training or competitive program that is likely to take place during hot and humid weather:

Fluid and Electrolyte Replacement - during hot weather, it is essential to continually replace fluids lost during exercise by drinking adequate quantities of water or a sports drink. Drinks containing caffeine, such as coffee, tea, or soft drinks should be avoided since they act as a diuretic (promotes elimination of fluids through urination). During exercise periods in hot weather, athletes should be given UNLIMITED access to water. Regular breaks should be taken every 20-30 minutes. Athletes should be encouraged to drink fluids before, during, and following exercise in hot/humid conditions to help prevent dehydration and possible heat related injury.

To ensure proper pre-exercise hydration, the athlete should consume approximately 500-600 mL of water or sports drink 2-3 hours before exercise and another 200-300 mL of water or sports drink 10 to 20 minutes before exercise.

During the course of an exercise activity, fluid replacement should approximate sweat and urine losses. This generally requires that an individual consume 200-300 mL of fluid every 10-20 minutes.

Following exercise, the individual should attempt to correct any fluid loss which may have occurred during the exercise activity. The easiest method of determining proper hydration status is through the examination of urine color. The urine of a properly hydrated athlete should be clear to light yellow in color. Darker colored urine is a good indication that the athlete needs to consume more fluids.

Gradual Acclimatization – this is perhaps the single most effective method of preventing heat related injuries. Acclimatization should allow students-athletes to gradually become accustomed to exercising in hot and humid conditions. Coaches have the responsibility of designing practice schedules so that student-athletes will be gradually exposed to hot and/or humid conditions over a 10-14 day period. Well-acclimatized athletes should train for 1-2 hours in the same heat conditions that will be present for their event.

Identifying Susceptible Individuals – it is important to identify individuals who are prone to heat related injuries so that they can be more closely monitored during activity. An accurate medical history can help the Athletic Trainer and coaches to better identify susceptible individuals.

Temperature and Humidity Readings – daily temperature and humidity reading should be obtained before practice to monitor the heat index. Modifications to the practice schedule should be made based on the severity of the existing environmental conditions. Suggested sport specific modifications based on temperature and humidity readings are listed in Appendix J of this document. **Table 1** (below) contains information on the heat index. The heat index quantifies the relative effects of both ambient temperature and relative humidity.

Table 1

The Heat Index											
Environmental Temperature F° (C°)											
	70° (21)	75°(24)	80°(27)	85°(29)	90°(32)	95°(35)	100°(38)	105°(41)	110°(43)	115°(46)	120°(49)
Relative Humidity	Apparent Temperature F° (C°)										
0%	64°(18)	69°(20)	73°(23)	78°(26)	83°(28)	87°(31)	91°(33)	95°(35)	99°(37)	103°(39)	107°(42)
10%	65°(18)	70°(21)	75°(24)	80°(27)	85°(29)	90°(33)	95°(35)	100°(38)	105°(41)	111°(44)	116°(47)
20%	66°(19)	72°(22)	77°(25)	82°(28)	87°(30)	93°(33)	99°(37)	105°(41)	112°(44)	120°(49)	130°(54)
30%	67°(19)	73°(23)	78°(26)	84°(29)	90°(33)	96°(36)	104°(40)	113°(45)	123°(51)	135°(57)	148°(64)
40%	68°(20)	74°(23)	79°(26)	86°(30)	93°(34)	101°(38)	110°(43)	123°(56)	137°(58)	151°(66)	
50%	69°(20)	75°(24)	81°(27)	88°(31)	96°(36)	107°(42)	120°(49)	135°(57)	150°(66)		
60%	70°(21)	76°(24)	82°(28)	90°(33)	100°(38)	114°(46)	132°(56)	149°(65)			
70%	70°(21)	77°(25)	85°(29)	93°(34)	106°(41)	124°(51)	144°(62)				
80%	71°(22)	78°(26)	86°(30)	97°(36)	113°(45)	136°(58)					
90%	71°(22)	79°(26)	88°(31)	102°(39)	122°(50)						
100%	72°(22)	80°(27)	91°(33)	108°(42)							

Apparent Temperature	Heat-stress risk with physical activity and/or prolonged exposure.
90°-104° (32-40)	Heat cramps or Heat Exhaustion possible
105°-130° (31-54)	Heat cramps or Heat Exhaustion likely. Heat Stroke possible.
130° and up (54 and up)	Heat Stroke very likely.

Part VI Special Considerations

Concussion, Second Impact Syndrome, & Return to Play Criteria

Concussion and second impact syndrome are two potentially life-threatening conditions to which student-athletes, especially those involved in contact sports, are exposed. Concussion is a complex injury that is often one of the most difficult to evaluate and manage. Concussion is defined as a traumatic injury to the brain, which can range in severity from mild to severe. These injuries usually result due to a direct blow to the head. They may also result due to rapid acceleration/deceleration of the head, thus causing jarring of the brain within the skull.

Second impact syndrome is sequelae that results when an athlete suffers a second, often minor, head injury after returning to activity before the symptoms of a previous concussion have resolved. This secondary injury leads to engorgement of the cranial veins causing severe swelling of the brain. Most cases of second impact syndrome occur in individuals under the age of 18. Second impact syndrome is a serious condition that can be potentially fatal (50% mortality rate).

Concussions usually result in a common set of symptoms which may include headache, nausea, dizziness, blurred vision, excessive fatigue, and possible loss of consciousness. Concussions may also cause an alteration of cognitive functions including difficulty concentrating or remembering, and alterations in mood or emotions. These symptoms may be short-lived (lasting less than 30 minutes) or may linger for several days or weeks.

Cary Academy considers concussions and second impact syndrome to be significant medical conditions. *Therefore, any athlete who suffers a head injury during a game which results in symptoms consistent with those of a concussion, he/she **will not be allowed to return to play for the remainder of that game.*** The injured athlete should be evaluated by the Athletic Trainer to determine the severity of the concussion. If necessary, the athlete will be referred to other medical personnel for further evaluation.

No student-athlete will be allowed to return to activity until all post-concussive symptoms have resolved. Concussed athletes must receive medical clearance from a licensed physician prior to being allowed to return to activity.

Once the athlete is completely asymptomatic, the athlete will be withheld from any activity for a period of 7 days and will then proceed through the following gradual return to activity:

Day 1: Light aerobic exercise (jogging, stationary bike) – 20-30 minutes in duration

Day 2: Sport specific training (sprints, ball work) – 30-45 minutes in duration

Day 3: Non-contact drills

Day 4: Full-contact drills

Day 5: Game play

Should the athlete experience any recurrence of symptoms while undergoing this progression, they will not be allowed to return to activity until they can complete the progression symptom free. Athletes who suffer a second concussion within the same sports season may be disqualified from continued participation for the remainder of that season.

Asthma

Asthma is a common respiratory disease that is characterized by intermittent episodes of constriction of the airways (bronchi & bronchioles) in the lungs. This airway constriction is often referred to as *bronchial spasm*. This bronchial spasm is often accompanied by an increase in bronchial secretions, thus further restricting air flow. When an asthma attack occurs, the athlete may experience coughing, wheezing, and shortness of breath. Asthma attacks may be brought on by a variety of *triggers*, including dust, pollen, smoke, strong odors, or cold air. Some asthma attacks may be triggered by strenuous exercise. In these cases, the athlete is classified as having exercise induced asthma (IEA).

Student-athletes who have been diagnosed with asthma should have an Asthma Action Plan on file with the school nurse. If the student-athlete requires the use of an inhaler, they should keep their inhaler with them at all practices and games. Student-athlete should not share their inhalers with other student-athletes or teammates.

Diabetes

Diabetes is a metabolic disease that results due to the absolute or relative lack of insulin. Diabetes can be divided into two types: Type I (insulin dependent) and Type II (non-insulin dependent). With Type I diabetes, the body is unable to produce insulin, therefore the cells of the body are unable to absorb sugar (glucose) from the blood. This leads to high levels of glucose in the blood. Type I diabetes can be controlled through regular monitoring of blood sugar levels and thru the introduction of insulin. Insulin can either be injected or administered through an insulin pump. Type II diabetes occurs when the body is still able to produce insulin, but either does so in insufficient amounts or produces insulin that does not function properly. This type of diabetes does not require insulin injections and can be controlled through oral medications combined with proper diet and exercise.

Student-athletes who have been diagnosed with diabetes should have a Diabetes Action Plan on file with the school nurse. Student-athletes with diabetes should regularly monitor their blood glucose levels, especially during and following periods of exercise.

Assessing Body Composition in Wrestlers

To most effectively determine minimal weights and to monitor appropriate weight loss in wrestlers, Cary Academy will abide by the North Carolina Independent Schools Athletic Association (NCISAA) Wrestling Weight Loss Policy. In accordance with this policy all prospective Cary Academy wrestlers must undergo a skinfold measurement to assist in determining their respective minimal body weights. These skinfold measurements must be conducted no less than 24 hours before the first competition date.

The above process entails acquiring a urine sample for the purpose of determining proper hydration IMMEDIATELY prior to obtaining the skin fold measurement. This urine sample will be collected and tested by the Athletic Trainer under standard collection protocols. Testing for specific gravity will be the ONLY test performed on this sample. There will be no testing for drugs, alcohol, performance enhancing substances, etc. Following testing, the sample will be promptly disposed of. This test is used solely to determine proper hydration in order to ensure the safety of our student-athletes.

Since there will be a collection of bodily fluids involved, parents are required to fill out and sign an *Informed Consent Form* (Appendix E). This form will give the Athletic Trainer permission to obtain the urine sample for the sole purpose of specific gravity testing.

Skin Infections in Wrestlers

Skin conditions are a common, yet preventable occurrence among athletes, especially wrestlers. Perhaps the most serious of these conditions are various skin infections caused by bacteria, fungi, and viruses. Skin infections can be transmitted by both direct (skin-to-skin) and indirect (person to inanimate object to person) contact. Proper infection control can help to minimize the development and spread of skin infections. Besides identification and treatment of infected individuals, preventions can be aided by improving student-athlete hygiene practices and through proper routine cleaning and disinfection of all equipment, including wrestling mats, wrestling dummies, headgear, and clothing.

Current knowledge indicates that many fungal and viral infections are easily transmitted by skin-to-skin contact. In most cases, these skin conditions can be covered with a securely attached bandage or non-permeable patch to allow participation. Open wounds and infectious skin conditions that cannot be adequately protected to prevent their exposure to others will be considered cause for medical disqualification from practice and competition.

Any suspicious looking skin lesion will be required to be evaluated by the Athletic Trainer and possibly referred to a physician or dermatologist. If the wrestler is examined for a lesion(s), the athlete must have that physician complete and sign a *NFHS Physician Release for Wrestler to Participate With Skin Lesions* (Appendix F). This completed form will be placed in the athlete's file. A copy will be given to the coach to present to officials during wrestling meets.

VII. Cary Academy Automated External Defibrillator (AED) Policy

Purpose:

The purpose of this policy is to provide guidance in the management and administration of the Cary Academy AED program for treatment of victims eight years of age and older.

Program Coordinators:

The program coordinators for the school based AED program at Cary Academy will be the School Nurse and the Athletic Trainer.

Medical Advisor:

The medical advisor of the AED program is Melanie Mentzer, MD. She has the ongoing responsibility for:

- Providing medical direction for the use of AEDs.
- Writing a prescription for the use of AEDs.
- Reviewing and approving guidelines for emergency procedures related to the use of AEDs and CPR.
- Evaluation of post-event review forms and digital files downloaded from the AED.

Authorized AED users:

The AED may be used by:

- Employees of Cary Academy who have successfully completed an approved CPR/AED training program including but not limited to School Nurse, Athletic Trainer, administrators, office staff, teachers, and coaches.
- Contracted staff who have successfully completed an approved CPR/AED training program including but not limited to security staff, custodial staff, and dining services..
- Any trained volunteer responder who has successfully completed an approved CPR/AED training program including but not limited to Cary Academy parents and students.

Medical Necessity for Use of AED:

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm. The erratic and ineffective electrical heart rhythms that cause complete cessation of the heart's normal function of pumping blood are called ventricular fibrillation (VF) and pulseless ventricular tachycardia (PVT), and result in sudden death. The most effective treatment for these conditions is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF or pulseless ventricular tachycardia.

Defibrillation is a recognized means of terminating potentially fatal heart arrhythmias during SCA. A direct current defibrillator applies a brief, high-energy pulse of electricity to the heart muscle. AEDs accurately analyze cardiac rhythms and, if appropriate, advise and deliver an electric shock. AEDs have become an essential link in the "chain of survival" as defined by the American Heart Association: Successful resuscitation is related to the length of time between the onset of VF or pulseless ventricular tachycardia and defibrillation. The AHA states that with every minute it takes to respond, the chance for successful defibrillation decreases 7-10%. The provision of timely emergency attention saves lives. By training the school nurse, the certified athletic trainer and other volunteers in the use

of AEDs and providing rapid access to AEDs, the emergency response time is shortened and the chance for a successful resuscitation of SCA increases.

Explanation of the Use of AEDs:

By definition, an AED means a defibrillator which:

- is capable of cardiac rhythm analysis.
- will charge and deliver a counter shock after electrically detecting the presence of cardiac dysrhythmias.
- is capable of continuous recording of the cardiac dysrhythmia at the scene.
- is capable of producing a hard copy of the electrocardiogram.

Defibrillation is only one aspect of the medical care required to resuscitate a patient with a shockable ECG rhythm (VF or pulseless ventricular tachycardia). Other supportive measures may include CPR.

Protocol Regarding Use of AED:

In the event of SCA, the 911 emergency medical system (EMS) should be activated as quickly as possible. The Cary Academy AED emergency responders should provide initial care as appropriate to the situation and coordinate with other emergency medical service providers upon their arrival in the provision of CPR, defibrillation, and basic life support.

The AED is to be used only on patients in SCA. Before the device is utilized to analyze the patient's ECG rhythm, **the patient must be:**

- **Unconscious**
- **Pulseless**
- **Not breathing spontaneously**

Medical Response Documentation:

Each use of the AED emergency response system shall be documented. Within 24 hours of a medical event, an accident report form shall be completed by a responding trained employee or volunteer for each incident requiring the use of an AED. The Medical Advisor and the Program Coordinators shall review the report. This report shall also be supplied to local EMS and other treating physicians as required.

Location of AEDs:

Cary Academy will have nine AEDs on campus. During school hours (8am-4pm), the location of the AEDs will be as follows:

- 1) Outside the school nurse's office in the Middle School (M102)
- 2) The Fine Arts building on the wall immediately outside the concession area on the main level.
- 3) Outside the Athletic Trainer's office in the Fitness Center (FC 122).
- 4) Sports & Education Annex (SEA) gymnasium
- 5) Outside Upper School Office
- 6) Softball Field home dugout – this unit will only be available in the spring during home softball games.
- 7) Stadium Field press box
- 8) Concession stand adjacent to Fields 1 & 2
- 9) With the Athletic Trainer (mobile unit)

Equipment Maintenance:

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness.

The AED will perform a self-diagnostic test every 24 hours that includes a check of battery strength and an evaluation of the internal components. The Program Coordinators, or designee, will perform a monthly AED check following the procedure checklist. (See Appendix B) The procedure checklist will be initialed at the completion of the monthly check. The procedure checklist will be posted with the AED.

The AED Program Coordinators, or designee, shall be responsible for having regular equipment maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.

Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected.

Emergency Phone Numbers

- David McAllister – Athletic Trainer (919) 228-4682
(919) 606-2362 (cell)
- Judy Rodocker – School Nurse (919) 228-4562
(919) 302-8210 (cell)
- EMS Phone Number 9-911
- Rex Hospital Emergency Room (919) 784-1613
- Western Wake Emergency Room (919) 233-2442
- Cary Orthopedic & Sports Medicine (919) 467-4992

Directions to Cary Orthopedic & Sports Medicine:

Go through the stoplight at entrance to Cary Academy. This will put you on Cary Parkway. Continue on Cary Parkway until you cross through the intersection of Cary Parkway and Tryon Road. Cary Orthopedic & Sports Medicine is located on the right just after you pass Tryon Road. The address is 1120 SE Cary Parkway, Suite 100.

Directions to Garner Orthopedic & Sports Medicine (Cary Orthopedics’ Garner Office):

Take a right out of the front entrance of Cary Academy onto Harrison Avenue. Take a right onto I-40 east. Get into the left-most lane and continue on I-40 until you get to the Hammond Road exit. After taking the exit, take a right onto Hammond Road. Stay on Hammond Road until you come to the intersection with US 70 east. Take a left onto 70. Stay on 70 until you come to the Vandora Springs Road exit. Take a right onto Vandora Springs Road. Stay on Vandora Springs until you see a shopping center on the left. There is a stop light just after you pass the shopping center (7th Avenue). Go through the light and building will be on the left. It is an off-white brick building. The address is 1005 Vandora Springs Road.

Directions to Western Wake Cary Medical Center:

Go through the stoplight at entrance to Cary Academy. This will put you on Cary Parkway. Continue on Cary Parkway until you reach the intersection of Cary Parkway and Kildare Farms Road. Take a right on Kildare Farms Road. Continue on Kildare Farms approximately 1½ miles. Western Wake Medical Center is located on the right. Follow the signs to the Emergency Room.

Directions to Rex Hospital:

Take a right out of the front entrance of Cary Academy onto Harrison Avenue. Take a right onto I-40 east. Take the Wade Avenue/Raleigh exit off of I-40. Continue until you reach the Blue Ridge Road exit. Take the Blue Ridge Road exit and take a left onto Blue Ridge Road. Rex Hospital is approximately 1 mile on the right (corner of Blue Ridge and Lake Boone Trail). Follow the signs to the Emergency Room.

CARY ACADEMY CAMPUS MAP



LEGAND

- | | | | |
|---------------------|---|--------------------------------|---|
| Upper School Field | ★ | Sports & Education Annex (SEA) | ★ |
| Fitness Center | ★ | Tennis Courts | ★ |
| Middle School Field | ★ | Track/Stadium Complex | ★ |
| Baseball Field | ★ | Softball Field | ★ |
| Fields 1 & 2 | ★ | | |

APPENDICIES

APPENDIX A

Cary Academy Physical Evaluation Form

Name _____ Grade 08-09 _____ Date of birth _____

Height _____ Weight _____ Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal ____ Unequal ____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/ Ears/ Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Please list medical history

- Allergies _____
- Cleared _____
- Cleared after completing evaluation/rehabilitation for: _____

- Not cleared for: _____ Reason: _____
- Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician/Physician Assistant/Nurse Practitioner _____ MD, DO, PA, or NP

CARY ACADEMY MEDICAL HISTORY AND STUDENT HEALTH ASSESSMENT FORM

****INSTRUCTIONS: Assessment form is to be completed each year by the Parent /Guardian.**

Please circle YES or NO for each of the following questions. If you answer YES to any of the questions, please provide further information about the injury or illness, including body part involved (including whether it was right or left), date of injury or illness, type of injury (sprain, fracture, etc.), and any treatments or surgeries received for that particular injury.

- | | |
|--|--|
| <p>Yes No 1. Have you ever experienced a seizure or convulsion or been informed by a physician that you might have epilepsy?</p> <p>Yes No 2. Have you or any member of your family ever had Hepatitis?</p> <p>Yes No 3. Have you ever been informed that you have a heart murmur or any type of heart arrhythmia?</p> <p>Yes No 4. Have you ever had asthma? Do you currently use any type of medication or inhaler? If so, please identify.</p> <p>Yes No 5. Have you ever had a hernia? If so, was it surgically repaired?</p> <p>Yes No 6. Do you have any drug or food allergies? If so, please list them and treatments or medications you take for them. _____
_____</p> <p>Yes No 7. Are you allergic to bee stings or insect bites? If so, describe your treatment/medication for all reactions _____

_____</p> <p>Yes No 8. Have you ever been "knocked out" or experienced a concussion?</p> <p>Yes No 9. If answer to question 8 was yes, has this happened to you more than once? If so, how many times, and how closely together did these concussions occur?</p> <p>Yes No 10. Do you wear eyeglasses or contact lenses?</p> <p>Yes No 11. If you answered yes to the above question, do you wear either of them during athletic competition?</p> <p>Yes No 12. Have you had a fracture (broken bone) during the past three years?</p> <p>Yes No 13. Have you ever dislocated a joint? If you answered yes, please indicate the anatomical site and the number of times it has been dislocated.</p> <p>Yes No 14. Have you ever been told you have scoliosis or been treated for scoliosis of the spine?</p> <p>Yes No 15. Have you ever been told that you injured the cartilage (menisci) of either knee joint?</p> <p>Yes No 16. Have you ever dislocated your kneecap? If so, has this happened more than once?</p> | <p>Yes No 17. Do you have a pin, plate, screw, or rod anywhere in your body as the result of bone or joint surgery?</p> <p>Yes No 18. Have you ever been told that you have Osgoode-Schlatter's disease?</p> <p>Yes No 19. Have you ever experienced heat cramps, heat exhaustion, or heat stroke?</p> <p>Yes No 20. Do you experience frequent fainting spells or lightheadedness?</p> <p>Yes No 21. Do you suffer severe headaches or migraines? If so, do you currently take medication? Identify the medication.</p> <p>Yes No 22. Have you had any surgeries during the past three years? Is so, for what condition? _____</p> <p>Yes No 23. Have you ever been advised by a physician NOT to participate in sports or do you have limitations on your physical activity? If so, for what reason?</p> <p>Yes No 24. Have you ever had any organs removed? If so, please specify.</p> <p>Yes No 25. Have you ever been told by a physician that you suffer from an eating disorder such as anorexia or bulimia?</p> <p>Yes No 26. Have you ever been told by a physician that you suffer from sickle cell anemia or that you carry the sickle cell trait?</p> <p>Yes No 27. Have you ever been told by a physician that you have any form of blood clotting disorder or hemophilia?</p> <p>Yes No 28. Please list any prescription medications you currently take. _____
_____</p> <p>Yes No 29. Would you like to discuss your child's health with the school counselor, nurse, or athletic trainer?</p> |
|--|--|

Signature of parent or legal guardian

Date

APPENDIX B

CARY ACADEMY INSURANCE INFORMATION, WAIVER OF LIABILITY, AND CONSENT FOR TREATMENT FORM

Student's Name _____ Grade 2006-2007 _____
(Last) (First) (Middle)

Home Address _____
(Street or P.O. Box)

(City) (State) (Zip Code)

Home Phone (____) _____ Birth Date ____/____/____
Mo. Day Yr.

Father's Full Name _____ Mother's Full Name _____

Work/Cell Phone (____) _____ Work/Cell Phone (____) _____

PERSON TO NOTIFY IN THE EVENT OF AN EMERGENCY (Please give name of friend or relative not residing in your home, who can be contacted in the event that the parents cannot be reached)

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____

As students and parents, you should be aware that there are potential risks involved in daily school activities and with participation in athletics. Many of Cary Academy's teachers, coaches, and other staff members are trained in First Aid/CPR and are often available to render first aid assistance if and when necessary. In the event of an illness, injury, or accident, these individuals will endeavor to provide appropriate first aid and Cary Academy will contact the parents if necessary. The parents will then decide what medical treatment, if any, should be sought. In the event of a serious problem in which the student needs emergency treatment or care, we will take such action as necessary and will make every effort to contact the parents or alternate emergency contact as quickly as possible. Cary Academy does not provide school accident or health insurance coverage for any of its students. Therefore, Cary Academy will not be responsible for any medical bills resulting from treatment of illnesses or injuries sustained due to participation in school activities, including, but not limited to, athletics. In the event that your son/daughter needs to be referred for outside medical care, especially in an emergency situation, we ask that you provide the following insurance information. **Please Print.**

Policyholder's Full Name _____

Name & Address of Insurance Company _____

Phone Number of Insurance Company _____

Policy Number _____

We, the undersigned, understand and accept that there are certain risks involved in school activities and with participation in athletics. We also understand that Cary Academy is reasonably relying on the information and agreements contained herein in allowing our son/daughter to participate in school activities and athletics. In consideration for allowing our son/daughter to participate in school activities and athletics, we for ourselves, and our children, heirs, assigns, executors, and administrators agree not to hold liable, make a claim against, sue, or prosecute Cary Academy, its teachers, coaches, Board of Trustees, and staff of any illness, injury or damage incurred by our son/daughter while participating in any school activities including, but not limited to, athletics. We hereby release and discharge Cary Academy, its teachers, coaches, Board of Trustees, and staff for all actions, claims, or demands which we, or our children, heirs, assigns, executors or administrators now have or may hereafter have for injury or damage resulting from our son/daughter's participation in any school activity including, but not limited to, athletics. We understand that Cary Academy does not provide accident or health insurance for any of its students. We therefore attest that our son/daughter is covered under our personal insurance and agree to be responsible for obtaining all authorization for treatment and to pay and be solely responsible for all bills, costs, or expenses incurred in the event of any illness, injury, or damage. We agree to allow the teachers, coaches, school nurse, and athletic trainer to provide appropriate first aid and treatment for any illnesses or injuries incurred during school activities including, but not limited to, athletics and we give permission for emergency medical care to be given by physicians to our son/daughter should we not be available. Finally, we agree to be solely responsible for keeping the information provided herein current and accurate.

Signature of Parent/Guardian _____ **Date** _____

APPENDIX C

Medical Clearance for Return to Physical Activities Form

Student Name _____

Date of Birth _____

Name of Physician _____

Address of Physician _____

Physician's Phone Number _____

Medical Diagnosis _____

Is this student medically cleared to participate in any extracurricular sport program?

Is this student medically cleared to participate in the school's physical education program?

Are there any restrictions/limitations? _____

Please fill out the section below ONLY in the case of life-threatening conditions (allergic reactions, asthma, diabetes)

If this student presents with symptoms characteristic of his/her diagnosis, what steps should the student and/or the staff of Cary Academy take in an attempt to resolve the symptoms? Be specific.

How long (minutes) should an attempt take to resolve symptoms? _____

And should an ambulance be called if his/her symptoms cannot be resolved within this time frame? _____

Any other comments _____

Signature of Physician _____ Date _____

APPENDIX D

Authorization to Use a Prescribed Appliance in an Athletic Contest

This prescribed appliance must meet NFHS rule requirements. Officials have the final authority to approve the appliance at the time of the contest.

Student's Name _____ Grade _____ Age _____

School _____

Sport _____ Uniform # _____

Injury _____

Appliance _____

The above student is permitted to participate in athletics while wearing the prescribed appliance, assuming all other stipulations as decreed by the National Federation of High School Associations are met. This appliance is being used for the sole purpose of protecting an existing injury and is, under no circumstance, to be used as a weapon, to gain an unfair advantage, or abuse an opponent.

Licensed Medical Physician _____

Signature _____

Address _____

Telephone _____ Date _____

Parent/Guardian _____

Signature _____

Address _____

Telephone _____ Date _____

Head Coach's Signature _____

Head coach is responsible for NFHS uniform & appliance rule compliance and MUST sign this form.

UPDATED 8/23/07

APPENDIX E

**CARY ACADEMY INFORMED CONSENT FORM
NCISAA Hydration Test for Wrestling**

The North Carolina Independent Schools Athletic Association (NCISAA) requires that wrestlers will be required to undergo specific gravity testing in addition to skin fold measurements for determining minimum body weight. This process entails acquiring a urine sample for the purpose of determining proper hydration prior to obtaining a skin fold measurement.

This urine sample will be collected and tested by David McAllister, the athletic trainer at Cary Academy, under standard collection protocols. The student-athletes will privately provide a mid-stream urine sample. Specific gravity will then be determined using an Atago Pocket PAL-10S Refractometer. In order to proceed with the skin fold measurement, the student-athlete must have a specific gravity of LESS than 1.025 g/ml. If the student-athlete has a specific gravity GREATER than 1.025, they must wait 24 hours to be retested. Per NCISAA guidelines, we will be unable to perform a skin fold measurement on this student-athlete prior to their obtaining the required specific gravity.

Testing for specific gravity will be the ONLY test performed on this sample. There will be no testing for drugs, alcohol, performance enhancing substances, etc. Following testing, the sample will be promptly disposed of. This test is used solely to determine proper hydration in order to ensure the safety of our student-athletes.

I, the undersigned, do hereby state that I have read and understand all information contained in this Informed Consent Form. I therefore, do give my permission for David McAllister, athletic trainer at Cary Academy, to obtain a urine sample provided by the student-athlete named below, for the sole purpose of testing for specific gravity to determine proper hydration of said student-athlete.

Name of student (please print) _____

Name of parent/guardian (please print) _____

Signature of parent/guardian _____

Date _____

APPENDIX F

National Federation of State High School Associations Sports Medicine Advisory Committee

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____

Date of Exam: ___/___/___
Mark Location AND Number of Lesion(s)

Diagnosis _____

Location AND Number of Lesion(s) _____

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

Date Treatment Started: ___/___/___

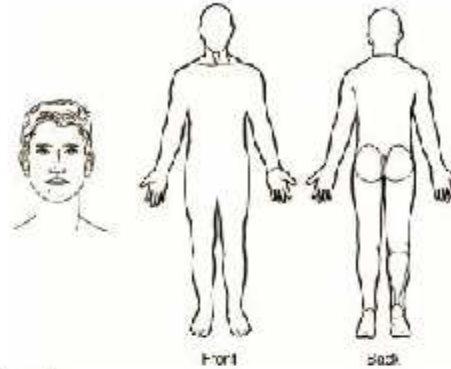
Form Expiration Date: ___/___/___

Earliest Date may return to participation: ___/___/___

Physician Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____

Office Address _____



Note to Physicians: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rules 4-2-3, 4-2-4 and 4-2-5 which state:

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

"ART. 4 . . . If a designated on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate or not participate with a particular skin condition."

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

Once a lesion is not considered contagious, it may be covered to allow participation.

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

Bacterial Diseases (impetigo, boils): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or five full days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

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

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

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

Molluscum Contagiosum: 24 hours after curettage.

Revised/Approved April 2009

**NATIONAL FEDERATION of STATE HIGH SCHOOL ASSOCIATIONS SPORTS MEDICINE ADVISORY
COMMITTEE PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)**

Name: _____ Date of Exam: ___ / ___ / ___

Diagnosis _____

Mark Location AND Number of Lesion(s) _____

Location AND Number of Lesion(s) _____

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

Date Treatment Started: ___ / ___ / ___

Form Expiration Date: ___ / ___ / ___ Earliest Date may return to participation: ___ / ___ / ___

Provider Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____

Office Address _____

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

“ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from a physician stating that the suspected disease or condition is not communicable and that the athlete’s participation would not be harmful to any opponent.

This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated on-site meet physician is present and is able to examine the wrestler immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.”

“ART. 4 . . . If a designated on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician’s release form for a wrestler to participate with a particular skin condition.”

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

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CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or full five days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

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

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

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

Molluscum Contagiosum: 24 hours after curettage.

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