

R 8441.1 STANDARD OPERATING PROCEDURES (STANDING ORDERS) FOR ATHLETIC INJURIES

Introduction

The athlete in our athletic program, once injured, becomes a patient. The athlete will be treated as a patient until the athlete is cleared for return to activity by the athletic trainer, the school physician, or the attending physician. The Point Pleasant Board of Education appointed school physician will supervise the management of athletic related injuries and advise on matters regarding the prevention of athletic injuries at the Point Pleasant School District.

The athletic trainer will act as a link between the athletic program and the medical community for the implementation of injury prevention measures, emergency care and injury management.

Coaches must work with the athletic trainer and each must understand the others' functions so that they can work together as effectively as possible. To avoid conflicts including conflicts of interest, the coach must coach and the athletic trainer conduct athletic training matters. For the health and well-being of the athlete, the physician and the athletic trainer have the final word on determining an athlete's eligibility to return to activity after having sustained an injury.

In the absence of a licensed physician, emergency care of an injured athlete will be under the supervision of the athletic trainer who will serve as the triage officer to determine which injuries require further medical evaluation. If there is any doubt as to the extent of an injury, the athletic trainer must refer the athlete to proper medical attention.

Injured athletes must be seen by the athletic trainer as soon as possible after injury. That is, if the athletic trainer is not present when injury is sustained, the athletic trainer should be summoned. It is the coach's responsibility to notify the athletic trainer of any medical problems to one of his/her athletes at the earliest possible time but not later than the next school day.

Injuries to Athletes in our Athletic Program

1. The athletic trainer's major role and functions are the following: injury prevention, recognition, evaluation and management, injury treatment, disposition, reconditioning, organization and administration of, and education and counseling of the injured athlete.
2. The athletic trainer will assess and evaluate injuries, and will initiate first aid as needed.



3. The athletic trainer will initiate and carry out a health care service system for each injured athlete. The athletic trainer must decide the degree to which each athlete will be served.
4. The athletic trainer or the Board appointed physician will be the only Board employees to refer injured athletes to a physician.
5. The athletic trainer will determine the course of treatment for all injured athletes except those under a physician's care and will determine when an athlete has fulfilled the medical criteria for return to activity. Upon healing and meeting these criteria, the athlete will present a physician's note of clearance to the athletic trainer that the athlete is able to resume activity. This note to return and participate in sports is to be given directly to the athletic trainer. This shall also apply to instances of personal illness of such a general nature that an athlete is removed from participation for a limited period of time and the athlete's physician holds that he/she may resume activity. Any and all clearances concerning resumption of participation will be cleared through the athletic trainer and, if necessary, the attending physician. There are to be no exceptions.

Non-Serious Injury Management for Coaches

1. Practice within your scope. ABC guidelines are for certified CPR card holders.
2. Apply ice and basic first aid within your scope - RICE = Rest, Ice, Compression, Elevation.
3. Contact the athletic trainer, remain calm, and reassure the patient.
4. The athletic trainer will evaluate and assess the injury.
5. Stop bleeding.

Serious Injury Management for Coaches

1. Immediately contact the athletic trainer.
2. Practice within your scope. ABC guidelines are for certified CPR card holders.



A – Assess for adequate airway, breathing and circulation. (ABC's).

B - Followed by neurological assessment emphasizing mental status, neurological deficit and cervical spine status. This may be done by visual inspection and questioning if serious spinal injury is suspected.

C - If EMS has not already been contacted, determine initial disposition:

Call the police, get the officer's name, give the location, give the general nature of the injury. Do not hang up until the officer hangs up. Contact the parents.

3. Keep calm, keep your subordinates around you calm. Keep the patient calm, reassure the patient.
4. The athletic trainer will assess and evaluate the injury.
5. Follow procedures for the non-seriously injured patient.
6. Never move or touch a seriously injured athlete, especially an unconscious athlete. In the case of an unconscious athlete, always suspect a severe head/neck injury. Under no circumstances move or touch an unconscious athlete; moving or touching such a patient may further complicate the situation, rendering the athlete paralyzed for life. Never move or touch an unconscious athlete. Visually check for breathing or distress.
7. Move the crowd away from the scene - return the team to activity. When emergency medical personnel arrive, return (coach/coaches) to practice. No one will interfere with the emergency medical personnel - return to activity.
8. The athletic trainer will assist medical personnel within his capacity. In the case of the head/neck injury, the athletic trainer will be completely in charge (only relinquishing to higher medical authority).
9. Help may be needed to lift the patient.
10. Those certified in CPR/First Aid should identify themselves if they wish to give assistance.



Injury During Competition

1. For home matches, all of the previously mentioned procedures will hold true for practices, non-serious and serious injuries.
2. At away competition, establish during pre-game whether the host school has an athletic trainer on site and if that athletic trainer will be available.
3. Most schools in the Shore Conference now have athletic trainers, therefore, if one of our athletes is injured, have the site athletic trainer look at the injury for evaluation and assessment at the time of injury.
4. If you are not sure, always refer to those who are trained to know.
5. If no athletic trainer is available, remember, practice within your scope and perform as any reasonable and prudent person would do. In the absence of a licensed physician or athletic trainer, the coach will be the party responsible for the health and well-being of our athletes. The only exception is when there is no athletic trainer on the site and emergency treatment or emergency transfer of our athlete is required.
6. By the next school day, refer the athlete to the district's athletic trainer for evaluation, possible referral, and required treatment prior to return to participation.
7. Off-site, licensed or certified athletic trainers are trained medical paraprofessionals and their expertise and opinions are to be respected and honored until the district's athletic trainer or attending physician deems otherwise.

Referral to Physicians and Clinics

1. The physician's note is considered all-binding and is the medical legal document that recognizes the highest level of medical training that clears the athlete for sports participation.
2. The decision to refer an athlete to an outside physician falls within the scope of practice of the athletic trainer and his/her expertise.



3. The coach's area of expertise is to coach. Injuries are a fact of life in sports, and assessment, evaluation, and reconditioning is the function of the athletic trainer, school physician and attending physician.
4. It is always the family's right to seek an additional medical opinion.
5. Any athlete who misses a game or practice due to an injury will be returned to practice upon the attending physician's clearance and/or the athletic trainer's assessment.

Note: All physician's notes must be brought to the athletic trainer before the athlete can participate in games or practices.

Injury Rehabilitation

1. Appropriate treatment may be initiated as soon as signs and symptoms indicate. Treatment may be changed whenever the signs and symptoms indicate that such a change is warranted.
2. Treatment procedures may be implemented by the athletic trainer under a physician's order. Whenever the signs and symptoms indicate a need for change, the athletic trainer will change or modify the form of treatment after consultation with the attending physician.
3. Treatment records will be maintained on each athlete receiving any assessment, physical modality, corrective exercise, first aid, or support, for activity.
4. If an athlete's injury and/or its treatment prevents his/her participation in the regular physical education program, the athletic trainer will contact the school nurse and have the athlete excused from gym for medical reasons. Progress notes and physician's orders will be part of the permanent record. The athletic trainer will maintain such records.

Prevention From Recurrence

1. Appropriate physical evaluation and follow-up.
2. Completion of rehabilitation.
3. Daily protective/preventive taping and/or padding.



REGULATION

POINT PLEASANT SCHOOLS

OPERATIONS

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Standard Operating Procedures (Standing Orders)
For Athletic Injuries

4. Daily rehabilitation.
5. Preventive exercise.
6. Conditioning exercise.

Note: The preceding Standing Orders apply to all athletes and coaches of the entire athletic program, grades six through twelve in the Point Pleasant School District. Coaches are reminded that strict compliance with these Standing Orders is absolutely essential and without exception.

These Standing Orders are subject to change and revision and are to be approved by the Board appointed physician, and the Board of Education on an annual basis.

Adopted: January 26, 2009
May 26, 2009

