Policies and Procedures

Monomoy Regional High School

Certified Athletic Trainer

Policy and Procedures Manual

Monomoy Regional High School is fortunate to employ a full time certified athletic trainer. This document has been created by information from the certified athletic trainer, athletic director, coaching staff, school nurse, guidance department, and administration at Monomoy Regional High School. It will be reviewed one time per year by our certified athletic trainer and team physician

Athletic Training Department Mission & Philosophy:

Monomoy Regional High School Athletic Training Program provides sports medicine services to student-athletes of the Monomoy Regional area. These services will include prevention, management and rehabilitation of athletic injuries. We will take the time to educate athletes about the variety of injuries that they could succumb too. By providing our student athletes with the knowledge of prevention, they have the possibility to choose a healthier lifestyle and limit the probability of other injuries. As a health professional I am dedicated to discovering and adapting to the new types of technology that could benefit our athletes in returning to competition play. I will always be committed to keeping our knowledge and equipment up to date to ensure that our services that are administered will be to the best of our ability and keep athletes safe and healthy.

The purpose of our program is consisted of five key aspects. Starting with making ourselves available to our high school-athletes, we hope that they will utilize our services in a stress-free manner and environment. Secondly having the students observe our services and using the knowledge that we have provided them, our goal is to stress how important health and wellness is while participating in sports. Also by incorporating the use of the most current techniques and modalities our goal is to return our student-athletes to their sport in a timely manner as long as it is medically cleared. Lastly, we hope to initiate the

limitation of sport related injuries for our student athletes within our area in order to allow them to participate and enjoy their sport of choice.

When it comes down to our facility' philosophy it is pretty simple; our student athletes and their health status are our number one priority for all the members of our medical staff. Athletic trainers should be demonstrating the highest standards of healthcare that is consistent with the National Athletic Trainer's Association Code of Professional Practice and the credential standards in the state of practice.

Our staff is dedicated to the ongoing assessment of our program so that our students can be confident in our abilities and that they are receiving the highest quality care. If any problems or concerns were to arise from any of our student-athletes or staff we would be sure to address these issues in a timely manner and take into consideration all parties involved.

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Population: The population of student athletes at Monomoy Regional High School is 200-250 athletes which is cumulative among all seasons.

Sports Offered at Monomoy Regional High School

Fall Season	***Winter Season***	***Spring Season***
Boys Soccer(Varsity/JV/Freshman)	*Boys Basketball(Varsity/JV/Freshman)*	*Baseball(Varsity/JV,Freshman)*
Girls Soccer(Varsity/JV)	*Girls Basketball(Varsity/JV)*	*Softball(Varsity/JV)*
Field Hockey(Varsity/JV)	*Ice Hockey(Varsity)*	*Tennis*
Football(Varsity/JV)	*Cheerleading(Varsity)*	*Sailing*
Cheerleading(Varsity)		*Girls Golf(Varsity/JV)*
Boys Golf(Varsity/JV)		*Track (Varsity)*

		Boys Lacrosse (Varsity, JV)
		Girls Lacrosse (Varsity/JV)

Prevention:

The athletic trainer will monitor all paperwork regarding registration, physicals, and medical history each athletic season

- All student athletes are required to register online with familyid.com prior to the start of each season they will be competing in
- All student athletes are required to have a physical every 13 months, physicals can and will expire during the season. Student athletes will not be allowed to participate in competitions if current physical is not on file with the school nurse
- All student athletes are required to complete baseline neurocognitive concussion testing with ImPACT. Non-contact sport athletes (track and field, tennis, swimming, cross country, and golf) will test once every four years. Contact sport athletes (football, lacrosse, soccer, basketball, volleyball, sailing, baseball, field hockey, ice hockey, wrestling, cheerleading, and softball) will test every two years.
- The athletic trainer will complete preseason sign ups one month prior to the start of the winter and spring seasons. Fall sign-ups will be opened on FamilyId.com in June prior to the school year ending.
- ImPACT testing will be proctored by the athletic trainer four times throughout the year.
    - *o* Fall Sports: Late August/Early September
    - *o* Winter Sports: November
    - *o* Spring Sports: March
    - *o* June testing will be completed at Monomoy Regional High School for any athletes needing it for the upcoming fall season.
    - *o* All baseline testing outside of these dates will be scheduled with the athletic trainer.
- The athletic trainer will participate in the preseason parent/athlete/coaches meeting held at the start of each season. The presentation will include information regarding the following:
    - *o* Athletic registration process
    - *o* Prevention of injuries
    - *o* The evaluation and treatment process
    - *o* Concussion protocols
    - *o* Opioid education and legislature
    - *o* Access to athletic training information

Athletic Health Care Team:

- Head Athletic Trainer: Taylor Murray, ATC, LAT
    - o Injury prevention and education
    - o Review of preparticipation physicals and online registrations
    - o Inform coaches of life threatening or pre-existing conditions

    - Injury/Illness recognition
    - Carryout emergency procedures
    - Evaluations, treatment, and rehabilitation protocols
    - Frequent communication with parents, coaches, guidance, and administration regarding the status of an injured student athlete
    - Proper referral to medical professionals and/or clinicians
- Athletic Director: Karen Guillemette
    - Athletic support and administration
    - Assist with emergency procedures
- School Nurses: Cheryl Dufault BSN, RN
    - Injury & illness recognition
    - Carryout emergency procedures
    - Proper referral to medical professionals or clinicians for injuries, illnesses, and student athletes in crisis
- Guidance Department
    - Assist with classroom concussion protocols
    - Liaison between student athletes, parents, and teachers
    - Proper referral for student athletes in crisis
- Resource Officer: Tommy Clarke
    - Carryout emergency procedures
- Referrals to the following will be made by the school nurse in conjunction with guidance counselor, parents, and student athlete's physician
    - Substance Abuse Referrals: Gosnold Center 800-444-1554
    - Severe Anxiety/Depression/Suicidal Thoughts Actions: Mobile Crisis Team 800-495-0086
    - Eating Disorders: Walden Center on Cape Cod 888-791-0004

Inclement Weather Policies

Thunder/Lightning Policy

This policy is put into place in order to protect our student athletes in the event of an outdoor event that could be affected by environmental factors. In this case specifically our concern in lightning strikes at an athletic competition.

Flash-to-Bang Method: Number of seconds from lightning flash until the sound of thunder divided by 5 to determine the distance from the lightning strike. When the flash-to-bang method is at or less than 30 there is danger, and conditions should be closely monitored. When the count reaches 30, everyone should have left the field for safe shelter. The school gymnasium will be designated as the safe shelter location for athletes and coaches to seek out.

Chain of Command- Referee: This person has the ultimate power to call the game in the event where lightning or thunder may be present. They also have the power to stop a game

and attempt to wait it out if possible and then resume the game when the area is deemed safe to return to play.

Athletic Director: Athletic Director will monitor weather and will notify the appropriate person in the chain of command.

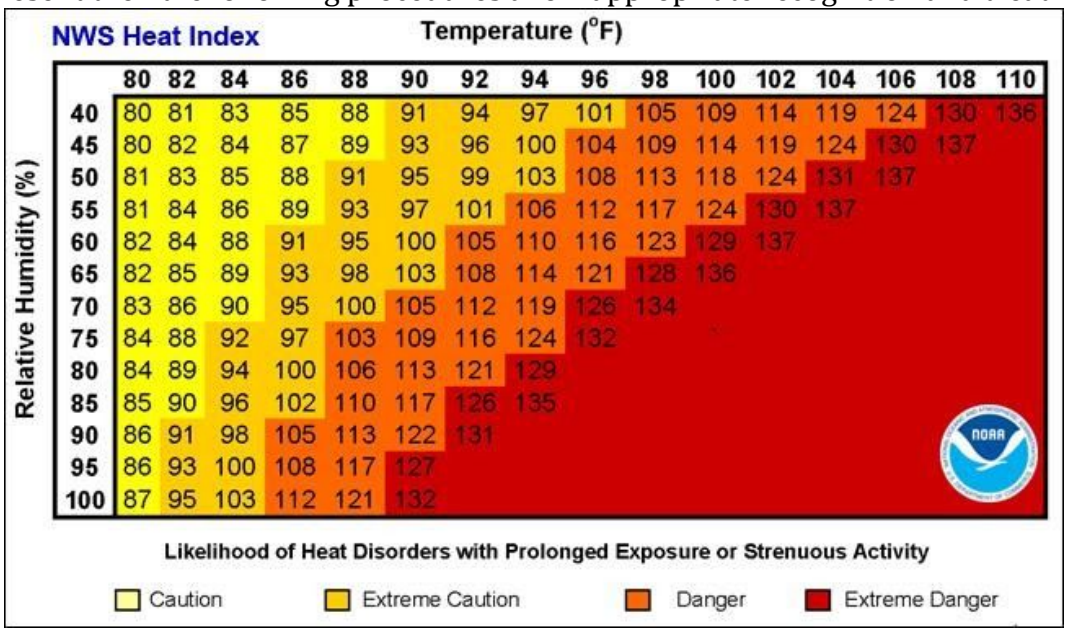
Athletic Trainer: Athletic trainer will monitor weather along with the coach and the Athletic Director. If the referee is hesitant to call or stop game athletic trainer will suggest and if advice is ignored, medical staff will be removed from the venue.

Coach: Coach is responsible for guiding all athletes to safety.

Guidelines

- In situations in which thunder or lightning may be present and you feel your hair stand on end and skin tingle, immediately assume a crouched position-drop to your knees, place your hands and arms on your legs and lower your head. Do not lie flat.
- If thunder/lightning can be heard or seen activity and if the flash-to-bang count reaches 30, stop activity and seek protective shelter immediately. An indoor facility is recommended as the safest protective shelter. If an indoor facility is not available, an automobile is a relatively safe alternative.
- People should be instructed to not stand under or near a tree; stay away from poles, antennas, bleachers, and underground watering systems
    - Dugouts are not safe
    - Avoid standing water and metal objects at all times
- Allow thirty minutes to pass after the last sound of thunder or lightning strike before resuming play.
- If an individual were to get struck by lightning they do not carry an electrical charge. It is safe to treat them and first responders should be prepared to give care with their level of training.

HEAT & HIGH HUMIDITY POLICY: The following procedures are based off the National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses and are the framework to preventing Exertional Heat Illness (EHI) from occurring. If EHI does present then the following procedures allow appropriate recognition and treatment.



Prevention of Heat Illness:

- Pre-participation screenings completed by the student athlete's Primary Care Physician every 13 months, will identify student athletes who are at increased risk for EHI.
- The first 2-3 weeks of preseason practice present the greatest risk of EHI, it is imperative that acclimatization rules for specific sports are followed. Please see MIAA handbook for specific sport rules in regards to heat acclimatization.
- Special consideration should be taken with student athletes suffering from viral infections, fevers, or skin rashes as they are at an increased risk of EHI.
- Student athletes will be educated on proper hydration and nutrition at the beginning of each season and are encouraged to sleep at least 7 hours per night in a cool environment. Student athletes should maintain hydration and replace fluids throughout practices and games.
- Cold-water immersion tub will be available in the athletic training room when environmental conditions warrant. Other modalities such as ice towels and bags will be available.
- Please consult the Heat Index on previous page to indicate days of increased risk.
- The heat index will be monitored by a wet-bulb globe thermometer throughout practices, games, and competitions by the certified athletic trainer or administrator on site.
- The MIAA activity guidelines chart below will also be used to determine modifications and/or cancellations of practices, competitions, and games.

WBGT READING ACTIVITY GUIDELINES & REST BREAK GUIDELINES	
Below 76°F	Normal activities, Provide at least 3 separate rest breaks each hour for a minimum duration of 3 minutes each during workout
76.1-81.0°F	Use discretion for intense or prolonged exercise, and watch at-risk players carefully. Provide at least 3 separate rest breaks each hour for a minimum duration of 4 minutes each.
81.1-84.0°F	Maximum practice time is 2 hours. For football: Players should be restricted to a helmet, shoulder pads, and shorts during practice; all protective equipment should be removed for conditioning activities. For all sports: Provide at least 4 separate rest breaks each hour for a minimum of 4 minutes each.
84.1-86.0°F	Maximum length of practice is 1 hour. No protective equipment should be worn during practice, and there should be no conditioning activities. There should be 20 minutes of rest breaks provided during the hour of activity.
Above 86.1°F	No outdoor workouts. Cancel activity; delay practice until a cooler wet-bulb globe temperature/heat index reading occurs.

Recognition of Heat Illness:

- *Exercise Associated Muscle Cramps:* Signs and symptoms to recognize include; visible muscle cramping, localized pain, dehydration, thirst, sweating or fatigue. Most tend to be short in duration (less than 5 minutes). Severity varies by athlete.
- *Heat Syncope:* Brief episode of fainting that may be associated with dizziness, tunnel vision, pale or sweaty skin, or decreased pulse. Whenever heat syncope is suspected also rule out a cardiac event.
- *Exertional Heat Exhaustion:* May present as patient with excessive fatigue, fainting or collapsing during physical activity, weakness, dizziness, headache, vomiting, nausea, lightheaded, or low blood pressure. Core body temperature is less than 105° F.
- *Exertional Heat Stroke:* The main criteria for diagnosing EHS are central nervous system dysfunction and core body temperature greater than 105° F. If CNS dysfunction is present but core temperature is below 105° F still treat as EHS. Following initial collapse or onset of central nervous system dysfunction initiate cold water immersion immediately. Student athlete may be disoriented, confused, dizzy, off balance, irritable, irrational or display unusual emotional behavior. Patient may also have hot, wet skin.

Immediate Treatment:

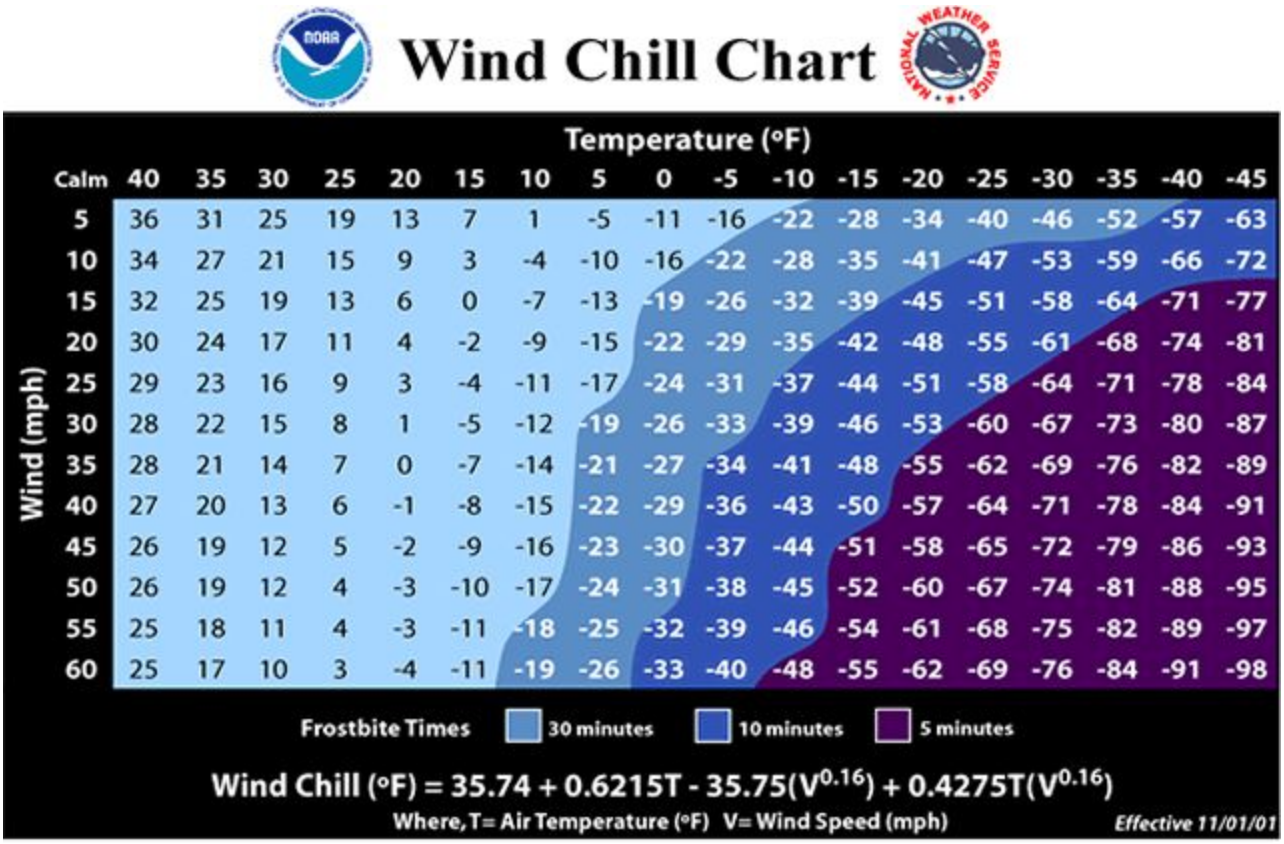
- *Exercise Associated Muscle Cramps:* Rest and passive static stretching until cramps cease. Icing or massage may help to decrease symptoms. Replenish with electrolyte containing fluids such as Gatorade or Powerade.
- *Heat Syncope:* If safe to do so, move patient to shaded area and monitor vital signs. Elevate legs above head, cool skin and rehydrate athlete. Activation of EMS if athlete's vitals are unstable, student athlete loses consciousness, and/or altered mental status.
- *Exertional Heat Exhaustion:* Remove excess equipment and clothing. Move patient to cool shaded area and begin cooling with ice, ice towels, or cold water immersion and monitor vitals. Replenish with electrolyte containing fluids. If condition does not resolve within 15 minutes or if student athlete begins to deteriorate EMS must be activated. If core temperature is above 103° begin treatment for exertional heat stroke.
- *Exertional Heat Stroke:* The main objective with a student athlete with EHS is to lower body temperature below 102° F within 30 minutes of collapse. When EHS is suspected patient's body (trunk and extremities) should be immediately immersed in sideline cold-water tub. Begin cold water immersion before removing any clothing or equipment. Water should be 35° F to 59° F and continuously stirred. Monitor vital signs every 5 to 10 minutes. Remove patient when core temperature reaches 102° F and EMS is available for transport.

Follow these steps to initiate emergency treatment:

- Cool the athlete as quickly as possible within 30 minutes via whole body ice water immersion (place them in a **tub/stock tank** with ice and water approximately 35–58°F); stir water and add ice throughout cooling process.
- If immersion is not possible (no tub or no water supply), take athlete into a cold shower or move to shaded, cool area and use rotating cold, wet towels to cover as much of the body surface as possible.
- Maintain airway, breathing and circulation.
- After cooling has been initiated, activate emergency medical system by calling 911.
- Monitor vital signs such as rectal temperature, heart rate, respiratory rate, blood pressure, monitor CNS status.
    - If rectal temperature is not available, DO **NOT** USE AN ALTERNATE METHOD (oral, tympanic, axillary, forehead sticker, etc.). These devices are not accurate and should never be used to assess an athlete exercising in the heat.
- Stop cooling when rectal temperature reaches 101–102°F (38.3–38.9°C).

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

COLD WEATHER POLICY: The following procedures are based on information and recommendations from the National Athletic Trainers' Association.



Prevention of Cold Related Injuries:

- Pre-participation screenings completed by the student athlete's Primary Care Physician every 13 months to determine if someone is at risk for a cold related injury
- Those student athletes who suffer from cold urticaria should refrain from practicing or participating in outdoor activities when temperatures are below 40°F, and carry their epipen and/or Benadryl with them at all times.
- Special considerations should be taken with student athletes who suffer from circulatory disorders such as Raynaud's disease and should refrain from practicing or participating in outdoor activities when temperatures are below 40°F.
- Student athletes suffering from viral infections, fevers, or skin rashes should be monitored and given special consideration as they are at an increased risk of cold related injuries.
- Student athletes will be educated on proper dress for cold temperatures using the three layer system below. Dry suits will be available for the sailing program.
    - ***o*** Base Layer: evaporates and does not absorb sweat
    - ***o*** Internal Layer: insulates
    - ***o*** External Layer: water and wind resistant
- Opportunities to rewarm or stay warm or rewarm throughout practice and or competition will be available to all student athletes. This includes proper rehydration and nutrition, heat packs, blankets, hand and foot warmers, and a warm tub.
- Temperatures and will chill will be monitored by the certified athletic trainer, athletic director, and coach using the chart on the previous page. Training regimens, practice, games, and/or competitions may be modified, moved indoors, and/or cancelled in extreme temperatures.

Recognition and Treatment of Cold Related Injuries:

- *Frostbite:* an injury caused by freezing of the skin and underlying tissues. Most commonly found in the skin of extremities (fingers & toes), nose, ears, and face.
    - o *Signs and Symptoms of Frostbite:*
        - *i.* Dry, waxy skin appearance
        - *ii.* Edema and/or swelling
        - *iii.* Burning/tingling sensation
        - *iv.* White, gray, black, or purple skin
        - *v.* Blood blistering
        - *vi.* Itching skin
        - *vii.* Loss of sensation
        - *viii.* Increased temperature
    - o *Treatment of Frostbite:*
        - *i.* Remove from cold source
        - *ii.* Gradually rewarm core temperature indoors if possible
        - *iii.* Gradually with warm water tub

- *Hypothermia*: is a medical emergency when your body loses heat faster than it can produce heat, causing a dangerously low body temperature. Hypothermic conditions are present when body temperature falls below 95°F.

    - *Treatment of hypothermia:*
        i. Remove from cold source
        ii. Remove any wet clothing
        iii. Passive rewarming
        iv. Cover with heated blankets
        v. Offer warm fluids if conscious and able to drink
    - Below are severe signs and symptoms of hypothermia and EMS should be activated if any of the following are present
        i. Body temperature below 95°F
        ii. Amnesia
        iii. Decreased respiration rate
        iv. Slurred speech
        v. Impaired mental function

Bloodborne Pathogens:

Every two years along with CPR and AED training all coaches and emergency staff will be educated on the use of standard precautions and specific ways to prevent contact with blood and bodily fluids. At all possible when the risk of exposure is high, or when the need to disinfect inanimate areas or equipment soiled with bodily fluids, the athletic trainer, school nurse, and/or maintenance staff should be notified. If exposure to a staff member, student athlete, coach, or official occurs the athletic trainer and school nurse should be notified. The risk of disease transmission in non-contact and contact sports is low at the high school level as stated by the American Academy of Pediatrics (AAP). Guidelines listed by the AAP and Monomoy Regional High School are listed below:

- Student athletes must cover existing cuts, wounds or other areas of broken skin with a dressing before and during participating in practices and games
- Disposable gloves should be worn to avoid contact with blood or other body fluids. If gloves are not available cover wound with a towel until they do become available.
    - Non-Latex disposable gloves can be found in all team medical kits and the counter in the athletic training room
- Hands should be washed with warm, soapy water or an alcohol based hand sanitizer should be used immediately after removing gloves
    - Sinks can be found in the athletic training room , bathrooms, and concession stand bathrooms outdoors. Alcohol based hand sanitizer can be found in all team medical kits, on the counter in the athletic training room, and wall dispensers in fitness center
- Student athletes with active bleeding should be removed from play and should not return to activity until bleeding has been controlled and the wound is covered with sterile dressing
    - Gauze, sterile dressing, and power flex tape can be found in team medical kits, and in the counter in the athletic training room
- Resuscitation equipment is also found in team medical kits in orange packaging to provide barrier between patient and emergency care provider
- *Red Biohazard Receptacle is located in the athletic training room and bags are disposed of by maintenance staff.*
- Disinfectant can be found by contacting the maintenance staff or it is located in the athletic training room in a labelled unlocked cabinet.

- For more information regarding bloodborne pathogens and infectious disease transmission please see www.aap.org or www.cdc.gov/ncidod/dhqp/gl.isolation.standard.html

Injury Evaluation and Diagnosis:

- Any injured or ill student athletes should immediately advise his or her coach about his or her condition and seek immediate and care from the Athletic Trainer or medical personnel on site.
- The Athletic Trainer or medical personnel will evaluate and treat the student athlete as soon as possible and report the student athlete's condition to the coach and/or parent.
- The Athletic Trainer or medical personnel is responsible for advising and educating the coach on the athlete's condition and guidelines for returning to activity.
    - Return to play decisions are based on the student athlete's reductions of symptoms, restored range of motion and strength as well as functional capacity with the student athlete's safety and well-being in mind.
    - Injuries that are minor and treated "in house" by the athletic trainer will require verbal or written communication from the athletic trainer to the coach for return to play
    - Head injuries, concussions, or moderate to severe injuries, such as fractures and sprains that are referred to a physician must have physician clearance in writing to return to activity
    - Parents must also report all concussions that occur outside of school to, the athletic trainer, school nurse, or guidance counselor. This is done by completing a report of head injury form from the Department of Public Health (DPH) see attached in concussion policies and procedures.
- Student athletes who are seen by a physician for any medical condition, related or unrelated to athletics must have documentation from the physician for return to play. These conditions include but are not limited to:
    - Respiratory illness: pneumonia, bronchitis
    - Mononucleosis
    - Eye conditions: conjunctivitis
    - Skin Conditions: tinea corpis (ringworm), staph infections, MRSA
    - Anaphylaxis
- Coaches may require the injured student athlete to attend practices and games if it does not worsen their injury or illness
-

Medical Documentation

When a student athlete is injured and injury report will be filed electronically using Sportsware web based injury tracking software and an accident report will be filled out as part of Monomoy Regional High School Handbook.. All subsequent treatments will be noted in a daily treatment log and then filed electronically. When the athlete has returned to full activity, the injury is closed, and they are no longer seeking treatment from the

athletic trainer the injury report will be filed in their own personal folder in the athletic training office.

Student athletes' medical records will be stored electronically indefinitely. Hard copy files will be shredded seven years post-graduation.

No information regarding the student athlete will be given to parties not directly related to the student athlete. Information will never be given to teammates, and parents of other athletes. Parties involved in the care of the student athlete may include:

- Parents
- Coaches
- Team/Treating physicians/NPs/PAs
- Treating physical therapists
- Treating chiropractors
- School Nurse
- Guidance counselors
- Teachers
- School Administration

Treatment and Rehabilitation:

Athletic training coverage begins at 3:00 pm daily and will be posted on the athletic training room door

- Treatment and evaluation time: 3:00-4:00
    - *o* Student athletes with prior injuries may come for treatment during this time.
    - *o* Student athletes will only be allowed to come if they are in physical education or elective blocks and they must have a pass and permission from their teacher ahead of time
    - *o* Student athletes are responsible for the work they missed while receiving treatment from the athletic trainer.
- Pregame and practice treatment 3:00pm-4:00pm
    - *o* Away games/competitions
    - *o* Off site practices
    - *o* On site practices
    - *o* On site games or competitions
    - *o* New injury evaluations
- Practice coverage: 4:00-7:00pm
- Game coverage: 4:00-end of event

Practice and Game Coverage:

On school days, the athletic trainer's hours are from 3:00 pm until the conclusion of the last game/match/meet on campus. During weekends and holidays the athletic trainer is only required to be on site during games/matches/meets on campus. There will not be athletic training coverage on Sundays unless there is a rescheduled home game or during post season play. If coaches seek athletic training coverage on Sundays for scrimmages or practices they are responsible for coverage.

The athletic trainer is responsible for all events taking place on campus. Off-site event coverage will take place when there are no events taking place on the Monomoy Regional High School Campus.

Games that will require an athletic trainer to be present for competition as mandated by the state: all football contests (varsity, JV, and freshmen), varsity boys' and girls' ice hockey. Games that require athletic trainer present for coverage as determined by Monomoy Regional High School: boys' and girls' soccer, boys' and girls' basketball, and boys' and girls' lacrosse.

High School Athletic Training Student Aids:
High school students may partake in the athletic training education program at Monomoy through the internship program. Those students participating in the program must complete observation hours in the athletic training room. They must be under the direct supervision of the athletic trainer at Monomoy. All athletic training student aids must undergo CPR/AED/First Aid and Epinephrine Auto Injector Training. Athletic training student aids' daily duties include:

- Pregame and practice preparation of water, ice, and medical kits
- Field set up of water, ice, medical kits
- Postgame breakdown of water, ice, and medical kits
- Athletic training room maintenance: wiping down treatment benches, cleaning of whirlpools, sweeping and vacuuming
- Assist with treatment and rehabilitation protocols of athletes as directed by the athletic trainer and under the direct supervision of the athletic trainer
- Assist with taping/bracing techniques once the skill is mastered in the classroom setting and under the direct supervision of the athletic trainer
- Stocking of supplies in medical cabinet, athletic training kit on golf cart, and team medical kits
- Getting the golf cart out of shed and putting it away

Team Physician:

The school certified athletic trainer will work directly under the team physician to carry out the protocols set forth by Monomoy Regional High School. When a student athlete is suffering from a moderate to severe athletic injury the team physician will be notified through Partner's Health Care Secure email or by phone. The team physician will assist in setting up appropriate treatment and referrals for said student athlete. The team physician will be notified when any student athlete suffers from a potential head injury and monitor the case from beginning to end. The team physician will review ImPACT Baseline and Post Injury testing and instruct the athletic trainer on safe return to play protocols that are sport, age, gender specific. The team physician will also see student athletes' suffering from moderate to severe orthopedic injuries as well as head injuries through a referral from the school certified athletic trainer and or athletes' primary care physicians. Please see attached team physician agreement:

Monomoy Regional High School
2019-2020
Athletic Training
Standing Orders

School Physician:_____ Date:_____
Teresa Corcoran, MD

Athletic Director:_____Date:_____
Karen Guillemette, AD

Athletic Trainer:_____Date:_____
Taylor Murray, ATC, LAT

Athletic Training is practiced by athletic trainers, mid-level health care professionals, who collaborate with physicians to optimize activity and participation of patients and clients. The services provided by ATs compromise prevention, emergency care, clinical diagnosis,

therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA) as a health care profession.

Population Covered:
Interscholastic athletes, students, faculty/staff of Monomoy Regional High School and visiting athletes from other schools.

General Treatment Orders for athletic injuries seen by the MRHS Athletic Trainer:

1.) Utilize bandaging, wrapping, taping, padding, and splinting procedures for the prevention and management of injuries when signs and symptoms warrant such usage.

2.) Evaluate and initiate first level of care on all injuries reported to the AT.
   - First aid of minor injuries
   - Emergency, acute care and stabilization of athletic injuries and illnesses.
   - Treatment and Rehabilitation of first and second-degree athletic injuries

3.) In the absence of a licensed physician , emergency care of an injured athlete will be under the supervision of a licensed athletic trainer who is certified in CPR/AED/First Aid (AHA BLS Healthcare provider or equivalent). The AT will serve as a triage officer to determine which injuries require medical evaluation.

4.) The athletic trainer may at his/her discretion return an athlete to competition following an injury only after an evaluation/assessment of injury and is determined to do so in relative safety.

- Athlete referred to or who are otherwise under the care of a licensed physician must have written documentation from the physician to return to practice or competition.

5.) The athletic trainer shall immediately refer an athlete to an appropriate health care professional licensed in the State if the athletic trainer has reasonable cause to believe that symptoms or conditions are present that require services outside the scope of an athletic trainer's practice.

Guidelines for physician referral of specific injuries:

Head: (see exhibit B - MRHS concussion management and referral guidelines and exhibit C-MA Department of Public Health mandates HEAD INJURIES AND CONCUSSIONS IN EXTRACURRICULAR ATHLETIC ACTIVITIES)

- All cases of loss of consciousness or memory loss
- All cases of abnormal and cognitive exams (ImPACT, SCAT 5)

Monomoy Regional High School Concussion Protocol

1.) When there is suspected concussion, or a student exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, they shall be removed from the practice or competition immediately and may not return to the practice or competition that day.

2.) The student shall not return to practice or competition unless and until the student provides medical clearance and authorization as specified in 105 CMR 201.011.

3.) When there is a suspected concussion the athletic trainer (if on site) or the coach will contact the parents and notify them about the injury and the symptoms the child is experiencing.

4.) After contacting the parents, an accident report must be filled out by the athletic trainer (if present) or by the coach by the end of the practice or game explaining what happened. Along with the accident report the Department of Health's Report of Head Injury form must also be filled out.

5.) The accident report and Report of Head Injury form must be given to the school nurse and a copy will be made of each for the athletic trainer's documentation. The school nurse will then notify the student's guidance counselor and notify the student's teacher about the injury and the accommodations the student may need during class time

6.) Between 24-72 hours after the injury a post-injury ImPACT test will be administered to the student and then those scores will be compared to their baseline scores. If the student continues to show Signs and symptoms that are linked to a concussion for the next 24-48 hours, the student will need to be further evaluated for a concussion by their Primary Care Physician or another physician.

7.) If the student is indeed diagnosed with a concussion the PCP will recommend a certain amount of rest time. During this time students should limit screen time, rest, and no physical activity.

8.) Once we reach the end of the resting period they may return to their PCP in order to be cleared to begin Gradual RTP. If cleared to begin gradual RTP, that means that all academic accommodations will be lifted as well.

9.) In order to begin gradual RTP, the student must bring the signed Post Sports-Related Head Injury Medical Clearance and Authorization Form signed by the treating physician

10.) Overall the school has the final say whether or not the student is allowed to return to athletics based on their condition and whether or not they are still experiencing symptoms.

Neck:

- All suspected point tenderness over cervical vertebrae
- Brachial plexuses injuries with motor weakness or abnormal sensations that do not fully resolve within 24 hours.
- All cases of bilateral motor weakness or abnormal sensations no matter how brief.
- Any other suspected serious neck injuries
- All other injuries and conditions: Evaluate, treat, and refer as needed.

Abdomen: Chest: Pelvic/Back: Genitourinary

- All suspected fractures and dislocations
- All suspected internal organs injuries/illnesses
- All suspected epiphysis injuries around the pelvis
- All other injuries and conditions: Evaluate, treat and refer as needed

Upper Extremity and Lower Extremity to be referred:

- All suspected fractures and dislocations
- All suspected severe sprains and strains
- All suspected epiphysis injuries at the elbow
- Any musculoskeletal injuries that cause an increase in girth size, palpable deformity, or show no improvement within 48 hours.
- Any musculoskeletal injuries without significant improvement within 7-10 days.
- All other injuries and conditions: Evaluate, treat and refer as necessary

Return to Play/Activity Guidelines

- No athlete still symptomatic from a head, neck or brachial plexus injury will be allowed to return to play or practice.
- Any athlete under the care of a licensed physician must provide the certified athletic trainer with a written clearance documentation in order to participate in practice and/or competition.
- Prior to return an athlete must meet all return to play criteria including completion of sport appropriate functional testing administered by the athletic trainer.
- If an athlete with written clearance from a treating physician is not able to meet the return to play criteria or is not able to adequately complete sport appropriate functional testing when tested by a certified athletic trainer, then the athlete will be held from practice and competition until further clarification can be obtained from the treating physician.
- For all non-referred injuries and conditions, the athletic trainer may use his/her discretion when returning and athlete to practice or competition. Prior to return a physical assessment and sport appropriate functional testing must be completed.

Allergic Reactions

- In the event of an allergic reaction with an athlete that has a known allergy documented, EMS will be activated and Epi-pen will be administered.
- If an allergic reaction occurs in an athlete without a known allergy on file, the athlete's parents will be notified and asked for permission if benadryl can be administered and if they can come pick up the student immediately.

Other Medical Conditions:

The AT will follow the recommendations of following position statements of the NATA;

Asthma, Diabetes, Heat Illness and Fluid Replacement, Pediatric Overuse Injuries and Skin diseases.

6.) EMS Activation

- Any acute medical emergency shall be handled with the utmost care. EMS (911) shall be activated when indicated and without hesitation as soon as the situation dictates.
- The athletic trainer may administer Oxygen in an emergency, for shortness of breath, chest pain or mental status changes.
- The athletic trainer may administer Epi-pen for anaphylaxis to students with known allergies under delegation of the school nurse.

- The athletic trainer may administer glucagon injections for severe hypoglycemia to students with known Type 1 Diabetes Mellitus. Orders for medication administration from the prescribing physician should be on file. The Athletic Trainer will follow the treatment and management recommendations of the National Athletic Trainers' Association's position statement " Management of the athlete with Type 1 Diabetes Mellitus"

7.) The athletic trainer may use the following modalities or therapeutic techniques in the scope of his/her knowledge and education consistent with generally accepted industry protocols considering indications and contraindications in modality use and application

- Cold (ice)
- Heat (hydrocollator packs)
- Water, including, but not limited to whirlpool, aqua therapy
- Massage as appropriate
- Manual Mobilization and Distraction
- Temporary splinting, casting and strapping as indicated
- Manufacture and fitting of braces, splints or other appropriate orthosis as ordered/indicated
- Rehabilitation and reconditioning of athletes regarding functional activities for strength, flexibility and cardiovascular components as well as appropriate sports activity skills.
- Electric Stimulation of any variety or waveform
- Ultrasound
- Prevention of possible injuries via programs to improve strength, flexibility and cardiovascular components as well as appropriate sports specific skills when appropriate.
- Use of pulse oximeter, as appropriate, for adjunct evaluation of illnesses
- Blood glucose testing, as appropriate, for adjunct evaluation of illnesses

8.) Record Keeping

Injury reports and treatment records will be maintained for each athlete receiving any assessment, physical modality, or rehabilitation exercises. Progress notes and physician's orders will also be part of the records.

9.) Student athletic trainer are not allowed to assess any injury nor are they allowed to tape, wrap, or brace any athlete without the express instruction or supervision of a certified athletic trainer.

Emergency Action Plan:

Review of the emergency action plan will take place prior to the start of each school year. Coaches are educated on the updates and the emergency action plan at the start of each season at the mandatory coaches meeting as well as during their CPR/AED recertification course which they are to maintain every two years.

Emergency Personnel:

- Certified Athletic Trainers
- Emergency Medical Technicians
- Athletic Training Student Aides
- Collegiate Student Athletic Trainers
- Coaches
- Athletic Director

***All emergency personnel should be certified in CPR/AED and First Aid.**

Emergency Communication:

- Athletic Trainer: Taylor Murray, ATC, LAT,

Work Cell: 774-208-2563
Personal Cell: 774-208-2563
Office: 508-619-5181

- Athletic Director: Karen Guillemette

Cell: 978-407-5505
Office: 508-815-5838

- EMS: 911
- Harwich Police Department: 508-430-7541
- Harwich Fire Department: 508-430-7546

*These numbers should be programmed into your cell phones in case of an emergency
*There is an on duty police officer at all varsity football games
*There is an EMT on duty at all varsity boys' and girl's ice hockey games
*There is a phone located in Athletic Trainer's office

Game and Practice Safety:

- Coaches must keep medical history and consent forms regarding student athletes with them at all times (this includes practices, games, and competitions)
- Medical kit, ice chest, and cell phones are required at practices, games, and competitions, even if the certified athletic trainer is present.
- Medical kits, ice chests, water jugs, and bottles/cups will be kept in athletic training room and picked up by student athletes every day after school and returned following practices, games, and competitions to the athletic training room.

- During an away game, follow the recommendations of the host certified athletic trainer or medical personnel; if neither is present, do not let a student athlete participate if not functional, and provide care with out further injuring the student athlete
- If mouth-guards are required for your sport, they should be worn during games and practices
- Equipment for sports should be checked periodically, and replaced if broken. Equipment should not be used if broken, cracked or outfitted with aftermarket pads or covers. See below for teams who must check equipment weekly throughout the season:
    - Football helmets, shoulder pads, and girdles
    - Ice Hockey helmets, shoulder pads, shin guards, skates, and gloves
    - Lacrosse helmets, shoulder pads, gloves, goalie chest protectors
    - Field Hockey goalkeeper pads and helmets
    - Softball and baseball batting helmets, Softball infield facemasks
    - Softball and baseball catcher's mask, helmet, chest protector and knee/shin pads
    - ○

Emergency Action Plan for On Site Athletics:

1. **Awareness of emergency by ATC, Coach, and/or Athlete**

2. **Access to emergency equipment:**
    - Indoor Access to AED's (automated external defibrillators): gymnasium lobby, between the cafeteria and auditorium.
    - Outdoor Access to AED's (August 15th-November 1st & March 15th-June 15th): Attached to concession stand by turf or on athletic trainer's cart. All coaches should be signing out an AED for all practices and to be brought out to their practice field and returned after practice.
    - Outdoor AED's will be checked daily by the certified athletic trainer during the fall and the spring seasons
    - An AED is also located in the Athletic Training Office. The certified athletic trainer will carry this on golf cart in the spring and the fall and to away/off site events.
    - Epipens are located in the medical kit of the athletic trainer
    - All students requiring Epipens must carry theirs with them in a bag outside or in the gymnasium or facility they are practicing in, they cannot be left in the locker rooms.
    - Inhalers for student athletes must be with them at all times, student athletes CANNOT share inhalers
    - In the event of an emergency please send an assistant coach, non-injured or ill student athlete, or athletic director to retrieve the AED and any necessary medical equipment

3. **Define the severity of injury/emergency by:**
    - Checking Level of Consciousness
        - If athlete is unconscious always suspect, head, neck or spine trauma
    - Checking Airway, Breathing, Circulation (ABC's)
    - Call Athletic Trainer immediately if one of the following:
        - Absent ABC's
        - Difficulty breathing
        - Severe asthma attack
        - Uncontrollable bleeding
        - Severe allergic reaction (Epipen located in the athletic training room)
        - Unconscious or altered Level of Consciousness (LOC)
        - Neck pain, burning, tingling, numbness, weakness, or no feeling in extremities (do not move athlete if these symptoms coincide with each other)
        - Severe fracture
        - Signs of shock: altered mental status, pale, cool, moist skin, nausea, rapid weak pulse

4. **When Athletic Trainer is not present, Activate EMS if one of the above is present by Dialing 911:**
   - Remain Calm
   - Tell your name, your location, and phone number you can be reached at
   - Tell them the injury, student athlete's condition, and the first aid that is being given
   - Stay on line with 911 till they tell you to hang up and that EMS is on its way

5. **Direction of EMS:**
   - A coach, student athletic training aid, athlete, or the athletic director should meet EMT's at gate to athletic fields to guide them where to go. The injured athlete should never be left alone.
   - Athletic trainer must stay with injured athlete at all times if present
   - Access to Tennis Courts, JV Softball Field, Football/Lacrosse Practice Field
   - Access to Stadium, Track use gate next to concession stand.
   - The gate directly to the right of the ticket booth can also be used for immediate access to the Stadium Field
   - The EMT's transporting the athlete should be given the athlete's medical information handout and debriefed on the injury

6. **Following Transportation of Athlete:**
   - Parents should be notified either by phone or in person
   - Athletic Trainer notified if not present by phone, text, or email
   - A school accident report should be filed with the Athletic Trainer or School Nurse

Following an Emergency or Injury:

- Follow-up with the Athletic Trainer is necessary for all injuries that occur
- Athletes are not permitted to return to activity if seen by a Doctor without a note or medical release, a note from the parent or guardian is not acceptable
- Athletes suffering from any concussion signs and symptoms must be removed from practices/competitions that day even if the athletic trainer is not present
- Those athletes returning to play following a head injury must complete a gradual return to play as stated in the concussion policies and procedures and be cleared by either the team physician, primary care physician, nurse practitioner, physician assistant, or athletic trainer working under the direction of the team physician (per Massachusetts State Law)
- An EMT or School Nurse cannot rule out a concussion or clear an athlete to return to play following a concussion

Concussion Policies and Procedures:

Head injuries and concussion protocols were outlined below with review by the certified athletic trainer, athletic director, team physician, school nurse, administration, and guidance counselors.

Concussion Definition

- A direct or indirect blow to the head following a collision, fall, or accident which results in disruption of normal brain activity.
- The disruption of brain activity occurs
- Disruption cannot be picked up on CT scan or MRI
- Usually subsides over time if treated properly

- You do not need to black out or lose consciousness to sustain a concussion
- Adolescents and children take longer to heal than adults, at least 10-14 days following initial injury[1]

- Returning to vigorous academic activity can cause symptoms to worsen and neurological dysfunction to last longer
- Research shows that student athletes may have cognitive impairment even after physical and emotional signs and symptoms subside
- Returning to athletic and academic activity too soon following a concussion may cause Post Concussion Syndrome to occur*
- Returning to contact athletic activity and suffering another blow to the head can result in Second Impact Syndrome**, severe irreversible brain damage, or death

Signs and Symptoms of a Concussion:

Concussions are not visible to the outside eye like contusions, sprains, or fractures, medical professionals rely on student athletes, parents, coaches, and teachers to report changes in signs, symptoms, and overall demeanor following potential head trauma.

- Headaches
- Dizziness
- Nausea
- Sensitivity to light and noise
- Ringing in ears or hearing deficits
- Blurred vision or seeing spots
- Difficulty concentrating & remembering
- Spacing out or difficulty focusing on remedial tasks
- Irritability and mood swings
- Disruption of sleeping patterns
- Abnormal eating habits or poor appetite

***Post Concussion Syndrome:** Residual concussion symptoms that persist for more than three months following initial head trauma.
****Second Impact Syndrome:** a second concussion occurs prior to the brain healing from the first concussion or head trauma, this can lead to brain swelling and increased pressure on brain, from disruption of blood supply and damage to blood vessels.

Monomoy Regional High School Concussion Protocol

- When there is suspected concussion, or a student exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, they shall be removed from the practice or competition immediately and may not return to the practice or competition that day.

- The student shall not return to practice or competition unless and until the student provides medical clearance and authorization as specified in 105 CMR 201.011.

- When there is a suspected concussion the athletic trainer (if on site) or the coach will contact the parents and notify them about the injury and the symptoms the child is experiencing.

- After contacting the parents, an accident report must be filled out by the athletic trainer (if present) or by the coach by the end of the practice or game explaining what happened. Along with the accident report the Department of Health's Report of Head Injury form must also be filled out.

- The accident report and Report of Head Injury form must be given to the school nurse and a copy will be made of each for the athletic trainer's documentation. The school nurse will then notify the student's guidance counselor and notify the student's teacher about the injury and the accommodations the student may need during class time

- Between 24-72 hours after the injury a post-injury ImPACT test will be administered to the student and then those scores will be compared to their baseline scores. If the student continues to show Signs and symptoms that are linked to a concussion for the next 24-48 hours, the student will need to be further evaluated for a concussion by their Primary Care Physician or another physician.

- If the student is indeed diagnosed with a concussion the PCP will recommend a certain amount of rest time. During this time students should limit screen time, rest, and no physical activity.

- Once we reach the end of the resting period they may return to their PCP in order to be cleared to begin Gradual RTP. If cleared to begin gradual RTP, that means that all academic accommodations will be lifted as well.

- In order to begin gradual RTP, the student must bring the signed Post Sports-Related Head Injury Medical Clearance and Authorization Form signed by the treating physician

- Overall the school has the final say whether or not the student is allowed to return to athletics based on their condition and whether or not they are still experiencing symptoms.

Not all concussions are the same and will be treated on a case by case basis. The gradual reentry into athletics will be personal in nature and specific to the injured student athlete and their sport. The gradual re-entry will be supervised by certified athletic trainer under the direction of team or treating physician. All student athletes must complete the following:

- **Two days of non-contact activity with the athletic trainer at Monomoy**
- **One day of non-contact team training, sports specific activity, and conditioning**

- **One day of full contact practice activity prior to returning to game/competitions/scrimmages**
- **Those student athletes who have signs and symptoms of concussion that persist for more than the 3-5 days, will have a longer return to activity progression.**

***Final return to full activity/athletics following a head injury or concussion is a multidisciplinary approach involving the team or treating physician*, certified athletic trainer, and school nurse. Students who have suffered from a concussion or suspected head injury must have team or treating physician fill out a "Medical Clearance Authorization Form" or equivalent and submit to school certified athletic trainer or nurse prior to return to activity (see form in index section).**

***If a student suffers a head injury or concussion throughout the year, but not while participating in an extracurricular athletic activity, the parent and/or athlete should contact the school nurse and/or athletic trainer and file a "Report of Head Injury Form" (see form at the end of this document**

***Those athletes that suffer a head injury outside of extracurricular athletic activity must be seen by their physician first prior to treatment by the athletic trainer at Monomoy.**

Responsibilities of Athletic Trainer:

1. Completion of concussion education program

2. Assist students, parents, coaches, and school personnel with concussion education program through the CDC or the NFHS

3. Review of student athletes' pre-participation medical history and clearance forms

4. Recognition of a students' head injury or concussion based on signs and symptoms

5. Complete athletic training evaluation involving, physical signs & symptoms, neurological screening, and cognitive tests and make following decisions:
    a. Activation of Emergency Medical Services
    b. Referral to Team Physician/Primary Care Physician
    c. Treatment by Certified Athletic Trainer or School Nurse under the direction of team physician

6. Parental notification and education on students injury and status

7. Removal from all activity that day

8. Update google database with student's current status and diagnosis, notify guidance and school nurses of updates.

9. Complete athletic training or school nurse evaluation upon student returning to school

10. Make academic modifications based on athletic training evaluation and ImPACT Neurocognitive Testing under the direction of team physician

11. Assist Guidance Counselors, School Nurses, and Teachers to develop a graduated plan for return to academics based on the student's specific needs.

12. Referral to Team Physician if moderate concussion signs and symptoms persist for longer than 2-3 weeks

13. Remain in contact with team/treating physician*, School Nurse, Parents, Coaches, and Guidance Counselor, throughout the concussion recovery period

14. Monitor gradual return to activity protocol under the direction of team/treating physician

Responsibilities of School Nurse:

1. Completion of concussion education program

2. Review of pre-participation physical examinations submitted by student

3. Complete school nurse evaluation for students suffering from a head injury that do not participate in extracurricular athletics.

4. Update google database with student's current status and diagnosis, notify guidance and athletic trainer of updates.

5. Work with guidance counselors, athletic trainer to complete a return to learn and concussion recovery plan

6. Monitor student throughout the school day

7. Follow up/education of parent regarding students condition during the school day

8. Maintain communication with Certified Athletic Trainer regarding care of students during the day

Responsibilities of Student:

1. Completion of concussion education program by attending Monomoy Preseason Athletic Meetings or by reviewing and completing material online at the CDC* and NFHS* websites listed,

*if online testing is completed through http://www.cdc.gov/concussion/HeadsUp/online_training.html or www.NFHSLearn.com parents must keep a certificate of completion for their records

2. Limit the use of electronic devices such as televisions, computers, cell phones, iPADs, and video games

3. Follow up with school nurse or athletic trainer upon returning to school

4. Meet with guidance counselor following evaluation by school nurse or athletic trainer

5. Follow return to learn/recovery plan developed by treating physician, guidance counselor, school nurse and athletic trainer

6. Complete follow up evaluations/ImPACT testing with school nurse and athletic trainer as directed

7. Communicate with teachers throughout the recovery process

8. Complete gradual return to activity protocol with athletic trainer as directed by treating physician

Responsibilities of Athletic Director:

1. Completion of concussion education program

2. Ensure completion of concussion education by Certified Athletic Trainer, Coaches, Strength and Conditioning Coaches, Volunteers, Parents, and Student Athletes

3. Ensure that all student athletes submit a pre-participation physical exam yearly and medical history and clearance forms prior to participation in extracurricular athletic activity

4. Ensure school accident reports are filed with the certified athletic trainer following head injury or concussion.

Responsibilities of Coach:

1. Completion of concussion education program

2. Recognition of head injury or concussion based on signs and symptoms

3. Removal from all activity that day (and no return to activity until cleared by athletic trainer or treating physician)

4. Certified Athletic Trainer notification
    a. If a certified athletic trainer is not present or on site refer to primary care physician/emergency room depending on severity of signs and symptoms
    b. Contact Certified Athletic Trainer or School Nurse to inform of injury and action taken

5. Parental communication by phone or in person

6. Student athlete informed to report to Certified Athletic Trainer or School Nurse upon returning to school

7. Coaches must fill out school accident report on all head injuries or concussions

Responsibilities of Guidance Counselor:

1. Maintain communication with Certified Athletic Trainer and School Nurse following disclosure of student athlete's head injury or concussion

2. Meet with student athlete suffering from concussion upon returning to school to assist with classroom modifications, transition to academics, and advocacy for injured student athlete

3. Development of a temporary 504 plan depending on team/treating physician evaluation

4. Monitor student athlete's academic modifications and progress following head injury or concussion

5. Referrals for educational support or tutoring as necessary

6. Maintain communication with parents and teachers regarding student athlete's progress

Responsibilities of Teacher:

1. Make accommodations in school work and home work based on the information given by the student athlete's guidance counselor.

2. Maintain communication with Guidance Counselor, and Parents regarding student athlete's progress in the classroom

3. Contact school nurse and/or athletic trainer with concerns regarding student athlete

4. Modify assignments instead of postponing for the work students have missed while recovering from a concussion

5. If a student has been cleared to return to full academic work allow for increased time to complete missed assignments

6. If close to end of term, give the student a medical incomplete if there is insufficient work to give a grade

Responsibilities of Parent:

1. Completion of concussion education program by attending Nauset Preseason Athletic Meetings or by reviewing and completing material online at the CDC* and NFHS* websites listed,

*if online testing is completed through http://www.cdc.gov/concussion/HeadsUp/online_training.html or www.NFHSLearn.com parents must keep a certificate of completion for their records

2. Report head injuries to athletic trainer and/or school nurse that occur outside of extracurricular athletic activity through the "Report of Head Injury Form"

3. Support your child and help them to understand their role in reporting signs and symptoms of a head injury or concussion

4. Maintain good communication with Athletic Trainer, School Nurse, Guidance Counselors through email and phone communication after a concussion occurs

5. Reinforce recovery plan with child and support self advocacy to teachers, coaches, and teammates

6. Monitor your child at home; limit electronic use such as television, computer use, video games, and text messaging.

7. Advise and monitor as they progress in return to school and activity. Monitor good eating and sleeping habits which can effect recovery time

Websites and Links:

1. Center for Disease Control and Prevention: http://www.cdc.gov/concussion/index.html
2. Massachusetts Department of Public Health: http://www.mass.gov/dph/injury
3. Sports Legacy Institute and Boston University Medical Center: http://www.sportslegacy.org
4. ImPACT Neurocognitive Testing: http://www.impacttest.com
5. The National Athletic Trainers Association: http://www.nata.org
6. Massachusetts Interscholastic Athletic Association: http://www.miaa.net
7. National Federation of State High School Athletic Associations Concussion Course for Parents & Student Athletes: http://www.nfhslearn.com

Appendices

NATA Position Statements

Management of Sports Concussions
http://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf

Pre-participation Exams and Disqualifying Factors
http://www.nata.org/sites/default/files/Conley.pdf

Conservative Management and Prevention of Ankle Sprains in Athletes
http://www.nata.org/sites/default/files/ankle-sprains.pdf

Lightening Safety for Athletics and Recreation
http://www.nata.org/sites/default/files/2013_lightning-position-statement.pdf

Evaluation of Dietary Supplements and Sports Nutrition
http://natajournals.org/doi/pdf/10.4085/1062-6050-48.1.16

Anabolic-Androgenic Steroids
http://www.nata.org/sites/default/files/position-statement-steroids.pdf

Preventing Sudden Death in Sports
http://www.nata.org/sites/default/files/Preventing-Sudden-Death-Position-Statement_2.pdf

Safe Weight Loss and Maintenance Practices in Sports and Exercise
http://www.nata.org/sites/default/files/JAT-46-3-16-turocy-322-336.pdf

Prevention of Pediatric Overuse Injuries
http://www.nata.org/sites/default/files/Pediatric-Overuse-Injuries.pdf

Preventing, Detecting, Managing Disordered Eating in Athletes
http://www.nata.org/sites/default/files/PreventingDetectingAndManagingDisorderedEating.pdf

Management of Athletes with Type 1 Diabetes Mellitus
http://www.nata.org/sites/default/files/MgmtOfAthleteWithType1DiabetesMellitus.pdf

Management of Sport-Related Concussion
http://www.nata.org/sites/default/files/MgmtOfSportRelatedConcussion.pdf

Management of Asthma in Athletes
http://www.nata.org/sites/default/files/MgmtOfAsthmaInAthletes.pdf

Head Down Contact and Spearing in Tackle Football

http://www.nata.org/sites/default/files/HeadDownContactAndSpearingInTackleFB.pdf

Fluid Replacement in Athletes
http://www.nata.org/sites/default/files/FluidReplacementsForAthletes.pdf

Exertional Heal Illnesses
http://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07

Emergency Planning in Athletics
http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf

Environmental Cold Injuries
http://www.nata.org/sites/default/files/EnvironmentalColdInjuries.pdf
Acute Management of Cervical Spine Injured Athlete
http://www.nata.org/sites/default/files/AcuteMgmtOfCervicalSpineInjuredAthlete.pdf

Skin Diseases
http://www.nata.org/sites/default/files/position-statement-skin-disease.pdf

Sources:

NATA.org