

Windham School District

SPORTS INJURY EMERGENCY ACTION PLAN

For Parents and Coaches



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WSD Emergency Action Plan Purpose

In 2021, the New Hampshire state legislature passed SB 148-FN, as a to supplement RSA 200:40, requiring emergency action plans for NH high schools in the case of sports injuries or emergencies. In compliance with the new legislation, the Windham School Board adopted Policy JLCJA: Emergency Plan for Sports Related Injuries and Additional Protocols for Athletic Participation. In November 2021, a committee composed of representatives from the Windham School District (WSD), Windham Fire Department (WFD), Windham Police Department (WPD), and contracted health professionals, began work on framing this plan. The plan opens by introducing the WSD Athletic program and its mission, as well as providing relevant contact information. The plan goes on to describe for coaches and users how to respond during sport emergencies and lists steps that should be taken in the event of an emergency.

Welcome To Windham School District Athletics

The WSD Athletic Department welcomes you to become a part of our athletic program. Listed below are all NHIAA recognized sports programs offered at WHS and Tri-County Athletics sports programs offered at WMS. Please note that start dates may vary for different sports and seasons.

WINDHAM HIGH SCHOOL

FALL	WINTER / SPRING	
Bass Fishing	Basketball (Girls)	Baseball
Cross Country (Girls)	Basketball (Boys)	Lacrosse (Girls)
Cross Country (Boys)	Gymnastics	Lacrosse (Boys)
Field Hockey	Ice Hockey (Co-Ed)	Outdoor Track (Girls)
Football	Indoor Track (Girls)	Outdoor Track (Boys)
Golf	Indoor Track (Boys)	Softball
Soccer (Girls)	Ski Team (Girls)	Tennis (Girls)
Soccer (Boys)	Swimming (Girls)	Volleyball (Boys)
Fall Spirit (Co-Ed)	Swimming (Boys)	Wrestling
Volleyball (Girls)	Winter Spirit	

WINDHAM MIDDLE SCHOOL

FALL	WINTER / SPRING	
Cross Country (Girls)	Basketball (Girls)	Baseball
Cross Country (Boys)	Basketball (Boys)	Softball
Field Hockey	Winter Spirit (Co-Ed)	Outdoor Track (Girls)
Soccer (Girls)	Wrestling (Co-Ed)	Outdoor Track (Boys))
Soccer (Boys)		Golf (Co-Ed)
Volleyball (Girls)		

The Multi-Disciplinary Athlete: Playing Multiple Sports

WSD encourages student-athletes to pursue participation in multiple sports due to increasingly positive research suggesting that such participation helps to create well-rounded individuals and prevent wear/tear on athletes' bodies.

According to an article written by Dr. Thomas John, published by the NFHS, "Sport specific overtraining can lead to negative health outcomes such as chronic joint issues, constant fatigue, and/or an increase in injuries overall." Dr. John also states that athletes who specialize in one sport are twice as likely to report a lower extremity injury as compared to those who play multiple sports. According to the American Medical Society for Sports Medicine, "88 percent of NCAA Division I male and female athletes participated in an average of at least two or three sports when they were young."

Benefits And Risks Of Sport Participation

Benefits of Sport Participation

Academic, social, career, and physical benefits are the four major benefits of competing in sports. According to the Office of Disease Prevention and Health Promotion, "athletes have higher grade point averages, higher standardized test scores, better attendance, lower dropout rates, and a better chance of going to college;...students who played sports were less likely to have smoked cigarettes or used drugs and were more likely to disapprove of others using them; ...the leadership skills and development of teamwork, hard work, and determination might help prepare students to be leaders at work and in their communities later in life; and most importantly lower rates of diabetes and high blood pressure, as well as improved cardiovascular and pulmonary function."

Assumption of Risk

Student-athletes, coaches, and spectators knowingly accept the risk of injury and/or physical harm and/or property damage at practices and events. Per the Federal Rules of Civil Procedure, "Assumption of risk refers to a legal doctrine under which an individual is barred from recovering damages for an injury sustained when he or she voluntarily exposed him or herself to a known danger."

WSD Athletic Training Mission Statement

The mission of the Windham School District Athletic Training staff is to deliver the highest quality patient care by utilizing an interdisciplinary team. We strive to reach our goals of injury prevention, recognition, and return to sport through continuing education, evidence based information, and effective communication with coaches, parents, and school staff. Furthermore, the Athletic Training staff serve as an advocate for student athletes when such health issues arise, and are available to ensure the athlete reaches and maintains his or her optimum health.

Athletic Health Care Team

WHS Athletic Trainer: Kevin Bugeau

kbugeau@windhamsd.org 603-845-1558

WHS Nurses: Nicole Bickford and Casey Bly

nbickford@windhamsd.org , cbly@windhamsd.org 603-845-1558 ext 5810

WMS Nurse: Kaitelyn Bell

kbell@windhamsd.org 603-845 -1557

WHS Director of Athletics: Jon Hall

jhall@windhamsd.org 603-845-1558 ext 5804

Athletics Administrative Assistant: Donna Dizazzo

ddizazzo@windhamsd.org 603-845-1558 ext 5803

WMS Director of Athletics: Kevin Moyer

kmoyer@windhamsd.org 603- 845-1557

The Athletic Training staff is supervised by Northeast Rehabilitation Hospital

70 Butler Street

Salem, NH 03079

603-890-7600

**All Members of the WSD Coaching Staff are First Aid/CPR/AED certified*

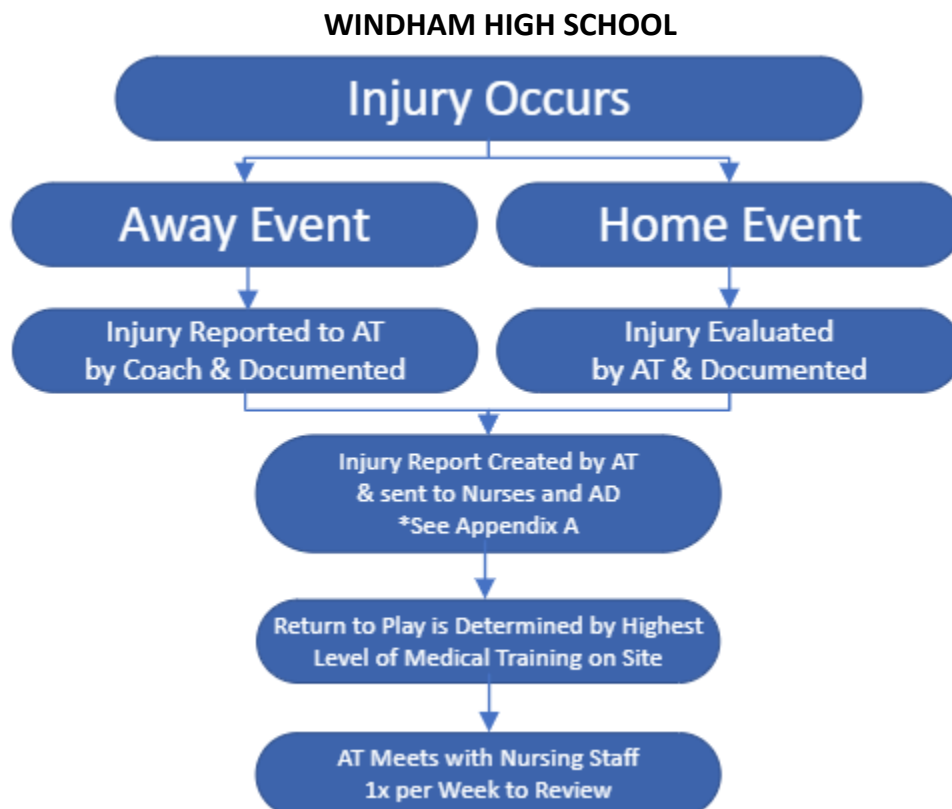
Health Care Team Role Delineation

Athletic Trainer: The ATC is responsible for providing appropriate emergency medical care, first aid, injury prevention, and injury management to the school's athletic population. This individual is the first point of contact for parents, school staff, and administrators in the event of an injury after school hours. The ATC works in conjunction with the Athletic Director and the Health Office to ensure the best outcome for the student-athlete.

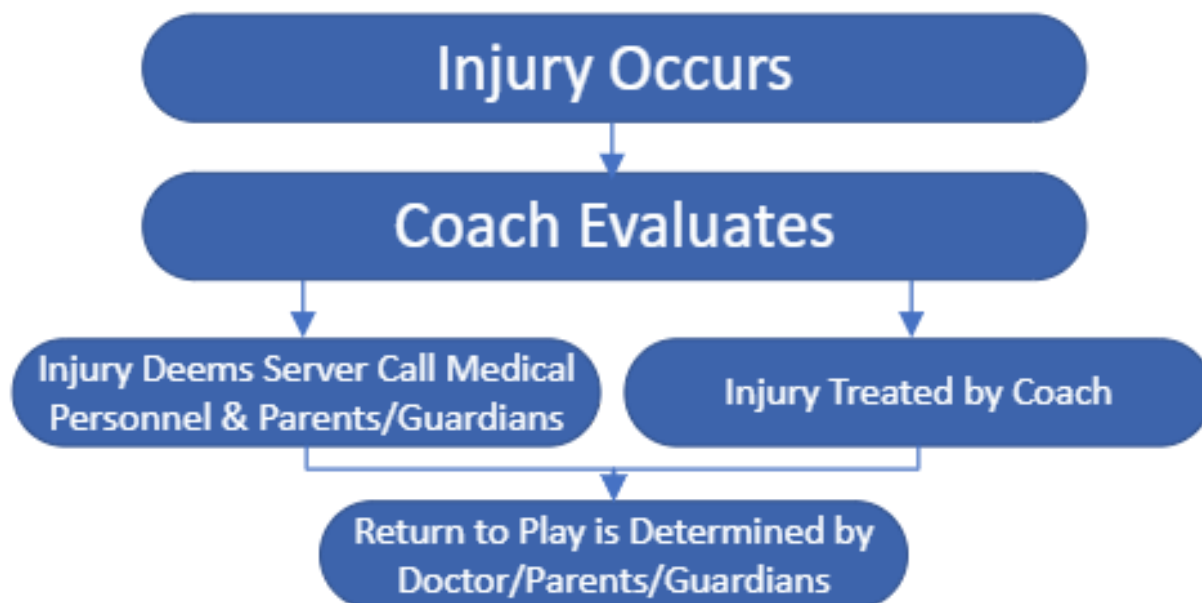
Health Office: The nursing staff is responsible for administering first aid care, following-up with submitted injury reports, keeping contact open with parents/guardians, and keeping a thorough record of physical examinations. The health office is the first point of contact for student-athletes during the school day. The WHS nursing staff meets with the Athletic Trainer one hour a week to review and verify injury reports to maintain accuracy.

Athletic Director: Responsible for the coordination of sporting events, approving eligibility for student-athletes, securing Athletic Training medical documents, maintaining the End of Season Report each year, and handling any athletic issues that may arise throughout the school year.

Coaches: Responsible for initial first aid and assessment of injuries and what level of care is required. Subsequent reporting to the remainder of the HealthCare Team and parents/guardians. To ensure that coaches have gone over emergency procedures with athletes, each head coach will return a signed copy of the Emergency Procedure Coach's Checklist (see appendix) to the Athletic Director. Returning the checklist indicates that coaches have reviewed and discussed with athletes the steps to take in the event of an emergency.



WINDHAM MIDDLE SCHOOL



Emergency Action Plan (EAP)

Emergency Team Roles (Athletic Trainer, School Administration, Coaches):

- A. Acute care provided by the most qualified individual at the scene
- B. Emergency equipment retrieval
- C. Activation of EMS
- D. Meet and direct EMS to the scene (unlock all doors and gates)
- E. Head Coaches must make sure there is at least one cell phone accessible at all times

Emergency Phone Numbers

- A. Emergency: 911
- B. WHS Athletic Trainer: Kevin Bugeau *
- C. Windham Fire/Ambulance: (603) 434-4904
- D. Windham Police: (603) 434-5577
- E. WHS Athletic Training Room: (603) 845-1558 ext 5280
- F. Athletic Director: Jon Hall (603) 845-1558 ext 5804 *
- G. WMS Athletic Director: Kevin Moyer (603) 845-1558 ext 4233 *

**Additional emergency numbers, including personal cell phone numbers, are distributed to coaching staff annually*

Emergency Care of an Athlete

- A. Athletic Trainer IS present at game or practice
 - a. Emergency equipment is retrieved by coach or athlete
 - b. Athletic trainers will designate an adult to contact EMS.
 - i. Athletic Trainer is not able, the Head Coach will designate an adult to call EMS
 - c. Information provided to EMS
 - i. Name and phone number of caller
 - ii. Name, age, condition and number of athlete(s) in need of help
 - iii. Treatment given
 - iv. Specific directions to the scene of the injury
 - v. Any other information requested by the dispatcher
 - d. Coordinate EMS arrival
 - i. The AD or coach will be responsible for meeting and directing EMS to the site of emergency and will provide direct access. This includes traffic coordination, and opening locked gates or doors.
- B. Athletic trainer IS NOT immediately available or present
 - a. The coach will respond to the athlete and provide immediate life sustaining care
 - b. At WHS, the assistant coach or a designated player will attempt to reach the Athletic Trainer
 - i. If the Athletic trainer is not present or at WMS a responsible adult will activate EMS and follow the directions as outlined above in sections A-c and A-d.
- C. Immediately following the activation of EMS, the athletic trainer, athletic director, or coach will contact the athlete's parents using the phone number(s) provided on their emergency card.
- D. After the arrival of EMS, care of the injured athlete will be turned over to the qualified persons. At which time the athletic trainer or immediate care provider will inform EMS the details involved with the injury/incident.
- E. A parent/guardian or a member of the coaching staff should accompany the injured athlete(s) to the hospital.
- F. The athlete's emergency card should be sent with them to the hospital

Medical Equipment Needs for Coaches - with Coaches at All Times

- Medical Kit - stocked regularly by Athletic Trainer/Nurse/AD
- Athlete Emergency Cards

AED Locations

WHS

- Fixed AED outside the cafeteria and nurses office
- Athletic Dept. in the Training room
- Athletic Trainer carries portable AED when on fields
- Health Office

WMS

- Fixed AED outside the cafeteria and main office

**All Members of the WSD Coaching Staff are First Aid/CPR/AED certified*

Local Hospitals and Clinics

A. Hospitals:

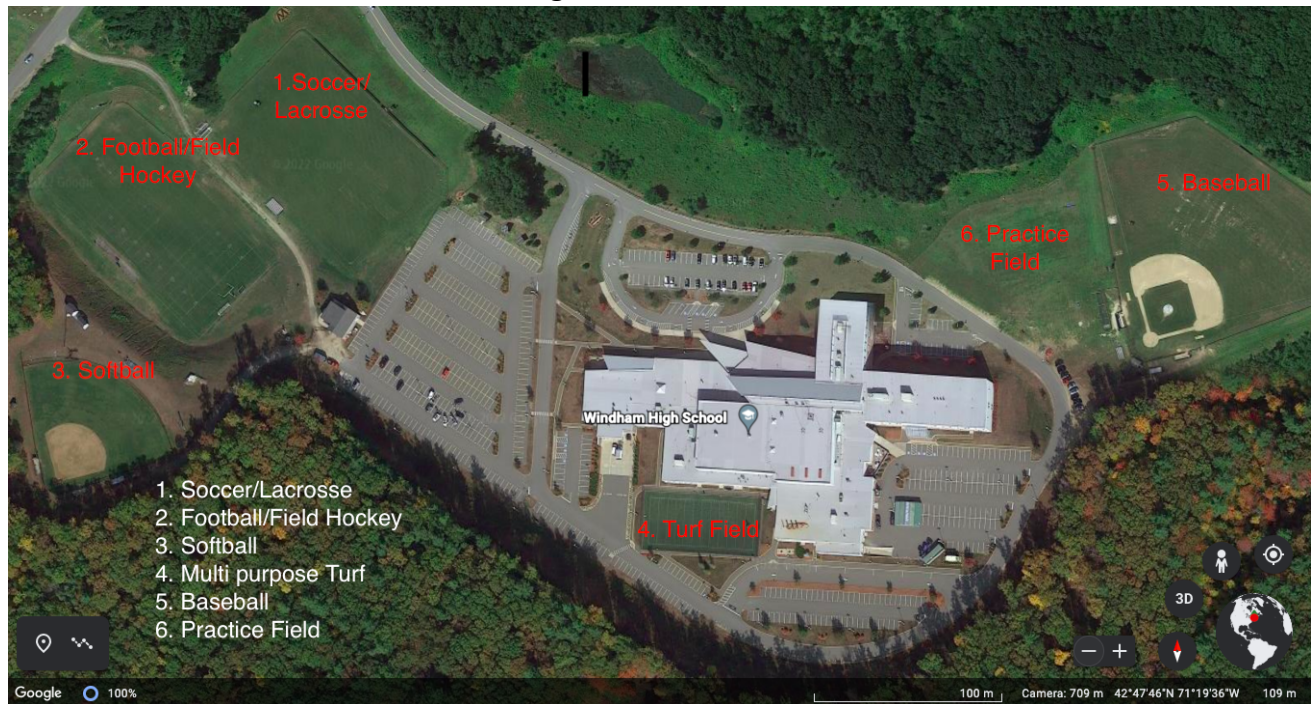
- a. Parkland Medical Center
 - i. (603) 432-1500
 - ii. 1 Parkland Drive, Derry, NH 03038

B. Urgent Care Centers

- a. ConvenientMD
 - i. (603) 890-6330
 - ii. 125 Indian Rock Rd, Windham, NH 03087

Practice and Competition Fields/Facilities

Windham High School 64 London Bridge Road, Windham, NH 03087



Windham Middle School 112A Lowell Road, Windham, NH 03087



Windham Center School
2 Lowell Road, Windham, NH 03087



Griffin Park
101 Range Road, Windham, NH 03087



Athletic Equipment

Football Equipment

After each Fall season, the football pads and helmets are sent out for reconditioning and inspection by an NOCSE Certified Company.. They are returned to the school to be disbursed once more prior to the beginning of the next Fall season. Equipment is properly fitted and inspected by Windham coaching staff and the Athletic Trainer.

WHS Athletic Training Room

Schedule

The Athletic Training room is open and staffed beginning at 2:10pm each school day. There is a board outside the door stating the Athletic Trainer's location when outside. After the treatment window is over, the door will be locked and the individual is responsible for seeking the Athletic Trainer at their designated location.

Fall Schedule:

Open: 2:10pm

Treatment: 2:10pm- 3:00pm

Practice/Game coverage: 3:00pm until end of all games/practices. Post-Treatment: 30 minutes following the end of the last practice/game.

Winter Schedule:

Open: 2:10pm

Treatment: 2:10pm-3:00pm

Practice/Game coverage: 3:00pm until end of all games/practices. Post-Treatment: 30 minutes following the end of the last practice/game.

Spring Schedule:

Open: 2:10pm

Treatment: 2:10pm-3:00pm

Practice/Game coverage: 3:00pm until end of all games/practices. Post-Treatment: 30 minutes following the end of the last practice/game.

(Treatment times are subject to change due to changing practice/game times.)

Illness Prevention Strategies

Pre-Participation Physical Examinations

WSD Medical Clearance Policy

WHS

A WHS student-athlete must successfully pass a physical examination and complete the physical examination form provided by the WHS Athletic Department or the issued physical exam form provided by the Doctor's Office. This must be done prior to playing or practicing a sport at WHS. The exam may be valid for 13 months, unless specified yearly by the Physician or Practitioner.

A medical history is also obtained through Family ID Annually.

Prior to the start of each season, the Athletic Director or designee will send out notifications to those who need an updated physical examination and/or ImPACT test or Family ID medical history.

WMS

A WMS student-athlete must successfully pass a physical examination and complete the physical examination form provided by the WMS Athletic Department or the issued physical exam form provided by the Doctor's Office. The physical examination must have been completed within one calendar year. *Refer to Appendix B.

ImPACT Testing

All WHS student-athletes participating in high-risk sports shall be required to complete the ImPACT test during Freshman and Junior year. The test is an online concussion baseline test taken prior to trying out, playing, or practicing any sport. The Athletic Trainer shall hold and proctor ImPACT baseline testing days for all student-athletes prior to the start of each sport season. Each passing exam will be valid for two (2) years.

ImPACT is a research-based, 20-minute, comprehensive computer test developed to help medical professionals determine an athlete's readiness to return to play after sustaining a concussion. ImPACT testing is recognized as one tool in a concussion management protocol.

**All medical information is managed in accordance with FERPA and HIPAA.*

NFHS Guidelines

The National Federation of State High School Association states that "Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition. These conditions include skin infections that occur due to skin contact with competitors and equipment. The transmission of infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases such as Influenza can often be greatly reduced through proper hygiene."

The Windham School District Athletics Department encourages adherence to the guidelines outlined below to ensure that our athletes care for themselves and their teammates' overall health.

Universal Hygiene Protocol for All Sports:

- Shower immediately after every competition and practice.
- Wash all workout clothing after each practice.
- Wash personal gear (knee pads and braces) weekly.
- Do not share towels or personal hygiene products (razors) with others.
- Refrain from full body (chest, arms, abdomen) cosmetic shaving. Infectious Skin Diseases

Strategies for reducing the potential exposure to these infectious agents include:

- Athletes shall be required to notify a parent or guardian, Athletic Trainer and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional should evaluate any skin lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection.
- Coaches, officials, and appropriate health-care professionals must follow NFHS or state/local guidelines on “time until return to competition.”

Participation with a covered lesion may be considered if in accordance with NFHS, state or local guidelines and the lesion is no longer contagious.

Blood-borne Infectious Diseases

Strategies for reducing the potential exposure to these agents include following Universal Precautions such as:

- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.
- Athletic trainers or other caregivers need to wear gloves and take other precautions to prevent blood or body fluid-splash from contaminating themselves or others.
- In the event of a blood or body fluid-splash, immediately wash contaminated skin or mucous membranes with soap and water.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves when cleaning.
- Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.

Other Communicable Diseases

Means of reducing the potential exposure to these agents include: Appropriate vaccination of athletes, coaches and staff as recommended by the Centers for Disease Control (CDC). During times of outbreak, follow the guidelines set forth by the CDC as well as State and local Health Departments. For more detailed information, refer to the "Infectious Disease and Blood-borne Pathogens" and "Skin Disorders" sections contained in the NFHS Sports Medicine Handbook.

Environmental Conditions



Lightning/Thunder

According to the New Hampshire Sports Medicine By-Law Sect. 10 per NHIAA, "Lightning is the most consistent and significant weather hazard that may affect outdoor activities...The existence of blue sky and the absence of rain are not protection from lightning. See it, flee it. Hear it, clear it." In the event of impending weather, the following safety precautions shall be followed.

- All athletic department staff and game personnel are to monitor threatening weather. The Athletic Trainer will monitor via the WeatherBug Spark Lightning application. This provides real time radar and alerts to active lightning strikes in the area.
- If lightning is detected within a 10 mile radius, coaches will be notified of impending weather.
- When a double blast from an airhorn is heard, all athletes, coaches, and spectators are to evacuate the fields and seek shelter.
- The high school is our designated safe zone. In the event that an individual can not reach the high school in time, they are to seek shelter in a nearby vehicle.
- Do not lie down. Do not stay in an open field. Do not stay in a standing pool of water or under a single tall tree.
- Officials and coaches must wait 30 minutes after the last observed lightning or thunder boom before being able to resume activity. A timer will be utilized by the Athletic Trainer, Athletic Director, or Officials, who will in turn notify coaches about resuming activity.
- The Athletic Trainer or Athletic Director has final say over the determination of game/practice play regarding weather conditions.



Heat

According to the NHIAA Sports Medicine By-Law Sect. 10, knowing both the temperature and humidity is important. The greater the humidity, the more difficult it is for the body to cool itself. Windham High School's Athletic Trainer will test the air quality using a Wet Bulb Globe Thermometer (WBGT) prior to practices and/or games. The WBGT takes into account air temperature, relative humidity, radiant heat, and air movement. The NHIAA also has a more simple chart that involves knowing the temperature and relative humidity. The chart, below, describes what humidity levels are dangerous and critical based on the concurrent temperature. All WHS Coaches are NFHS Heat/Illness Certified..

AIR TEMPERATURE	DANGER ZONE	CRITICAL ZONE
70 degrees	80% relative humidity	100% relative humidity
75 degrees	70% relative humidity	100% relative humidity
80 degrees	50% relative humidity	80% relative humidity
85 degrees	40% relative humidity	68% relative humidity
90 degrees	30% relative humidity	55% relative humidity
95 degrees	20% relative humidity	40% relative humidity
100 degrees	10% relative humidity	30% relative humidity

Treatment of Exertional Heat Illnesses

Per the NATA, the goal for any exertional heat stroke victim is to lower core body temperature to less than 102.5°F within 30 minutes of collapse. Cold water immersion is the most effective way to treat a patient with exertional heat stroke. The water should be 35-59°F and continuously stirred to maximize cooling. An athlete suffering from exertional heat stroke should always be cooled first (via cold water immersion) before being transported by EMS to an emergency facility. An athlete recovering from exertional heat stroke should be closely monitored by a physician or athletic trainer and return to gradual activity.

Heat Acclimatization

Heat acclimatization is a gradual increase in an athlete's exposure to the duration and intensity of physical activity in the heat and is necessary to minimize the risk of exertional heat-illness.



Snow/Cold

To prevent cold related injuries, such as frostbite, hypothermia, chilblain, and trench foot, the Athletic Trainer and/or Athletic Director will make decisions about practice and game participation due to cold, wet, and windy temperatures. They will access the temperature and wind chill through the Weather channel and/or WeatherBug applications. They will also check for wind chill advisories, wind chill warnings, and wind chill factor, which will be factored into the “real feel” temperature chart seen below. In the event of school closure, practice/game times are canceled as well.

From the NHIAA:

Cold Weather Policy: If the temperature is below –4 degrees F, for cross country, and –10 degrees F, for alpine and jumping, measured at the coldest point of the course, a competition will be modified, postponed or canceled by the Jury. With difficult weather conditions (e.g., strong wind, high air humidity, heavy snowfall, or high temperature) the Jury may, in consultation with the coaches of the participating teams, modify, postpone or cancel the competition.

30 degrees and below	Be aware of the potential for cold injury and notify the appropriate personnel of the potential.	Coaches will be notified of the possibility of modified practice times.
25 degrees and below	Provide additional protective clothing, cover as much exposed skin as practical. Provide opportunities and facilities for rewarming.	TRSD recommends no more than 1 hour of outdoor practice. Must have hats, gloves, and jackets. *Frostbite can occur in 30 mins or less*
15 degrees and below	Consider modifying activity to limit exposure or to allow more frequent chances to rewarm.	TRSD recommends no outdoor practice.
0 degrees and below	Consider terminating or rescheduling activities.	TRSD recommends no outdoor practice.

Injury Intervention

The WSD Athletic Training staff is the first point of contact when an injury occurs. When an injury is reported, a comprehensive evaluation is completed and documented. If the parent/guardian is not present during the time of injury, they will be promptly notified. The Athletic Trainer will then make the recommendation for further treatment if necessary. Same game, return to play decisions are made solely by the Athletic Trainer and cannot be overridden by a coach or parent/guardian. In the event that the athlete needs further medical attention, they must provide documentation from a physician before beginning return to play protocol.

Each member of our coaching staff is required to complete training courses in first aid/CPR, AED, concussion in sport, and heat illness. They are required to report any injuries to the Athletic Trainer and to fill out an injury report if it occurs at an away event.

Concussion

Per WSB Policy JLCJ and Procedure JLCJ-R, the following concussion protocols are in place.

A concussion is an alteration in the brain and mental function that results from a traumatic head injury. Sign and symptoms of a concussion may include but are not limited to:

Signs and Symptoms of a Concussion

Headache	Dizziness	Light-Sensitivity
Noise Sensitivity	Nausea/Vomiting	Vision Abnormalities
Fatigue	Loss of Consciousness	Memory Loss
Difficulty Concentrating	Delayed Reaction Time	Altered Attention Span
Behavioral Changes	Irritability	Depression
Anxiety	Drowsiness	Insomnia
Difficulty Breathing	Sleeping longer than usual	Sleeping less than usual

Concussion in sport can be a very serious injury and often requires a longer healing time.

At WHS, in the event that a student-athlete is believed to have sustained a concussion, the WHS Athletic Trainer will complete a comprehensive evaluation and neuro exam. The Sport Concussion Assessment Tool (SCAT5) is utilized to interpret overall signs and symptoms. It is not a diagnostic tool, but does help the healthcare provider gauge the individual's overall concussion signs and symptoms. If a concussion is diagnosed, the student-athlete will not return to play, the parent/guardian will be notified and provided with educational material on concussion protocol.

When the student-athlete is completely symptom-free for a 24-hour period, the Athletic Trainer will then provide the student-athlete with the NRH Medical Clearance And Parental Permission form to be signed by the parent/guardian. After this is returned to the Athletic Trainer, the return to play progression begins. The progression is a five step process to ensure that physical activity does not exacerbate concussion symptoms

once more. The student-athlete is brought through this progression under the supervision of the Athletic Trainer and each step is documented. The progression is sport specific, with each step being completed on consecutive days. In the event that concussion symptoms occur, the student-athlete will be required to rest until symptom-free again, then complete the previous step before progressing to the next day.

At WMS, if a student athlete is suspected of having a concussion, or exhibits signs and symptoms they are immediately removed from the contest or practice. A parent/guardian is notified and the student athlete may not return to play until cleared by an appropriate health care professional.

The Windham School District also has an Academic Protocol that is followed in order to ensure that the student-athlete is allowed ample time to catch up on school work in the event that a modified schedule is deemed necessary.

For more information on sport related concussion, please visit the NHIAA website (NHIAA.org) and click the drop down menu titled “Sports Medicine”. From there you select “concussion” and can browse multiple educational sites.

Return to Play Protocol

Once the student-athlete has been symptom free for a minimum of 24 hours, cleared by a physician, and in good standing academically, they may begin the return to play protocol. At WHS, an Impact Test, with scores returning to baseline must be passed before being allowed to return to sports.

IMPORTANT NOTE: Impact Testing results can pick up an “invalid” result. The score may reflect a lack of understanding of instructions, or an attempt by a student-athlete to lower their own score. If this occurs, the student-athlete will need to **RETAKE** the Impact Test.

Graduated Return to Sport

Stage	Aim	Activity	Goal of Each Step
1	Symptom-limited activity Light aerobic exercise	Daily activities that do not provoke symptoms. Walking or stationary cycling at a slow to medium pace. No resistance.	Gradual reintroduction of work/school activities Light cardio activity.
2	Moderate aerobic exercise	Stationary cycling or jogging at a moderate pace, increase heart rate.	Increase heart rate to controlled limit.
3	Sport-Specific exercise	Cycling at a pace to increase heart rate. Running or skating drills. No head impact activities.	Add movement. Increase heart rate.
4	Non-contact training drills	Harder training drills, may begin resistance training. No scrimmaging.	Exercise coordination and increased thinking.
5	Full contact practice	Following the completion on Impact Test, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Normal game play.	Have fun

*****NOTE:** An initial period of 24-48 hours physical and cognitive rest is recommended for beginning protocol. There **MUST** be a minimum of 24 hours between each step. If symptoms occur during a step, the athlete goes back to the previous step.**

Counseling/Education

Athletes, parents, and coaches are encouraged to reach out to the Athletic Trainer or Health Office in regards to nutrition and mental health. The Athletic Trainer and Health Office have a strong background in proper nutrition and mental health implementation. These individuals are able to provide us with nutritional programs to follow for optimal performance and guidance on maintaining a healthy mind, body, and soul. Coaches are strongly encouraged to reach out to the Athletic Trainer if they would like to stage a discussion with their team regarding proper nutrition or mental health.

In the event that you see, hear, or witness someone struggling with their overall health and nutrition, individuals are encouraged to reach out to the school's Health Office, the Athletic Trainer, or school administration. All information is kept confidential, unless deemed life threatening or dangerous to oneself or others.

The National Federation of High School Sports also offers courses and handouts for parents on both of these topics. Please go to <http://www.nhiaa.org/sports-medicine> for more information.

Closing Remarks

The WSD Athletic Department views education-based athletics as an extension of the learning experience for student-athletes. The safety and well-being of our students, coaches, and community members is paramount at all our events.

We continue to work in conjunction with Administration, nursing staff, athletic trainers, the NHIAA, Tri-County league, and local authorities to create safe and rewarding experiences for student-athletes.

The work to ensure the safety of our athletes is ongoing. As such, with the implementation of the WSD EAP emergency drills will be formulated and implemented regularly to help coaches, school personnel, and students be prepared in the case of emergencies. The drills will cover the steps to be taken and the roles needed in an emergency situation.

APPENDIX A



SUPPLEMENTAL INJURY REPORT

NAME: _____ GRADE: _____ AGE: _____

SPORT: _____ DATE AND TIME OF INJURY: _____

GAME OR PRACTICE: _____ LOCATION: _____

INJURY: _____

MECHANISM OF INJURY: _____

PREVIOUS INJURY? YES NO

ASSESSMENT SUMMARY:(including palpation, rom, strength, stability, and special tests)

TREATMENT OF INJURY: _____

SENT TO HOSPITAL/DOCTOR? YES NO WHERE/WHO? _____

AMBULANCE CALLED? YES NO PARENT'S CALLED? YES NO TIME: _____

FOLLOW-UP CARE/DIAGNOSIS: _____

CLEARED TO RETURN TO PLAY? YES NO BY WHOM? _____

CERTIFIED ATHLETIC TRAINER DATE

Revised 03/13

APPENDIX B: PRE-PARTICIPATION PHYSICAL EXAM FORM

Untitled
Results: 1

Registration - -
9353237

GENERAL

PARTICIPANT INFORMATION

PARTICIPANT

FIRST NAME -
LAST NAME -
BIRTH DATE 01/01/1900

ADDRESS

HOME ADDRESS

ADDRESS LINE1 -
ADDRESS LINE2 -
CITY -
STATE -
ZIP CODE -

FIRST PARENT OR GUARDIAN

PARENT/GUARDIAN

FIRST NAME -
LAST NAME -
RELATIONSHIP -

E-MAIL -
HOME PHONE CELL PHONE

PRIMARY ADDRESS ADDRESS LINE1

SECOND PARENT OR GUARDIAN

SECOND PARENT/GUARDIAN

NAME -
LAST NAME -
RELATIONSHIP -

SECOND EMERGENCY CONTACT

FIRST NAME -
LAST NAME -
HOME PHONE CELL PHONE
RELATIONSHIP -

ADDRESS LINE2 -

EMERGENCY CONTACTS

FIRST EMERGENCY CONTACT

FIRST NAME -
LAST NAME -
HOME PHONE(603) 845-1550
CELL PHONE RELATIONSHIP -
E-MAIL -

INSURANCE

INSURANCE

CARRIER -
SUBSCRIBER NAME -
GROUP NUMBER -

MEDICATIONS

MEDICATIONS

NAME -
DIAGNOSIS -
PHYSICIAN -
DOSAGE AND TIME INSTRUCTIONS -

HEALTH/MEDICAL

No | Diagnosed Allergies
No | Asthma
No | Heart Conditions
- | Epi-pen
No | Hospitalization
- | General Injuries
No | Chronic Medical Conditions
No | Physical Limitations
- | Protective or Corrective Equipment No |
Treatment for Seizures/Epilepsy No | Serious
Illnesses
No | Vision Issues
- | Other
No | Dietary Issues
No | Orthopedic
- | Asthma Medications
No | Cardiac Diagnostic Tests
No | Fluttering/Irregular Heartbeat
No | Heat Illness
No | Missing Organs

ALLERGIES

No | Epi-pen
No | Diagnosed Allergies No | Life-Threatening
Allergies No | Allergies - Other

CONCERNS AND COMMENTS

HEAD INJURY/CONCUSSION

Traumatic Head Injury No |
No | Medical Attention for Head Injury No |
Diagnosed Concussion
- | Head Injury/Concussion - Other

CONTACT

E-MAIL -@windhamsd.org
HOME PHONE CELL PHONE

PRIMARY ADDRESS ADDRESS LINE1

ADDRESS LINE2 -

CONTACT

APPENDIX C: DRILL

The Athletic Trainer and Athletic Director will from time to time hold emergency drills to help make sure that teams have reviewed emergency action plans and have a plan on how to respond to an emergency. Coaches will be sent the link below from the Safe Sports Network Describing a “Drop the Dummy Drill” which simulates a cardiac emergency. The attached report card will be filled out by the Athletic trainer or Athletic Director and kept on file in the Athletic Office.

Drop the dummy drill:

<https://www.youtube.com/watch?v=dbmJO8EtPME>

“Drop the Dummy” Drill Report Card

SEASON: _____ SPORT: _____ COACH RUNNING THE DRILL: _____

Time drill started: _____

Time drill stopped: _____

1. Time victim discovered (Rescuer 1): _____

2. Staff member's response (check one):

☐ Called for help (vocal): _____ ☐ Called for help (phone): _____

☐ Assessed victim first, then called for help:

☐ Ran for help:

☐ Other: _____

3. Time rescue team arrived on scene: _____

4. How many people responded to scene: _____

5. Who was contacted by phone: 911, Athletic Director, Athletic Trainer, other? _____

6. Time 911 was called: _____

7. Time other staff/officials notified: _____

8. Did Rescuer direct others to await EMS? _____

9. Time AED sent for: _____

10. Time CPR started: _____

11. CPR started by Rescuer who discovered victim? Yes ___ No, performed by: _____

12. Is the Rescuer doing hard, fast chest compressions, 100 per minute? _____

13. Time AED arrived: _____

14. Time AED applied to victim: _____

15. Who performed AED functions: _____

16. Time other school staff arrived: _____

17. Time EMS arrived on the scene: _____

QUESTIONS:

What did the Rescuers do right? _____

What could the Rescuers do better? _____

What was easy to remember to do? _____

What was hard to remember to do? _____

APPENDIX D: EMERGENCY PROCEDURE COACHES CHECKLIST

All coaches will discuss emergency topics below with their teams to ensure student athletes are aware of the steps to take in the event of an emergency. This checklist will be returned to the Athletic Director or Administrator in their respective buildings.

Coaches please check off each item, sign and date at the bottom and return to the Athletic Director:

- The team has discussed overall emergencies and risks
- The team has discussed responses to emergencies at the venues they will be at
- The team has been made aware of the closest AED
- The team is aware of how to access medical personnel at the venue they are at
- The team is aware of how to access emergency response services
- The team has discussed basic responses to possible emergencies
- The team has established tasks for players, in the event of emergencies
- The coach has allowed for questions and answered them based on the EAP to the best of their ability and if unsure has clarified with the Athletic Director or school administration.

Coach Signature_____

Date_____