

WCSD

ATHLETICS

POLICIES & PROCEDURES



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Wappingers Central School District Athletic Training

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Wappingers Central School District Athletic Training

Mission Statement

The objective of the WCSD Athletic Training Program is to provide high-level care in the prevention, treatment, and rehabilitation of athletic injuries for our community. Student-athletes and coaches will be treated with respect and dignity. The care the Athletic Trainer provides will be delivered with objectivity and a conscientious adherence to the NATA (National Athletic Training Association) code of ethics and professionalism. Attention will be given to treating the student-athlete as a whole – addressing physical injury, as well as helping to direct the nutritional and psychological needs of the student-athlete with assistance from the relevant WCSD faculty. It is our mission to guide athletes through the entire spectrum of injury management, from prevention and initial management all the way to return to full participation.

Job Description

The Certified Athletic Trainer (ATC), with the consultation and direction of physicians, is an integral part of the health care system associated with physical activity and sports. The athletic trainer must be BOC certified and licensed in the state of New York. The athletic trainer should also hold current certification in CPR and First Aid for the Professional Rescuer. He or she has the full responsibility for the operational procedures of the athletic training room. These responsibilities include, but are not limited to:

1. The athletic trainer is responsible for the prevention, recognition, assessment/evaluation, treatment, rehabilitation, and referral of all athletic injuries and illnesses occurring to athletes at Wappingers Central School District high schools.
2. The athletic trainer will perform emergency medical care, as needed, to any athlete at home events and coordinate emergency services with local emergency personnel. The athletic director will be notified of all serious injuries and the actions taken to care for them.
3. The athletic trainer will maintain communication with the athletic director, coaching staff, parents/guardians, and physicians concerning athletes' injuries and activity levels.
4. The athletic trainer will refer any athlete to an allied health care professional when necessary, as well as administering physician's prescriptions in regards to care, treatment, rehabilitation, or protective bracing/taping of the injured athlete.
5. Pre-participation physical exams and emergency medical forms will be maintained via the FamilyID registration system for athletic participation.
6. The athletic trainer will be responsible for maintaining injury reports, referral forms, and treatment logs separately from FamilyID for all athletes at WCSD high schools.
7. The athletic trainer will ensure proper maintenance, organization, and supervision of the athletic training room. The athletic trainer will select, order, and maintain all athletic training supplies and equipment used during the school year. Orders are placed through the athletic director.
8. The athletic trainer will supply general and specific taping, wrapping, padding, bracing, bandaging, and splinting as needed after the injured athlete has completed a rehabilitation program.
9. The athletic trainer will attend varsity and junior varsity home practices and contests throughout the academic school year. The AT will be present at the sport with the highest risk of injury

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10. The athletic trainer will provide necessary on field supplies (water, cups, bottles, tape etc.) and appropriate treatment (with proper documentation) to the visiting teams if they are without an athletic trainer.
11. Athletic teams are responsible for filling and transporting water and/or Gatorade to practice fields. Water/Gatorade will be prepared for practices by the athletic trainer upon request from the coaching staff.

Medical Coverage

An athletic trainer will be available at almost all on-campus practices/games, however, the first responder in some instance may be a coach or other institutional personnel. For this reason, certification in cardiopulmonary resuscitation (CPR), Automatic External Defibrillators (AED's), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning. The expectations for medical coverage for specific events are detailed below:

- Practices
 - A Certified Athletic Trainer will be on site for most scheduled practices. Athletic trainers will have a cell phone on them at all times; during multiple practices, athletic trainers may rotate between locations, but can always be reached by phone in the case of emergency.
- Home Competition
 - A Certified Athletic Trainer will be on site for all scheduled home contests. A team physician may be present at football games or other high-risk events.
- Away Competition
 - The Certified Athletic Trainer will travel and provide care for varsity football competitions. Other sports should not expect to have an athletic trainer with them for main-season away games; however, all teams that make it to the sectional/end-season championships may request that the athletic trainer travels with them. Coverage for these events depends on availability.
- Strength and Conditioning
 - Conditioning, weight lifting, and individual skill instruction scheduled at non-traditional times, off campus, or at the same time as other regular practices may be conducted without medical coverage from a Certified Athletic Trainer. Off-season sports are encouraged to check in with the athletic trainer to keep them informed of any injuries that occur.
- Tournament Coverage
 - On-campus tournaments/sectionals (wrestling, volleyball, etc.) will not be covered by the athletic trainer without prior arrangements made by the athletic trainer and head coach. Coaches must notify the athletic trainer of all tournaments at the start of the season

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Staff Policies

Staff are expected to conduct themselves in a professional manner, modeling appropriate behavior and language. Staff will be dressed in business casual attire that is appropriate for work with minors and at outdoor games. Outdoor game-day attire is khakis and a polo with the school or clinic logo embroidered on it. Attire for indoor games can be business attire or may be the same as outdoor game attire.

Athletic Training Room (ATR) Policies

ATR Rules

The Athletic Training Room is a healthcare facility and should be treated as such.

- Athletes should sign in to receive treatment and will be treated on a basis of priority.
 - Emergencies have highest priority.
 - Athletes with away competitions/early busses will receive priority.
 - Further priority is at the discretion of the athletic trainer, but will be decided based upon time-intensiveness of task, arrival-time of athlete (first-come, first-serve in many cases), and severity of injury.
- Athletes MUST COMMUNICATE with coaches BEFORE coming to the athletic training room for evaluation/treatment.
 - Athletic trainers will make the effort to communicate with coaches about athletes receiving treatment, but they are ultimately not responsible for alerting every coach about every athlete; that is the athlete's responsibility.
 - This is especially true for first-time patients; the student-athlete is responsible for letting a coach know that they might be late to practice due to injury evaluation.
- The athletic training room is not a hang-out spot or a place to skip practices; it is a service facility for athletic injuries.
 - Inappropriate behavior/language is not tolerated.
 - Horseplay is not tolerated.
 - Appropriate attire is expected.
 - No cleats or spikes.
 - No food or drink (water bottles are an exception).
- Student-athletes are expected to be courteous and respectful to athletic trainers, athletic training students, and fellow student-athletes.
- Student-athletes should not set up or adjust modalities (electrical stim, heating packs, etc.) without the assistance or express permission of the athletic trainer.
- Student-athletes should not access supplies or use weights/rehab equipment without the assistance or express permission of the athletic trainer.
- Student athletes may not use staff computers or phones.
- Equipment should be put back neatly after use; no equipment should leave the room.
- No tobacco, alcoholic beverages, or other drugs allowed at any time.

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ATR Hours

During the Academic Year, Including Preseason (8/1 – 6/31):

- Mon-Fri
 - Open from 1pm to 15min after the completion of last practice or contest.
- Saturdays
 - Open 30min prior to start of first practice/game and closed 15min after completion of last practice or contest.

During Exams:

- The athletic training room will be open by appointment only during regents/finals.

During Breaks:

- The athletic training room will be open based on team schedules or by appointment during holiday breaks.

Injury Evaluations

- All new injuries must be reported to the athletic training staff as soon as possible.
 - If an injury is not reported beforehand, the athlete is responsible for attending practice on-time and informing the coach that they need to return to the athletic training room for evaluation.
- The athletic training room is not a place to skip practice.
 - This means that treatments and rehabilitation will NOT be given during practice times unless the athlete is unable to participate and permission is given by the head coach.
- If an athlete makes a habit of not showing up for re-evaluations, treatments, etc., this information will be passed on to the coaches from the athletic trainer.

Injury Treatment

As a general policy, treatments will be designed to maximize a student-athlete's recovery potential. This means that some treatment plans will require a period of rest or relative rest from sporting activities before a return to full participation. Treatments will be administered with safety in mind and will be recorded on a Progress Notes form, meant to be kept in the patient's file alongside their Injury Report form, or logged electronically.

Basic Procedures are as follows:

- Rest, Ice, Compression, and Elevation (RICE) for all acute injuries (first 1-3 days).
- Heat may be used in a chronic or sub-acute situation, or when indicated by the team physician
- An exercise program should accompany ALL treatments.
- Other non-thermal modalities (electrical stimulation, massage, traction, etc.) may accompany treatments, but only when first authorized by athletic trainers and/or team physicians.

Taping Policy is as follows:

- If an athlete requires taping for greater than one week for protection from re-injury or prevention of new injury, then that athlete must also be performing rehabilitation exercises to strengthen the affected area as to ultimately remove the need for tape.

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Injury Rehabilitation

All injured student-athletes will immediately follow-up with some type of rehabilitation program upon the onset of injury. This program is to be devised, administered and revised appropriately by the athletic trainer. This program should include exercises for the injured body part as well as some form of cardiovascular conditioning. If feasible, rehabilitation programs should be administered daily.

Non-Athletic-Related Injuries

The athletic training staff will provide ONLY ice and/or heat treatments for injuries sustained while not participating in a WCSD sponsored interscholastic athletic event/practice. Priority is always given to injuries sustained during WCSD sponsored events; the athletic trainer's obligation is to in-season athletes and in-season injuries.

Athletic Training Student (Marist Undergraduate Intern) Policy (taken from Marist documentation)

A. Every student must adhere to the dress code of their institution unless the ACI/CI asks you to wear site-specific clothing. The dress code is as follows:

During the academic year solid colored collared polo shirts in the color of your college or university and black or khaki slacks or shorts must be worn during all clinical hours. When wearing black or khaki dress pants or shorts, a belt must be worn. Long sleeve shirts under short sleeve polos are permissible provided it is of a solid approved color for the high school. Sweatshirts are permissible provided they are solid color appropriate to the colors of the high school. Shirts must be "tucked in" at all times. Shirts that are too short to be tucked in are not permitted, as they may contribute to inappropriate skin exposure, etc. when performing duties at clinical hours (eg. bending over to perform a necessary task). If you are given clothing (eg. polos) by your ACI/CI that depicts the logo of that school/site, then it is permissible to wear during clinical hours at that site. Jeans are not allowed at any time. Sneakers must be worn for all clinical experience hours. During selected indoor competitions, you may wear professional/business attire as determined by the ACI/CI responsible for that sport. Nametags and a watch that displays time in seconds must also be worn during all clinical hours. This clinical site does not supply gear (eg. coats, etc.) for inclement or cold weather, so each student can wear their own outdoor gear that is school and weather appropriate. Good hygiene and proper professional appearance is required of all athletic training students. Jewelry that would interfere with the ability to perform skills necessary as an ATS, or present a safety hazard, will need to be removed. Permission to display piercings and other types of jewelry is at the discretion of the ACI/CI and the college or university. When wearing sunglasses, professional courtesy should be observed. Remove your sunglasses when speaking to someone or working with an athlete. Hats are allowed at any practice or competition that is outdoors. Hats must be plain with no writing or have the college or university logo or logo of this high school. Personal cell phones and pagers must be turned off during clinical experiences.

B. If the dress code is not observed, you will be sent home to change clothes. If infractions of the dress code occur, disciplinary action will be taken.

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Documentation

Injury/Treatment Files:

- All injuries must be documented and any treatment performed must be recorded using the SOAP note format. It is important that SOAP notes are thorough and understandable so a consistent level of care can be given to the athlete. This information is confidential. Only pertinent information may be released to the current coach.

Daily Sign-in Sheets:

- Daily treatment logs are used to record every visit to the training room including evaluations, treatments, prevention, and taping.

Coaches Reports:

- Coaches' reports are based on direct verbal communication. The Athletic Trainer will act as a liaison for the injured athlete. The athlete is not expected to be able to communicate medical information to the coach. The athletic trainer will contact the coach as soon as it is feasible and explain the current and future state of the injured athlete.

Referral:

- When an athletic trainer finds that it is necessary to refer an athlete for a follow-up evaluation, the athletic trainer will contact the athlete's parents and aid in the process to get that athlete seen by a physician. This allows for continuity of care, increased speed of referral and maintains the communication of the athlete's health. The athletic trainer will be the only parties which refer the athlete.

Medical Clearance to Participate from MD, DO:

- If at any time an athlete needs to be seen by a physician (MD, DO), the athlete is not cleared to participate in practice or competitions until he/she returns a medical clearance note to the athletic trainer releasing them to participate in physical activity.

Equipment/Medical Kits

- All reusable supplies and equipment (i.e. braces, compression sleeves/wraps, crutches, etc.) must be signed out by the athlete and signed back in when returned. Equipment should be treated as part of the school uniform and returned at the end of each season.
 - Athletes will be held responsible for any items not returned by the end of the school year and will incur the associated cost of replacing the item.
- Coaches may request medkits. As a member of the WCSD athletics program, each coach is entitled to a medical kit to keep with them at practices and games.
 - All medkits will be stocked by the WCSD athletic trainer.
 - If restocking is required at any point in the season, the medical kit should be returned to the athletic trainer for this procedure. It is not the coach's privilege to take supplies from the athletic training room or athletic storage unit without the express permission of the athletic trainer.
 - At the start of each season, the coach will be responsible for communicating with the athletic trainer and signing out the medkit; at the end of the season, the coach is responsible for signing the medkit back in. No coach is allowed to keep their medical kits longer than the extent of their season or for more than one season at a time.
 - If the medkit is misplaced, the coach assumes the responsibility for finding it or reimbursing the athletic training department the full cost of ordering a new kit.

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Medications

- No over-the-counter medication will be stored in the athletic training room or administered to any athlete.
- Students with known severe allergies are responsible for keeping an Epinephrine Auto Injector (EAI), or EpiPen, with them at all times. The EpiPen should ideally be stored on their person, but secondarily can be kept in the team medical kit or temporarily stored in the athletic trainer's medical kit.
 - The athletic trainers do not carry general-use EpiPens on their person.
- Students with diagnosed Asthma must keep a rescue inhaler with them at all times. The inhaler may be kept with the athletic trainer at the request of the athlete or athlete's parents, but the medication must be provided by the athlete.
- Any other medications may be stored in the nurse's office.
- Once medications have expired, the head athletic trainer is responsible to dispose of them properly.

New York State Law as well as local regulations strictly outline the rules that schools must follow concerning administration of medication in school. Procedures are as follows:

- The nurse should administer medications only as necessary.
- Instructions for administration of medication must be in writing from the physician and include:
 - The name of the student
 - Medical condition of child
 - The name of the medication
 - The dosage and time
 - A list of possible side effects.
- A letter must be on file from the parents or guardian requesting the administration of the medication by the school.
- Medication must be brought to school by parents/guardian, not sent to school with the child.
- New prescriptions and physician's orders are required at the beginning of each school year.
- All unused medications must be picked up by the parents or guardians at the end of the school year or will be properly disposed of.
- All prescribed medications will be kept in a locked cabinet and dispensed only by authorized personnel.
- If at any time the physician wished to change the dosage, she/he must submit the request in writing.
- A verbal or telephone request from the parent/physician is not acceptable from the standpoint of protection for the school nurse and the school.
- Special guidelines apply to field trips. Contact school nurse.
- The term medication is broad and applies to both prescription and non-prescription drugs.

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Pre-Participation Considerations/Medical Eligibility

Pre-participation physical exams are instrumental in identifying pre-existing medical conditions and gathering information that will allow the athlete to participate in sports activities without the risk of injury or illness. The primary role of the PPE is to assist in discovering possible disqualifying conditions in an athlete and determining their readiness for participation in their chosen sport. In compliance with association rules and standards of practice, the WCSD requires all student athletes to complete and turn in a pre-participation physical examination form prior to their respective sport's starting date.

Only a physician may administer and sign off on an athlete's physical form. All athletes will be told what exactly the PPE will encompass and then sign an informed consent form prior to any medical procedure. The following link contains more information:

<http://www.wappingersschools.org/cms/lib01/NY01001463/Centricity/Domain/1626/WCSD%20AP%20WEB%20SITE%20INFORMATION.pdf>

Before obtaining clearance to participate, all student athletes must have the following forms printed, filled out completely, signed, and returned to the athletics office, or uploaded via the **FamilyID** registration service:

1. A complete history and physical exam.
 - Physical exams are arranged through the health office and conducted by the school nurses and district physicians.
 - Athletes cannot participate until they have passed a complete physical exam and have returned the physical form to the health office.
 - Physical exams are conducted at the end of each school year or prior to the start of each sport season (mid-august).
 - If the health office is unable to perform a physical exam, the student athlete must schedule one individually. The cost of the exam is the responsibility of the student athlete.
 - Physical exams are good from one year to the day of the initial exam. A new exam must be completed annually.
2. A complete permission form.
 - This form must be renewed prior to each sport season. These must be completed and signed by a parent.

The results of the history and physical exam will be kept in the health office in the student athlete's individual file. Also copies of the permission form will be kept in the athletic director's office and with the head coach of each sport.

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Specific Medical Condition Considerations

Concussion

Over time, public awareness of the potential dangers of concussion has risen. What was originally considered a minor injury is now recognized, appropriately, as a condition that can have deep-reaching effects on brain function, development, and long-term health. With repeated concussions, there even exists the potential of an often fatal scenario known as Second Impact Syndrome.

The Wappingers Central School District athletics program is committed to protecting the brain-health of our athletes. All members of the athletic staff, including coaches, administrators, and certified athletic trainers receive regular concussion education and training in an effort to better identify and treat this condition. Below is a summary of the protocol followed to ensure the safe return of athletes to sport following a concussion:

Pre-season Baseline Testing

All new (first year/transfer) student-athletes participating in contact sports will receive a pre-season baseline test for neurocognitive function which includes:

- A concussion history form
- A computerized neurocognitive assessment test ([ImPACT software](#))

This test will be re-administered every two years while the student is still a member of the WCSD athletic program; natural changes associated with the development of the teenage brain mean that baselines of the same athlete may change over time.

Baseline tests will be used as a reference point for comparison if a concussion is suspected. Significant discrepancies between post-injury tests and baseline tests may indicate a concussion and the need for referral to a concussion specialist.

On-Field Evaluation

Whenever a certified athletic trainer (ATC) is present during a practice or game where concussion is suspected, they will lead an on-field evaluation. The ATC will assess the athlete's symptoms and neurological function with a standardized assessment of concussion (SAC). **If there are positive signs and symptoms of a concussion, the athlete will not be allowed to continue practicing or playing in the game.** Depending on the results of the SAC, the ATC will make a further determination whether or not the student athlete should be referred to their primary care physician for follow-up, or to the hospital for further evaluation/monitoring.

If no ATC is present, the coach will be responsible for recording any reported signs/symptoms of a concussion. If there are any positive signs/symptoms of a concussion, the athlete will not be allowed to continue practicing or playing in the game. The athlete's parents should be contacted and made aware of the situation, and the athlete's status should continue to be monitored every five minutes for signs of stabilization or improvement. If the athlete's condition worsens instead, showing signs of physical and/or neurological deterioration, the coach should seek immediate medical attention. The coach or student should follow up with the district ATC by the following afternoon to alert them to the case.

All student-athletes referred for further medical evaluation will be discharged into the care of their parent/guardian with a WCSD Concussion Form and all information necessary to monitor the patient as well as important phone numbers in case of emergency.

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Follow-up Evaluation

If no referral determination was made at the time of injury, all suspected concussions will require a follow-up evaluation by the district ATC the following school day. If referred for further medical evaluation, whether at the time of injury or after a follow-up evaluation, student-athletes will be required to make an appointment with their primary care physician or an equivalent general practitioner to confirm the diagnosis of concussion.

Student-athletes diagnosed with a concussion must report their symptoms to the district ATC on a DAILY basis. **The student-athlete will rest until symptom free.** Only when the student-athlete is completely symptom free for at least 24 hours should they return to their physician to receive a clearance note.

Once symptom free and cleared by a physician, the student-athlete may begin the five-day return-to-play protocol. Note: a physician's clearance is the first step in returning the athlete to their sport, but it does not mean same-day return to full participation; the graduated return-to-play protocol is in place to ensure that there is no recurrence of symptoms, so the athlete may be confident in their safety when they return to full participation.

5-Day Return-to-Play (RTP) Protocol

- **Day 1** – low impact, non-strenuous, light aerobic activity, such as walking or riding a stationary bike for 10 minutes. If tolerated without recurrence of symptoms over 24 hours, proceed to;
- **Day 2** – higher impact, higher exertion, moderate aerobic activity such as running or jumping rope for 15 minutes. No resistance training. If tolerated without recurrence of symptoms over 24 hours, proceed to;
- **Day 3** – Vigorous non-contact aerobic activity for 20-30min. Low resistance weight training with spotter. If tolerated without recurrence of symptoms over 24 hours, proceed to;
- **Day 4** – Sport specific non-contact activity, non-contact team drills. Higher resistance weight training with spotter. If tolerated without recurrence of symptoms over 24 hours, proceed to;
- **Day 5** – Full contact practice, intense aerobic activity. If tolerated without recurrence of symptoms over 24 hours, proceed to;
- Return to full activities without restrictions pending School Physician Clearance.

Final School Physician Clearance

In order for a student-athlete to return to play without restriction, they must have clinical measures equivalent to 95% of their baseline scores, they must remain asymptomatic for 24 hours following the testing protocol, and they must have written clearance from the appropriate medical personnel. **The school district's chief medical officer must sign off on all completed RTPs** before the athlete is allowed to return to full participation.

Please note that it may take more than one day for the chief medical officer to clear an athlete. WCSD asks that families be patient and remember that the protocol is in place to return their children to sport in the safest and timeliest manner.

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Skin Conditions

WCSD takes the need to identify and contain potential skin infections seriously. The district will abide by the recommended precautions put forth by the NYSPHSAA committee, reprinted below:



A Guide to Address a Skin Infection Outbreak

A skin infection outbreak is a serious situation for a school district. The NYSPHSAA recommends taking a proactive approach and formalizing a plan before an outbreak occurs. The *athletic director, school nurse, certified athletic trainer, chief school medical director, superintendent, and coach* should be directly involved in developing the plan. Every precaution needs to be taken to limit the spreading of the skin infection to the rest of the athletes on the wrestling team and to other wrestling team members from other schools.

The following steps can be used to help reduce the spreading of a skin infection when an outbreak is confirmed by the district.

Step 1: Notify athletic director, school nurse, certified athletic trainer, chief school medical director, and superintendent of the suspected or confirmed case of a skin infection. Also, notify the local health department of a confirmed case of a skin infection. Follow the recommendations from the local health department.

Step 2: Instruct all wrestlers in the program (modified and high school) to clean out their lockers and wash all workout clothes. Consult with Buildings and Grounds Supervisor on the appropriate disinfectant to use. Disinfect all lockers, wrestling mats, and padded walls.

Step 3: Notify all wrestling parents of the outbreak. The local health department can help you with the letter to the parents. Schedule a parent/student meeting to help educate and increase the awareness of skin infections. Consider using the National Wrestling Association Web Video on preventing skin infections during the meeting.

Step 4: If your wrestling team has participated in any dual meets or tournaments, notify all attending school districts that you have a confirmed case(s) of a skin infection. Inform the school(s) of the type of skin infection that has been confirmed and what types of symptoms are associated with the skin infection. The health department can collaborate with you on drafting this letter. **NOTE:** Every precaution must be taken to protect all infected wrestler's HIPPA rights.

Step 5: If a wrestler has a suspected case, they should be examined by a physician, physician assistant, or nurse practitioner. Have the school nurse or certified athletic trainer perform daily skin inspections to help identify any potential new cases. Consider suspending all wrestling activities, other than conditioning the athletes, to avoid direct skin to skin contact.

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Wrestling activities, including dual meets and tournaments, can be resumed when the chief school medical director and local health department feel the spreading of the infection has been contained and it is safe to resume.

School districts have a great responsibility to protect their student athletes and the student athletes of other school districts when it comes to skin infections. The NYSPHSAA staff is always available to our member schools for advice and information to help with any outbreaks of a skin infection. If you have any questions or need further assistance, contact Todd Nelson, Assistant Director, at (518)690-0771.

December 16, 2011

A health care provider release form for wrestlers to participate with controlled skin lesions is available in Appendix A of this document.

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Pregnancy

If an athlete reports to her coach or the athletic trainer that she is pregnant, a doctor's authorization will be required before that athlete is permitted to continue participation in sport. All responsibility for reporting a pregnancy shall rest with the student athlete and/or her parents or guardians as long as, by exercise of reasonable observation, the coach/administrators or athletic trainers could not have known of the pregnancy. The aforementioned parties will, however, be required to make reasonable inquiry if the condition of pregnancy is suspected, but that inquiry shall not extend beyond an inquiry to the student and/or the student's parents or guardians.

During the first 18 weeks of pregnancy, students, with written consent from a physician, may be allowed to participate in athletic activities except those in which a fall or other rapid deceleration is likely to occur. Contact sports are discouraged.

Until a physician determines the level of safe activity for an athlete, and until a written doctor's recommendation is returned to the school to be kept in the athlete's medical file, the athlete will not be permitted to participate in any athletic activity. The purpose of this policy is to protect the mother as well as the fetus.

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Mental Health Concerns

WCSD recognizes that mental health is as important an aspect of the student-athlete's safety as physical health is. The certified athletic trainer, while not a mental health professional, may play a crucial role in directing students to the appropriate resources. The certified athletic trainer will work in conjunction with school nurses, school psychologists, and the guidance office to properly direct the care of suspected mental health concerns.

As mandated reporters, certified athletic trainers have a duty to report any suspected physical or sexual abuse of a minor **within 24 hours** of noticing the abuse, but are encouraged to report *as soon as reasonably possible*. Reports of suspected abuse should be made to the certified athletic trainer's direct supervisor, the athletic director, or to the school guidance office/social workers.

Suspected Physical/Sexual Abuse

The NYS Office of Family and Children Services (ocfs) offers information on identifying abuse and what to do as a mandated reporter. The following link offers a summary guide for mandated reporters:

<https://ocfs.ny.gov/main/publications/pub1159text.asp>

For quick reference, the following excerpt from the above guide provides notes on identifying abuse:

How Do I Recognize Child Abuse and Maltreatment?

The list that follows contains some common indicators of abuse or maltreatment. This list is not all-inclusive, and some abused or maltreated children may not show any of these symptoms.

Indicators of Physical Abuse Can Include:

- Injuries to the eyes or both sides of the head or body (accidental injuries typically only affect one side of the body);
- Frequent injuries of any kind (bruises, cuts, and/or burns), especially if the child is unable to provide an adequate explanation of the cause. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments;
- Destructive, aggressive, or disruptive behavior;
- Passive, withdrawn, or emotionless behavior;
- Fear of going home or fear of parent(s).

Indicators of Sexual Abuse Can Include:

- Symptoms of sexually transmitted diseases;
- Injury to genital area;
- Difficulty and/or pain when sitting or walking;
- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization;
- Expressing age-inappropriate knowledge of sexual relations;
- Sexual victimization of other children.

Indicators of Maltreatment Can Include:

- Obvious malnourishment, listlessness, or fatigue;
- Stealing or begging for food;
- Lack of personal care—poor personal hygiene, torn and/or dirty clothes;
- Untreated need for glasses, dental care, or other medical attention;
- Frequent absence from or tardiness to school;
- Child inappropriately left unattended or without supervision.

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Substance Abuse

Teenagers are a particularly high-risk group for substance abuse disorders. Any athletes suspected of struggling with tobacco, alcohol, or drug-related issues should be referred to the school guidance office/school psychologist to assist in recovery.

Self-Harm

Situations in which a student has revealed evidence of self-harm (e.g. cutting, burning) or has expressed intent to harm oneself or others should be treated as mandated reporting scenarios: The certified athletic trainer should notify their direct supervisor, the athletic director, or the school guidance office/school psychologist **within 24 hours**, and ideally *as soon as reasonably possible*, to ensure the safety of the student.

Disordered Eating

Recognizing an eating disorder is not easy and often the athletic trainer will come to awareness of the issue via reports from other athletes concerned about the athlete in question. It must be noted that not all victims of an eating disorder are female.

Some, but not all, warning signs of eating disorders are:

- Binge eating followed by vomiting
- Use of laxative and/or diuretics
- Obsession with weight or body image
- Severe weight loss or continual weight loss
- Not eating in public
- Exercising in response to eating
- Yellowing teeth/poor gum health
- Foul breath
- Decrease in performance
- Strict diets

A student suspected of an eating disorder should be referred both to a mental health professional (school guidance counselor/psychologist) and also a medical professional (licensed physician and/or dietician), as recovering from an eating disorder involves addressing the underlying psychological stresses, but also, importantly, the physical needs of the body as well.

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OSHA and BBP Exposure Protocol

Blood-borne Pathogen Exposure Control Plan

The following guidelines have been established for the protection of employees against HBV/HIV and other blood-borne infections. They include steps to contain infectious material and fluids and limit disease transmission. As such, all employees, student workers and others who may, in the course of carrying out their assigned duties, come in contact with blood-borne pathogens are required to know and follow universal precautions, as described by the Center for Disease Control. The use of universal precautions does not negate the need for other isolation precautions as identified in the Center of Disease Control Guidelines for Isolation Precautions. The specific infection control policies and procedures are listed herein and are provided to staff and student workers.

These policies are developed to accomplish the following:

1. Minimize contact with blood and body fluids by staff and student
2. Minimize likelihood of transmission of specific organisms, such as: HBV, HIV, TB, Staph, Strep.
3. Practice consistent appropriate sharp disposal procedures
4. Increase confidentiality for patients, i.e. the same precautions for all patients.
5. Practice consistent infection control procedures

Personal Protective Equipment:

By order of OSHA and the county health department, all health care personnel must wear personal protection equipment whenever possible exposure situations present themselves. The following protective equipment is strongly recommended when addressing bodily fluid situations:

- Latex or vinyl gloves
- Safety glasses (clear)
- Mouth and nose mask
- Disposable gowns (if needed)
- One-way valve CPR mask

These items (when needed) are mandatory for all staff members. It is further recommended that all staff members engage in proper post-treatment sanitation practices (such as personal protective equipment disposal, and antibacterial hand and forearm scrubbing). The personal protective equipment necessary to prevent occupational exposure is available for employee use. Employee training on equipment is available and proper use of and repair/replacement procedures are provided.

Causative Factors and Health Consequences:

HIV, HBV, and HCV are transmitted through direct contact with infected blood or blood components, direct sexual contact, and prenatal mother-to-baby contact. High-risk behaviors such as sexual intercourse and sharing needles with persons who are infected have been identified as the most common sources of transmission of the viruses.

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Accidental Exposure:

Any staff member that feels they have been exposed to a patient's bodily fluids should do the following immediately:

1. Do not panic. If the exposure involved a wound, it should be cleaned thoroughly for at least five minutes.
2. Report the possible exposure to the certified athletic trainer or athletic director. An incident report must be filled out.
3. The exposed individual should report to a nearby hospital for testing and treatment if needed.
3. If possible, the exposed individual should be tested for hepatitis A, B, and C, tuberculosis, and HIV.

NOTE: The confidentiality rule will be in effect for any cases involving possible exposure situations.

The best advice to all staff members is safety first. Remember that non-puncture exposures carry the lowest chance contracting diseases.

APPENDIX A:

APPENDIX B:

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