

WESLACO INDEPENDENT SCHOOL DISTRICT

ATHLETIC TRAINING GUIDELINES & PROCEDURES



Table of Contents

| | |
|---|----|
| Table of Contents..... | 2 |
| Mission Statement..... | 4 |
| WEHS Athletic Training Room Rules..... | 5 |
| WHS Athletic Training Room Rules..... | 6 |
| Weslaco East Wildcat Athletic Training Room Hours of Operation..... | 7 |
| Weslaco Panthers Athletic Training Room Hours of Operation..... | 8 |
| Weslaco ISD Athletic Training Procedures for Coverage Of Games And Practices..... | 9 |
| Pre-participation Requirements for Athletics..... | 10 |
| Injury Evaluations and Physician Referral Procedures..... | 11 |
| Student Insurance Claim Filing Procedures..... | 12 |
| Coach’s Checklist for Games / Travel..... | 13 |
| Coaches Responsibilities to the Athletic Trainer..... | 14 |
| Concussion Management Plan Outline..... | 15 |
| On Field Cervical Spine Injury Protocol..... | 31 |
| Weslaco ISD Athletic Training Skin Infections Procedures..... | 32 |
| Over The Counter and Prescription Medication..... | 34 |
| Asthma and Anaphylaxis Medications..... | 35 |
| Medical and Non-medical Emergencies..... | 36 |
| Reporting Injuries, Non-school Injuries, And When to Refer..... | 37 |
| When to Remove an Athlete from Play..... | 38 |
| General Recovery Process..... | 39 |
| Return to Play Policy..... | 40 |

| | |
|--|----|
| Venue Emergency Action Plan – Weslaco EAST Baseball Field..... | 41 |
| Venue Emergency Action Plan - Weslaco East Football Soccer, Track Field..... | 42 |
| Venue Emergency Action Plan – Weslaco EAST Locker Rooms..... | 43 |
| Venue Emergency Action Plan – Weslaco EAST Main Gym..... | 44 |
| Venue Emergency Action Plan – Weslaco EAST Practice Gym..... | 45 |
| Venue Emergency Action Plan – Weslaco EAST Softball Field..... | 46 |
| Venue Emergency Action Plan Weslaco EAST Tennis Courts..... | 47 |
| Venue Emergency Action Plan – WEHS Athletic Training Room..... | 48 |
| Emergency Action Plan - WISD Aquatic Center..... | 49 |
| Emergency Action Plan- W.H.S. Baseball Field..... | 50 |
| Emergency Action Plan- W.H.S. Lackey Gym..... | 51 |
| Emergency Action Plan- W.H.S. Sepulveda Gym..... | 52 |
| Emergency Action Plan- W.H.S. Lackey Stadium..... | 53 |
| Emergency Action Plan- W.H.S. Practice Fields..... | 54 |
| Emergency Action Plan- W.H.S. Tennis Courts..... | 55 |
| Weslaco ISD Athletic Emergency Action Flow Sheet..... | 56 |
| Guidelines to Use during a Serious On-Field Player Injury..... | 57 |
| Emergency Communication Phone Numbers..... | 58 |
| RGV Emergency Room Information..... | 59 |
| Automated External Defibrillator (AED) Use Protocol..... | 60 |
| Lightning Safety..... | 63 |
| Heat Stress and Athletic Participation..... | 65 |

Mission Statement

The mission of the Weslaco ISD Athletic Training Dept. is to provide first-class, comprehensive, and state of the art health care as it pertains to the well-being of Weslaco ISD student-athletes.

The following principles will be embraced by the Weslaco ISD Athletic Training Staff:

- To provide professional, first-class leadership and counseling necessary to prevent, manage, and rehabilitate the student-athletes and their injuries.
- To serve as a major resource for Weslaco I.S.D. Athletics through the development of partnerships with healthcare professionals in our community.
- To consistently provide a high level of student athlete care and service.
- To maintain integrity, accountability and carry out sound management practices.
- To promote character, development, leadership, and sportsmanship
- To support the mission, goals, and objectives of Weslaco ISD Coaches and the school district as a whole.



WEHS Athletic Training

Room Rules

1. All Student Athletes must sign in.
2. If you are not injured stay out.
3. No students allowed in the Training Room without supervision.
4. No students are allowed in the Training Room during class time unless referred by the Nurse.
5. Shower after practice before receiving post practice treatments.
6. No loitering, horseplay, loud talking, or bad language.
7. Shirts and shorts are required at all times
8. No cleated, spiked or muddy shoes.
9. No food or gum.
10. Do not handle therapeutic modality equipment on your own.
11. No cups or ice will be given for drinks.
12. Do not take anything without the Athletic Trainer's permission.



WHS Athletic Training Room Rules

1. All Student Athletes must sign in
2. If you are not injured stay out
3. No students allowed in the Training Room without supervision
4. No students are allowed in the Training Room during class time
5. Athletes must shower before getting post practice treatments
6. No loitering, horseplay, loud talking, or bad language
7. Shirts and shorts are required at all times
8. No cleated, spiked or muddy shoes
9. No food or gum
10. Do not handle therapeutic modality equipment on your own
11. No cups will be given for drinks
12. Do not take anything without the Athletic Trainer's permission
13. Trainers will not unlock any room for athletes



Weslaco East Wildcat Athletic Training Room Hours of Operation

| | |
|--|---------------------------------|
| Phone: | (956) 969-6925 |
| All Sports Served On-Site or On-Call at All HOME Events | |
| Hours of Operation (August - November) | |
| Monday-Thursday: | 7:00am - 7:00pm |
| Friday: | 7:00am - 4:00pm |
| Saturday: | 8:00am – 2:00pm |
| Sunday: | As needed by appointment |
| Hours of Operation (December - May) | |
| Monday, Tuesday, Thursday, Friday: | 7:00am - 7:00pm |
| Wednesday | 7:00am – 6:00pm |
| Saturday: | As needed by appointment |
| Hours of Operation (June - July) | |
| Monday-Thursday: | 8:00am - 4:00pm |



Weslaco High Panther Athletic Training Room Hours of Operation

| | |
|--|-------------------------------------|
| Phone: | (956) 969-6865 |
| All Sports Served | |
| Hours of Operation (August - November) | |
| Monday-Thursday: | 7:15am – 11:30am & 1:00pm -- 7:00pm |
| Friday: | 7:15am – 11:30am & 1:00pm -- 4:00pm |
| Saturday: | 8:00am – 1:00pm |
| Sunday: | As needed by appointment |
| Hours of Operation (December - May) | |
| Monday, Tuesday, Thursday, Friday: | 7:15am – 11:30am & 1:00pm -- 6:00pm |
| Wednesday | 7:15am – 11:30am & 1:00pm -- 6:00pm |
| Saturday: | As needed by appointment |
| Hours of Operation (June - July) | |
| Monday-Thursday: | 8:00am - 4:00pm |

Weslaco ISD Athletic Training Procedures for Coverage of Games and Practices

Practice:

- Practice for football is covered by at least one Athletic Trainer at all times.
- For all other sports at least one Athletic Trainer will be available to take care of any injury, and can be reached by cell phone or in the Training room:
 - **WHS TRAINING ROOM ---- 969-6865**
 - **WEHS TRAINING ROOM----969-6925**

Games:

- All home events are covered by an athletic trainer. Sometimes there may be multiple events so the Athletic Trainer will cover the sport that has a higher chance of injury but still available by cell phone for the other sports.
- All varsity football games are covered by both Athletic Trainers. All sub-varsity away football games are covered by the other team's Athletic Trainer.
- All other sports away games are covered by that team's Athletic Trainer. If a team reaches the playoffs, their away games will be covered by an Athletic Trainer.

Middle School Coverage and Student Evaluations:

- Coaches are discouraged to transport students to the Athletic Training Room unless proper documentation has been filed.
- If a student needs to see an Athletic Trainer for evaluation then coaches should contact parents and direct them to the training room.
- Middle School Coaches should inform the training staff of any significant injury.
- If an emergency or urgent care is needed then coaches should utilize the services of the school nurse as much as possible.
- If after hours then established emergency procedures should be followed as outlined in the manual.

Pre-participation Requirements for Athletics

Physical Examinations:

- All incoming 7th graders thru 12th graders will need a current physical exam done by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.
- The physical exam shall be done on the U.I.L. physical exam form. **No other form will be accepted.** (See Appendix A)
- Transfer students can use their prior school's physical exam as long as it is on the U.I.L. format.
- All current athletes need to complete a medical history packet annually.
- Weslaco I.S.D. will provide a designated date and location for free athletic physicals to be performed by a designated Physician. Students can go to their preferred medical doctor at their own expense.
- Always remember to check the medical history form (See Appendix A) and the physical exam form thoroughly. This will inform you of any abnormal findings, special instructions, limitations, and exclusions.
- No Athlete shall be allowed to participate until the physical exam (Appendix A) and all other UIL forms (See Appendix B, C, D, & E) are on file in the Athletic Trainer's office.
- It is the coach's responsibility to provide the athletic trainer with a team roster and notify him of any changes or additions to the roster as soon as possible.
- All coaches shall utilize RankOne to verify the names of all cleared athletes.
- If an athlete has not been cleared by the athletic trainers and marked cleared on RankOne they shall not be allowed to participate in any athletic activity.

Injury Evaluations and Physician Referral Procedures

Injury Evaluations:

- Student athletes may come to the Training Room for injury evaluations before class, during lunch time, and/or after school hours. (See Training Room Hours).
- No student will be allowed in the Training Room during regular class time unless they are referred by the school Nurse.

Middle Schools:

- Coaches are discouraged to transport students to the Athletic Training Room unless proper documentation has been filed.
- Athletic Trainers will establish and maintain weekly visits to the middle schools for injury evaluations.
- If a student needs to see an Athletic Trainer for evaluation then coaches should contact parents and direct them to the training room.

Medical Referring Procedures:

- No coach shall refer any athlete to the doctor unless in an emergency situation or without following the injury procedure plan.
- Parents ultimately have the final decision when referring. Athletic Trainers may recommend a physician only when the parent requests and or when the student may not have a personal physician. At that time explanation of school insurance procedures may be warranted.
- The Student-Athlete may return to activity only with the treating Physician's written clearance note, to be kept on file at the school.

Student Insurance Claim Filing Procedures

Weslaco ISD has an accident insurance policy in place for when students are injured during practices or games.

The insurance company for the 2022-23 school year is Student Assurance Services, Inc.

A WISD student accident report must be completed by the supervising Coach or the Athletic Trainer if at an AWAY event. It must be entered into the Student Accident Report Database by the Athletic Trainer. This can be done on the next school business day, but should be done as soon as possible.

Some parents may choose use their own insurance policy and not the school's accident policy.

When an injury occurs requiring treatment by a physician:

1. The athlete must be seen by a physician within 30 days of the date of injury.
2. In an emergency, whenever practical the supervising coach should complete the top portion of the claim form (Part I School Report), then give the form to the Parents to complete the bottom parent portion (Part II Parent Information).
3. In a non-emergency parents shall bring their child to the Training Room for evaluation as soon as practical.

The completed claim form must accompany the student to the physician's office or it can be turned in to the registration desk at the ER.

All medical expenses will be submitted to the parent's primary insurance company first. All other balances and co-pays will be submitted to the school's secondary insurance company.

The Student-Athlete may return to activity only with the treating Physician's written release note to be kept on file at the school.

Any question regarding these procedures, contact your Athletic Trainer.

Coach's Checklist for Games / Travel

1. Trainer's Kit
2. Water Cooler, w/ cups or water bottles
(Unless previous arrangements have been made with the host Athletic Trainer)
3. Ice, Plastic Bags
4. Emergency Parent Contact Information
5. Blank Injury Insurance Forms

Coaches Responsibilities to the Athletic Trainer

1. Coaches must comply with Rank One duties, e.g. creating and maintaining rosters, verifying eligibility, and inputting season game schedules.
2. Prohibit any Student-Athlete from participating without completing all UIL required participation forms (Appendix A, B, C, D, E). The coach will be responsible for liability actions if a student-athlete is allowed to participate without completed UIL forms.
3. Protect the Student-Athletes' health, safety, and welfare as the top priority.
4. Refer a Student-Athlete whose health, safety, or welfare is in question to the Athletic Trainer, or School Nurse immediately.
5. Encourage injured athletes to adhere to scheduled Athletic Training Room treatments.
6. Physician appointments for consultation, and follow-ups in a timely fashion.
7. Not refer Students to external Physicians for consultation (Unless in an emergency situation.)

Athletic Trainer's Responsibility to the Coaching Staff:

1. Establish office hours to be kept as posted Monday through Friday and have the facility available as necessary.
2. Be the liaison between Physicians, Coaches, the Athletic Director, and the Principal regarding the medical condition of the Athletes.
3. Maintain records of all training room visits and treatments.
4. Inform Coaches of all significant injuries.
5. Determine which Student-Athletes are eligible for athletic participation based on pre-participation physical examinations and insurance/waiver forms.
6. In conjunction with Physicians, determine when Athletes are to be removed from competition due to injury and when they may return.
7. Any treatments will be recorded and maintained in the training room. Missed treatments will be reported and rescheduled by the athletic training staff.
8. All Physician appointments for injured athletes must be made by the Athletic Trainer and not by the Coaching staff. *The team physician, or designated physician, has the final responsibility to determine when a student athlete is to be removed or withheld from participation due to an injury or illness. In addition, clearance for that individual to return to activity is solely the responsibility of the physician that removed him/her from competition in the first instance.*

WESLACO INDEPENDENT SCHOOL DISTRICT

CONCUSSION MANAGEMENT PLAN

2022 – 2023

Concussion Management Plan Outline

- I. CONCUSSION OVERSIGHT TEAM (COT)**
 - A. Mission Statement
 - B. Members
- II. CONCUSSION EDUCATION AND TRAINING**
 - A. Coaches, Athletic Trainers, COT Members
 - B. Parents / Guardians, Student Athletes
- III. RESPONSE TO A SUSPECTED CONCUSSION**
 - A. Removal From Play
 - B. 4 Step Action Plan
- IV. MEDICAL EVALUATION AND CLEARANCE**
 - A. Following a Concussion
 - B. Academic Modifications
- V. RETURN TO PLAY**
 - A. Progressive Return to Activity
 - B. Step by Step Activity Program
 - C. Middle Schools
 - D. Subsequent Concussions
- VI. APPENDIXES**
 - A. UIL Concussion Acknowledgment Form
 - 1. English Form
 - 2. Spanish Form
 - B. Fact Sheet
 - 1. English Form
 - 2. Spanish Form
 - C. Physician Evaluation Form
 - D. UIL Return to Play Form
 - E. Progressive Return to Play Form

I. CONCUSSION OVERSIGHT TEAM (COT)

A. Mission Statement:

The Weslaco Independent School District is dedicated to educating and providing a safe environment for all of our student athletes. WISD recognizes that a concussion is a serious injury to the brain. WISD has implemented a Concussion Management Plan to include education, detection, evaluation, and return to play following a concussion injury. School personnel will work together to ensure that laws are abided and procedures are followed. This plan will be supervised by the Superintendent of Schools and implemented by the Athletic Trainers of WISD.

B. COT Members

- 1. Michael Sander, MD – Sander Orthopaedics**
- 2. Susan Coffman – District Nurse**
- 3. Xavier J. Bañuelos – WEHS Athletic Trainer**
- 4. Gustavo A. Muñoz – WEHS Athletic Trainer**
- 5. Gladys Sosa – WEHS Athletic Trainer**
- 6. Alejandra Borrego- WHS Athletic Trainer**
- 7. Irving Estave – WHS Athletic Trainer**
- 8. Gerardo Aguirre – WHS Athletic Trainer**

II. CONCUSSION EDUCATION AND TRAINING

A. Coaches, Athletic Trainers, and COT Members:

Coaches will be required to complete 2 hours of documented training every 2 years on the subject matter of concussions. Athletic Trainers will be required to complete a CEU course in the subject matter of concussions. Physicians who serve on the COT will be required to periodically take a CME course in the subject matter of concussions.

B. Parents and student athletes will be required to sign the UIL Acknowledgment of Rules Form and the Concussion Acknowledgment Form (see appendix A) prior to the first athletic practice. The form defines a concussion and explains prevention, signs and symptoms, treatment, COT, and guidelines for safely resuming participation in athletic activity following a concussion.

III. RESPONSE TO A SUSPECTED CONCUSSION

A. Removal From Play:

The student-athlete shall be removed immediately from an interscholastic athletic practice or competition if one of the following persons believes the student might have sustained a concussion during practice or competition:

1. a coach;
2. a physician;
3. a licensed health care professional; or
4. the student's parent or guardian or another person with legal authority to make medical decisions for the student.

B. 4-Step Action Plan:

1. Coaches upon suspecting or recognizing a concussion shall remove the student-athlete from play or activity, immediately.
2. Student-athlete will be evaluated by an appropriate health care professional (Athletic Trainer, Emergency Personnel, or Physician) as soon as practicable.
3. Inform the student-athlete's parent or guardian about the possible concussion and provide information on concussions: Concussion Fact Sheet (see appendix B).
4. If it is determined that a concussion has occurred, the student-athlete shall not be allowed to return to participation that day regardless of how quickly the concussion signs or symptoms resolve. He/she shall be kept from activity until the student-athlete has received written clearance from a physician indicating they are symptom-free and allowed to return to activity as described below in the district's Progressive Return-to-Play protocol. A coach of an interscholastic athletic team may not authorize a student's return to play.

IV. MEDICAL EVALUATION AND CLEARANCE

A. Following a Concussion:

A student removed from an interscholastic athletic practice or competition that is suspected of having a concussion may not be permitted to practice or compete following the force or impact believed to have caused the concussion until:

1. the student-athlete has been evaluated by using established medical protocols based on peer-reviewed scientific evidence by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
2. the student has successfully completed each requirement of the Return-to-Play protocol;
3. the treating physician has provided a written clearance statement (see appendix C) indicating that, in the physician's professional judgment, it is safe for the student-athlete to return to play; and
4. the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - a. have acknowledged that the student has completed the requirements of the Return-to-Play protocol
 - b. have provided the treating physician's written clearance statement to the person responsible for compliance with the Return-to-Play protocol; and
 - c. have signed the UIL Return to Play Form (see appendix D)

B. Academic Modifications

1. Academic adjustments will not be used unless specifically listed by the physician. See Physician Evaluation Form (appendix C). In the event that the treating physician requires that the student-athlete be given academic modifications, the school nurse, classroom teachers, and administrators will all be notified.
2. During the recovery time these adjustments will be reviewed and modified according to the symptoms that the student is experiencing. Academic support during concussion recovery will be administered with as little disruption to the student's academic schedule as possible while allowing for maximum recovery.

V. RETURN TO PLAY

A. Progressive Return to Activity:

Following clearance and compliance with the above information, supervised progression of activities should be initiated utilizing the now standardized protocol (Step-By-Step Activity Program appendix E):

1. Student-athlete shall be completely symptom-free for 24-hours prior to initiating the return-to-play progression.
2. Progression continues at 24-hour intervals as long as the student-athlete is symptom-free at each level and for 24-hours after activity.
3. If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.
4. Once the symptoms have resolved, activity may be resumed at Phase 1, not at the phase where the symptoms began.
5. If symptoms do not resolve in 24-48 hours, a follow-up with the treating physician may be required.

B. Step by Step Activity Program: (see appendix E) Progressive Return to Play Form

Step 1. Light aerobic exercise – 5-10 minute jog, stationary bike, etc. No weight-lifting, resistance training, or other physical activity.

Step 2. Moderate aerobic exercise – 15-20 minute jog in the gym or on the field; no helmet or equipment.

Step 3. Regular non-contact training drills in full practice gear; aerobic activity at full speed; may begin weight-lifting, resistance training, and other exercises.

Step 4. Regular full contact practice.

Step 5. Full game play competition.

C. Middle School:

In the event that a middle school student is diagnosed with a concussion, the coach may observe and supervise each phase of the protocol and report the daily outcome to the athletic trainer of the high school that their school feeds into. The athletic trainer in consultation with the treating physician will have the final say whether the student will move to the next phase. Coaches may not authorize a students' return-to-play after a concussion injury.

D. Subsequent Concussion:

Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation.

VI. APPENDIXES

A. UIL Concussion Acknowledgement Form

1. English
2. Spanish

B. Parent Fact Sheet

1. English
2. Spanish

C. Physician Evaluation Form

D. UIL Return to Play Form

E. Progressive Return to Play Form



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention - Teach and practice safe play & proper technique.
 - Follow the rules of play.
 - Make sure the required protective equipment is worn for all practices and games.
 - Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion - The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

 Parent or Guardian Signature

 Date

 Student Signature

 Date



FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante _____

Definición de conmoción cerebral: significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) induir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

Prevención: enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

Signos y síntomas de la conmoción cerebral: los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

Supervisión: cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

El tratamiento de la conmoción cerebral: el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

Regreso al juego: según el Código de Educación de Texas, sección 38.157:

A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:

(1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante designado por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;

(2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;

(3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y

(4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:

(A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;

(B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y

(C) haya firmado un formulario de consentimiento que indique que la persona que firma:

(i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;

(ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;

(iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 (Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

Firma del padre o el tutor

Fecha

Firma del estudiante

Fecha

A FACT SHEET FOR Parents



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP
January 2021



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

➤ What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021



HOJA INFORMATIVA PARA los padres



¿Qué es una conmoción cerebral?

Una conmoción es un tipo de lesión cerebral que ocasiona cambios en la forma en que funciona el cerebro normalmente. Es causada por un golpe, un impacto o una sacudida en la cabeza. Las conmociones cerebrales también pueden ocurrir por un golpe en el cuerpo que haga que la cabeza y el cerebro se muevan bruscamente hacia adelante y hacia atrás. Hasta un golpe en la cabeza que parezca leve puede ser grave.

¿Cuáles son los signos y síntomas de una conmoción cerebral?

Las conmociones cerebrales no se pueden “ver”. Los signos y síntomas de una conmoción cerebral pueden manifestarse tan pronto como ocurra la lesión o puede que no aparezcan ni se noten sino hasta horas o días después. Es importante estar atento a cambios en la forma en que el niño o adolescente actúa o se siente, si los síntomas empeoran o si “simplemente no se siente bien”. La mayoría de las conmociones cerebrales ocurren sin que haya pérdida del conocimiento.

Si su niño o adolescente indica que tiene uno o más de los signos o síntomas de conmociones cerebrales enumerados a continuación, o si usted nota estos síntomas, busque atención médica inmediatamente. Los niños y adolescentes están entre las personas con mayor riesgo de sufrir conmociones cerebrales.

Signos y síntomas de una conmoción cerebral

Signos observados por los padres o tutores:

- Parece aturdido o desorientado
- Está confundido con relación al incidente
- Responde a las preguntas con lentitud
- Repite las preguntas
- No puede recordar lo ocurrido *antes* del golpe o la caída
- No puede recordar lo ocurrido *después* del golpe o la caída
- Pierde el conocimiento (aunque sea por poco tiempo)
- Muestra cambios de conducta o de personalidad
- Se le olvida el horario de clases o las tareas a realizar

Síntomas reportados por su niño o adolescente

Área del razonamiento y la memoria

- Dificultad para pensar claramente
- Dificultad para concentrarse o recordar cosas
- Siente que todo lo hace más despacio
- Se siente débil, desorientado, aturdido, atontado o grogui

Área física

- Dolor de cabeza o “presión” en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio o mareo
- Fatiga o cansancio
- Visión borrosa o doble
- Sensibilidad a la luz o al ruido
- Hormigueo o entumecimiento
- No se “siente bien”

Área emocional

- Irritable
- Triste
- Más sensible de lo usual
- Nervioso

Área del sueño*

- Adormecido
- Duerme *menos* de lo normal
- Duerme *más* de lo normal
- Tiene problemas para quedarse dormido

**Solo pregunte sobre síntomas relacionados con el sueño si la lesión ocurrió en días anteriores.*

Para obtener una copia electrónica de esta hoja de información en español, por favor visite www.cdc.gov/HEADSUP
Enero de 2021



Signos peligrosos

Esté atento por si los síntomas empeoran con el tiempo. Debe llevar inmediatamente a su niño o adolescente a la sala de emergencias si presenta lo siguiente:

- Tiene una pupila (la parte negra en el centro del ojo) más grande que la otra
- Está mareado o no se le puede despertar
- Tiene un dolor de cabeza persistente o que empeora
- Debilidad, entumecimiento o menor coordinación
- Náuseas o vómitos constantes
- Dificultad para hablar o pronunciar las palabras
- Convulsiones o ataques
- Dificultad para reconocer a personas o lugares
- Mayor confusión, inquietud o agitación
- Comportamiento anormal
- Pierde el conocimiento (las pérdidas del conocimiento deben considerarse como algo serio aunque sean breves)

Los niños y adolescentes que han sufrido una conmoción cerebral NUNCA deben regresar a participar en actividades deportivas o recreativas el mismo día en que ocurrió la lesión.

Deben esperar hasta que un profesional médico con experiencia en la evaluación de conmociones cerebrales les diga que está bien volver a realizar este tipo de actividades. Esto significa que no deben regresar a realizar:

- Clases de educación física (PE),
- Prácticas o juegos deportivos ni
- Actividades físicas durante el recreo

¿Qué debo hacer si mi niño o adolescente ha sufrido una conmoción cerebral?

1. **Busque atención médica de inmediato.** Un profesional médico con experiencia en evaluar conmociones cerebrales puede determinar la gravedad de la conmoción y cuándo puede el niño o adolescente regresar de manera segura a realizar sus actividades normales, incluso las actividades escolares y físicas (actividades de aprendizaje y concentración).
2. **Ayúdelos a que tomen tiempo para mejorarse.** Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse. Su hijo puede requerir limitar sus actividades mientras se recupera de una conmoción cerebral. El ejercicio o las actividades que requieran de mucha concentración, como estudiar, trabajar en la computadora o los juegos de video pueden causar que los síntomas de la conmoción cerebral (como dolor de cabeza o cansancio) reaparezcan o empeoren. Después de una conmoción cerebral, los profesionales médicos deben vigilar atentamente al niño al realizar actividades físicas y cognitivas, como las de concentración y aprendizaje.
3. **Converse con su niño o adolescente acerca de como se están sintiendo.** Su hijo se puede sentir frustrado, triste y hasta con rabia por no poder regresar a realizar sus actividades deportivas o recreativas inmediatamente, o por no poder mantenerse al día con las clases. Su hijo también puede sentirse aislado de sus compañeros y redes sociales. Hable con su niño sobre estos temas y ofrézcale apoyo y ánimo.

¿Cómo puedo ayudar a mi hijo a regresar a la escuela sin peligro después de una conmoción cerebral?

Ayude a que su niño o adolescente reciba el apoyo necesario cuando regrese a la escuela después de sufrir una conmoción cerebral. Hable con los maestros, la enfermera escolar, el entrenador, los patólogos del lenguaje o el consejero escolar acerca de la conmoción cerebral que sufrió su hijo y los síntomas que tuvo.

El médico de su niño o adolescente puede utilizar la información en la carta "CDC Letter to Schools" para entender que estrategias existen para regresar al colegio.

Your child's or teen's healthcare provider can use CDC's Letter to Schools (https://www.cdc.gov/traumaticbraininjury/pdf/pediatricmtbiguidelineeducationalttools/mTBI_ReturntoSchool_FactSheet-Pin.pdf) to provide strategies to help the school set up any needed supports.

La ayuda o apoyo adicional que recibe el niño se puede retirar gradualmente al disminuir los síntomas. Los niños y adolescentes que regresen a la escuela después de sufrir una conmoción cerebral necesitan:

- Tomar descansos según lo requieran
- Estar menos tiempo en la escuela
- Tener más tiempo para tomar exámenes o realizar tareas
- Recibir ayuda para realizar las tareas y
- Disminuir el tiempo en que usan la computadora, leen o escriben
- Suspender toda actividad de recreo, educación física y deportes, hasta que se reciba autorización del médico.
- Realizar menos trabajo académico.
- Evitar situaciones con mucho ruido o que haya exceso de estimulación.

Para aprender más sobre las conmociones cerebrales vaya a www.cdc.gov/HEADSUP (en inglés), o llame al 1.800.CDC.INFO

Enero de 2021



Weslaco ISD Concussion Management Plan Physician Evaluation Form

This form must be completed by the treating Physician and returned to the school Athletic Trainer

Student Name _____ Date of Birth _____ Date of Injury _____

SYMPTOMS OBSERVED: Today's Date _____ ☐ None at This Time

☐ Dazed / Confused ☐ Headache ☐ Balance Difficulty ☐ Nausea ☐ Slow Reactions ☐ Amnesia
☐ Can't Concentrate ☐ Emotional ☐ Sleep Difficulty ☐ Blank Look ☐ Light Sensitivity ☐ Fatigue

To Be Completed By Physician: Athletic Activity Restrictions

- ☐ The above mentioned student **MAY NOT** return to PE or sports activities until further notice
- ☐ It is safe for the above mentioned student to begin the 5 step phase of the Progressive Return-to-Play Program, as outlined below. The program will be under the supervision of a Weslaco ISD Athletic Trainer.
- Phase 1: Light aerobic activity 5-10 minutes; slow jog or exercise bike, no weight lifting
 - Phase 2: Moderate aerobic activity 15-20 minutes; moderate pace jog in the gym or the on the field
 - Phase 3: Non-contact drills; sports drills with equipment, no contact, begin weight lifting
 - Phase 4: full contact practice
 - Phase 5: Return to full game play

(This Progressive Phase Plan follows the Weslaco ISD Concussion Management Plan)

To Be Completed By Physician: Academic Restrictions

The above mentioned student has sustained a concussion on the date noted above. The student requires the following short term academic supports for proper concussion management in school. (Checked Items Apply):

- ☐ Excused absence from school until: _____.
- ☐ Extra time to complete coursework, assignments, tests, until further notice (Will review at follow-up)
- ☐ Reduce time spent on the computer, reading, writing, or other activities that require focus
- ☐ No significant classroom or standardized testing (Will review at follow-up)
- ☐ Rest breaks as needed at onset of headache in a quiet area (i.e., Nurses Office or Athletic Training Room)
- ☐ None at this time

To Be Completed By Physician: Statement

Next Appointment: _____ Special Notes: _____

Physician Signature: _____ Date: _____



Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

- ☐ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- ☐ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- ☐ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- ☐ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- ☐ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- ☐ Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- ☐ Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)

Weslaco ISD Concussion Management Plan

Progressive Return-to-Play Form

Student Name _____ Date of Birth _____ Date of Injury _____

The following documentation must be received before beginning the Return-to-Play Protocol:

- ☐ Physician Evaluation Form indicating that it is safe for the student to begin the Return-to-Play Protocol
- ☐ UIL concussion Management Protocol Return to Play Form

The first phase of this protocol must begin with the student completely symptom free for at least 24 hours prior, and be completed with no return of symptoms during the activity and for 24 hours after activity before moving to the next phase. If symptoms return then the activity must be stopped immediately. Once the symptoms have resolved, activity may be resumed at Phase 1, not at the phase where the symptoms began. If symptoms do not resolve in 24-48 hours a follow-up with the treating physician may be required.

| Phase | Activity | Date Successfully Completed | Athletic Trainer Signature |
|-------|---|-----------------------------|----------------------------|
| 1 | Light aerobic: 5-10 minute Jog, Stationary Bike, etc. No weight lifting, resistance training, or other physical activity | | |
| 2 | Moderate aerobic exercise; 15-20 minutes jog in the gym or on the field; no helmet or equipment | | |
| 3 | Regular non-contact training drills in full practice gear; aerobic activity at full speed; may begin weight lifting, resistance training, and other exercises | | |
| 4 | Regular full contact practice | | |
| 5 | Full Game Play Competition | | N/A |

The above student has completed the Weslaco ISD Concussion Management Plan and the Progressive Return-to-Play Protocol above. Based on the results of this protocol, the student may return to full competition.

Athletic Trainer Signature

Date

On Field Cervical Spine Injury Protocol

- Evaluation should be performed when arriving on the scene. The evaluation should always begin with a check of ABC's (Airway, Breathing, and Circulation). This should be performed by the Athletic Trainer or in their absence, a coach.
- As outlined in the Emergency Action Flow Sheet, if the athlete is conscious, the history of the injury and present symptoms should be obtained from the athlete. If the athlete is unconscious they must be treated as if they have a severe neck injury (especially if the injury involved head and or neck trauma). Activate EMS.
- The football helmet or shoulder pads should not be removed in most cases on the field by the Athletic Trainer, Coach, Physician, or EMS personnel in the case of a suspected cervical fracture.
- If the athlete is face down or side lying, they should be turned as a unit ("log roll"). If there are no airway problems, coaches can wait for EMS personnel to perform the "log roll" procedure.
- One person should be in charge of stabilizing the head. They will serve as the "captain" of the team. This person should be the most medically trained individual. The log roll will require 4 to 5 individuals.
- The face mask should be removed while the head and neck are stabilized. Do not remove the chin strap.
- An evaluation should be performed to the level of evaluator's ability.
- If there is any question to the well-being of the athlete's cervical spine (motor or sensory neurological deficits that do not resolve, EMS should be activated.
- When EMS arrives on the scene, the Athletic Trainer or the Coach will describe their initial findings or evaluation. The Athletic Trainer and Coach will work together with EMS personnel in moving and securing the athlete on a back board.
- The helmet, shoulder pads and other equipment should be removed as a unit by emergency room personnel trained in the removal procedure, preferably after a thorough cervical evaluation.

Weslaco ISD Athletic Training Skin Infections Procedures

Prevention:

Student Athletes are educated on the recognition of signs and symptoms of harmful skin infections, as well as preventive care including frequent hand washing and showering after every sport activity. Athletes are discouraged from sharing towels, athletic gear, water bottles, disposable razors and hair clippers. Athletes are instructed to turn in all gear/clothing to be laundered and/or disinfected on a daily basis. Students are instructed to inform the athletic trainer or coach if they have a skin infection and in which students will not participate in contact activities until the athletic trainer has approved their return to the activity.

Care of Draining Wounds:

Any wound will be considered an infectious wound if there is any drainage (pus) from the wound, especially if accompanied by fever, redness or tenderness around the wound or if the person is receiving treatment for a wound that had pus drainage. Once the wound has no drainage and/or treating physician clears the athlete, the person can be considered non-infectious.

Initial Precautions:

- Treat any draining wound as a potential MRSA infection.
- Infected athletes will be kept from direct physical contact with other athletes.
- The student athlete with an active infection must be evaluated by a physician or other advanced practice clinician.
- Treat uncultured wounds as MRSA.

Secondary Precautions at School:

- Instruct the athlete to carry and use an alcohol-based hand sanitizer when soap and water are not available. Athletes with draining wounds or infections will not participate in practice or games until the wound has stopped draining.
- Permit the athlete to participate in non-contact activities if wounds are covered and the infected person observes good hygienic practices in washing hands, showering, and laundering clothes. (Only with physician approval or clearance)
- Clean sports equipment or any part of the athletic area that comes in contact with the wound with commercial disinfectant or fresh solution of diluted bleach before any other athlete comes in contact with the equipment or area.
- Cover treatment tables. Discard or launder coverings after each use.
- Place disposable items that have come in contact with the infected site in a separate trash bag and close the bag before placing in the common garbage.

Facility Precautions:

- Athletic laundry will be done using hot water and dried on the hottest cycle.
- Laundry soap will consist of a commercial grade, 4 stage process. That includes a detergent, bleach, sanitizer, and PH balancer.
- Showers and soap dispensers are available and students are encouraged to use daily after practices and games.
- The athletic area and sports equipment will be cleaned at least weekly using a commercial disinfectant or a solution of bleach.

Over The Counter And Prescription Medication

To comply with Texas State Law, the following restrictions apply to the taking of medicine by students while in school.

- All medicine must be brought to and kept in the nurse's office or in the Training Room (upon approval by the School Nurse)
- Prescription and non-prescription medicine must be in the original container and properly labeled. Prescription medicine must have a pharmacy label with the student's name. Prescribed medicine must be prescribed by a physician licensed to practice in Texas.
- Medication bought in a foreign country cannot be dispensed. This applies to prescription and non-prescription medicines. Parents/Guardians can give these medicines before and after school as close to the prescribed time as possible. Parents can also come and administer their child the medication at school. (This should be done at the nurse's or trainer's office)
- If it is necessary to give medication during school hours, the medicine must be accompanied with a note signed by the parent/guardian giving authorized school personnel permission and directions for its administration (time and dosage).
- School personnel will not give any medicine, including Tylenol, unless it is provided by parents/guardians, and the above requirements are met.

Asthma and Anaphylaxis Medications

In accordance with FFAC (Legal), a student with asthma or anaphylaxis may possess and self-administer prescription asthma or anaphylaxis medication while on school property.

- The prescription medication must be brought in the original, properly labeled container.
- A written statement from the physician or licensed health care provider that states that the student has asthma or anaphylaxis and may carry and self-administer the prescription medication in school must be submitted to the school nurse annually.
- The parent/guardian must sign a copy of the WISD parent Consent form giving authorization to allow the student to carry and self-administer the prescription medication in school.
- The school nurse will review the information submitted with the student, discuss the steps for administering the medication and check the skill of the student. The student must demonstrate to the school nurse and Athletic Trainer the skill level necessary to self-administer the medication including the use of any device required to administer the medication. If these skills are not shown, the nurse can deny the student the ability to self-administer, and inform the parent and physician.
- The student is instructed and the parent is told that if it is necessary to self-administer the medicine for reasons other than routine (e.g. before athletic activity), the student will be referred to and proceed to the nurse's office.
- The student's condition will be assessed and if the condition does not improve, the parent is notified or if the student is in distress, 911 will be called.

Medical and Non-medical Emergencies

Medical Emergencies:

Breathing cessation, severe bleeding, concussion with or without loss of consciousness, suspected neck or spinal injury, fracture, dislocation, eye or face injury, heat related illness, any other injury or illness resulting in poor vital signs such as decreased blood pressure, weak pulse or signs of shock.

If no athletic trainer is available the head coach shall:

- Follow first aid principles and provide appropriate care
- Notify 911 and emergency contact person
- Monitor vital signs
- Calm and reassure athlete
- Complete a medical referral form (CLAIM FORM)
- Notify the Athletic Trainer as soon as possible regarding follow up care

In emergency situations athletes should be transported by ambulance.

Reporting Injuries, Non-school Injuries, And When to Refer

Injury / Illness Reporting Procedures:

Any student athlete who is injured or becomes ill must report the injury or illness to an Athletic Trainer or his/her Coach as soon as practical. Financial responsibility pertaining to an injury not reported in a timely manner may become the responsibility of the athlete's parents or guardian(s).

Non-Sport Related Injury / Illness Procedures:

The Weslaco ISD Athletics Department will not assume financial responsibility for injuries that are not directly related to the participation in interscholastic athletic programs.

When to Refer to a Physician:

- Severe pain and cannot put any weight on the injured body part.
- Area over the injured joint or next to it is very tender when you touch it.
- Injured area looks crooked or has lumps and bumps (other than swelling) that you do not see on the uninjured joint.
- Cannot move the injured joint.
- Cannot walk more than a few steps without feeling significant pain.
- Limb buckles or gives way when you try to use the joint.
- Numbness in any part of the injured area.
- Redness or red streaks spreading out from the injury.
- Pain, swelling, or redness over a bony part of your foot.
- You are in doubt about the seriousness of the injury or how to care for it.

When to Remove an Athlete from Play

- **Fever:** Working out can cause body temperature to rise even higher which could lead to more serious complications.
- **Persistent Cough:** This could diminish lung capacity and make breathing difficult and could indicate a more serious respiratory illness.
- **Nausea, Vomiting, or Diarrhea:** These symptoms can result in dehydration.
- **Chronic or Serious Illness:** Clearance by a physician is required before resuming activity.
- **Concussion:** Any signs that arise following a blow to the head or a sudden violent jolt should be considered a sign of a concussion. Weslaco ISD concussion protocol shall be followed.
- **Bump or Lesion on Skin:** This could be a possible sign of a skin infection that can be contagious. If unusual appearance, redness, warmth, painful, swollen, or drainage is noticed then cease all activity and get evaluated as soon as possible before returning to play.
- **Signs of Infection:** redness, swelling, streaking, warmth, pain, drainage, pus and pimples.
- **Injuries:** That include severe pain, swelling, deformity, instability, numbness, or cannot put any weight on the injured body part.
- Any signs or symptoms that last more than 2 days refer student to the Athletic Trainer or to a physician. A written medical clearance document should be kept on file at the school for all conditions requiring medical evaluation.

General Recovery Process

Refer all injuries to WISD Athletic Trainer or Physician if injury shows no sign of improvement after 24 hours or if pain is severe or if you are questionable to the severity or nature of the injury.

Keep athlete involved in team practices:

- Can observe practice and learn plays
- Can help with manager duties
- Still involved in team meetings

Maintain overall conditioning while the injury heals:

- Adapt conditioning to the specific injury. (An athlete with a wrist injury can still run and do sit-ups, can do lower body workout in the weight room.)

Decrease pain and swelling:

- Protection, Rest, Ice, Compression, Elevation

Regain full motion and strength of injured body part:

- Range of motion exercises first to regain full pain-free motion
- Keep all movements within limits of pain. Never force any movement
- Once full range of motion is attained, begin strengthening exercises

Gradual, progressive return to play:

- Begin with light functional drills and progress to sport-specific drills. Always use pain as a guide for return to play progression.

Adequate warm-up before activity and cool-down after activity:

- An athlete returning from injury will need extra warm-up time. This may include more stretching time, a little more jogging or throwing, or moist heat treatments.
- Every practice should end with a cool-down period. Athletes returning from injury need to cool down well and ice the injured area after practices and games to decrease swelling and pain.

If you have any question involving specific injury recovery or return to play, please contact your WISD Athletic Trainer.

Return to Play Policy

The student-athlete's tending Physician in consultation with a Weslaco ISD Athletic Trainer, has the final authority in deciding if and when an injured student-athlete may return to practice and/or competition.

Any student-athlete seen by a Physician must return to the Athletic Training Room for follow-up and final clearance prior to active participation status. If a student-athlete is under the care of a Physician for an injury or illness and the Physician's treatment precludes or alters activity in interscholastic athletics, the student-athlete must secure, in writing, a release to reinstate the student-athlete to full participation. No student-athlete will be allowed to return to participation until the Athletic Trainer has received a release from the Physician and the student-athlete is cleared for participation.



Venue Emergency Action Plan – Weslaco EAST Baseball Field

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Baseball Field directions are:

- If approaching from Business 83: Proceed through the gates. Go through parking lot to South end of campus. Look to the Right for baseball field.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take Right turn at Tennis courts and follow road to the baseball field.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Football, Soccer, Track Field

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr.

- If approaching from Business 83: Proceed through the gates. Go through parking lot to South end of campus towards the stadium.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take Right turn at Tennis courts and follow road to the stadium.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Locker Rooms

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is
(956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Locker Room directions are:

- The address is 810 S. Pleasantview Dr. Locker Room directions are:
- If approaching from Business 83: Proceed through the gates. Take an immediate Left and proceed to go through the parking lot to the South end of the campus. Take a Right on South end service road to the locker rooms on South end of campus.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take Right turn at Tennis courts and follow the service road to the locker rooms.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Main Gym

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Main Gym directions are:

- If approaching from Business 83: Proceed through the gates and stay straight to the circle drive way on the North end of the gymnasium.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take a Right at the Tennis courts and proceed to the south end of the Wildcat Field house.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Locker Rooms

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is
(956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Practice Gym directions are:

- If approaching from Business 83: Proceed through the gates and stay straight to the circle drive way on the North end of the gymnasium.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take an immediate Left and proceed to the North side of campus. Take a Right at Security Guard's booth and proceed to the circle driveway on the North end of the gym.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Softball Field

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Softball Field directions are:

- If approaching from Business 83: Proceed through the gates. Take an immediate Right and proceed to go around the school buildings to the South end of the campus. Follow road to the tennis courts. Look for softball field.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take Right turn at Tennis courts and follow road to the softball field:

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Tennis Courts

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Tennis Courts directions are:

- If approaching from Business 83: Proceed through the gates. Take an immediate Right and proceed to go around the school buildings to the South end of the campus. Follow road to the tennis courts
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Tennis courts will be on the Right.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – Weslaco EAST Athletic Training Room

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is
(956) 969-6925.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

If the Athletic Trainer is not at location but is on campus send a designated individual to notify the Athletic Trainer immediately. During this time the coach will render first aid, keep the athlete calm and monitor the ABC's. If there is no Athletic Trainer on campus then continue with the Coach in control of the situation. The most qualified individual on the scene should provide or direct acute care. Call 911 as needed.

Second – EMS Activation:

The Coach or Athletic Trainer will activate EMS and stay with the athlete.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. Athletic Training Room directions are:

- If approaching from Business 83: Proceed through the gates. Take an immediate Left and proceed to go through the parking lot to the South end of the campus. Take a Right on South end service road to the Athletic Training Room on south end of campus.
- If approaching from Airport Dr.: Go East on 8th St. Proceed through the gates. Take Right turn at Tennis courts and follow the service road to the Athletic Training Room.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The Security Guards will control the crowd and the Administrator may assist in this.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.

Emergency Action Plan – WISD Aquatic Center

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is

WEHS: (956) 969-6925; WHS: (956) 969-6865

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.

An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 810 S. Pleasantview Dr. WISD Aquatic Center directions are:

- If approaching from highway 83: Go south on Westgate. Turn left on Business 83.
- If approaching from business 83: Go south on Bridge St. Turn right on 7th St. Parking lot is on the right.
- **Address is 801 E. 7 th St.**

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – WHS Baseball Field

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6865.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 1005 W Pike Blvd. Baseball Field directions are:

- If approaching from highway 83: Go South on Westgate. Turn left on Panther Drive.
- If approaching from business 83: Go North on Westgate. Turn right on Panther Drive. Take left to parking lot in front of tennis courts and baseball is to the left.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – WHS Lackey Gym

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6865.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 1005 W Pike Blvd. Lackey Gym directions are:

- If approaching from highway 83: Go South on Westgate. Turn left on Pike Boulevard.
- If approaching from business 83: Go North on Westgate. Turn right on Pike Boulevard. Turn right to Border Ave then 1st right into teacher parking lot. Go left between school and band hall. Turn right behind welding. Go to end of lot and Lackey gym is there.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – WHS Sepulveda Gym

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6865.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 1005 W Pike Blvd. Sepulveda Gym directions are:

- If approaching from highway 83: Go South on Westgate. Turn left on Panther Drive.
- If approaching from business 83: Go North on Westgate. Turn right on Panther Drive. Take right by Security booth. Go straight ahead to main entrance of gym.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – WHS Lackey Stadium

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6865.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 1005 W Pike Blvd. Lackey Stadium directions are:

- If approaching from highway 83: Go South on Westgate. Turn left on Panther Drive.
- If approaching from business 83: Go North on Westgate. Turn right on Panther Drive. Take right to semicircular driveway and enter through that gate.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – WHS Practice Fields

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6865.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 1005 W Pike Blvd. Practice Fields directions are:

- If approaching from highway 83: Go South on Westgate. Turn left on Panther Drive.
- If approaching from business 83: Go North on Westgate. Turn right on Panther Drive. Take right to student parking lot and fields are to the right.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.



Venue Emergency Action Plan – WHS Tennis Courts

Emergency Personnel: EMS, Team Physician, Certified Athletic Trainer, Coaches, Administrator, and Security Guard.

Emergency Communication: Cell phone or Land Line located at Athletic Trainer's office, number is (956) 969-6865.

Emergency Equipment: AED, Trainer's Medical Kit, and Splint Kit. All located in the Training Room.
An alternate AED is in the front main office.

Roles of First Responders:

First Immediate Care of the Athlete:

The most qualified individual on the scene should provide or direct acute care. Individuals with lower credentials should yield to those with more appropriate training.

Life Threatening: EMS personnel; team physician; certified athletic trainer; athletic training student; coach.

Orthopedic: Team physician; certified athletic trainer; athletic training student, coach.

Medical: Team physician; certified athletic trainer; athletic training student; coach.

Second – EMS Activation:

The head coach will activate EMS and stay with the athlete to assist.

The caller shall inform the dispatcher of:

Venue Directions: The address is 1005 W Pike Blvd. Tennis Courts directions are:

- If approaching from highway 83: Go South on Westgate. Turn left on Panther Drive.
- If approaching from business 83: Go North on Westgate. Turn right on Panther Drive. Take left to parking lot in front of tennis courts.

Brief description on the injury situation: Needs to include name, title, address, phone number, how many injured, condition of injured, first aid treatment, specific directions, and other information as requested by Dispatcher.

Stay on the line until dispatcher directs you otherwise.

Third – Emergency Equipment Retrieval:

The assistant coach will retrieve the emergency equipment, or other person designated by the medical person in command of the situation.

Fourth – Directing EMS to the scene:

The security guard will unlock all gates to allow EMS to the scene and stay road side to direct EMS, or other person designated by the medical person in command of the situation.

Fifth – Scene control:

The security guards will control the crowd, or players may assist in this manner.

Sixth – Contact Parents:

The assistant Coach will contact parents, accompany student to the hospital if parents are not present, and fill out the Injury Claim Form / Report.

Weslaco ISD Athletic Emergency Action Flow Sheet

The Universal Chain of Command should be followed in the event of ANY athletic injury.

The Universal Chain of Command:

Team Physician - EMS

Athletic Trainer – EMS

Coach – EMS

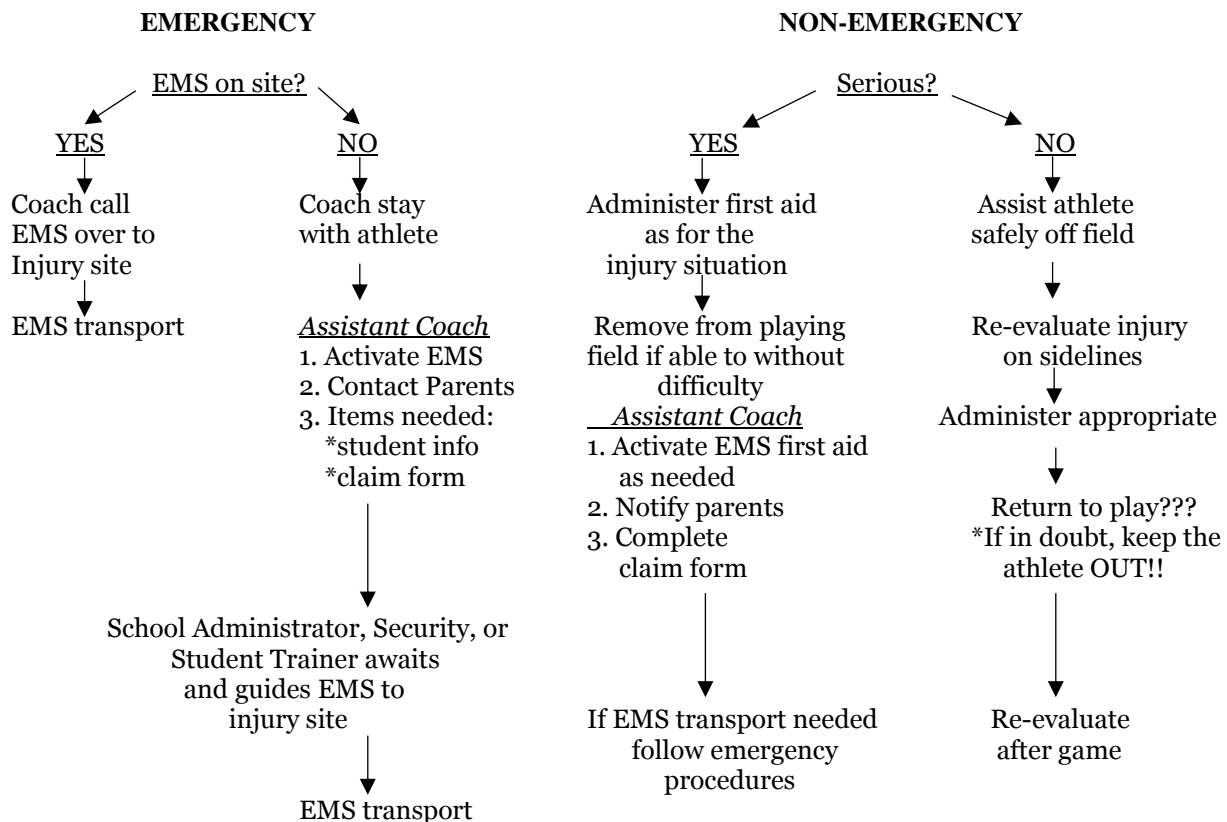
**** INJURY ASSESMENT****

#1 Team Physician
if on site

#2 Athletic Trainer
if on site

#3 Coach

**** ALWAYS RULE OUT ANY LIFE THREATENING SITUATION BEFORE GOING TO EMERGENCY OR NON-EMERGENCY ROUTE ****



ALWAYS DOCUMENT THE INJURY SITUATION AND ALWAYS FOLLOW UP WITH:

- *Athlete
- *Doctor
- *Parents
- *Athletic Trainer

Guidelines to Use During a Serious On-Field Player Injury:

- Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
- Players, parents and non-authorized personnel should be kept a significant distance away from the seriously injured player or players.
- Players or non-medical personnel should not touch, move or roll an injured player.
- Players should not try to assist a teammate who is lying on the field (i.e., removing the helmet or chin strap, or attempt to assist breathing by elevating the waist).
- Players should not pull an injured teammate or opponent from a pile-up.
- Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference.
- Players and coaches should avoid dictating medical services to the Athletic Trainers or team physicians or taking up their time to perform such services.

Emergency Communication Phone Numbers

| | |
|---|-----------------|
| Weslaco EMS | 911 or 447-3415 |
| Weslaco Police Dept..... | 911 or 968-8591 |
| Weslaco East Athletic Training Room..... | 969-6925 |
| Xavier Bañuelos WEHS Athletic Trainer..... | 463-1557 |
| Tony Muñoz WEHS Athletic Trainer..... | 376-6475 |
| Gladys Sosa WEHS Athletic Trainer..... | 969-6925 |
| Weslaco High School Training Room..... | 969-6865 |
| Gerry Aguirre WHS Athletic Trainer..... | (210) 251-9678 |
| Alejandra Borrego WHS Athletic Trainer..... | 588-7882 |
| Chuck Estave WHS Athletic Trainer..... | 375-6010 |
| Desi Rodriguez (Ath. Director)..... | 969-6893 |
| Knapp Medical Center..... | 968-8567 |
| Dr. Michael Sander – Orthopaedist..... | 447-9797 |
| Dr. Wilfredo Aviles - Pediatrician..... | 968-3111 |
| Dr. Hector Montalvo - Dentist..... | 969-2591 |
| Dr. Javier De La Garza – Dentist..... | 968-5917 |

RGV Emergency Room Information

Weslaco

Knapp Medical Center
1401 E. 8th St. 968-8567

Brownsville

Brownsville Medical Center
1040 W. Jefferson St. 544-1400
From Weslaco take Expressway 83 to 77 to Brownsville exit on FM 802 and go
Right on FM 802 and then Left on Central Blvd. to Jefferson St.

Valley Regional Medical Center

100 – A Alton Gloor Blvd. 350-7000
From Weslaco take Expressway 83 to 77 to Brownsville exit on Alton Gloor Blvd. and take a left on
Alton Gloor

Edinburg

Edinburg Regional Medical Center
1102 West Trenton 388-6000
From Weslaco take Expressway 83 to Pharr then take 281 North, take Business 281 exit to Edinburg then go left on
Trenton, hospital is located on corner of Trenton and Sugar R.

Harlingen

Valley Baptist Medical Center
2101 Pease St. 389-1100
From Weslaco take Expressway 83 to Harlingen. Take exit to Ed Carey Dr. and go left on Ed Carey to hospital.

Harlingen Medical Center
5501 S Expressway 77 350-7745
From Weslaco take Expressway 83 to Harlingen. Take Palacio Real exit and take turn around to northbound frontage
road all the way to hospital.

McAllen

McAllen Medical Center
301 W. Expressway 83 632-4000
From Weslaco take Expressway 83 to McAllen and take 2nd St. Exit and follow overpass to hospital.

Rio Grande Regional Hospital
101 E. Ridge Rd. 632-6000
From Weslaco take Expressway 83 to McAllen and take 2nd St. Exit and follow overpass to hospital.

Doctor's Hospital at Renaissance
5501 S. McColl Rd. 661-7400
From Weslaco take Expressway 83 to Pharr and take 281 north. Exit Owassa Rd. and take a left on
Owassa Rd. Continue on Owassa Rd. and it will turn into Dove St. as you enter McAllen. Hospital is located on
corner of Dove and McColl.

Mission

Mission Regional Medical Center
900 S. Bryan Rd. 323-1150
From Weslaco take Expressway 83 to Mission. Take Bryan Rd. exit and proceed to overpass to hospital.

Rio Grande City

Starr County Memorial Hospital
128 North FM Rd. 3167 487-5561
From Weslaco take Expressway 83 to Rio Grande City then exit FM Rd. 3167. Go North on FM 3167 hospital will be
on right side. FM Rd. 3167 is located west of Rio Grande City.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE PROTOCOL

1. Purpose:

To establish an action plan for responding to a medical crisis involving a victim of sudden cardiac arrest on a school campus or department where an AED is available

2. Training Requirements:

Any employee that is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heart-Saver AED standards or other equivalent training organizations and American Safety and Health Institute (ASHI) standards.

3. Designated Emergency Medical Responders:

The following employees will be trained in the use of CPR/AED:

All Athletic Trainers, Coaches, Nurses, PE Teachers, Band Directors, Cheerleader Sponsors, and Student Trainers shall maintain current certification in CPR / FA and AED use.

It is essential to have a team of responders available during business/school hours.

4. Emergency Medical Response Plan Activation:

Once notified of an emergency, the person informed notifies the campus/department responders and will:

- Contact the Athletic Trainer
- Contact the School Nurse
- Contact Campus Principal
- Advise Campus Security

When activating “911” give the following information

1. Type of emergency
2. Address of facility
3. Location of emergency
4. Phone number they are calling from
5. Further information requested from “911” operator.

5. Indications for AED Use:

The AED is intended to be used by personnel who have been trained in its operation. The user should be qualified by training in basic life support or other physician-authorized emergency medical response. The device is indicated for emergency treatment of victims exhibiting symptoms of sudden cardiac arrest who are unresponsive and not breathing.

- Apply AED and if a shockable ventricular tachyarrhythmia is noted, the responder will be advised to shock.
- Follow the AED prompts and continue with CPR as advised.
- Post-resuscitation, if the victim is breathing, the AED should be left attached to allow for acquisition and detection of the ECG rhythm.
- If a shockable ventricular tachyarrhythmia recurs, the device will charge automatically and advise the operator to deliver therapy.
 - Apply the AED if person is unresponsive and not breathing

6. Procedure for AED Use:

Assess scene safety. Is the scene free of hazards?

Rescuer makes sure there are no hazards to them. Some examples are:

- Electrical dangers (downed power lines, electrical cords, etc.)
- Chemical (hazardous gases, liquids or solids, smoke)
- Harmful people (anyone that could potentially harm you)
- Traffic (make sure you are not in the path of traffic)

7. Post Incident Procedure:

Complete the following steps promptly after the incident: (This will be done by campus AED Administrator)

1. Replace electrode pads (make sure date on replacement pads is not expired)
2. Replace pocket mask/shield and other supplies used
3. Check batteries and replace if necessary
4. View the status indicator on AED. If indicator has a Green check, place the AED in the cabinet and arm the cabinet alarm.

8. Physician Oversight:

- Physician Oversight for this department/business will be provided by the designated physician.
- When the AED is used, all response documentation and rescue data will be reviewed by the oversight physician and recommendations will be made as necessary.
- A response documentation form must be completed after each use of the AED and AED Program Coordinator and the Oversight Physician will review the completed form.

9. Basic Maintenance:

The AED is maintained according to the manufacturer's guidelines for scheduled maintenance. The school nurse or site coordinator will be responsible for documenting and submitting the maintenance information as requested by the AED Program Coordinator.

Basic Maintenance:

- The AED unit is defaulted to run a system check at 3:00 AM daily. At the beginning of each school day the designated school nurse or department head will check the status indicator to ensure that it has a green check.
- Once a month, a unit test is conducted. This is done by depressing the on/off button for 7-10 seconds. The unit will then perform a self-check. If the unit is ready for use, it will tell you that the unit is "OK". This is documented on a maintenance checklist.

Lightning Safety

Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest (irrespective of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.

Recommendations for Lightning Safety:

1. Chain of command that identifies who is to make the call to remove individuals from the field.
School Administrator → Sport Official
Athletic Trainer → Sport Official
Coach → Sport Official
2. The Athletic Trainer will be the designated weather watcher who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous.
3. Local weather phone apps and communication with local meteorologist will be used as a means of monitoring local weather forecasts and warnings.
4. Seek safe shelter. (See examples below).
5. Use the Flash-to-Bang count to determine when to go to safety. By the time the flash-to-bang count approaches thirty seconds all individuals should be already inside a safe structure. (See method of determining Flash-to-Bang count below).
6. Once activities have been suspended, wait at least thirty minutes following the last sound of the thunder or lightning flash prior to resuming an activity or returning outdoors.
7. Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.
8. Assume that lightning safe position (crouched on the ground weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear "crackling" noises. Do not lie flat on the ground.

9. Observe the following basic first aid procedures in managing victims of a lightning strike:

- Activate local EMS
- Lightning victims do not "carry a charge" and are safe to touch.
- If necessary, move the victim with care to a safer location.
- Evaluate airway, breathing, and circulation, and begin CPR if necessary.
- Evaluate and treat for hypothermia, shock, fractures, and/or burns.

10. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

Definitions:

Safe Shelter:

1. A safe location is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.
2. The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.
3. It is not safe to shower, bathe, or talk on landline phones while inside of a safe shelter during thunderstorms (cell phones are ok).

Flash-to-Bang:

To use the flash-to-bang method, begin counting when sighting a lightning flash. Counting is stopped when the associated bang (thunder) is heard. Divide this count by five to determine the distance to the lightning flash (in miles). For example, a flash-to-bang count of thirty seconds equates to a distance of six miles. Lightning has struck from as far away as 10 miles from the storm center.

Heat Stress and Athletic Participation

Early fall football, cross country, and soccer practices are conducted in very hot and humid weather in many parts of the Rio Grande Valley. Due to the equipment and uniform needed in football, most of the heat problems have been associated with football. During hot weather conditions, the athlete is subject to the following:

- **Heat Cramps** - Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to sweating.
- **Heat Syncope** - Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heatstroke.
- **Heat Exhaustion (Water Depletion)** - Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.
- **Heat Exhaustion (Salt Depletion)** - Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.
- **Heatstroke** - An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heatstroke victims, contrary to popular belief, may sweat profusely).

It is believed that the above mentioned heat stress problems can be controlled provided certain precautions are taken. According to the American Academy of Pediatrics Committee on Sports Medicine, heat related illnesses are all preventable. (Sports Medicine: Health Care for Young Athletes, American Academy of Pediatrics, 1991). The following practices and precautions are recommended:

1. Each athlete must have a physical exam with a medical history when first entering a program and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included. State high school association's recommendations should be followed.
2. It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Lack of physical fitness impairs the performance of an athlete who participates in high temperatures. Coaches should know the physical condition of their athletes and set practice schedules accordingly.
3. Along with physical conditioning, the factor of acclimatization to heat is important. Acclimatization is the process of becoming adjusted to heat and it is essential to provide for gradual acclimatization to hot weather. It is necessary for an athlete to exercise in the heat if he/she is to become acclimatized to it. It is suggested that a graduated physical conditioning program be used and that 80 percent acclimatization can be expected to occur after the first seven to ten days. Final stages of acclimatization to heat are marked by increased sweating and reduced salt concentration in the sweat.
4. The old idea that water should be withheld from athletes during workouts has no scientific foundation. The most important safeguard to the health of the athlete is the replacement of water. Water must be on the field and readily available to the athletes at all times. It is recommended that a minimum of ten minutes be scheduled for a water break every half hour of heavy exercise in the heat. Water should be available in unlimited quantities. Check and be sure athletes are drinking the water. Cold water is preferable. Drinking ample water before practice or games has also been found to aid performance in the heat.
5. Salt should be replaced daily. Modest salting of foods after practice or games will accomplish this purpose. Salt tablets are not recommended. Attention must be directed to replacing water - fluid replacement is essential.
6. Cooling by evaporation is proportional to the area of skin exposed. In extremely hot and humid weather reduce the amount of clothing covering the body as much as possible. Never use rubberized clothing.

7. Athletes should weigh each day before and after practice and weight charts checked. Generally a three percent weight loss through sweating is considered safe and over a three percent weight loss is in the danger zone. Over a three percent weight loss the athlete should not be allowed to practice in hot and humid conditions. Observe the athletes closely under all conditions. Do not allow athletes to practice until they have adequately replaced their weight.
8. Observe athletes carefully for signs of trouble, particularly athletes who lose significant weight, and the eager athlete who constantly competes at his/her capacity. Some trouble signs are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak rapid pulse, visual disturbance, and unsteadiness.
9. Teams that encounter hot weather during the season through travel or following an unseasonable cool period should be physically fit but will not be environmentally fit. Coaches in this situation should follow the above recommendations and substitute more frequently during games.
10. Know what to do in case of emergency. Be familiar with immediate first aid practices and prearranged procedures for obtaining medical care, including ambulance service.
 - **Heat Stroke - This is a medical emergency. DELAY COULD BE FATAL.**
Immediately cool body while waiting for transfer to a hospital. Remove clothing and place ice bags on the neck, in the axilla (armpit), and on the groin area. An increasing number of medical personnel are now using a treatment for heat illness that involves applying either alcohol or cool water to the victim's skin and vigorously fanning the body. The fanning causes evaporation and cooling.
(Source--The First Aider—September 1987)
 - **Heat Exhaustion - OBTAIN MEDICAL CARE AT ONCE.**
Cool body as you would for heat stroke while waiting for transfer to hospital.
Give fluids if athlete is able to swallow and is conscious.

11. Risk Factors -

- **Air temperature, humidity and dehydration** are common risk factors associated with heat illness. In addition, the following factors also put student-athletes at increased risk:
- **Nutritional supplements.** Nutritional supplements may contain stimulants, such as ephedrine, ma huang or caffeine.* These substances can dehydrate the body and/or increase metabolism and heat production. They are of particular concern in people with underlying medical conditions such as hypertension, asthma and thyroid dysfunction.
- **Medication/drugs.** Certain medications and drugs have similar effects. These substances may be ingested through over-the-counter or prescription medications or with food. Examples include antihistamines, decongestants, certain asthma medications, Ritalin, diuretics and alcohol.
- **Medical conditions.** Examples include illness with fever, gastrointestinal illness, previous heat illness, obesity or sickle cell trait.
- **Acclimatization/fitness level.** Lack of acclimatization to the heat or poor conditioning.
- **Clothing.** Dark clothing absorbs heat. Protective equipment limits heat dissipation.
- **Summary** - The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Water breaks two or three times per hour are better than one break an hour. Probably the best method is to have water available at all times and to allow the athlete to drink water whenever he/she needs it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water. The small amount of salt lost in sweat is adequately replaced by salting food at meals. Be familiar with emergency procedures.

