

Parent & Athlete Procedures for Health and Safety



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Athlete and Parent Checklist

☐ Complete a Medical History and PPE

22-23 requirements: The 2022-2023 <u>Preparticipation Physical Evaluation-Medical History Form</u> has been updated. Please discard any physical form that does not have "2020" in the top right corner. physicals can be scanned and emailed to awoods@bisdtx (Bastrop High School) or <u>itjarks@bisdtx.org</u> (Cedar Creek High School).

22-23 requirements: Each athlete must have a Pre-Participation Physical Exam form on file prior to sport participation. The Physical/Medical History form can be found under the "download and print" tab of the Electronic Forms page at www.Rankonesport.com. There are 2 pages to the form. The Medical History is the 1st page. Please be sure both the parent and student sign the bottom of the Medical History and that all 'yes' answers are explained in the section provided. The Physical is the 2nd page and MUST be printed out and filled out by a physician for every athlete.

These forms should be turned in directly to the AT so any concerns can be communicated immediately.

□ Additional Paperwork for Medical Conditions

Athletes who are diagnosed with asthma, diabetes, seizures, and severe allergic reactions that require an Epi-pen will be required to complete additional paperwork found on the Bastrop Athletics website:

- Asthma Action Plan
- Diabetic Management Plan
- Respiratory Distress Action Plan (use if an Epi-pen is prescribed)
- Seizure Action Plan

These forms must be printed out and filled out by a physician.

Additionally, athletes who have been prescribed an inhaler, Epi-pen, diabetic supplies, or seizure medication will be required to have these items immediately available at all practices, scrimmages, tournaments, and games. If the athlete does not have these items, they are not allowed to participate.

If your child has a cardiac condition, an additional clearance note from a cardiologist will be required.



□Rank One Online Forms

Each athlete is required to have several forms on file with the staff athletic trainers. Electronic forms will be available on May 1 for the next school year and can be found at www.Rankonesport.com. Once you get to the page, click on the 'Electronic Forms' tab on the right hand side of the page and follow directions.

- Select State: TX
- Scroll down to select Bastrop ISD
- Click on the "Electronic Participation Forms" tab and a drop down menu will be seen.
- Select 'BISD Athlete Information and Acknowledgement' and fill out the form completely. Sign and click submit.
- Select 'Bastrop ISD Travel Permission and Emergency Medical Information' and fill out the form completely. Sign and click submit.

Once students complete all forms they will turn green in Rank One and be eligible to participate. The exceptions to this are students who did not have a physical on file. You can access Rank One Online Forms by clicking <u>HERE</u>.

□ Facilitate Healthy Habits

Your child should be encouraged to create healthy habits in regards to hygiene, sleep, hydration, nutrition, and stress/mental health. Below are resources to help you keep your child healthy and safe.

Resources:

- www.atyourownrisk.org/
- www.gssiweb.org/en/education-resources/All
- https://www.nata.org/practice-patient-care/infographic-handouts
- https://www.nata.org/sites/default/files/position-statement-skin-disease.pdf
- $\bullet \ \underline{\text{https://www.eatright.org/fitness/sports-and-performance/fueling-your-workout/teen-nutrition-for-fall-sports}\\$
- https://www.eatright.org/fitness/training-and-recovery/endurance-and-cardio/eating-fo-r-strength-and-recovery
- https://www.eatright.org/fitness/sports-and-performance/fueling-your-workout/how-te en-athletes-can-build-muscles-with-protein
- https://www.eatright.org/fitness/exercise/exercise-nutrition/eat-right-to-play-hard



□Report if equipment does not fit properly

Athletes should report to their coach if any equipment does not fit properly or is broken.

□Report any signs and symptoms of medical conditions

Athletes should report to their coach and to the athletic trainer any signs and symptoms that they experience related to a medical condition.

□Report injuries

Anytime that an athlete reports an injury or illness that presents a medical note, that athlete should be referred to the athletic trainers. The athlete will be evaluated and their status will be updated in Rank One which automatically sends an email to all coaches that have that athlete on their roster informing them of any restrictions.

Any injury or medical note not documented by the athletic trainer creates a liability for the athletic trainer, the coach/sponsor, and the school. The updates on athlete injuries that are sent by the athletic trainers are not suggestions. If you have any questions about the status of your child, please call or email the athletic trainers.

Athletes who are injured should attend regular treatments with the staff athletic trainers.

Daily treatment logs will be emailed to coaches.

Athletes should attend morning treatments before the school day. Treatments during the athletic period are reserved for athletes who are unable to participate due to their injuries.

□Taping and Bracing of Athletes

Athletes who have an injury and who are receiving regular and consistent treatments with the staff athletic trainers have the option to be taped and/or braced as necessary.

If an athlete, coach, or parent prefers regular taping and/or bracing, these supplies will be the responsibility of the parent or the coach.

□Report concerns

Any other concerns that parents have regarding the health and safety of their child should be reported to their child's coach and to the athletic trainer.



Athlete and Parent Information

□ Procedures for weather and other environmental hazards

Bastrop ISD has weather procedures for lightning, hot weather air quality and cold weather. All coaches will be informed of weather conditions via the Schneider Electric MxVision WeatherSentry DTN system (DTN) through text message alerts. All coaches are responsible for monitoring weather, following the weather procedures for unsafe conditions, as well as total exposure time and enforcing restricted practice parameters when necessary.

□Emergency supplies are on site and personnel are available

To the extent practical, staff ATs will be on-site or on-campus for junior high and high school practices and events. On days with multi-venue events, ATs will be available to the sidelines as much as possible. However, athletes are being seen at the remote athletic training spaces that may be set up at multiple venues so the AT may not be immediately available on the sideline.

Students in the athletic training program are not allowed to make return to play decisions. They can provide basic first aid. If a staff or contract AT is not available at your child's practice or game, then the coach is responsible for making decisions regarding health and safety of athletes.

□ Appropriate referral of medical conditions

ATs work as part of a vast sports medicine team. Local physicians, nurse practitioners, PTs, etc work with ATs to ensure the best care for your child. If an injury or illness is reported to the staff ATs, appropriate referral to another medical provider will be made if necessary.

□Current research & recommendations for medical conditions related to youth sports

New research and recommendations are constantly becoming available. As a parent, you may notice a shift in how certain conditions are managed by the staff ATs. If you have questions about how a particular medical condition is handled, please communicate with the staff ATs.







□ATs and coaches work collaboratively to make adjustments to make sports safer

At Bastrop ISD staff ATs and coaches work together to provide a safe and healthy environment for your child. Regularly scheduled Head Coaches Meetings allow for broad communication so that all sports work together. One on one conversations with coaches regarding specific cases further provide collaboration to improve athlete health and safety.

□Allow a variety of sport participation and avoid sport

specialization

Youth athletes should be encouraged to participate in a variety of sports, specializing once out of high school if desired.

Resources:

- https://www.nata.org/nr06282018
- https://usatodayhss.com/2017/reducing-risk-in-sports-avoiding-sports-specializati on-may-decrease-your-risk-of-injuries-and-burnout
- https://bocatc.org/blog/youth-sport-specialization-how-early-is-too-early-to-special ize
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3658407/

□Coach's Education and Trainings

Coaches are responsible for completing the Concussion Training (2 hours every two years or 1 hour every year), First-Aid/CPR/AED training, and UIL Rules and Compliance Program (RCP) prior to the school year starting or their sport season beginning (whichever occurs first).

□Athletic Health Care Team

The Athletic Health Care Team (AHCT) functions to ensure appropriate medical care is provided for all participants. More information can be found on the Bastrop Athletics webpage.

□EAPs and Emergency Drills

Each coach is equipped with an Athletic Medical Emergency Action Plan (EAP) so that proper procedures are followed should a medical emergency occur. The head coach of each sport is responsible for this information and making sure that the coaching staff and athletes are familiar with the information. The Emergency Action Plan is reviewed each year by the Athletic Health Care Team and updated if necessary.



□Laws and Regulations

University Scholastic League
Texas Education Agency
Texas Department of Licensing and Regulation
Board of Certification

■Weight Baselines

It is ideal for certain baseline measurements be taken prior to athletic participation. Voluntary baseline measurements of your child's weight will help determine if modifications should be made during a sport season depending on what goals are appropriate.

□Hydration Protocol

Prior to participation athletes will be instructed to drink water and/or a mixture of electrolyte drinks to balance fluid intake. Before practice it is recommended athletes drink 16 ounces of fluid 2 hours.^{5, 6} Athletes should limit caffeine of sodas, coffee, and energy drink intake. Athletes should utilize a personal water bottle during the day prior to activity. During practice it is recommended athletes drink 200 to 300 mL or 4 ounces to 8 ounces of fluid every 10 to 20 minutes. 5,6 Water will be provided on fields in the form of water system, water stations, or water bottles. Athletes can access their hydration level with self hydration status determined by urine color; clear to light yellow is the goal.. A chart from MD Sports Medicine will be posted in restroom areas of locker rooms for ease of monitoring.⁴ Athletes weights can be taken pre and post workout to help determine fluid percentage lost or gained to determine sweat rate. To calculate sweat rate (sweating rate = pre-exercise body weight - post-exercise body weight + fluid intake - urine volume/exercise time in hours) for a representative range of environmental conditions, practices, and competitions. After participation the recommended consumption of water no more than 2 hours after to replace lost fluids is 1-1.25 L (16 oz-20 oz) of fluid for each kilogram of body water lost during exercise. 5, 6 When the body is hydrated normal body weight is achieved. Loss of body weight of more than 2% warrants discontinuation of activity until weight gain is achieved of less than 2% of body weight.⁶



UIL Heat Acclimation Guidelines

Days	Heat Acclimation Guidelines ²
1-2	ONE PRACTICE ALLOWED. 3-hour time limit with up to a 1-hour break. The 1-hour break is not included as a part of the practice time limit. Total time shall not exceed 4 hours. 1-hour walkthrough allowed in addition to the practice with at least a 2-hour break between the practice and walkthrough. Helmets only No contact
3-4	ONE PRACTICE ALLOWED. 3-hour time limit with up to a 1-hour break. The 1-hour break is not included as a part of the practice time limit. Total time shall not exceed 4 hours. 1-hour walkthrough allowed in addition to the practice with at least a 2-hour break between the practice and walkthrough. Helmets & Shoulder pads only No player to player contact
5	ONE PRACTICE ALLOWED. 3-hour time limit with up to a 1-hour break. The 1-hour break is not included as a part of the practice time limit. Total time shall not exceed 4 hours. 1-hour walkthrough allowed in addition to the practice with at least a 2-hour break between the practice and walkthrough. Full pads Player to player contact but not full contact

^{* 2} Practices - Student-athletes shall not engage in more than five hours of practice activities on those days during which more than one practice is conducted. On days when more than one practice is conducted, there shall be, at a minimum, two hours of rest/recovery time between the end of one practice and the beginning of the next practice. On those days where more than one practice occurs, full contact is allowed in only one of the two practices. Schools shall not schedule more than one practice on consecutive days and student-athletes shall not participate in multiple practices on consecutive days. The second practice shall be a teaching period/ walkthrough practice only with no conditioning or contact activities/equipment permitted. *The maximum length of any single practice session shall be three hours.



Heat Parameters (subject to change to Wet Bulb Globe Temperature with similar parameters)

Heat Index	Activity Guidelines**
Heat index 99°F or less	No limitations to uniforms are required. Breaks of 5-10 minutes should be scheduled for every 30 minutes of work. *** Practice should consist of no more than 3 hours of total heat exposure (this includes warm-up/pre-practice, practice, breaks, conditioning, etc.).
Heat index of 100°F - 105°F	Limit protective equipment to shoulder pads and helmets only. Breaks of 5 minutes should be scheduled for every 15-20 minutes of work. *** Practices will be no longer than 2 hours (120 minutes) of total heat exposure (this includes warm-up/pre-practice, practice, breaks, conditioning, etc.). Athletes should remain within site and audible range of coaches at all times. If a full pads workout is desired the following guidelines must be enforced: Breaks of at least 5 minutes are required for every 15-20 minutes of work, during this time athletes must remove helmets and shoulder pads. Practice may not exceed 1.5 hours (90 minutes) of total heat exposure (this includes warm-up/pre-practice, practice, breaks, conditioning, etc.). Helmet removal when not participating in contact drills should be encouraged.
Heat index of 106°F - 110°F	Uniforms should be limited to shorts and tee-shirts only, no protective equipment should be worn. Breaks of 5-10 minutes should be scheduled for every 15-20 minutes of work.*** Practice should be no longer than 1.5 hours (90 minutes) of total heat exposure (this includes warm-up/pre-practice, practice, breaks, conditioning, etc.). Athletes must remain within site and audible range of coaches at all times. If a shorts and shoulder pads and helmet practice is desired the following guidelines must be enforced: Breaks of at least 5 minutes are required for every 15-20 minutes of work, during this time athletes must remove helmets and shoulder pads. *** Practice may not exceed 1.5 hours (90 minutes) of total heat exposure (this includes warm-up/pre-practice, practice, breaks, conditioning, etc.). 1 minute station breaks should be given for every 10 minutes of work; athletes should remove helmets and get water during this time. Helmet removal when not participating in contact drills should be encouraged.
Heat index of 111°F - 115°F	Uniforms must be limited to shorts and tee-shirts only, no protective equipment, including helmets, may be worn. Breaks of at least 5 minutes are required for every 15 minutes of work. *** Practice may not exceed 1 hour (60 minutes), of total heat exposure (this includes warm-up/pre-practice, practice, breaks, conditioning, etc.).
Heat index of 116°F or greater	Outdoor practice should be discontinued or moved into an air conditioned facility.

**Weather conditions will be monitored throughout the event. Alterations to the event will be made upon discussion between athletic trainers, coaches, and officials at the event. Alterations must ultimately be approved and enforced by the officials during competition.



***Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved. For football, helmets should be removed during rest time. The site of the rest time should be a "cooling zone" and not in direct sunlight.

□Specific Risks Associated with Sport

Regular physical activity is one of the most important things you can do for your health. It helps control weight, strengthen bones and muscles, improves mental health & mood, improves the ability to do daily activities and increases the chances of living longer, reduces the risk of cardiovascular disease, type 2 diabetes & metabolic syndrome, & some cancers. Prevention strategies are implemented by Bastrop ISD athletic trainers, are followed by the coaching staff, and protective equipment is worn by athletes whenever needed, yet the possibility of an accident &/or illness remains. Below you will find information regarding some specific risks associated with physical activity.

Sudden Cardiac Arrest

Definition - Cardiac arrest is the abrupt loss of heart function in a person who may or may not have diagnosed heart disease. The time and mode of death are unexpected. It occurs instantly or shortly after symptoms appear.⁸

Prevention - Complete the Medical History section of this packet as accurately as possible, especially regarding question #3. • Signs & Symptoms - Sudden loss of responsiveness; no response to tapping on shoulders and does nothing when you ask if he's OK; there is no normal breathing and the athlete does not take a normal breath when you tilt the head up.⁸

Treatment - Call 9-1-1 for emergency medical services; get an automated external defibrillator (AED); Begin CPR immediately; Continue until emergency medical services arrive; Use the AED as soon as it arrives.⁸

Return to Play - Return to play will be determined by the physicians and other medical personnel familiar with the individual's condition and risk factors associated with the specific cause of sudden cardiac arrest.



Brain Injury

Definition - Although they are rare, severe catastrophic traumatic brain injuries, such as subdural and epidural hematomas and malignant cerebral edema (ie. second impact syndrome), resulting in more fatalities from direct trauma than any other sport injury. When these injuries do occur, brain swelling or pooling of the blood increases intracranial pressure; if this condition is not treated quickly, brainstem herniation and respiratory arrest can follow.⁹

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.¹⁰

Signs & Symptoms - An athlete who has any one of the following associated with a collision or blow to the head will be suspected of a brain injury including but not limited to intracranial hemorrhage or diffuse cerebral edema: loss of consciousness; experienced amnesia lasting longer than 15 minutes; deterioration of neurologic function; decreasing level of consciousness; decrease or irregular respirations; decrease or irregular pulse; increase in blood pressure; unequal, dilated or unreactive pupils; cranial nerve deficits; any signs or symptoms of associated injuries, spine or skull fracture or bleeding; mental status changes (lethargy, difficulty maintaining arousal; confusion or agitation); seizure activity; vomiting.⁹

Treatment - Diffuse Brain Injuries are a medical emergency and 9-1-1 should be called for emergency medical services and transportation.

Return to Play - Return to play will follow the same guidelines as the Bastrop ISD Concussion Return to Play Guidelines. However, it should be noted that the length of time to obtain medical clearance as well as complete the Return to Play Protocol for traumatic brain injuries can be significantly longer. In some cases, the athlete may not be medically cleared to participate in sports after a traumatic brain injury.



Environmental Risk Factors

There are several environmental factors that can cause an athlete to exhibit health complications if proper prevention and preparedness are not taken. These environmental risk factors can include very high outdoor temperatures, very low outdoor temperatures, lightning as well as allergens/pollens present in the air. Environmental risk factors can lead to asthma attack, exertional heat illness, exertional hyponatremia, exertional sickling, etc.

Prevention - acclimatization to extreme weather, staying indoors when lightning is detected within 6 miles of the playing field; staying hydrated and eating a well-balanced diet, and reporting any signs and symptoms that occur before, during or after participation.

Signs & Symptoms of asthma: confusion, sweating, drowsiness, forced breaths, use of accessory muscles for breathing, wheezing, coughing, etc.; exertional heat illness: muscle cramps, paleness, dizziness, fainting, lightheadedness, headache, nausea, diarrhea, increase in core body temperature, etc.; exertional hyponatremia: core body temperature of 104 degrees, nausea, vomiting, extremity swelling, progressive headache, mental compromise, lethargy, altered consciousness, seizures, etc.; exertional sickling: muscle cramping, pain, swelling, weakness, and tenderness, inability to catch one's breath and fatigue.

Treatment - Certain exertional heat illnesses are medical emergencies in which 9-1-1 should be called. These include exertional heat stroke, exertional hyponatremia, asthmatics with symptoms that do not resolve, exertional sickling.

Return to Play - Return to play after any of these conditions that require emergency medical care will be determined by the treating physicians and other medical staff familiar with the individual's condition.



Sickle Cell

Sickle cell trait is an inherited blood condition. Sickle cell disease is an inherited blood disease that is very serious. All newborns in Texas are tested for sickle cell disease and trait. In the United States, African Americans have the highest rate of sickle cell disease and sickle cell trait.¹¹

Prevention - Ensure adequate access to water/hydration, allow frequent bathroom breaks, allow accommodations during extreme temperatures and conditions, allow accommodations during physical education and recess activities.¹¹

Athletes are advised to start exercise slowly and progressively, to maintain adequate hydration during and after exercise, to avoid cold exposure or sudden change in temperature, and to avoid sports associated with mechanical trauma. Individuals are usually encouraged to exercise on a symptom-limited basis.¹²

Signs & Symptoms - Watch for signs of stroke. Some children living with SCD may have learning difficulties due to health problems associated with stroke (blockage of blood vessels in the brain that then causes brain damage). Strokes may be difficult to detect when they affect a small portion of the brain, but they are extremely important to watch for because they are relatively common in the early school years among children with sickle cell disease. Teachers should be aware that declines in academic achievement, inability to maintain attention, difficulties with organization, and mild delays in vocabulary development may be due to small brain injuries caused by strokes. Moreover, teachers are in a unique position to notice changes in school performance that might indicate a stroke and should not simply assume that poor attention in the classroom is due to a lack of the child's motivation or desire to do well in school. Teachers should contact parents when changes in learning or a child's attentiveness are detected so that the child's doctor can be notified. Formal neurocognitive and educational testing may be necessary to determine any learning difficulties caused by stroke. The testing may help school personnel in developing the best teaching strategies for the student. Many students with SCD may qualify for a 504 plan or individualized education plan. 13

Treatment - Take special care of injuries. Never apply a cold pack to an injury or pain site if a child with SCD is injured. However, other first aid measures are safe for children with SCD. First aid measures that should be provided when necessary, include applying direct pressure for bleeding, wrapping with an ace bandage, or elevating a hurt limb.¹³

Return to Play - A physician's clearance will be required for return to play. This process includes a gradual return to play with restrictions based on physician recommendations.



Poor Weight & Nutrition Choices

Athletes need the right amount of nutrients and fluid to not only maintain a healthy weight, but to also achieve peak performance. Eating right can help athletes train harder, battle fatigue and aid in recovery from a workout. Visit www.eatright.org.for public information for sports nutrition, topics include: eating right; eating before, during and after exercise; hydration; etc.

□Insurance

Bastrop ISD provides a supplemental insurance coverage, which is applicable for accidents, not sickness or illness. All insurance policies have limits of how much they will and will not pay. Bastrop ISD has a limited accident-only benefit policy and it may not cover all medical payments for your child. There is a timely filing window of one year and ninety days. Do not wait to send information as this may result in claim denial. Any bills not paid by insurance will be the parent/guardian's responsibility.

A copy of the insurance claim form can be obtained from staff athletic trainers. <u>It is the</u> parent/guardian's responsibility to follow the instructions on the back of the completed insurance claim form.

<u>The Brokerage Store</u> is the supplemental athletic insurance that Bastrop ISD provides to the athletes for school related athletic injuries. This policy does not provide or replace individual, family, or group healthcare insurance coverage and does not cover all medical payments. Any bills not paid by the policy will be the parent and/or guardian's responsibility.

If you are interested in having your medical provider joining The Brokerage Store, please have them contact The Brokerage Store 1-800-328-2739.

☐Know the signs of burnout

Resources:

- https://www.nata.org/blog/beth-sitzler/burnout-athletes
- https://usatodayhss.com/2017/reducing-risk-in-sports-athlete-burnout



References:

¹ National Athletic Trainers' Association, Position Statement: Exertional Heat Illness. Casa, D., DeMartini, J., ... Journal of Athletic Training. PDF. 2015. https://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07

² University Interscholastic League. Football Manual. PDF. 2018-2019. http://www.uiltexas.org/files/athletics/manuals/Football_Manual_18-19_(3).pdf ³ Center for Disease Control. Sweat Rate Calculations. PDF.

https://www.cdc.gov/nceh/hsb/extreme/Heat_Illness/Sweat%20Rate%20Calculation.pdf 4
Urince Color Chart. PDF. 05/2019

http://at.uwa.edu/admin/UM/urinecolorchart.doc

⁵ National Athletic Trainers' Association, Position Statement: Fluid Replacement for the Physically Active. McDermott, B., Anderson, S.,... Journal of Athletic Training. PDF. 2017. https://natajournals.org/doi/pdf/10.4085/1062-6050-52.9.02

⁶ National Federation of State High School Association. Sports Medicine Advisory Committee. Position Statement & Recommendations for Maintaining Hydration to Optimize Performance and Minimize the Risk for Exertional Heat Illness. PDF. 2014. http://www.uiltexas.org/files/health/NFHS SMAC Hydration Position Statement- October 2014.pdf

⁷ Center for Disease Control & Prevention. Webpage. CDC.gov

⁸ Heart Attack & Stroke Symptoms. Webpage. 2019.

http://www.heart.org/HEARTORG/.

⁹ National Athletic Trainers Association. Webpage. 2019. http://www.nata.org

¹⁰ University Interscholastic League. Webpage.2019. http://www.uiltexas.org/

¹¹ Texas Department of State Health Services. Sickle Cell Trait. Webpage. February,7 2019. https://dshs.texas.gov/newborn/sctrait.shtm

¹² Exercise Limitation, exercise testing and exercise recommendations in sickle cell anemia. NCBI. PubMed. Connes, P., Machado, R., Hue, O., Reid, H. Webpage. 2011. https://www.ncbi.nlm.nih.gov/pubmed/22214686

¹³ Center for Disease Control & Prevention. Tips for Supporting Students with Sickle Cell.Booklet. 2019.

https://www.cdc.gov/ncbddd/sicklecell/documents/tipsheet_Supporting_Students with SCD.pdf