Red Mountain High School
EMERGENCY ACTION PLAN
FOR ATHLETICS

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Head Athletic Trainer

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# RED MOUNTAIN HIGH SCHOOL EMERGENCY ACTION PLAN FOR ATHLETICS

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERVIEW OF THE EMERGENCY ACTION PLAN</td>
<td>3</td>
</tr>
<tr>
<td>DEALING WITH SPORT EMERGENCIES AT RED MOUNTAIN HIGH SCHOOL</td>
<td></td>
</tr>
<tr>
<td>Baseball / Softball Complex</td>
<td>7</td>
</tr>
<tr>
<td>Gym Venues</td>
<td>7</td>
</tr>
<tr>
<td>Football Field Venues</td>
<td>9</td>
</tr>
<tr>
<td>ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES</td>
<td>11</td>
</tr>
<tr>
<td>The Role of the Athletic Trainers / Athletic Trainer Priorities</td>
<td>13</td>
</tr>
<tr>
<td>Training Room Hours</td>
<td>13</td>
</tr>
<tr>
<td>Training Room Rules: The Sixteen Commandments</td>
<td>14</td>
</tr>
<tr>
<td>Reporting Injuries</td>
<td>14</td>
</tr>
<tr>
<td>Taping &amp; Treatments: Services Available</td>
<td>15</td>
</tr>
<tr>
<td>Over the Counter Medications</td>
<td>15</td>
</tr>
<tr>
<td>Physician Referrals</td>
<td>15</td>
</tr>
<tr>
<td>Getting Hurt on the Field</td>
<td>15</td>
</tr>
<tr>
<td>Other Injury Management</td>
<td>15</td>
</tr>
<tr>
<td>Blue Cards</td>
<td>16</td>
</tr>
<tr>
<td>First Aid and CPR training for Coaches</td>
<td>16</td>
</tr>
<tr>
<td>Travel Kits</td>
<td>16</td>
</tr>
<tr>
<td>Student Athletic Trainers</td>
<td>16</td>
</tr>
<tr>
<td>Injury Privacy and the Law</td>
<td>16</td>
</tr>
<tr>
<td>Contacting Certified Athletic Trainers</td>
<td>16</td>
</tr>
<tr>
<td>BASIC INJURY MANAGEMENT FOR SPORT COACHES</td>
<td>17</td>
</tr>
<tr>
<td>Brain Injury – Concussions / Equipment Concerns</td>
<td>17</td>
</tr>
<tr>
<td>Hydrating Athletes</td>
<td>17</td>
</tr>
<tr>
<td>Heat Related Illness</td>
<td>18</td>
</tr>
<tr>
<td>Treatment Strategies for Heat Related Illness</td>
<td>19</td>
</tr>
<tr>
<td>Lightning</td>
<td>21</td>
</tr>
<tr>
<td>Cold Related Injuries</td>
<td>21</td>
</tr>
<tr>
<td>Wound Care</td>
<td>22</td>
</tr>
<tr>
<td>Fractures</td>
<td>23</td>
</tr>
<tr>
<td>Sprains and Strains</td>
<td>24</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>25</td>
</tr>
<tr>
<td>Skin Disorders</td>
<td>26</td>
</tr>
<tr>
<td>Supplements</td>
<td>27</td>
</tr>
<tr>
<td>BASIC TAPING TECHNIQUES FOR SPORT COACHES</td>
<td>28</td>
</tr>
<tr>
<td>Ankles</td>
<td>28</td>
</tr>
<tr>
<td>Foot Arch</td>
<td>29</td>
</tr>
<tr>
<td>Groin</td>
<td>30</td>
</tr>
<tr>
<td>Thumb</td>
<td>31</td>
</tr>
<tr>
<td>Wrist</td>
<td>32</td>
</tr>
<tr>
<td>Appendix A: Emergency Numbers</td>
<td>33</td>
</tr>
<tr>
<td>Appendix B: Emergency Plan for Individual Teams</td>
<td>34</td>
</tr>
<tr>
<td>Appendix C: Concussion Management</td>
<td>36</td>
</tr>
<tr>
<td>Appendix D: Heat Index Practice Guidelines</td>
<td>37</td>
</tr>
</tbody>
</table>
Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles Of Certified Athletic Trainers, Student Trainers, Coaches, And Administrators
5. Venue Directions With map

The Red Mountain High School Emergency Action Plan also includes the following:

- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques for Coaches

Emergency Plan Personnel

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency
medical technicians, certified athletic trainers; student athletic trainers; coaches; parents; and, possibly, other bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, administrator, or coach may be appropriate for this role.

<table>
<thead>
<tr>
<th>Roles within the Emergency Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish scene safety and immediate care of the athlete</td>
</tr>
<tr>
<td>2. Activation of the Emergency Medical System</td>
</tr>
<tr>
<td>3. Emergency equipment retrieval</td>
</tr>
<tr>
<td>4. Direction of EMS to scene</td>
</tr>
</tbody>
</table>

### Activating the EMS System

**Making the Call:**
- 911 (all emergencies)

**Providing Information:**
- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by ATC/Physician
- specific directions as needed to locate the emergency scene (“Come to Girls’ side of the Gym, Enter off Sunvalley, Furthest door West on Gym”)
- other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not always be present.

### Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact
information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment
All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended. The school's Certified Athletic Trainers should be trained and responsible for the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Medical Emergency Transportation
Emphasis should be placed at having a "prearranged route" for the ambulance. Entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a "load and go" situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for Red Mountain High School athletes, it is highly encouraged to send athletes to hospitals other than Banner Baywood.

Non-Medical Emergencies
For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district's emergency action plan guidebook (multi-colored flip chart) and follow the instructions provided.
Conclusion
The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Red Mountain High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the Red Mountain High School Emergency Plan for Athletics

Approved by ___________________________________________ Red Mountain High School Medical Director ___________________________ Date

Approved by ___________________________________________ Red Mountain High School Principal ___________________________ Date

Approved by ___________________________________________ Red Mountain High School Athletic Director ___________________________ Date

Approved by ___________________________________________ Red Mountain High School Head Athletic Trainer ___________________________ Date

Approved by ___________________________________________ Red Mountain High School Assistant Athletic Trainer ___________________________ Date
Part II: RED MOUNTAIN HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS
Emergency Action Plans by Venue

Red Mountain Baseball/Softball Complex: (Varsity and JV Baseball Fields, and Varsity and JV Softball Fields)

Emergency Personnel/First Responders are: Certified athletic trainers (during games and specified practices), coaches, and administration (during normal school hours and after school activities). Student trainers are provided to assist coaches but are not legally responsible for the athletes.

Emergency Communication: The nearest on-campus phone is located in the main athletic training room (if accessible). Because of the distance of a reliable phone, each coach is asked to carry a cellular phone with them in case of an emergency. The Certified Athletic Trainers carry a cellular phone at all times (T.M. 480-694-4014, Elizabeth Colburn 480-258-3131)

Emergency Equipment: All wound care equipment is located with the Head Athletic Trainer and in the Main Athletic Training Room. Each team will be provided with a First Aid Kit to assist in expediting wound care. All other emergency equipment is located in the Athletic Training Room.

Role of First Responders:
1. Immediate care/survey of injured or ill victim.
2. Activation of emergency medical systems (EMS) as needed:
   a. Contact EMS and provide patient name, location, number of individuals injured, treatment, directions, and any other information needed
   b. Contact Certified Athletic Trainer on duty via cellular phone or campus phone
   c. Contact Athletic Director and inform of the situation after it subsides.
3. Emergency equipment retrieval (student Athletic Trainers may help with this).
4. Direction of EMS to scene (student Athletic Trainers may help with this):
   a. Open appropriate doors or gates immediately.
   b. Designate an individual to flag down ambulance and direct to scene.
   c. Scene control: direct bystanders away from the area.

Roles When Certified Athletic Trainer is on Campus:
Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
  o Activation of emergency medical system (EMS);
  o 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
  o Notify Administration and Security that 911 has been called VIA radio
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.
Emergency Action Plan for Gym Venues: (Large Gym, Small Gym, Wrestling room and adjacent locker rooms and weight rooms, Dance room and adjacent weight rooms and locker rooms.)

Emergency Personnel/First Responders are: Certified athletic trainers (during games and specified practices), coaches, and administration (during normal school hours and after school activities). Student trainers are provided to assist coaches but are not legally responsible for the athletes.

Emergency Communication: The nearest on-campus phone is located in the Coaches Offices in locker rooms (if accessible), or the Equipment Room (if accessible). Each coach is asked to carry a cellular phone with them in case of an emergency. The Certified Athletic Trainers carry a cellular phone at all times (T.M. 480-694-4014, Elizabeth Colburn 480-258-3131.)

Emergency Equipment: All wound care equipment is located with the Head Athletic Trainer and in the Main Athletic Training Room; there are limited supplies in the Gym area Athletic Training Room. Each team will be provided with a First Aid Kit to assist in expediting wound care. All other emergency equipment is located in the Athletic Training Room.

Roles of First Responders:
5. Immediate care/survey of injured or ill victim.
6. Activation of emergency medical systems (EMS) as needed;
   a. Contact EMS and provide patient name, location, number of individuals injured, treatment, directions, and any other information needed
   b. Contact Certified Athletic Trainer on duty via cellular phone or campus phone
   c. Contact Athletic Director and inform of the situation after it subsides.
7. Emergency equipment retrieval (student Athletic Trainers may help with this).
8. Direction of EMS to scene (student Athletic Trainers may help with this):
   a. Open appropriate doors or gates immediately.
   b. Designate an individual to flag down ambulance and direct to scene.
   c. Scene control: direct bystanders away from the area.

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- Immediate evaluation and care of the more seriously injured or ill student-athletes;
  o Activation of emergency medical system (EMS);
  o 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
  o Notify Administration and Security that 911 has been called VIA radio
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.
Roles of Student Athletic Trainers/Coaches
- Direct EMS personnel (ambulance) to scene;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Unlock gates if no administration is present.

Roles of Administrative Staff
- Ensure parking lot is clear and accessible to emergency personnel
- Unlock and gates from parking lot and driveway into complex;

Venue Directions:

**Baseball/Softball Complex at Red Mountain:** Take Brown Road East of Power, turn North into school at 72nd street light. Follow Driveway past football stadium and through the gate, once through gate, turn West on next driveway, ramp to complex is about 50 yards away on South side of Driveway.

Venue Map: **Red Mountain Baseball Fields**
**Roles of Student Athletic Trainers/Coaches**

- Direct EMS personnel (ambulance) to scene;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Unlock and open gates off Sunvalley Road into school; if no security or administration is present.

**Roles of Administrative Staff**

- Ensure parking lot is clear and accessible to emergency personnel
- Unlock and open gates off Sunvalley Road into school;

**Venue Directions:**

*Main Gymnasium at Red Mountain:* Take Brown Road East of Power, (pass the main entrance to the school) Turn South on Sunvalley. Turn West into the gate at the back of the school. Proceed down the driveway the back entrance to the gym is on the right. Ambulance may park in any space behind the gym.

**Venue Map: Main Gymnasium at Red Mountain**
Red Mountain Emergency Plan: Stadium

For “Football” Venues (Football Field, Practice Fields, Annex locker Rooms, Stadium Bleachers)

Emergency Personnel/First Responders are: Certified athletic trainers (during games and specified practices), coaches, and administration (during normal school hours and after school activities). Student trainers are provided to assist coaches but are not legally responsible for the athletes.

Emergency Communication: The nearest on-campus phone is located in the Main Athletic Training Room (if accessible), or the Coaches Offices in locker rooms (if accessible). Each coach is asked to carry a cellular phone with them in case of an emergency. The Certified Athletic Trainers carry a cellular phone at all times (TM 480-694-4014, Elizabeth 480-258-3131.)

Emergency Equipment: All wound care equipment is located with the Head Athletic Trainer and in the Main Athletic Training Room. Each team will be provided with a First Aid Kit to assist in expediting wound care. All other emergency equipment is located in the Athletic Training Room.

Role of First Responders:
9. Immediate care/survey of injured or ill victim.
10. Activation of emergency medical systems (EMS) as needed:
   a. Contact EMS and provide patient name, location, number of individuals injured, treatment, directions, and any other information needed
   b. Contact Certified Athletic Trainer on duty via cellular phone or campus phone
   c. Contact Athletic Director and inform of the situation after it subsides.
11. Emergency equipment retrieval (student Athletic Trainers may help with this).
12. Direction of EMS to scene (student Athletic Trainers may help with this):
   a. Open appropriate doors or gates immediately.
   b. Designate an individual to flag down ambulance and direct to scene.
   c. Scene control: direct bystanders away from the area.

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  - Activation of emergency medical system (EMS);
  - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
  - Notify Administration and Security that 911 has been called VIA radio
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.
Roles of Student Athletic Trainers/Coaches
- Direct EMS personnel (ambulance) to scene;
- Designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.
- Ensure gates are opened in absence of Security/Administration

Roles of Administrative Staff/Safety
- Ensure parking lot is clear and accessible to emergency personnel
- Ensure gates are open to access football field

Venue Directions:
(FOR SAFETY AND EASE OF ACCESS, EMS WILL COME THROUGH THE GATE AT THE FAR SOUTH SIDE OF STADIUM)
Take Brown Road North of Power Road. Enter school grounds at 72nd street light. Follow Driveway past stadium to the junction of the driveways, enter through gates at far South Side of Stadium.
PART III: Athletic Training Room Policies and Procedures

The Role of the Athletic Trainers
Certified by the National Athletic Trainers Association (NATA), an athletic trainer (ATC) is the member of the allied health community whose role is to care for and help prevent athletic-related injuries. At Red Mountain High School, there are two certified athletic trainers on staff. These athletic trainers will prioritize their time based on NATA classifications of high risk sports. Because of limitations, there may or may not be an athletic trainer available for all practices or contests. In any case, all other sports’ athletes are welcome to utilize athletic training services at the school during posted training room hours. If any athlete is injured during athletic participation, he/she needs to be evaluated by the athletic trainer. Services in the training room are rendered on a first-come-first-serve basis.

Training Room Hours
On most school days, there will be an athletic trainer available M-F from 2:00 p.m. until 5:00pm. On game days, training room hours may vary. Other times may be scheduled. If coaches schedule practice times other than during these times, it is up to those coaches to alert the ATCs and arrange for the training room to be available to athletes.

Athletic Trainer Priorities
The athletic trainers will be at as many athletic practices and games as possible. Coaches should remember that both of the athletic trainers are not full-time teachers at Red Mountain, so they are not available (as a general rule) during the school day. Event coverage adheres to NATA injury surveillance studies and will be prioritized as follows:

Fall: At least one athletic trainer in Training Room M-F between 3:30pm and 6pm; Treatments on Saturdays 7:00 AM (by appointment only)
1. Varsity Football: T.M. (all home and away games)
2. Junior Football: Elizabeth (all home games)
3. Junior Varsity Football: Elizabeth (all home games)
4. Cross Country: T.M. or Elizabeth (home meets only)
5. Volleyball: Elizabeth or T.M. (home games only – when available)
6. Badminton: Elizabeth or T.M. (home games only – when available)
7. Swimming/Diving: T.M. is on call for home meets but can not be at venue because of distance
8. Golf: Elizabeth is on call for home games but can not be at venue because of distance

Winter: At least one athletic trainer in Training Room M-F between 3:30pm and 5pm.
1. Wrestling: T.M. (all home matches – depending on schedule Elizabeth has Tue, Thurs.)
2. Boys Basketball: T.M. and Elizabeth (all home games after JV Soccer if on same night)
3. Girls Basketball: T.M. and Elizabeth (all home games after JV Soccer if on same night)
4. Boys Soccer: T.M. and Elizabeth (all home games until start of Varsity Basketball if on same night)
5. Girls Soccer: T.M. and Elizabeth (all home games until start of Varsity Basketball if on same night)

Spring: At least one athletic trainer in Training Room M-F between 3pm and 4:30 – or as needed.
1. Baseball: T.M or Elizabeth (all home games)
2. Softball: T.M. or Elizabeth (all home games – we will be somewhere in the complex)
3. Track & Field: T.M. (all home meets)
4. Tennis: Quincy (by appointment; scheduled training room times)

In General: T.M. is available Monday, Wednesday, and Friday. Elizabeth is available Tuesday and Thursdays. Playoff games will take precedence (unless there is a conflict according to NATA injury surveillance studies).
Athletic Training Room Rules: The Sixteen Commandments

I. Thou shalt not interrupt the athletic trainers during the school day and ask them to administer athletic training services unless that service has been pre-arranged.

II. Thou shalt not ask to be taped for games when not taped regularly for practice.

III. Thou shalt not ask to have "sore" ankles taped. The athletic trainers will be more than willing to teach thou how to treat those sore ankles, however.

IV. Thou shalt sign in to the "Daily Treatment Log" before utilizing any training room service (including getting ice). Thou should be careful when signing in to be sure the correct treatment is checked.

V. Thou shalt show up for morning, afternoon and weekend injury treatments when they are scheduled. If thou does not show up, thou will risk losing all future training room services for that injury.

VI. Thou shalt wait until all in season athletes are taken care of before receiving treatments out of season.

VII. Thou shalt not ask for a massage if "sore".

VIII. Thou shalt not bring food into the athletic training room.

IX. Thou shalt not loiter in the athletic training room.

X. Thou shalt not use curse words in the athletic training room.

XI. Thou shalt practice good hygiene if thou wants to be treated.

XII. Thou shalt wear appropriate and modest dress when in the athletic training room. Underwear shall not be seen and cleats shall not be worn when inside the building.

XIII. Thou shalt not go anywhere near the athletic trainers' desks nor disturb any of the athletic trainers' belongings.

XIV. Thou shalt not enter the athletic training room unless a Certified Athletic Trainer has first unlocked the room and are present or nearby.

XV. Thou shalt not render any treatments (whirlpool, stim, or ultrasound) unless a Certified Athletic Trainer is present in the athletic training room.

XVI. Thou shalt not take anything from the athletic training room (kits, coolers, equipment, etc.) without the consent of a Certified Athletic Trainer.

Reporting Injuries to the Athletic Trainer After Hours

If an athlete is injured and an athletic trainer is not available at the time, the coach should have the injured athlete report to the training room the next day at 2:00 P.M. The student athletic trainer, coach and/or athlete should also call the athletic trainer to alert them to the injury if the injury is severe. If the injury is serious, coaches should send the athlete immediately to a physician (Dr. Onofrei is our team physician). All injuries sustained by Red Mountain athletes and subsequent evaluations and treatments rendered by Red Mountain's athletic trainers must be documented. Athletes are responsible for signing in daily before getting treatment. All physician release forms must go to athletic trainers.

Taping & Treatments: Services Available

The Red Mountain High School athletic trainers and student trainers will only tape athletes who we recognize as having orthopedic issues. Preventative taping will be performed as long as the athlete comes everyday. We will not tape athletes just for game days. Our feeling is that athletes don't - and shouldn't - play harder in games than they do in practice. Therefore taping just for games is not an option. If an athlete needs to be taped, it will be because one of the certified athletic trainers have first assessed the athlete and decided upon the need. Sore ankles are not necessarily unstable ankles. Please don't send athletes in to get taped. Other treatment services available in Red
Mountain's training room include cold therapy (ice, whirlpool), thermotherapy (heat packs), electronic stimulation, ultrasound, intermittent compression, assisted stretching, wound care, and some forms of assistance with rehabilitation.

**Over the Counter Medications**
Coaches are not allowed to dispense any type of medication and should strongly discourage athletes from carrying their own. **NO** over the counter medications are available in the training room. These include Tylenol, and/or Advil you must see the nurse for these.

**Physician Referrals**
Should an injury or illness warrant additional treatment and care, the athletic trainers at Red Mountain can assist in the referral process. In most cases, when Red Mountain's athletic trainers call the orthopedic physician directly, the athlete will be seen by that doctor within one to three days. Any athlete who sees a physician for an injury sustained while participating in a sport or activity at Red Mountain High School must present a signed physician release form to the athletic trainer. Any athlete who does not present a physician release to the athletic trainer should not be allowed to resume practice or participate in games.

**Getting Hurt on the Field**
If an athlete is injured on the field, no matter what type, **he/she should never be moved** if a head or neck injury is suspected. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should **never move an injured athlete!** In the case of football, wrestling, and home basketball games, an athletic trainer will always be present. At other sporting events, however, it will be necessary for the coach to evaluate the injury and use a "common sense" approach to whether or not it will be necessary to call for an ambulance.

**When in doubt, dial 9-1-1.**

**Other Injury Management**
In the event that an athlete sustains an injury, it is his/her responsibility to contact an athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. In the event that a Physician referral is necessary, the athletic trainers at Red Mountain will refer the athlete to the team physician, Dr. Alex Onofrei. If a physician referral is necessary, the athletic trainers will then follow that physician's instructions for treatment and rehabilitation. If the athlete is injured enough that he/she can not participate in practice or games, the athletic trainers will let the coaches know. In most cases, please note that the coaches still want the injured athletes to attend practice as an observer. If the athletic trainers are treating an athlete for an injury (i.e., sprained ankle gets whirlpool treatments), it is that athlete's responsibility to show up at the designated time daily to receive those treatments. If an athlete is ill, the athlete or his/her parents should contact one of the athletic trainers or a Coach at 472-8059 (Training Room).

**Blue Cards and Physical Form**
Before any treatment can be provided, the athlete must have his/her parent sign and return the Physical packet including the Blue Card which authorizes the Certified Athletic Trainers to render care. These forms are given to each athlete at the beginning of their first sport season of the year and must be returned before the athlete will be allowed to travel. The form also authorizes emergency consent to treat in the event a parent or guardian cannot be reached.
First Aid & CPR Training for Coaches
In accordance with the National Athletic Trainers' Association's rules and recommendations, all coaches, both head and assistant, at Red Mountain High School should be trained in first aid and CPR. Red Mountain High School's athletic trainers will instruct the course periodically based on interest and need. These first aid and CPR classes will be conducted at the request of the school's administration. All attendees will certify in Adult CPR and AED from the Red Cross. The first aid component of Red Mountain's course will be concentrated toward sport-related issues relevant to Red Mountain High School athletics and the symbiotic role of the school's athletic trainers and coaches.

Travel Kits for Coaches
The athletic trainers will supply a first aid kit/bag to all sport teams that do not have an athletic trainer scheduled to travel with them. Supplies are limited. Coaches should not tape athletes who aren't getting taped daily by athletic trainers. You are always welcome to buy your own tape.

Injury Privacy and the Law
By law, all student athletic trainers must be directly supervised at all times (within sight and sound). That means they can not travel with teams by themselves unless the coach feels comfortable providing supervision of those student trainers and the athletic trainers feel comfortable sending them. In this instance, the only thing student trainers can do is to provide taping services and basic first aid. Never can a student athletic trainer make return to play decisions involving an orthopedic or head-injured athlete.

Contacting the Athletic Trainers

<table>
<thead>
<tr>
<th>Student Athletic Trainers</th>
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<tr>
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<tbody>
<tr>
<td>Gerilyn &quot;T.M.&quot; Trulove-Mellor</td>
<td>Elizabeth Colburn</td>
</tr>
<tr>
<td>(480)694-4014 cell</td>
<td>(480) 258-3131 cell</td>
</tr>
<tr>
<td>396-3890 home</td>
<td></td>
</tr>
</tbody>
</table>

TRAINING ROOM PHONE: 472-8059

Additional Red Mountain Sports Medicine Team Members
Dr. Alex J. Onofrei, MD  
AZ Family/Sports Medicine Team Physician/Medical Director
Dr. Angelo Mattalino, MD  
Southwest Sports Medicine Orthopedic Physician / Surgeon
Paul Kempton  
Kempton Physical Therapy  
Physical Therapist
Ellie Ucci, RN  
Red Mountain High School School Nurse
Part IV: Basic Injury Management for Sport Coaches:

Mild Traumatic Brain Injury (Concussion)

"Any transient neurological dysfunction resulting from a biomechanical force that may or may not result in a loss of consciousness"

(Giza & Hovda, 2001, p. 228)

Recognizing Concussion

Concussions do not always involve a loss of consciousness. ANY traumatic blow to the head or to another part of the body (which causes a whiplash effect to the head) should be considered as a mechanism of concussion injury. While headache is the most common symptom of concussion, all people will experience concussion differently. Therefore, all of the potential signs and symptoms of concussion should be considered. A symptom checklist can assist the evaluator in making a more objective return to play decision.

If a player sustains any signs or symptoms of concussion, he/she must be pulled from play. Only an athletic trainer or a physician may clear the athlete to return to play.

Concussion Signs and Symptoms

<table>
<thead>
<tr>
<th>Amnesia</th>
<th>Poor concentration</th>
<th>Sensitivity to light</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of orientation</td>
<td>Easily distracted</td>
<td>Headache</td>
</tr>
<tr>
<td>Balance problems</td>
<td>Personality changes</td>
<td>Sluggishness</td>
</tr>
<tr>
<td>Memory problems</td>
<td>&quot;Glassy Eyed&quot;</td>
<td>Inappropriate emotions</td>
</tr>
<tr>
<td>&quot;Bell rung&quot;</td>
<td>Excessive sleep</td>
<td>Change in personality</td>
</tr>
<tr>
<td>Nausea</td>
<td>Ringing in the ears</td>
<td>Sensitivity to noise</td>
</tr>
<tr>
<td>Dazed or Confused</td>
<td>Fatigue</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Sadness</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td>Depression</td>
<td>Feeling &quot;in a fog&quot;</td>
<td>Loss of consciousness</td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td>Seeing &quot;stars&quot;</td>
<td>Vacant stare</td>
</tr>
<tr>
<td>Double vision</td>
<td>Feeling &quot;slowed down&quot;</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Drowsiness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ALL ATHLETES WHO GET "ROCKED" AND EXHIBIT ANY OF THESE SIGNS OR SYMPTOMS SHOULD BE REFERRED IMMEDIATELY TO THE ATHLETIC TRAINER AND/OR A PHYSICIAN!!!

Equipment Concerns:

Recommended Procedure for Football Helmet Fitting Session

- Athletic trainers must sign off on EVERY football helmet. DO NOT FIT OR EXCHANGE a helmet without having a Certified Athletic Trainer sign off on it.
Hydrating Athletes

Fluid Replacement
Athletes should be especially cautious to stay well-hydrated. While water is essential, it is also imperative to replace lost electrolytes. Consuming sports drinks such as PowerAde and Gatorade is one way of doing this. High energy drinks such as Red Bull and Rockstar, however, are not recommended as a safe way to replenish electrolytes and hydrate the body.

Generally speaking, the most important thing is that the athlete stays well-hydrated while not getting too much sugar intake. Here are some general guidelines to follow:

- The athlete should drink plenty of water before athletic participation. Experts recommend 17-20 fl oz of water or a sports drink be consumed 2 to 3 hours before activity.
- Experts recommend 7-10 fl oz every ten to twenty minutes during activity. Those who sweat more should consume more;
- Cool beverages are best (50-59 degrees F).
- Sports drinks containing high amounts of carbohydrate are most beneficial for an athlete if consumed 2-3 hours prior to activity;
- Sports drinks containing fructose should be avoided entirely. Fructose can lead to gastric distress.
- Sports drinks, fruit juices, carbohydrate gels, sodas and other beverages containing more than 8% carbohydrate concentration are not recommended as the sole source of fluid during exercise.
- Recognize signs of dehydration: thirst, irritability, general discomfort, followed by headache, weakness, dizziness, cramps, chills, vomiting, nausea, heat sensations, and decreased performance.
- A moderate amount of sodium chloride in fluid-replacement beverages can be beneficial in offsetting electrolyte imbalances that result from loss of sweat.

Encourage athletes to drink 16-32 ounces of fluid for every pound lost during activity.

Avoiding Heat Related Illnesses
People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Factors that contribute to heat-related illness include high humidity, obesity, fever, dehydration, poor circulation, sunburn, and drug and alcohol use. To try to prevent heat related illnesses:

- Drink plenty of fluids before, during and after exertion;
- Include electrolytes in the fluids (salt, sodium, potassium);
- Wear light clothing on hot days;
- Wear sunscreen;
- Schedule practices during cool periods (avoid 10am to 2pm) and acclimate athletes to heat gradually.
Treatment Strategies for Exertional Heat Illnesses:

DEHYDRATION
When athletes do not replenish lost fluids, they become dehydrated.

Signs and Symptoms:
- Dry mouth
- Thirst
- Being irritable or cranky
- Headache
- Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive fatigue
- Not able to run as fast or play as well as usual

Treatment:
- Move athlete to a cool environment and rehydrate.
- Maintain normal hydration (as indicated by baseline body weight).
- Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.
- Hydrate with a sports drink like Gatorade, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy
- Hydrate throughout sports practice to minimize dehydration and maximize performance.
- Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.

Return-to-Play Considerations:
If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable

HEAT CRAMPS
Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions.

Signs and Symptoms:
- Intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contractions that continue during and after exercise

Treatment:
- Reestablish normal hydration status and replace some sodium losses with a sports drink or water
- Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity.
- Ice, Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

Return-to-Play Considerations:
Athletes should be assessed to determine if they can perform at the level needed for successful participation.
HEAT EXHAUSTION
Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

Signs and Symptoms:
- Athlete finds it hard or impossible to keep playing
- Loss of coordination, dizziness or fainting
- Dehydration
- Profuse sweating or pale skin
- Headache, nausea, vomiting or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

Treatment:
- Remove athlete from play and immediately move to shaded or air-conditioned area.
- Remove excess clothing and equipment.
- Cool athlete until rectal temperature is approximately 101°F (38.3°C)
- Have athlete lie comfortably with legs propped above heart level.
- If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink. If athlete is unable to take oral fluids, implement intravenous infusion of normal saline.
- Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status.
- Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

Return-to-Play Considerations:
Athlete should be symptom free and fully hydrated; recommend physician clearance; rule out underlying condition that predisposed him/her for continue problems; and avoid intense practice in heat until at least the next day.

EXERTIONAL HYponATREMIA
When an athlete's blood sodium levels decrease, either due to over hydration or inadequate sodium intake, or both, medical complications can result in cerebral and/or pulmonary edema. This tends to occur during warm/hot weather activities. Hyponatremia may be completely avoided if fluid consumption during activity does not exceed fluid losses.

Signs and Symptoms:
- Excessive fluid consumption before, during and after exercising (weight gain during activity)
- Increasing headache
- Nausea, vomiting (often repetitive)
- Swelling of extremities (hands and feet)
- In some cases, severe muscle cramping is a sign

Treatment:
- If blood sodium levels cannot be determined onsite, hold off on rehydrating athlete (may worsen condition) and transport immediately to a medical facility.
- The delivery of sodium, certain diuretics or intravenous solutions may be necessary. All will be monitored in the emergency department to ensure no complications develop.

Return-to-Play Considerations:
Physician clearance is strongly recommended in all cases.
**EXERTIONAL HEAT STROKE**
A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

**Signs and Symptoms:**
- Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when athlete falls ill
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity
- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combative

**Treatment**
Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hyperthermia may determine adverse outcomes. If untreated, hyperthermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc.). Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment for EHS and should be initiated within minutes post-incident. It is recommended to cool first and transport second if onsite rapid cooling and adequate medical supervision are available.

**Return-to-Play Considerations:**
The athlete's physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified health care professional.

(Excerpt quoted from NATA statement on Exertional Heat Illness)

**Lightning**
**IF YOU SEE LIGHTNING ANYWHERE IN THE SKY, TAKE ALL ATHLETES INSIDE.**
In the event that lightning is detected and conditions are deemed unsafe, the athletic trainers will notify the coaches, officials and administrators. According to NATA guidelines, all competition must stop once the flash-bang count is less than 30 seconds, and the competition may commence once 30 minutes has elapsed after the last lightning strike accompanied by thunder "flash-bang".

**Cold Related Injuries**
- Get the athlete out of the cold environment;
- Warm the affected area (gradually);
- If the injury is to an extremity, check pulses, splint, and recheck pulses;
- Do not rub or massage the area, and do not re-expose it to cold.
  If the area is white and waxy, grayish colored, or blotched, suspect frostbite and send to hospital.
WOUND CARE:

Abrasions & Turf Burns
- Clean affected area thoroughly.
  - Clean/Scrub with soapy water or if using peroxide, dilute to 50% peroxide solution, or use a Betadine/Jodine solution.
  - Apply antibiotic ointment (Bacitracin / Neosporin);
  - Cover with gauze bandage, pre-wrap and soft tape;
  - After 2 days, uncover and air dry. The open air will help the wound to scab over;
  - Wrap with pre-wrap and soft tape for participation.
  - NEVER apply white athletic tape around muscle. This eventually kills muscle cells and places unnecessary stress on bones — potentially causing stress fractures. Only use stretch elastic tape (adhesive) around muscle bellies.

Covering the wound is not enough. It is imperative that the wound is first cleaned thoroughly in order to prevent potentially harmful bacteria

Lacerations
- Apply direct pressure with gauze to stop bleeding;
- Clean the wound thoroughly and irrigate with saline and Betadine;
- Steri-strip, if the bleeding stops;
- If bleeding does not stop and wound is deep (greater than 1/8" deep, cover with pressure bandage and send to physician for evaluation/stitches;
- If wound is caused by object, refer for tetanus.

Blisters
- Clean thoroughly. Irrigate with saline and Betadine;
- Place skin tube pad over blister to avoid continuous rubbing;
- Wrap with pre-wrap and soft tape;
- Watch for inflammation (redness) and warmth, and possibly streaking (long term). These are signs of infection;
- If infection develops, refer to physician immediately for antibiotics.

Never cut away the top skin off a blister if it’s soft. The skin helps to provide a protective barrier.

Nosebleed
- Stop bleeding by pinching athletes nostrils together just below the bone.
- Keep the head in a neutral position. (No need to tilt forward or backward)
- Clean up any blood on the athlete with alcohol, or hydrogen peroxide.
- If athlete must return to competition (such as wrestling) packing the nose with wadded cotton, or gauze saturated in skin tube is more effective than "nose plugs".
- Vasoconstrictors should be used without extreme caution. These items cause extreme irritation of the nasal passages and can send an athlete into shock. Apply vasoconstrictors to cotton before inserting in nose.

Watch for Shock
- Excessive bleeding can lead to shock. Don’t waste time trying to find a dressing;
- Use gloved hand and apply direct pressure over the wound;
- Elevate the extremity;
- Keep applying steady, firm pressure until the bleeding is controlled;
- Once bleeding is controlled, apply a dressing firmly in place (pressure bandage);
- Refer to Emergency Room for further treatment.
Fractures:
An open fracture will typically be self-evident due to the exposed bone. The following clues suggest you are dealing with a probable closed fracture:

- The athlete felt a bone break or heard a "snap";
- The athlete feels a grating sensation when he/she moves a limb;
- One limb appears to be a different length, shape or size than the other, or is improperly angulated;
- Reckening of the skin around a fracture may appear shortly after the injury is sustained;
- The athlete may not be able to move a limb or part of a limb (e.g., the arm, but not the fingers), or to do so produces intense pain;
- Loss of a pulse at the end of the extremity;
- Loss of sensation at the end of the extremity;
- Numbness or tingling sensations;
- Involuntary muscle spasms;
- Other unusual pain, such as intense pain in the rib cage when a patient takes a deep breath or coughs.

Ice On A Fracture Usually Makes It Throb Worse...

Splinting
Any suspected fracture should always be splinted before the athlete is allowed to move.
Splint the joint above and below the affected area.

How to Splint:
1. Check pulse. Then remove clothing from the injured part. Don't force a limb out of the clothing, though. You may need to cut clothing off with scissors to prevent causing the athlete any additional pain.
2. Apply a cold compress or an ice pack wrapped in cloth.
3. Place a splint (or boards) on the injured part by keeping the injured limb in the position you find it. Add soft padding around the injured part placing something firm (like a board or rolled-up newspapers) next to the injured part, making sure it's long enough to go past the joints above and below the injury keeping the splint in place with first-aid tape. Re-check pulse.
4. Seek medical care, and don't allow the athlete to eat or drink anything, in case medication or surgery is needed.
Sprains and Strains:

DO NOT MOVE ANY ATHLETE WITH A HEAD OR NECK INJURY.
IMMOBILIZE THE HEAD, NECK AND BACK...
CALL 9-1-1

Ligament Sprains and Muscle Strains:

- Apply ice and compression wrap immediately after injury is sustained.
- Ice every two hours for 20 min
- Never apply heat to a sprain or strain within the first 48-72 hours after the injury is sustained.


Shin Splints:
Shin splints are caused by overuse of the lower legs. The pain associated with shin splints is a result of fatigue and trauma to the muscle's tendons where they attach themselves to the tibia. In an effort to keep the foot, ankle and lower leg stable, the muscles exert a great force on the tibia. This excessive force can result in the tendons being partially torn away from the bone.

Causes:
- Exercising on hard surfaces, like concrete; Or our dried out Arizona ground.
- Exercising on uneven ground;
- Beginning an exercise program after a long lay-off period;
- Increasing exercise intensity or duration too quickly;
- Exercising in worn or ill fitting shoes; and
- Excessive uphill or downhill running.

"Cures":
The best way to treat shin splints is to take appropriate measures to avoid getting them. This includes proper, thorough stretching before and after activity. Wrapping/Taping has not been proven to help shin splints at all (in fact, it can make the condition worse) so the athletic trainers will not tape shin splints. Once an athlete gets shin splints, the best hope is to manage them so they don't turn in to stress fractures. Here are a few tips (other than REST):
- Cold whirlpool treatments each morning with the athletic trainers
- Heat immediately before activity or Ice massage followed by extensive stretching & massage
- Thorough warm up
- Ice after activity
- Ice massage in the evenings
- Ibuprofen to manage swelling and pain (follow bottle's directions)
- Arch supports inside shoes
- Alter training regimen with closed chain activities (bike instead of run)

NEVER apply white athletic tape around muscle. This eventually kills muscle cells and places unnecessary stress on bones – potentially causing stress fractures. Only use stretch elastic tape (adhesive) around muscle bellies.
Special Concerns:

Bee Stings (noticeable bite/sting, blotchy skin, pain or itching, burning, weakness, chills, fever, nausea, etc)
The two greatest risks from most insect stings are allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious). If an athlete is stung by a bee, wasp, hornet, or yellow jacket, follow these instructions closely:

- It doesn't matter how you remove the stinger. Remove it ASAP, the longer it is in, the more venom the body is exposed too. Under 15 seconds is ideal.
- Wash the area carefully with soap and water.
- Apply a topical antihistamine to control itch and swelling.
- An ice pack may be used to alleviate pain.
- Instruct athlete to take acetaminophen (Tylenol) for pain.

If the athlete acknowledges an allergy to stings or has trouble breathing, call 9-1-1

Allergic Reactions

- If an athlete has an allergic reaction, it is important that he/she gets medical treatment immediately.
- If the athlete experiences breathing difficulty and/or if he/she has an Epi-Pen, get it for them and have him/her give themselves an injection. Do not do it for them. If they cannot do it themselves, call 9-1-1.
- If the athlete's reaction is minor (hives, itching, irritation, etc.), contact parent. In most cases, a Benadryl will fix the problem but as a coach, you cannot give that medicine to the athlete.

Asthma

- Only athletes who have been diagnosed with asthma should use inhalers;
- Athletes with asthma should only be allowed to use their own inhaler;
- If trouble persists, call 9-1-1.

Dental - Broken Tooth

If an athlete gets a tooth knocked out (or broken off)

- Keep the tooth; DO NOT TOUCH THE ROOT
- Put the tooth in a cup of milk (only enough to cover tooth). If milk is unavailable, use water;
- Have athlete chew gum and put over the exposed tooth in mouth (to prevent nerve irritation);
- Send to dentist – don’t forget to send the tooth.

Diabetics

Symptoms: rapid onset of altered mental status, intoxicated appearance, elevated heart rate, cold and clammy skin, hunger, seizures, anxiousness

What to Do: Ask the athlete. The athlete will direct you (is he/she hypoglycemic or hyperglycemic?). Does he/she want juice? Sugar? Get him/her what they need.

Muscle Cramping

- Poor hydration and low electrolyte count is the cause;
- Administer Gatorade or other sports drink;
- ICE THE AREA

Seizures

- Have athlete lie down. Remove any objects in hand or nearby;
- Loosen restrictive clothing;
- Allow the seizure to finish;
- After the convulsions have ended, protect the airway. If athlete is blue, lift chin and tilt head back.

Call 9-1-1
Skin Disorders:

**Impetigo & Staff Infection**

*If undetected, the MRSA virus can be fatal. It is absolutely imperative that all rashes and red areas be reported to an athletic trainer and evaluated by a physician. To prevent MRSA, athletes should practice good hygiene. Practice and game clothes should be washed daily. Lockers should be cleaned and aired out nightly. Athletes should shower with soap after engaging in any physical activity. Towels and water bottles should never be shared.*

**Signs of MRSA**

- skin boils or blemishes
- redness (first appears like a spider bite in most cases)
- sometimes accompanied by fever and chills

**Preventing MRSA and other skin disorders**

- Avoid contact with infected individuals
- Cover all wounds
- Practice good hygiene: SHOWER with SOAP immediately after EVERY practice/game and do not re-wear sweaty clothing
- Wash practice clothing DAILY
- Do not share clothing
- Clean all equipment - helmets, shoulder pads, wrestling mats, weight equipment, etc. after each use
- Report all skin blemishes/changes to athletic trainer for evaluation
- Prevent getting turf burns
- Wash hands REGULARLY

**Treating MRSA**

- Requires physician evaluation and prescription for specific type of oral antibiotics and topical cleanser

*IT SHOULD BE STRESSED THAT ATHLETES WASH ALL PRACTICE CLOTHING AFTER EACH USE

ATHLETES SHOULD SHOWER WITH SOAP IMMEDIATELY AFTER PRACTICES AND GAMES*
Supplements:

The Basics On Nutritional Supplements

Americans spent an estimated $1.4 billion on sports supplements in 1999, hoping that the pills, drinks, and powders would help them bulk up, slim down, or compete more effectively. But people who take these products are actually conducting what amounts to a vast, uncontrolled clinical experiment on themselves with untested, largely unregulated medications.

The few good scientific studies available on these "dietary" supplements suggest that they either are ineffective or, at best, produce only slight changes in performance. More disturbing, they can contain powerful and potentially harmful substances, such as:

- **Androstenedione**, which can upset the body's hormonal balance when it metabolizes into testosterone and estrogen, and may cause premature puberty and stunted growth in adolescents.
- **Creatine**, a substance produced by the body that can help generate brief surges of muscle energy during certain types of athletic performance. It may also cause kidney problems in susceptible individuals.
- **Ephedra**, an herbal stimulant that acts like an amphetamine ("speed") and that some investigators hold responsible for dozens of deaths and permanent injuries.

Young athletes and other people who want to lose weight or gain energy should not take sports supplements. Evidence for the products' effectiveness is sketchy at best, and concerns about their safety are too numerous. Adults and youngsters alike should focus instead on the basics of fitness and nutrition.

Parents who are concerned that their children may be taking any of these supplements should familiarize themselves with some of the most common brand names and ingredients.

For more information, please contact the source of this information:

http://www.consumerreports.org/main/detail.jsp?CONTENT%3C%3Ecnt_id=59279&FOLDER%3C%3Efolder_id=18151
### IV: Basic Taping For Coaches

#### Taping an Ankle

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Place athlete on table. Spray ankle area with adhesive spray. Have athlete pull toe back so foot is at a 90 degree angle and point toes slightly outward.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Pre-wrap ankle from mid-calf to just past the mid-foot. Usage 2&quot; athletic tape, place anchor strip at base of the gastrocnemius (calf). Be sure angle slightly upward (1:00 and 2:00 positions). Place another anchor strip around medial arch on foot — loosely.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Place 3-5 stirrups longitudinally around ankle joint. Start on inside of foot, pull snug on outside as you fasten at the top.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Place 1-3 strips at base of lower leg around ankle joint — just above the heel.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Cover stirrups with more strips around lower leg. Be sure to maintain upward angle. Be sure to tear tape after each rotation to avoid circulation problems.</td>
</tr>
<tr>
<td>Step 6</td>
<td>Apply heel locks. Start tape at 1 (top of ankle), around to 2 (base of heel bone) and around to 3 (back of heel/Achilles' tendon). Then continue to 1—2—3 again. Do this 2-3 more times, tearing tape each time. Be careful not to go too low on the foot or too high on the ankle.</td>
</tr>
<tr>
<td>Step 7</td>
<td>Place more strips around to secure heel locks. Check for gaps and cover them with strips. Be sure there are no significant folds in tape to avoid blistering or cuts.</td>
</tr>
</tbody>
</table>
**Step 1**
Place athlete on table. Spray bottom of foot generously with adhesive spray. Allow 1-2 minutes to dry. Pre-wrap entire foot and heel area. You will anchor the pre-wrap over the ankle joint.

**Step 2**
Using 3" elastic soft tape, apply one single rotation of tape around the ball of the foot just below the toes. Be sure not to pull the tape very tight, but also don't leave it too loose.

**Step 3**
Using a split roll of 2" white athletic tape, you will now apply teardrop strips. Starting above the ball of the great toe, apply the tape down across the foot and behind the heel. Work the tape around the back of the heel and back up across the arch. Tear the tape over the top of the original starting position. Apply 3-4 teardrops.

**Step 4**
Once the teardrops are in place, cover the entire foot with 3" soft elastic tape. You will want to apply a basic heel lock (see ankle tape) to ensure the tape job stays in tact during athletic participation.

*For athletes with arch and ankle problems, tape the arch first and then tape the ankle.*
## Taping the "Groin"

### Step 1
Have the athlete strip down to compression shorts or underwear. Then, ask the athlete to put majority of his or her weight on the affected leg with the knee bent to 35-50 degrees.

### Step 2
Using a double-length, elastic bandage (ACE wrap or 3" soft elastic tape), begin the wrap just above the knee and work upwards and diagonally up the thigh. Pull tension on the inside of the leg ("pull and then wrap"). Overlap half of the width of the elastic wrap. Once you cover the groin area, angle the wrap above the opposite hip bone and behind and around the waist....

### Step 3
Once you come around the waist, cover the hip bone of the affected leg and reverse the direction of the elastic wrap back down the thigh. Secure the wrap once you get back down to the knee. Be certain there are no visible gaps and that the wrap does not have any weak areas.

If using an ACE wrap, you will want to secure the end points with 3" elastic tape.
# Taping the Thumb

**Step 1**
Have the athlete put the hand forward – as if to shake your hand. The athlete should have his/her thumb in a neutral position. Apply adhesive spray generously to thumb and wrist areas. Pre-wrap thumb, hand and wrist.

**Step 2**
Using 2" white athletic tape, apply anchor strip to wrist. Be sure you are laying the tape evenly over the wrist to avoid circulation issues later on. Split the 2" roll of tape and apply 1" wide anchor strip around thumb just below the middle knuckle.

**Step 3**
Continuing to use the split roll of white athletic tape, you will now form the thumb spica. Anchor the end of the strip on the back of the wrist and angle the strip around the palm, to the inside of the thumb and that back to the inside of the wrist. Tear the tape. Repeat these spica strips until you cover the entire base of the thumb (where the thumb meets the wrist). For additional support (but less mobility), go higher on the thumb. Be sure to overlap the tap by half of its width.

**Step 4**
Using 2" white athletic tape, apply anchor strip to wrist. Be sure you are laying the tape evenly over the wrist to avoid circulation issues later on. Split the 2" roll of tape and apply 1" wide anchor strip around thumb just below the middle knuckle.

For even more support (including additional wrist support), you can run a strip through the hand.
Step 1
Have athlete spread hand and fingers wide. You want to make sure all muscles are contracted and tight.
After spraying with adhesive, pre-wrap area from lower arm (just above the wrist) to the hand.

Step 2
Using 2" white athletic tape, apply one continuous strip around the wrist, through the hand, and back around the wrist. Be sure not to apply the tape too tightly around the crease between the thumb and the hand.

Step 3
You will now apply stirrup strips. The first is one straight stirrup from the palm side of the hand through the wrist. Apply slight flexion to the wrist.

Step 4
The next stirrup should run from the thumb side of the palm to the inside of the wrist. Be sure to maintain slight flexion of the wrist.

Step 5
The final stirrup should run from the inside of the palm (pinky finger) to the outside of the wrist.
For added support, you may repeat steps 3-5 and/or increase wrist flexion when you apply the stirrups.

Step 6
Continuing with your 2" white athletic tape, apply one continuous strip again around the wrist 2-3 times, through the hand, and back around the wrist. Be sure the athlete keeps the hand and fingers flexed to avoid circulation problems.

For wrist flexion injuries, place the stirrups on the back side of the hand with the wrist hyper-extended.
# RED MOUNTAIN HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

## Emergency Contacts

<table>
<thead>
<tr>
<th>Emergency Medical Services</th>
<th>9-1-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesa Police Department – Non Emergency</td>
<td>480-644-2211</td>
</tr>
<tr>
<td>Mesa Fire Station 213 (Responding Station)</td>
<td>480-644-2101</td>
</tr>
<tr>
<td>Mesa Fire Emergency Medical Services - Office</td>
<td>480-644-3459</td>
</tr>
<tr>
<td>Southwest Ambulance – Main Office</td>
<td>480-655-7234</td>
</tr>
<tr>
<td>Banner Desert Medical Center (Dobson Rd. &amp; US 60)</td>
<td>480-512-3000</td>
</tr>
<tr>
<td>Banner Baywood Medical Center (Broadway &amp; Power)</td>
<td>480-854-4000</td>
</tr>
<tr>
<td>Red Mountain High School Training Room</td>
<td>480-472-8059</td>
</tr>
<tr>
<td>Gerilyn Trulove-Mellor (TM), ATC – cellular phone</td>
<td>480-694-4014</td>
</tr>
<tr>
<td>Elizabeth Colburn (Betsy), ATC – cellular phone</td>
<td>480-258-3131</td>
</tr>
<tr>
<td>Gerilyn Trulove-Mellor (TM) – home phone</td>
<td>480-396-3890</td>
</tr>
<tr>
<td>Red Mountain High School – Main Office</td>
<td>480-472-8000</td>
</tr>
<tr>
<td>Red Mountain High School – Athletic Director Office</td>
<td>480-472-8085</td>
</tr>
<tr>
<td>Red Mountain High School – Nurses Office</td>
<td>480-472-8040</td>
</tr>
<tr>
<td>Dr. Alex Onofrei (Team Physician) / Dr. on call after hours</td>
<td>480-807-3554</td>
</tr>
</tbody>
</table>
Appendix B

RED MOUNTAIN HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

Emergency Plan for Individual Teams

Athletic Emergency Plan

The emergency plan addresses immediate need for medical assistance in the instance of traumatic injury or illness. The emergency plan assigns specific duties for effective evaluation, transport and follow-up of the situation. The emergency plan impacts coaches, spectators, practice/game personnel as well as athletes. The emergency plan must address situations that may occur from the first practice through the last team meeting; it includes weekdays as well as weekends.

A checklist is attached for duties assigned to specific individuals, or information pertinent to the specific team/sport.

This plan may be used for any sport, for any site where the team practices and/or competes. It must be available at any time. It should also include additional information specific to a unique site or other circumstance.

Should an injury occur which needs medical assistance, the following are critical items that would need to be addressed by a coach, certified athletic trainer (ATC), designated first aid responder and/or athletic administrator:

- Primary evaluation
- ABCs
- Access ATC by radio if on site
- Access EMS
- Immediate primary care
  - Coach notifies ATC of all injuries within 24 hours.
- Medical Emergency
  - Notification of parent
  - Notification of ATC
    - ATC cell phone number
    - ATC home phone number
    - ATC/Coach will notify athletic administrator
    - Athletic Administrator contact number
    - Principal contact number
  - Do not send teammates to the hospital.

Emergency care cards, first aid kit and quick access to ice shall be the standard for each practice and event. Certified athletic trainer or other trained emergency first aid responder shall be within easy contact to provide care.

In case of a catastrophic injury, no information should be given to any party other than EMS. The ATC and/or coach shall notify the athletic administrator. The athletic administrator shall be responsible for contacting the principal of the school. The athletic administrator or principal will release appropriate information to the media. Other strategies can be developed by individual schools.

The following page is a template for use at individual schools by individual teams. Other emergency plan templates are available from a variety of groups. The Sports Medicine Handbook from the National Federation of High School Sports has such an option.
Athletic Emergency Plan

School: ____________________________
Coach: ________________ Contact Number __________
Sport: ____________________________
Game Site Street Address: ____________________________
Specific directions to game site from nearest major intersection: __________________________________________
Practice Site Street Address: ____________________________
Specific directions to practice site from nearest major intersection: __________________________________________

Directions. Please complete and distribute a copy to all members of your coaching staff, the athletic administrator and ATC. Discuss this plan with your coaching staff. Proper preparation can lead to quick, appropriate action.

Where should EMS come to have quick access to the injured athlete?
Who will give primary care to the athlete?
Where is the first aid kit?
Where are the emergency care cards?
Who calls EMS?
From which cell phone/telephone will the call to EMS be made?
Who will notify the parents that the athlete is being transported to an emergency care facility?
To which emergency care facility will athletes be transported?
Who will notify the ATC?
Who will manage the rest of the team while care is given to the injured athlete?
Who will open any gates or doors for EMS?
Who will meet EMS and direct them to the injured athlete?
Who will travel with the injured athlete to the emergency care facility?
Who will follow-up with the parents?
Who will document the injury?
Who will speak to parent in the instance of catastrophic injury?

Emergency Telephone Numbers
EMS ____________________________
Emergency Care Facility ____________________________

Certified Athletic Trainer ____________________________
Athletic Administrator ____________________________
What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

What are the signs and symptoms?
You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appears dazed or stunned</td>
<td>• Headache</td>
</tr>
<tr>
<td>• Is confused about assignment</td>
<td>• Nausea</td>
</tr>
<tr>
<td>• Forgets plays</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td>• Is unsure of game, score, or opponent</td>
<td>• Double or fuzzy vision</td>
</tr>
<tr>
<td>• Moves clumsily</td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td>• Answers questions slowly</td>
<td>• Feeling sluggish</td>
</tr>
<tr>
<td>• Loses consciousness</td>
<td>• Feeling foggy or groggy</td>
</tr>
<tr>
<td>• Shows behavior or personality changes</td>
<td>• Concentration or memory problems</td>
</tr>
<tr>
<td>• Can’t recall events prior to hit</td>
<td>• Confusion</td>
</tr>
<tr>
<td>• Can’t recall events after hit</td>
<td></td>
</tr>
</tbody>
</table>

What should you do if you think your teenage athlete has a concussion?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.

2. Keep your teen out of play. Concussions take time to heal. Don’t let your teen return to play until a health care professional says it’s OK. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your teen for a lifetime.

3. Tell all of your teen’s coaches about any recent concussion. Coaches should know if your teen had a recent concussion in ANY sport. Your teen’s coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the coach to keep your teen from activities that could result in another concussion.

4. Remind your teen: It’s better to miss one game than the whole season.

It’s better to miss one game than the whole season.
### ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play only with permission from an appropriate health care professional.

### SIGN AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred:

<table>
<thead>
<tr>
<th>Common Immediate Symptoms</th>
<th>Common Delayed Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>Headache</td>
</tr>
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<td>Is confused about assignment</td>
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<tr>
<td>Shows behavior or personality changes</td>
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<td>Can't recall events prior to hit</td>
<td>Confusion</td>
</tr>
<tr>
<td>Can't recall events after hit</td>
<td></td>
</tr>
</tbody>
</table>
Mesa Public Schools
Heat Illness Awareness and Practice Protocol

**PRACTICE PROTOCOL - After 11:00 AM**

Air temperature and relative humidity play major roles in determining whether or not practice should be rescheduled or modified. There are three different zones listed below with modifications to practice outlined. The Certified Athletic Trainer and/or head coach at each school determines these zones from the combination of temperature and humidity. Example: 105 degrees = 35% Humidity = 140 (danger zone) These guidelines are in place after 11:00 AM each day.

**BELOW DANGER ZONE (UNDER 135)**

Practice as normally conducted by coach - examples include:
- Full pads, regular running schedule, etc.
- Water breaks given - water breaks as needed for individuals

**DANGER ZONE (135-185)**

Practice with modifications - examples include:
- Reduced amount of equipment worn, later start time, reduced running schedule
- Water breaks given more frequently or as needed for individuals
- Increase supervision by Athletic Training staff and coaches

**PRACTICE MODIFIED, POSTPONED OR CANCELLED**

- No equipment worn, no running schedule
- Water breaks every 10-15 minutes or as needed by the individual
- Practice moved indoors
- Practice postponed until reading returns to danger zone
- Practice moved to alternative time

**Practice Suggestions:**

- Have water available for athletes - encourage athletes to also bring their own
- Encourage athletes to hydrate PRIOR to practice
  Athletes should consume 500 to 600ml (17-20 fl. oz.) of water or a sports drink 2-3 hours before exercise and 200-300 ml (7-10 fl. oz.) of water or a sports drink 10-20 minutes before exercise.
- Schedule water breaks
  Water breaks should be scheduled and given throughout practice. Be aware of situations where athletes may need more water breaks based on intensity level and climate conditions.
- Encourage athletes to hydrate AFTER practice
  Athletes should rehydrate with water or sports drinks after practice. Soda is not advised as a drink to help rehydrate the body.

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat Exhaustion</td>
<td>The individual suffering from heat exhaustion should stop all physical activity and move immediately to a cool place out of the sun, preferably a cool, air-conditioned location. She or he should then lay down with feet slightly elevated, remove or loosen clothing, and drink cold (but not iced), slightly salty water or commercial sports drink. Rest and replacement of fluids and salt is usually all the treatment that is needed, and hospitalization is rarely required. Following rehydration, the person usually recovers rapidly.</td>
</tr>
<tr>
<td>• Fatigue and malaise</td>
<td></td>
</tr>
<tr>
<td>• Headache</td>
<td></td>
</tr>
<tr>
<td>• Fever (not exceeding 104°F)</td>
<td></td>
</tr>
<tr>
<td>• Dehydration</td>
<td></td>
</tr>
<tr>
<td>• Rapid heartbeat</td>
<td></td>
</tr>
<tr>
<td>• Dizziness, fainting</td>
<td></td>
</tr>
<tr>
<td>• Nausea, vomiting</td>
<td></td>
</tr>
<tr>
<td>• Muscle cramps</td>
<td></td>
</tr>
<tr>
<td>• Heavy sweating or no sweating</td>
<td></td>
</tr>
<tr>
<td>at all</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat Stroke</td>
<td>It is important for the person to be treated immediately as heat stroke can cause permanent damage or death. There are some immediate first aid measures you can take while waiting for help to arrive. CALL 9-1-1</td>
</tr>
<tr>
<td>• Headache</td>
<td></td>
</tr>
<tr>
<td>• Dizziness</td>
<td></td>
</tr>
<tr>
<td>• Disorientation, agitation or confusion</td>
<td></td>
</tr>
<tr>
<td>• Sluggishness or fatigue</td>
<td></td>
</tr>
<tr>
<td>• Seizure</td>
<td></td>
</tr>
<tr>
<td>• Hot, dry skin - flushed not sweaty</td>
<td></td>
</tr>
<tr>
<td>• A high body temperature</td>
<td></td>
</tr>
<tr>
<td>• Loss of consciousness</td>
<td></td>
</tr>
<tr>
<td>• Rapid heart beat</td>
<td></td>
</tr>
<tr>
<td>• Hallucinations</td>
<td></td>
</tr>
</tbody>
</table>

- Get the person indoors.
- Remove clothing and gently apply cool water to the skin followed by fanning to stimulate sweating.
- Apply ice packs to the groin and armpits.
- Have the person lie down in a cool area with their feet slightly elevated.