

East High School



Athletic Training & Sports Medicine Handbook

*Athletic Training and Athletic Injury Handbook
for Student-Athletes, Coaches, Parents, Administrators, and Staff.*

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East High School

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Mission Statement

As a Certified Athletic Trainer my mission is to provide comprehensive, evidence based, and quality health care services for the well-being of our student-athletes and their opponents. I am committed to the domains of Athletic Training as set forth by the National Athletic Trainers Association (NATA) and will ensure that the services provided will maintain the highest quality of standards consistent with the NATA Standards of Professional Practice and the credentialing standards of the state of Colorado. East High School Athletic Training & Sports Medicine staff consists of one certified athletic trainer, two first aid responders, two physicians, various health care professionals, Athletic Director and coaches.

Vision Statement

The East High School Athletic Training & Sports Medicine team strives to keep all student athletes healthy and injury free by developing effective values and care in prevention, recognition, evaluation, treatment and rehabilitation of athletic injuries or illnesses as well as education to student athletes, coaches, and parents. It is our goal to return the student-athlete to their athletic activity as quickly and as safely as possible. We aim to provide an all-encompassing quality of care to each student-athlete so they may perform at their very best.

Athletic Training & Sports Medicine Team Contact Information

Head Athletic Trainer: Hannah Comstock, BS, ATC
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First Aid Responder: Beth Archuleta, (719) 744-2501
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Physicians: Dr. Brian Hynes, Dr. Rocky Khosla

Athletic Director: Elly Naill, (719) 821-4805

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What is a Certified Athletic Trainer?

Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession (NATA).

Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

Meet your Athletic Trainer

Hannah Comstock is a nationally certified and Colorado registered Athletic Trainer employed by Pueblo City Schools and assigned to East High School. Hannah began at East in September 2018. She has her Bachelor of Science Degree in Athletic Training from Colorado State University-Pueblo.

Athletic Training Room Location & Hours

Monday-Friday: 2:00 pm- approximately 7:00 pm with practice/game coverage

Saturday: Game coverage

Sunday: OFF

A certified athletic trainer will be on site for all athletic home events.

It is the coaches' responsibility to inform the Athletic Trainer of practice schedules and changes in game schedules. The Athletic Trainer should be notified of practice/game schedule changes at least 48 hours prior to the practice/games. Failure to notify may create scheduling conflicts and proper coverage may not be possible.

The Certified Athletic Trainer will be on site or available by direct communication (cell phone) during all practice sessions. In the absence of a certified athletic trainer, all coaches should be informed of the Emergency Action Plan.



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Medical Coverage for Athletic Events

In the event that multiple competitions are occurring at the same time, the athletic trainer will cover the sporting events based on the level of risk associated with the sport. All competitions and practices must have a cell phone on site (usually provided by the coach) to provide communication with the athletic trainer in the event of an emergency or injury. The Athletic Trainer will be at all home athletic events, the AT will not travel or attend away events but is always available cell phone. Any injury that happens at an away event should be reported to the AT as soon as possible.

Team First Aid Kits

At the beginning of each season team medical kits can be restocked by the athletic trainer, supplies will be replenished based on the treatment/medical needs of the sport. If your team does not have a medical kit, the athletic trainer will have one at all games.

Treatments

Athletes are students first, therefore they will not be permitted to leave class to go to the athletic training room unless there is a legitimate excuse and they are accompanied by a hall pass. If an athlete needs to be seen for an evaluation or treatment they need to make time between class and practice, during practice (with coaches permission) or after practice. Student athletes that have a 7th hour partial absence (PA) will be allowed in the training room during 7th hour. The student athlete needs to communicate with the athletic trainer regarding treatment or injury evaluations.

Prescription and Over-The-Counter Medications

The athletic trainer cannot give any medications to student-athletes. This includes over-the-counter medications. If a student has a prescription medication they need or may need to take during an athletic event they should make the coaching staff aware of it. Medications cannot be stored in medical kits. The only exception is for inhalers for students with asthma.



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Injury Documentation

An Injury Report will be used for all injuries that are associated with athletes missing a practice or game. All other minor injuries that require day-of or minimal treatment will be tracked on a sign-in sheet located in the athletic training room. A SOAP note form will be used to document progress of the injury along with a plan for returning the athlete to play, any physician notes given will also be attached to this document. It is the student athletes responsibility to report to the athletic trainer every day to ensure proper documentation of the progression of the athlete's injury.

Medical Releases

All student athletes who are referred to a physician from the athletic trainer **MUST** bring a medical release note from the physician to the athletic trainer. The athletic trainer will inform the coach of participation statuses based on their injuries and physician release.

Health Insurance Portability and Accountability Act (HIPAA) Policy

Under the regulations of HIPAA, the athletic trainer can only share medical information with the parents or guardians of the student-athlete. Injury information regarding the student athlete's participation status will be shared with coaches only as it pertains to their participation in that sport. This protects the privacy of the student athlete.

General 5-Step Rule for Injuries

- Step 1. If medical emergency, dial 911.
- Step 2. If not emergency, coach must notify Athletic Trainer via phone call at the time of the injury.
- Step 3: If necessary, student must follow up with the Athletic Trainer prior to return to play.
- Step 4: If other medical care was attained, a signed medical release form from the health care provider must be provided to the athletic trainer prior to return to play.
- Step 5: Final clearance from AT must be given to student athlete and coach in order for full return to play.



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First Aid Tips for Common Athletic Injuries

The athletic trainer is equipped and prepared to handle athletic injuries and must be called upon to do so. However, many teams practices and competitions are at sites away from the school or at times the athletic trainer is not available. Below are general guidelines on treating non-emergency common athletic injuries.

Rest the injured area, this can prevent further injury.

Ice the injured area. Apply for 15-20 minutes and reapply every hour.

Compression to the injured area can help reduce swelling.

Elevate the injured area (extremity).

- **Bruise or Contusion:** A contusion is caused from bleeding from damaged blood vessels or soft tissue. Most contusions are not serious and can be treated as follows:
 - ◆ Apply ice to the injured area for 20 minutes, Re-apply ice every hour.
 - ◆ Elevate an injured extremity to control bleeding.
 - ◆ If a more serious injury is suspected (fracture, concussion, or contusion of an internal organ such as a liver or spleen) follow the emergency protocol.
 - ◆ **DO NOT** apply heat or a heating pad to a contused area; heat will increase the bleeding.
- **Strains:** A strain is an injury to a muscle or tendon. Treating a strained muscle promptly and appropriately can minimize the time an athlete is hampered by this injury. Use the following treatment guidelines:
 - ◆ Apply ice to the injured area for 15-20 minutes. Re-apply ice every hour.
 - ◆ Do not apply heat to a muscle strain during the first 72 hours. The athletic trainer should make the decision of when and if to use heat as a treatment modality.
 - ◆ DO not over stretch an acute muscle strain.
 - ◆ Follow up with the Athletic Trainer.
- **Sprains:** A sprain is an injury to a ligament. It is a result of a joint moving beyond its normal range or motion. Moderate or severe sprains can be accompanied by a fracture, and should be treated accordingly. Use the following treatment guidelines:
 - ◆ Apply ice to the injured area for 15-20 minutes. Re-apply ice every hour.
 - ◆ If the injury is a lower extremity injury, the athlete should not bear weight on the injured leg if they are noticeably limping when they walk. The athlete should use crutches.
 - ◆ Follow up with the Athletic Trainer.



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Concussion Protocol

A concussion is a Traumatic Brain Injury (TBI). Brain injuries, no matter the severity are assessed on an individual basis in that no two brain injuries will pose the same exact signs and symptoms. The time of the return to play protocol may also not pose exactly the same. Proper identification and treatment of a concussion is essential for the full recovery and safe return to play of each student athlete.

We will never, under any circumstances, allow a student athlete who may have suffered a concussion to prematurely return to play when doing so may put that athlete at an increased risk for the future development of neurodegenerative changes.

Once an athlete is suspected of a concussion they will be removed from competition, and will begin the Pueblo City Schools Concussion Management Program. The Concussion Management Program is a multi-step process and the student-athlete is not allowed to return to practice/play until they have completed the protocol and have been seen AND cleared by the student-athletes PCP) and the athletic trainer. The Concussion Management Program will be lead by the athletic trainer and each step of the protocol will be overseen by the athletic trainer. During the recovery of a concussion, the student athlete must check in with the athletic trainer everyday until he/she is fully cleared to play. Coaches and parents, along with other members of the sports medicine team will be notified on progression and the status of the student athlete on a need to know basis.

The Red-Yellow-Green From Framework:

In order to simplify the various steps in going from the point of presumed concussive injury to return-to-play, we will be utilizing the red-yellow-green framework. When an athlete sustains a suspected concussion, this is the protocol that will be followed.

Red Form- Once a student is identified as having suffered a possible concussion, that student athlete will be immediately removed from any further athletic activity. If the student does not show any signs of medical urgency, the athletic trainer or another member of the school's athletic department will fill out the red form, and a copy of this red form will be given to the student athlete or student athlete parent/guardian or representative.

Yellow Form- The concussion team leader (athletic trainer) will retain the red form and transcribe pertinent information to the yellow form. The concussion team leader will have the student athlete fill out the concussion symptom sheet present on the back of the yellow form, and will put this score on the yellow form along with the date of the symptom assessment. The concussion team leader will then give this yellow form to the student athlete with directions to have this form given to his/her primary care provider or



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alternative qualified medical provider. Once the yellow form is signed and returned to the concussion team leader, the student athlete will begin the graduated return to play protocol as described above.

Green Form- Once the student athlete has gone through the graduated return to play protocol, is largely asymptomatic at rest and with exercise, and is felt to have a normalized post-injury ImPACT test, the concussion team leader will provide the student athlete with the green form. The green form will then be taken by the student athlete to his/her primary care provider or alternative medical provider. Once the green form has been signed by the student athlete's primary care provider or alternative qualified medical provider, the student athlete will then present this form to the athletic trainer who will then give a return to play card to the coach. The concussion team leader may not allow the student athlete to proceed from the yellow to the green form if he or she suspects that the student athlete may be trying to minimize his/her post concussive symptoms, if the student athlete has not normalized on the post-injury ImPACT test, or if there are any significant concerns for the safety of the student athlete.

Other instructions: At home

1. Do not have an athlete take any medications in the initial 24 hours, unless directed to do so by a physician. This is so that symptoms can be truly monitored.
2. Even if mild symptoms persist without improvement 24 to 48 hours after a head injury, a physician evaluation should be sought.
3. If at any time there is a question of the well-being of the athlete, seek medical attention immediately.

Anytime a student athlete sustains a concussion, the athletic trainer will inform the student athletes parents/guardians directly.



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Acute Management Instructions

→ Assess Vitals

- ◆ Airway
- ◆ Breathing
- ◆ Circulation
- ◆ Identify medical Problem

→ Activate EMS

→ Decide what type of acute management needs to occur while help is on the way.

◆ In case of head or neck injury:

- Palpate spinous process, check vitals, myotomes, dermatomes.
- If you suspect a head/neck injury- support head and neck and immobilize. DO NOT MOVE THE ATHLETE.
- Remove face mask and cut strings at front of shoulder pads in case CPD needs to be performed. DO NOT REMOVE HELMET OR SHOULDER PADS.
- Re-assess and record vitals until EMS arrives.

◆ In case athlete stops breathing:

- If an athlete is not breathing. But has a pulse, initiate rescue breathing and check airway for obstruction.
- If an athlete is not breathing and does not have a pulse, initiate CPR.

◆ In case of fracture or dislocation:

- Move limb as little as possible.
- DO NOT move impaled object unless they are obstructing the airway.
- Assess and record pulse and sensations before splinting.
- Remove clothing around the injured area.
- Splint the limb how it is found.
- For a fracture, splint above and below the fracture site.
- For a dislocation, stabilize the two bones that make up the joint.
- Re-assess and record vitals after splinting.
- Treat for shock, if necessary.



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- ◆ In case of open wound:
 - Put gloves on.
 - Clean the wound.
 - Control bleeding with compression, elevation and ice.
 - In case of a fracture, do not apply compression on or over the fracture site,
 - Apply dry, sterile dressing and assess vitals.
 - Treat for shock if necessary.
 - Send for stitches if needed.

- ◆ In case wounds need stitches:
 - Wounds that show muscle or bone or is gaping open.
 - Deep puncture wounds.

Lightning policy

Lightning is the most dangerous and frequently encountered thunderstorm hazard that is experienced every year. It is extremely important that all parties practice the lightning safety protocol to ensure the protection of all student athletes, coaches, and spectators. Below is the lightning safety protocol:

- Remember the following slogans to help in remembering the protocol:
 - ◆ “When the thunder roars, Go indoors”
 - ◆ “Half an hour since thunder roars, now it’s safe to go outdoors.”
- When lightning is detected within a 30 nautical mile radius, the coaches will be notified as a warning and to keep a look out for strikes that are detected at a closer range.
- When lightning strikes within 6 nautical miles, coaches, officials and game managers will be notified to seek shelter.
- Buildings are the BEST lightning shelter. However, if a building cannot be used, seeking selter with a car (away from metal) is the second best.
- During a lightning delay, everyone should remain indoors, away from windows, metal, doors, and water at all time.
- 30 minutes after the LAST lightning strike is when it is safe to go outside.



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Emergency Action Plan

Roles In Case of Emergency:

- Athletic Trainer (ATC)- Immediate care, in-charge during emergency situations.
- Head Coach- Activate EMS (when told to do so), assist ATC.
 - ◆ Information to tell EMS:
 - Identify yourself
 - Identify nature of emergency
 - Age, gender, and sport of athlete
 - Location
 - Care already provided
 - Give them a contact phone number
 - Identify who will meet EMS
 - Directions
 - Any other information they ask
 - DO NOT HANG UP UNTIL THEY DO.
- Assistant Coach(es)- notify emergency contact, crowd control.
- Athletic Director/School Administrator- assist EMS to site, crowd control.
- Event Manager- crowd control, assist EMS to site if AD is absent.
- Team Physician- work with AT or be notified is not present
 - ◆ AT delegates roles if person is absent from event.
 - ◆ If AT is not present, but on school grounds, send someone to call EMS and another to call the AT. Follow instructions for acute management until the AT or EMS arrives.
 - ◆ In case the AT is not present and not on school grounds, call EMS and follow acute management instructions until EMS arrives. Notify AT afterwards.
 - ◆ If you are at an away event, begin acute management instructions and send someone to get the opposing school's AT.

Documentation:

- Head coaches should have all emergency contact information (green cards) as well as pertinent athlete medical information.

Emergency Equipment:

- Athletic Trainer's kit with medical supplies will be kept with the athletic trainer at all times.



→ AED, vacuum splints and crutches will be with the athletic trainer during games, and kept in the athletic training room otherwise.