Cal Sport Clubs 2023-2024

Athletic Training Policy & Procedures

SPORT CLUBS

Cal SPORT CLUBS

General Contact Information

Location:	Recreational Sports Facility (RSF) – 2ND Floor
Office Hours:	Monday – Friday 10:00 A.M. – 5:00 P.M.
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ATHLETIC TRAINING

Athletic trainers are healthcare professionals who collaborate with physicians to optimize patients' physical capacity, health, and well-being. The practice of athletic training encompasses the prevention, examination, diagnosis, treatment, and rehabilitation of emergent, acute, subacute, and chronic neuromusculoskeletal conditions and certain medical conditions to minimize subsequent impairments, functional limitations, disability, and societal limitations. The practitioner's scope of practice in athletic training is determined by several factors, including entry-level practice; CE or advanced qualification in a skill; state regulation; and public protection.

MISSION STATEMENT

The sports club athletic training department provides athletic training services including prevention, evaluation, treatment, and rehabilitation of emergency, acute, or chronic injuries and medical conditions. Our mission is to provide the highest quality of care to sports club athletes and personnel by prioritizing their health and safety through best practices and evidence-based practice.

POLICIES & PROCEDURES

The Cal Sports Club Athletic Training policies and Procedures have been established to create a safe environment for all sports club students, coaches, and spectators.

ATHLETIC TRAINING SERVICES

The sports club athletic training room is a healthcare space where student-athletes can receive care for injuries and medical conditions. To maintain the cleanliness of the facility and to protect personal health information, all Cal student-athletes and personnel are required to adhere to the following facility rules:

- No cleats are permitted in the facility
- Use of cell phones including picture taking is prohibited within the space
- Student-athletes will wait in the hallway if the space has reached maximum occupancy
- Wipe down equipment after use
- Removal of any equipment from space must be approved by the athletic trainer before the removal

Office Hours & Location

The Sports Club athletic training room is located on the first (1st) floor of the Recreational Sports Facility (RSF) in the hallway towards the locker rooms.

Office Hours are Monday-Friday 12:00 PM. – 5:00 P.M.

Phone: (510) 219-9194

**Summer hours will vary according to practice and camp schedules. All hours are subject to change according to sports club practices, games, events, and school closures/holidays.*

Treatments Offered

- Thermotherapy
  - Hydrocollator packs
  - Paraffin bath
- Cryotherapy
  - Ice massage
  - Cold or ice water immersion
  - Ice packs (bags)
- Electrical energy
  - Electrical stimulation
  - Pain modulation
  - Muscle contraction
  - Muscle reeducation
- Sound energy
  - Therapeutic ultrasound
- Mechanical energy
  - Traction
  - Intermittent compression
  - Massage
- Cupping
- Therapeutic Exercise
- More options available based on the assessment

**Treatments vary by the individual athlete and are based on the athletic trainer's diagnosis and evaluation of injury or condition. Athletes can not request specific treatments without being evaluated first.*

PRE-PARTICIPATION REQUIREMENTS

All new and returning student-athletes must complete a Pre-Participation Physical Exam (PPE) or a Health History Review (HHR) before any form of participation in their chosen sport(s). These activities include but are not limited to: practice, strength and conditioning, and/or competition

A PPE can be completed by the athlete's primary care physician or a sport medicine physician at University Health Services (UHS). At the beginning of each fall semester UHS will offer appointments for sport club athletes needing PPEs, officers will receive emails beginning in August with dates of these offerings. All PPEs must be completed using the sport club physical form which can be found on the sport club website.

The Medical Clearance can take up to 10-15 days and is therefore recommended that players begin their process as early as possible.

GAME DAY

Visiting Teams
Athletic training services will be provided to all visiting teams during Cal home events and competitions. Visiting teams must bring their supplies and/or kits. Injuries sustained by visiting team club participants requiring additional follow-up care by a healthcare provider will be reported to the visiting team's athletic trainer and/or director.

EMERGENCY ROOM & URGENT CARE

Urgent care should be utilized for injuries or illnesses that do not appear to be serious or life-threatening but can not wait until the morning. Urgent care facilities are usually not open 24 hours, whereas emergency rooms are open 24/7. Emergency rooms are for injuries and illnesses with life-threatening needs. Refer to the lists below to determine whether a visit to urgent care or the emergency room is the most appropriate:

Urgent Care

- Allergies
- Asthma attack (minor)
- Broken bone (not bent)
- Bronchitis
- Burn (minor)
- Cold
- Cut (minor)
- Dehydration
- Diarrhea
- Dizziness
- Earache /ear infection
- Fever
- – Headache
- Head injury/concussion (minor and without loss of consciousness)
- Insect bite
- Nausea
- Pink eye
- Rash
- Sore throat
- Sprain or strain
- Stitches (minor without sedation)
- Stomach pain (mild)
- Urinary infection

Nearby Urgent Care

1. University Health Services
   a. 2222 Bancroft Way
      Berkeley CA 94720-4300
2. Carbon Health
   a. 2920 Telegraph Ave
      Berkeley CA 94705

Emergency Room

- Animal bites
- Asthma attack (severe)
- Bleeding that will not stop
- Broken bone (bent, curved, or looks deformed)
- Burn (severe)
- Cut (severe)
- Fainting
- Head injury /concussion (with loss of consciousness or from extreme impact)
- Mental health concerns
- Pneumonia
- Poisoning
- Seizure
- Stitches (a deep wound or needing sedation)
- Stomach pain (severe)
- Swallowed object
- Trouble breathing
- Ultrasound, CT scan, or MRI

Nearby Emergency Rooms

1. Alta Bates Campus Emergency Department
   a. 2450 Ashby Ave
      Berkeley CA 94705
2. Summit Campus Emergency Department
   a. 357 34th St
      Oakland, CA 94609

BASELINE CONCUSSION TESTS

Baseline concussion testing for all student-athletes is considered the best practice before participating in a sports club. Testing will be administered annually for new HIGH IMPACT sport club athletes. Cal Sports Clubs utilizes Impact, a computerized neurocognitive test that consists of reaction time, immediate and delayed memory testing, and a graded symptom score.

Impact allows student-athletes to take tests from the comfort of their home using a device WITH a keyboard and mouse. Student-athletes are responsible for taking baseline tests in a distraction-free zone. This includes testing in a quiet area with no cell phone use and/or other distractions. Student-athletes may be required to retest if scores are invalid or fall below a specific range.

Reporting Injuries

Safety officers and coaches may report injuries on Connect 2 when the athletic trainer is not on-site.

Medical Clearance Notes

Any injury and/or illnesses sustained by a sports club student-athlete that requires any referral to a physician will require a clearance note from a provider's office. This applies to any illness/injury that is under the care of a physician. All clearance notes must be submitted directly to the athletic trainer or submitted via Tang. The following information should be included in the physician's clearance note:

- Date of evaluation
- Body part evaluated and diagnosis
- State any restrictions, limitations, and/or date of return to participation
- Signature and stamp of a physician

Concussion Protocols

What is a concussion?
A concussion is a type of traumatic brain injury - or TBI - caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells (CDC).

The signs and symptoms of a TBI or concussion may include:

Signs

- Appears to be dazed or stunned
- Is confused about an assignment, disorientation
- Forgets plays
- Is unsure of rules, scores, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness, even briefly
- Shows behavior or personality change
- Forgets events before being hit (retrograde)
- Forgets events after being hit (anterograde)

- Automatism
- Unequal pupil size
- Combativeness
- Loss of balance
- Vacant stare
- Nystagmus

Symptoms
- Headache
- Nausea
- Dizziness or lightheadedness
- Problems with balance
- Double (diplopia) or fuzzy/blurred vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling “foggy”
- Change in sleep pattern
- Problems with concentration or memory
- Tinnitus (ringing in the ears)
- Trouble sleeping
- Irritability, sadness

Immediate referral may be necessary to ensure proper care of the athlete. The following symptoms are considered red flags and are indicative of more serious injuries to the brain. If any of the following signs/symptoms are present, immediately refer the athlete to the emergency department.
- Continual vomiting
- Deterioration of neurological function
- Decreased level of consciousness
- Decreased or irregular respirations or pulse
- Unequal, dilated, or unreactive pupils
- Double vision
- Seizure activity
- The spine of skull fracture (cerebrospinal fluid from nose or eyes) or bleeding
- Mental status change (lethargy, confusion, agitation)
- Neck pain or tenderness
- Severe or increasing headache
- Increasingly restless, agitated, or combative

Concussion Management Protocol

Any athlete with a suspected concussion must be **removed from play**, medically and monitored for deterioration. No athlete diagnosed with a concussion could be returned to play on the day of injury. The athletic trainer and medical oversight will evaluate the athlete utilizing Impact and SCAT-6 if indicated. Continued monitoring of an athlete is necessary to observe any deterioration of physical or mental status. Athletes with prolonged symptoms or without improvement of symptoms will be recommended for referral to a concussion specialist and/or neurologist.

Return-to-Learn Guidelines

Following a concussion, return to studying and the classroom should take place in a step-wise

manner. Please note that the rate at which each student progresses will vary and should be individualized. The general progression is as follows:

1. Start with 5-15 minutes of daily activities that do not increase symptoms; gradually increase the time.
2. Once you can tolerate 30 minutes of cognitive activity, it is okay to resume modified class attendance (modified class attendance options include attending the first 30 minutes of classes, breaks between classes, half-days, etc.
3. Once you have returned to class you may increase load as tolerated. If you experience an exacerbation of symptoms, return to the previous level of cognitive activity where you had no symptoms and try to progress again after 24 hours

Major exams may not be representative of academic ability in the immediate post-concussive period. We recommend no finals/major exams or projects for 7 days following the diagnosis of concussion.

Return to Activity Progression

Return to play following a concussion should follow a graded return to play protocol. This protocol should consist of 6 steps and take about 6 days to complete (if there is no recurrence of symptoms). The graded return to play protocol should begin once the athlete has a cessation of symptoms for at least 24 hours. An athlete must be largely free of concussion-related symptoms before initiating the graduated return to play protocol. The goal of the return-to-play protocol is to progressively increase the duration and intensity of exercise to ensure that there is no return of symptoms with physical exertion. Below is an example of a 6-step return to play protocol.

RTP Steps (can be individualized and based on athletics/academics/social)

Step 1: No activity (first few days after activity)
- Rest, no need for dark rooms, work on drinking water/eating regular meals
- Limit all athletic/academic/social activities

Step 2: Light Aerobic Exercise
- Athletics: Up to 70% max HR exertion of walking, swimming, stationary bike
- Academics: Attending classes limited in class/after-school work
- Social: Only 1-2 people in quiet social gatherings

Step 3: Moderate Aerobic adding in Sport Specific Exercise
- Athletics: Up to 80% max HR (as above) but adding in sport specifics
- Academics: Attending classes, doing all current work, adding in make-up work
- Social: Adding in smaller/louder social gatherings

Step 4: Heavy Aerobic completing all Non-Contact training
- Athletics: Up to 100% max HR (as above) but adding in even more sport specifics
- Academics: All classes, work, and tests/quizzes
- Social: Back to baseline social interactions

----------Athlete needs to be fully clear before moving to Step 5----------

Step 5: Full Contact Practice
- Athletics: Cleared for full practice
- Academics: Must be doing full academics
- Social: Back to baseline

Step 6: Normal GamePlay
- Athletics: Cleared for the full game
- Academics: Must be doing full academics
- Social: Back to baseline

If at any point during the return to play protocol, the athlete experiences a return of any symptoms, that stage should be terminated and the athlete should regress to the previous asymptomatic stage the following day and then work forward.

If an athlete experiences an increase in symptoms with the increased cognitive stress associated with school, the athlete may be considered for academic accommodation, which may include:

- Reduced workload
- Extended test-taking times
- Shortened school day

FIRST AID KITS

Safety officers are required to check out a first aid kit at the beginning of their season. First aid kits should be present at all practices, competitions, and events. Safety officers should contact athletic trainers if their first aid kit needs additional items to be restocked. Venue-specific emergency action plans should also be included within the first aid kit.

EMERGENCY ACTION PLANS (EAPS)

Emergency preparedness is essential to deliver an effective and timely response to accidents and natural disasters. All coaches and safety officers must understand the emergency action plan for each venue in which they are utilizing and be capable of activating EAP even if medical personnel are not present.

Emergency Action Plan, East Campus, Simpson
Emergency Action Plan Haas/West Campus

RISK MANAGEMENT POLICIES & PROCEDURES

Air Quality & Exercise

The following serves as a guideline in assisting student-athletes, coaches, camp coordinators, and athletic department personnel regarding training, practice, and competitions when air quality is compromised.

Given this situation, it is important to keep in mind the following recommendations:

- All student-athletes, coaches, camp coordinators, and support staff with a history of asthma, exercise-induced asthma, allergies, or other respiratory illnesses should be mindful of taking any medications prescribed for their condition.

- Any student-athlete, coach, camp coordinator, or support staff who has developed respiratory symptoms such as cough, chest tightness, wheezing, or shortness of breath, should be excused from and refrain from physical exertion and further outside air exposure. Affected student-athletes should see their athletic trainer and/or team physician. Coaches, camp coordinators, and support staff are advised to contact their physicians.

- If air quality is unhealthy for sensitive groups (101-150 Air Quality Index), team physicians, athletic trainers, or strength coaches should consult with student-athletes who fall into those

sensitive groups about participation in practice or competition.

- If the Air Quality Index (AQI) is greater than 200, all outdoor activities must be moved indoors (to facilities with better air quality than outdoors), postponed, or canceled. Athletic training staff and camp coordinators should discuss the situation with their coaches as soon as possible and direct them accordingly.

- All athletic department personnel should use the following chart for guidance

Good AQI0 - 50	– Review Air Quality Guidelines
Moderate AQI 51-100	– Team physicians, athletic trainers, or coaches/strength coaches should know which athletes have respiratory issues and check for medication compliance. – Brief the Athletic Director or designee on the situation and guidelines – Actively monitor the EPA Air Now - Air Quality Index (AQI)
Unhealthy for Sensitive Groups AQI 101 – 150	– Limit outdoor activity; team physicians, athletic trainers, or coaches/ strength coaches in attendance should monitor the athletic performance of sensitive groups for respiratory compromise. – Athletic Director or designee to brief Chancellor's Office, EH&S, and Risk Services leadership on situation and protocol. Consider contacting Pac 12 Office or others as needed. – Actively monitor EPA Air Now-AQI
Unhealthy AQI 151 – 200	– Closely monitor the health of all athletes in practice or competition. – Consider moving all outdoor venues indoors (to facilities with better air quality than outdoors), consider postponing or canceling competitions, and notify visiting teams of conditions as soon as possible. – Athletic Director or designee to brief Chancellor's Office, EH&S, and Risk Services leadership on situation and protocol. Brief Pac 12 Office or others as needed. – Actively monitor EPA Air Now- AQI. – Implement an Air Quality messaging plan.
Very Unhealthy AQI 201 – 300	– Cancel all outdoor activities including practice and competitions. – Actively monitor EPA Air Now Air AQI and notify Athletics when the AQI is less than 200 AQI.

Air Quality Index (AQI): ACTION TABLE References and Resources:

- Wildfire Smoke - A Guide for Public Health Officials, U.S. Environmental Protection Agency, U.S. Forest Service; U.S. Centers for Disease Control and Prevention, California Air Resources Board Wildfire revised 2016 https://www3.epa.gov/airnow/wildfire_may2016.pdf
- Report of NCAA Committee on Competitive Safeguards and Medical Aspects of Sports June 15-16, 2016 https://www.ncaa.org/sites/default/files/June2016CSMAS_Report_20160721.pdf
- NCAA Sports Science Institute Guidance: http://www.ncaa.org/sport-science-institute/air-quality
- U.S. Environmental Protection Agency - Air Now: Oakland https://airnow.gov/index.cfm?action=airnow.local_city&zipcode=94704&submit=Go

ANAPHYLAXIS

Anaphylaxis and Epinephrine

Signs and symptoms of mild allergic reactions include hives or rash, itching, and in individuals with food allergies, gastrointestinal complaints, such as nausea. Anaphylaxis requires special care. Any of the following three scenarios should lead you to suspect anaphylaxis:

- A specific combination of signs and symptoms. First, look for any skin symptoms, such as hives, itchiness, or a red or flushed face, or look for swollen lips. Then, check for trouble breathing or signs of shock, such as pale, cool, and sweaty skin; lightheadedness; weakness; or anxiety.
- When you suspect someone has come into contact with an allergen, look for at least two of the following signs and symptoms: a skin symptom or swollen lips; difficulty breathing; signs of shock; nausea, vomiting, or cramping.

If you know someone has come into contact with an allergen and shows any signs or symptoms of shock, you will need to provide care for anaphylaxis.
If you suspect someone is having an allergic reaction, always watch them for signs and symptoms of anaphylaxis for at least 2 hours

Treatment for Anaphylaxis

Have someone call 9-1-1 or the designated emergency number immediately.
If alone, help the person administer medication (e.g., epinephrine) for the emergency treatment of anaphylaxis and then call 9-1-1 or the designated emergency number.
Care for anaphylaxis includes the administration of epinephrine using an auto-injector.

An athletic trainer or safety officer will help a person use an epinephrine auto-injector when state law permits, the person is having signs and symptoms of anaphylaxis and the person requests your help to use an auto-injector under the following circumstances:

- The person has a previous diagnosis of anaphylaxis and has been prescribed an epinephrine auto-injector or
- The person is having signs and symptoms of anaphylaxis and you are authorized to administer an epinephrine auto-injector and an auto-injector is available.

Encourage the person to sit down and lean forward to make breathing easier, if possible have the person lie down to reduce the risk of shock, and provide reassurance.
In addition to epinephrine administration, the person will need additional medical care (monitoring and additional treatment).

Help administer a second dose of epinephrine if the person is still having signs and symptoms 5 to 10 minutes after administering the first dose of epinephrine and emergency responders have not arrived.

BLOODBORNE PATHOGENS

A bloodborne pathogen is a disease-causing microorganism that is present in human blood or other potentially infectious materials. “Other potentially infectious materials” are substances in the human body other than blood that could carry bloodborne pathogens.

Direct contact: A bloodborne pathogen is passed from one person to another through direct or close physical contact between two people or with droplets. (Droplets are less common with bloodborne pathogens.)

Indirect contact: A bloodborne pathogen is passed from one person to another via a surface or object contaminated with an infected person’s blood or other potentially infectious material. Two types of indirect contact include:

A needlestick injury (an accidental puncture wound caused by a used needle); the needle has been soiled with blood or other potentially infectious material.
An open wound caused by broken glass or another object that has been soiled with blood or other potentially infectious material.

OSHA requires employers to maintain a written exposure control plan. This describes protective actions that will be taken to eliminate or minimize employee exposure to blood or other potentially infectious materials on the job.

The actions that will be taken if on-the-job exposure to blood or other potentially infectious materials occurs.

The exposure control plan also details:

- Engineering controls (tools that employees can use to protect themselves and others from exposure).
- Work practice controls (procedures employees should follow to protect themselves and others from exposure).

Personal protective equipment (PPE) includes barrier devices used to prevent pathogens in blood and other potentially infectious materials from contaminating skin, mucous membranes, or clothing.

This equipment includes latex-free disposable gloves, gowns, protective eyewear, masks, resuscitation devices (such as CPR breathing barriers), and shoe covers.

Latex-free disposable gloves are worn whenever there is the possibility of contacting blood or other potentially infectious materials.

A gown is worn to protect clothes and the body from splashes and sprays of blood and other potentially infectious materials.

Protective eyewear, such as goggles or a face shield, is worn to keep body fluids from splashing into the eyes when giving care, cleaning items, or disposing of contaminated fluids.

A mask is used to protect the mucous membranes of the nose and mouth from splashes and sprays of blood or other potentially infectious materials.

CPR breathing barriers and other resuscitation devices are used to prevent contact with another person's nose and mouth while giving breaths.

Shoe covers are worn when it is necessary to walk through a contaminated area.

At a minimum, hands should be washed:

- Before providing care (if possible)
- Always after providing care to another person, even if gloves were worn
- After touching blood or other potentially infectious materials.
- After touching objects or surfaces that could be contaminated with blood or other potentially infectious materials.
- Before putting on and after removing gloves or other PPE.
- Before and after eating and drinking.
- After using the restroom

In general:

- Dispose of sharps in an approved sharps container immediately after using them. Be careful and watch as the sharp is placed into the container.
- Never recap a sharp object (such as a needle) before disposing of it, because they could stick or cut themselves while trying to replace the cap.
- Never overfill a sharps container. Sharps containers should be replaced when they are two-thirds full when they are at the marking line on the container, or according to the employer's policy.
- Never open, empty, or reuse a sharps container.
- Never clean up broken glass using your hands. Use tongs, a disposable scoop, a scraper, or other employer-provided tools to pick up and dispose of the broken glass.
- Trash bags may contain sharp objects, so avoid packing them down with your hands or swinging them near the legs when walking.

Exposure Plan

1. First, decontaminate the exposed area: Wash needlestick injuries, cuts, and contaminated skin thoroughly with soap and water. If blood or another potentially infectious material splashes into the mouth or nose, flush the area with water. If blood or another potentially infectious material splashes into the eyes, irrigate them with clean water, saline, or a sterile irrigant for 15 to 20 minutes.
2. Second, notify the appropriate people at their place of employment about the incident.
3. Third, seek immediate follow-up care as identified in their facility's exposure control plan. This care must be provided: At no cost. Under the supervision of a licensed healthcare professional.In a reasonable time and place.
4. Fourth, complete the necessary documentation, per the exposure control plan.

An incident report form must be completed to record the time and date of the exposure, the circumstances of the exposure, the actions taken after the exposure, and other relevant information about the incident.

Employers must maintain a sharps injury log for the recording of injuries with contaminated sharps. The log must maintain employee privacy, list the type and brand of the device involved in the incident, and include the location and description of the incident.

EMERGENCY MANAGEMENT PROTOCOL FOR CERVICAL SPINE INJURY

Signs/symptoms

- Suspicious mechanism of injury, either witnessed or reported
- Pain in neck
- Significantly decreased or significantly painful Cervical Spine Range of Motion
- Central spine bony tenderness to palpation
- Any neurological complaints, especially in the extremities
  - e.g. numbness/tingling/weakness/pain
- Loss of Consciousness or change in mental status

1. Establish and Maintain In-line Cervical Spine Immobilization
2. Check breathing and pulse if not responsive
3. Assess the patient if multiple providers are available:
   a. Symptoms: Neck pain, location of pain, and any Numbness/Tingling/Weakness
   b. Active movement of hands and feet
   c. A sensation of hands and feet
   d. Palpate C Spine for pain and deformity
   e. Grip and foot plantar flexion strength
4. **Activate EMS as per general EAP if:**
   a. No breathing or pulse
   b. Any visible deformity
   c. Loss of consciousness + neck pain
   d. Altered Mental Status
   e. Numbness or tingling in extremities
   f. Tenderness to Palpation of CSpine
   g. Any weakness on the exam
   h. Suspicious mechanism + any neck pain and no additional provider available for assessment
5. Inform EMS that there is a suspected CSpine injury
6. Maintain C Spine Immobilization until paramedics arrive
7. Follow EMS protocol for Spine Boarding/Transport
8. Guidelines for equipment removal in football or other helmeted sport:
   a. The Face Mask should be removed as quickly as possible
      ii. Tools: Trainer's angle, FM extractor, PVC pipe cutters, pruning shears
      iii. Maintain In-line CSpine Immobilization throughout
   b. The helmet should **NOT** be removed unless the airway is inaccessible by any other means or the helmet prevents immobilization for transport in an appropriate position

Cervical Spine Injury

Signs/Symptoms of **ACUTE and SUBACUTE** (hours to days post-injury) Cervical Spine Injury:

- Suspicious mechanism of injury, either witnessed or reported
- Pain in neck
- Significantly decreased or significantly painful Cervical Spine Range of Motion
- Central spine bony tenderness to palpation
- Any neurological complaints, especially in the extremities

- e.g. numbness/tingling/weakness/pain
- Loss of Consciousness or change in mental status

If suspected **ACUTE** cervical spine injury, follow the above **EAP for C-Spine**

If suspected **SUBACUTE** cervical spine injury:
- Withhold from the activity and immobilize the cervical spine
- Contact Team Physician
- If unable to reach the Team Physician, follow the above **EAP for C-Spine**

HOT WEATHER SAFETY & HEAT-RELATED ILLNESSES

Emergency Management Protocol for Heat Illness

Signs/symptoms
- Engaged in exercise in hot weather
- Muscle Cramping
- Weakness, Fatigue
- Headache
- Light headedness or dizziness
- Nausea or vomiting
- Heavy sweating often accompanied by cold, clammy skin
- Rectal temperature >/= 40C
- Fainting/Syncope
- Altered mental state: Confusion, agitation, slurred speech, irritability, delirium/non-responsive
- Seizure

1. Immediately remove from activity, place in the shade or air conditioning, and remove excess clothing/equipment
2. Place ice packs or cold, wet towels on the head, neck, armpits, and groin
3. Check vital signs, including rectal temperature (if a rectal thermometer is immediately available)
4. Activate EMS as per general EAP and Immediately Cool Athlete if:
    a. Rectal temperature >/= 40C (if rectal thermometer immediately available)
    b. Fainting/Syncope
    c. Altered Mental Status
    d. Seizure
    e. No immediate improvement in cramping, fatigue, lightheadedness, nausea/vomiting after being placed in the shade and cooled by the above measures
    f. Concern for heat illness and no rectal thermometer immediately available

LIGHTNING SAFETY & STRIKE MANAGEMENT

Lightning

Before any outdoor event, weather forecasts should be monitored for the threat of inclement weather. Options for monitoring include the national weather service at www.weather.com and verified lightning detection services including WeatherSentry.

In a situation where a clap of thunder is heard, a flash of lightning is seen, or a storm capable of producing lightning is within a 12-mile radius:
Seek safe shelter in any fully enclosed building
If such shelter cannot be found, take shelter in any vehicle with a hard metal roof and closed windows
No outdoor activities are to be resumed until 30 minutes after the last sign of lightning/thunder

SUDDEN ILLNESSES & FIRST AID (TIME DEPENDENT)

Heat-Related Illness

- Signs and Symptoms: cool, moist, pale/ashen or flushed skin, headache/nausea/dizziness, weakness/exhaustion, heavy sweating
- Care Plan: summon EMS, move the victim to a cool place, loosen tight clothing and remove any soaked-through clothing, cool the victim by spraying with cool water or applying cool, wet towels to the skin, fan the victim, encourage them to drink small amounts of sports drink

Nosebleeds

- Care Plan: have the victim sit leaning forward to prevent swallowing/choking on blood, pinch nostrils together for 5-10 minutes/until the bleeding stops, and have the victim avoid rubbing, blowing, or picking their nose, medical attention is needed if bleeding persists/recurs or if the victim has high blood pressure if the victim becomes unresponsive but is breathing put them in the recovery position to allow blood to drain, summon EMS

Insect Stings

- Care Plan: If the stinger is still present, scrape it away with the edge of a plastic card, wash the area with soap and water, cover the site with a dressing and apply a cold pack to reduce pain/ swelling, and monitor the victim for signs of allergic reaction/life-threatening conditions

Diabetic Emergencies

- Signs and Symptoms: trouble breathing, fast/deep breathing, feeling weak, sweating, fast heartbeat
- Care Plan: Administerr sugar even if you don’t know whether blood sugar is too low or too high only if they are conscious and able to chew and swallow, 15g for children, 20g for adults, orange juice/milk/candy