



## BOURBON COUNTY HIGH SCHOOL

### Sports Medicine Guide

*Developed in partnership with*



**Lexington Clinic**  
Since 1920

Orthopedics – Sports Medicine Center

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## **Introduction**

Lexington Clinic Orthopedics-Sports Medicine Center is proud to be entering its 17<sup>th</sup> year as part of the Bourbon County family. As a partner with Bourbon County for so many years it is not only our goal to provide the highest quality care for their athletes, but to support Bourbon County in their mission of higher education. In this effort, over the next several years, Lexington Clinic will be partnering with Bourbon County to initiate several exciting new programs for the students of Bourbon County. Initiatives that involve opportunities for students interested in medicine to receive a greater understanding of the daily life of a medical professional before engaging in the study of medicine. These opportunities will also provide students with contacts that can prove invaluable as they grow professionally, providing additional avenues of giving back to the Bourbon County family.

Providing the highest quality of care to our student-athletes is our number one priority to Bourbon County. In doing so, it is important to understand that participation in athletics involves exposure to risk of injury. We would like to minimize this risk to make their participation as meaningful and safe as possible. Recognizing and understanding the potential risks is the key to preventing injuries. As part of this process, Lexington Clinic Orthopedics-Sports Medicine Center and Bourbon County have partnered to develop the ***Bourbon County High School Athletic Sports Medicine Guide***. This guide is an avenue to provide the student-athletes and their parents with a better understanding of some of the issues athletes face every day. It will also outline the guidelines for dealing with medical issues, insurance questions, and emergency procedures in athletics. This handbook is intended to provide guidance and references for sports medicine that may help enrich your experience in Bourbon County Athletics. Student-athletes and parents should fully understand and comply with the rules and standard of play that govern their sport and follow procedures to minimize the risk of injury.

As we move into our 17<sup>th</sup> year with Bourbon County High School, we are honored to provide medical care for your children and to be an integral part of your family.

# **Lexington Clinic Sports Medicine Center**

## **Mission:**

The Lexington Clinic physicians and staff pledge to provide the highest quality integrated healthcare. Our medical team will deliver personalized care with compassion, innovation and value as we work in partnership with our patients to enhance and maintain their quality of life.

## **Lexington Clinic Core Values:**

- Excellence – striving for the highest quality patient experience regardless of our individual role.
- Integrity – firm adherence to a code of ethics, honesty, dependability, and respect.
- Service – enthusiastic and professional service to our patients, their families, the referring physicians, our colleagues, and our community.
- Compassion – for our patients, their families, and each other.
- Respect – appreciation of patients, partners, and staff.
- Dedication – commitment to our mission and recognition of the group and individual needs.
- Fiscal Responsibility – long-term financial discipline is the key to the security, strength, and growth of the organization.

## **Lexington Clinic Sports Medicine Center’s Mission:**

The mission of the Lexington Clinic Sports Medicine Center is to consistently provide the highest level of medical and scientific services for recreational and competitive athletes, locally, regionally and nationally.

It will do so by continually striving toward the goals of:

- Excellence in the provision of medical services
- Scientific inquiry in clinical and basic research
- Conducting quality educational programs for athletes, coaches and sports medicine practitioners.

## **Physician Involvement:**

Lexington Clinic Sports Medicine Center’s (LCSMC) physicians are all board-certified/eligible orthopedic surgeons with sports medicine fellowship training. This team offers the best blend of long-term experience and the newest techniques.

## **Expertise:**

Lexington Clinic Sports Medicine Center has built a reputation of excellence and has been consulted by professional and elite amateur sports organizations such as the Houston Astros, Lexington Legends, the Women’s Tennis Association and the United States Tennis Association.

- The expertise of the LCSMC team has led professional athletes from baseball, ice hockey, tennis, soccer and football to choose LCSMC for the treatment of their injuries as have elite amateur athletes in additional sports such as track and field, gymnastics, swimming/diving.
- Professional baseball players have recently become involved with our new shoulder injury prevention program.
- Bourbon County student-athletes and coaches receive that same expertise and experience that has attracted elite athletes from around the country.

### **Research and Education:**

Lexington Clinic Sports Medicine Center's educational programming for athletes, coaches, and medical professionals include: Hosting KHSAA medical symposiums since 1992; injury prevention clinics and seminars for local sports organizations and teams; throwers' clinics for throwing arm injury prevention; hosting national and international traveling fellowship programs for the American Orthopedic Society of Sports Medicine and an annual shoulder symposium of national interest including hosting a special, international summit meeting on shoulder and scapular mechanics every three years.

## **Bourbon County Sports Medicine Team**

Lexington Clinic Sports Medicine Center and Bourbon County High School have partnered for over 17 years to provide Athletic Training and Physician services for all student-athletes of Bourbon County. We pride ourselves in taking quality care of the whole athlete from a runny nose to a critical orthopedic injury. We have a team of physicians and professionals available to take care of any need our athletes may have.

### **Athletic Training Staff**

#### **Caroline Crowley, MS, ATC**

Caroline is an important team member of the Lexington Clinic Sports Medicine Center. She received her Bachelor of Science degree in Athletic Training from Miami University's accredited athletic training program and her Master of Science degree in Physical Education from the University of South Carolina. Caroline is Graston Technique certified and a member of the National Athletic Trainers' Association. This will be her third school year at Bourbon County.

### **Board Certified Orthopedic Physicians**

#### **Dr. W. Ben Kibler:**

Dr. W. Ben Kibler is the Medical Director for Lexington Clinic Sports Medicine Center. He is the team physician and orthopedist for the Lexington Legends; class A minor league team in the Kansas City Royals Organization. He also is team physician for numerous colleges and high schools in the Lexington area. Currently, Dr. Kibler serves on the Sports Science Committee of the U.S. Tennis Association and is a founding member of the Society of Tennis Medicine and Science. He currently serves on the Kentucky Medical Association's (KMA) Medical Aspects of Sport Committee and KMA/KHSAA Committee on Sports Safety specifically designed for high school medical care. He specializes in upper extremity pathology and biomechanics of overhead athletics.

#### **Dr. Peter Hester:**

Dr. Peter Hester received his medical degree from the University of Kentucky, College of Medicine. He completed a residency in Orthopedic Surgery at University of Kentucky Chandler Medical Center in Lexington, Kentucky and two sports medicine fellowships; one at the University of Chandler Medical Center, Lexington, Kentucky and the other at The Hughston Clinic, Columbus, Georgia. He is board certified in Orthopedic Surgery. Dr. Hester is a team physician for numerous professional teams, colleges and high schools in the Central and Eastern Kentucky region. He currently sits on the board of the Lexington Youth Lacrosse Association where he aids in the education of coaches and athletes in regards to prevention of injury.

**Dr. David Dome:**

Dr. David Dome received his medical degree from the University of Kentucky. He completed a residency in Orthopedic Surgery at Greenville Hospital System in Greenville, South Carolina and a fellowship in Orthopedics Sports Medicine at Lipscomb Clinic in Nashville, Tennessee. He is board certified in Orthopedic Surgery. Dr. Dome is a team physician for numerous professional teams, colleges and high schools in the Central and Eastern Kentucky region. Dr. Dome's interest lies in sports medicine and arthroscopy of the ankle, knee, shoulder and elbow. He has been affiliated with Lexington Clinic since August 2000.

**Dr. Trevor Wilkes:**

Dr. Wilkes received his medical degree from the University of Kentucky College of Medicine. He completed a residency in orthopedic surgery at the University of North Carolina at Chapel Hill and a sports and shoulder fellowship at the Cincinnati Sports Medicine Center. Dr. Wilkes grew up in Lexington where he earned Central Kentucky Soccer Player of the Year in 1994. He went on to play Division I soccer for Davidson College. While at the University of North Carolina, Dr. Wilkes served as the Resident Team Physician for the North Carolina Football team and several high profile high schools. He has several publications on a variety of orthopedic topics. He believes in the importance of a healthy lifestyle as a way to promote his profession and relating to his athletes and does so by competing in triathlons, canoeing, rock climbing and cycling. He has been affiliated with Lexington Clinic since August 2009.

## **Contact Information and Location of Services**

**Athletic Training Staff**

**Caroline Crowley, MS, ATC**

Cell: (859) 319-0042

Clinic: (859) 258-8575

**Lexington Clinic Orthopedics-Sports Medicine Center**

Office: (859) 258-8575 or (859) 258-8576 or (859) 258-4000

700 Bob-O-Link Drive

Lexington, KY 40504

859-258-8575 or 859-258-8576

**Dr. W. Ben Kibler**

**Dr. David Dome**

**Dr. Peter Hester**

**Dr. Trevor Wilkes**

**Lexington Clinic – South Broadway**

1221 South Broadway  
Lexington, KY 40504  
859-258-4000

**First Choice Walk-In Care**

**Beaumont Centre**

3061 Fieldstone Way, Suite 700  
Lexington, KY 40513  
859-296-9900

Mon-Sat: 8:00am – 7:30pm  
Sun: 9:00am – 4:30pm

**Andover Family Health Center**

3099 Helmsdale Place  
Lexington, KY 40509  
859-258-6401

Mon-Fri: 8:00am – 7:00pm  
Sat: 8:30am – 4:30pm  
Sun: 9:00am – 4:30pm

**Sports Injury Drop-In Clinic Information**

Lexington Clinic Orthopedics-Sports Medicine Center offers a Sports Injury Drop-In Clinic, Monday through Friday morning so athletes can be seen within 24 hours of an injury. This lets you know a diagnosis, playing status, and determine follow-up care. Same day x-ray MRI, CT scans, is available to expedite the diagnosis and treatment plan.

- No appointment necessary
- 7:30 AM: Monday – Friday
- Board Certified Orthopedic Surgeons specifically trained in Sports Medicine
- Enhanced communication between Physician, Parents, Athletic Trainer, and Coach regarding playing status and follow-up care.
- ***Drop-In Clinic location: Orthopedics-Sports Medicine Center ONLY (700 Bob-O-Link Drive)***
- ***All Parents/Guardian will need to accompany athlete to appointment if athlete is under the age of 18.***
- All Athletes will need the following for drop-in clinic
  - Insurance Cards
  - Name of parent for whom the insurance card is under
    - Parent and student’s date of birth
    - Parent and student’s social security number
    - Employer of parent
    - School insurance form completed by ATC/school representative and parent/guardian.

# **Athletic Training Policy and Procedures**

## **Role of the Athletic Trainer**

Athletic Trainers in Kentucky are certified through the National Athletic Trainers' Association Board of Certification and the Kentucky Board of Medical Licensure. As allied health professionals, Certified Athletic Trainers (ATC) are required to take extensive written examinations testing their skills in five domains of athletic training. All athletic trainers have obtained a Bachelors Degree and/or a Master's level degree from an accredited university. It is mandated that certified athletic trainers complete yearly continuing education courses in order to maintain their certification. It is also expected that certified athletic trainers are continue to maintain competency and proficiency in the following 12 areas:

1. Risk Management and Injury Prevention
2. Pathology of Injuries and Illnesses
3. Orthopedic Clinical Examination and Diagnosis
4. Medical Conditions and Disabilities
5. Acute Care of Injuries and Illnesses
6. Therapeutic Modalities
7. Conditioning and Rehabilitative Exercise
8. Pharmacology
9. Psychosocial Intervention and Referral
10. Nutritional Aspects of Injuries and Illnesses
11. Health Care Administration
12. Professional Development and Responsibility

Lexington Clinic provides Bourbon County High School with one (1) certified athletic trainer.

## **KHSAA Sport Physicals**

***NO STUDENT-ATHLETE WILL BE ALLOWED TO PARTICIPATE IN PRACTICE OR GAMES WITHOUT A CURRENT COMPLETED PHYSICAL ON FILE.***

Lexington Clinic will offer all current and incoming Bourbon County athletes an opportunity to obtain a sports physical at Bourbon County High School during the spring semester.

A small fee will be required by all athletes to participate in the physicals. Checks can be made out to Bourbon County High School.

The physical form can be obtained from the Athletic Training Staff or from the KHSAA website ([www.KHSAA.org](http://www.KHSAA.org)). **Prior to the physical, the medical history, emergency information,**

**insurance information, and consent to treat with parent's signature MUST BE COMPLETED BEFORE YOUR CHILD CAN PARTICIPATE IN PHYSICALS.**

**Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that gives the patient rights over his/her health information and sets rules and limits on who can look at and receive that health information. The patient has the right to ask to see and get a copy of his/her health records, have corrections added to his/her health information, receive a notice that tells him/her how your health information may be used and shared, decide if he/she want to give his/her permission before his/her health information can be used or shared for certain purposes, such as marketing, and get a report on when and why his/her health information was shared for certain purposes. Doctors, nurses, pharmacies, hospitals, clinics, and many other healthcare providers including health insurance companies, HMOs, most employer group health plans must follow these rules. All HIPAA policies will be adhered to at Bourbon County High School. (*All HIPAA information taken from [http://www.caringinfo.org/files/public/ad/HIPPA\\_Privacy\\_Rule.pdf](http://www.caringinfo.org/files/public/ad/HIPPA_Privacy_Rule.pdf).)*

**Occupational Safety Health Administration Blood Borne Pathogens Standard**

In accordance with the *Occupational Safety Health Administration (OSHA) Blood Borne Pathogens Standard, 29 CFR 1910.1030*, the following Exposure Control Plan has been developed:

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Universal Precautions will be observed at this facility in order to prevent contact with blood, blood products, or other potentially infectious materials. All blood, blood product, or other potentially infectious material will be considered infectious regardless of the perceived status of the source or source individual. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.

## School Insurance

All student-athletes at Bourbon County are covered by a Secondary Insurance Policy through K&K insurance. The cost of this policy is included in your tuition. K&K is always a secondary policy, and only applies after your personal health insurance benefits are utilized.

The **Athletic Training Staff**, Caroline Crowley, MS, ATC, will assist you with filing school insurance claims. Please contact them to receive insurance forms and questions you may have.

### ***Current Secondary Company:***

K&K Insurance  
Claims Dept.  
PO Box 2338  
1712 Magnavox Way  
Fort Wayne, Indiana, 46801  
(800) 237-2917 Fax (260) 459-5910 [www.kandkinsurance.com](http://www.kandkinsurance.com)

All injuries that occur as a direct result of sports participation must be reported to the coach and the athletic trainer. A school injury report must be documented in the athletic trainer's computer system (ATS). Difficulties can arise in filing a claim with K&K insurance should the school and the Athletic Training staff not be aware an injury has occurred. **Failure to report an injury could result in K&K insurance denying coverage.**

### ***What happens when your son/daughter sustains a sports-related injury and needs to be seen by a physician?***

1. Unless it is an emergency situation, please contact the Athletic Training staff.
2. Obtain and complete a K&K Insurance Injury Form from the Athletic Training staff.
  - a. This form will need to be completed by both the Athletic Training staff and parents before it can be submitted to K&K.
3. The Athletic Training Staff can assist you in getting an appointment with a physician, if necessary.
4. The physician's office will file your claim with your primary insurance company.
5. Please let the physician's office know that you have a secondary policy with K&K insurance. They will establish K&K Insurance as your secondary policy.
6. Parents will then need to fax or mail the completed K&K Claim form to K&K to be processed.
7. Parents may need to obtain from their primary insurance company the EOB (Explanation of Benefits) and an itemized physician, hospital, or other provider bill that includes diagnostic/procedure codes to submit to K&K. The completed K&K form will need to be presented at time of visit to registrar.

8. In most cases, K & K should cover co-payments, deductibles, co-insurance and other expenses not covered by the primary insurance.
9. Please keep in mind that the K&K benefit period of 52 weeks from the date of injury.
10. Please keep copies of all paperwork submitted to K&K. If further documentation is needed, please contact the Athletic Training staff for assistance.

### Reporting Injuries

#### **Home:**

If an acute injury occurs during a home event or practice, the athlete needs to report the injury to the coach and then see the athletic trainer that day. The parents will be notified with the treatment plan and recommendations through either a phone call or the athlete will be sent home with instructions for care and treatment.

#### General home treatment guidelines:

- a. Rest the injured area.
- b. Be aware of warning signs that may need immediate evaluation: significant swelling, numbness in the extremities, and/or inability to move the injured body part.
- c. Ice the area 20 minutes every hour.
- d. Elevate the injury as best you can (lower extremity, you can put something under the mattress of the bed rather than elevating the injury on a pillow or blankets).
- e. Compression of the injured area can be achieved with an elastic bandage or compression wrap. (Note: do not sleep with an elastic bandage on an injured area unless instructed by medical personnel).
- f. If you have not spoken with the athletic trainer, you may call for further advice.

#### **After Hours or Away Games:**

If an athlete is injured and an athletic trainer is not available at the time, the coach will assist the injured athlete. The athlete should report to the athletic trainer the next day for evaluation. The coach and/or athlete should contact the athletic trainer to alert them of the injury as soon as possible. If necessary, the coach will arrange for transportation to the emergency room. ***All physicals and consent to treat forms must go with the athlete to the hospital as well as a school representative.***

### Physician Referrals

If an injury or illness warrants additional evaluation, treatment or care, the athletic trainers can assist in the referral process. All referrals will be made to the athlete's physician of choice.

Please remember, with the assistance of the athletic trainers, appointments are usually made within 24 hours. Any athlete who sees a physician for an injury sustained while participating in a school-sponsored sport must be released to return to play by the treating physician. The athlete cannot resume practice or participate in games unless a signed physician return to play form is presented to the athletic trainer.

### **Training Room Hours**

On most school days, there will be an athletic trainer available Monday-Friday from 3:00pm until the end of practice or games. Other times can be scheduled if necessary by contacting the Athletic Training staff.

### **Medications and Medical Issues**

Certain medications can affect sports participation. Please notify the Athletic Training staff of any medications your child may be taking and/or any medical conditions that can affect your child's athletic participation. All information given to the medical team is confidential.

*Pursuant to Kentucky State Law, KRS 311.903 (c), Athletic Trainers "Shall not dispense over-the-counter or prescription medications to minors."*

### **Allergies/Allergic Reactions**

Allergies are an overreaction of the body's immune system to a foreign substance. This overreaction can cause mild to severe reactions in the body. Severe reactions called anaphylaxis can be life threatening and are caused by many types of triggers, such as, food, medications, animals, insects, and latex. If your child has known allergies to any of the above triggers, please inform the Athletic Training staff and coaching staff.

If special medication is needed, such as an Epi-pen, please inform the Athletic Training staff.

If an Epi-pen is required, please provide the Athletic Training staff with an extra pen to keep in case of emergency. All extra pens will be labeled and kept in a central location to which all coaching and administration will have access to in case of emergency.

## **Asthmatic Athlete**

Asthma can be defined as a chronic inflammation of the airway (bronchi and bronchioles) of the lungs. It is characterized by wheezing, coughing, tightness in the chest, and trouble breathing. A large percentage of asthma attacks occur as a result of exercise. Exercise-induced asthma attacks can occur a few minutes after you begin exercising and last 10-15 minutes after exercise. Athletes that have known asthma may control their asthma two ways, either by a long-term medication taken daily or a quick acting inhaled medication known as a “rescue inhaler”.

If your child needs a rescue inhaler for asthma, please inform the Athletic Training Staff. With this information in hand we are able to monitor your athlete during practice/games for ensuing attacks. We also ask that you provide the Athletic Training Staff with an additional rescue inhaler to keep during practice/games. As we all know kids forget to bring or gather their inhaler from their lockers. This will allow us access to an inhaler should your athlete need it.

## **Concussion**

### **What is a Concussion?**

The Centers for Disease Control (CDC) defines a concussion as a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Concussions are caused by a blow or jolt to the head that disrupts the function of the brain.

Management of concussions has evolved over the last 10 years with research producing effective protocols for evaluation and return to play criteria. Lexington Clinic Orthopedic-Sports Medicine follows the guidelines published by the Consensus Statement on Concussion in Sport: 3<sup>rd</sup> International Conference on Concussion in Sports in the Journal of Athletic Training in August 2009. The recommendations outline signs and symptoms of concussions, sideline evaluation and treatment of acute concussions, medical management of concussion, follow-up assessments and return to play guidelines for traumatic brain injuries.

### **Signs and Symptoms of a Concussion**

Signs and symptoms of concussion can be subtle and may be delayed for several hours or days so it is important to closely monitor the athlete and their symptoms for 24-48 hours following a suspected concussion.

Some common symptoms of concussion are:

- Confusion
- Amnesia
- Headache
- Dizziness
- Ringing in the ears

- Nausea or vomiting
- Slurred speech
- Fatigue
- Blurred or “fuzzy” vision

Other symptoms that may be delayed include:

- Memory or concentration problems
- Sensitivity to light and noise
- Sleep disturbances
- Irritability
- Depression
- Personality changes
- Aggression

<b><u>Management of Concussions</u></b>
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**Managing concussions involves four (4) important factors:**

1. Initial Assessment and Treatment
2. Physical and Cognitive Rest
3. Physician Clearance
4. Graduated Return-to-Play Criteria

***Initial Assessment:***

1. An assessment will be completed to determine presence of a concussion and given immediate medical care if necessary.
2. Athlete will be removed from game/practice and will not be allowed to return that day.
3. Athlete must be cleared by a physician in order to return to play.

***Gradual Return-to-Play Criteria:***

1. Complete physical and cognitive rest until all symptoms have resolved.
2. Light aerobic exercise
3. Sport-specific exercise
4. Non-contact training drills
5. Full-contact practice
6. Return to play

\*Each step should take 24 hours, meaning the athlete would not return to play for at least one (1) week. If symptoms return at any point during the gradual return-to-play process, progression is

stalled. The athlete would return to the previous step and progression would resume at the previous step.

\*\*Return-to-play criteria require the athlete to be asymptomatic throughout each step, and should not be ingesting any pharmacological agents or medications that may mask symptoms of a concussion.

\*\*\*A SCAT3 test will be performed on all athletes suspected/diagnosed with a concussion as part of the concussion management program at Bourbon County High School. This SCAT3 evaluation will then be compared to the SCAT3 Baseline tests, which are administered to all athletes in contact sports prior to the beginning of the athletic season. The SCAT3 Baselines will be administered to all new and/or freshmen athletes. The SCAT3 Baselines will be repeated a minimum of every other school year to stay in sync with the high school athlete's developing cognitive function.

\*\*\*\*Academic accommodations can be made for athletes diagnosed with a concussion. The Athletic Training staff will contact the school counselors who will discuss limitations with all teachers and administrators as needed.

### Diabetic Athlete

The American Diabetes Association defines Diabetes Mellitus as a group of diseases that is characterized by high blood glucose levels that result in the body's ability to produce and/or use insulin. This will result in two (2) types of Diabetes Mellitus; Type I and Type II.

Type I Diabetes Mellitus is also known as juvenile diabetes and is primarily diagnosed in children and young adults. Children with Type I Diabetes Mellitus do not produce insulin: a hormone necessary to regulate blood glucose.

Type II Diabetes Mellitus has become the most prevalent type of diabetes in America, affecting millions of Americans. Adults with Type II Diabetes Mellitus do not produce enough insulin or cannot effectively use the insulin that is being produced to reduce the level of glucose in the blood. This excess glucose in the blood stream can have a myriad of effects on the body including but not limited to vision problems and heart disease.

Most Common Signs and Symptoms of Type II Diabetes Mellitus:

- Increased thirst and hunger (even after drinking or eating)
- Unexplained weight loss
- Dry mouth
- Frequent urination
- Fatigue
- Blurred vision

- Headaches
- Slow-healing sores

With appropriate precautions and good planning, the diabetic athlete is able to safely participate in sports. The diabetic athlete needs to keep the following items on hand in case of low blood sugar during practices and games:

- Glucose monitor
- Snack crackers/or other sources of carbohydrates
- Quick glucose source
  - Glucose tablets
  - Juice
  - Hard candies
  - Sugar
- Glucagon injection

\*\*Please inform the Athletic Training and coaching staff if your child is diabetic and/or wears an insulin pump or needs additional supplies on hand.

<b><u>Exertional Sickling</u></b>
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Exertional sickling is a medical emergency in those athletes with sickle cell trait. During exertional sickling, the red blood cells in the body sickle, or change shape, when they release oxygen, which can cause more severe medical consequences. Athletes with sickle cell trait will indicate this condition on their pre-participation physical examination. Those athletes who have sickle cell trait will have a conversation with the athletic trainer and their coaches to ensure the proper treatment of this condition. Sickle cell trait athletes will receive a “free pass” for conditioning drills. They will not get out of any repetitions in team conditioning or weight training. They will, however, be permitted to complete the drills or repetitions at their own pace due to the nature of the condition.

In the event that a student athlete who has sickle cell trait presents with signs or symptoms of an exertional sickling crisis (low back pain, legs “not working,” etc.), the emergency action plan will be activated to get intravenous fluids and oxygen administered to the athlete as soon as possible.

The athletic trainer will notify parents or guardians, administrators, and the athletic director if such a crisis is to occur. The athletic trainer will document the occurrence in the system. If an athlete who experiences a sickling crisis desires to return to athletics, he/she must be cleared by a medical doctor. They will undergo a slow, gradual return-to-play protocol per the physician after a 1-2 week rest period.

## Infectious Skin Disorders

### **MRSA (Methicillin-Resistant Staphylococcus Aureus)**

#### Guidelines for the Prevention of MRSA

Methicillin-resistant staphylococcus aureus (MRSA) is a serious bacterial staph infection that ranges in severity from local infection to systemic infection, and possible risk to life or limb. Treatment of MRSA has been difficult because the MRSA bacterium is resistant to typical antibiotic treatment. In recent years, MRSA has become more prevalent in athletic settings such as locker rooms, weight rooms, and athletic training facilities.

MRSA infections initially appear as a sore pimple and are often mistaken for spider bites and ingrown hairs. Some of the pimples appear red, swollen, and have drainage. Lesions such as abrasions and open wounds can also allow the MRSA bacteria to enter the body. Therefore, good hygiene, avoidance of contact with drainage from open wounds and appropriate first aid for minor skin lesions can help prevent MRSA infections.

The National Athletic Trainers' Association and the Centers for Disease Control suggest the following precautions be taken:

- Encourage immediate showering following physical activity.
- Avoid sharing towels, razors, and athletic equipment.
- Properly wash athletic equipment and towels after each use.
- Maintain clean facilities and equipment.
- Wash hands thoroughly with soap and warm water or use and alcohol-based hand sanitizer.
- Report ALL open wounds and skin lesions.
- Wounds which do not respond to conventional treatments will be referred for further evaluation.
- Cover ALL wounds prior to putting on athletic equipment and before competing in practices or competitions.

## Nutrition

### **Dietary Supplements**

The use of dietary supplements is prevalent in the United States. While some supplementation may be necessary for improving health, athletes have typically consumed these items for the intent of increasing performance in order to gain a competitive advantage. Unfortunately, supplements are not tested by the Food and Drug Administration (FDA) for safety and/or efficacy and adverse reactions such as allergic reactions, heavy metal contamination, bacterial contamination, and inhibition of other nutrient absorption can occur. Also, manufacturers claims about products' ability to produce a certain response (increase energy, improve recovery time, lose weight fast, etc.) have not been stringently validated or verified. Currently, there are little to no scientific studies in existence which either support or refute the claims of manufactured supplements meaning there is no guarantee that the reported effect will occur when an athlete

consumes the supplement. There is also a lack of evidence regarding the safety and long-term effects dietary supplements have on the body. If there are any questions regarding the effect or safety of dietary supplements, student athletes, parents, and coaches are encouraged to consult with the athletic training staff or a physician. This fact sheet is designed to provide general information about dietary supplements and in no way does it encourage the use of such products.

### **What are dietary supplements?**

Defined by the 1994 Dietary Supplement Health Education Act (DSHEA) where a product which contains either a vitamin, mineral, herb or other botanical, amino acid, dietary substance to supplement diet, or a concentrate or combination of above.

Dietary supplements are not intended to be used as foods, must be labeled as a “dietary supplement,” are not tested by the FDA, and must have a “Supplements Facts” panel listing all ingredients.

### **National Federation of State High School Associations Position Statement**

"All student-athletes and their parents/guardians should consult with their physicians before taking any supplement product. *In addition, coaches and school staff should not recommend or supply any supplement product to student-athletes.*"

### **Key Points**

These products should not be used in lieu of healthy dietary/behavior changes. Instead, an athlete should be encouraged to focus on 3 key areas:

- Strength Training
- Cardiovascular Training
  - Weight gain and loss is best achieved by food planning and exercise regimens, not through dietary supplementation.
- Proper Nutrition
  - Carbohydrates should make up 55-65% of the total energy intake but can be as high as 70% in high endurance athletes.
  - Fats should be 15-25% of energy intake with a focus on consuming more unsaturated fats (olive oil and peanut oil) than saturated (solid) fats.
  - Proteins should be 12-15% of the total energy intake (1.4-1.6 grams per kg body weight).

Nutritional assessments help identify nutritional deficits by analyzing an athlete’s current food intake, body composition, and individual nutritional requirements. Any athlete interested in an individual nutritional assessment should consult the athletic training staff. All food and dietary suggestions should be based on an individual athlete’s individual **needs and goals**.

### **Mouth Guards**

- The American Dental Association has urged the use of mouth guards for those engaged in athletic activities that involve body contact and which a risk of oral injury may occur.
- Properly fitted mouth guards can protect the lip and cheek tissues from being impacted and cut against tooth edges or braces.
- Properly fitted mouth guards can reduce the risk of a jaw fracture caused by a blow to the chin or head.
- Properly fitted mouth guards can provide protection against and reduce the severity of concussion.
- Stock, mouth-formed and custom-fitted are the types of mouth guards recognized by the American Dental Association.
- Mouth guards are not recommended by the American Dental Association for routine weight training.
- Mouth guards must be worn by BCHS athletes during contact drills and competition of sports in which mouth guards are required protective equipment.

### **Mental Health**

Any students experiencing mental health conditions including anxiety, depression, or stress may benefit from counseling services available at Bourbon County High School. If school staff members feel that professional help may be more beneficial, they may notify the parents or guardians of the student and refer to a mental health professional for further evaluation and treatment. All situations will be documented in the system by the staff member who facilitated the episode.

### **Catastrophic Event**

In the case of a catastrophic event in which a sudden death or a life-changing physical or mental impairment occurs, the following steps will be taken: The parents or guardians of the athlete, the athletic director, the principal, and the superintendent will all be notified of the situation. School officials will handle all media interactions. The athletic trainer will document the occurrence, as always, within the system. Counseling services will be provided for the families, administrators, coaches, teammates, and classmates of the involved student athlete.

# Emergency Procedures

## Emergency Personnel

Certified Athletic Trainers, Coaches, and Administrators will be on site for most in-season team practice/competitions.

## Emergency Communication

Cellular phones will be used by the athletic training staff, coaches, and administrators to initiate emergency action plan. Landlines are available for emergency use within the Field House, the front office, the Athletic Director's office, and respective sports coaches' offices. Neither spectators nor family members should initiate emergency action.

## Emergency Equipment

Medical Kits with proper supplies for first aid care will be supplied to coaches at the beginning of their seasons and will be available for all team practices and away games when an athletic trainer is not present. Automated External Defibrillators (AED) will be located in the Field House and in the main entrance by the security guard's office. Splint Bags, Crutches, and any other emergency equipment needed will be kept on the sideline, Field House and/or the Athletic Training Room.

## Emergency Contact Information

<b>Caroline Crowley (Head Athletic Trainer)</b>	Cell: (859) 319-0042
<b>Tony Sosby (Athletic Director)</b>	Cell: (859) 707-6719
<b>Bourbon County Main Office</b>	(859) 987-2185
<b>Emergency Services</b>	<b>911</b>
<b>Bourbon County Ambulance</b>	(859) 987-2120

## Role of the Emergency Care Providers Other than Athletic Trainer

The Emergency care providers (1<sup>st</sup> responders) are considered to be all coaches (trained in CPR/1<sup>st</sup> aid) and administrative staff who will be assisting the Certified Athletic Trainer (ATC) at the time of an emergency. (Please note, all BCHS Coaches have met the KHSAA guidelines for emergency preparedness.) The first responder should notify the certified athletic trainer if an emergency occurs, and, if instructed to do so by ATC, call 911. If an ATC is unavailable or detained:

1. Provide immediate care of injured/ill athlete

2. Retrieve appropriate equipment
3. Activation of Emergency Action Plan (EAP)
  - i. Call 911
  - ii. Provide name
  - iii. Provide address or location
  - iv. Provide phone number
  - v. Provide number of individuals injured/ill
  - vi. Provide current care/1<sup>st</sup> aid being rendered
  - vii. Provide specific directions to location
  - viii. Answer any questions the operator may have
4. Notify other administration as necessary
5. Direct EMS to scene:
  - i. Open appropriate doors/gates
  - ii. Designate individual to direct EMS to exact location
6. Limit entry to just medical staff
7. Answer questions/assist EMS as needed
8. Control Traffic/Observers to allow EMS to work
9. Keep other players clear of the area
10. Communicate with injured athlete's family as to the status of injury
  - i. Designate someone on staff to communicate directly with the family
11. Assist EMS, as necessary.

<p><b><u>Guidelines for A Serious On-Field Injury</u></b></p>
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These guidelines have been recommended for NFL officials and have been shared with NCAA Championship Staff. (*NCAA Sports Medicine Handbook*)

- a. Players and coaches should go to and remain in the bench area once medical assistance arrives. Adequate lines of vision between the medical staffs and all available emergency personnel should be established and maintained.
- b. Players, parents, and non-authorized personnel should be kept a significant distance away from the seriously injured player(s). (Parents of the injured player will be advised as soon as the situation is under control.)
- c. Players or non-medical personnel should not touch, move, or roll an injured player.
- d. Players should not try to assist a teammate who is lying on the field or court. Do not remove or loosen equipment or clothing or attempting to assist breathing by elevating the waist).
- e. Players should not pull an injured teammate or opponent from a pile-up.

- f. Medical staff assisting an injured player must be allowed to perform services without interruption or interference.
- g. Players and coaches should avoid dictating medical services to athletic trainers, team physicians or emergency medical personnel. A coach should be available to respond to requests from the medical team but should not interrupt those treating the athlete.

#### **Emergency Procedures at an Away Event**

- a. The traveling Certified Athletic Trainer will provide emergency care to all BCHS athletes unless the ATC is not traveling due to necessary coverage at home events. In that case, the hosting team's Certified Athletic Trainer will assist any injured athletes.
- b. The Coach is responsible for providing **basic 1<sup>st</sup> Aid** if a BCHS athletic trainer is not with the team.
- c. The Coach will defer to the host team's athletic training staff if available. The host athletic trainer will activate their emergency action plan if needed.
- d. If the injured athlete needs transportation to a hospital, a parent or a representative of BCHS (i.e. a coach or assistant coach) will accompany the athlete. The athlete is NOT to be sent to the hospital alone, with a teammate or another student. The consent to treat form must go with the injured athlete should a parent not be present.
- e. Contact BCHS Athletic Trainer and the Athletic Director upon return to the school (or sooner if possible) to notify them of who was injured as well as the extent of the injury.

#### **Automated External Defibrillator Policy**

- a. In the event the emergency action plan is activated for a cardiac emergency, an AED unit is centrally located in the Field House and in the main entrance to the school next to the security guard's office under the designated sign on the wall. The athletic training staff will have an on-field AED at contests.
- b. If there is more than one home game occurring on the BCHS Campus, the AEDs will be placed at the contests with the higher risk of injury.
- c. Should the AED be needed at another event or outdoor athletic facility, a cell phone should be used to communicate with the athletic trainer with the AED. The athletic trainer will then promptly transport the AED to the appropriate field.

- d. If a cardiac emergency occurs and the athletic training AED is unavailable. Dial 911 and initiate the Emergency Action Plan.

<b><u>Lightning/Severe Weather Policy</u></b>
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These guidelines are for the protection of all individuals from severe weather. These guidelines are in compliance with the NCAA and KHSAA severe weather policies.

- a. The Bourbon County High School (BCHS) chain of command that will identify when to remove individuals from the field is as follows; Certified Athletic Trainer, a member of BCHS Administration, game official, and a coach
- b. When removing athletes from the playing field they must be moved to a safe shelter. For BCHS athletic fields the following have been identified as safe shelters for on-campus athletic facilities.
  - Football: Fieldhouse (respective locker rooms)
  - Soccer: Locker room
  - Softball: Fieldhouse (respective locker rooms)
  - Baseball: Concession Stands
  - Tennis, Track, Cross Country: Field House
- c. When the athletic trainer is present, the WeatherBug app will be used to determine the proximity and presence of lightning. If a lightning strike is detected within 8 miles of the athletic facility, all individuals must seek shelter immediately. For sporting events with large crowds, fields may be cleared sooner to allow adequate time for all individuals to seek shelter safely.
- d. When the athletic trainer is not present, use the 30-30 rule for lightning. When a flash of lightning occurs within 30 seconds of the sound of thunder, individuals need to be in shelter.
- e. If activities are suspended, a waiting period of at least 30 minutes following the last sound of thunder or lightning flash prior to resuming an outdoor activity.
- f. Do not take shelter under or near trees, flagpoles or light poles. Stay away from metal bleachers.
- g. If an individual feels their hair stand on end, skin tingle, or hear crackling noises, assume the lightning safe position (crouch on the ground, weight on the balls of the feet, feet together, head lowered and ears covered). Do not lay flat on the ground.

- h. Observe the following basic first aid procedures in managing victims of lightning strikes:
  - i. Survey the scene for safety.
  - ii. Activate EMS
  - iii. Evaluate airway, breathing, and circulation, and begin CPR if necessary.
  - iv. Evaluate and treat for shock, burns, hypothermia, or other injuries.
  
- i. Anyone has the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty.

<b><u>Heat Illness Policy</u></b>
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Every precaution will be taken to prevent exercise induced heat illness in Bourbon County athletes. Understanding the signs and symptoms of heat illness is critical, and can be properly treated when signs and symptoms of heat illness are accurately recognized. Tips on preventing heat related illnesses and recognizing signs and symptoms will be detailed below, along with Bourbon County High School’s Policy on avoiding heat illness.

Bourbon County High School and Lexington Clinic Sports Medicine Center follow procedures and recommendations set forth by the Kentucky High School Athletic Association (KHSAA), Kentucky Medical Association (KMA), and National Athletic Trainers Association (NATA). These procedures and recommendations are designed to assist schools in implementing appropriate procedures for the prevention of heat illnesses and procedures for treating conditions that result from heat exposure.

A critical element in the prevention of heat illness is attention to environmental conditions. The KHSAA and KMA have outlined general procedure for determining the temperature and relative humidity on the practice/game fields of play. Below are excerpts from the “KMA/KHSAA Procedure for Avoiding Heat Injury/Illness through Analysis of Heat Index and Restructuring of Activities” outlining the general procedures, procedures for indoor/outdoor venues, and procedures for testing. These procedures are followed at Bourbon County High School.

**“General Procedure:** The procedure calls for the determination of the Temperature and Relative Humidity at the practice/contest site using a digital sling psychrometer. It is important to note that the media-related temperature readings (such as the Weather Channel, local radio, etc.), or even other readings in the general proximity are not permitted as they may not yield defensible results when considering the recommended scale. The readings must be made at the site.”

**“Indoor and Outdoor Venues:** ...the Kentucky Medical Association Committee on Physical Education and Medical Aspects of Sports has advised the KHSAA that indoor sports, particularly in times of year or facilities where air conditioning may not be available, should be included in the testing. Such has been approved by the Board of control as policy requirement. The recommendations contained in this package clearly cover both indoor and outdoor activity, as well as, contact and non-contact sports.”

**“Procedure for Testing:** Thirty (30) minutes prior to the start of activity, temperature and humidity readings should be taken at the practice/competition site. The information should be recorded on the KHSAA FORM GE20 and these records shall be available for inspection upon request. All schools will be required to submit these forms...The temperature and humidity should be factored into the Heat Index Calculation and Chart and a determination made as to the Heat Index. If a school is utilizing a digital sling psychrometer that calculates the Heat Index, that number may be used to apply to the regulation table. If a reading is determined whereby activity is to be decreased (above 95 degrees Heat Index), then re-readings would be required every thirty (30) minutes to determine if further activity should be eliminated or preventative steps taken, or if and increase level of activity can resume.

Based on daily heat index readings practices/games can and will be altered according to the sliding scale as set forth by the KHSAA guidelines. Alterations will include water breaks every thirty (30) minutes for ten (10) minutes, use of ice towels, removal of equipment, reduced time outside, removal of athletes to air-conditioned indoor facilities, and postponement of all outdoor activities.

### Signs and Symptoms of Heat Illness

#### Heat Cramps

Dehydration  
Thirst  
Fatigue  
Sweating  
Muscle Cramps

#### Heat Exhaustion

Pale or sweaty skin  
Decreased pulse rate  
Dizziness  
Lightheadedness  
Syncope  
Fainting

#### Heat Stroke

Central Nervous System Changes  
Drowsiness  
Irrational Behavior  
Confusion  
Disorientation

Headache  
Nausea  
Diarrhea  
Decreased urine output  
Chills  
Cool, clammy skin

Seizures  
Loss of Consciousness  
Lethargy  
COMA

Intestinal Cramping  
Weakness

### **Preventative Measures to Reduce Risk of Heat Illness**

As a parent, it is important to be able recognize the signs and symptoms of heat illness, but it is more important to know how to prevent heat illness. Below are just a few ways to prevent heat illness. The most important is monitoring your child. You know them better than anyone and you know when there is something wrong with them.

#### ***Acclimatization:***

Gradually increase activity in intensity and duration over a 10-14 day period. Make sure that all athletes wear light colored and breathable clothing. Change wet clothing to ensure body cooling.

#### ***Proper Hydration:***

Your child should drink plenty of fluids. A good way to make sure your child is properly hydrated is by examining their urine. Their urine should be light yellow or almost clear. Weighing your athlete before and after practice lets us know how much water weight they lost during practice. Every pound lost during practice, an athlete should drink 2 cups (16 oz.) of fluids. Be careful that the fluids your athlete is drinking is not loaded with a great deal of sugar for this can upset their gastrointestinal system. In extreme heat adding a little extra salt to your athlete's food at night will help maintain the sodium balance and the ability to retain fluids.

#### ***Adequate Sleep:***

Athletes need at least 6-8 hours of sleep a night. This is the time when your body rebuilds and heals itself.

#### ***Medications:***

Some medications your athlete may be taking can facilitate dehydration. Please research your athlete's medication.

### **Treatment of Heat Illness**

If an athlete is presenting signs of heat exhaustion, they will stop activity and be taken indoors immediately. Rectal thermometers are the gold standard for assessing core body temperature and determining the onset of exertional heat stroke (core body temperature of 105°F). Bourbon County High School does not have a rectal thermometer and will use other available methods of

temperature assessment. In the case of heat exhaustion, the athletic trainer will err on the side of caution. If heat illness is suspected, particularly if there are *any* signs of central nervous system dysfunction (indicating exertional heat stroke), the athlete will be cooled using ice tub immersion in the athletic training room as quickly as possible. Once the athlete's core body temperature drops and the athlete is shivering, the athlete may be transported to a hospital for further evaluation.

All heat illness incidents will be documented and the parent or guardian of the student athlete will be notified immediately. If the student athlete is diagnosed with exertional heat stroke, they must rest for seven days before returning to any physical activity. After seven days they will follow-up with a physician for medical clearance. Once cleared, they may begin activity in a cool environment, increasing duration, intensity, and heat exposure over a two to four week period until a return to full participation is achieved with no symptoms.

### **Cold Weather Policy**

Cold exposure can be uncomfortable and impair performance. Preventative measures include:

- a. Warm-up thoroughly and keep warm throughout practice or competition. After the game add clothing to avoid rapid cooling.
- b. Dress in layers and try to stay dry. Layers can be added or removed depending on activity, temperature, and wind chill.
- c. Maintain energy levels by using energy snacks. (Power bars, granola bars, and carbohydrate' electrolyte sport drinks. (Gatorade, Propel, PowerAid)

### **Traumatic Injuries and Dislocations**

In the event of a traumatic injury to the thorax or abdomen, an athlete will be assessed for internal damage by the athletic trainer and referred to a hospital for further evaluation or treatment if needed. The athletic director, administrators, and parents or guardians will be notified, and EMS will be activated if necessary.

In the event of a joint dislocation, the reduction and treatment process will depend on the joint that is displaced. The athletic trainer may attempt to reduce dislocated joints that he/she has been trained to reduce safely. Three attempts may be made before the athlete must be referred to a physician or hospital emergency room for reduction. Any joint dislocation that the athletic trainer is not properly trained in reducing must be splinted for transportation to a physician's office or hospital emergency room for reduction of the joint and further evaluation.

The athlete may return to athletics per protocol from a medical doctor. The athletic trainer will supervise the athlete. The athletic trainer will document the occurrence and treatment in the system.