Killeen Independent School District

Athletic Safety Handbook

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Objectives, Introduction and Key Conclusions

Objectives:

To provide safeguards against the hazards of extreme heat, cold, potential lightning risk and athletic training administration.

To provide policies and procedures to be followed by the Killeen Independent School District employees.

Introduction:

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

The extreme heat, cold in our region is a concern to the health and safety of our athletes. Heat and cold injuries cannot always be prevented, but with the education of the coaches and controlled practice procedures, heat and cold related illnesses could be minimized.

Lightning causes more casualties annually in the United States than any other storm related phenomena, with the exceptions of floods. Many people are killed due to misinformation and inappropriate behavior during thunderstorms. A group of qualified experts from various backgrounds collectively have addressed personal safety in regard to lightning, based on recently improved understanding of thunderstorms behavior. This “Lightning Safety Group”, or LSG (Table 1), first convened during January, 1999 at the American Meteorological Society Conference in Dallas, Texas to outline appropriate actions under various circumstances when lightning threatens. The development of the lightning policies will help to better prepare our athletic personnel in the event of inclement weather.

Key Conclusions:

The education and implementation of heat, lightning and cold policies will not prevent all heat and cold illnesses, but will enable us to minimize these problems. The key is to educate our coaches, athletes and parents in strategies to prevent heat or cold related illnesses.

Remember, the unpredictable nature of thunderstorms cannot guarantee

***The District Athletic Director has the authority to approve modifications to all policies here after, with advance notification from Campus Coordinator or Athletic Trainer. ***
Heat Policy

Section I- Chain of Command
The following chain of command will occur:

**Notification of Temperature**
- Staff Athletic Trainer will obtain weather report form Weather Bug by 7:00am each morning for morning workouts. The head coach will be given the weather report by 7:30am each morning.
- A second report will be taken at 2:30pm for the afternoon workout. The head coach will receive the report at 3:00pm.
- The temperature of the day will dictate which protocol will be followed.
- Daily Temperature reports will be on file in Athletic Trainers office.
- High School Staff Athletic Trainer will email weather report to feeder Middle School Campus Coordinators and lead coach on opposite side.
- Middle School Coordinator and Opposite Side Lead Coach will notify the coaching staff of the day’s temperature.
- The middle School Coaches will then set the practices per policy.
- Weather reports are not required on days where the temperature falls between 45 degrees and 90 degrees.

**Enforcement of Policies**
- Head Coach/Staff Athletic Trainer will monitor time of exposure.
- Staff Athletic Trainers will report any violations to the District Athletic Director
- Athletic Director will meet with Head Coach.
- Violation of policies will be reported to the Athletic Director in writing.

Section II-Heat Policy
Specific heat conditions will determine activity restrictions during practice according to the following:

**100 degree temperature and or heat index of 110 degrees.**

Football

Football teams will be in shorts and shoulder pads, with water breaks occurring every 30 minutes. Each break will be 5 minutes of total rest time with helmets off. Practice will not exceed 2 hours of total heat exposure. Open water policy during entire practice.

Full pad workouts will have water breaks every 20 minutes. Each break will be 5 minutes of total rest time with helmets off. Practice will not exceed 1.5 hours of total heat exposure. Open water policy during entire practice.
Athletes should be allowed to remove helmets while not in contact drills.

**Cross Country Workouts/ Men’s and Women’s Track**

Long distance runners have to stay on campus and/or within a park where they can be seen by the coaches. Athletes cannot run routes where the coach cannot see the athlete running. Water breaks will occur every 30 minutes with a 5 minute total rest time. Practice will not exceed 2 hours of total heat exposure.

Track and field and athletes will take a 5 minute break every 30 minutes; athletes should be off their feet.

**Baseball, Softball, Soccer and Tennis**

Players will be required to take a water break every 30 minutes with 5 minutes of total rest time. Practice will not exceed 2 hours of total heat exposure.

**Off-season programs**

45 minutes of total heat exposure with 1 water break during this time.

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105 degrees or 115 heat index

**Football**

Shorts and shoulder pad practices only. Breaks will occur every 20 minutes. Breaks will be 5 minutes of total rest time. Workout will be 2 hours of total heat exposure.

A 1 minute station break every 2 five minute periods. Athletes will stay at the station they are working, and staff and student athletic trainers will water the athletes.

**Cross Country Workouts/ Men’s and Women’s Track**

Runners have to stay on campus and/or within a park where they can be seen by the coaches. Athletes cannot run routes where the coach cannot see the athlete running. Water breaks will occur every 20 minutes with a 5 minute total rest time. Practice will not exceed 2 hours of total heat exposure.

**Baseball, Softball, Soccer and Tennis**

Players will be required to take a water break every 20 minutes with 5 minutes of total rest time. Practice will not exceed 2 hours of total heat exposure.
Off-season programs

30 minutes of total heat exposure with 1 water break during this time.

107 degrees or 117 heat index

Football

Shorts, shirt and helmet only. Breaks will occur every 20 minutes. Workout will be limited to 1.5 hours of total heat exposure. Open water policy during entire workout.

Cross Country Workouts/ Men’s and Women’s Track

Runners have to stay on campus and/or within a park where they can be seen by the coaches. Athletes cannot run routes where the coach cannot see the athlete running. Water breaks will occur every 15 minutes with a 5 minute total rest time. Practice will not exceed 1.5 hours of total heat exposure.

Baseball, Softball, Soccer and Tennis

Players will be required to take a water break every 20 minutes with 5 minutes of total rest time. Practice will not exceed 2 hours of total heat exposure.

Off-season programs

30 minutes of total heat exposure with 1 water break during this time.

110 degrees or 120 heat index.

No outside practice allowed in any sport.

Junior High Football

No outside practice when temperature exceeds 105 degrees.

Abide by high school policy for 100 degree temperature at all other practices.
100 degree temperature and/or a heat index of 110 degree

Junior High Football

Football teams will be in shorts and shoulder pads, with a water break occurring every 30 minutes. Each break will be 5 minutes of total rest time with helmets off. Practice will not exceed 2 hours of total heat exposure. Open water policy during entire practice.

Full pad workout will have water breaks every 20 minutes. Each break will be 5 minutes of total rest time with helmets off. Practice will not exceed 1.5 hours of total heat exposure. Open water policy during entire practice. **Athletes should be allowed to remove helmets when not in contact.**

Key Terms and Definitions:

**Heat Cramps**

Heat cramps are muscular pain and spasm due to heavy exertion and dehydration. Heat cramps usually involve the abdominal muscles or legs, and it is generally thought that dehydration is the cause.

**Heat Exhaustion:**

Heat exhaustion typically occurs when people exercise heavily or work in a warm, humid environment where body fluids are lost through heavy sweating. Fluid loss causes blood flow to decrease in the vital organs, resulting in a form of shock.

**Heat Stroke:**

Heat stroke is life threatening. The victim’s temperature-control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly. Any heat stroke victim must be quickly cooled and referred for advanced medical attention. An ambulance needs to be summoned.

**Dehydration:**

When fluid loss exceeds fluid intake.

**Effects of Dehydration:**

Dehydration can affect an athlete’s performance in less than an hour of exercise- sooner if the athlete begins the session dehydrated. Dehydration of just 1%-2% of body weight (only 1.5-3lbs. for a 150lb. athlete) can negatively influence performance.
Dehydration of greater than 3% of body weight increases an athlete’s risk of heat illness (heat cramps, heat exhaustion, and heat stroke)

Warning Signs of Dehydration:

Recognize the basic signs of dehydration

► Thirst
► Irritability
► Headache
► Weakness
► Dizziness
► Cramps
► Nausea
► Decreased Performance

Fluid Guidelines

Before Practice
► 2-3 hours before exercise 17-20oz. of water or sports drink
► 10-20 minutes before exercise drink another 7-10oz. of water or sports drink

During Exercise
► Drink early- even minimal dehydration compromises performance
► Drink every 10-20 minutes, at least 7-10oz. of water or sports drink. To maintain hydration, remember to drink beyond your thirst. Optimally, drink fluids based on amount of sweat and urine loss.

After Exercise
► Within 2 hours drink enough to replace any weight loss from exercise. Drink approximately 20-24oz. of a sports drink per pound of weight loss.

Re-hydration:

An athlete’s hydration status can be monitored by:
► Body weight after exercise vs. before (weigh in)
► Urine color (i.e. urine color chart per Internal Journal of Sports Nutrition)
► Urine volume

National Athletic Trainer’s Association Position Statement: Fluid Replacement for Athletes:
Cold Policy

Introduction:

Cold exposure can be uncomfortable, impair performance and even become life threatening. Conditions created by cold exposure include frostbite and hypothermia. Wind chill can make activity uncomfortable and can impair performance when muscle temperature declines. Frostbite is the freezing of superficial tissues, usually of the face, ears, fingers, and toes. Hypothermia, a significant drop in body temperature, occurs with rapid cooling, exhaustion and energy depletion. The resulting failure to the temperature-regulating mechanisms constitutes a medical emergency.

Hypothermia frequently occurs at temperatures above freezing. A wet and windy 30-50 degree exposure may be as serious as a subzero exposure. For this reason Killeen ISD is developing a cold policy using wind chill factor not the ambient temperature. Wind speed interacts with ambient temperature to significantly increase body cooling. When the body and clothing are wet (whether from sweat, rain, snow or immersion), the cooling is even more pronounced due to evaporation of the water held close to the skin by wet clothing.

Clothing is one of the most important parts of keeping the athlete’s body warm. Athlete’s should dress in layers and try and stay dry. Layers can be added or removed depending on temperature, activity and wind chill. Athletes should layer themselves with wicking fabric next to the body, followed by lightweight pile or wool layers for warmth. Athletes should use a wind block garment to avoid wind chill during workouts. Heat loss from the head and neck may be as much as 50% of total heat loss; therefore the head and neck should be covered during cold conditions. Other extremities should be covered at all times to protect from the wind chill.

Cold Exposure:

► Breathing of cold air can trigger asthma attack (bronchospasm)
► Coughing, chest tightness, burning sensation in throat and nasal passage
► Reduction of strength, power, endurance, and aerobic capacity
► Core body temperature reduction, causing reduction of motor output

Cold Recognition:

► Shivering, a means for the body to generate heat
► Excessive shivering contributes to fatigue, loss of motor skills
► Numbness and pain in fingers, toes, ears, and exposed facial tissue
► Drop in core temperature; athlete exhibits sluggishness, slowed speech, disoriented.
Chain of Command:  
The following chain of command will occur:

**Notification of temperature**

► Staff Athletic Trainer will obtain weather report from Weather Bug at 7:30am each morning for morning workouts.
► The weather report will be given to the Head Coach by 8:00am
► A second report will be taken at 1:00pm for afternoon workouts.
► The weather report will be given to the Head Coach by 1:30pm
► The temperature of the day will dictate which protocol will be followed
► Daily temperature reports will be on file in Athletic Trainers office

**Enforcement of Policies:**

► Head Coach/Staff Athletic Trainer will monitor time of exposure
► Staff Athletic Trainers will report any violations to the Athletic Director
► Athletic Director will meet with Head Coach.
► Violation of policies will be reported to the Athletic Director in writing.

**High School Athletic Cold Policy: Practice Policy**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Temp/Wind Chill</th>
<th>Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>41°F &amp; Above</td>
<td>Outside participation allowed w/ appropriate clothing</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>31°F-40°F</td>
<td>Additional protective clothing (hat, gloves)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide re-warming facilities</td>
</tr>
<tr>
<td>High Risk</td>
<td>21°F-30°F</td>
<td>Outside participation limited to 45 minutes*/ 15 min inside gym</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All participants must have appropriate clothing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide re-warming facilities</td>
</tr>
<tr>
<td>Extreme Risk</td>
<td>20° or below</td>
<td>Termination of all outside activities</td>
</tr>
</tbody>
</table>

*Frostbite can occur in 30 minutes see attached chart
Middle School Athletic Cold Weather Policies:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Temp/Wind Chill</th>
<th>Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>45°F &amp; Above</td>
<td>Outside Participation allowed w/ appropriate clothing</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>38°F-45°F</td>
<td>45 minutes exposure/15 minutes inside gym</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Athletes must be in warm-up with extremities covered</td>
</tr>
<tr>
<td>High Risk</td>
<td>31°F-38°F</td>
<td>30 minutes exposure/15 minutes inside gym</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Athletes must be in warm-ups with extremities covered</td>
</tr>
<tr>
<td>Extreme Risk</td>
<td>30°F &amp; below</td>
<td>Termination of all outside activities</td>
</tr>
</tbody>
</table>

Cold Policy-Games

- Games to be postponed due to cold weather will be determined on a case by case basis by the Athletic Director. Postponed games to be re-scheduled will be determined by the Head Coach of that sport as well as the Athletic Director.
- Recommendations for cold weather events are as follows:
  - Recommended competition modifications for games below 30°F:
    - Abbreviated introductions
    - Extended half times
    - Access to a warm building
    - Ensuring/mandating proper clothing
  - All events will be rescheduled or cancelled if the temperature or wind chill is below 15°F

Cold Policy – Practice and Travel:

School Day Cancellation- Full Day

- No travel or practice unless approved by the Athletic Director, Principal and/ or Head Athletic Trainer

School Day Early Dismissal- Deteriorating weather conditions

- Practice must be approved by Athletic Director, Principal and/or Head Athletic Trainer
- If approved, practices should be over at 5:00pm
Cold Policy- Clothing Guidelines:

In cold weather conditions appropriate clothing should be worn to prevent cold exposure. Both the Athletic Trainer(s) and the coaches should mandate the student-athletes to implement the following:

- Wear several layers around the core of the body (especially those who are not very active).
  - The first layer should wick moisture away from the body (Dry Tech, Underarmor).
  - The top layers should trap heat and block the wind (fleece).
  - The outer layer should be wind and water-resistant or waterproof.
  - No cotton as inside layer.

- Long pants designed to insulate.
  - Sweatpants are a good choice as a base layer.
  - On windy or wet days wind pants or nylon shell should be worn on the surface layer.

- Long sleeved garment that will break the wind.

- Gloves.

- Hat or helmet to protect the ears (cover/tape ear holes of helmets for wind, cold protection).

- Face protection.

- Moisture wicking socks.

*It is important that athletes avoid wearing multiple layers of cotton. When the body sweats the cotton will become dense and permeated with sweat.

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Wind Chill Chart

<table>
<thead>
<tr>
<th>Wind (mph)</th>
<th>Temperature (°F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm 40</td>
<td>36</td>
</tr>
<tr>
<td>5</td>
<td>34</td>
</tr>
<tr>
<td>20</td>
<td>29</td>
</tr>
<tr>
<td>25</td>
<td>28</td>
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<td>30</td>
<td>28</td>
</tr>
<tr>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>45</td>
<td>26</td>
</tr>
</tbody>
</table>

Frostbite Times:
- 20 minutes
- 10 minutes
- 5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})

Where, T = Air Temperature (°F)  V = Wind Speed (mph)

Effective 11/01/01
Lightning Policy

Background:

Lightning is the most consistent and significant weather hazard that may affect interscholastic athletes. Within the United States, the National Severe Storms Laboratory (NSSL) estimates more than 100 fatalities and 400-500 injuries requiring medical treatment occur from lightning strikes every year. While the probability of being struck by lightning is extremely low, the odds are significantly greater when a storm is in the area and the proper safety precautions are not followed.

Prevention and education of our coaches are the keys to lightning safety. Education begins with information on lightning. The references associated with these guidelines are an appropriate resource. Prevention should begin long before any athletic event or practice is held. The following steps are recommended by the NCAA and NSSL to mitigate the lightning hazard.

Section I: Chain of Command

The game Administrator and the Licensed Athletic Trainer will co-command the implementation of the lightning policy. Both the Game Manager and Licensed Athletic Trainer can activate the safety plan by suspending an event.

The Game Administrator assumes the responsibility as spokes person to participating teams, school administrators, game officials, press box and news media.

Section II: Designate A Weather Watcher

The Athletic Training Staff will actively obtain weather reports the day of the game and during the event. This information will be shared within the department and the Licensed Athletic Trainer will disseminate the information within the chain of command.
Section III: Monitor Local Weather Forecasts

All representatives in the “Chain of Command” are required to monitor local weather forecast. The Athletic Trainers offices of Killeen ISD are equipped with 24 hour passwords to allow the web access to the National Weather Service.

Be aware of the National Weather Service – issued (NWS) thunderstorm “watch” and “warning” as well as the signs of thunderstorms developing nearby.

► A “watch” means conditions are favorable for severe weather to develop in an area.
► A “warning” means that severe weather has been reported in an area and for everyone to take proper precautions.

The National Oceanic and Atmospheric Administration (NOAA) weather radio is an excellent tool for gathering daily forecasts and approaching storms. These radios can be purchased at Radio Shack.

Section IV: Define and List Safe Location

Define and List safe locations for participating athletic teams. (Table 2)

Primary Location

Any Building normally occupied or frequently used by people.

Example: Building with plumbing and/or electrical wiring that acts to electrically ground the structure.

Avoid using shower facilities for safe shelter and or do not use showers plumbing facilities during thunderstorm.

Secondary Location

In the absence of a sturdy frequently inhabited building, any vehicle with a hard metal roof (not a convertible or golf cart) and rolled up windows can provide a measure of safety.

A vehicle is certainly better than remaining outdoors. It is **not** the rubber tires that make a vehicle a safe shelter, but the hard metal roof, which dissipates the lightning strike around the vehicle.

**DO NOT TOUCH THE SIDES OF THE VEHICLE**

Avoid being in or near:

High places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, baseball dugouts, communications towers, flagpoles, light poles, bleachers, (metal or wood), metal fences, convertibles, golf carts, water (ocean, lakes, swimming pools, rivers etc.)
When inside a building, avoid:
The use of telephone, taking a shower, washing hands, doing dishes, or any contact with conductive surfaces with exposure to the outside, such as metal door or window frames, electrical wiring, telephone wiring, cable TV wiring, plumbing etc.

Section V: “30-30” Lightning Safety Rules:

**Suspension and Resumption of Athletic Activities**

The key to a **lightning safety plan of action** is knowing the answer to the following questions:

1. How far away am I (or the group for whom I am responsible) from a safe location?
2. How long will it take me (and/or my group) to get to the safe location?

These questions need to be answered before lightning storms threaten. By knowing the answer to the above questions you will greatly increase your chances of not becoming a lightning strike victim.

**The “30-30” Lightning Safety Rules: Suspension of Play (Table 3)**

To estimate the distance between you and a lightning flash, use the **“Flash to Bang”** method. The Flash to Bang method is the most reliable, easiest and most convenient way to estimate how far away lightning is occurring.

Thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment, and its distance from the observer. Audible range of thunder is about 8-10 miles.

The premise upon which the Flash to Bang method is based is the fact that light travels faster than sound, which travels at the speed of approximately one mile every 5 seconds.
How to use Flash to Bang

Count the number of seconds, once lightning is sighted, until the thunder (bang) is heard. Divide by 5 to obtain how far away (in miles) the lightning is occurring.

Example:

If an individual counts 15 seconds between seeing the flash and hearing the bang, 15 divided by 5 equals 3; therefore, the lightning flash is approximately 3 miles away.

Play is suspended as Flash to Bang method reaches 30 seconds. This indicates the lightning is at the 6-mile range.

Lightning awareness should be increased with the first flash of lightning or the first call to thunder, no matter how far away. This activity must be treated as a wakeup call to those monitoring inclement weather. The important aspect to monitor is how far away the lightning is occurring, and how fast the storm is approaching, relative to the distance of to safer shelter.

As a minimum, the National Severe Storm laboratory (NLSS) and NCAA Committee on Competitive Safeguards and Medical Aspects of Sports strongly recommend that by the time the observer obtains a FLASH TO BANG count of 30 seconds, all individuals should have left the athletics site and reached a safe structure or location. Athletic events may need to be terminated.

The existence of blue sky and the absence of rain are not protection from lightning. Lightning can and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.

Beware

In larger storms, the distance between successive lightning flashes was once thought to be 6 miles. Experts have revised that distance to 2-3 miles. That is just 10-15 seconds in the Flash to Bang count. While seeking shelter when the Flash to Bang count is under 30 seconds may put you at risk, as the next successive lightning strike may be on you.

Thunder Bolt Lightning Detector

The Thunder Bolt or StreamerRT/ WeatherBug Spark application on cell phone lightning detector will be used as in addition to the” Flash to Bang” method of lightning monitoring in this lightning policy. The licensed Athletic Trainer will monitor the Thunder Bolt.

Even though technology and instrumentation have proven to be effective, they cannot guarantee safety. The Thunder bolt will be used to enhance warning during the initial stages of the storm by detecting lighting in relation to the area of concern.
“30-30” Safety Rule: Resumption of Play

Resumption of play can continue only when lightning or thunder has not been detected for 30 minutes. Every time lightning or thunder is detected within the 30 minutes, the clock restarts.

Speed of Texas Storms

A typical thunderstorm can travel up to 30 miles per hour. Experts believe 30 minutes allows for thunderstorms to be about 10-20 miles from the area. This minimizes the probability of a nearby, and dangerous, lightning strike.

Bolt out of the Blue

Evidence of blue sky in the local area, or lack of rainfall, are not adequate reasons to breach the 30 minute return to play rule. Lightning can strike far from where it is raining, even when the clouds begin to clear and show evidence of blue sky.

(Table 3) The “30-30” Rule

Criteria for suspension of activity—By the time Flash to Bang count approaches 30 seconds, all individuals should already be inside a safe shelter.

Criteria for Resumption of activities—Wait at least 30 minutes after the last sound (thunder) or observation of lightning before leaving the safe shelter to resume activities.

Section VI: Obligation to Warn

Stadium Announcements and Posted Awareness instructions.

Stadium announcements shall be repeated over the public address system (Table 4). Colorful notices and safety instructions will be posted in visible, high traffic areas. (Table 5)

Safety instruction for each Killeen ISD athletic venue will be posted to give the nearest location of the safe shelter.
Section VII: First Aid

People who have been struck by lightning do not carry an electrical charge. Therefore, the first responder is safe to begin first aid procedures. When possible move the victim to a safe area.

Activate EMS as soon as possible and remember that lightning-strike victims who show signs of cardiac or respiratory arrest need emergency help quickly. Prompt first aid and CPR has been highly effective for the survival of lightning strikes.

Section VII: Safety Position without shelter

► Kneeling fetal position with hands covering ears.
► Feet must be together
► Make yourself as close to the ground as possible.
### Table 1: Lightning Safety Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Institution/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Bennett</td>
<td>Asst. Athletic Trainer</td>
<td>The College of William Mary</td>
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<tr>
<td>E. Philip Krider, PhD</td>
<td>Manger, KSC Weather</td>
<td>NASA</td>
</tr>
<tr>
<td>John T. Madura</td>
<td></td>
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<tr>
<td>Mary Ann Cooper, MD FACEP</td>
<td>Product Manager</td>
<td>The University of Illinois at Chicago</td>
</tr>
<tr>
<td>Lee C. Lawry</td>
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<tr>
<td>William P. Roeder</td>
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<tr>
<td>Ken Cummins, PhD</td>
<td>Research Meteorologist</td>
<td>Global Atmospherics, Inc</td>
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<td>Ronald L. Holle</td>
<td>Research Meteorologist</td>
<td>National Severe Storms NOAA</td>
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<td>Ken Howard</td>
<td>Research Meteorologist</td>
<td>National Severe Storms NOAA</td>
</tr>
<tr>
<td>Bruce Lunning, Laboratory,</td>
<td>Senior Loss Control Spec.</td>
<td>St. Paul Fire and Marine Insurance</td>
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<td>Christoph Zimmerman</td>
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<tr>
<td>Ken Howard</td>
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**Table II: Safe Shelter for Participating Teams**

**Leo Buckley Stadium**
Home Team- Home Locker Room  
Visiting Team- Visiting Locker Room  
Event Spectators- Home side-Killeen High Gym  
Visitor side- Athletic Warehouse

**High Schools**

**Harker Heights High School**

Football, Soccer, Track  
Home Team- Varsity Locker room  
Visiting Team- Weight Room  
Event Spectators- High School Gym

Softball, Baseball,  
Home Team-Locker room  
Visiting Team- School Weight Room  
Event Spectators- High School Gym or Cafeteria

Tennis  
All-Nearest Entrance to High School

**Killeen High School**

Football, Soccer, Track  
See Leo Buckley Stadium

Softball, Baseball,  
Home Team-Locker room  
Visiting Team- Field House  
Event Spectators- Athletic Warehouse

Tennis  
All- Closest Building

**Ellison High School**

Football, Soccer, Track, Tennis  
Home Team-Varsity Locker room  
Visiting Team- Weight Room  
Event Spectators- Cafeteria
**Softball, Baseball**
Home Team- Locker Room  
Visiting Team- Cafeteria  
Event Spectators- Cafeteria

**Shoemaker High School**

Football, Soccer, Track, Softball, Baseball  
Home Team-Varsity Locker room  
Visiting Team-Weight Room  
Event Spectators- High School Gym

**Tennis**  
All- Nearest Entrance to High School

**Middle Schools**

All Middle Schools-all events  
Home Team- Locker room  
Visiting Team- Middle School Gym  
Event Spectators- Middle School Gym

***Baseball, Softball dugouts, and soccer benches are unsafe during lightning storms.  
All players, student trainers, managers, and coaching staff should leave the field to the designated safe area.***
Table III: Public Address Announcement

Hazardous lightning has been monitored in the immediate area and this sporting event has been temporarily suspended. All team members have been advised to seek shelter in the designated safe location. This suspension will last a minimum of 30 minutes.

All spectators are advised to leave the stadium bleachers at this time. Stadium seating is an unsafe location for you to remain during the lightning storm. Event spectator location here at (Name of School) is (location of safe place.) (**The safe place will be posted in each press box so that the announcer will have the safe location)

Please seek this safe shelter at this time. Avoid high places and open fields. Do not seek shelter under trees, picnic shelters, baseball or softball dugouts. Do not stand near a flagpole, light poles or metal fences.

The (Name of safe place) is a safe location, you may seek shelter inside the facility now. Do not remain outdoors, if you choose not to go to the designated safe area please return to a fully enclosed vehicle with a metal roof, with the windows rolled up. Do not touch the metal of your car during the lightning storm.

The delay will be at least 30 minutes.

Thank You
Table IV: Posted Awareness Instructions

**Personal Lightning Safety Tips**

Practice and training increased athletic performance. Similarly, preparedness can reduce the risk of lightning hazards. Lightning is the most frequent weather hazard impacting athletic events. Baseball, softball, football, golf, swimming, soccer, tennis, track and field events…all these and other outdoor sports have been impacted by lightning.

Advance planning is the single most important means to achieve lightning safety.

**Spectator Safety:**

- If you hear it (thunder), clear it!!!
- If you see it (lightning), flee it!!!

At the first sign of lightning or thunder, leave the event. Go to the designated safe place or your vehicle and take shelter there with your windows rolled up.

**Avoid:**

- Metal or wooden bleachers
- High places and open fields
- Going under trees
- Baseball or softball dugouts, picnic shelters, flagpoles, metal fences.

**Seek:**

- Any building normally occupied or frequently used by people.
- Any vehicle with a hard metal roof (not convertible) and rolled up windows.
- **Do not touch the metal of the vehicle during the lightning storms.**

Wait 30 minutes after the last observed lightning or thunder before you leave shelter. Event administrators will signal a resumption of activities.

**If lightning strikes nearby, you should:**

- Crouch down with feet together
- Place hands on ears to minimize hearing damage

**Injured persons**

- Do not carry an electrical charge and can be handled safely
- Apply First Aid procedures to a lightning victim if you are qualified to do so.

**CALL 911 OR SEND FOR HELP IMMEDIATELY**

Killeen ISD Athletic Training Emergency Plan

**Introduction:**

Emergency situations may arise at anytime during an athletic event. Expedient action must be taken in order to provide the best possible care to the athletes of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.
As athletic injuries may occur at any time and during any activity, the athletic training team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipments and supplies, utilization of appropriate emergency medical personal, and continuing education in the area of emergency medicine.

Hopefully, through careful pre-participation physical screening, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the athletic training team will enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

There are 3 basic components of this plan:
* Emergency personnel
* Emergency Communication
* Emergency Equipment

Emergency Personnel:

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

The above is the formation of the sports medicine team. The emergency team consists of Certified/Licensed Athletic trainers, team physician, student athletic trainers, emergency medical technicians, coaches, school officials, manager and possibly bystanders. Roles of these individuals within emergency team may vary depending on various factors such as the number of members of the team. The athletic venue itself, or the preference of the Head Athletic Trainer. There are four basic roles within the emergency medical team.

► Immediate care of the athlete- Acute care in an emergency situation.
► Equipment retrieval- May be done with student trainer, coach, or bystander.
► EMS activation- Should be done as soon as the situation is demanded an emergency
Direction of the EMS to scene- One person of the emergency medical team will always have directions to venue.

It is important when activating EMS that the emergency team member that is responsible for this task follows the procedure.

Making the Call:
911 Telephone numbers for local police, fire department, and ambulance service

Providing Information:
- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene (what entrance)
- Other information as requested by dispatcher

Emergency Communication
Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals.

Access to working telephone or other telecommunication device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A backup communication plan should be in effect should there be failure to the primary communication systems. The most common method of communication is public telephone. However, a cellular phone is preferred if available. A cellular phone can be always with you and can stay near the emergency.

Emergency Equipment:

Emergency equipment should be at the site of the event with the ability of quick access. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operation condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and rehearsed emergency situations should be done

Transportation:

Emphasis in placed that all high risk sporting events has an ambulance at the venue site. However, if the event is not covered by EMS, they should still be aware that a event is going on at the school. This can be done by sending the EMS director the schedules of the high risk events that are played at your school. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency situation, the athlete should be transported by ambulance where the necessary staff and equipment is available to deliver appropriate care. A athlete with
an emergency should never be transported by the emergency personnel of the attending school.

Conclusion:

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on the athletic health care provider’s training for each situation. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as the athletic training personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through the development of the emergency plan at Killeen ISD, the athlete will have the best care provided when an emergency situation does arise.
Killeen ISD Guidelines for Sports Concussion Management

Pre-Season Parental Information and Consent Form for Concussions

Introduction
The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American high School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to KISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

What is a Concussion?
Concussion - A concussion is a type of traumatic brain injury (TBI). Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

What are the symptoms of a concussion?
Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

What should be done if a concussion is suspected?

1. Immediately remove student from practice or game
2. Seek medical attention right away
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional or professionals.

If you have any questions concerning concussions or the return to play policy, you may contact the athletic administrator at your school.

**Prevention Strategies**

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual, and are secured properly to the individual.
8. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
9. Neuro-psychology testing on students that participate in sports prior to the season.

**Evaluation for Concussion**

1. At time of injury administer one of these assessment tests:
   a. Sports Concussion Assessment Tool – Appendix A
   b. Graded Symptom Checklist (GSC) – Appendix B
   c. Sideline Functional & Visual Assessments - Appendix A or B
   d. On-field Cognitive Testing – Appendix A or B
2. **Athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Doctor Referral
4. Home Instructions
5. Return to Play Guidelines for Parents
6. Parent Informed Consent and Athlete’s Participation Form
7. Neuro-psychology testing 48 hours after injury, and as needed in the post injury evaluations.
8. **Note - If in doubt, athlete is referred to doctor and does not return to play.**

**Concussion Management**

1. School modifications
a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
b. Notify teachers of post concussion symptoms.
c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.

2. Student must be symptom free for 48 hrs. before begin return to play protocol.

**Return to Play Guidelines**

1. **Activity progressions**

<table>
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<td></td>
</tr>
<tr>
<td>6. Return to play</td>
<td>Normal game play</td>
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**Note** – Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, you wait 24 hours and start the progressions again at the beginning.

- Normal neurocognitive exam scores
- Physician clearance
- Athletic Trainer clearance

Please refer to Appendices A & B (separate documents) for symptom assessment.

**What should the athlete know about playing with a concussion?**

**Teach athletes it’s not smart to play with a concussion.** Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your athlete convince you that they’re “just fine.”
What are the risks of returning to activity too soon after sustaining a concussion?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

What can happen if my child keeps on playing with a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

Liability Provisions

The student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

1. waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code;
4. create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.
Parental Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Killeen ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete’s Name (print) ________________________________________________

Parent’s or Guardian’s Name (print) ______________________________________

Parent’s or Guardian’s Signature _________________________________________

Date: ________________________________________________________________
References

3. www.healthsystem.virgina.edu/internet/neurogram
4. www.cdc.gov
5. www.brainline.org
6. www.momsteam.com/healthsafety/concussion
KISD Return to Play Guidelines
Information for Treating Physician

Killeen ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. The injured athlete must complete and successfully pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.

3. The student will be given a neurocognitive test 48 hours after the concussion. All athletes in contact sports will have this assessment prior to their season to form a baseline. Killeen ISD utilizes the Axon software program for this assessment. **The athlete’s post-injury testing data must be within normal limits before he/she is released to begin activity.**

4. The student must be asymptomatic at rest and exertion.

5. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the Prague statement. The progressions will advance at the rate of one step per day. The progressions are:

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**Note** – **Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.**

6. Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician’s professional judgment it is safe for the athlete to return to play.

7. Once the student has completed steps 1 through 6, he/she may return to their sport activity with no restrictions.
Killeen ISD
Authorization for the Release of Medical Information

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the Killeen ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Killeen ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Killeen ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID# _______________________

Printed Name of Student _______________________

Student Signature _______________________

Printed Name of Parent _______________________

Parent Signature _______________________

35
KISD Return to Play Guidelines for Parents
General Information for Parents

Teach it’s not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your athlete convince you that they’re “just fine.”

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Killeen ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student will be given a neurocognitive test 48 hours after the concussion. All athletes in contact sports will have this assessment prior to their season to form a baseline. Killeen ISD utilizes the Axon software program for this assessment. The athlete’s post-injury testing data must be within normal limits before he/she is release to activity.
4. The student must be asymptomatic at rest and exertion.
5. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:

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6. Return to play Normal game play

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**Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.**

6. Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician’s professional judgment it is safe for the athlete to return to play.

7. Once the student has completed steps 1 through 6, he/she may return to their sport activity with no restrictions.

### Symptoms for Concussion Referral

**Day of Injury Referral**

1. Loss of consciousness on the field
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptoms as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function*
14. Decreasing level of consciousness*
15. Decrease or irregularity in respiration*
16. Decrease or irregularity in pulse*
17. Unequal, dilated or unreactive pupils*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding*
19. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation*
20. Seizure activity*

**Note:** * indicates that the athlete needs to be transported immediately to the nearest emergency department.

**Delayed Referral (after the day of the injury)**

1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete’s daily activities (ie. sleep, cognition, depression, aggression, etc.)
Home Instructions for Concussions

_______________ has sustained a concussion during ________________ today.
To make sure he/she recovers please follow the following important recommendations:

1. Please review the items outlined on the **Physician Referral Checklist.** If any of these problems develop, please call 911 or your family physician.

2. Things that are OK to do:
   a. Take acetaminophen (Tylenol)
   b. Use ice packs on head or neck as needed for comfort
   c. Eat a light diet
   d. Go to sleep (rest is very important)
   e. No strenuous activity or sports
   f. Return to school

3. Things that should not be allowed:
   a. Eat spicy foods
   b. Watch TV/ Play video games
   c. Listen to iPod, text or talk on telephone
   d. Read
   e. Use a computer
   f. Bright lights
   g. Loud noise
   h. Drink alcohol

4. Things there is no need to do:
   a. Check eyes with a flashlight
   b. Wake up every hour
   c. Test reflexes

5. Have student report to clinic or athletic training room at ___________ tomorrow for a follow-up exam

Further recommendations:

Instructions provided to: ________________________________________________

Signature: ____________________________________________________________

Instructions provided by:_________________________________________________

Signature: ____________________________________________________________

Date: ___________________________ Time: _____________________________

Contact Number: ______________________________________________________
Dear Teacher,

__________________________, is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post concussion syndrome and may not be able to participate at their normal level. Some things you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting.

Because these symptoms may linger for an unspecified period of time, you may need to modify school work until he/she is symptom free. Also, if you see anything unusual, please notify me as soon as possible, or contact the school nurse. I will keep you informed of any medical updates that are pertinent to the classroom. The school nurse is aware of the injury, and you may consult with her at any time. Also his/her counselors and the appropriate administrators are aware of the injury.

You are an important member of the team that is treating ______________________ for their head injury. The physician and I only get a small snapshot of his daily activity. Therefore, any information that you can pass along to us is both appreciated and necessary to the successful recovery from the concussion.

If you have any further questions, please contact me.

Name
Athletic Trainer
Telephone Number
Email
Concussion Management Protocol
Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print) School Name (Please Print)

Designated school district official verifies:

Please Check

☐ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.

☐ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.

☐ The school has received a written statement from the treating physician indicating, that in the physician’s professional judgement, it is safe for the student to return to play.

_______ School Individual Signature ___________ Date

_______ School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

☐ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.

☐ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.

☐ Consents to the disclosure to appropriate persons, consistent with the Health Consents Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.

☐ Understands the immunity provisions under Section 38.159 of the Texas Education Code.

_______ Parent/Responsible Decision-Maker Signature ___________ Date

_______ Parent/Responsible Decision-Maker Name (Please Print)