2018

Health Guidelines & Procedures

Contents

*If any condition necessitates taking a member to the hospital, emergency room, or urgent care, the member must have their file and a staff member, or the Athletic Trainer/Athletic Training Intern will accompany them. If the member is under 18, their parent or guardian will be contacted within 24 hrs. of the incident. Also, whenever EMS is called, stay on the phone with them until EMS has arrived on site.

Procedures for Concussion Guidelines

Concussion Recognition: Post-Injury Screenings

1. Athletic trainers are trained to recognize the signs and symptoms of a concussion. If these are observed the member will be removed from activity and assessed.

2. The member will be reassessed once a day until the member has no symptoms and has returned to the pre-injury state.

Concussion Management: Medical

1. Staff will immediately inform the athletic training staff of any member that sustains an injury during rehearsal. Concussions can be caused by trauma or a "blow" to the head and/or a violent shaking of the head and/or body.

   Signs and Symptoms:

   - Headache
   - Disorientation
   - Confusion
   - Nausea or vomiting
   - Irritability
   - Sensitivity to sun or light
   - Sensitivity to noise
   - Possible loss of consciousness
   - Dizziness

2. The athletic trainer will: obtain injury details and assess the member. If symptoms are noted by the athletic trainer, then the member will be excluded from all participation, until the member is medically cleared to return to participation. If the member is under 18, the athletic training staff will contact the parents directly within 24 hours.

3. The athletic trainer will notify the appropriate staff and include the status of concussed members in the daily injury report. Members that have suffered a concussion are not able to perform any activity or be in the sun until symptoms have subsided.

4. Once the member is symptom free for 24 hours, they will then be reassessed by the athletic trainer before returning to any activity. The athletic trainer

will then clear that member for gradual return to activity. The member cannot participate in any performance or events until they have successfully completed the full three-day progression and remained symptom free. If symptomatic in a progression, member will be placed in the last previous progression. Once asymptomatic they will be moved to the next progression. Return to rehearsal progression will be as followed:

Brass/Battery
- Day 1: Stand still playing only
- Day 2: One block of low intensity marching basics with playing
- Day 3: Two blocks of marching and playing
- Day 4: Full participation

Color Guard
- Day 1: Flag/ Weapon basics, no tossing. Dance, no across the floors
- Day 2: One block of dance basics (no spinning, jumping, or head rolls), no tumbling, low intensity across the floors.
- Day 3: Two blocks of dance (with controlled head movements), low intensity tumbling, across the floors, tossing may begin
- Day 4: Full participation

5. If the member is taken to a walk-in medical center or emergency room, the member will be accompanied by an athletic trainer or athletic training intern. The member will then need to follow-up with the athletic trainer as well as the supervising physician for retesting and medical re-evaluation before returning to physical activity/sports.

6. <u>Staff will never, under any circumstances, override the decision of the athletic trainer to exclude a marcher from participation.</u>

Heat Protocol and Procedures

High temperatures can present a dangerous situation for members and staff, but with reasonable precautions those situations can be mitigated. The Crossmen instructional team under the direction of the athletic training staff has adopted the following policies with regards to outdoor activities. The athletic trainer must be consulted for the official temperature and the proper course of action for each day. Whenever possible, the acting director and athletic trainer should consult with each other as early as possible during an individual day in order for all concerned parties to be notified of possible changes to practice schedules/activities appropriately. The acting director will communicate any changes to the schedule or activities.

The following policies are the minimum standard for all outdoor activities within the Crossmen. The use of more stringent policies is up to the director. Athletic trainer and acting director should collaborate prior to each rehearsal to discuss specific conditions and planned activities for rehearsal. The acting director will communicate any change.

Staff should be aware of the signs and symptoms of dehydration and heat illnesses*:

- Dry mouth
- Thirst
- Irritability
- General discomfort
- Headache
- Apathy
- Weakness
- Dizziness
- Cramps
- Chills
- Vomiting
- Nausea
- Paleness
- Glazed eyes
- Absence of sweat or glisten
- Excessive splotchy skin and/or redness
- Head or neck heat sensations
- Excessive fatigue and/or decreased performance

*If any of these signs or symptoms are observed notify the athletic trainer immediately. Early detection decreases the occurrence and severity of dehydration and a heat-related illness.

Staff should also use the following chart for practice recommendations including equipment limitations. Staff will never, under any circumstances, override the decision of the athletic trainer to call participation for following the heat index:

NOAA's National Weather Service

Heat Index

Temperature (°F)

Relative Humidity (%)	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution | Extreme Caution | Danger | Extreme Danger

A. Red Zone - **NO SUN EXPOSURE** and limited outdoor activity. This includes no activity on field or on pavement. Any activity performed should be minimal and in a shaded area or indoor facility.

B. Orange Zone - Members should receive a water break every 15 minutes, and 5-minute water break every hour. Consider minimizing instrument use when learning or cleaning drill. Sectionals should be in the shade, or inside. Athletic trainers may deem heat unsafe, move rehearsals indoors or postpone practice time to later in the day

C. Gold Zone - Members should receive a water break every 25 minutes. Consider minimizing instrument use when learning or cleaning drill

D. Yellow Zone - Members should receive a water break every 30 minutes.

IMPORTANT: If the temperature is 95 degrees or higher, then a light-colored top should be worn to reflect heat and help prevent heat illness.

Heat Illnesses

The following is a resource to assist in the recognition of specific heat illnesses. If any of the signs or symptoms are observed by any member of the staff, the athletic trainer should be notified immediately.

Dehydration

Members get dehydrated if they do not replace body fluids lost by sweating. Being even a little dehydrated can make a member feel bad and perform less effectively. Dehydration also puts members at risk for more dangerous heat illnesses.

Signs and Symptoms:

- Dry mouth
- Thirst
- Being irritable or cranky
- Headache
- Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive fatigue

- Member not able to run as fast or play as well as usual
- Decreased hunger
- Decreased urine output
- Darker urine

Treatment

- Move member to shaded or air-conditioned area
- Give fluids to drink w/electrolytes
- Athletic Training staff can provide additional treatment options

Heat Cramps

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after a member has been exercising for a while and has lost large amounts of fluid and salt from sweating.

Members who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, acclimated to the heat and humidity slowly, and being sure a member eats and drinks properly.

Signs and symptoms

- Intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contraction that continue during and after exercise. *If muscle contraction is absent, refer to sickle cell information (pg.14)

Treatment

- The member should be given a sports drink or electrolyte tablet to help replace fluid and sodium losses.
- Light stretching, relaxation and massage of the cramped muscles with assistance of the athletic trainer may help.

Heat Exhaustion

Heat exhaustion is a moderate heat illness that occurs when a member continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The member's body struggles to keep up with the demands, leading to heat exhaustion.

Signs and Symptoms

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

Treatment

- Move member to a shaded or air-conditioned area
- Remove any extra clothing and equipment
- Cool the member with cold water, fans or cold towels (replace towels frequently)- Athletic trainers will have a container with ice water and rags on hand at every rehearsal.
- Have member lie comfortably with legs raised above heart level
- If the member is not nauseated or vomiting, have him or her drink chilled water or sports drink.
- The member's condition should improve rapidly, but if there is little or no improvement, the marcher will be sent to the hospital via EMS and will be accompanied by athletic trainer or staff.
- Member will be held out of sun exposure for the remainder of the day.

Exertional Heat Stroke

Heat stroke is a severe heat illness that occurs when a person's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

Signs and Symptoms

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when the member falls ill
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.

Other possible indicators include:

- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin

- Increased heart rate decreased blood pressure or fast breathing
- Dehydration
- Combativeness

Treatment:

If there are no on-site athletic trainers or medical personnel:

- Staff is to call emergency medical services for immediate transport to the nearest emergency medical facility. After calling 911 staff is to notify athletic training staff of their situation and location.
- Staff should move member to shaded or air-conditioned area and try to cool the member by placing cold damp cloth, material, or ice in armpits, groin, and neck.

If there are on-site athletic trainers or medical personnel:

- Locate medical personnel immediately. Call 911 for emergency medical transport. The athletic trainer or medical personnel will remove extra clothing or equipment. Begin aggressive whole-body cooling by immersing the member in a tub of ice water. If a tub is not available, use alternative cooling methods such as cold water, fans, ice, or cold towels (replaced frequently), placed over as much of the body as possible or placed in a cold shower.
- Call emergency medical services for transport to the nearest emergency medical facility. The member will be accompanied by athletic trainer or staff member.

Lightning Protocol

The purpose of this document is to establish a written lightning safety policy for the Crossmen Drum and Bugle Corps. It is imperative that all Crossmen personnel are aware of lightning hazards and the specific safety shelter for their venue. The following policy is based on the specific recommendations as stated by the National Athletic Training Association (NATA) Lightning Safety position statement.

In the event of lightning during a rehearsal or event, precautions must be taken to ensure the safety of both members and spectators. In any event, the Certified Athletic Trainer (ATC), in conjunction with the acting director and/or public safety

officials (i.e. police) if necessary will be responsible for monitoring inclement weather.

- Crossmen certified athletic trainer will communicate with the acting director of the potential for a lightning strike, severe weather, and/or storm, and will make the recommendation that all activities stop immediately.
- If the acting director is not present, an assistant director or caption head will assume responsibility.
- Staff will never, under any circumstances, override the decision of the athletic trainer to call participation for lightning.

Lightning Detection

Lightning awareness should be heightened at the first sign of darkening skies, increased winds, clap of thunder, or flash of lightning no matter how far away. The Crossmen certified athletic trainer is responsible for monitoring the progress of inclement weather by primarily using the 'Weather Bug' App. The indicator for clearing the field of rehearsal with the Weather Bug system is 6 miles or less (8 miles or less during full ensemble). In the event that access to Weather Bug is limited or not possible, the **SkyScan** will be used with the reading of 3-8 miles or an orange light, and not allowed back out in open/uncovered areas until 8-20 miles or a blue light is read.
If that's not available, "the flash-to-bang" method shall be used. This method approximates distance, in miles, of the lighting strike. Count the seconds from "flash" until the "bang" (thunder) is heard. Divide this number by five (5) to determine how far away (in miles) lightning is occurring. If the "flash-to-bang" interval is decreasing rapidly, or the count is thirty (30) seconds or less, all outdoor activities must cease, and all personas must immediately leave the rehearsal site and seek safe shelter. Remember, it is possible to have lightning without thunder; however, thunder never occurs in the absence of lightning. In the event that members need to be removed from rehearsal site, the athletic trainer must notify the acting director who will then notify the staff. Once the staff has been notified they must immediately comply, end rehearsal and move to a safe shelter.

Safe Shelter Locations

Instructional staff should all be aware of the closest safe shelter to the rehearsal site and how long it takes to reach that shelter. A safe structure or location is defined as- "any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure". Examples of locations that routinely DO NOT meet the criteria include:

- Baseball / softball dugouts;

- Baseball / softball "covered" batting cages;
- Soccer covered benches;
- Outside storage sheds; and/or
- Canopy / awning / tent.

In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle or tour bus with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle!

Persons should avoid taking showers and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis, and hot tubs) and land-line telephones during a thunderstorm.

If no safe structure or location is within a reasonable distance, personnel should find a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the "lightning-safe" position- a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. **DO NOT LIE FLAT**! Minimize the body's surface area and minimize contact with the ground.

If unable to reach safe shelter, persons should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field.

In situations where thunder and/or lightning may or may not be present, yet someone feels his/her hair stand on end and skin tingle, LIGHTNING IS IMMINENT! Therefore, all persons should assume the "lightning-safe" position as described above.

Return to Activity

Personnel should not return to the practice/game area until thirty (30) minutes have passed since the "flash/bang" count is greater than 30, the last lightning flash or the last sound of thunder and/or the lightning detector indicates that lightning is greater than 20 miles away. Each time the "flash/bang" count goes below 30, lightning is observed and/or thunder is heard, the "30-minute clock" is to be reset. Blue skies in the local area and/or a lack of rainfall are not adequate reasons to breach the 30-minute return-to-play rule. Lightning can strike up to ten (10) miles away from the rain shaft of a storm. The Athletic Trainer will reassess weather every 15 minutes to insure safety.

Medical Care Considerations

Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge. Therefore, it is safe to touch the victim to move him/her to a safe location and to render medical treatment. The following steps provide information on how to manage a lightning strike victim:

- Survey the scene for safety, during an ongoing thunderstorm, lightning activity in the local area still poses a deadly hazard for personnel responding to the victim. Personnel should consider his/her own personal safety before venturing into a dangerous situation to render care.
- Activate Emergency Medical Service (EMS) System
- Move the victim to a safer location, if necessary
- CPR is safe for the responder and has been shown to be effective in reviving lightning strike victims.
- Prompt, aggressive CPR has been highly effective for the survival of victims of lightning strikes. Therefore, it is critical that CPR and AED use is initiated as soon as safely possible.
- The basic triage principle of "treat the living first" should be reversed in cases involving casualties from a lightning strike. It is imperative to treat those persons who are "apparently dead" first.
- Evaluate and treat for: apnea, asystole, hypothermia, shock, fractures, and burns

Lightning may cause injury to members and bystanders in five (5) different ways:

- Direct strike to the head-lightning current enters the orifices
- Contact with an object that is struck by lightning
- Side flash-lightning jumps from struck object to the victim
- Lightning current in the ground radiates outward from the strike point
- Violent muscular contraction due to lightning current

Asthma Policies

Asthma is becoming increasing prevalent as many as 4,200-5,000 people die from asthma each year in the United States. It can be triggered by many stimuli including allergens (pollen, dust mites) or inhaled irritants (cigarette smoke, household cleaning fumes, chlorine in swimming pools) in addition exposure to cold and exercise. The following are guidelines to recognizing when a member is experiencing respiratory distress due to asthma and how it will be controlled.

Members diagnosed with asthma should have a rescue inhaler available during all rehearsals and performances. Prior to move-ins, members should obtain two rescue inhalers, one to keep with themselves in their back pack, and the other for

the athletic training staff to keep in case member cannot or is unable to access their rescue inhaler. At NO time should a member take an inhaler if they are not diagnosed with asthma. NO staff member will advise any member to take an inhaler that is not prescribed to them.

Recognizing respiratory distress
If the following signs and symptoms are observed or reported to or by the staff, please notify the athletic trainer immediately:

- Significant increase in wheezing
- Chest tightness
- Respiratory rate greater than 25 breaths per minute
- Inability to speak in full sentences
- Uncontrolled cough
- Nasal flaring

Procedure if asthma attack or shortness of breath identified

- Immediately notify the athletic trainer.
- Remove the member from activity
- Have member take their rescue inhaler
- Assist member with nose breathing technique
    - Have the member take a deep breath through the nose and out the mouth
    - Raising the arms will help the lungs expand
    - Try to calm the member, panicking increases the respiration rate.
- Activate EMS if no improvement is observed in 10 minutes.

Allergies/Anaphylaxis Policy

Members who have been diagnosed with severe allergies should notify the athletic training staff, directors, and food staff of the nature and severity of their allergies. Members requiring epinephrine auto-injector should acquire 2 injections prior to move-ins, one to keep with themselves in their back pack, and the other for the athletic training staff to keep in case member cannot or is unable to access their epinephrine auto-injector. Staff will be given a list of all members with food allergies by either the athletic training staff or administration.

Treatment

Athletic Training Staff present:

- If member is able to administer their own epinephrine auto-injector the athletic training staff will supervise proper administration. If member is not able to administer their own epinephrine auto-injector athletic training staff will administer it for them, by injecting it in the mid/outside thigh. Athletic training staff will then activate EMS for transportation to the ER for further treatment.
- Athletic training staff will note the time the epinephrine auto-injector was administered, if available, a second epinephrine auto-injector will be administered 15 minutes after the first one. If a second epinephrine auto-injector is not available, athletic training staff will provide the member with additional treatment.
- Upon EMS arrival, athletic training staff will provide EMT/Paramedics with the administered epinephrine auto-injectors and times of administration. If member is under the age of 18, the member's parents will be contacted directly. Athletic trainer or staff will accompany member to the hospital.

If there are no on-site athletic trainers or medical personnel:

- If member is able to administer their own epinephrine auto-injector instructional staff will assist if needed. If member is unable staff will administer it for them, by injecting it in the mid/outside thigh. Staff will then activate EMS for transportation to the ER for further treatment.
- Instructional Staff will note the time the epinephrine auto-injector was administered, if available a second epinephrine auto-injector will be administered 15 minutes after the first one. If a second epinephrine auto-injector is not available, listen to EMS instructions. Do not provide them anything that is not prescribed.
- Upon EMS arrival, instructional staff will provide EMT/Paramedics with the administered epinephrine auto-injector and times of administration. If member is under the age of 18, the member's parents will be contacted directly. Staff will accompany member to the hospital.

Sickle Cell Trait

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or "sickle." Research shows how and why sickle red cells can accumulate in the bloodstream during intense exercise. Sickle cells can "logjam" blood vessels and lead to collapse from ischemic rhabdomyolysis, the rapid breakdown of muscles starved of oxygenated food. Major metabolic problems from explosive rhabdomyolysis can threaten life. Sickling can begin in 2-3 minutes of any kind of exertion. Heat, dehydration, altitude, and asthma can increase the risk for and worsen sickling,

with or without activity. Despite telltale features, collapse from exertional sickling in members is under-recognized and often misdiagnosed as other conditions such as heat cramps. **Sickling collapse is a medical emergency.**

Sickling collapse has been mistaken for cardiac collapse or heat illness. Unlike sickling collapse, cardiac collapse tends to be "instantaneous," has no "cramping" with it, and the member (with ventricular fibrillation) who hits the ground no longer talks. Unlike heat collapse, sickling collapse often occurs within the first half hour on-field, as during initial activity. Core temperature is not greatly elevated. Sickling is often confused with heat cramping; but, members who have had both syndromes know the difference, as indicated by the following distinctions:

- Heat cramping often has muscle twinges. Muscles will be hard and rigid in members who are heat cramping. Sickling has no muscle twinges and muscles will appear to be relaxed and limp in those who are sickling.
- What stops the member is different – heat crampers hobble to a halt with "locked-up" muscles, while sickling members slump to the ground with weak muscles;
- Physical findings are different – heat crampers writhe and yell in pain, with muscles visibly contracted and rock-hard; whereas, sicklers lie fairly still, yelling or not yelling (if not yelling usually unconscious or in shock), with muscles that look and feel normal;

Treatment

Immediately remove member from rehearsal to a shaded/cool area if they begin to show symptoms and activate EMS in a sickling event. SICKLE CELL IS AN EMERGENCY. The Athletic Trainer or Athletic Training Intern will accompany the member to the hospital.