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All DCI Participating Organizations on tour are required to have appropriately documented health, wellness, and safety policies, procedures, and practices to minimize any risks to their members, staff, and volunteers. The Participating Organization shall, in writing, confirm the existence and use of such policies, procedures, and practices to DCI for the upcoming competitive year on or before May 15th.

All participating organizations, Crossmen included, shall maintain an appropriately licensed or registered healthcare or medical professional team leader to provide on-site supervision, advice, and appropriate treatment (if necessary) during any organized activities taking place from May 15th through the period in which Crossmen officially disbands for the season (August 11, 2019). An appropriately licensed healthcare or medical professional includes an ATC, MD, DO, PA, ARNP, RN, PT, Paramedic and/or EMT.

Revised September, 2018
OPERATING PROTOCOL FOR ATHLETIC TRAINERS

1. This protocol concerns the Certified Athletic Trainer(s) employed by Crossmen Productions Inc.

2. This protocol is only in effect for the performers of the Crossmen Drum and Bugle Corps participating in spring training and the summer tour.

3. The Certified Athletic Trainer(s) employed by Crossmen Productions Inc. shall follow this Operating Protocol and all injury and/or illness procedures and policies established by the National Athletic Trainers Association (NATA).

4. The Certified Athletic Trainer(s) shall perform all duties within the scope of practice defined by the state in which they are licensed.

5. The Certified Athletic Trainer(s) shall follow the principles of professional conduct and ethics as provided by the National Athletic Trainers’ Association Code of Ethics and the NATA Board of Certification Standards of Professional Practice for Athletic Trainers.

6. The Certified Athletic Trainer(s) will evaluate those injuries or illnesses presented to them.

7. The Certified Athletic Trainer(s) will provide documentation of all services rendered. Proper maintenance and confidentiality of such records will be provided.

8. The Certified Athletic Trainer(s) may initiate and administer treatment and rehabilitation of injuries as per the state law in which they are licensed, and may establish injury/illness procedures and guidelines.

AS THE CERTIFIED ATHLETIC TRAINER(S) FOR THE CROSSMEN DRUM AND BUGLE CORPS I (WE) AGREE TO PROVIDE ATHLETIC TRAINING SERVICES TO THE MEMBERS OF THE CROSSMEN DRUM AND BUGLE CORPS IN ACCORDANCE WITH THIS OPERATING PROTOCOL AND ALL INJURY OR ILLNESS PROCEDURES AND POLICIES ESTABLISHED HEREIN.

THIS STANDING ORDER EXPIRES ON ________________________________ .

_________________________  __________________________  ____________
Athletic Trainer Name (printed)  Signature  Date

_________________________  __________________________  ____________
Athletic Trainer Name (printed)  Signature  Date

_________________________  __________________________  ____________
AT Intern Name (printed)  Signature  Date

_________________________  __________________________  ____________
AT Intern Name (printed)  Signature  Date
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1
Members shall respect the rights, welfare and dignity of all. 1.1 Members shall not discriminate against any legally protected class. 1.2 Members shall be committed to providing competent care. 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2
Members shall comply with the laws and regulations governing the practice of athletic training. 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines. 2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations. 2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority. 2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3
Members shall maintain and promote high standards in their provision of services. 3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services. 3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation. 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary. 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge. 3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence. 3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession. 4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training. 4.2 National Athletic Trainers’ Association current or past volunteer
leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession. 4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient. 4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

National Athletic Trainers Association Position & Consensus Statements Athletic Trainer(s) of the Crossmen Drum and Bugle Corps will use these resources as a guide to provide medical care to member of the Crossmen Drum and Bugle Corps. These are recommendations developed by the National Athletic Trainers Association for various sports medicine topics.

DEFINITIONS
There can be two types of athletic trainers that provide healthcare to the members of the Crossmen Drum and Bugle Corps. These will be certified athletic trainers and/or students. Each is defined below:

CERTIFIED ATHLETIC TRAINER
An allied health care professional who has successfully completed the college/university undergraduate degree, fulfilled the requirements for certification as established by the Board of Certification, and passed the certification examination administered by the Board of Certification. The certified athletic trainer must also obtain current licensure to practice as a certified athletic trainer. The certified athletic trainer works under the direction of a licensed physician.

NON-CERTIFIED ATHLETIC TRAINER CLASSIFICATIONS
a. Athletic Training Student
An undergraduate athletic training student is defined as one who has successfully completed the sports medicine selection criteria and is enrolled in the advanced coursework and clinical experience of the sports medicine program but has not yet taken or has not yet passed their certification exam. The athletic training student works under the supervision of a certified athletic trainer.

b. Athletic Training Intern
An individual with no affiliation with a sports medicine or athletic training program who is seeking experience in the field of Athletic Training but has not yet taken or has not yet passed their certification exam. The athletic training intern works under the supervision of a certified athletic trainer.

PHYSICIAN
A licensed physician, who has reached an agreement with the athletic trainer, with a favorable recommendation of the Drum Corps Medical Project, to render care to the members of the Crossmen Drum and Bugle Corps. A physician must provide proof of licensure and proof of liability insurance in the location in which the member is given services.
STANDING ORDERS
Orders, rules, regulations, protocols or procedures which have been established will be followed by the Athletic Trainer(s) of the Crossmen Drum and Bugle Corps and will be under the auspice of the signed physician from which members may receive medical care.

MEDICAL SERVICES AND OPERATIONS RETURN TO PLAY
A certified athletic trainer may return a member to competition, after a full assessment has been completed. As a general rule a member must be relatively pain-free and be able to meet the functional demands of performance to return to activity. When a member is under the proximate care of a licensed physician, the certified athletic trainer must have written documentation from the physician in order to return a member to perform.

PRE-PARTICIPATION PHYSICAL EXAMINATION POLICIES
To ensure the well-being of the members, all members will be required to obtain a pre-participation physical examination by, or under the direction of, a licensed physician. The pre-participation physical may be obtained through the member’s own physician. Members will not be allowed to participate until a pre-participation physical is on file.

MEDICAL REFERRALS
Referral of members for further medical evaluation will be done by the certified athletic trainer. If a referral is made the following information will be provided by the certified athletic trainer:
3. Full name of member and date of birth
4. Section
5. Specific injury
6. Schedule of available dates and times the injured member is able to be seen.
7. Authorization for release of protected health information

SERIOUS INJURIES AND INJURIES OF MODERATE SEVERITY DEFINED
a. Serious Injury
A serious injury is one in which the member appears that they may need acute medical care and there is little to no time to consult with the certified athletic trainer or a physician before taking action. Serious injury can threaten a member’s life, result in permanent damage or disability or lead to further harm if medical treatment is not sought immediately. These injuries warrant activation of the EMS system.

b. Injuries of Moderate Severity
Handled properly and appropriately, these situations do not require immediate activation of EMS. If a certified athletic trainer or athletic training student is not available, management of these injuries will be administered by available staff, to the level of their training. If there is any doubt regarding the severity of an injury, treat that injury as a serious injury and activate EMS.

**See Referral Form attached**
DEFINITIONS

Continued

TREATMENT RECORDS
Daily treatment logs will be maintained and recorded in the password protected mobile devices of the certified athletic trainer. Treatment records will include assessment, physical modality, SOAP notes. Progress notes and physician orders will be included in the record.

**See Daily Treatment and medication logs attached**

MEDICATION & TREATMENT POLICY

DISPENSATION OF PRESCRIPTION MEDICATION
A physician will prescribe all prescription medication. The certified athletic trainer(s) and athletic training student(s) will not dispense prescription medication; this duty will be performed by the physician and/or a pharmacist.

ADMINISTRATION OF NON-PRESCRIPTION MEDICATION
The Athletic Training Staff of Crossmen provides its members and staff with a small assortment of nonprescription medications. Administration of non-prescription medication will be under the supervision of the certified athletic trainer. It will be encouraged that only starter doses of these medications be handed out. It will be the member’s responsibility to continue to report to the Athletic Trainer for additional dosages. The following is a list of some of the non-prescription drugs that Crossmen keeps in stock:

- Decongestants
- Antihistamines
- Anti-Diarrheal
- Cough Suppressants
- Anti-Inflammatories (ibuprofen and naproxen)
- Fever Reducer/Pain Reliever (Acetaminophen)
- Cold and Flu Medication
- Antacids

The following guidelines will be followed for dispensation of non-prescription medication with the Crossmen Drum and Bugle Corps:
1. All non-prescription medication will be stored in a secure location
2. Dispensation of non-prescription medications will be performed or supervised by the certified athletic trainer.
3. Records of dispensation will be kept on file.
4. Individuals receiving non-prescription medication from the athletic training staff will be informed of what medication is being dispensed and how they should take the medication. A history of drug allergies will be reviewed with the member prior to dispensation of non-prescription medication. Follow-up will be done by athletic training staff to determine compliance to medication regimen and to observe for any adverse reactions to the medication.
5. Medication inventory will be inspected at a minimum of once/year for removal of outdated or deteriorated medication. Any recalled medications will be removed immediately.

**DIETARY SUPPLEMENTS**
Dietary supplements are provided to the members at regular intervals throughout the spring training and tour period. Members are not forced to take these supplements. The supplements are provided due to the extreme conditions of the drum corps training and tour process. The supplements may help members combat illness and provide nutrients that may be lacking in members who lack enough nutrients. Current Supplements provided to Members: Emergen-C 1,000, Probiotics, and Multivitamins

**THERAPEUTIC EXERCISES AND TREATMENT OF MEMBERS**
The certified athletic trainer may use rehabilitation/treatment techniques including, but not limited to:

- Massage
- Thermal: heat/cold
- Taping/Bracing/Splinting
- Electric Stimulation
- Myofascial Treatment techniques: Release, Decompression, Mobilization
- Stretching: passive, active, active-assisted, and dynamic
- Joint mobilizations
- Muscle energy techniques
- Strengthening exercises
- Functional strengthening exercises
- Balance/proprioception exercises
- Plyometrics Speed/endurance training
- Aquatic therapy
- Agility Training
- Marching specific skill training

**PHYSICIAN REFERRALS/CONSULTATIONS**
Crossmen has been fortunate to partner with the Marching Music Health and Wellness project and physicians partnering with the project to have care provided to the members. Members of the Athletic Training staff at Crossmen will refer members to these providers, unless extenuating circumstances necessitate a different provider. All members must be seen and evaluated by an Athletic Trainer of Crossmen before a referral to a physician will be made. An Athletic Trainer of Crossmen must authorize and properly refer all members to see a physician or medical consultant, and/or for diagnostic tests.

**BLOODBORNE PATHOGENS**
During rehearsal and events, members commonly get cuts, abrasions, lacerations, and etc. The certified athletic trainer or athletic training student are the people responsible for attending to these injuries. To ensure members and certified athletic trainers are kept safe from blood borne diseases, the certified athletic trainer will abide by the policies and procedures set by the National Athletic Trainers’ Association (NATA), American Red Cross (ARC), and the Occupational Safety and Health Association (OSMA) when handling situations with blood.
Body Substance Isolation Procedures The following body substance isolation procedures are to be used consistently for all members, by personnel at all times. Personnel are expected to carry out these procedures in a sensitive and professional manner at all times.

- Latex or Non-Latex gloves are to be worn when it is likely that the member of the athletic training department’s hands will touch any moist body substance, mucous membrane, or non-intact skin.
- Athletic Trainers having open wounds, lesions, or weeping dermatitis should wear latex gloves at all times during direct athlete care until the condition resolves.
- Latex gloves are to be worn for handling all items or surfaces soiled with body substances.
- Latex gloves are to be changed after contact with each athlete and are never to be washed or reused again.
- Latex gloves are to be placed immediately in infectious waste containers after use.
- All contaminated single use materials shall be disposed by:
  - Holding the contaminated material in one gloved hand and peeling that glove off and over the contaminated materials inside.
  - This glove is then placed in the other hand and the second glove is peeled off in the same fashion.
  - This material is then disposed of in the infectious waste container.
- Blood and body substance spills on treatment tables and all other surfaces shall be cleaned with a solution of diluted chlorine bleach (1:10 mix).
- Soiled laundry will be cleaned as soon as possible.
- Separate infectious waste containers will hold any sharp objects.
- Plastic bags will be provided for the times that one is away from a facility. The same procedures as stated above will be followed with the filled bag being placed in the infectious waste container.
- Pocket masks and shield protectors are available to all staff and students in the event that an athlete needs CPR.
- Inspect all members before administering any hydrotherapy.
- Any athletic trainer should cleanse their hands with the same bleach mixture after contact with exposed body substance.
- Occurrence of any exposed body substance should be immediately reported to the athletic training staff.

In conditions where there is exposure to blood, body fluids or mucous membranes, universal precautions, based upon the Center for Disease Control (CDC) recommendations or the Occupational Safety and Health Administration Bloodborne Pathogens Standard, will be followed.

PERSONNEL PRACTICES
1. Hand Washing
   a. Every staff member will clean hands before and after each and every patient treatment/evaluation
   b. Every staff member will wash hands after restroom use
2. Universal Safety Precautions
   a. Any exposure to human body fluids, all staff must use universal safety precautions. Staff members should always error on the side of caution. A staff member must try to think ahead and anticipate to avoid contact or exposure.
   b. All soiled and infectious waste must be handled using universal safety precautions.
3. Laundry/Towels
   a. Laundry and towels will be changed after each patient use. Laundry and towels will be transported to proper facility for cleaning.
4. Wound/Skin Care
   a. Sterile instruments and aseptic techniques will be used for wound and skin care.

PROPER CLEANING AND SANITATION

WATER JUG
1. Remove lid to water jug. Be sure to remove spout and rubber ring from the lid.
2. Add ½ a pump of dawn dish detergent inside the water jug.
3. Fill the water jug ¾ of the way with warm water.
4. Place the waterspout and rubber ring inside to jug to soak.
5. Use a sponge to scrub the lid (inside and out; ESP WHERE THE SPOUT IS LOCATED), handle, and the borders of the water jug.
6. Rinse
7. Disinfect with Bleach water, letting the Bleach set for 1 minute
8. Rinse

CONCUSSION POLICY

The following concussion policy and concussion management protocol have been adopted by Crossmen Drum & Bugle Corps and are to be followed by all medical staff for managing members suspected of sustaining a concussion.

1. All Crossmen Drum & Bugle Corps members must read the Concussion Fact Sheet and sign the attached member statement acknowledging that:
   a. They have read and understand the Concussion Fact Sheet
   b. They accept the responsibility for reporting their injuries and illnesses to the medical staff, including signs and symptoms of concussions.
2. All Staff (Directors and Techs) must read and sign the attached staff statement acknowledging that they:
   a. Have read and understand the Concussion Fact Sheet
   b. Will encourage their members to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions; and that they accept the responsibility for referring any member to the medical staff suspected of sustaining a concussion.
   c. Have read and understand the Concussion Management Protocol.
3. All athletic trainers, medical personnel, and students/assistants must read and sign the attached medical provider statement acknowledging that:
   a. Will provide the members with the Concussion Fact Sheet and encourage the members to report any suspected injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions.
b. Have read, understand, and will follow the Concussion Management Protocol.

4. The head athletic trainer for the corps will coordinate the distribution, educational session, signing, and collection of the necessary documents. The head athletic trainer will turn the signed documents into the members medical files. This session may be done in conjunction with the corps first meeting on move-in-day.

5. The Corps Director and Athletic Trainer Consultant will coordinate the signing of the aforementioned documents on an annual basis for the medical personnel and the staff. The Crossmen Drum and Bugle Corps will keep the signed documents, along with the established Concussion Policy, on file. A copy of the Concussion Policy will also be distributed through the Policies and Procedures for each of the medical staff.

6. The Concussion Policy will be reviewed annually each April. Any changes to the policy will be effective immediately.

CONCUSSION RECOGNITION
Post-Injury Screenings/Protocol

A Concussion is defined as a trauma-induced alteration in mental status that may or may not involve loss of consciousness. As licensed professionals, Athletic Trainers receive didactic and clinical training in Concussion management. Often the first to identify and evaluate injured persons, they are integral in the postinjury management and return-to-play decision making process. At all levels, ATS should work closely with a physician or designate who has specific training and experience in concussion management to develop and implement a concussion management plan.

ATCs should work with appropriate administrators to ensure that parents and staff are educated on the following aspects of concussion: prevention, mechanism, recognition, and referral, appropriate return to participation, physical and cognitive restrictions for concussed athletes, ramifications of improper concussion management. Staff will immediately inform the ATC of a concussed person or if a member received a concussive mechanism of injury. AT should document potential modifying factors that could delay the RTP, and patients should be educated on the implications of said factors on recovery. NO CONCUSED MEMBER SHOULD RETURN TO PHYSICAL ACTIVITY WITHOUT BEING EVALUATED AND CLEARED BY A PHYSICIAN OR ATC.

SIGNS AND SYMPTOMS OF A CONCUSSION

- Headache
- Disorientation
- Nausea/Vomiting/ Dizziness
- Photophobia (Sensitivity to light)
- Tinnitus (Ringing in the Ears)
- Possible loss of consciousness
- Blurry vision
- Diplopia (seeing double)
- Anisocoria
- Nystagmus
- Irritability

After a concussion diagnosis, the patient should be instructed to avoid medications other than acetaminophen (Tylenol). During the acute phase of the injury, patient should
CONCUSSION RECOGNITION
Continued

be instructed to avoid any physical or mental exertion that exacerbates symptoms. In addition, a responsible adult (ATC, Seat Mate, or Section Staff member) will observe and supervise the patient during the acute phase of the concussion. After the initial monitoring period, rest is best practice for concussion recovery, THERE IS NO NEED TO WAKE PATIENT DURING THE NIGHT. A physical-exertion progression should begin after all concussion-related symptoms are resolved. If a member is under the age of 18, administrative staff will contact parents directly within 24 hours. The ATC will notify proper staff and included concussed status via injury report. Staff will never, under any circumstances, override the decision of the athletic trainer to exclude a marcher from participation.

OBSERVABLE RED-FLAG ITEMS THAT WARRANT IMMEDIATE REFERRAL TO THE EMERGENCY DEPARTMENT VIA EMERGENCY MEDICAL TRANSPORT
• Decreasing level of consciousness
• Increasing confusion
• Increasing irritability
• Loss of fluctuating level of consciousness
• Numbness in the arms or legs
• Pupils becoming unequal in size
• Repeated vomiting
• Seizures
• Slurred speech or inability to speak
• Inability to recognized people or places
• Worsening headache

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

MEMBER ACKNOWLEDGMENT
Fill out the following and Return to the acting Tour Director or Head Athletic Trainer
☐ I have learned about concussions and discussed with Crossmen Medical Staff about what to do if I have a concussion or other serious brain injury.

_________________________   ______________________    __________
Member Name (printed)       Signature                  Date

STAFF ACKNOWLEDGMENT
☐ I have been informed about concussions and talked about what to do if my student sustains concussion or other serious brain injury.

_________________________   ______________________    __________
Member Name (printed)       Signature                  Date
CONCUSSION MANAGEMENT: MEDICAL RTP

PHYSICAL ACTIVITY

Stage 1
No activity

Stage 2
Light Exercise: < 70 % age-predicted maximal heart rate. Stand still and play. Percussion on drum pad only. Staff should be attentive to volume and intensity of sound exposure during this step. Flag/weapon basics; NO tossing. Dance no across floors. Stand and spin. No head movements, inversions, or tumbling. May participate in warm up.

Stage 3
Section-specific activities without the threat of contact from others. One block of low intensity marching basics with playing. Full basics block. Dance across the floors, no tossing. No head movements, inversions, jumping, or tumbling.

Stage 4
Noncontact training involving others, resistance training. Two blocks of marching basics and playing. Drill in sectionals, but may not participate in full ensemble. Sectionals, spinning on the move/ spins with body, low intensity tumbling. May resume tossing.

Stage 5
Unrestricted training. Can participate an ensemble. Controlled head movements, tumbling, inversions, jumping.

Stage 6
Return to Play

IMPORTANT NOTES ABOUT THE STAGES
*Stages should be separated by at least 24 hours
**Individuals must be symptom free at each step prior to progressing to the next step and each step will be tested on consecutive days, provided the individual remains asymptomatic. If symptoms occur at any step, the activity is suspended for the day and the individual will be reevaluated for progression on the following day, beginning at or below the step which caused the symptoms.

MENTAL HEALTH POLICY

When members sign on for tour for 3 months they are forced to leave their lives at home, in doing so members often experience independence for the first time. While we hope that participation leads members on a positive journey of self-discovery, we understand that this may not be the case for everyone. Crossmen Drum and Bugle Corps acknowledges that while members may sustain physical injury, an individual’s mental health is also a priority. Whether a member has a pre-existing or newly discovered mental illness, it is vital that proper resources are provided. In the event a member is displaying telltale signs of declining mental health [isolation, change in behavior, more reserved than normal, absent during mealtimes or social situations], instructional staff should alert the Athletic Trainer. Granted that providing counseling services is outside an Athletic Trainer’s scope, the Certified AT should then refer individuals to the acting psychologist for DCI, Jake Levy.
To respect member privacy by complying with HIPAA regulations. This is achieved by supplying staff, volunteer & member agreements that include performer’s health as part of the confidentiality for those that may be privy to that information.

**HIPPA**

**WHAT IS HIPAA?**
HIPPA stands for Health insurance and Portability act. HIPAA is legislation that protects one’s medical information and ensures the privacy of medical records by setting rules and limits on who can look at and receive your health information. This act of privacy applies to all forms of individuals’ protected health information, whether electronic, written, or oral. The Athletic Trainer(s) of the Crossmen Drum and Bugle Corps will comply with all HIPAA regulations and standards:

a. All personal health information of each member of the Carolina Crown Drum and Bugle Corps will be kept in a secure location known by the certified athletic trainer.
b. All personal health information of each member of the Carolina Crown Drum and Bugle Corps will be made available only to sports medicine personnel.
c. All records of medical billing and insurance payments for athletic injuries will be kept in a secure location known by the certified athletic trainer.

**WHAT DOES THE HIPAA PRIVACY RULE DO?**

- Gives more patients more control over their health information.
- Sets boundaries on the use and release of health records
- Establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information
- Enables patients to find out how their information may be used, and about certain disclosures of their information that have been made.
- Limits release of information to the minimum reasonably needed for the purpose of the disclosure.
- Gives Patients the right to examine and obtain a copy of their own health records and request corrections
- Empowers individuals to control certain uses and disclosures of their health information.

Obtain a completed physical through the Crossmen Drum and Bugle Corps acting Physician or member’s own Primary Care Provider. Physical must include a health questionnaire and a detailed medical history including physical and mental components. All members are required to have a completed physical or they will not be able to participate in any activity.

**“HEALTH, WELLNESS, AND SAFETY PROGRAM” WILL INCLUDE:**
- Preseason physical preparations prior to touring, including at least winter and spring preparations.
- Considerations of meal frequency, nutritional/dietary requirements of touring persons,
and amount of sleep and the timing of sleep patterns. Built-in time-off during pre-tour training.

- Implementation of policies for concussion, lightning, and sudden illness (i.e. concussions, anaphylaxis, asthma, etc.). Preventative care and treatments for sick and injured persons.
- Considerations of hygiene and cleanliness (personal, sleeping gear, buses and food trucks, instruments/mouth pieces, water dispersal devices) within communal living guidelines.
Crossmen Productions acknowledges that emergency situations may arise at any time, whether it is a result of inclement weather, participation in drum corps activities, or preexisting healthcare conditions. Any given amount of conditions may arise, as a response the institution has a duty to develop an emergency plan that must be implemented immediately when necessary. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all personnel. The emergency team may consist of certified athletic trainers, emergency medical services, and CPR/AED trained staff. The roles of these individuals within the emergency team may vary depending on various factors such as the presence of staff and number of members on the Emergency team. The most qualified individual on the scene should provide acute care in the emergency situation. Equipment retrieval may be done by anyone of the emergency team who is familiar with the type and the location of the necessary equipment [AED, Breathing mask, Splint Kit, etc.]. EMS activation may be necessary in situations in which emergency transportation is warranted. If this need were to arise, the caption head is responsible for activating EMS. One member of the team should be responsible for meeting the emergency medical personnel as they arrive to allow ease of access to the building and injured member. When formulating this team, it is important to familiarize the individuals on the team to any number of given situations that may arise. It may also be advantageous to have more than one individual assigned to any given task due to the absence of certain team members.

ROLES OF THE EMERGENCY TEAM OUTLINED
1. Immediate care
   a. First aid should be rendered until EMS arrives. If a Certified Athletic Trainer is not present, first aid [within level of training] should be rendered until the ATC arrives on the scene.
   b. Provider acting in the event ATC is not present
      • Act calm, cool, and collected.
      • Assess the situation and be able to direct members as necessary.
      • Provide appropriate care until more advanced personnel take over the situation. Only work within your level of training.
   c. Check Level of Consciousness
   d. Check Airway, Breathing, and Circulation
      • Supply EMS with proper emergency information: Condition and any other pertinent medical information
      • If client is a minor, inform parent or guardian about situation
      • Be sure to document all information involving incident and care rendered
2. Retrieval of any necessary emergency equipment
   a. All emergency equipment should be on site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good condition and personnel should be trained in its use. Proper storage and care should be followed for maintenance of said equipment.
3. Activation of EMS
   a. Make the call:
EMERGENCY ACTION PLAN

Continued

• Dial 911
• Providing information:
  Hello, my name is _____________ and I am a ____________ 
  (Job title) with Crossmen. We have _______________ [brief 
  description of client and condition of the client]. Our certified staff 
  has currently done ______________ for the individual. We are 
  located at ________________. You can get to us by [any other 
  special instruction such as going around the back entrance or any 
  other side doors to promote ease of access into the building]. The 
  call back number is xxx-xxx-xxxx.
  ****DO NOT hang up, stay on the line until operator hangs up****
• If ATC is not present in the event an emergency arises inform the ATC once they 
  arrive on the scene

4. Direction of EMS and traffic control
   a. Prevent crowding around the injured client
   b. Flag down EMS upon arrival and direct EMS personnel to the injured person

RISKS & RISK MANAGEMENT

EQUIPMENT

Improper use of equipment resulting in injury.
  To reduce this risk, staff will provide instruction on proper technique to anyone who 
  needs it. Staff will be responsible for supervising members and watch for potentially 
  hazardous handling of the equipment.

Equipment Breaking/Failure
  Annual maintenance will be performed on all machines in Crossmen Productions.

Waiver
  Members will sign a waiver acknowledging any posing risks that may be the result of 
  participating in spring training or summer tour. Participants are required to have their 
  own medical insurance and provide appropriate documentation necessary while on tour. 
  Any medical expenses accrued during summer tour will NOT be covered by Crossmen.

PRE-EXISTING HEALTH CONDITIONS EXACERBATED WITH EXERCISE

Members with pre-existing conditions who continue to exercise without medical clearance 
will be required to sign a waiver. A section dedicated to this risk will be addressed in the 
waiver. In the event that an emergency of this nature should arise, ATC personnel and 
trained staff are on site to handle these situations. Events such as these are addressed in 
the EAP.

NEGLIGENCE, MALPRACTICE, IMPROPER CARE

Provided by Crossmen Health Staff

All staff should be trained in CPR/AED, First Aid, and BBP [Bloodborne Pathogens]. Staff are
required to be knowledgeable in proper handling of emergency situations. All staff should obtain and stay current with all necessary certifications for their positions. Insurance and proper defense will be provided by Crossmen Productions in the event that a negligence, malpractice or improper care lawsuit occurs.

INCLEMENT WEATHER CONDITIONS
Inclement weather conditions include but are not limited to, lightning storms, tornadoes, hurricanes, flooding, etc. Steps to take in the event of these conditions are documented in the EAP.

THEFT/OTHER CRIMES
Crossmen Productions is not responsible for any lost or stolen items brought on one’s person during summer tour.

ACTIVE SHOOTER/BOMB THREATS
Crossmen Productions personnel will receive active shooter training and rehearse actions taken if an event of this magnitude were to occur.

HEAT PROTOCOL AND PROCEDURES
High temperatures can present a dangerous situation for members and staff, but with reasonable precautions these situations can be mitigated. Under the direction of the athletic training staff, Crossmen administration has adopted the following policies with regards to outdoor activities. The athletic trainer must assess Wet Bulb Globe Temperature daily to determine the proper course of action for activity. The acting director and athletic trainer should collaborate prior to rehearsal on the best course of action for all concerned parties and appropriately notify instructional staff of possible changes to practice schedules/activities.

The following policies are the minimum standard for all outdoor activities within the Crossmen. Staff should be aware of the signs and symptoms of dehydration and heat illnesses*:

- Dizziness
- Excessive Thirst/ Dry Mouth
- Cramps/ Uncontrollable muscle spasm
- Splotchy skin
- Tunnel Vision
- Irritability
- Confusion
- Core Temperature of 102
- Darkened Urine
- Decreased Urine Output
- Nausea/Vomiting
- Headache
- Paleness or Ashen pallor
- Excessive fatigue/ Low Energy
- Fainting/ Collapse
- Apathy
- Absence of sweat or Glisten
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 recommendations including equipment limitations. Staff will never, under any circumstances, override the decision of the athletic trainer to call participation.

*The environmental factors that influence the risk of heat illness include the ambient temperature, relative humidity (amount of water vapor in the air), air motion (wind speed), and amount of radiant heat from the sun.
CLINICAL DISTINCTIONS
OF EXERTIONAL 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.

PREVENTION IS KEY
Excess sweat loss, inadequate fluid intake, vomiting, diarrhea, certain medications, and alcohol can lead to a measurable fluid deficit. During intense exercise in the heat, sweat rates can be as high as 2L/h. Therefore, members who do not maintain normal hydration status, are more at risk for heat illnesses. To ensure proper hydration, members should judge their hydration status through the color of their urine. See chart.
Individuals who are currently or were recently ill have an increased risk for exertional heat illness because of fever, dehydration, or medications (eg, decongestants or antidiarrheal agents). Those currently sick with a viral infection (upper respiratory tract infection or gastroenteritis) or other illness or have a fever or serious skin rash should not participate until the condition is resolved. Obese individuals are also at an increased risk for exertional heat illness, because they are less efficient in dissipating heat and produce more metabolic heat during exercise.
EXERTIONAL HEAT ILLNESSES

Continued

HEAT ILLNESSES

Heat Syncope
Often occurs in unfit or heat-unacclimatized persons who stand for a long period of time in the heat or during sudden changes in posture in the heat, especially when wearing a uniform or insulated clothing that encourages and eventually leads to maximal skin vasodilation. Usually occurs in the first 5 days of unaccustomed heat exposure.
- S/S: fainting associated with dizziness, tunnel vision, pale or sweaty skin, and a decreased pulse rate while standing in the heat or after vigorous exercise.
- Treatment: Move member to a shaded area, monitor vital signs, elevate the legs above the level of the heart, cool the skin, and rehydrate.

Heat Cramps
Mild heat illness that is characterized by intense muscle spasms that develop after a member has been exercising for a while and has lost large amounts of fluid and salt from sweating. Heat cramps can be prevented through adequate conditioning, acclimating to higher temperatures, and maintaining proper hydration and nutrition.
- S/S: visible and intense muscle contraction that can continue during and after exercise. Commonly occurs in the lower leg. *If muscle contraction is absent, refer to sickle cell information.
- Treatment: Sports drink [Squincher/Gatorade/Powerade], electrolyte tablet, salt tablet, or Gatorade chews to help replace electrolytes that were lost from activity. Light stretching and massage of the cramped muscles.

Exertional Hyponatremia
Normally a response of overhydration in which the over consumption of water creates an imbalance of
- S/S: increasing headache, significant mental compromise, altered consciousness, seizures, lethargy, and swelling in the extremities. The athlete may be dehydrated, normally hydrated, or overhydrated.
- Attempt to differentiate between hyponatremia and heat stroke. In hyponatremia, hyperthermia is likely to be less (rectal temperature less than 40°C [104°F]). The plasmasodium level is less than 130 mEq/L and can be measured with a sodium analyzer on site if the device is available.
- If hyponatremia is suspected, immediate transfer to an emergency medical center via the emergency medical system is indicated. An intravenous line should be placed to administer medication as needed to increase sodium levels, induce diuresis, and control seizures.
- A member with suspected hyponatremia should not be administered fluids until a physician is consulted.

Heat Exhaustion
The inability to effectively exercise in the heat, secondary to a combination of factors, including cardiovascular insufficiency, hypotension, energy depletion, and central fatigue.
EXERTIONAL HEAT ILLNESSES
Continued

- **S/S:** Excessive fatigue, syncope (fainting), or collapses with minor cognitive changes (eg, headache, dizziness, confusion) while performing physical activity. Other symptoms include weakness, dizziness, disorientation, headache, vomiting, nausea, light-headedness, low blood pressure, profuse sweating or pale skin and impaired muscle coordination.
- **Treatment-** Move member to a shaded or air-conditioned area, Remove any extra clothing and equipment. Ice bags and cold towels can be used in the cooling process and should be placed in the armpits, groin, back of the neck and on the backs of the knees. 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 admin. Member will be held out of sun exposure for the remainder of the day.

**Exertional Heat Stroke**
A severe heat illness that occurs when a person’s body creates more heat than it can effectively release. Qualifies as a medical emergency. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

- **S/S:** Increased core temperature to 104°F, Central nervous system dysfunction [such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity]. Other possible symptoms include nausea, vomiting or diarrhea, headache, dizziness or weakness, low blood pressure, hot and wet skin.
- **Treatment-** Activate EMS for immediate transport to the nearest medical facility. Any extra clothing or equipment should be removed prior to the cooling process. Due to the incredibly high core temperature, the cooling process should be aggressive. Member should be transported to the showers at the housing site with the water on cold. Ice bags and cold towels can also be used in the cooling process and should be placed in the armpits, groin, back of the neck and on the backs of the knees. Once transported, the member will be accompanied by athletic trainer or administrative staff.

Rectal temperature thermometry is the only method of obtaining an immediate and accurate measurement of core body temperature. It is strongly recommended that a rectal temperature be obtained to differentiate exertional heat exhaustion from the more serious EHS. With heat exhaustion, core body temperature (measured rectally) is usually less than 40.58°C (105°F), a key characteristic that differentiates it from EHS.
LIGHTNING PROTOCOL

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 DCI officials will be responsible for monitoring inclement weather.

The 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 call that all activities stop immediately. Staff will never, under any circumstances, override the Athletic Trainer to call participation for lightning.

LIGHTNING DETECTION

Lightning awareness should be heightened at the first sign of darkening skies, increased winds, thunder, or lightning. The 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 according to DCI, is 8 miles. If 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 neither are 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. 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 persons 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 the 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.” 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.” In the absence of such a structure, other options included a vehicle or tour bus. Persons should not touch the sides of the vehicle. Members should avoid taking showers and using plumbing facilities and land line telephones during a thunderstorm.

If no safe structure or location is within a reasonable distance, personnel should avoid tall or metal objects (light poles, flag poles, trees, etc) and standing water. 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
LIGHTNING PROTOCOL
Continued

LIE FLAT! The purpose of this position is to reduce the body’s surface area and minimize contact with the ground.

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. 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 voltage

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 the weather every 15 minutes to ensure 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:
1. 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.
2. Activate Emergency Medical Service (EMS) System
3. Move the victim to a safer location, if possible
4. 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.
5. Evaluate and treat for: apnea, asystole, hypothermia, shock, fractures, and burns
ASTHMA

Asthma is becoming increasingly 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, cleaning fumes, pollution). In addition to cold exposure 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. If a member is concerned about not having access to their rescue inhaler during a performance, said member is permitted to leave their inhaler with the acting Athletic Trainer. Prior to move-ins, members should obtain two rescue inhalers, one to keep with themselves in their backpack, 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
- Try to calm the member, panicking can increase their respiration rate.
- Assist member with nose breathing technique, making sure they take deep breaths through the nose and out the mouth. Raising the arms will help the lungs expand
- Activate EMS if no improvement is observed in 10 minutes.
Members who have been diagnosed with severe allergies should notify the athletic training staff, directors, and food truck manager 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 backpack, 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
If Athletic Training Staff is 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, they are to administer their own epinephrine auto-injector. Instructional staff is not to assist unless they have proper certification that grants them that ability. Otherwise they are to find a certified individual.
  • 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.
COMMON ILLNESSES
The following is a list of illnesses that may arise during Drum Corps participation. Provided with this list is a brief description of each condition.

BRONCHITIS
Inflammation of the airways from the windpipe into the lungs (bronchi). The inflammation often causes mucus to develop. This leads to a cough, which is the most common symptom of bronchitis.

In acute bronchitis, the condition usually develops suddenly and goes away over time, usually in a couple of weeks. Smoking, allergies, and asthma can make bronchitis worse. Repeated episodes of bronchitis may cause further lung problems.

Causes:
Often caused by the same virus that causes a cold. The virus can spread from person to person (contagious) through coughing, sneezing, and touching contaminated objects.

S/S: Productive Cough (coughing up mucus), Fever, Body aches, Chest Congestion, Chills, Shortness of breath, Sore Throat

STREP THROAT
A bacterial infection in the throat and tonsils. Individuals who are infected spread the bacteria by coughing or sneezing, which creates small respiratory droplets that contain bacteria.

S/S: Sore throat, Pain when swallowing, Fever, Red and Swollen tonsils (white patches or streaks of pus may be present), tiny red spots on the roof of the mouth, and Swollen lymph nodes.

SINUSITIS
“Sinus Infection”
Inflammation of the sinuses. The sinuses are hollow air spaces within the bones surrounding the nose. They produce mucus, which drains into the nose. If your nose is swollen, this can block the sinuses and cause pain.

Causes:
Often starts as a cold, which then turns into a bacterial infection. Allergies, nasal problems, and certain diseases can also cause acute and chronic sinusitis. Can last up to 4 weeks.

S/S: Fever, weakness, fatigue, cough, and congestion. There may also be a postnasal drip (mucus drainage in the back of the throat).

THE COMMON COLD
Viral infection of the nose and throat.
COMMON ILLNESSES
Continued

How it Spreads:
Airborne respiratory droplets (coughs or sneezes), Skin-to-Skin contact (handshakes or hugs), Saliva (sharing eating utensils or drinks), and Touching a contaminated surface (door knobs or sleeping materials). Most people recover in about 7-10 days.

S/S: Runny nose, Sore throat, Sneezing, Congestion, Coughing, and Sneezing.

PREVENTION
• Practice proper hygiene: Wash your hands often with soap and water. Regular cleaning of jugs and mouthpieces to instruments will be done once a week on rehearsal days.
• Avoid touching your eyes, nose, and mouth with unwashed hands.
• Cough or sneeze into a tissue then throw it away. If tissue is not available cough and sneeze into the crease of your elbow. DO NOT COUGH INTO YOUR HANDS!
• Sick individuals can spread viruses through close contact with others. If you are sick, ask for a face mask from the Certified Athletic Trainer.
• If you see an individual who appears to be “under the weather,” encourage them to seek out the Certified Athletic Trainer for aid.
## Daily Treatment Log

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<th>Time</th>
<th>Name; section</th>
<th>Body part or illness type</th>
<th>New?</th>
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## Medication Log

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Referral Form

Injury/Illness Referral Form
XXXXX Drum & Bugle Corps

Name: DOB:
Date of Injury/Illness: Injury/Illness Site:
Today’s Date: Location:

Initial Care & Assessment:

Insurance Company:
Policy #: Group #:

Emergency Contact (name and phone number):
Medical Staff Contact (name and phone number):

*Physician’s Report*
Please return a copy of this sheet with XXXXX Corps member/staff for documentation records of the medical staff

Date of Report:
Diagnosis:

Suggestions for continuing treatment/care:

Activity Recommendation (check one):
☐ Member must see me/another physician prior to returning to activity
☐ Member can be monitored by a XXXXX CORPS medical staff member in lieu of a return visit to me
☐ Member may return to activity under these circumstances:

☐ Member may return to activity immediately. No follow-up indicated.

Signature of Physician:

Created by: XXXXX XXXXX, ATC, LAT; updated 5/14/10
Liability Waiver and Emergency Care Agreement

Name ___________________________ Instrument ___________________________ DOB ___________________________

Street Address ___________________________

City ___________________________ State ___________ Zip Code ___________________________

Email ___________________________ Cell Phone ___________________________

Parent/Emergency Contact Name ___________________________ Parent/Emergency Contact Phone ___________________________

Emergency Contact Email ___________________________

I understand, affirm, and agree that I voluntarily waive, release, indemnify, hold harmless, and discharge CROSSMEN PRODUCTIONS INC. and their managers, directors, employees, officers, agents, and assigns, and their contracted entities involved at the facility, from any and all liability, claims, demands, actions, rights of actions, or legal proceedings whatsoever, whether personal to me (or my child) or to a third party should I (or my child) become injured (whether physically or emotionally) or cause injury to others, while participating or using (whether supervised or unsupervised), including such participation during the audition process and rehearsals. I further understand that this agreement is binding even if any injury, damage, or death occurs.

I understand and acknowledge that my participation (or my child’s participation) may involve the use of equipment and gear, as well as myself (or my child) being situated in areas where active sports, recreation, and other activities are engaged in, as well as circulation and participation with other guests and others on-site and that such participation brings both known and unanticipated risks to myself, (or my child) and to others, which could result in injury, illness, disease, emotional distress, death, and/or property damage to myself, my child, or to others.

I understand that my participation (or my child’s participation) in this athletic activity will require standing at attention for long periods of time, athletic movements such as, but not limited to, quick directional changes, jumping, running, and dance, and loading & lifting equipment onto trailers (instruments, uniforms, etc.)

Crossmen Productions, Inc. administration, in accepting this consent, agrees to promptly notify the undersigned parent or guardian or emergency contact provided in the event of any serious accident or illness. In the event that no parent/guardian can be reached in a medical emergency, this consent allows a Crossmen administrative staff member to sign release & consent forms that may be required for emergency care.

I hereby grant Crossmen Productions, Inc. the right to use my name (or my child’s name), photographic image (in whole or in part), and any reproduction of their sound, performance, or appearance for any purpose including promotion, advertising, or otherwise. I acknowledge that there were no promises of any compensation for such use by Crossmen Productions, Inc. I further acknowledge that Crossmen Productions, Inc. owns all rights to the media named herein, regardless of the form in which they are produced or used. With the use of these rights, I hereby waive and release Crossmen Productions, Inc., its respective officers, directors, employees, volunteers and agent from all claims, liabilities and/or damages that now or in the future may arise from such use.

I acknowledge, affirm, and agree that I have had sufficient opportunity to read this entire WAIVER of my rights, that I understand its content, and that it is legally binding, and that I execute it freely, intelligently, and without duress of any kind and I agree to be bound by its terms. If the participant IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN CONSENT IS REQUIRED. I, as parent or guardian of the minor under 18 years of age referenced here hereby consent to the waiver and release of any and all claims as described in this RELEASE FORM.

Participant Signature ___________________________ Date ___________________________

Parent/Guardian Signature (if under 18) ___________________________ Date ___________________________