

## KEEPING ATHLETES SAFE

Anyone who has been around athletics for a period of time has most likely seen their share of significant time-loss injuries. From fractures to dislocations and from concussions to ACL tears, traumatic injuries can be prevalent in athletics. For example:

- In 2009, athletes age 5-14 accounted for almost 40% of all sports-related injuries treated by hospitals.
- More than 300,000 sports-related concussions are seen annually in the emergency rooms across the nation.

Therefore, in an effort to support school systems in keeping their athletes safe, the National Athletic Trainers' Association has created the Safe Sports School Award. Comprising of a top-ten list of what coaches and administrations can do in order to make athletics and activities safer for their student athletes, the Safe Sports School Award is the current standard for secondary school sports safety to date.



## safe sports school

NATIONAL ATHLETIC TRAINERS' ASSOCIATION

Many injuries can be prevented. Likewise, having appropriate management policies and procedures in place can greatly reduce the confusion, time loss, and subsequent frustration that can happen after an athletic-related injury. Therefore, a little work on the front end by both coaches and administrations will not only keep our athletes safer but will also ensure for a strong support network for the injured athlete as well.

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### The Athletic Health Care Team

Statistically, the healthy athlete is one who usually has fewer absences, demonstrates greater classroom participation, and shows a greater focus on achieving higher than average grades. So, it can be to a school district's advantage to create a well-established athletic health care program for the safety, stability, and the overall promotion of good health. As many schools are now seeing, the efforts of an Athletic Health Care Team not only promote safety on the field but also supports greater scholastic achievement in the classroom.



Consider the following scenario:

A junior point guard on the boys' basketball team sustains a concussion at a home game on Tuesday night. Immediately evaluated by an athletic trainer who has been in consultation with the Team Physician, the athlete's healthcare is now managed. The following morning, before school ever begins for the day, the athletic trainer:

- 1) Alerts the school nurse, an assistant principal, and all teachers who will have that athlete in class that day informing them of this athlete's condition, and
- 2) Puts medical directives in place so that the activities of the classroom serve to support the recovery of the student athlete.

This is not just a rare occurrence anymore. This is what is happening at schools all across the country. School personnel and medical personnel are working together for the safety, recovery, and scholastic success of student athletes in the secondary schools.

- Call us first.
- Accepting new patients and all insurance.

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## Other Safe Sports School Recommendations

Outside of requiring a pre-participation physical examination or even regularly evaluating equipment for safety and appropriate fit, the following recommendations are usually areas where most schools can probably improve service to student athletes.

### **Safe and Appropriate Practice and Competition Facilities:**

- An AED is immediately available at all athletic venues
- All Coaches and Officials are trained in CPR and AED management
- School equipment, gear, and clothing are regularly cleaned and laundered
- Skin lesions are properly treated by medical personnel and are covered before practice or competition

### **Develop Injury and Illness Prevention Strategies:**

- Environmental participation policies pertaining to extreme heat or cold and lightning are in place
- Environmental policies are reviewed annually and are consistently enforced

### **Provide or Facilitate Injury Intervention:**

- The school has a medical professional, such as an athletic trainer or team physician, available to provide intervention for acute and emergency conditions at sporting events and practices
- Physician referral and Return-to-Play policies are in place and enforced

### **Provide or Facilitate Psychosocial Consultation and Nutritional Counseling/Education:**

- Safe disclosure available for student athletes with a member of the Athletic Health Care Team who is familiar with common adolescent psychological problems such as nutrition, supplements, energy drinks, and performance-enhancing drugs

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## Emergency Action Plans

The following is a selected reprint from our September 2010 edition, Medical Emergencies in Athletics. All previous editions of Sports Medicine Monthly are available on our website at no charge. [www.csosortho.com](http://www.csosortho.com)

When dealing with emergencies; clear, concise, and quick execution is vital to patient well being. Sometimes, emotion, intensity, and uncertainty govern these situations when an individual's life is on the line. This should not nor cannot be the case if we desire to ensure for the best possible outcome. As a head coach or an administrator, or even as a parent who directs a youth little league, having an Emergency Action Plan that directs coaches, parents, and staff in assisting with medical care is pivotal toward ensuring quality care for the patient.

Common components of

Emergency Action Plans include:

\*Who, What, Where, When, Why, and How:

- \*Administers Medical Care
- \*Retrieves Medical Equipment (AED)
- \*Contacts EMS
- \*Retrieves the athlete's medical forms
- \*Contacts the athlete's parents
- \*Directs EMS to the specific location

\*List of emergency phone numbers, emergency contacts, campus security/police, facility directors, administrators, etc...

\*A description of each facility with noted access points for Emergency Medical Services. These include gates, driveways, and doors, and also includes designated individuals who have the keys required to open such.

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