

## Emergency Phone Numbers

**Paramedics/Fire/Police Emergency**            9-1-1

**Paramedics/Fire/Police Non-Emergency**  
847-234-2601

### **Hospitals**

Lake Forest Hospital                    847-234-5600

Condell Hospital (Libertyville)      847-362-2900

Highland Park Hospital                847-432-8000

### **Lake Forest High School**            **847-234-3600**

Athletic Trainers                        847-582-7397

Athletic Trainers' Cell (Jeff)         847-558-3970

Athletic Trainers' Cell (Jennifer)    847-293-2729

Athletic Office (General)              847-582-7700

Athletic Office (Jill Murphy)         847-582-7316

Athletic Director                        847-582-7322

Equipment Room                         847-582-7373

### **Poison Resource Numbers**

Northwest Community Hospital        847-259-1000

Springfield                                800-252-2022

Peoria                                        800-322-5330

Chicago                                      800-942-5969

**First Student School Bus Company**        **847-680-9305**

# Athletic Injuries Handbook

for Coaches at

Lake Forest High School



## *Athletic Trainers*

Jeffrey N. Dooley, MS, ATC/L  
Jennifer C. Regan, MS, ATC/L

## *Athletic Director*

Tim Burkhalter

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## Purpose of this Handbook for Coaches

The following policies and procedures are intended to ensure that appropriate, high quality care is given to any athlete injured while participating in the Lake Forest High School (LFHS) athletic program.

## Purpose of the Athletic Training Room/Athletic Trainers

The Athletic Trainers (ATCs) are licensed allied health professionals who, under a physician's direction, carry out the prevention, evaluation, treatment, and rehabilitation of sports injuries. This includes assisting in developing preventative conditioning programs, providing appropriate acute care for athletic injuries, arranging for appropriate physician evaluation and diagnosis, and providing or coordinating follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program. The athletic training room is a health care facility. It is not to be used as a lounge or meeting place. All athletes are expected to comply with the rules for use of the facility posted outside the room and listed later in this handbook. All coaches are expected to assist the athletic trainers as requested in enforcing them.

## Confidentiality

Each athlete has the right of confidentiality. Information on their medical condition should be shared sparingly, on a "need to know" basis. If there is any question, the athletic trainers will determine what information should be shared, and with whom.

## Daily Reporting of Injuries

**1. It is the athlete's responsibility to report all injuries** to the athletic trainers and/or coach as soon as possible. If the coach is notified of an injury first, he/she will inform the athletic trainers as soon as possible. If the athletic trainers are notified first, they will inform the coach as soon as possible.

**2. Parents of injured athletes should be notified as soon as possible.** It is best to have the athlete make the initial contact then hand the phone to the staff member. The staff member making the call should then provide appropriate advice for follow-up care as indicated in these guidelines. In the absence of the athletic trainers, the coach will make this notification and advise the athlete/parents to see the athletic trainers as soon as possible. If immediate medical attention is necessary, the athlete should be referred to the emergency room and told to follow up as soon as possible with the athletic trainers.

**3. The coaching staff** shall give medical advice only within the scope of their education and level of registration or licensure. All staff are to use caution when giving advice; *LFHS assumes no liability for advice given by staff members which exceeds that staff member's level of qualification.* This includes advice regarding diagnosis, treatment, rehabilitation protocol, medication, or physician referrals. *The coach should not "screen" athletes' injuries or give the athlete advice before sending them to the athletic trainers;* this will avoid confusing the athlete. It is highly recommended that all LFHS coaches be currently certified in CPR/AED. This training includes activating the Emergency Medical Services (EMS) System, how to know when the AED may be needed, and using the AED in a cardiac arrest situation.

**4. A note must be made in the athlete's medical record of all injuries and treatments provided by school personnel.** Generally this will be done by the athletic trainer but, in his/her absence, the coaching staff is responsible for providing the appropriate information.

## Athletic Training Room Usage

**1. All injuries must be evaluated by the athletic trainers** prior to the first taping or treatment. Athletes should report to the athletic training room during periods 4 thru 8 for evaluation.

**2. Rules:** All athletes are expected to comply with the following rules. All coaches are expected to assist as requested in enforcing them.

- a. Treatment during lunch, free periods, or regular study hall only (not athletic study hall).
- b. Gym shorts and t-shirt required.
- c. NO FOOD allowed in athletic training room.
- d. No cleats, spikes, or equipment of any kind.
- e. No self-treatments without permission.
- f. Report early for treatment/taping.
- g. Students may not use athletic training room phone.
- h. Treatments are first come, first served with the following priorities:
  - 1) Acute emergencies.
  - 2) Athletes preparing for away events OR riding the shuttle to Athletic Campus.
  - 3) Athletes preparing for home games.
  - 4) Athletes preparing for practice.
  - 5) Out of season and club sport athletes.
- i. Exceptions to any of these rules requires the permission of one of the athletic trainers.

**3. Athletic Training Room Hours:** Hours will vary depending on school and sports schedules. Generally, the athletic training room will be open:

- a. Monday thru Friday during periods 4 thru 8 for injury evaluations and routine care and rehabilitation.
- b. Monday thru Friday after school until approximately 6:30 pm (game schedules permitting) for injury evaluations and routine care and rehabilitation (*no evaluations from 3:00-3:45 pm*).
- c. Evenings, weekends, and holidays for event coverage only.

### Athletic Training Coverage

The head coach of each level of each sport will be issued a walkie-talkie to contact the athletic trainers as needed. One of the athletic trainers will be available at all home events for collision sports (football, wrestling, gymnastics, and boys' lacrosse) and most home events for contact sports (soccer, field hockey, swimming/diving, volleyball, basketball, baseball, softball, girls' lacrosse, water polo, and track). Non-contact sports (tennis, cross country, golf, and badminton) will generally not be covered but the athletic trainers can be contacted if needed.

If multiple home events are scheduled at the same time, priority will go to the sport with the highest injury potential. Sometimes a student athletic trainer will be assigned to an event to provide basic first aid while the athletic trainer covers another event. In case of injury the student can notify the athletic trainer.

*In the event of schedule changes the coach should notify the athletic trainers immediately.* They cannot cover events if they don't know they are occurring. Also, they may not be able to change their plans to provide coverage on short notice.

### Medical Clearances and Notes for Playing with Casts

**1. No athlete will be allowed to practice or compete without a medical clearance.** Medical clearances must be received directly from the physician by the athletic trainers via phone, fax, or note.

**2. Once the athletic trainers have determined that physician evaluation is necessary,** the coach will be notified. The athlete will not be allowed to practice or compete until a clearance has been received from the physician.

**3. If the athlete has already seen a physician** prior to seeing the athletic trainers, the athlete will not be allowed to practice or compete until a clearance has been received from the physician.

**4. If the athlete is unable to schedule an immediate appointment,** and in the athletic trainers' judgment the athlete can safely compete, the athletic trainers may give a temporary clearance. This temporary clearance will expire on the date of the athlete's physician appointment.

**5. If an athlete has received an inappropriate clearance** in the athletic trainers' professional judgment, the athlete will not be allowed to practice or compete until the athletic trainers have clarified the clearance with the physician.

**6. The athletic trainers will notify the coach** when the athlete has received a medical clearance.

**7. Medical notes regarding playing casts** shall be a shared responsibility between the athlete, the athletic trainers, and the head coach or designee. The athlete will be required to bring the note to the athletic trainers no later than the day before the game. The athletic trainers will make copies for the athlete, the head coach, and for the team medical kit. The original will be placed in the athlete's medical file. In this way if the athletic trainer for some reason does not have the note the coaching staff or athlete will.

### Student Athletic Trainer Aides

1. Student athletic trainer aides do not analyze or diagnose injuries and do not make medical decisions. They assist the athletic trainers in caring for the injuries sustained by LFHS athletes.

2. All care administered by the student trainer aides will be as directed by the athletic trainers.

3. In the absence of the athletic trainers, student trainer aides can assist coaches in taping, getting ice bags, and caring for supplies in the medical kit.

4. Student athletic trainer aides will not be assigned to provide field coverage unless able to immediately contact athletic trainers by phone or radio.

### Medical Equipment and Supplies

**1. The coach is responsible for having the team's medical kit, ice, and water available at all practices and games.** The coach should notify the athletic trainers at least one week prior to the date these items need to be ready. Advise the athletic trainers at that time of any special requests for supplies in the kits; the athletic trainers shall make the final determination of appropriate supplies for medical kits. Also advise the athletic trainers of your preference for ice chests, coolers, and bottles.

**a. Medical kits:**

- 1) All medical kits and supplies, except inhalers, etc. will be maintained by the athletic trainers.
- 2) *The coach should have any athlete with an identified medical condition requiring immediate access to medication (inhaler for asthma, epi-pen for bee sting allergy, glucose for diabetes, etc.) bring an extra of that medication to be kept in the medical kit.* The athlete should still keep their own dose with them.
- 3) When additional supplies are needed, the kit shall be brought to the athletic training room for re-stocking. If the kit is left in the athletic training room before lunch hours, the kit can usually be ready by the end of the school day. Advanced planning will avoid "emergency" restocking while the team bus is waiting upstairs. Loaner kits are available.

**b. Ice chests:**

- 1) The coach should assign individuals to fill the ice chest for all practices and games. After use, the ice chest should be emptied and left open to dry out.
- 2) Ice machines can be found:
  - a) In the athletic training room.
  - b) At east campus in the girls' locker room.
  - c) At athletic campus in the former faculty dining room.

**c. Water:**

- 1) The coach can provide water for his/her team by requiring the athletes to bring their own water bottles, at water fountains, or with coolers and cups or water bottles from the school.
- 2) The coach should assign individuals to fill the cooler/bottles for all practices and games. After use, the cooler/bottles should be emptied and left open to dry out.
- 3) *If water bottles are used, every effort must be made to maintain proper hygiene to prevent infectious diseases (ex. mononucleosis) from spreading thru the entire team.* Lids/spouts should be cleaned before use by different individuals. After each use, water bottles/lids can be sanitized by soaking in a bleach solution (¼ oz. bleach to 1 gallon water) or in a dishwasher. Any individual who is already sick should have their own water bottle.

**2. Rehabilitation and treatment equipment** in the athletic training room should be used only under supervision by appropriate individuals.

**3. Emergency equipment** (stretchers, splints, crutches, etc.) will be kept in the athletic training room and will be used only by appropriate individuals under the direction of the athletic trainers. AEDs have been placed at east campus in boxes in the hallways near the auditorium, outside the nurse's office, and in the field house lobby outside the athletic office (on the wall of the stairway leading up to the pool balcony). Separate AEDs have been issued to the swimming pool and the athletic trainers. It is not recommended that these AEDs be removed from their boxes unless needed for an incident. The AED in the swimming pool likewise should not be taken unless needed for an incident. These AEDs can be used by any trained individual. An AED will only be available at athletic campus when one of the athletic trainers is present.

**4. Special protective equipment** may be issued and/or fabricated at the athletic trainers' discretion and/or the request of the physician.

General Guidelines for Providing Injury Care

**1. Protective Taping:**

- a. The first application of protective taping, wrapping, and padding will be done by one of the athletic trainers to ensure that all injuries are properly evaluated.
- b. Once an athlete has been evaluated and the athletic trainers have determined that taping is appropriate, and if no other treatment is needed, the athlete may be taped by the coach or student trainers at practice/events.

**2. Therapeutic Modalities:**

- a. No therapeutic modality (hot pack, ultrasound, electrical stimulation, whirlpool) shall be administered until cleared by the athletic trainers.
- b. No penetrating modality (ultrasound, electrical stimulation, etc.) will be administered without physician prescription.

**3. Level of Qualifications/Recommended Certifications:**

- a. It is important that all personnel know and stay within their limitations based on level of knowledge and credentials.
- b. All injured athletes should be referred to the athletic trainers or, if not available and immediate attention is indicated, the emergency room. *The athletic trainers shall be informed as soon as possible of all injuries.*
- c. It is recommended that all coaches be currently certified in American Red Cross (ARC) First Aid and ARC or American Heart Association CPR/AED and complete a Sport First Aid course taught by an athletic trainer. First aid and CPR courses are readily available in the community, thru the LFHS Community

Education Department, and in in-service sessions thru the Athletic Department.

**4. Hygiene/Universal Precautions:** Cleanliness is essential to prevent infection. Any personnel caring for injuries must wash their hands before and after treating blisters or open wounds. Universal precautions as recommended by the Centers for Disease Control and OSHA must be followed any time the caregiver is exposed to blood or other body fluids. This includes the use of latex gloves even for cleaning small abrasions.

## Emergency Procedures at East Campus

### **1. Initiate basic first aid according to American Red Cross Standards.**

Use latex gloves any time you may be exposed to blood or other body fluids, even when cleaning small abrasions. Be sure you have seen the Blood Borne Pathogens video tape in the nurse's office.

- a. In the event of a possible cardiac arrest on the front lawn fields, the coach should immediately activate the EMS and send someone to retrieve the AED from the box outside the nurse's office, then utilize as per training.
- b. In the event of a possible cardiac arrest in the competition gym, weight room, field house, or stadium, or on the tennis courts or football practice fields, the coach should immediately activate the EMS and send someone to retrieve the AED from the box outside the athletic office, then utilize as per training.

**2. Contact the athletic trainers (ATCs):** The head coach at every level of every sport will be issued a walkie-talkie for the season to contact the ATCs. Also, telephones are located in the boys' & girls' coaches' offices, the athletic office, and in the fieldhouse behind the first door to your left as you enter from the lobby. Pay phones are also located in the lobby of the cafeteria and outside the east entrance to the fieldhouse lobby.

**3. If the ATCs are not available,** the coach should advise the athlete to use ice 20 minutes on/20 minutes off and see the ATCs as soon as possible. Remember, the athletic training room is open periods 4 thru 8 for injury evaluations and routine care and rehabilitation. After school the ATCs are available for routine taping and event coverage. *Please do not "screen" athletes' injuries or give them any other advice before sending them to the ATC;* this will avoid confusing the athlete.

**4. If immediate medical attention is necessary and the ATCs are not available,** refer the athlete to the Emergency Room and tell them to follow up as soon as possible with the ATCs, at least by phone, regardless of medical advice or playing status.

- a. Evaluate and stabilize all injuries prior to any movement:
  - 1) Check the scene for safety and clues to the injury.
  - 2) Call the ATCs. *If they are unavailable and any of the following situations exist, call 911:*
    - a) Unconsciousness/unresponsiveness
    - b) Inability to speak
    - c) Difficulty breathing
    - d) Chest pain
    - e) Severe bleeding that can't be controlled by direct pressure
  - 3) Care for the injury:
    - a) Check for consciousness/responsiveness
    - b) Check/care for breathing
    - c) Check/care for pulse (present/absent, strong/weak, regular/irregular, fast/slow)
    - d) Check/care for severe bleeding
    - e) Check/care for deformities
    - f) If victim is conscious, determine location and nature of pain, etc.
  - 4) Above all else, do no harm. *When in doubt, keep the athlete still and call for the paramedics.*
- b. Stretcher and immobilization should be used for any possible lower extremity fracture or significant knee injury. If stretcher is needed and the ATCs are not present, call an ambulance.
- c. If ambulance transport is not required, the athlete may be transported to the hospital or physician's office in their parent's car. *LFHS personnel do not provide transportation, in either LFHS or personal vehicles, as part of their duties at LFHS.* If the parents are unavailable, an ambulance should be called.
- d. In case of possible cervical injury call an ambulance and do not move the athlete.
- e. *If the athlete is transported to the hospital via ambulance, an adult, preferably an LFHS staff member or one of the athlete's parents, should accompany the athlete.*
- f. In general, the parents should make the decision to call an ambulance but use your judgment. *When in doubt, call the ambulance.*

### **5. Activating Emergency Medical Services System (EMS):**

- a. Dial 911 from a pay phone or 9-911 from a school phone.
- b. Identify yourself, tell the dispatcher:
  - 1) Location of incident; include specific directions.
  - 2) Nature of the injury.
  - 3) What is being done and the qualifications of personnel present.

**4) Don't hang up until told to do so by the dispatcher.**

- c. Send a responsible individual to meet the ambulance and direct them to the site.
- d. Allow the ambulance personnel to take over and assist them as needed.

**6. Once the ATC has determined that physician evaluation is necessary**, you will be notified. The athlete will not be allowed to practice or compete until a written or verbal clearance is received by the ATC directly from the physician. The ATC will notify you when the athlete has received a medical clearance.

**7. Keep your medical kit, ice, and walkie-talkie available at all practices and games.** There are ice machines in the girl's locker room and in the athletic training room. If you need an ice chest please see the ATC. When you need supplies, bring the kit to the athletic training room.

**8. A note must be made in the athlete's medical record of all injuries** and treatments provided by school personnel. Generally this will be done by the ATC but if you refer the athlete to the Emergency Room (whether they go or not) or if the athlete sees a physician on their own, you must complete a LFHS accident report.

## Emergency Procedures at Athletic Campus

**1. Initiate basic first aid according to American Red Cross Standards.**

Use latex gloves any time you may be exposed to blood or other body fluids, even when cleaning small abrasions. Be sure you have seen the Blood Borne Pathogens video tape in the nurse's office.

- a. In the event of a possible cardiac arrest at athletic campus while an athletic trainer is available, the coach should immediately notify the athletic trainer, who will activate the EMS and respond to that field with the AED.
- b. In the event of a possible cardiac arrest at athletic campus while an athletic trainer is not available, the coach should immediately activate the EMS and begin CPR as indicated until emergency personnel arrive with their equipment.

**2. Contact the athletic trainers (ATCs):** The head coach at every level of every sport will be issued a walkie-talkie for the season to contact the ATCs. Also, there are emergency telephones in the garage for the ATCs' golf cart at the southwest corner of the groundskeepers' metal building (WB1 key) and in the storeroom in the concession/rest room building at the corner soccer/lacrosse fields (also WB1). There is also a pay phone outside the east side of the groundskeeper's metal building.

**3. If the ATCs are not available**, the coach should advise the athlete to use ice 20 minutes on/20 minutes off and see the ATCs as soon as possible. Remember, the athletic training room is open periods 4 thru 8 for injury evaluations and routine care and rehabilitation. After school the ATCs are available for routine taping and event coverage. **Please do not "screen" athletes' injuries or give them any other advice before sending them to the ATC**; this will avoid confusing the athlete.

**4. If immediate medical attention is necessary and the ATCs are not available**, refer the athlete to the Emergency Room and tell them to follow up as soon as possible with the ATCs, at least by phone, regardless of medical advice or playing status.

- a. Evaluate and stabilize all injuries prior to any movement:
  - 1) Check the scene for safety and clues to the injury.
  - 2) Call the ATCs. **If they are unavailable and any of the following situations exist, call 911:**
    - a) Unconsciousness/unresponsiveness
    - b) Inability to speak
    - c) Difficulty breathing
    - d) Chest pain
    - e) Severe bleeding that can't be controlled by direct pressure
  - 3) Care for the injury:
    - a) Check for consciousness/responsiveness
    - b) Check/care for breathing
    - c) Check/care for pulse (present/absent, strong/weak, regular/irregular, fast/slow)
    - d) Check/care for severe bleeding
    - e) Check/care for deformities
    - f) If victim conscious, determine location/nature of pain, etc.
  - 4) Above all else, do no harm. **When in doubt, keep the athlete still and call for the paramedics.**
- b. Stretcher and immobilization should be used for any possible lower extremity fracture or significant knee injury. If stretcher is needed and the ATCs are not present, call an ambulance.
- c. If ambulance transport is not required, the athlete may be transported to the hospital or physician's office in their parent's car. **LFHS personnel do not provide transportation, in either LFHS or personal vehicles, as part of their duties at LFHS.** If the parents are unavailable, an ambulance should be called.
- d. In case of possible cervical injury call an ambulance and do not move the athlete.
- e. **If the athlete is transported to the hospital via ambulance, an adult, preferably an LFHS staff member or one of the athlete's parents, should accompany the athlete.**

- f. In general, the parents should make the decision to call an ambulance but use your judgment. ***When in doubt, call the ambulance.***

#### **5. Activating Emergency Medical Services System (EMS):**

- a. Dial 911 from a pay phone or 9-911 from a school phone.
- b. Identify yourself, tell the dispatcher:
  - 1) Location of incident; include specific directions.
  - 2) Nature of the injury.
  - 3) What is being done and the qualifications of personnel present.
  - 4) ***Don't hang up until told to do so by the dispatcher.***
- c. Send a responsible individual to meet the ambulance and direct them to the site.
- d. Allow the ambulance personnel to take over and assist them as needed.

**6. Once the ATC has determined that physician evaluation is necessary,** you will be notified. The athlete will not be allowed to practice or compete until a written or verbal clearance is received by the ATC directly from the physician. The ATC will notify you when the athlete has received a medical clearance.

**7. Keep your medical kit, ice, and walkie-talkie available at all practices and games.** There is an ice machine in the former faculty dining room. If you ever find this machine not running, or out of bags, notify the ATCs. If you need an ice chest please see the ATC. When you need supplies, bring the kit to the athletic training room.

**8. A note must be made in the athlete's medical record of all injuries** and treatments provided by school personnel. Generally this will be done by the ATC but if you refer the athlete to the Emergency Room (whether they go or not) or if the athlete sees a physician on their own, you must complete a LFHS accident report.

### Emergency Procedures While Off Campus

#### **1. Initiate basic first aid according to American Red Cross Standards.**

Use latex gloves any time you may be exposed to blood or other body fluids, even when cleaning small abrasions. Be sure you have seen the Blood Borne Pathogens video tape in the nurse's office.

#### **2. Contact the athletic trainers (ATCs):**

- a. Prior to the first practice at an off-campus location (ex. running on the bike path, at the beach, at the golf course, etc.) determine and note the location of phones that can be used in an emergency.

- b. Upon arrival at another school for an away contest, determine if that school has a licensed athletic trainer in attendance, how to obtain his/her assistance, and the location of a telephone for calling an athlete's parents or an ambulance.

**3. If the host school has a licensed ATC available,** allow him/her to evaluate the athlete and determine the appropriate course of treatment but remember that you are still responsible for the athlete. If, in your judgment, the host ATC is not being conservative enough (ex. the host ATC wants to move someone you feel needs an ambulance), insist that an ambulance be called and do not allow the athlete to be moved. ***A coach can always be more conservative than advised by available medical personnel, but not less.***

**4. If an ATC is not available,** the coach should advise the athlete to use ice 20 minutes on/20 minutes off and see the LFHS ATCs as soon as possible. Remember, the athletic training room is open periods 4 thru 8 for injury evaluations and routine care and rehabilitation. After school the ATCs are available for routine taping and event coverage. ***Please do not "screen" athletes' injuries or give them any other advice before sending them to the ATC;*** this will avoid confusing the athlete.

**5. If immediate medical attention is necessary and the ATCs are not available,** refer the athlete to the Emergency Room and tell them to follow up as soon as possible with the ATCs, at least by phone, regardless of medical advice or playing status.

- a. Evaluate and stabilize all injuries prior to any movement:
  - 1) Check the scene for safety and clues to the injury.
  - 2) Call the ATCs. ***If they are unavailable and any of the following situations exist, call 911:***
    - a) Unconsciousness/unresponsiveness
    - b) Inability to speak
    - c) Difficulty breathing
    - d) Chest pain
    - e) Severe bleeding that can't be controlled by direct pressure
  - 3) Care for the injury:
    - a) Check for consciousness/responsiveness
    - b) Check/care for breathing
    - c) Check/care for pulse (present/absent, strong/weak, regular/irregular, fast/slow)
    - d) Check/care for severe bleeding
    - e) Check/care for deformities
    - f) If victim is conscious, determine location and nature of pain, etc.
  - 4) Above all else, do no harm. ***When in doubt, keep the athlete still and call for the paramedics.***

## Guidelines for Specific Injuries/Conditions

- b. Stretcher and immobilization should be used for any possible lower extremity fracture or significant knee injury. If stretcher is needed and the ATCs are not present, call an ambulance.
- c. If ambulance transport is not required, the athlete may be transported to the hospital or physician's office in their parent's car. **LFHS personnel do not provide transportation, in either LFHS or personal vehicles, as part of their duties at LFHS.** If the parents are unavailable, an ambulance should be called.
- d. In case of possible cervical injury call an ambulance and do not move the athlete.
- e. **If the athlete is transported to the hospital via ambulance, an adult, preferably an LFHS staff member or one of the athlete's parents, should accompany the athlete.**
- f. In general, the parents should make the decision to call an ambulance but use your judgment. **When in doubt, call the ambulance.**

### **6. Activating Emergency Medical Services System (EMS):**

- a. In Lake Forest, dial 911. If at another school, dial the appropriate emergency number (usually 911).
- b. Identify yourself, tell the dispatcher:
  - 1) Location of incident; include specific directions.
  - 2) Nature of the injury.
  - 3) What is being done and the qualifications of personnel present.
  - 4) **Don't hang up until told to do so by the dispatcher.**
- c. Send a responsible individual to meet the ambulance and direct them to the site.
- d. Allow the ambulance personnel to take over and assist them as needed.

**7. Once the ATC has determined that physician evaluation is necessary,** you will be notified. The athlete will not be allowed to practice or compete until a written or verbal clearance is received by the ATC directly from the physician. The ATC will notify you when the athlete has received a medical clearance.

**8. Keep your medical kit, ice, and walkie-talkie available at all practices and games.** Ice machines are readily available at both east and athletic campuses for you to fill your ice chest prior to boarding the bus. If you need an ice chest please see the ATC. When you need supplies, bring the kit to the athletic training room.

**9. A note must be made in the athlete's medical record of all injuries and treatments provided by school personnel.** Generally this will be done by the ATC but if you refer the athlete to the Emergency Room (whether they go or not) or if the athlete sees a physician on their own, you must complete a LFHS accident report.

### **Asthma**

1. Encourage athlete to relax, usually in a sitting position.
2. Try to keep athlete and others around calm.
3. Assist athlete in taking medication as prescribed by their physician.
4. Keep athlete resting and out of participation until all symptoms are completely resolved.
5. If the breathing does not improve, notify parent and recommend follow-up with their physician.
6. **If symptoms worsen, or if any symptoms listed in breathing difficulties is present, call for paramedics.**

### **Back Injuries** (see neck/spinal injuries)

### **Breathing Difficulties** (see also asthma and hyperventilation)

1. Immediately send for the athletic trainers.
2. If athlete appears to be choking but can talk, cough, or breathe effectively, monitor the athlete only; do not hit the athlete on the back or administer abdominal thrusts.
3. **If athlete appears to be choking and cannot talk, cough, or breathe call for paramedics** and administer care according to current American Red Cross or American Heart Association standards.
4. **If athlete is unconscious, check for breathing and pulse.**
  - a. If no pulse, send a runner for the nearest AED (in boxes in the hallways near the auditorium, outside the nurse's office, and in the field house lobby outside the athletic office [on the wall of the stairway leading up to the pool balcony]), and trained personnel should utilize the AED and begin CPR according to current American Red Cross or American Heart Association standards.
  - b. If there is a pulse but no breathing, begin rescue breathing according to current American Red Cross or American Heart Association standards (1 breath every 5 seconds).
5. **In case of possible cervical injury:**
  - 1) Do not remove helmet; remove face mask to access airway.
  - 2) Use modified jaw thrust technique to establish an airway. If unable to open the airway, tilt the head slightly.
6. **If any of the following signs/symptoms are present and the athletic trainers are not available, call for the paramedics:**
  - a. Wheezing, gurgling, or high pitched noises
  - b. Swollen tongue or lips
  - c. Blue lips and/or face
  - d. Athlete gasping for breath
  - e. Breathing abnormally slow/rapid, deep/shallow
  - f. Pain in chest or tingling in hands/feet

### Chronic and/or Inflammatory Conditions

All chronic and/or inflammatory conditions should be referred to the ATCs.

### Cold Injury

1. Prevention:
  - a. Dress appropriately for weather.
  - b. Maintain adequate fluid intake.
  - c. Keep moving to maintain body heat production.
  - d. If possible, change wet shirts, socks at breaks.
2. Frostbite:
  - a. Signs/Symptoms:
    - 1) Lack of feeling in affected area.
    - 2) Waxy appearance to skin.
    - 3) Skin is cold to the touch, possibly discolored.
    - 4) Tissue beneath skin may feel hard, like frozen meat.
  - b. Treatment:
    - 1) Handle the affected area gently; **never massage/rub the area.**
    - 2) Move the athlete into a warm area.
    - 3) Soak the affected area in warm water (comfortable to the touch).
    - 4) Keep affected area immersed in the water until it flushes and feels warm.
    - 5) Separate toes/fingers with gauze pads or cotton balls after removal from water.
    - 6) **Do not break any blisters.**
    - 7) Refer athlete to emergency room.
3. Hypothermia:
  - a. Signs/Symptoms:
    - 1) Decreased body temperature.
    - 2) Mental confusion.
    - 3) Decreased muscular control and balance.
  - b. Treatment:
    - 1) **Call the paramedics.**
    - 2) Move the athlete into a warm area.
    - 3) Remove wet clothing and dry the athlete.
    - 4) Warm the athlete slowly by wrapping in blankets or putting on dry clothes.

### Diabetic Emergencies

1. Signs/Symptoms will vary depending upon whether the problem is too much or too little insulin.
  - a. Pale, moist, clammy skin or flushed face.
  - b. Profuse perspiration.
  - c. Dizziness, trembling, confusion, altered level of consciousness.

- d. Gasping respiration.
- e. Sweet odor on breath.
- f. Hunger.
2. Treatment:
  - a. **If unconscious, immediately call paramedics**, monitor athlete, treat for shock, administer rescue breathing as needed.
  - b. If conscious, give athlete sugar (sugar packets, honey sticks, glucose tubes, fruit juice, candy, etc.).
  - c. **If athlete becomes unconscious or otherwise does not respond to the sugar, call paramedics.**

### Eye Problems

1. Foreign Bodies:
  - a. Flush eye with eye wash or water.
  - b. If object appears imbedded, cover both eyes loosely and refer to emergency room.
2. Pink Eye (conjunctivitis):
  - a. Suspect if the membrane covering the front surface of the eye appears pink and inflamed, and/or there is a discharge.
  - b. **Isolate the athlete to prevent infecting teammates.**
  - c. Notify parents.
3. **Signs for immediate referral to emergency room:**
  - a. Blood visible in the front part of the eye.
  - b. Visual disturbances (blurring, double vision, loss of part of the visual field) that do not clear quickly.
  - c. Bleeding from the surface of the eye.
  - d. Open lacerations of the eyelids.
4. **When in doubt, loosely cover both eyes, refer to the emergency room.**

### Fainting

1. Usually preceded or accompanied by:
  - a. Extreme paleness.
  - b. Sweating.
  - c. Numbness or tingling of the hands and feet.
  - d. Coldness of the skin.
  - e. Dizziness.
  - f. Nausea.
  - g. Possible visual disturbances.
2. Treatment:
  - a. Determine if individual has suffered an injury from a fall which caused the fainting, or injured themselves falling after fainting.
  - b. If vomiting, turn athlete's head or entire body to the side. Wear gloves if you may come in contact with body fluids.
  - c. **If athlete does not recover promptly, call paramedics.**

## Fever

1. If athlete has a fever above 100°F, exclude from athletic activity.
2. The best place for an athlete with a fever is at home, allowing his/her body to fight the infection and not spreading the infection to their teammates.

## Fractures/Dislocations (Possible)

1. Summon ATC.
2. In absence of ATC, call paramedics.
3. **Any injury involving severe pain, swelling, and/or deformity should be splinted as is and referred to the emergency room.**

## Head Injuries

1. Summon ATC. In absence of ATC, follow the procedures below.
2. **In cases of unconsciousness, treat as a cervical injury.**
3. Any athlete who suffered a period of unconsciousness, no matter how brief, must not compete until cleared by a physician even if apparently fully recovered.
4. If no period of unconsciousness and only minor transient confusion, dizziness or other mental status abnormalities which clear within 5 minutes, athlete may return to play after being symptom free for 15 minutes.
5. **Never allow athlete to return to play if not completely symptom free.**

## Heat Illness

1. Prevention:
  - a. Water Replacement: **DO NOT limit water or recommend salt tablets.** Thirst is not a reliable indicator of adequate hydration. Take frequent water breaks or allow athletes unrestricted access to water. Encourage pre-hydration. The athlete should begin drinking water several hours before the practice/game. Athletes should weigh in before and after practice/games in hot weather; weight lost during the event is fluid which must be replaced before the next session.
  - b. Acclimatization: Physical training enhances acclimatization. Trained individuals begin sweating sooner, providing for better heat dissipation. Also, their sweat is less salty. A gradual program of acclimatization to both the heat and physical activity is important.
  - c. Clothing: The most important consideration is to allow for exposure of the sweat on the skin to the environment, allowing for evaporation. Breathable mesh shirts help. Tightly woven fabrics reduce air flow, as does sweatsoaked cotton. Light colors reduce heat absorption.
  - d Environment: **The environment must be monitored and plans altered as necessary.** Options include canceling or rescheduling practice, moving it indoors, or changing practice to allow for more water breaks, reduced uniform, lower intensity, etc.

## 2. Heat Cramps

- a. Signs & Symptoms: Uncontrolled muscle contraction.
- b. Treatment:
  - 1) Gentle stretching and massage.
  - 2) Replace fluids.
  - 3) Rest and continue stretching.

## 3. Heat Exhaustion

- a. Signs & Symptoms:
  - 1) Pale, clammy skin.
  - 2) Profuse sweating.
  - 3) Normal or low temperature.
  - 4) Fatigue and weakness.
  - 5) Headache and cramps.
  - 6) Nausea and dizziness.
  - 7) Fainting.
- b. Treatment:
  - 1) Remove athlete from hot environment.
  - 2) If conscious, give fluids. **If unconscious, activate EMS.**
  - 3) Raise feet.
  - 4) Apply cool cloths, fans, etc.
  - 5) Keep the athlete resting and monitor until completely recovered.

## 4. Heat stroke: **This is a life threatening emergency.**

- a. Signs & Symptoms:
  - 1) Hot, red skin.
  - 2) No sweating.
  - 3) High body temperature.
  - 4) Rapid, strong pulse.
  - 5) Decreasing consciousness progressing to coma.
- b. Treatment:
  - 1) **Activate EMS.**
  - 2) Remove from hot environment, begin immediate cooling with cold towels, ice packs, air conditioning, fans, etc.
  - 3) Monitor vital signs and give rescue breathing or CPR as needed.

## Hyperventilation

1. Signs/symptoms:
  - a. Rapid breathing & pulse
  - b. Numbness of extremities and/or prickly feeling in skin
  - c. Muscle cramps
  - d. Red skin
  - e. Light-headedness

2. Care:
  - a. Be calm and firm.
  - b. Instruct athlete to take control of his/her breathing, breath more slowly. Having the athlete breathe in thru their nose and out thru their mouth is one way to accomplish this.
  - c. If no improvement, have athlete breath in and out of a paper bag or their cupped hands.
  - d. If episode does not subside, notify parents and send for follow-up.

### Insect Stings

1. ***If the athlete has a history of systemic reaction to insect stings, call paramedics immediately.***
2. If no history of systemic reaction, remove stinger with a credit card.
3. Apply ice to reduce pain and swelling.
4. If ice is unavailable, Sting-Kill Swabs can be used to reduce pain but they will not reduce swelling.
5. ***Monitor athlete for severe swelling or systemic reactions such as difficulty breathing, etc.***

### Internal Injuries (or "wind knocked out")

1. If an athlete has "the wind knocked out" and the ATC is not present, do not move the athlete until his/her breathing is back under control.
  - a. Speak calmly and do not allow teammates to gather around. The athlete's breathing will be harder to control if emotional.
  - b. After breathing is under control, ask if the athlete hurts anywhere.
  - c. If the athlete has no pain and is breathing normally, allow them to rest on the sideline for a few minutes. They can compete when fully recovered.
2. ***Suspect internal injury if any of the following are present.***
  - a. Signs of shock:
    - 1) difficulty breathing
    - 2) anxiety
    - 3) cool, clammy, pale skin
    - 4) dilated pupils
    - 5) weak, rapid pulse
  - b. Pain with no apparent cause (e.g. pain in the left shoulder with no apparent cause could indicate a ruptured spleen).
  - c. The athlete is not fully recovered after 5 minutes.
3. ***If any of the signs or symptoms discussed above are present, the athlete should be immediately referred to the emergency room for evaluation.***

### Joint Injuries (sprains, etc.)

1. Summon ATC. ***In absence of ATC, any injury involving severe pain, swelling, and/or deformity should be splinted and referred to the emergency room.***

2. Instruct athlete to apply ice for 20 minutes on, 20 minutes off.
3. Do not stress the injured ligament by applying a sideward or longitudinal force on the joint (i.e. do not "pull out" a "jammed" finger).
4. If athlete reports feelings of instability do not allow weight to be put on limb.

### Mouth Problems

1. Braces:
  - a. If a wire is irritating the athlete, cover it with a piece of wax or gauze.
  - b. If a wire is embedded in the check or gum, do not attempt to remove it.
  - c. If an appliance breaks, save any pieces which come off.
  - d. Notify the parents to take the athlete and any appliance pieces to the dentist.
2. Tooth Avulsion:
  - a. If a tooth is knocked out and the athlete is fully conscious, rinse it and place it in its socket. ***Treat the tooth gently.***
  - b. If unable to reinsert the tooth, place it between the athlete's cheek and gum.
  - c. If the athlete is not fully conscious, keep the tooth in milk or saline solution.
  - d. Notify the athlete's parents to see the dentist immediately.

### Neck or Spinal Injuries

1. ***Assume spinal injury in cases of unconsciousness, motor deficit, sensory deficit, neck pain, and/or symptoms of any "strange" sensation in neck.***
2. Monitor pulse and breathing, administer rescue breathing or CPR as indicated and trained.
3. Manually stabilize head/neck. ***Do not remove helmet if present*** (remove facemask to access airway).
4. ***Keep athlete still until ATC arrives. In absence of ATC, call for paramedics.***

### Nosebleeds

1. Keep athlete sitting up, leaning slightly forward so blood does not drain down the back of the athlete's throat.
2. Have athlete hold a gauze pad, towel, etc. under his/her nose to catch the blood.
3. Have athlete apply pressure by squeezing the nostrils firmly just below the nasal bone.
4. Ice may also be applied to decrease swelling and bleeding.

5. If severe bleeding cannot be controlled by direct pressure, carefully pack the nose:
  - a. Wear latex examination gloves.
  - b. Use a rolled up gauze pad or dental roll, not loose cotton or tissue.
  - c. Enough packing must extend out of the nostril to allow easy removal.
  - d. Remove packing if bleeding does not decrease and/or drains down the throat.
6. Refer for medical care if bleeding does not come under control in a few minutes, if breathing becomes obstructed, or if there is visible deformity of the nose.

### **Open Wounds** (and bleeding)

1. Control bleeding using standard techniques (direct pressure, elevation, and pressure points) and universal precautions (wear gloves).
2. Monitor pulse and sensation below the injury.
3. Use standard sterile techniques to clean and dress wounds (rinse with wound wash solution [sterile saline], cover with sterile gauze pad, bandage).
4. ***All significant wounds (based on depth, length, width, and/or location) should be referred to the ATCs for evaluation. In the absence of the ATCs, significant wounds should be referred to the emergency room for possible sutures.***

### **Seizures** (uncontrolled muscular contractions)

1. Protect athlete from injury by moving objects away, cushioning under his/her head, and loosening tight clothing.
2. ***Do not try to restrain the athlete.***
3. ***Maintain the airway, but do not put anything in the athlete's mouth.***
4. After the seizure stops and the athlete regains consciousness, determine if this is his/her first seizure. If so, call the paramedics.
5. After the seizure stops, the athlete may be disoriented and may want to sleep. Allow them to do so.
6. ***If the seizure does not stop in a short time, call the paramedics.***
7. Notify the athlete's parents.

### **Shock**

1. Signs/symptoms:
  - a. difficulty breathing
  - b. anxiety
  - c. cool, clammy, pale skin
  - d. dilated pupils
  - e. weak, rapid pulse

2. Treatment:
  - a. Place athlete in supine position with feet elevated except:
    - 1) Head injury or breathing difficulty elevate head & shoulders.
    - 2) Spinal injury or possible leg fracture, keep them lying flat.
    - 3) If vomiting, position on side so secretions drain out of mouth.
  - b. Maintain body temperature:
    - 1) If cold outside, cover athlete with blankets, coats, etc.
    - 2) If hot outside, shade athlete.
  - c. Calm and reassure the athlete. Continue talking to him/her, even if they seem to be unconscious.
  - d. ***Call the paramedics.***
  - e. Notify the athlete's parents.

### **Skin Conditions**

1. Exclude athlete from all activity.
2. Refer athlete to athletic trainers.

### **Soft tissue Injuries** (sprains, contusions, etc.)

1. Summon ATC. In absence of ATC, any injury involving severe pain, swelling, and/or deformity should be splinted and referred to a physician.
2. Instruct athlete to apply ice for 20 minutes on, 20 minutes off.
3. If leg injury and athlete feels unstable do not allow athlete to put weight on limb.

### **Wind Knocked Out** (see internal injuries)

## Appendix 1: Emergency Phone Numbers

|  |                             |
|--|-----------------------------|
| <b><u>Paramedics/Fire/Police Emergency</u></b> | <b><u>Non-Emergency</u></b> |
| 9-1-1  | 847-234-2601                |
| <b><u>Hospitals</u></b>                        |                             |
| Lake Forest Hospital                           | 847-234-5600                |
| Condell Hospital (Libertyville)                | 847-362-2900                |
| Highland Park Hospital                         | 847-432-8000                |
| <b><u>Lake Forest High School</u></b>          | <b><u>847-234-3600</u></b>  |
| Athletic Trainers                              | 847-582-7397                |
| Athletic Trainers' Cell Phone (Jeff)           | 847-558-3970                |
| Athletic Trainers' Cell Phone (Jen)            | 847-293-2729                |
| Athletic Office                                | 847-582-7316                |
| Athletic Director                              | 847-582-7322                |
| Equipment Room                                 | 847-582-7373                |
| <b><u>Poison Resource Numbers</u></b>          |                             |
| Northwest Community Hospital                   | 847-259-1000                |
| Springfield                                    | 800-252-2022                |
| Peoria   | 800-322-5330                |
| Chicago  | 800-942-5969                |
| <b><u>Olson School Bus Company</u></b>         | <b><u>847-336-0720</u></b>  |

## Appendix 2: Lightning

### **At Athletic Campus:**

A Thor Guard Lightning Prediction System is in use at LFHS Athletic Campus. The system is active from 6 am to 9 pm. This system detects the atmospheric conditions that could produce lightning, then sounds an audible alarm and flashes strobe lights on top of the gymnasium building and the concession stand building at the corner fields early enough for everyone to get into shelter before an actual lightning strike occurs.

1. ***15 second continuous horn blast, strobe lights flashing: Potentially Dangerous Conditions, TAKE SHELTER in the main school building or in your car (be sure not to touch any metal surfaces)***
2. ***Three 5 second blasts, strobe lights off: Dangerous Conditions Passed, May resume activity***

**You should still be aware of weather conditions, as the system is not foolproof and there may be occasions where you see lightning but the system does not activate.** In these cases count the seconds from when you see the flash until you hear the thunder. The Illinois High School Association has adopted the "30-30 Rule". In the absence of weather warning equipment, play should be suspended and everyone should take cover if the flash-to-bang count is 30 seconds or less, and should not resume activity until 30 minutes after the last lightning flash.

### **At East Campus:**

1. Watch for clouds building in thunderstorms and ***take shelter at the first crack of thunder or lightning flash.***
2. If the athletic trainers are present and have the school's storm detector, take shelter if the detector indicates lightning ***closer than 8 miles***. If the storm detector is not present, play should be suspended and everyone should take cover if the flash-to-bang count is 30 seconds or less (per IHSA Rules).
3. ***Do not come out from shelter until 30 minutes have passed without hearing thunder, seeing lightning, or the storm detector indicating lightning within 8-20 miles.*** Furthermore, athletes should not re-enter the facility unless there are evident signs of clearing and the sky is no longer threatening.

### **When Lightning is In the Area:**

If caught in the open during a thunder and lightning storm and the hair on your head or neck begins to stand on end, go inside the nearest permanent building immediately! Vehicles with metal roofs are also safe, but do not touch any metal surfaces. If no shelter is available, crouch down immediately in the lowest possible spot and roll up in a ball with feet on the ground. Do not lie down. If outdoors during a thunder and lightning storm, avoid water! Also avoid metal objects such as wires, fences, railroad tracks, etc.

### Appendix 3: Instructions for Home Care of Minor Injuries for the First 24-72 Hours After Injury

1. Use PRICE to control swelling, relieve pain, lessen spasm and aid the healing process.

**P Protect** - Support

**R Rest**

**I Ice** packs (in plastic bags)

**C Compression** of area (elastic wrap)

**E Elevation** (above heart 12 inches or more)

2. Ice treatments should be applied 20 minutes on/20 minutes off until bed time.

3. If using an elastic wrap, apply lightly to injured area with ice pack. Do not wind wrap too tightly. Loosen or remove elastic wrap at night.

4. Elevation at night can be accomplished by placing a firm object (piece of wood) under the foot or head of the bed depending upon leg or arm injury, respectively. This will assure proper elevation throughout the night.

5. Decrease weight-bearing during this time. Instruct your son/daughter to stay off the injury and rest. Use crutches if issued by the athletic trainers.

6. ***NEVER apply heat in any form until advised to do so by the athletic trainers.*** Heat will interfere with healing and cell waste product removal. It may feel good, but it only lengthens recovery.

7. Consult your family physician if the signs and/or symptoms of the injury increase or worsen.

8. See the athletic trainers as soon as possible for further instructions.

9. Until told otherwise, the athlete should report for treatment daily in the athletic training room.