Saint Raphael Academy Athletics
Emergency Action Plan 2021-2022

Saint Raphael Academy
123 Walcott Street
Pawtucket, RI 02860

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Introduction

Emergency situations may arise at any time during athletic events. The development and implementation of an emergency plan will help ensure that the best care will be provided in the quickest manner possible. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

An emergency action plan (EAP) is a document that defines the standard of care during an emergency situation. A quick and organized response can mean the difference between a successful outcome and an unsuccessful outcome to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Saint Raphael Academy will outline the protocols for emergency situations as well as guidelines for thunder and lightning, heat/humidity/hydration, environmental cold illnesses, and preseason protocols. These guidelines pertain to Saint Raphael Academy's student athletes but may also apply to coaches, staff and spectators who need treatment/resuscitation.

An emergency is the need for Emergency Medical Services (EMS) to give further medical treatment or transport to the hospital. It is important in these situations that communication between the athletic trainer, coaches and administrators be effective. This guide is intended to delineate the roles and outline the protocols to be used in emergency situations. Situations that warrant calling 911 include but are not limited to:

- An athlete who is not breathing
- An athlete who has lost consciousness
- An athlete with suspected spine or neck injury
- An athlete with an open fracture (coming through the skin)
- An athlete suffering from severe heat exhaustion or potentially heat stroke
- An athlete with severe bleeding that cannot be stopped

Emergency Chain of Command:

Team Physician
Certified Athletic Trainer
Athletic Director
Head Coach
Assistant Coach
Bystanders

The highest person in the chain of command who is present at the scene will be designated the person in charge, or the leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help, and will stay with the athlete until EMS arrives on scene.

PLAN OF CARE IN EMERGENCY SITUATIONS

ACTIVATION OF EMS

In the event that an athlete is severely injured or requires activation of the EMS system, the athlete will be transported to the hospital with either an accompanying parent, or a coach if the parent is not present. The athlete will be transported to either:

Hasbro Children's Hospital (If under 18)
593 Eddy St., Providence, RI 02903
Phone: (401) 444-4000

Rhode island Hospital (18 & older)
80 Dudley St., Providence, RI 02905
Phone: (401) 444-5411

DIRECTIONS FOR EMERGENCY VEHICLES:

- **Alumni Hall:** [Volleyball, Cross Country, Track, Basketball]

194 Walcott St., Pawtucket, RI 02860

- **Pariseau Field (McCoy Annex - Game Field):** [Football]

Ben Mondor Way, Pawtucket, RI 02860 Back gate entrance

- **O'Brien Memorial Field (Practice Field):** [Football]

1-83 Follett St., Pawtucket, RI 02860 Entrance behind Agnes Little School, off Ashton St.

- **McKinnon Alves Soccer Complex:** [Soccer]

33 Monticello Pl., Pawtucket, RI 02861 Entrance on Monticello

- **Lynch Ice Arena:** [Ice Hockey]

25 Andrew D Ferland Way, Pawtucket, RI 02860 Main or side entrance

- **Hank Soar Athletic Complex:** [Softball]

470 Prospect St., Pawtucket, RI 02860

- **Fairlawn Veterans Memorial Park:** [Baseball]

Legion Drive, Pawtucket, RI 02860

Important Phone Numbers:
Athletic Director: Erika Paiva
(O) **401-723-8100, extension 138**
(C) 760-696-0691

Athletic Trainer: Kelsey Harrold
(C) 401-450-5485

School Nurse: Kathy Freeborn
(O) **401-723-8100, extension 141**

Action Plan

- First qualified responder will begin efforts to resuscitate/treat the student. This person will be referred to as the FIRST RESPONDER in this plan.
- The FIRST RESPONDER should be designated before each sporting event.
- This person should be the athletic trainer, coach, or administrator trained in the American Heart Association Basic Life Support or the American Red Cross certification (CPR) and the use of an AED.
- Coaches should familiarize themselves with the location of the closest AED and telephone. This can be a cell phone, however, phone signal and amount of battery charge remaining would need to be checked prior to each event.
- All coaches are required to have current certification in CPR/AED training.
- In the case that a physician is among the first to respond, they can assume the role of leading CPR, but school personnel familiar with the EAP should remain in the team leader role.
- When in doubt, call 911 to initiate EMS. Time is of the essence in a true emergency situation.
- Once EMS has arrived on scene, they will obtain the head role and take charge of the athlete's care.

<u>INJURY REQUIRING EMS:</u> Athletic Director to call 911 if prompted by the Certified Athletic Trainer (When present. The respective Certified Athletic Trainers from the teams shall be the First Responder.)

Athlete or Spectator – If the injured party cannot be moved, then the coaches shall escort their teams to their respective locker rooms and wait for further instructions by the site manager. Game officials shall report to the coach's office. Event staff will direct emergency vehicles to the field/gym and assist crowd control.

The Athletic Director will assist with contacting a family member of the injured. No evacuation of the spectators is required.

<u>CATASTROPHIC INJURY:</u> Athletic Director to call 911 and Principal (When present. The respective Certified Athletic Trainers from the teams shall be the First Responder.)

Athlete – Teams are to be escorted by their coach to their respective locker rooms. The coach is to keep players inside the locker room until advised by the Athletic Director or the Director of Operations. The spectators are to be evacuated and doors of facility secured. The game/contest shall be postponed indefintely by the Athletic Director upon consultation with the Principal and Director of Operations.

Spectator- Same as above. The continuation of the game/contest to be determined by the Athletic Director after consultation with Principal and Director of Operations.
***Event staff will direct emergency vehicle onto campus and assist with crowd control.**

Person Activating EMS Responsibilities:

1) Call 911 immediately
2) Be prepared to give as much information as possible including:
    a. Your name, location, and telephone number
    b. Why you are calling (i.e., unconscious athlete)
    c. Condition of the athlete (breathing, pulse rate, BP, level of consciousness, etc.)
    d. Any treatment administered by the FIRST RESPONDER
    e. Location of the athlete (gym, field, etc.)

f. Directions to the location, if needed
g. Other information requested by dispatcher

3) NEVER HANG UP! Stay on the line until instructed by the dispatcher. After ending the call, report back to the FIRST RESPONDER that EMS is on their way.

Person Retrieving Emergency Equipment Responsibilities:

1) Retrieve AED first and return to the scene. Notify the FIRST RESPONDER that the AED is present.
2) All teams have a first aid kit, but in addition, the ATC will have their medical kit on the sideline with additional splints/slings/ice. If needed, FIRST RESPONDER may need equipment located in the athletic training room, which is located on the basement level of Alumni Hall.

SUDDEN CARDIAC ARREST (SCA)

Witnessed Athlete Collapse

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Check Responsiveness:
Tap on shoulder and ask,
"Are you all right?"

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Unresponsive: No breathing or has gasping breaths.
If unresponsive, maintain high suspicion of SCA.

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Activate EMS (911): Obtain AED. First Responder begin CPR
Check Pulse: No more than 10 seconds

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No Pulse Present: Begin chest compressions –
Give compressions only depressing the sternum
2 inches, allowing for complete recoil of the chest
until AED arrives; minimize interruptions between.

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AED Arrives: Apply pads
Assess Cardiac Rhythm

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Shock Advised: Give 1 shock
and resume CPR immediately. Recheck rhythm
every 5 cycles of CPR. Continue until EMS arrives
to take over or victim begins to move.

Pulse Present:
Continue Rescue Breaths

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No Shock Advised:
Recheck rhythm every 5 cycles
of CPR. Continue until EMS arrives
to take over or victim begins to move.

<u>AED LOCATIONS:</u>

AEDs can save lives, so it is important that coaches, athletic trainers, and school personnel know where to locate them in emergency situations. Saint Raphael Academy has 1 AED available for athletic events.

1. When in the gymnasium, the AED is located in the lobby on the wall next to the snack bar by the entrance. All coaches/sporting staff should know the location in case of emergency when an AED is necessary.
2. Portable AED is used to travel to different fields by the Athletic Trainer (when able to be present).

OTHER TYPES OF EMERGENCY SITUATIONS

FIGHTS/CROWD DISTURBANCE: Athletic Director to call 911 and Principal, if necessary.

Fight - *Team Participants.* Assistant coaches control the bench. The game officials and head coach are to assist with separating those who are fighting. On-site police officers and event staff are to position themselves on the field/court facing spectators for crowd control. Coaches are not to physically handle an opposing team's player unless they present a serious threat to themselves or others.

Fight/riot - *Spectators.* Coaches are to escort their teams to their respective locker room. The gates/doors are to be closed and manned by event staff to prevent anyone going to the locker rooms. **Athletes and coaches are not to engage in any spectator disturbances.** The site manager is to escort and secure game officials in the coach's office. On-site police officer will call for further assistance if necessary.

FIRE: Athletic Director to call 911, Principal and Director of Operations.
Teams exit nearest available exit to the field/gym. **(LEAVE IMMEDIATELY. DO NOT PICK UP BAGS OR EQUIPMENT.)** Respective coaches are to take a head count of their team including managers, statistician, etc. Report all unaccounted for to the Athletic Director. **DO NOT RE-ENTER BUILDING.**

With the assistance of event staff, spectators are to exit the nearest available exit to the parking lot. PPD (when present) and event staff are to assist with crowd control and keeping lanes clear for emergency vehicles.

POWER OUTAGE: Athletic Director to call head custodian and director of operations.
Everyone to remain in their seats until the emergency lights are activated. If evacuation of the field/gym is required, then emergency lights and flashlights will be used to safely escort teams and spectators in an orderly manner to a designated area.

BOMB THREAT/GAS LEAK: Athletic Director to call 911, Principal and Director of Operations. **(DO NOT USE CELL PHONES OR OTHER ELECTRONIC DEVICES.)**

Teams exit nearest available exit to the field/gym. **(LEAVE IMMEDIATELY. DO NOT PICK UP BAGS OR EQUIPMENT.)** Respective coaches are to take head count of their teams including manager, statisticians, etc. Report all unaccounted for to the Athletic Director. **DO NOT RE-ENTER BUILDING UNTIL NOTIFIED BY THE ATHLETIC DIRECTOR.**

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

1. Run

If there is an accessible space path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

2. Hide

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone/pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding are not possible

- Remain calm
- Dial 911, if possible; takes police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. Fight

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her

- Throwing items and improvising weapons
- Yelling
- Committing to your actions

14-DAY PRESEASON HEAT ACCLIMATIZATION PERIOD FOR SECONDARY SCHOOL ATHLETES (Taken directly from the RIIL website)

Core Principles:

1. **Acclimatization Period:** The first six days of RIIL approved practice will consist of no more than three (3) hours of practice time.
    a. For Field Hockey, a goalie helmet may be worn on the first two days. Beginning on the third (3rd) day, full protective (field hockey goalie) gear is permitted
    b. For Football: helmets only (days 1-2); helmets and shoulder pads (days 3-5).
    c. Recommend using shaded areas during rest breaks.
    d. Recommend cold water immersion tubs on site for warm weather activities

2. **Scrimmages/Games:**

    a. A student-athlete shall not be permitted to participate in a scrimmage until he/she has completed five (5) days of practice for all sports. Football: Full pads after five (5) days.
    b. Number of practices (prior to the first game) is ten (10). The first 5 days – no scrimmages; during the next 5 days, scrimmages would be allowed. Games (in accordance with our rules) may begin on the 11th day of practice
    c. Rest Period: During the first 14 days – no Sunday practices, games, scrimmages, walk-throughs, or other athletic activity.
    d. 3/5 Practice Rule (Days 8-13): The maximum allotted time per day for practice is 5 hours. A 5-hour practice day may not be followed by a practice day greater than 3 hours; therefore, practice days may follow a 3hr-5hr-3hr-5hr format.
    e. Recovery Period: On days 6-14, a minimum of a three (3)-hour recovery period must be provided after any session of greater than 2 hours in length. A three-hour recovery period must be provided before a walk-through.
    f. Double sessions on the same day count as one (1) practice day.
    g. Any student-athlete or transfer student who joins the team after the official starting date or mid-season must have the minimum number of practices as listed above.

Definitions:

- Practice – the time a player engages in physical activity. It is recommended that any practice session be no greater than three (3) hours in length. Warm-up stretching, conditioning, weight training and "cool-down" periods are **all considered practice**.
- Chalk talk, skull sessions, and film review are not considered practice time.

HEAT-RELATED PRECAUTIONS/RESTRICTIONS

***Before each practice and game, athletic trainers, coaches or the athletic director should use the app "Heat Index" to check the risk for heat-related injuries during activity for the day and base practice times/schedules off the results.**

EXTREME HEAT: In the event of extreme heat during practice/games, multiple fluid breaks should be scheduled frequently throughout.

A. When heat reaches a temperature of 78-82 degrees Fahrenheit and a humidity of 40-60%, athletes should receive fluid breaks every 25-30 minutes of activity.
B. When heat reaches a temperature of 82-87 degrees Fahrenheit and a humidity of 60-75%, athletes should receive fluid breaks and a 5-10-minute rest every 20-25 minutes. Shorts and t-shirts should be work (light colors) and shoulder pads and helmets only. Full equipment not allowed.
C. When heat reaches a temperature of 87-92 degrees Fahrenheit and a humidity of 75-80%, athletes should receive fluid breaks and 5-10-minute rest every 15-20 minutes. Shorts and t-shirts should be worn (light colors), and all equipment should be removed if worn for activity.
D. When heat reaches a temperature of 98 degrees Fahrenheit or higher and a humidity of 80% or higher, practices/games should be canceled or postponed. Practice may be held in air conditioned space.

- **SIGNS/SYMPTOMS & TREATMENT OF HEAT ILLNESSES:** All coaches and athletic trainers should be aware of the signs and symptoms of the many possible heat-related illnesses and understand the policies and procedures to carry out treatment and activate EMS if necessary. Below is a list of all the possible heat-related illnesses that may occur.

Heat Rash
Heat Syncope
Exertional Heat Cramps
Exertional Heat Exhaustion
Exertional Heatstroke
Acute Exertional Rhabdomyolysis
Hyponatremia

- **Heat Rash:** Raised red rash with prickling/tingling sensation. Continually towel the body to help prevent continuously wet skin.

- **Heat Syncope:** Rapid physical fatigue caused by overexposure to heat. Replace fluids and have athlete lay in cool area with cold towel.

- **Exertional Heat Cramps:** Muscle spasm caused from excessive loss of water, electrolytes and sodium. Replace large quantity of fluids (sports drinks) along with stretching.

- **Exertional Heat Exhaustion:** Result from dehydration. Can have pale skin, profuse sweating, stomach cramps and vomiting. Immediate rehydration and cooling efforts/move to a shaded or cool area.

- **Exertional Heat Stroke: THIS IS A MEDICAL EMERGENCY**. Caused from significantly increased body temperature and extreme circulatory and metabolic stress.
  - Increased body temp of 104 degrees Fahrenheit with rectal thermometer

- Nausea, vomiting, diarrhea
- Headache, dizziness, or weakness
- Confusion, disorientation, seizures, irrational behavior, emotional instability, combativeness or altered consciousness.
- Hot and wet or dry skin
- Dehydration
- Increased heart rate, decreased blood pressure, and/or rapid breathing.

Rapid cooling/activate EMS. Rectal temperature must go down to 102 degrees Fahrenheit before transport. (Rapid cooling must be full body submersion in either a submersion tub at 52 degrees Fahrenheit or a tarp for the athlete to lay on and be fully submerged in ice.) Any type of cooling method should be located closely to the field.

- **Acute Exertional Rhabdomyolysis:** An illness linked to those with sickle cell anemia causing muscle cramping, nausea, delirium, renal failure. This can be triggered by heat exhaustion and repetitive eccentric workouts. Can be life-threatening and be treated with rapid rehydration, electrolyte replacement and activation of EMS.

- **Hyponatremia:** Caused from low sodium concentration in the blood due to dehydration. Can be mild, medium or severe. Symptoms include dizziness, fatigue, confusion. Depending on severity, treatment may vary between rest and rehydration or EMS.

HYDRATION GUIDELINES: Proper hydration is important for all athletes to perform at their best. Athletes should be encouraged to drink fluids before, during and after to prevent any heat-related illnesses. The American College of Sports Medicine recommends the following guidelines:

- Drink 16 oz. of fluid before exercising
- Drink another 8-16 oz. 15 minutes before exercising
- During exercise, drink 4-6 oz. every 15-20 minutes
- After exercise, drink 24 oz. of fluid for every pound lost during exercise to achieve normal fluid status within a 6-hour period.

Fluid should be cold, which helps to promote gastric emptying.

LIGHTNING SAFETY

In the event of thunderstorms/lightning during any practice or game, the phrase “When it roars, head indoors” should be followed. During this time, every athlete and all spectators should be evacuated from the field and into cars/busses. The game or practice can only recommence once it has been 30 minutes since the last roar of thunder has been heard. All coaches, staff and athletic trainers should use this as a guideline for lightning safely. This protocol should be followed at all Saint Raphael Academy practices and competitions.

CARE FOR LIGHTNING VICTIMS:

- Survey the scene for safety.
- Activate EMS (call 911).

- Only move the victim if necessary. (This may be moving to a safe shelter.)
- Refer to the plan for acute care and emergency situations.

COLD-RELATED PRECAUTIONS/RESTRICTIONS

EXTREME COLD: In the event of extreme cold during practice and games, the following protocols should be followed by all coaches, staff and athletic trainers.

A. When temperatures reach 30 degrees Fahrenheit and below, all coaches, staff and athletic trainers should be aware of the risk for potential cold injuries.
B. When temperatures reach 25 degrees Fahrenheit and below, athletes should be wearing extra protective clothing and should be covering any exposed skin. Opportunities for rewarming should also be made accessible.
C. When temperatures reach 15 degrees Fahrenheit and below, consider modifying activity to limit exposure and allow frequent chances to rewarm.
D. When temperatures reach 0 degrees Fahrenheit and below, games and practices should be canceled and rescheduled.

· **Prevention with the use of clothing/layering:** In the event of extreme cold, proper gear and attire should be worn at all practices and games. Thin layers of clothing that can be added and removed are suggested.
  -Waterproof and windproof fabrics should be worn.
  -Clothing should not restrict movement.
  -Material should permit the free passage of sweat and body heat that would otherwise accumulate on the skin or the clothing and provide a chilling factor when activity ceases.

· **SIGNS/SYMPTOMS & TREATMENT OF COLD ILLNESSES:** All coaches and athletic trainer should be aware of the signs and symptoms of the many possible cold-related illnesses and understand the policies and procedures to carry out treatment and activate EMS if necessary. Below is a list of all possible cold-related illnesses that may occur.

Hypothermia **Frostbite**

· **Hypothermia:** A condition in which the body loses heat faster than it can generate heat. This is categorized when the body temperature drops below 95 degrees Fahrenheit. This can be caused by exposure to cold weather for extended periods of time or submersion in cold water. Symptoms include shivering, cold sensation, numbness, goosebumps, lack of coordination, stumbling, muscle stiffness, confusion, trouble speaking, trouble seeing and unconsciousness.

Treatment:
- Move the athlete into a warm area
- Remove all wet clothing and replace with dry
- Assess airway, breathing, circulation and treat accordingly if abnormal
- Monitor temperature using rectal thermometer:
  Mild: 98.7-95 degrees Fahrenheit
  Moderate/Severe: 94.9-90 degrees Fahrenheit

- Avoid friction massage to areas
- Re-warm by applying gentle heat to axillae, chest and groin
- Passive range of motion to the distal extremities to help stimulate blood flow and increase temperature

· **Frostbite:** Condition of the skin where the skin and underlying tissues freeze. This is most common on the fingers, toes, nose, cheeks and chin. Symptoms include pain, burning/prickling feeling, numbness, tingling, skin turning hard and white, skin starts to peel and blister, becomes firm, shiny and gray.

Treatment:

- Rule out hypothermia
- Re-warm effected areas by submerging in water (98-104 degrees Fahrenheit)
- Protect exposed areas by using gloves, hats, scarves, double layers when possible.
- If left untreated, can result in possible infections, nerve damage, and damage to the skin, muscle or bone.

RETURN TO PLAY PROTOCOL AFTER INJURY

After an injury, all athletes must be cleared by the Athletic Trainer before returning to activity. If under a doctor's care, a clearance note must be given to the AT before return to play is allowed. All athletes must have 90% strength to the injured area, as well as full range of motion and demonstrate functional return to play activities without any compensations.

CONCUSSION PROTOCOL

Concussion, a type of traumatic brain injury, is caused by a bump, blow or jolt to the head. Concussions can occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull. This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Saint Raphael Academy recognizes that protecting students from head injuries is one of the most important ways of reducing concussions. Although there is a risk of sustaining a concussion in any sport, education, properly fitted equipment, and supervision helps to minimize the risks of such injuries. Saint Raphael Academy's equipment for students is certified to meet the national safety standards approved by the National Organization for Care and Safety of Athletic Equipment (NOCSAE).

It is imperative that student-athletes know the signs and symptoms of a concussion, how such injuries occur, who to report to if they sustain any signs and symptoms and the possible long-term effects of the injury. This information should be reviewed periodically with student-athletes throughout each sports season in which they participated. Emphasis should be placed on the need for medical evaluation should such an injury occur and prevent any further injury from occurring.

Saint Raphael Academy complies with the Rhode Island Interscholastic League (RIIL) recommendations for concussion management. All parents and student-athletes are given the National Federation of State High School Associations Sports Medicine Handbook which outlines the definition of a concussion, signs and symptoms, sideline decision making, and return-to-play protocol. Parents and student-athletes must sign off that they have read and understand the School and Youth Programs Concussion Act Title 16-91 put forth by the Rhode Island General Assembly before being allowed to participate in after-school sport activities.

The Concussion Act states:
16-91-3 School district's guidelines to be developed and implemented. -(a) The department of education and the department of health shall work in concert with the Rhode Island Interscholastic League to develop and promulgate guidelines to inform and educate coaches, youth athletes and their parents and/or guardians of the nature and risk of concussion and head injury including continuing to play after the concussion or head injury. A concussion and head injury information sheet shall be signed and returned by the youth athlete and athlete's parent and/or guardian prior to the youth athlete's return to practice or competition.
(b) School districts are required to use training materials made available by the United States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training materials substantively and substantially similar thereto. The department of education shall post training materials made available by the Center for Disease Control and Prevention on its website. All coaches and volunteers involved in youth sport or activity covered by this chapter must complete a training course and a refresher course annually thereafter in concussions and traumatic brain injuries. Training may consist of videos, classes, and any other generally accepted mode and medium of providing information. School districts are encouraged to have school nurses complete a training course in concussions and traumatic brain injuries.
(c) School districts are encouraged to have all student athletes perform baseline neuropsychological testing, computerized or otherwise. Parents and/or guardians shall be provided with information as the risk of concussion and/or traumatic brain injuries prior to the start of every sport season and they shall sign an acknowledgment as to their receipt of such information.
(d) A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.
(e) A youth athlete, who has been removed from play, may not return to play until the athlete is evaluated by a licensed physician who may consult with an athletic trainer, all of whom shall be trained in the evaluation and management of concussions. The athlete must receive written clearance to return to play from the licensed physician.
(f) All school districts are encouraged to have an athletic trainer or similarly trained person at all recreational and athletic events addressed by this statute.

RETURN-TO-PLAY PROTOCOL FOR CONCUSSION

Step 1: Complete physical and cognitive rest. No exertional activity until asymptomatic.

Step 2: Return to full-time/normal cognitive daily activities, or normal cognitive function (all school activities, excluding PE).

Step 3: Low-impact, light aerobic exercise. This step should not begin until the athlete is no longer having concussion symptoms and/or is cleared by the treating licensed health care provider. At this

point the student may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.

Step 4: Basic exercise, such as running in the gym or on the field. No helmet or other equipment.

Step 5: Non-contact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight training can begin.

Step 6: Full contact practice or training. The athlete must participate in at least one full practice, without restriction, before being released to participate in a game.

Step 7: Normal competition/full game play.

- Each step should take a minimum of 24 hours. If symptoms occur at ANY step, the athlete must stop the activity. If any symptoms reoccur during this process, it is a sign that the concussion has not resolved, and the athlete must be asymptomatic for another 24 hours before beginning the return-to-play protocol again.

RETURN-TO-LEARN PROTOCOL FOLLOWING A CONCUSSION

Academic accommodations may help in reducing the cognitive load, thereby minimizing post-concussion symptoms and allowing the student to better participate in the academic process during the injury period. Necessary accommodations may vary by course. The student and parent are encouraged to discuss and establish accommodations with the school on a class-by-class basis. The return-to-learn process will be facilitated by a multidisciplinary care team including the athletic trainer, athletic director, school nurse, guidance counselor, teachers, consultants/specialists (as needed), and parent/guardians of the student-athlete as directed by the team physician.

Testing: Students with a concussion have increased memory and attention problems. They will not be able to learn as effectively or as quickly as before. High demanding activities like testing can significantly increase symptoms (e.g., headache, fatigue, fogginess, dizziness), which in turn can make testing even more difficult.

Note Taking: Note taking may be difficult due to impaired multi-tasking abilities and increased symptoms.

Work-Load Reduction: It takes a concussed student much longer to complete assignments due to increased memory problems and decreased speed of learning. Recovery can be delayed when a student "pushes through" symptoms. Therefore, it is recommended that the cognitive load be reduced, just as physical exertion is reduced. Examples of how to shorten work might be to reduce the length of essays, have the student do every other problem in the homework assignment, or highlight key concept areas for testing while eliminating testing on less important topics. Doing schoolwork in 15-minute intervals followed by a rest break is often needed.

Breaks: Students should take breaks as needed to control symptom levels. For example, if the headache worsens during class, the student should either put his/her head on the desk to rest. For worse symptoms, he/she may need to go to the nurse's office to rest prior to returning to class. It may be

necessary, in the case of symptoms that do not subside after resting in the nurse's office, for the student to go home from school.

Extra Time: Students may experience severe symptoms some days or nights and not others. With increased symptoms, students are advised to rest and therefore may need to turn in assignments late on occasion.

School Environment: The school setting has a variety of constant visual and audible stimuli. Noisy classrooms, hallways, auditoriums, and cafeterias can provoke symptoms in concussed students. Bright halogen lights, smart boards/computer screens and projectors are visual stimuli that often exacerbate symptoms. Modifications for a stimulus may be needed during the student's school day. Allowing students to leave class 5 minutes early to avoid loud hallways, eat in a quiet place during lunch, allowing pre-printed notes, and use of a baseball hat and/or sunglasses to block light are good options.

Physical Exertion: At no point shall a student return to physical activity while experiencing symptoms unless cleared by a physician to do so. Return-to-play protocols must be completed with a certified athletic trainer or other qualified medical provider before the student may participate in physical activity.

Red: Phase I
Expected Duration: 2-6 Days
Goals/Key Idea: Complete Rest

Teachers' Actions:

- Contacted by school nurse/guidance counselor
- Explanation of current injury and plan of care

Student Actions (with parental guidance):

- Out of school
- Strict limits of use of computer, TV, testing, video games
- No sports/physical activity

Progress to phase II when able to tolerate up to 20 minutes of mental exertion without worsening symptoms.

Orange: Phase II
Expected Duration: 2-14 Days
Goals/Key Ideas: Significant deficits in processing and concentration. Cognitive activity as tolerated.

Teachers' Actions:

- Develop list of three categories for all assignments
  1. Excused: Not to be made up
  2. Accountable: Responsible for content, not process. May be notes or work share by a classmate or may be covered in review sheet.
  3. Responsible: Must be completed by student and will be graded

Student Actions (with parental guidance):

- In school as tolerated; gradually increasing to full days.

- Continue limits on screen time, use of electronics/reading.
- Complete schoolwork in small blocks of time.
- When present: observing, then moving on to participation. Get copies of notes/handouts.
- Communicate with teachers about progress/challenges.
- Be patient with slow recovery; just do your best.
- No sports/physical activity.
- Visit nurse's office often for rest before opting to go home if symptoms do not subside.

If phase II lasts longer than 2 weeks, consider implementing a reduced courseload. Progress to phase III when symptoms decrease and student is tolerating a full class schedule and/or working with the guidance office for continued academic modifications.

Yellow: Phase III
Expected Duration: 3-7 Days, possibly more
Goals/Key Idea: Gradual increase of time and energy. Slowly resuming full workload

Teachers' Actions:

- Continue to use lists with the three categories for all assignments (both make-up and new) until all work is completed and assist with setting a timeline for completion of assignments.
- Limit to one test per day. Student may need extended time.
- Discuss other accommodations as needed with multidisciplinary care team.

Students Actions (with parental guidance):

- Steady return to full class load.
- Self-advocate at school, communicate with teachers and parents on the pace of resuming a full workload. (Staggered due dates for assignments, tutor if needed)
- No sports/physical activity.

Progress to phase IV when overall symptoms continue to decrease and student is tolerating a full academic load with minimal or no accommodation.

Green Phase: IV
Expected Duration: Indefinite
Goals/Key Idea: Complete resumption of normal activities

Teachers' Actions:

- Monitor completion of assignments.
- Communication with parents and staff as to when the student is caught up with assignments and working at the same pace as classmates.
- Communicate with guidance office as grades are updated.

Student Actions (with parental guidance):

- Resume all normal cognitive activities.
- Communicate with teachers on progress of assignments and completing make-up work.
- Work with athletic trainer to complete a supervised return-to-play protocol for athletics and gym class.

MENTAL HEALTH PROTOCOLS

Throughout the course of a sports season, an athlete may experience some mental health concerns. Some of these can include depression, substance/alcohol abuse, anxiety, eating disorder, and contemplating suicide. There are a number of triggers that can account for these conditions; they can include struggling performance, career-ending/traumatic injuries, relationship changes, academic pressures, bullying/hazing, death of a friend or family member, or home stressors. Coaches, athletic trainers, and school nurses interact with students daily and may recognize when there are changes in a student-athlete's outlook/habits.

RECOMMENDATIONS:

1) Stressor awareness and education: Athletes should be monitored for signs of head injuries, depression, effects of ADHD, eating disorder, and anxiety. Educating student athletes on stress management strategies and referrals to appropriate professional may be needed.

2) Psychological evaluation and care: Using a team approach, the ATC, school nurse and physician should collaborate to identify students at risk and refer them to an appropriate mental health professional (clinical psychologist, psychiatrist, or licensed social worker).

3) Plan for recognition and referral: Designing a plan with the athletic department and school administration for approval and feedback. Once approved, it should be distributed to the athletic trainer, coaches, school nurse, school councilors and physician.

4) Approaching the athlete: Approaching the athlete about your concerns can be uncomfortable; keep in mind their health and wellness is most important. Have accurate facts when meeting with the student and an empathetic outlook. Encourage the student to talk about his or her situation.

5) Discuss confidentially issues: Any athlete that is under the age of 18, their parent must be notified of the potential for a consult. If the athlete is over the age of 18, the athlete must authorize for their parents to be notified.

6) Scheduling the mental health evaluation: Once the athlete/parents have agreed to a mental health evaluation, the athletic trainer, school nurse, or school counselor can give a referral and help schedule the athlete as soon as possible.

7) Know when an emergency referral is needed: If an athlete demonstrates violence towards him/herself, others, or to property, reports feeling out of control, unable to make sound judgments, or confusion, an emergency consult is needed.

8) Address emergencies and catastrophic incidents: Early interventions can be helpful in resolving traumatic stress. A collaborative approach may be the most beneficial approach.

- Approach with empathy and support
- Enact the school crisis plan
- Notify the school crisis team
- Identify the level of intervention or referral needed
- Ensure safety and err on the side of safety
- Collaborate with collages

- Mobilize the student's support system (family)
- Connect immediately with appropriate resources
- Follow up on the referral

9) Determine need for crisis counseling: Traumatic events in students' lives can occur at any time. These can include a death in the family, exposure to suicide, and change in health status, to name a few. It's important to assess each student on an individual basis.

At Saint Raphael Academy, the crisis team will include the Athletic Director, the Athletic Trainer, the School Nurse, and the School Counselors. If a coach is alerted to any of the above situations, he/she should notify the Athletic Trainer in order for crisis team interventions to be set in motion.

Mental Health Referrals:

1) Bradley Hospital
1011 Veterans Memorial Parkway
East Providence, RI 02915
(401) 432-1000

2) Elizabeth R. Didie, PhD
Licensed Clinical Psychologist
325 Angel Street
Providence, RI 02906
(401) 787-3219
(401) 272-3221 (Fax)

3) Kristin Stone or Ronald Thebarge
400 Massasoit Ave., Suite 305
East Providence, RI 02914
Or
1130 Ten Rod Road, Suite E305
North Kingstown, RI 02852
(401) 294-0451
(401) 294-0461
Receptionist@RICBT.com

RIIL SPORTS MEDICINE ADVISORY COMMITTEE COVID-19 PROTOCOLS
(2021)

Social Distancing

• Social distancing in all venues must be encouraged at all times in accordance with current state requirements.
• Consider spacing in all indoor venues on campus.
• Student athletes must observe current social distance requirements in the bench area.

Personal Protective Equipment

• When possible, athletes should not share gear and instead use their own personal equipment.
• Each athlete should have his/her own personal defined hydration container that is never to be shared.
• Masks should be worn in accordance with all school district, CDC, and RIDOH guidelines.
• Hand sanitizer should be made available throughout the facility by the school for use before, during, and after workouts, practices and games.

Pre-participation Exams

• All athletes should have a current pre-participation physical on file
• The most recent medical evidence recommends consideration of cardiac testing if a student athlete has previously tested positive for COVID-19. This should be discussed with the school physician on a case-by-case basis.

Return-to-Play (RTP) Procedures After COVID-19 Infection

• Athletes who have tested positive for COVID-19 must be cleared by their primary care physician or a medical professional prior to beginning the RTP protocol below.
• Athletes must complete the progression below without development of shortness of breath, respiratory difficulty, chest pain, chest tightness, palpitations, light headedness, pre-syncope or syncope. If these symptoms develop, the athlete should be referred back to their evaluating physician.

The 7-day RTP procedure below should be overseen by a licensed medical professional.

o **Stage 1:** (2 days minimum) Light activity (walking, jogging, stationary bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

o **Stage 2:** (1 day minimum) Add simple movement activities (e.g., running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

o **Stage 3:** (1 day minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

o **Stage 4:** (2 days minimum) Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

o **Stage 5:** Return to full activity.

POST-COVID RETURN-TO-PLAY PLAN

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the athlete should be referred to their evaluating physician.

Date: **Stage 1: (2 days minimum)** Light activity (walking, jogging, stationary bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date: **Stage 2: (1 day minimum)** Add simple movement activities (running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Date: **Stage 3: (1 day minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date: **Stage 4: (2 days minimum)** Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Date: **Stage 5:** Return to full activity

Plan supervised and completed by (Print name):

_____

Signature: _____ Date:_____

Healthcare credentials: _____

Date of Positive Test	Date-End of Isolation	Date-Start RTP	Date- Full Participation

*Portions of this Emergency Action Plan has been adapted from the East Providence High School, East Providence, RI EAP, Resources from the National Athletic Trainers Association and the Rhode Island Interscholastic League.