

Lake Central High School Athletic Department



Sports Medicine Policies & Procedures Manual

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Lake Central High School Concussion Policy

This concussion policy has been developed to reflect the concussion management guidelines recommended in the most updated *Consensus Statement on Concussion in Sport*¹, the current Indiana state laws², and the guidelines of the Indiana High School Athletic Association (IHSAA)³ regarding return to play in an IHSAA-sanctioned sport following a concussion.

A concussion is a brain injury that can be caused by a bump, blow, or jolt to the head or by a blow to another part of the body that causes force to be transmitted to the head;⁴ this disrupts the way the brain normally works.⁵ Most sports concussions occur without loss of consciousness,⁴ and signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If a student-athlete is reporting any symptoms of concussion or any signs of concussion are observed, the student-athlete should be removed from play and referred to an appropriate healthcare provider immediately.¹⁻⁴

Common Signs and Symptoms of Concussion^{1,4}

The following signs and symptoms may be reported by the student-athlete and/or observed by an athletic trainer, coach, official, teammate, or relative.

Thinking/Remembering	Physical	Emotional/Mood	Sleep Disturbance
<ul style="list-style-type: none">• Difficulty thinking clearly• Feeling slowed down• Difficulty concentrating• Difficulty remembering new information	<ul style="list-style-type: none">• Headache• Nausea/Vomiting• Balance Problems• Dizziness• Visual Disturbances• Fatigue• Noise Sensitivity• Light Sensitivity	<ul style="list-style-type: none">• Irritability• Sadness• Feeling more emotional• Nervous/anxious	<ul style="list-style-type: none">• Drowsiness• Sleeping more than usual• Sleeping less than usual• Trouble falling/staying asleep

If any of the above signs and symptoms are reported/observed, it is imperative that the student-athlete be removed from play immediately and kept out until evaluated by an appropriate healthcare professional (athletic trainer, medical doctor [MD], or doctor of osteopathic medicine [DO]).

Concussion Management

Any student-athlete even suspected of suffering a concussion should be removed from the game or practice immediately and evaluated by a healthcare professional as soon as possible.¹ No athlete may return to activity after an apparent head injury without being evaluated by an athletic trainer or physician (MD or DO) regardless of how mild symptoms appear or how quickly they seem to resolve,^{2,3} and close observation of the athlete should continue for several hours following the initial injury.⁴

Steps once an athlete is removed from play for a concussion:

- Student-athlete should be evaluated by athletic trainer (or athletic trainer notified if not on site).
- Parents/guardians should be contacted.
- Patient should be referred to a physician or emergency room as appropriate.
- Concussion information sheet & state release form should be issued to parents.

Risk of Re-Injury^{1,4,8}

All concussions are potentially serious and may result in complications, including brain damage and death, if not recognized and managed properly. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of further injury for a period of time after that concussion occurs, particularly if the athlete suffers another concussion/head injury before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating effects.



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Return to Play

Returning to athletic participation at Lake Central High School following a concussion is a multi-step process designed to minimize the potential for complications. Once an athlete is removed from play for a concussion, Indiana House Bill 1120² mandates that the athlete must remain out of athletic activity for a minimum of 24 hours and have a written medical release prior to return to play. To comply with this, all student-athletes are required to turn in a *Concussion Evaluation and Release to Play Form for Licensed Health Care Providers*⁶ signed by an MD or DO.

In addition, all in-season student-athletes currently on an athletic roster take a baseline computerized neurocognitive test (ImPACT Test) to assess cognitive functions such as memory, reaction time, processing speed, and concentration.⁷ Following a concussion, a post-injury ImPACT Test will be administered by the athletic trainer to reveal any deficits and to track when those deficits resolve.

Finally, concussion symptoms will also be assessed and monitored by the athletic trainer to ensure full resolution prior to any return to contact activity. As symptoms resolve, physical activity should be re-introduced gradually following the Graded Return to Play Protocol outlined in the table below under the supervision of an athletic trainer whenever possible.^{1,8}

Return to play criteria:

- ☐ Concussion Evaluation and Release to Play Form for Licensed Health Care Providers signed by MD/DO³
- ☐ Post-injury ImPACT Test with all composite scores within Reliable Change Index of baseline test⁷
- ☐ Complete resolution of symptoms both at rest and with exertion^{1,2}
- ☐ Completion of a five step gradual return to play with no return of symptoms (outlined below)^{1,2}

Graded Return to Play Protocol^{1,8}

Stage:	Exercise Level:
1. Light Activity	Perform light aerobic activity to increase heart rate (keep below 70% of predicted max.)
2. Moderate Activity	May begin light resistance training and more sports-specific non-contact activities (add more movement).
3. Heavy Non-Contact	Return to lifting and more complex movements in practice while still remaining non-contact. All conditioning/lifting activity is permitted and encouraged at this point.
4. Full Contact Practice	Only following clearance from physician and athletic trainer. May return to normal practice activities.
5. Game Play	May return to full game play.

*At least 24 hours should be taken between each step. Any return/worsening of symptoms necessitates dropping back to the previous step.

References

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2. Indiana (State). Legislature. House. House Bill No. 1120, 2016. <https://iga.in.gov/legislative/2016/bills/house/1120#document-ddd6a5ad>
3. Indiana High School Athletic Association. IHSAA Suggested Guidelines for Management of Concussion. <http://www.ihsaa.org/Portals/0/ihsaa/documents/quick%20resources/IHSAA%20Concussion%20Guidelines.pdf>
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7. ImPACT Applications, Inc. The ImPACT Test. <https://www.impacttest.com/products/?ImPACT-Immediate-Post-Concussion-Assessment-and-Cognitive-Test-2>
8. Broglio SP, Cantu RC, Gioia GA, et. al. National Athletic Trainers' Association Position Statement: Management of Sport Concussion. *J Athl Train*. 2014; 49(2): 245-265. Doi: 10.4085/1062-6050-49.1.07



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Lake Central High School Cold Policy

During the late fall, winter, and spring, student athletes may be subjected to moderate to severe cold temperatures during outdoor activities. In an effort to provide the highest standard of care for our student-athletes in a potentially life-threatening environment, Lake Central has developed a policy to regulate the participation of student-athletes in these potentially hazardous conditions. This policy applies to all student-athletes participating in an IHSAA-sanctioned sport.

Factors That Increase Risk of Cold Injury¹

- Wind speed
- Precipitation/Moisture

Medical Conditions Predisposing Student-Athletes to Cold Injury¹

- Exercise-Induced Bronchospasm/Asthma
- Raynaud Syndrome
- Low BMI, Anorexia Nervosa
- Cold Urticaria
- Cardiovascular Disease
- Previous Cold-Related Injury

Signs and Symptoms of Cold Injury¹

It is imperative for everyone involved in the welfare of the student-athletes to be educated and aware of the signs and symptoms associated with environmental cold stress, and any student-athletes with a suspected cold-related condition should be immediately removed from play and evaluated by an appropriate healthcare provider (athletic trainer, physician) before return to participation.

Hypothermia

- Common signs and symptoms include: shivering, lethargy, amnesia, impaired motor control, pale/cold face & extremities, decreased heart rate, slurred speech, impaired mental function.
 - *Core body temperature is below 95 degrees F.*
- Treatment: Remove wet clothing, warm with dry insulating blankets, cover the head, get to a warm environment, provide warm beverages.
 - Avoid: Friction and re-warming the extremities initially.

Frostnip

- Common signs and symptoms include: skin appears very firm with cold, painless areas that may blister/peel in 24-72 hrs.

Frostbite

- Frostbite involves actual freezing of body tissue. Fingers, toes, earlobes, and nose are most susceptible although any body area can be affected.
- Common signs and symptoms include: dry/waxy skin, swelling, burning and/or tingling, limited movement, white/blue/gray patches, aching/throbbing/shooting pain.
- Treatment: Gradual re-warming of the affected area in warm (not hot) water.
 - Avoid: Friction or rubbing of the tissue.

Chillblain

- Chillblain references an exaggerated or uncharacteristic inflammatory response to cold exposure.
- Common signs and symptoms include: red/blue lesions, swelling, tenderness, itching/numbness/burning, increased temperature.
- Treatment: wash and dry area, elevate, and cover area with loose clothing/blankets.
 - Avoid: Friction and lotion.



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Guidelines for Practice and Competition Regulation¹

The temperature, wind chill, and presence/expectancy of precipitation will all be used to determine appropriate level and duration of outdoor activity.

Prevention Strategies

- Require appropriate clothing.
 - Layering (1st layer: moisture wicking—avoid cotton, outer layer: wind blocking, water resistant)
 - Full length pants, long sleeves, ear/head/hand protection
 - Athletes dressed inappropriately should be held from participation
- Monitor players condition and hydration status (*never* allow athletes to train outdoors alone).
- Limit length of outside activity and allow time for re-warming.

Practice/Competition Modification Guidelines

- When wind chill is below 30°F, all exposed skin must be covered (minimum pants/long sleeves).
- When cold exposure risk is high (0-15°F with wind chill), all practices must be performed inside.
 - Extreme caution should be taken when hosting or attending athletic events held outdoors.
 - Expected level of precipitation should be taken into consideration.
 - At a minimum, clothing should not be limited, re-warming breaks should be allowed, and athletes should be closely monitored.
- When cold exposure risk is extreme (below 0°F with wind chill), all practices should be performed indoors and all outdoor athletic events should be canceled/rescheduled.

Cold Weather Guidelines¹

Risk	Wind Chill	Activity Guidelines
Normal	>30°F	Monitor weather conditioning for changes in precipitation/temperature/wind.
Low	25-30°F	Be aware of the potential for cold injury and monitor athletes for signs/symptoms.
Moderate	15-25°F	Provide additional protective clothing, cover as much exposed skin as practical, provide opportunities and facilities for re-warming, and monitor athletes
High	0- 15°F	Move practices indoors, modify activity duration, allow frequent chances re-warm.
Extreme	<0° F	Move all practices indoors and cancel/reschedule outdoor events.

National Weather Service Wind Chill Chart²

		Temperature (°F)																	
Wind (MPH)	Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
	45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
	55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
	60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

<http://www.nws.noaa.gov/om/winter/windchill.shtml>

Frostbite Times: 30 min 10 min 5 min

References

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2. National Weather Service Wind Chill Chart. <http://www.nws.noaa.gov/om/winter/windchill.shtml>



Lake Central High School Athletic Department

Lake Central High School Heat Policy

During the spring, summer, and early fall, student-athletes are often subjected to moderate to severe temperature and humidity. In an effort to provide the highest standard of care for our student-athletes in a potentially life threatening environment, Lake Central has developed and implemented a policy to regulate the participation of student-athletes when the heat is potentially hazardous. This policy is used in combination with all IHSA and NFSA acclimatization guidelines. While it is impossible to design for all possible scenarios, it is possible to implement a strategy that can reduce the opportunity for catastrophic injury. This policy applies to all student-athletes participating in both indoor and outdoor IHSA-sanctioned activities.

Signs and Symptoms of Heat Injury¹

It is imperative for everyone involved in the welfare of the student-athletes to be educated and aware of the signs and symptoms associated with environmental heat stress.

Dehydration

- Athletes suffering from dehydration may exhibit one or more of the following symptoms: dry mouth, thirst, irritability, general discomfort, headache, apathy, weakness, dizziness, cramps, chills, vomiting, nausea, head or neck heat sensations, excessive fatigue and/or decreased performance.

Heat Exhaustion

- Heat exhaustion is defined by physical fatigue, dehydration and/or electrolyte depletion, ataxia, coordination problems, syncope, dizziness, profuse sweating, pallor, headache, nausea, vomiting, diarrhea, stomach/intestinal cramps, persistent muscle cramps, and rapid recovery with treatment.
 - *Core body temperature between 100 and 103 degrees F.*

Exertional Heat Stroke

- Exertional heat stroke is a severe illness characterized by central nervous system abnormalities and potential tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.
 - *Core body temperature at or above 104 degrees F.*
 - ***Medical emergency (activate EMS, reduce body temperature as quickly as possible, preferably using cold water immersion until shivering begins)***
- The affected student athlete will display some or all of the following: nausea, vomiting, diarrhea, headache, dizziness, weakness, hot and wet or dry skin, increased heart rate, decreased blood pressure, increased respiratory rate, dehydration and combativeness.
- More severe cases may display altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, or apathy.

This is not a comprehensive list of heat-related illness; therefore, any student-athletes with a suspected heat-related condition should be immediately removed from play and evaluated by an appropriate healthcare professional (i.e. athletic trainer, physician) before return to participation.

Temperature Assessment

To determine risk category for practices/games, temperature and humidity readings will be taken daily when the Athletic Trainer is on-site, which allows the athletic trainer, the athletic director, and the head coach the information to make critical decisions regarding practice and game day restrictions. When an athletic trainer is not on-site, the supervising coach can use closest available temperature and humidity readings to calculate the heat index.

- WBGT/heat index should be initially measured during the **hour before** practices begin.
- Thereafter, it should be re-measured each **hour** on the turf during football practices.



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Guidelines for Practice Regulation

The WBGT reading will be used to determine appropriate activity and rest-break guidelines according to the guidelines below. If a WBGT reading is not available, heat index may be calculated from the temperature and relative humidity following the heat index chart below.

- All IHSA/NFSA acclimatization guidelines shall be followed by Fall preseason sports
- When WBGT is >87.0 and an athletic trainer is present, at least one tub will be set up on the school premises for full body immersion and rapid body cooling if needed.
- All breaks should involve unlimited hydration (water/electrolyte drinks) with no activity.
 - For football, helmets should be removed during rest time.
- When WBGT is >87.0, ice towels/cold spray bottles should be available during breaks
- **ALL** teams must move practice into an air-conditioned area or cancel/delay practices/games when WBGT is above 92.0.
- These guidelines are based on the maximum WBGT/heat index allowed before modifications must be made; however, additional modifications may be required if the athletic trainer believes the current environment is too dangerous for the student-athletes.

Wet-Bulb Globe Temperature (WBGT) Guidelines

Category	WBGT	Heat Index	Activity and Rest-Break Guidelines
Normal	<82.00	<80	Normal activities: 3 breaks/hour (3 minutes each)
Caution	82.0-86.99	80-90	Use discretion for intense/prolonged exercise. Monitor at-risk players. Provide 3 breaks/hour (minimum duration of 4 min).
Extreme Caution	87.0-89.99	91-105	Maximum practice time 2 hours with 4 breaks/hour (4 min each). Football practice restricted to helmet, shoulder pads, and shorts during practice. All equipment removed for conditioning.
Danger	90.0-92.0	106-129	Maximum practice time 1 hour; no conditioning allowed. Breaks every 10-15 min (minimum duration of 4 min) for a total of at least 20 minutes of breaks throughout the practice. No protective equipment may be worn during practice.
Extreme Danger	>92.0	>130	No outdoor practice allowed (cancel practice or delay until WBGT readings improve)

*Guidelines based on recommendations from the National Athletic Trainer's Association¹ and the IHSA².

Heat Index Chart³

		Relative Humidity											
Temp (°F)	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
80	80	80	81	81	82	82	83	84	84	85	86	86	87
82	81	82	83	84	84	85	86	88	89	90	91	93	95
84	83	84	85	86	88	89	90	92	94	96	98	100	103
86	85	87	88	89	91	93	95	97	100	102	105	108	112
88	88	89	91	93	95	98	100	103	106	110	113	117	121
90	91	93	95	97	100	103	106	109	113	117	122	127	132
92	94	96	99	101	105	108	112	116	121	126	131	137	143
94	97	100	103	106	110	114	119	124	129	135	137	148	155
96	101	104	108	112	116	121	126	132	135	141	146	160	168
98	105	109	113	117	123	128	134	138	144	150	157	172	181
100	109	114	118	124	129	136	141	147	154	161	168	185	195
102	114	119	124	130	137	143	149	156	164	172	180	199	210
104	119	124	131	137	144	151	158	166	175	184	193	214	226
106	124	130	137	145	153	162	172	182	193	204	216	229	243
108	130	137	144	153	162	172	182	193	205	218	231	245	260
110	136	143	150	161	171	182	194	206	219	233	247	262	278

*Based on the IHSA's Heat Index³

References

1. Casa DJ, DeMartini JK, Vergeron DC, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *J Athl Train*. 2015; 50(9): 986-1000. Doi: 10.4085/1062-6050-50.9.07
2. Indiana High School Athletic Association Heat Index Information & Chart. <http://www.ihsaa.org/Portals/0/ihsaa/documents/general/Heat%20Chart.pdf>



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Lake Central High School Lightning Policy

During the summer, fall, and spring seasons, athletic teams participating in outdoor activities may be subject to inclement weather. Since lightning could result in a potentially life-threatening situation, coaches, athletic trainers, administrators, and officials should all be educated regarding the signs of thunderstorm development.

Recognition

Since the average distance between successive lightning flashes is approximately 2-3 miles, anytime that lightning can be seen or heard, the risk may already be present.^{1,2}

Practices: When present, an athletic trainer will monitor weather patterns and initiate evacuation and return to play procedures. If practices are held when an athletic trainer is not on site, the head coach or supervising coach will be responsible for implementing evacuation and appropriate return to play procedures.

Game Play: During regulation play, the head official will be responsible for initiating evacuation of all athletic participants. The athletic trainer, coaches, athletic director, or supervising administrator may provide the official with relevant information or be appointed by the head official to monitor the weather patterns and report findings.

To aid in identifying potential lightning threats, all athletic trainers on staff utilize iStrike's alert service during the spring and fall seasons of high school athletic competition. This service provides location-specific alerts via text message regarding cloud-to-ground lightning strikes and severe weather activity.³

Weather Monitoring

The following methods are appropriate for monitoring weather conditions and identifying potential lightning threats:

- iStrike:³ Carried by all athletic trainers from April to June and from August to November
 - Warning Range (evacuation zone): set for 8 mile radius
 - Alert Range (preparation for evacuation): set for 12 miles radius
 - Detected Range (closely monitor weather patterns): set for 20 mile radius
- National Weather Service:
 - Local forecast
 - Severe storm watches and warnings
- Lightning: Unless the lightning can be verified as outside the warning zone and moving away from the location in question by iStrike, all activity should be suspended upon seeing lightning, and evacuation and return to play procedures should be initiated
- Thunder: Thunder can typically be heard for approximately 10 miles, depending on conditions. Unless the lightning can be verified as outside the warning zone and moving away from the location in question by iStrike, all activity should be suspended upon hearing thunder, and evacuation and return to play procedures should be initiated

Evacuation

If lightning is imminent or a thunderstorm is approaching, all personnel and student-athletes shall evacuate to available safe structures or shelters. A list of the closest safe structures is listed on the following page and will be announced if evacuation is required during an event. During practice, athletes should report to the evacuation location listed in the table, their locker rooms, or inside the high school as directed by their supervising coach in the event of inclement weather.



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Evacuation Locations for Home Sporting Events

Venue	Home Team	Visiting Team(s)
Football Stadium	Home Locker Room (FB Stadium)	Visitor Locker Room (FB Stadium)
Varsity Baseball Field	Home Locker Room (FB Stadium)	Visitor Locker Room (FB Stadium)
Varsity Softball Field	Maintenance Shed	Maintenance Shed
JV Baseball Field	JV Press Box	JV Press Box
JV Softball Field	JV Press Box or Maintenance Shed	JV Press Box or Maintenance Shed
Soccer Game Field	Main Gym/Hallway (Door A2)	Main Gym/Hallway (Door A2)
Tennis Courts	Main Gym/Hallway (Door A2)	Main Gym/Hallway (Door A2)
Cross Country Course	Main Gym/Hallway (Door A2)	Main Gym/Hallway (Door A2)

Return to Play

It is required by IHSAA guidelines to wait at least 30 minutes after lightning activity ceases to resume athletic competition.²

- Any subsequent lightning or thunder after the beginning of the 30-minute count shall reset the clock, and another 30 minute count shall begin.

The 30 minutes free of lightning activity may be confirmed using one of the two following methods:

- Wait at least 30 minutes after the last flash of lightning is witnessed or thunder is heard prior to resuming practice or competition
- Receipt of a “30 min. all clear” release by the covering athletic trainer from iStrike indicating no lightning activity within the “warning zone” (8 mile radius) for 30 min.

Away Events

It is required by the IHSAA Official’s Handbook for an official covering an athletic competition in the state of Indiana to suspend athletic activity in the presence of lightning and/or thunder and wait 30 min. from the last visible lightning strike and/or audible thunder clap before resuming activity.² In the event that play is suspended at an away event, the Lake Central High School athletic team will evacuate to one of the following locations:

- A fully enclosed building (preferably with wiring and plumbing) such as a fieldhouse, locker room, or location inside the school identified by the hosting school.
 - Unenclosed facilities such as dugouts, tents, open garages, etc. are deemed unsafe.¹
- The school bus may be used for evacuation if a safe facility is not provided by the hosting team.¹
 - The head/supervising coach shall check weather conditions prior to departure from Lake Central High School, and in the event that inclement weather is suspected, use of the school bus as a backup shelter in the event of evacuation should be discussed with the bus driver to ensure the school bus is available.

References

- Walsh KM, EdD, Cooper MA, Holle R, Rakov VA, Roeder WP, Ryan M. National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation. J Athl Trai. 2013; 48(2): 258–270. doi: 10.4085/1062-6050-48.2.25
- IHSAA Official’s Handbook P 22. <http://www.ihsaa.org/Portals/0/ihsaa/documents/officials/Officials%20Handbook.pdf>
- iStrike. <http://www.istrikealert.com/about-us/>



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Lake Central High School Policy on Skin Diseases

During team sports, especially those requiring close bodily contact between athletes, it is imperative to minimize the potential for the spread of infectious diseases. This can be done through preventative activities as outlined below and through the immediate removal and treatment of student-athletes with suspicious skin conditions.

Signs and Symptoms of Common Communicable and Infectious Diseases¹

It is imperative that suspicious lesions be identified and treated early in order to avoid the spread of diseases. Any lesions that appear without known cause should be evaluated prior to return to athletic participation.

Bacterial Infections

- Impetigo
 - Bullous Impetigo: Raised blisters on the trunk or extremities that easily rupture, resulting in moist erosions surrounded by a scaly rim.
 - Nonbullous impetigo: Thin-walled vesicles which rupture, forming a honey-colored crust.
- Folliculitis: Papules/pustules at the base of hair follicles (shaved/taped/abraded areas are at a higher risk).
- Furuncles: Tender areas that develop a reddened, nodular swelling over several days.
- Carbuncles: Coalescence of multiple furuncles in a deep, communicating, purulent mass.
- MRSA: Presents similarly to other bacterial infections. Lesions beginning as small pustules may progress into larger pustules or abscesses.

Viral Infections

- Herpes simplex: Lesions consisting of clustered, tense vesicles on an erythematous base that are typically located on the head, face, neck, or upper extremities.
- Molluscum contagiosum: Lesions that typically measure 1-10mm in diameter, presenting as umbilicated/dimpled, flesh-colored-to-light-pink, pearly papules.

Fungal Infections

- Tinea capitis: Gray, scaly patches on the head accompanied by mild hair loss.
- Tinea corporis: Well-defined, round, erythematous, scaly plaque with raised borders.
 - Tinea Corporis Gladiatorum (wrestlers): often presents with more irregular lesions.

Recommendations to Avoid the Spread of Diseases¹

- Shower immediately following practices and competition with antimicrobial soap.
- Wash clothing worn during practice or competition daily.
- Periodically wash/disinfect athletic gear (ie knee pads) and equipment (ie shoulder pads, helmets), and any bags used to carry dirty clothing, gear, or equipment.
- Avoid sharing towels or personal hygiene products.
- Maintain clean environment in the locker rooms (sanitize lockers between seasons, clean floors/benches), mats (sanitize wrestling mats daily), playing fields (inspect for animal droppings or other sources for possible infection), athletic training room, and weight room (sanitize equipment daily).
- Any new skin lesion should be properly diagnosed and treated, and when treated, lesions should be covered prior to any athletic participation.



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Return to Play

Once a student athlete has been removed from participation due to a suspected skin disease, return to play shall not occur until the following criteria are met:

- Documented physician's release
 - Wrestling—Physician Release for Wrestlers documenting:
 - Earliest date for return to participation
 - Treatment type, start date, and duration
- Minimum criteria have been met for the lesion to be considered non-contagious (specific conditions outlined in table below)
- Non contagious lesions are kept covered for all athletic participation

Minimum Criteria to be Considered Non-Contagious²

Bacterial Diseases (impetigo, boils)	To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesion development for 48 hours. <ul style="list-style-type: none">• Oral antibiotic for three days is considered a minimum to achieve that status.• If new lesions continue to develop or drain after 72 hours, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered. In this case, antibiotic treatment should occur for a minimum of 10 days and all lesions must be scabbed over before return to athletic participation.
Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum)	To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge, and no new lesions should have occurred in the preceding 48 hours. <ul style="list-style-type: none">• For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days.• Recurrent outbreaks require a minimum of 120 hours or five full days of oral anti-viral treatment as long as no new lesions have developed and all lesions are scabbed over.
Tinea Lesions (ringworm scalp, skin)	Oral or topical treatment for 72 hours on skin and 14 days on scalp.
Scabies, Head Lice	24 hours after appropriate topical management.
Conjunctivitis (Pink Eye)	24 hours of topical or oral medication and no discharge.
Molluscum Contagiosum	24 hours after curettage.

References

1. Zinder SM, Basler RSW, Foley J, Scarlata C, Vasily DB. National Athletic Trainers' Association Position Statement: Skin Diseases. *J Athl Train.* 2010; 45(4): 411-428. Doi: 10.4085/1062-6050-45.4.411
2. NFHS Medical Release Form for Wrestlers to Participate with Skin Lesion(s). 2014.
<http://www.ihsaa.org/Portals/0/boys%20sports/wrestling/NFHS%20Medical%20Release%20Form%20for%20Skin%20Lesions.pdf>