

BOC Guiding Principles for AT Policy and Procedure Development



Table of Contents

| | |
|--|-----------|
| DISCLAIMER | 3 |
| INTRODUCTION | 4 |
| POLICY WORKSHEETS | 6 |
| Employee Safety | 6 |
| Facility Management | 7 |
| Patient Safety | 9 |
| PrivacyConfidentiality | 10 |
| Risk Management | 11 |
| SAMPLE POLICIES AND PROCEDURES | 13 |
| Crisis Management | 13 |
| Crisis Communication Procedures | 17 |
| Disposal of Medical Sharps | 19 |
| Emergency Action Plan | 21 |
| Exertional Heat Illness | 23 |
| Electrical or Facility Safety | 27 |
| Health Records | 29 |
| Infection Prevention and Controls | 31 |
| Lightning Safety | 35 |
| APPENDIX I : TEMPLATE FOR POLICY AND PROCEDURE DOCUMENT | 37 |
| APPENDIX II: CHECKLIST FOR DEVELOPMENT AND REVIEW OF INDIVIDUAL POLICIES AND PROCEDURES | 38 |
| APPENDIX III: SAMPLE FORMS FOR EMERGENCY ACTION PLANS | 42 |



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Introduction

BACKGROUND

The “BOC Guiding Principles for Policy and Procedures Development” was created by the Facility Standards Work Group in 2016. Their goal was to develop educational materials to assist ATs and other appropriate individuals in the development of policies and procedures for the delivery of health care in their organization. The 2016 work group included:

Jerry Diehl (Committee Chair)
Christopher Dean, ATC
Doug Killgore, CMAA
David Klossner, Ph. D, AT Ret.
Brian Michelotti, BA
Mark Stoessner, MA, AT, ATC
Ericka P. Zimmerman, EdD, LAT, ATC, CES, PES

The document provides a template to guide the development of policies and procedures in a manner that will be clear to all the appropriate individuals. In addition, the template provides a record-keeping function to demonstrate that training and retraining are a part of policy implementation. This is a critical part of organizational risk management. Sample policies and procedures are also included to help guide the reader in the development of policies and procedures specific to their organization. The following resources will help gauge your athletic training facility’s compliance with applicable state, federal and oversight agency regulations, as well as best practices.

POLICIES AND PROCEDURES

Policies and procedures are a critical component of any risk management plan, providing individuals with instructions to carry out the organization’s expectations. When written properly, clear expectations (policies) and instructions (procedures) allow for a policy to be implemented and provide standardization in daily operational activities.

Policies and procedures provide clarity when dealing with issues and activities critical to health and safety, legal liabilities and regulatory requirements. Organization leaders use policies and procedures to help communicate desired outcomes to employees and other individuals; further, they help clarify roles and responsibilities within the organization. Policies should set the foundation for the delivery of safe and effective care.

ADVANTAGES OF POLICIES AND PROCEDURES

Provide Structure to the Program - Well-written policies and procedures provide structure to any organization, no matter what size. By creating policies and procedures, organizations “know what the rules are” and how to measure compliance.

Provide Guidelines - They communicate the expectations of the organization, provide a guide for action, and help employees and supervisors to understand their jobs and responsibilities. A policy and procedure manual also helps employees and supervisors know how to respond to issues that might arise during the course of business.

Promote Consistency - Policies and procedures provide the framework within which an organization operates. They define what the organization does and how. Clear policies and procedures support effective decision-making and delegation of responsibility as they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. A clear policy framework results in fewer misunderstandings or debates about what to do in particular situations, meaning there will be transparency and consistency in the way the organization operates and makes decisions.

Adherence to Laws and Regulations - With the rapid pace of new and updated laws, organizations may struggle to adhere to and communicate ever-changing regulations and best practices. A policies and procedures document, when kept current, helps providers ensure compliance with all laws and simplifies the process of communicating change organization-wide.

Risk Management - Policies and procedures must comply with local, state and federal laws. For every new law or regulation, new or updated policies must be created and disseminated to staff. There are regularly changing provisions within the federal health care requirements, state laws and regulations. This makes it difficult to ensure that proper policies are not only created, but are efficiently communicated to the employees and all the appropriate individuals. It is difficult simply keeping up with every new law or regulation update. Ensuring policies and procedures are effectively rolled out to employees and all the appropriate individuals are just as complicated. In addition, policies and procedures should be reviewed and approved annually. The previous year's copy should then be kept as a part of the overall risk management plan.

SUMMARY

The process of developing and implementing policies and procedures is a practice that an organization will work on over a period of time in order to comply with legal requirements. Policies and procedures connect an organization's vision and goals to internal operations. They are internal controls and are vital to accountability within the organization's structure. Policies create an expectation or guide for an action within the organization, while procedures include step-by-step directions to carry out each policy. Blended together, policies and procedures provide a road map for an organization's workforce to follow.

BIBLIOGRAPHY

Adams WM, Casa DJ, Drezner JA. *Sport Safety Policy Changes: Saving Lives and Protecting Athletes. Journal of Athletic Training.* 2016;51(4):358-360.

Buchbinder SB, Shanks NH. *Introduction to Healthcare Management, 2nd Ed.* Burlington, MA: Jones & Bartlett Learning; 2012.

Harrelson GL, Garner G, Winterstein AP. *Administration Topics in Athletic Training Concepts to Practice.* Thorofare, NJ: Slack, Inc.; 2009.

Pagnotta KD, Mazerolle SM, Pitney WA, Burton LJ, Casa DJ. Implementing Health and Safety Policy Changes at the High School Level From a Leadership Perspective. *Journal of Athletic Training.* 2016;51(4):291-302.

Pozgar, GD. *Legal Aspects of Healthcare Administration, 12th Ed.* Burlington, MA: Jones & Bartlett Learning; 2016.

Ray R, Konin J. *Management Strategies in Athletic Training.* Champaign, IL: Human Kinetics; 2011.

Zimmerman, EP. *Checklist for Development and Review of Individual Policies and Procedures.* Omaha, NE: Board of Certification for the Athletic Trainer; 2016.

Zimmerman EP. *Litmus Testing Your Program's Policies & Procedures.* CAATE Accreditation Conference. October 17, 2015.



Policy Worksheets - Employee Safety

As you prepare to develop policies and procedures, it's important to consider a few questions about your athletic training facility and athletic health care program. Following are worksheets that will help you decide if your organization needs policies and procedures such as employee safety, facility management, patient safety, privacy/confidentiality and risk management.

| | | | |
|----|--|--|-----------------------------|
| 1. | Are all employees required to have bloodborne pathogen training annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy for training and maintaining records of employee training. • Check for any additional requirements by the state or other governing bodies (e.g., National Collegiate Athletic Association (NCAA)). | |
| 2. | Are all employees trained in infection prevention and control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy for training and maintaining records of employee training. • Have personal protective equipment available (e.g., gloves, face masks) • Have appropriate disinfectant materials available. | |
| 3. | Do you provide first aid care that involves blood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on bloodborne pathogen training for all staff. • Have a policy on disposal of medical sharps. • Have personal protective equipment available (e.g., gloves, face masks). • Provide appropriate waste disposal containers. | |
| 4. | Do you use scalpels, needles or other such tools (e.g. needles to drain blisters)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on bloodborne pathogen training for all staff. • Have a policy on disposal of medical sharps. • Have personal protective equipment available (e.g., gloves, face masks). • Provide medical sharps containers. | |
| 5. | Do you have a dress code? For ATs, for patients/student-athletes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, refer to: | Reference: www.osha.gov to ensure compliance with regulations | |
| 6. | Do you use a golf cart or other motorized vehicle to assist the athletic training program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on who can operate vehicle. • Have a policy on maintenance of the vehicle. • Check organization's insurance coverage for use of the vehicle by employees/non-employees. | |
| 7. | Do you have an active-shooter policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Ensure that training in the policy is documented. | |

Policy Worksheets - Facility Management

| | | | |
|----|---|--|-----------------------------|
| 1. | Are there any full walls, pillars or other obstructions in the athletic training facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy requiring staff on the floor when patients are in obstructed view areas. | |
| 2. | Do you have paper, plastic, wood or any other flammable materials (e.g., chlorine, oxygen) in the athletic training facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy on fire safety including training. Have a fire extinguisher in or near the facility. | |
| | If yes, refer to: | Reference: www.osha.gov | |
| 3. | Do you have oxygen available for emergency use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy for annual training on use, storage, handling and transportation of oxygen. | |
| | If yes, refer to: | Reference: www.osha.gov | |
| 4. | Do you have electrical outlets located near water sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy for annual ground fault circuit interrupter (GFI) inspection and maintenance of records of inspection. Have a policy on unplugging devices when not in use. | |
| 5. | Do you operate a whirlpool/pool in the athletic training facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy for annual GFI inspection. Have a cleaning/disinfecting policy. Have a policy for supervision when whirlpools are in use. | |
| 6. | Do you have rehabilitation equipment in the athletic training facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy on inspection, cleaning, maintenance and repair. Have a policy of lock out/tag-out to prevent use of broken equipment. | |
| 7. | Do you have any modalities in the athletic training facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy for annual maintenance and calibration recorded and maintenance of inspection records. Have a policy for regular GFI inspection. | |
| | If yes, refer to: | Reference: www.asrt.org/main/standards-regulations | |
| 8. | Is your facility inspected annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy to ensure compliance with all local and state fire and electrical codes. Ensure compliance with applicable regulations regarding access. | |
| | If yes, refer to: | Reference: www.ada.gov | |

| | | | | |
|-----|---|---|------------------------------|-----------------------------|
| 9. | Do you have an automated external defibrillator (AED)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Ensure the device is publicly accessible. • Have a policy on AED training. • Have a policy for inspection and testing of the AED. • Ensure that all emergency action plans include location of and use of AED. | | |
| | If yes, refer to: | Reference: www.nata.org/sites/default/files/automatedexternaldefibrillators.pdf | | |
| 10. | Do you have carpeted areas in the athletic training facility? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on cleaning and disinfection of surfaces in the athletic training facility. | | |
| 11. | Does the custodial staff clean the athletic training facility? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy for bloodborne pathogen training of all staff. • Have a policy on proper disposal of contaminated materials. • Have a properly marked receptacle for contaminated materials. • Ensure that personal protective equipment is available. | | |
| | If yes, refer to: | References: www.natajournals.org/doi/pdf/10.4085/1062-6050-45.4.411 www.nata.org/sites/default/files/mrsa.pdf | | |
| 12. | Do you use towels, pillowcases, etc. in the athletic training facility? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on changing out/washing linens. • Have a policy for washing laundry/linens/towels contaminated with blood/body fluids. | | |

Policy Worksheets - Patient Safety

| | | | |
|----|---|---|-----------------------------|
| 1. | Do you fill coolers with ice and water or sports drinks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Follow local health department regulations/requirements. Have a policy for cleaning, drying, storing and inspection of coolers. Have a policy for cleaning, inspection, maintenance of hoses and hardware (PVC pipes, etc.). | |
| 2. | Do you use any non-cooler watering systems (e.g., Hydration Station™, Waterboy®)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy for cleaning, inspection, maintenance of hoses and hardware (PVC pipes, etc.). | |
| 3. | Do you clean treatment areas between patients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy for bloodborne pathogen and infectious disease education and training. Have a policy for sanitation of the athletic training facility. Have a hand hygiene policy. | |
| | If yes, refer to: | References: www.natajournals.org/doi/pdf/10.4085/1062-6050-45.4.411 www.nata.org/sites/default/files/mrsa.pdf www.cdc.gov/handhygiene/index.html | |
| 4. | Do you have patients or staff members who need to use asthma inhalers, EpiPens® or other emergency medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> Have a policy on disposal of expired medications. Have a policy on storing medications for travel or outdoor use (EpiPen® in the sun). Have a policy on use and storage of prescription emergency medication including any requirement for training. | |
| | If yes, refer to: | Reference: www.nata.org/sites/default/files/mgmtofathletewithtype1diabetesmellitus.pdf | |

Policy Worksheets - Privacy/Confidentiality

| | | | | |
|----|---|--|------------------------------|-----------------------------|
| 1. | Do you communicate protected health information to non-medical personnel (e.g. injury reports to coaches)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a signed release of information for each patient. • Have a policy on release of information. | | |
| 2. | Do you allow individuals who are not members of your organization to use the athletic training facilities including treatment areas and modalities? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: If yes, refer to: | <ul style="list-style-type: none"> • Check with the employer and the risk management office to see if this type of use and access is allowed. References: www.nata.org/sites/default/files/student-aide-statement.pdf www.nata.org/sites/default/files/college_supervision_student_aides_statement.pdf | | |
| 3. | Do you maintain information/files on patients and activities in the athletic training facility (e.g. physicals, injury reports, treatment records)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on confidential information - access, storage, retention. • Ensure electronic records are in Health Information Technology for Economic and Clinical Health (HITECH) compliant system. • Ensure medical records are in a secure area. • Have a policy for secured medical records. | | |
| 4. | Is your athletic training facility closed to non-ATs? (coaches, media) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on authorized personnel. | | |
| 5. | Do non-licensed or non-certified individuals have access to the athletic training facility? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on authorized personnel. • Have a policy on non-fraternization of staff and patients. | | |

Policy Worksheets - Risk Management

| | | | |
|----|--|---|-----------------------------|
| 1. | Do you transport patients to appointments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy on who is authorized to transport. • Ensure there is insurance coverage by organization for this practice. | |
| 2. | Do you inspect playing areas regularly for hazards (e.g., gopher holes, loose boards/turf)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have a policy for inspection, notification and documentation of repair of hazards. | |
| 3. | Do you have practices or events at off-campus facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have venue specific emergency action plans. | |
| 4. | Do you provide emergency care and staffing/coverage for outdoor activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Have the following policies: • Lightning • Environmental weather policy • Venue specific emergency action plans • Air quality | |
| | If yes, refer to: | References: www.natajournals.org/doi/pdf/10.4085/1062-6050-48.2.25 www.cdc.gov/air/default.htm www.natajournals.org/doi/pdf/10.4085/1062-6050-43.6.640 www.natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07 www.nata.org/sites/default/files/emergencyplanninginathletics.pdf www.nata.org/professional-interests/job-settings/college-university/resources/10-10 | |
| 5. | Do you provide first aid, treatments or rehabilitation for non-student-patients (e.g., coaches, faculty, administration, intramurals)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the program should: | <ul style="list-style-type: none"> • Ensure that state practice act allows the AT to provide service to these groups. • Ensure medical director/physician oversight will allow. • Ensure this practice is covered in employers professional liability insurance. • Ensure personal professional liability insurance covers this practice. • Have a policy for secure maintenance of medical records. | |

| | | |
|-----|---|--|
| 6. | Do you provide care for visiting teams? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>If yes, the program should:</p> <ul style="list-style-type: none"> • Ensure the medical director/physician oversight allows for this coverage. • Ensure medical records maintained in secure area. • Have a policy on the level of care that is provided. • Ensure professional liability coverage is in place. • Confirm if organizational policy allows care to visiting teams. <p>If yes, refer to: Reference: www.natajournals.org/doi/full/10.4085/1062-6050-51.2.09</p> | |
| 7. | Do you provide over-the-counter medications to patients or staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>If yes, the program should:</p> <ul style="list-style-type: none"> • Check to ensure this is allowed by the state practice act. • Have standing orders from supervising physician. • Have a policy on administration of over-the-counter medications. • Have a policy for secure storage, maintenance of administration records and log lot numbers for all medicines in stock, retention of records, etc. <p>If yes, refer to: Reference: www.nata.org/sites/default/files/managingmedication.pdf</p> | |
| 8. | Do you store prescription medication in your athletic training facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>If yes, the program should:</p> <ul style="list-style-type: none"> • Check to ensure this is allowed by the state practice act. • Ensure organizational policy allows. • Have a policy for secure storage, maintenance of administration records, and log lot numbers for all medicines in stock, retention of records, etc. <p>If yes, refer to: Reference: www.nata.org/sites/default/files/managingmedication.pdf</p> | |
| 9. | Is drug testing done as part of your athletic training/athletic department program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>If yes, the program should:</p> <ul style="list-style-type: none"> • Have a policy on drug testing. <p>If yes, refer to: Reference: www.nata.org/professional-interests/job-settings/college-university/resources/10-10</p> | |
| 10. | Do you bill insurance for any services provided in the athletic training facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <p>If yes, the program should:</p> <ul style="list-style-type: none"> • Ensure all practitioners have their national provider identifier number. • Have a policy on billing that follows all Stark Laws. • Ensure that electronic medical record system is HITECH compliant. <p>If yes, refer to: References: www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html?redirect=/physicianselfreferral www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/enforcementrule/enfifr.pdf</p> | |

Sample Policies and Procedures - Crisis Management

| |
|---|
| Policy Area: Administration |
| Subject: Crisis Management |
| Title of Policy: Crisis Management Communication |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

PURPOSE OR BACKGROUND TO POLICY

A crisis management communication plan is designed to provide guidelines for a communication protocol that is adaptable in a crisis situation (e.g., fire, intruder, death of a patient, environmental disaster). It should be a living, working document continually reviewed and updated as appropriate as the organization and our community changes.

The crisis management communication plan outlines management structure, key responsibilities, emergency assignments and general procedures for use during and immediately following an emergency.

[Organization Name] has established this plan to address the immediate requirements for a major disaster or emergency in which normal operations are interrupted and special measures must be taken to:

- Protect and preserve human life, health and well-being.
- Minimize damage to the natural environment.
- Minimize loss, damage or disruption to [Organization Name]'s facilities, resources and operations.
- Manage immediate communications and information regarding emergency response operations and organization safety.
- Provide essential services and operations.
- Provide and analyze information to support decision-making and action plans.

The policy on communications in crisis management for [Organization Name] is reflective of the organization's overall communications policy as well as of an attitude that calls for responsiveness to, and responsibility toward, [Organization Name]'s constituency and the public in general. It is to be considered the guideline for release of appropriate information. This policy further reflects a commitment to candor and straightforward communications. [Organization Name] believes this will lead to the creation of better understanding between our organization and its constituencies in the wake of crisis, disaster or other major incident.

Objectives

For the purpose of this sample document we have used terminology representative of the secondary school environment. The crisis communication plan has five specific objectives:

- To assure that all communication related to emergencies are in keeping with the vision, values and goals of [Organization Name].
- To assure that there is proper flow of communication during times of crisis so that [Organization Name]'s longer term interests are not hindered.
- To provide for a distribution of information in a manner that makes it available to all appropriate audiences simultaneously.
- To define the limits of voluntary disclosure.
- To assure that all published materials or contacts with the news media are appropriately approved before release.

POLICY STATEMENT

All employees will be trained in the crisis management communication plan and will implement the plan when a crisis occurs. This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

DEFINITIONS

Emergency – A serious, unexpected and often dangerous situation requiring immediate action.

Disaster – An event that causes serious instability for a company, city or large region and its people.

Crisis – An event that is, or is expected to lead to, an emergency or disaster affecting an individual, group, community or whole society. For purposes of this plan, a crisis will be defined as any happening or situation that might:

- Require immediate and coordinated action.
- Have a significant impact on the operation of [Organization Name] or affect how it is viewed by its audiences.
- It could also include any happening or act that could be interpreted in a manner harmful to [Organization Name] or one that draws public and/or media attention to [Organization Name] and may not be reported or interpreted in the best interests of the organization.

Examples of crises include:

- Bomb threat
- Contagious disease
- Death of a student/patient/team member
- Death of an employee
- Environmental disaster
- Fire
- Gun/weapon
- Intruder
- Serious crime (e.g., arrest, investigation)
- Serious injury
- Suicide
- Unscheduled closings

Crisis Management

The overall coordination of an organization's response to a crisis, in an effective, timely manner, with the goal of avoiding or minimizing damage to the organization's profitability, reputation and ability to operate.

Environmental Disaster

A natural event that causes great damage or loss of life (e.g. flood, tornado, blizzard).

SCOPE

This policy applies to all employees of [Organization Name], both part- and full-time.

PROCEDURES

This section should be modified to align with your organization's policies for spectator safety. Legal and risk management departments should be consulted when drafting your specific policy and procedures. For the purpose of this sample document we have used terminology representative of the secondary school environment.

Crisis Management Team (CMT)

The CMT shall consist of the following [Organization Name] employees:

- Athletic Director
- Counselors
- Director of Sports Medicine/Athletic Trainer
- Other necessary staff specific to the crisis
- Principal
- Superintendent
- Team Physician (if appropriate)

The CMT will handle the responsibilities listed below.

- The overall welfare of [Organization Name]'s employees is the driving factors in all decisions by the CMT.
- The CMT will meet as soon as possible after a crisis is identified to discuss the following:
 - Current facts of the crisis
 - The need for external assistance (e.g. counselors, law enforcement)
 - Who needs to be informed
 - How will information be disseminated
 - Follow-up meeting

Spokesperson

The superintendent will serve as [Organization Name]'s spokesperson. All other staff/employees will refer media inquiries to the spokesperson. The superintendent will have the primary responsibility for developing and coordinating all internal and external communications in the event of a crisis situation. Accordingly, the principal will participate as a member of the CMT and have access to all crisis management meetings for the purposes of gathering information, developing recommendations and assuring the consistency of communications. Access shall not be denied the principal or their designated representative except at the direction of the superintendent.

Overall Tone of Communications

[Organization Name] will be honest, forthright and direct in all forms of crisis communication with its employees, and the public in general. All communications, whether internal or external, will be consistent with the organization's goals. All communications will be formulated keeping in mind the precepts of dignity, responsibility, good taste, morality, integrity, accuracy and legality.

Disclosure

When and if requested to participate in disclosure communications, [Organization Name] will be committed to candor and timely, straightforward responses related to information appropriate for release and for public consumption.

Privacy

Employees of [Organization Name] will not disclose information about employees or others without their permission, or unless it is legally required to do so. This restriction applies not only to the disclosure of specific information but also to general or aggregate data that, in combination with other knowledge, might indirectly provide information that can be identified with a specific individual, institution or entity. In the case of injury or death of employees or students, names will not be released until such time as next of kin have been notified.

Confidentiality

[Organization Name] will not disclose information that, if published, might impair its own effectiveness. In addition, some internal and external communications must be candid if they are to be effective, and, where it is believed that publication (or the possibility of publication) could inhibit necessary candor, these communications will not be disclosed. This constraint is not intended to inhibit free exchange of information inside or outside the organization, but the organization does reserve the right to decide the extent and form of its distribution of information. In all cases, [Organization Name] will treat student/faculty/staff/employee data and information with confidentiality within the guidelines of the law.

Implementation of the Crisis Communication Plan

Upon determination by the superintendent of [Organization Name] that an emergency or crisis exists that necessitates a communication response, this plan will be immediately implemented by the [Department Name] as directed by the superintendent.

Action Plan

In the event a crisis situation occurs, the following immediate communications actions will be taken:

- The staff member who discovers the crisis will call 911 (if necessary) and their immediate supervisor.
- After the situation is under control, or as soon as possible, the supervisor will notify the superintendent and principal.
- The principal will coordinate information gathering from outside authorities.

- The superintendent will determine if an official statement should be prepared and released to the media and other publics via interviews or a written statement.
- The superintendent will draft the message in consultation with the principal.
- The principal will brief personnel who are assigned to answer the phones.
- The superintendent will deliver the briefing to the remaining staff via email or at a staff gathering.
- Unless this is not an option, a phone tree will be enacted:
 - Principal will contact department heads.
 - Department heads will contact employees within each department.

Communications Plan

Most operations could be conducted off-site with computers and telephones. The computers would need to have the following software packages: [e.g., Microsoft Office and Adobe Acrobat Professional]. To communicate, internet, email and telephone capability would be needed. For communicating with the news media, backups of contact information will be maintained at the superintendent's home. [Organization Name]'s emergency alert systems and media notification process can be accessed from off-site.

Items to maintain off-site:

- Emergency contact information for [Organization Name] employees.
- Contact info for local news media, including instructions for making weather announcements.
- A backup of many of the office's files, including press releases, publications and other computer files/documents on an external hard drive.
- The staff will be cross-trained in all critical areas.

Closing/Early Dismissal

If, due to an emergency (e.g., inclement weather, power failure), it becomes necessary to close [Organization Name] or to delay the normal work schedule, local TV and radio stations will be notified, the information will be recorded on the inclement weather phone line, and the information will be posted on the [Organization Name] homepage.

- The overall welfare of patients and employees, if applicable, are the driving factors in all decisions.
- Accurate and timely information is essential during a crisis situation. The [Title] will manage all information during a crisis, and the [Title] has been designated as the official spokesperson for [Organization Name], unless the situation calls for the superintendent to be the spokesperson.

TRAINING/RETRAINING

This policy goes through continuous ongoing changes based on the results of actual events, post-exercise drills and activities, and input from units and departments tasked in this plan. [Organization Name] will review this plan on an annual basis, but will also make incremental changes, modifications and adjustments as conditions warrant. By posting these changes on the [Organization Name] website, the most up-to-date version of this plan is instantly available to all stakeholders and responders 24/7. Drills for events involving the movement of personnel (e.g., fire, weather) will be done on at least a quarterly basis or as mandated by law/regulation. The following personnel have been trained to ensure a safe environment is provided for all individuals who work or use [Organization Name]'s facilities.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |



Sample Policies and Procedures - Crisis Communication Procedures

For the purpose of this sample document we have used terminology representative of the secondary school environment.

WEATHER (E.G., ICE, TORNADO, HURRICANE, WINTER STORM)

Initial Assessment/Action

- The superintendent and principal determine if conditions warrant closing [Organization Name] or delaying its opening.
- If [Organization Name] is to close or delay its opening, the principal will notify directors.
- Every effort is made to make and communicate a decision by 6 a.m.

CONTAGIOUS DISEASE/PANDEMIC/VIRUS

Initial Assessment/Action and Population Welfare

When a student/employee is confirmed to have a contagious disease, the CMT will convene to:

- Determine the potential spread of the contagion.
- To notify all who had been exposed to the carrier and follow up to assure that they have been tested, treated if necessary and released to return to campus.
- Distribute protective supplies as appropriate.
- Follow local, state, and/or federal guidance, e.g. Centers for Disease Control and Prevention (CDC), health departments, etc. as appropriate.

CATASTROPHIC INJURY OR DEATH

Initial Assessment/Action

- First on the scene should contact 911 immediately.
- In the event of a catastrophic injury, illness or death, the superintendent and principal should be immediately notified.
- Superintendent or designee will notify the next of kin and will assess the impact on employees closest to the injured or deceased, determining how and when to notify them.
- Principal, in consultation with the superintendent if possible, will determine how and when to communicate the tragedy.
- All communication with the campus, public or media will go through the superintendent and principal.

Population Welfare and Recovery

- Principal will establish emotional support outlets for employees.
- Superintendent will work with family members and significant others to plan a memorial service in case of student death.
- The CMT is notified and convenes for further response/action.

VIOLENCE/HOMICIDE/TERRORISM

Initial Assessment/Action

- Those witnessing a life-threatening attack, threat or a homicide on campus should immediately get to a secure location and then call 911.
- Note the nature of the incident, the location of the incident and the description of the persons(s) involved.
- The directors should assist with getting employees to safety.
- The scene is secured by first responders.
- The CMT is notified and convenes for further response/action.

Population Welfare and Recovery

- All communication with the public or media will go through the superintendent.
- Principal will establish emotional support outlets for employees.
- Principal will work with family members and significant others to plan a memorial service in case of death.
- All communication with the public or media will go through the superintendent.
- The CMT is notified and convenes for further response/action.

BOMB THREAT

Initial Assessment/Action

A bomb threat should always be taken seriously. If a bomb threat is called in:

- The recipient of the call should try to remain calm and get as much information from the caller as possible, taking notes.
- Write down date, time of call and phone number of caller if it shows on the screen.
- Call superintendent and principal and relay the information.
- Superintendent will determine next steps in consultation with principal and/or CMT members.
- If the bomb threat is received via email, notify the superintendent and keep the email.

If a suspicious-looking box, package, object or container is discovered:

- Do not touch the object.
- Move people to a safe area and call 911.
- Use a telephone in a safe area.
- Do not operate any power switch and activate the fire alarm.

If there is an explosion:

- Take cover under sturdy furniture, or leave the building if directed to do so by emergency responders.
- Stay away from windows.
- Do not light matches.
- Move well away from the site of the hazard to a safe location.
- Use stairs only; do not use elevators.
- Call 911.

Population Welfare and Recovery

- Employees will be notified as quickly as possible through electronic means.

- All communication with the public or media will go through the superintendent.
- Principal will establish emotional support outlets for employees.
- Superintendent will work with family members and significant others to plan a memorial service in case of death.
- The CMT is notified.

FIRE

Initial Assessment/Action

- When a fire is detected, immediately pull the fire alarm and contact 911 from a safe place.
- Employees should evacuate building immediately and move to the appropriate assembly points.
 - Main Building – Main parking lot
 - Building A – Parking lot A
 - Building B – Parking lot B
- Everyone should remain on the scene.
- Superintendent and principal are contacted.
- CMT is convened.
- Notification of key personnel is conducted by phone tree.

Population Welfare and Recovery

- Principal will provide resources for ongoing emotional support.
- Superintendent maintains responsibility for property.
- Superintendent works with [ABC Energy] to address power outages and with [EFG Energy] to determine a plan of action for natural gas concerns.
- Superintendent keeps public informed as updates are available.



Sample Policies and Procedures - Disposal of Medical Sharps

| |
|---|
| Policy Area: Risk Management |
| Subject: Biohazardous Waste |
| Title of Policy: Disposal of Medical Sharps |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

PURPOSE OR BACKGROUND TO POLICY

It is important to properly manage and dispose of needles, lancets and syringes (medical sharps) to prevent injury and disease transmission. Medical sharps are used by individuals who need to monitor themselves for medical conditions such as diabetes or for first aid. Failing to properly and safely dispose of these sharp objects can expose others, such as those handling waste/trash, to unnecessary injury or transmission of disease. State and/or federal guidelines, such as those established by Occupational Safety and Health Administration (OSHA) and CDC, provide further direction for preventing injury and disease transmission.

POLICY STATEMENT

This policy describes the procedures for the safe disposal of dangerous medical sharps in order to prevent injury and illness to [Organization Name]'s students, faculty, staff and players. Employees will dispose of medical sharps in a safe and proper manner to prevent injury and disease transmission.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

DEFINITIONS

Medical Sharp – A medical device with sharp points or edges that can puncture or cut the skin (e.g., hypodermic needles, syringes, lancets).

SCOPE

This policy applies to all students, faculty, staff and employees of [Organization Name] to ensure compliance with all state and/or federal guidelines related to the disposal of biohazardous waste.

PROCEDURES

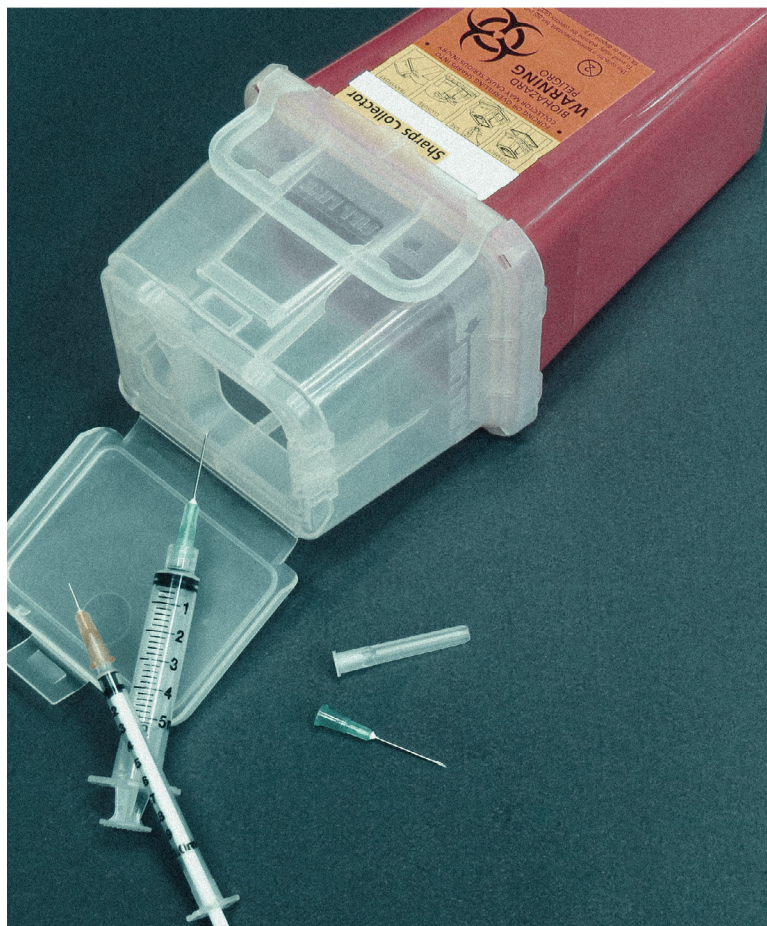
- Commercial medical sharps disposal containers will be placed, at a minimum, in all athletic training facilities and in the nurse's office or locker rooms.
- Once a sharp object has been placed in a medical sharps container it should not be removed.
- Used needles should not be recapped but directly placed into the medical sharps container.
- All staff will be trained on the proper use of medical sharps disposal container on an annual basis.
- Disposal of medical sharps containers that are full will be done by environmental services staff in compliance with local regulations.

TRAINING/RETRAINING

New employee orientation, first aid training and annual employee safety training will include disposal of medical sharps. The following personnel have been trained to ensure a safe environment for all employees, students and the public who use [Organization Name]'s facilities.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |



Sample Policies and Procedures - Emergency Action Plan

| |
|---|
| Policy Area: Emergency Preparedness |
| Subject: Emergency Action Plans |
| Title of Policy: Emergency Action Plan |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

PURPOSE OR BACKGROUND TO POLICY

As emergencies may occur at any time and during any activity, the [Organization Name] must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As injuries and illnesses may occur at any time and during any activity, the sports medicine team must be prepared. 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. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Basic components of an emergency plan:

- Emergency action plan checklist for non-medical emergency
- Emergency communication
- Emergency equipment
- Emergency personnel
- Roles of first responder
- Venue directions with map

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

POLICY STATEMENT

Employees of [Organization Name] implement the emergency action plan as soon as an emergency situation has been identified.

DEFINITIONS

Emergency Situations – Include injuries and illnesses that include, but are not limited to, loss of consciousness, compound fractures, loss of pulse and severe bleeding.

Sports Medicine Team – Certified/licensed individuals providing care to [Organization Name] (e.g., ATs, team physician/medical director).

First Responder – Someone designated or trained to respond to an emergency.

SCOPE

- Head, assistant and volunteer coaches
- Director of athletics
- Medical director
- Team physician(s) and other health care providers associated with the team
- ATs
- Security officers

PROCEDURES

- Appendix III: Sample Forms for Emergency Action Plans outlines the procedures to be followed in specific emergency situations.

TRAINING/RETRAINING

The following personnel have been trained to ensure a safe environment is provided for all individuals who work or use [Organization Name]'s facilities.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

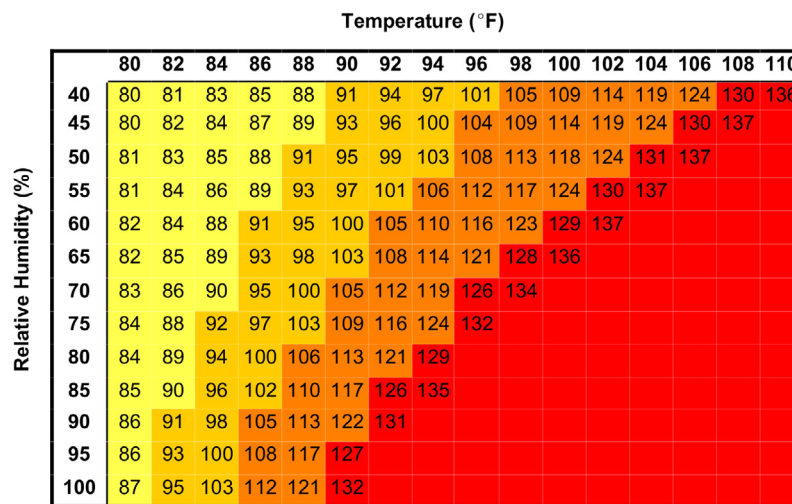
| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |



Sample Policies and Procedures - Exertional Heat Illness

| |
|---|
| Policy Area: Environmental Safety |
| Subject: Exertional Heat Illness |
| Title of Policy: Exertional Heat illness |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

National Weather Service Heat Index Chart



Likelihood of Heat Disorders with Prolonged Exposure and/or Strenuous Activity

■ Caution
 ■ Extreme Caution
 ■ Danger
 ■ Extreme Danger

PURPOSE OR BACKGROUND TO POLICY

Exertional heat injuries include exercise-associated muscle cramps, heat syncope, heat exhaustion, exertional heat exhaustion and exertional heat stroke. Exertional heat injuries are completely preventable through proper acclimatization and diligent attention to best practice guidelines for monitoring and treating individuals participating in activities that place them at a higher risk of these types of injuries.¹

National governing bodies, such as the NCAA and numerous state athletic/activity associations, have published guidelines for the prevention, monitoring and treatment of exertional heat injuries. In addition, national authorities such as the National Athletic Trainers' Association and the Korey Stringer Institute have published research to support best practices in this area.

1. Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. Journal of Athletic Training. 2015;50(9):986-1000.

POLICY STATEMENT

This policy describes the policy and procedures for the prevention, monitoring and, when necessary, the treatment of exertional heat injuries for students/patients, faculty and staff of [Organization Name].

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

DEFINITIONS

Acclimatization – The process of gradually increasing the intensity of activity in a progressive manner to ensure the body's physiological adaptation to tolerate exercise in the heat. Individuals must maintain adequate hydration.

Heat Index – An index that takes into consideration temperature and humidity and is calculated for shady areas.

Non-Practice Activities – Activities that include meetings, strength training and/or conditioning, water breaks, injury treatment and film study.

NOAA Heat Index Chart – See chart at right or www.weather.gov/safety/heat-index.

Practice Activities – Such activities include actual on field/court practice, sport specific skill instruction, mandatory conditioning and voluntary conditioning either outdoors or indoors.

Recovery Time – Time of at least one hour post activity. Ideally this should be in a cool area. NO ACTIVITY, including non-practice activity, can occur during recovery time.

Rest Breaks – Non-activity time that is in a 'cool zone' out of direct sunlight.

Wet Bulb Globe Temperature (WBGT) – The WBGT is a measure of the heat stress in direct sunlight, which takes into account: temperature, humidity, wind speed, sun angle and cloud cover (solar radiation). This differs from the heat index, which takes into consideration temperature and humidity and is calculated for shady areas. If you work or exercise in direct sunlight, this is a good element to monitor. Military agencies, OSHA and many nations use the WBGT as a guide to managing workload in direct sunlight.

SCOPE

This policy applies to all staff members (e.g., coaches, strength and conditioning staff, administrators, advisors) of [Organization Name] who are associated with activities where heat injury poses a risk, including but not limited to, outdoor and indoor activities where high temperature and specifically high humidity environmental risks are present (e.g., athletics, intramurals, course instruction, marching band).

PROCEDURES

Prevention

Pre-season regulations
(Insert governing body guidelines here that are specific to your institution.)

Pre-participation history and physical exam

- Ensure that history of heat illness, sickle cell trait/disease are gathered.
- Individuals with risk factors are identified and counseled.

- AT is notified of individuals with pre-existing conditions that place the individual at risk of exertional heat illness.
- As necessary and without breaching Health Insurance Portability and Accountability Act (HIPAA) guidelines, coaches are notified of individuals at higher risk.

Acclimatization

- (Insert institution and/or governing body guidelines here (state high school guidelines, NCAA, etc.)).

Hydration

- To ensure individuals begin activities fully hydrated, a pre- and post-activity measurement of body weight should be recorded.
- Cool water shall be readily available, and no individuals will be denied access to water or other fluids to aid hydration.
- Participants should be encouraged to eat and drink appropriate sodium-containing fluids and food to help them replace sodium lost in sweat, etc.

Cooling zone

- "Cooling zone" should be in an area out of direct sunlight and with adequate air flow to assist in cooling.
- A cold-water or ice tub and ice towels should be available to immerse or soak a patient with suspected heat illness.
- Unless prohibited by local law or organizational regulations, tools for assessing rectal temperature should be available in the cooling zone to evaluate the core body temperature of the individuals suspected of exertional heat illness.

Monitoring and Rest Breaks

Hydration

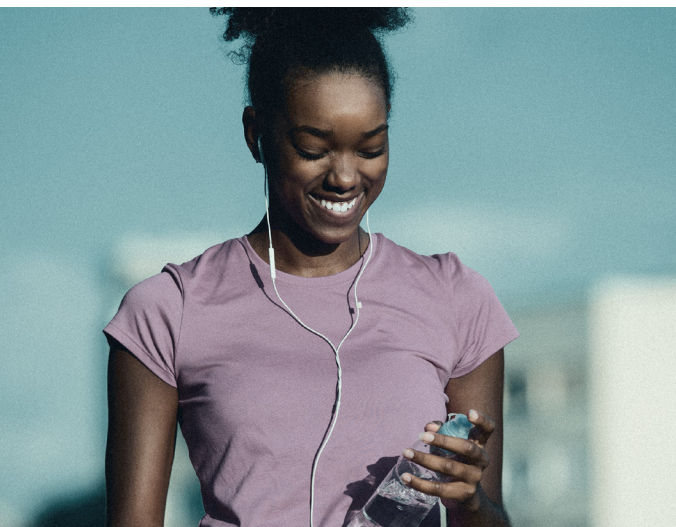
- To ensure individuals begin activities fully hydrated, a pre- and post-activity measurement of bodyweight should be recorded.
- Cool water shall be readily available, and no individuals will be denied access to water or other fluids to aid hydration.
- Participants should be encouraged to eat and drink appropriate sodium-containing fluids and food to help them replace sodium lost in sweat, etc.

Weight Charts

- To ensure individuals begin activities fully hydrated, a pre- and post-activity measurement of body weight should be recorded.

Heat Index/WBGT

- Should be monitored every 30 minutes and recorded.²



| WBGT Reading | Activity Guidelines and Rest Break Guidelines |
|--------------|---|
| Under 82.0 | Normal activities – Provide at least three separate rest breaks each hour of minimum duration of three minutes each during workout |
| 82.0-86.9 | Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour for a minimum of four minutes duration each |
| 87.0-89.9 | Maximum practice time is two hours. For football: Players are restricted to helmet, shoulder pads and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour for a minimum of four minutes each |
| 90.0-92.0 | Maximum length of practice is one hour; no protective equipment may be worn during practice, and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice |
| Over 92.1 | No outdoor workouts. Cancel exercise and delay practices until a cooler WBGT reading occurs |

Guidelines for hydration and rest breaks³

- Rest time should involve both unlimited hydration (water or electrolyte drinks) and rest without any activity involved.
- For football, helmets should be removed during rest time.
- The site of the rest time should be a “cooling zone” and not in direct sunlight.
- When the WBGT reading is greater than 86°F (30°C):
 - Ice towels and spray bottles filled with ice water should be available at the “cooling zone” to aid the cooling process.
 - Cold-immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.

Treatment in the Event of an Exertional Heat Emergency

Cooling

- A qualified individual should move the patient to a cooling zone, begin appropriate treatment and continuously monitor the patient.
- Excess clothing should be removed to increase evaporation and aid cooling.
- Patients should be placed lying down in a face-up position with feet slightly elevated.

Emergency Medical Services (EMS)

- EMS should be called in all cases of a patient who is unconscious.

Vital Sign Monitoring

- A qualified individual should monitor vital signs including core body (rectal) temperature, unless prohibited by local laws.

Return to Activity

2. Wet Bulb Globe Temperature Monitoring. Korey Stringer Institute. <http://ksi.uconn.edu/prevention/wet-bulb-globe-temperature-monitoring>. Accessed May 19, 2016.

3. Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*. 2015;50(9):986-1000.

Individuals who have suffered an exertional heat illness should complete a rest period and obtain clearance from a physician before beginning a progression of physical activity under the supervision of a qualified individual.

TRAINING/RETRAINING

The following personnel have been trained to ensure a safe participation environment for all individuals, students, employees and staff engaged in activities that could put them at risk of exertional heat injuries.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |



Sample Policies and Procedures - Electrical or Facility Safety

| |
|---|
| Policy Area: Risk Management |
| Subject: Facility Safety |
| Title of Policy: Electrical Safety |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

PURPOSE OR BACKGROUND TO POLICY

Workers are accustomed to being surrounded by electrical equipment and can become complacent and possibly careless. Without regular training and inspection, they might not spot obvious risks such as kinked cords, exposed wires or overloaded electrical outlets. ATs' use of electrical modalities, sometimes in areas with water or in combination with damp toweling, can increase the risk of electrical injury. Electrical safety is a responsibility of the AT, administrators and plant/environmental services.

POLICY STATEMENT

Employees of [Organization Name] will implement the electrical safety plan in order to prevent injury to patients, faculty and staff. This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

DEFINITIONS

Ground Fault Circuit Interrupter (GFCI) – A device that shuts off an electric power circuit when it detects that current is flowing along an unintended path, such as through water or a person. It is also referred in some literature as a GFI. The GFCI can be located at the receptacle or circuit breaker panel.

Daisy Chain – Multiple devices are wired together in sequence or in a ring, such as one power strip plugged into another. This technique can cause an overload of an outlet.

Circuit Breakers/Panels – An automatically operated electrical switch designed to protect an electrical circuit from damage caused by overload or short circuit. Its basic function is to detect a fault condition and interrupt current flow.

SCOPE

This policy applies to administrators, environmental safety, facility safety services staff, ATs and any other personnel of [Organization Name] with access to the athletic training facility.

PROCEDURES

- All electrical receptacles close to grounded objects or near wet or damp areas will be protected by GFCI devices.
- GFCI outlets will be tested monthly.
- Electrical equipment should be turned off or unplugged when not in use to prevent injury.
- Equipment with frayed, cracked or damaged electrical cords will be unplugged and not used until the electrical cord is replaced.
- Extension cords are not permitted in wet/damp areas.
- Electrical cords will be inspected monthly to ensure there are no breaks or exposed wiring.
- No daisy chaining of extension cords or power strips is permitted.

- Electrical modalities will be calibrated by a trained professional at least annually, or more frequently in accordance with local or state ordinances or manufacturers guidelines, and the machine tagged and recorded in facility safety file.
- Fire extinguishers must be available and marked for electrical fire.
- In case of an electrical fire call 911, disconnect the breaker to the equipment, and activate the emergency action plan.
- In case of an electrocution, disconnect the power source and activate the emergency action plan.
- Do not touch a person that is being electrocuted until the power source has been disconnected.

TRAINING/RETRAINING

The following personnel have been trained to ensure a safe environment is provided for all individuals who work or use [Organization Name]'s facilities.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |



Sample Policies and Procedures - Health Records

| |
|---|
| Policy Area: Administration |
| Subject: Medical Documentation |
| Title of Policy: Health Records |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

PURPOSE OR BACKGROUND TO POLICY

Medical documentation is required by regulatory authorities and provides a record of pertinent facts, findings and observations about a patient/student-athlete. Proper documentation serves a variety of purposes, including legal protection, memory aid, legal requirements, professional standards, improved communication, insurance requirements, discharge decisions, improved care, injury surveillance and outcomes assessment. Proper medical documentation ensures that any health care provider associated with the patient/student-athlete has a complete and accurate picture of the patient and their illnesses/injuries. For the organization, proper documentation is critical for risk management and forms the basis for continuous quality improvement for the program.

Health records are governed by the provisions of the HIPAA of 1996 that was enacted by congress to protect the privacy, confidentiality and security of patient information. HIPAA security provisions took effect April 20, 2005. HIPAA standards are applicable to all health information in all of its formats. Examples of medical documentation (either written or electronic) include, but are not limited to, physical examination forms, pre-participation examinations, HIPAA waiver, student emergency release/permission for medical treatment, emergency contacts, insurance information, health records, injury records and any electronic or other communication with the patient/student-athlete, parents and/or guardians, or other individuals authorized to receive such information.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

POLICY STATEMENT

Employees of [Organization Name] and any parties contracted to provide health care services will document medical care of the patients/student-athletes or others involved in activities sponsored by [Organization Name] and maintain health records in compliance with HIPAA, Family Educational Rights and Privacy Act (FERPA) and HITECH laws.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

DEFINITIONS

Authorized Persons – Health care providers (e.g., school nurse, AT, team physician), patient/student-athlete, parent(s)/guardian(s) of patient/student-athlete.

Unauthorized Persons – Non-health care personnel (e.g. coaches, administrators, teachers).

EHR/EMR – Electronic health record or electronic medical record governed by HIPAA and HITECH laws.

FERPA – Family Educational Rights and Privacy Act of 1974 (FERPA or the Buckley Amendment) is a federal law that governs the access of American citizens' educational information and records.

HIPAA – The Health Insurance Portability and Accountability Act of 1996 was enacted by Congress to protect the privacy, confidentiality and security of patient information and security provisions took effect April 20, 2005. HIPAA standards are applicable to all health information in all of its formats.

HITECH – The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology.

Health Record – Includes the confidential collection of health information of patient/student-athletes of [Organization Name]. The health record includes, but is not limited to, the physical examination form, injury/illness evaluations, injury/illness treatment records, rehabilitation records and return to activity documentation. Any interactions with a health care professional should be documented in the health record.

PPE – Pre-participation examination must be documented as required by [Organization Name] or governing athletic organization/oversight agency (e.g., High School Athletic/Activity Association, conference).

Student Emergency Release/Permission – Consent for medical treatment of a minor in the event a parent/guardian is not present to give consent.



SCOPE

This policy applies to all parties who are associated with the medical care of [Organization Name]'s patient/student-athletes.

PROCEDURES

- Medical documentation is necessary and required for each instance of care/treatment delivered by health care personnel associated with [Organization Name].
- A health record will be established for each patient/student-athlete when they begin participation in activities.
- The location of all health records will be readily accessible when needed by only authorized persons.
- A copy of the physical examination form required by [Organization Name] will be placed in the health record.
- A pre-participation screening form will be completed annually by the patient/student-athlete/individual, reviewed by the AT and placed in the record.

- Each instance of an illness or injury, any examination and/or treatment, progression of rehabilitation, release to activity and any communication with health care professionals and parents/guardians, coaches, administrators, patient/student-athlete will be maintained in the health record following the document retention policies of [Organization Name].
- All health records will be maintained in a secure manner with access only by authorized persons.
- Paper records shall be kept in a locked file cabinet in a locked room.
- Electronic records should only be accessible by password.

TRAINING/RETRAINING

The following [Organization Name] personnel have been trained to ensure the safety of all personnel involved in outdoor practices, competitions or other activities.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |

Sample Policies and Procedures - Infection Prevention and Controls

| |
|---|
| Policy Area: Environmental Safety |
| Subject: Guidelines for Infection Prevention and Control |
| Title of Policy: Infection Prevention and Control |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

Sample developed and shared by Michael Belanger, ATC, PT and Jim Zachazewski, ATC, PT, DPT; Athletic Training Services, Brigham and Women's Hospital (BWH) Department of Orthopedic Surgery Sports Medicine Service, Boston, MA (draft below is pending BWH approval)th.⁴

PURPOSE OR BACKGROUND TO POLICY

To provide basic infection prevention recommendations for athletic training and athletic health care services and to reaffirm standard precautions as the foundation for preventing transmission of infectious agents during patient care in all athletic training and athletic health care settings.

POLICY STATEMENT

Infection Control Program and Infrastructure

- Written infection control prevention policies and procedures are available, current and based on evidence based guidelines (e.g. CDC/HICPAC), regulations or standards.
- Infection prevention policies and procedures are reassessed at least bi-annually or according to state or federal requirements and updated as appropriate.
- Trained infection prevention staff are available to manage the facility's infection control program in both inpatient and outpatient settings. This staff is available to consult with and manage this policy as it pertains to infection control in the athletic health care environment through collaborative relationships with school and team physicians.
- (Your school, hospital or health organization), The CDC, and/or the Department of Public Health will offer guidance for early detection and management of potentially infectious persons at the initial points of patient encounter.

INFECTION CONTROL TRAINING AND COMPETENCY

An annual competency-based training program will provide job-specific training on infection prevention policies and procedures to athletic health care staff. Staff include those employed by outside agencies and available by contract or on a volunteer basis.

ATHLETIC HEALTH CARE STAFF SAFETY

- The facility has an exposure control plan.
- Health care staff who have contact with blood or potentially infectious materials are trained in the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard on hire and annually.
- Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to the employee and are supervised by a licensed medical professional.
- The facility tracks health care staff exposure events and evaluates event data and develops/implements a corrective action plan to reduce incidents of such events.
- The facility follows recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Department of Public Health (DPH) for immunization of health care staff including offering hepatitis B and influenza vaccine.
- All health care staff receive a baseline tuberculosis (TB) screening prior to placement and repeat testing is based on the facility risk assessment.

4. Resources: MISD Athletic Safety Plan for Covid19 and www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html

- If respirators are used, the facility has a respiratory protection program which includes provision of medical clearance, training and fit-testing.
- The facility has policies concerning contact of staff with patients when staff have potentially transmissible conditions and include work exclusion policies that encourage reporting of illnesses and education of staff on prompt reporting of illness to their supervisor.

SURVEILLANCE AND DISEASE REPORTING

- Updated list of reportable surveillance data and dangers to public health is available. (www.cdc.gov/nndss)
- Athletic health care staff can demonstrate knowledge of and compliance with mandatory reporting requirements for notifiable diseases, health care associated infections (as appropriate), and for potential outbreaks.

STANDARD PRECAUTIONS

Standard precautions are the minimum infection control practices that apply to all patient care regardless of suspected or confirmed infection status of the patient.

Hand Hygiene

All health care staff are educated regarding appropriate indications for hand hygiene upon hire and annually. Department routinely monitors and documents compliance adherence to hand hygiene and provides feedback to staff.

- Supplies necessary for adherence to hand hygiene including soap, water, paper towels and hand sanitizer are readily accessible to health care staff in patient care areas.
- Patients entering the athletic training facility shall use hand sanitizer before entering and after exiting the athletic training facility via sanitizer stations inside and outside the athletic training facility door. Hand hygiene information is posted outside the athletic training facility door.
- Hand hygiene is performed by staff:
 - Before contact with the patient.
 - Before performing aseptic task, e.g., wound care, instilling eye drops.
 - After contact with patient.
 - After contact with objects in the immediate vicinity of the patient.
 - After contact with blood, body fluids or contaminated surfaces.
 - After removing gloves.
 - When moving from a contaminated body site to a clean body site during care.

Personal Protective Equipment (PPE)

- All health care staff are educated on proper selection and use of PPE upon hire, annually, and when new equipment or protocols are introduced.
- Department routinely monitors and documents compliance adherence to proper PPE selection/use and provides feedback to staff.
- PPE is removed and discarded prior to leaving the athletic health care area. If a respirator is used, it is discarded after leaving the athletic health care area.
- Hand hygiene is performed immediately after removal of PPE.

- Gloves
 - Staff wear gloves for potential contact with blood, body fluids, mucous membranes, nonintact skin or contaminated equipment.
 - Staff do not wear the same pair of gloves for the care of more than one patient.
 - Staff do not wash gloves for the purpose of reuse.
- Gowns
 - Staff wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
 - Staff do not wear the same gown for the care of more than one patient.
- Face Protection (full face shield or goggles plus a face mask)
 - Staff wear mouth, nose and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- Used PPE will be discarded in appropriately labeled containers and disposed of through recognized health care methods or per school nursing protocol.
- Staff will be educated on the proper sequence of donning and doffing PPE to minimize contamination of PPE prior to use.

Respiratory Hygiene/Cough Etiquette

- Respiratory etiquette sign is posted in the athletic training facility.
- Tissues, wastebasket and hand sanitizer are available to patients and visitors in the athletic training facility.
- Hand sanitizer should be used on entering and exiting the athletic training facility.
- Coughing patients/visitors are offered a surgical face mask upon entry into the athletic training facility.
- Patients with symptoms of respiratory infections will be managed to minimize exposure to the other student patients.

TRANSMISSION BASED PRECAUTIONS

In addition to standard precautions and respiratory hygiene/cough etiquette, a patient with a potentially infectious disease should be isolated as soon as possible. The school nurse and parent/guardian of the patient should be notified and informed of the suspected diagnosis in accordance with school or organization policy.

- Airborne Precautions: Patients known or suspected of having an infection requiring airborne precautions, (e.g., chickenpox, active TB, measles).
 - Ask patient to wear a surgical face mask and isolate as soon as possible.
 - Staff caring for patient should wear N95 respirator mask.
 - After patient leaves room, close exam room door.
 - After 30 minutes, open the door and perform routine cleaning.
- Droplet Precautions: Patient known or suspected of having an infection requiring droplet precautions, e.g., COVID-19, influenza, mumps, meningitis.

- Ask patient to wear a surgical face mask and place patient in a private exam room as soon as possible.
- Staff caring for patient should wear surgical mask.
- After the patient leaves, perform routine cleaning but not necessary to close the room.

MEDICAL DEVICES

- Reusable medical devices/equipment (e.g., sharp instruments) are cleaned and reprocessed prior to use on another patient.
- Reusable medical devices (Game Ready, Normatec) must be cleaned (disinfected or sterilized) and maintained per manufacturer's instructions.
- Semi-critical items that contact mucous membranes or non-intact skin require at a minimum high-level disinfection.
- Non-critical items that contact intact skin should be low-level or intermediate-level disinfected depending on the degree of contamination.
- Single-use devices are discarded after use and are not used for more than one patient.
- Assign responsibility for reprocessing of medical devices to health care staff with appropriate training.
 - Maintain copy of manufacturer's instructions for reprocessing of devices in use in the department.
 - Hands-on training on proper selection and use of PPE and recommended steps for reprocessing assigned devices should be provided on hire, annually, and when new devices are introduced or policies/procedures change.

- Health care staff must demonstrate competency prior to performing cleaning, high level disinfection and sterilization tasks.
- Health care staff must have access to and wear appropriate PPE when handling and reprocessing contaminated medical devices.
- Reprocessing area should have adequate space for reprocessing activities and there is clear separation between soiled and clean workspace.
- Adequate time is allowed for reprocessing to ensure adherence to all steps recommended by the manufacturer including drying and proper storage.
- Medical devices are stored in such a manner to protect them from damage and contamination.

DISINFECTION AND CLEANING OF REUSABLE TEAM EQUIPMENT

- Team coaches and captains will be instructed in the appropriate cleaning and storage of coolers and medical kits assigned for team use by the AT.
- Cooler interior and exterior will be washed out and cleaned with appropriate disinfectant products on a daily basis after use per school athletic department protocol.
- The exterior of travel medical kits used by teams when traveling will have the exterior cleaned by the team at the end of each session when used with appropriate disinfectant products per school athletic department protocol.
- Interior of travel medical kits will be inspected and cleaned appropriately by AT upon their return as necessary.

STORAGE OF MEDICAL SUPPLIES

- Medical equipment, devices, patient care items, and athletic training supplies should be stored in protected area with controlled traffic flow.
- Sterile items should be stored at least eight inches off the floor, two inches from outside walls and 18 inches from the ceiling.
- All items in clean storage rooms should be clean and clean items should not be stored in soiled rooms.
- Clean and sterile items should be removed from outside shipping carton.
- Clean and sterile items may be stored in the same room but it should be clear to staff which items are sterile and which are clean. If open shelving is used, the bottom shelf should be solid.

GUIDELINE FOR DATING MEDICATIONS AND SUPPLIES

- All products should be stored in a labeled container unless dispensed for immediate use.
- Never top-off bottles and do not refill partially full bottles.
- Avoid using a secondary container and if a secondary container must be used, it should be labeled with contents and the date filled.
- Refer to material safety data sheet (MSDS) or manufacturer's recommendations for more information.



Sample Policies and Procedures - Lightning Safety

| |
|---|
| Policy Area: Environmental Safety |
| Subject: Lightning and Thunder/Inclement Weather |
| Title of Policy: Lightning Safety |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

PURPOSE OR BACKGROUND TO POLICY

Lightning is the most dangerous and frequently encountered thunderstorm hazard that people experience every year.⁵ Advanced planning, education, evacuation and periodic review are all critical to effective implementation of a lightning safety plan and can be the difference between life and death.

National governing bodies, such as the National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations have published guidelines for the prevention of environmental injuries such as lightning injuries.

POLICY STATEMENT

Employees of [Organization Name] will implement the lightning safety plan as soon as a lightning safety situation has been identified. Situations include visual identification of a lightning strike, the report of lightning by another individual, the sound of thunder or notification by the National Weather Service or technology such as lightning monitors.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

DEFINITIONS

Safe Location – The safest location is a fully enclosed, substantial building (one that has plumbing or electrical wiring) where those seeking shelter will not be in contact with the ground or anything metal. An automobile may be a safe location, but individuals must avoid contact with metal. [Identify safe locations for your facility or organization].

Unsafe Locations – These include high places, areas near trees, light poles, fences, water, towers, dugouts, bleachers and golf carts. Generally, any location in the open air is unsafe.

Weather Watcher – An adult designated as responsible for monitoring the environment, initiating the 30-minute delay rule and for determining the safe resumption of outdoor activities.

SCOPE

This policy applies to administrators, coaches, officials, ATs, patients and other personnel (e.g., marching band members, intramural participants) involved in outdoor practice and competition activities at [Organization Name].

5. Walsh KM, Cooper MA, Holle R, et al. National Athletic Trainers' Association position statement: lightning safety for athletics and recreation. *Journal of Athletic Training*. 2013;48(2):258-70.

PROCEDURES*

- Prior to any practice, competition or meeting outdoors, one individual will be designated as the weather watcher and may be a coach, administrator or preferably an AT.
- The designated weather watcher will review the safe locations with supervising personnel in the event the safety plan is implemented that day.
- When a lightning/inclement weather event occurs (lightning monitors indicate lightning, a flash is seen or thunder is heard) the weather watcher will initiate the 30-minute delay rule, as permitted by overseeing governing body.

- All personnel, patients and spectators should be clearly informed of the available safe structures or shelters in the event of thunderstorms and evacuation should begin.
- Spectators should be made aware of their responsibility for safety at all events.
- The weather watcher is responsible for informing the event/game manager, who then notifies the public.
- The designated weather watcher is responsible for determining when the 30-minute rule has been met and it is safe to resume activity.

*The procedures should be modified to align with your organization's policies for spectator safety as well as with specifics for the care of minors while under the care of the organization (in loco parentis principle). Legal and risk management departments should be consulted when drafting your specific policy and procedures..

TRAINING/RETRAINING

The following [Organization Name] personnel have been trained to ensure the safety of all personnel involved in outdoor practices, competitions or other activities.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|--------------|----------------------|--|----------|
| Joe Smith | Physician | Medical Director for [Organization Name] High School | m/d/yyyy |
| Jane Doe | Athletic Trainer | All athletic training services and staff for [Organization Name] High School | m/d/yyyy |
| John Johnson | Director of Security | [Organization Name] Area School Security Director | m/d/yyyy |
| Sally Brown | Athletic Director | [Organization Name] High School | m/d/yyyy |
| Stan White | Head Football Coach | [Organization Name] High School | m/d/yyyy |

Appendix I : Template for Policy and Procedure Documents

| |
|---|
| Policy Area: (Facilities, medications, etc.) |
| Subject: (More specific than policy area) |
| Title of Policy: |
| Number: (This is a numbering system used by the organization) |
| Effective Date: (Date policy is to be implemented) |
| Page Number: (x of x) |
| Approved Date: (Date when policy was approved) |
| Revision Date: (Date of most recent revision) |
| Approved By: (This area may contain a routing list of individuals who must review and approve) |

1. Purpose or background to policy: (Short description that helps others understand why the organization developed the policy).
2. Policy statement: (Clear statement of policy – not just the name of the policy).
3. Definitions: (Key terms are defined, examples are listed, and abbreviations and acronyms are spelled out.)
4. Scope: (Who does this policy apply to? The purpose here is to identify all individuals who need to be aware of the policy and the procedures, including coaches, administrators, medical director and EMS).
5. Procedures: (List in a logical format the steps to take to implement the policy.)
6. Training/Retraining: The following personnel have been trained to ensure a safe participation environment for all individuals, students, employees and staff engaged in activities that could put them at risk of exertional heat injuries.

FACILITY (Include the name of each facility if the policy pertains to more than one.)

| Name | Title | Responsibility | Date |
|------|-------|----------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Appendix II: Checklist for Development and Review of Individual Policies and Procedures

| | Yes | No/ Need More Information | Notes/Comments |
|---|-----|---------------------------------|----------------|
| Policy Name/Title | | | |
| Is the name/title of the policy clear? • Can an external person understand the intent of the title? | | | |
| Revision History | | | |
| Identify if revision date can encompass the entire document (e.g., date can be placed at the beginning of the handbook) or if the date must be on each individual policy and procedure. | | | |
| Revision date has a specified and consistent location in the policies and procedures (if applicable; see previous row). | | | |
| This policy and procedure has been reviewed in the past 12 months. | | | |
| Purpose | | | |
| The purpose of this policy is clear. • Able to answer why the policy exists. | | | |
| This policy is linked to the mission of the organization. | | | |
| This policy is linked to other key aspects of the organization. | | | |
| Policy Statement | | | |
| The specific policy is one to three sentences. | | | |
| The policy statement is clear and concise. | | | |
| The policy is written in third person. | | | |
| The policy has been reviewed for clear understanding of words such as can, could, should, must, etc. | | | |
| An external reviewer can understand the policy statement. | | | |

Appendix II: Checklist for Development and Review of Individual Policies and Procedures

| | Yes | No/ Need More Information | Notes/Comments |
|--|-----|---------------------------------|----------------|
| Procedure | | | |
| The procedure explains how to implement the policy. | | | |
| The procedure statement is clear and concise. | | | |
| The procedure is written in third person. | | | |
| The procedure has been reviewed for clear understanding of words such as can, could, should, must, etc. | | | |
| An external reviewer can understand the procedure; the reviewer knows how to implement the policy. | | | |
| Definitions and Abbreviations | | | |
| Abbreviations and acronyms are spelled out and, if necessary, defined. | | | |
| Key terms are defined; examples are listed. | | | |
| Scope | | | |
| Identify all positions (e.g., ATs, medical director, EMS, coaches) who need to be aware of this policy and procedures. | | | |
| The positions are listed (e.g., head AT, head and assistant coaches) not an individual's name (e.g., John Doe). | | | |
| Implementation | | | |
| The financial resources are available to the organization AND user to implement the policy and procedure. | | | |
| The personnel are available to implement the policy and procedure. | | | |
| Time is available to the organization AND user to implement the policy and procedure. <ul style="list-style-type: none"> Is there undue burden on the organization or user to implement the policy and procedure? | | | |
| For a new policy and procedure: <ul style="list-style-type: none"> Can the approval and signatory process occur in time to implement the policy and procedure? | | | |

Appendix II: Checklist for Development and Review of Individual Policies and Procedures

| | Yes | No/ Need More Information | Notes/Comments |
|---|-----|---------------------------------|----------------|
| Best Practices | | | |
| The policy and procedure is in line with professional position statements. | | | |
| The policy and procedure is in line with national/federal codes, rules and regulations | | | |
| The policy and procedure is in line with state/local codes, rules and regulations. | | | |
| Benchmarking | | | |
| The organization has reviewed similar policy and procedures from other health care programs. | | | |
| Organizational Alignment | | | |
| The policy and procedure is in compliance (e.g., does not supersede) with organizational policy. | | | |
| Overlapping | | | |
| This policy and procedure is a stand-alone policy and procedure. | | | |
| This policy and procedure overlaps or references another policy and procedure. <ul style="list-style-type: none"> Review the policy and procedure referenced for consistency in language and intent. | | | |
| Consulting | | | |
| The medical director has reviewed or consulted on the policy and procedure. | | | |
| The AT staff have reviewed or consulted on the policy and procedure. | | | |
| The appropriate organizational administrators have reviewed or consulted on the policy and procedure. | | | |
| The organization's risk management department has reviewed or consulted on the policy and procedure. | | | |
| The organization's legal counsel or department has reviewed or consulted on the policy and procedure. | | | |

Appendix II: Checklist for Development and Review of Individual Policies and Procedures

| | Yes | No/ Need More Information | Notes/Comments |
|---|-----|---------------------------------|----------------|
| Approval Process | | | |
| The policy has been approved through the organization's approval structure. | | | |
| Identify if approval signature(s) can encompass the entire document (e.g., signatures can be placed at the beginning of the handbook) or if the signature(s) must be on each individual policy and procedure. | | | |
| Approval signature(s) have a specified and consistent location in the policy and procedure (if applicable; see previous row). | | | |
| Identify if approval date can encompass the entire document (e.g., approval date can be placed at the beginning of the handbook) or if the approval date must be on each individual policy and procedure. | | | |
| Approval date has a specified and consistent location in the policy and procedure (if applicable; see previous row). | | | |
| Identify if effective date can encompass the entire document (e.g., effective date can be placed at the beginning of the handbook) or if the effective date must be on each individual policy and procedure. | | | |
| Effective date has a specified and consistent location in the policy and procedure (if applicable; see previous row). | | | |
| Other | | | |
| | | | |
| | | | |

Appendix III: Sample Forms for Emergency Action Plans

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

| Designated Responsible Official (Highest Ranking Manager) | |
|---|--------|
| Site: | |
| Name: | Phone: |

| Emergency Coordinator | |
|-----------------------|--------|
| Name: | Phone: |

| Area/Floor Monitors (if applicable) | | |
|-------------------------------------|-------|--------|
| Area/Floor: | Name: | Phone: |
| Area/Floor: | Name: | Phone: |
| Area/Floor: | Name: | Phone: |
| Area/Floor: | Name: | Phone: |

| Assistants to Physically Challenged (if applicable) | |
|---|--------|
| Name: | Phone: |
| Name: | Phone: |

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

| Fire Department:: |
|-----------------------------------|
| Paramedics: |
| Ambulance: |
| Police: |
| Federal Protective Service: |
| Security (if applicable): |
| Building Manager (if applicable): |
| |
| |
| |

EVACUATION ROUTES

Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

- Emergency exits
- Primary and secondary evacuation routes
- Location of fire extinguishers
- Fire alarm pull station locations
- Assembly points
- Location of AED
- Location of first aid kits

Site personnel should know at least two evacuation routes.

MEDICAL EMERGENCY

1. Call medical emergency phone number (check applicable):

- Paramedics
- Ambulance
- Fire department
- Other

Provide the following information:

- Nature of medical emergency
- Location of the emergency (address, building, room number)
- Your name and phone number from which you are calling
- Do not hang up until directed

2. Do not move the victim unless absolutely necessary.

3. Call the following personnel trained in CPR and first aid to provide the required assistance prior to the arrival of the professional medical help:

Name: _____ Phone: _____

Name: _____ Phone: _____

4. If personnel trained in first-aid are not available, at a minimum, attempt to provide the following assistance:

- a. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids)
- b. Clear the air passages using the Heimlich Maneuver/abdominal thrusts in case of choking

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local fire department by calling _____.
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):
 - Phone paging
 - Radio
 - Voice communication
 - Other (specify)

Fight the fire ONLY if:

- The fire department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area (specify location).
- Remain outside until the competent authority (designated official or designee) announces that it is safe to reenter.

Designated official, emergency coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes their safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate headcount of personnel reported to the designated area.
- Determine a rescue method to locate missing personnel.
- Provide the fire department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures.

Area/Floor monitors must:

- Ensure that all employees have evacuated the area/floor.
- Report any problems to the emergency coordinator at the assembly area.

Assistants to physically challenged should:

- Assist all physically challenged employees in emergency evacuation.

UTILITY COMPANY EMERGENCY CONTACTS

| Electric |
|-------------------|
| Name of Company: |
| Phone Number: |
| Point of Contact: |

| Water |
|-------------------|
| Name of Company: |
| Phone Number: |
| Point of Contact: |

| Gas (if applicable) |
|---------------------|
| Name of Company: |
| Phone Number: |
| Point of Contact: |

| Telephone |
|------------------|
| Name of Company: |
| Phone Number: |

VENUE-SPECIFIC EMERGENCY PROTOCOL

Football Emergency Protocol: _____

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| <p>1. Call 911 or other emergency number consistent with organizational policies.</p> |
| <p>2. Instruct emergency medical services (EMS) personnel to “report to _____ and meet _____ at _____ as we have an injured patient/student-athlete in need of emergency medical treatment.”</p> <p>Football Practice Complex: _____ Street entrance (gate across street from _____) Cross street: _____ Street Gate _____ entrance off _____ Road</p> |
| <p>3. Provide necessary information to EMS personnel:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name, address, telephone number of caller <input type="checkbox"/> Number of victims; condition of victims <input type="checkbox"/> First aid treatment initiated <input type="checkbox"/> Specific directions as needed to locate scene <input type="checkbox"/> Other information as requested by dispatcher <input type="checkbox"/> Do not hang up until directed |
| <p>Provide appropriate emergency care until arrival of EMS personnel; on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Athletic training staff member should accompany patient/student-athlete to hospital <input type="checkbox"/> Notify other athletic training staff immediately <input type="checkbox"/> Parents should be contacted by sports medicine staff <input type="checkbox"/> Inform coach(es) and administration <input type="checkbox"/> Obtain medical history and insurance information <input type="checkbox"/> Appropriate injury reports should be completed |
| <p>Emergency Telephone Numbers</p> <p>_____ Hospital (_____) _____ - _____</p> <p>_____ Emergency Department (_____) _____ - _____</p> <p>University Health Center (if applicable) (_____) _____ - _____</p> <p>Campus Police (if applicable) (_____) _____ - _____</p> |
| <p>Emergency Signals: (examples)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physician: Arm extended overhead with clenched fist <input type="checkbox"/> Paramedics: Point to location in end zone by home locker room and wave onto field <input type="checkbox"/> Spine board: Arms held horizontally <input type="checkbox"/> Stretcher: Supinated hands in front of body or waist level <input type="checkbox"/> Splint: Hand to lower leg or thigh |

“TIME OUTS” PRE-ATHLETIC EVENT CHECKLIST

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| <input type="checkbox"/> Athletic health care providers meet before start of each practice or competition to review the emergency action plan. |
| <input type="checkbox"/> Determine the role and location of each person present (i.e., AT, EMT, doctor). |
| <input type="checkbox"/> Establish how communication will occur (i.e., voice commands, radio, hand signals). <input type="checkbox"/> What is the primary means of communication? <input type="checkbox"/> What is the secondary or backup method of communication? |
| <input type="checkbox"/> An ambulance should be present at all high-risk events. <input type="checkbox"/> Where is it physically located? <input type="checkbox"/> What is the planned route for entrance/exit and is the route unencumbered? <input type="checkbox"/> Is the ambulance a dedicated unit or on standby? <input type="checkbox"/> If an ambulance is not on site, what is the mechanism for calling one? |
| <input type="checkbox"/> In the event of emergency transport, what is the designated hospital? Consider the most appropriate facility for the injury/illness when selecting the hospital. |
| <input type="checkbox"/> What emergency equipment is present? <input type="checkbox"/> Where is it located? <input type="checkbox"/> Has it been checked to confirm it is in working order and fully ready for use? |
| <input type="checkbox"/> Are there any issues that could potentially impact the emergency action plan (i.e., construction, weather, crowd flow)? |

SEVERE WEATHER AND NATURAL DISASTERS

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter and consider the following:
 - Small interior rooms on the lowest floor and without windows.
 - Hallways on the lowest floor away from doors and windows.
 - Rooms constructed with reinforced concrete, brick or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Earthquake:

- Stay calm and await instructions from the emergency coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the emergency coordinator and/or the designated official.

Flood:

If indoors:

- Be ready to evacuate as directed by the emergency coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to higher ground.

Hurricane:

- The nature of a hurricane provides for more warning than other natural and weather disasters.
- A hurricane watch is issued when a hurricane becomes a threat to a coastal area.
- A hurricane warning is issued when hurricane winds of 74 mph or higher or a combination of dangerously high water and rough seas are expected in the area within 24 hours.

Once a hurricane watch has been issued:

- Stay calm and await instructions from the emergency coordinator or the designated official.
- Secure any boats to land or move to a safe place if time allows.
- Continue to monitor local TV and radio stations for instructions.
- Move early out of low-lying areas or from the coast at the request of officials.
- If you are on high ground, away from the coast and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings.
- Collect drinking water in appropriate containers.

SEVERE WEATHER AND NATURAL DISASTERS (CONTINUED)

Once a hurricane warning has been issued:

- Be ready to evacuate as directed by the emergency coordinator and/or the designated official.
- Leave areas that might be affected by storm tide or stream flooding.

During a hurricane, remain indoors and consider the following:

- Small interior rooms on the lowest floor and without windows.
- Hallways on the lowest floor away from doors and windows.
- Rooms constructed with reinforced concrete, brick or block with no windows.

Blizzard:

If indoors:

- Stay calm and await instructions from the emergency coordinator or the designated official.
- Stay indoors!
- If there is no heat:
 - Close off unneeded rooms or areas.
 - Stuff towels or rags in cracks under doors.
 - Cover windows at night.
 - Eat and drink as food provides the body with energy and heat and fluids prevent dehydration.
 - Wear layers of loose-fitting, light-weight, warm clothing, if available.

If outdoors:

- Find a dry shelter that covers all exposed parts of the body.
- If shelter is not available:
 - Prepare a lean-to, windbreak, or snow cave for protection from the wind.
 - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
 - Melt snow before ingesting it as it will lower your body temperature.

If stranded in a car or truck:

- Stay in the vehicle.
- Run the motor about ten minutes each hour.
- Open the windows a little for fresh air to avoid carbon monoxide poisoning and make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
- Turn on the dome light at night when running the engine.
- Tie a colored cloth to your antenna or door.
- Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.

EXTENDED POWER LOSS

In the event of extended power loss to a facility, certain precautionary measures should be taken (depending on the geographical location and environment of the facility):

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would cause a power surge.
- Facilities with freezing temperature should turn off and drain the following lines in the event of a long term power loss:
 - Fire sprinkler system
 - Standpipes
 - Potable water lines
 - Toilets
- Add propylene-glycol to drains to prevent traps from freezing.
- Equipment that contains fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids or provided with auxiliary heat sources.

Upon restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensation from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

CHEMICAL SPILL

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| Spill containment and security equipment: | Location: |
| Personal Protective Equipment (PPE): | Location: |
| Material Safety Data Sheet (MSDS): | Location: |

When a large chemical spill has occurred:

- Immediately notify the designated official and emergency coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number if required.
- Call a local spill cleanup company or the fire department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.

Name of Spill Cleanup Company: _____

Phone Number: _____

- Evacuate building as necessary

When a small chemical spill has occurred:

- Notify the emergency coordinator and/or supervisor (select one).
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general spill cleanup process.

TELEPHONE BOMB THREAT CHECKLIST

Instructions: Remain calm and be courteous with the caller. Do not interrupt the caller. Pretend you can't hear the caller and try to keep the caller talking. Fill out the form below with as much information as possible.

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| 1. Where is the bomb going to explode? (Building Area) | 5. What will cause the bomb to explode? |
| 2. When is the bomb going to explode? Time remaining? | 6. Did you place the bomb? If so, why? |
| 3. What does the bomb look like? | 7. What is your name and address? |
| 4. What kind of bomb is it? | 8. Why do you know so much about the bomb? |
| Did the caller appear familiar with the plant or building by their description? Exact wording of the threat: | |

| | | | | | |
|--|--|--|---|--|---|
| Accent: <input type="checkbox"/> Local <input type="checkbox"/> Middle East <input type="checkbox"/> Hispanic <input type="checkbox"/> African <input type="checkbox"/> Slavic <input type="checkbox"/> Southern <input type="checkbox"/> Northern <input type="checkbox"/> Midwestern <input type="checkbox"/> Other: _____ | Manner: <input type="checkbox"/> Calm <input type="checkbox"/> Rational <input type="checkbox"/> Coherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Righteous <input type="checkbox"/> Angry <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing <input type="checkbox"/> Other: _____ | Background: <input type="checkbox"/> Machines <input type="checkbox"/> Music <input type="checkbox"/> Office <input type="checkbox"/> None <input type="checkbox"/> Traffic <input type="checkbox"/> Trains <input type="checkbox"/> Animals <input type="checkbox"/> Voices <input type="checkbox"/> Airplanes <input type="checkbox"/> Other: _____ | Voice: <input type="checkbox"/> Loud <input type="checkbox"/> High Pitch <input type="checkbox"/> Raspy <input type="checkbox"/> Intoxicated <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> Pleasant <input type="checkbox"/> Other: _____ | Speech: <input type="checkbox"/> Fast <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Other: _____ | Language: <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Foul <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Other: _____ |
|--|--|--|---|--|---|

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|---|---|--|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: () <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | Call Origin: <input type="checkbox"/> Local <input type="checkbox"/> Non-local |
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Activate malicious call trace: When the call has ended and you hang up the phone, do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Notify your supervisor immediately. Call security at _____ and relay information about the call.

| | |
|----------------|--------------------|
| Your Name: | Your Phone Number: |
| Your Position: | Date of Report: |

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- Medical
- Fire
- Severe weather
- Bomb threat
- Chemical spill
- Extended power loss
- Other (specify) _____
(e.g., terrorist attack, hostage taking)