

Wellsboro Area School District
Board of Education
WORK SESSION
August 4, 2020
Tuesday, 6:30 PM

AGENDA

- I. Call to Order;
- II. Roll Call of Members;
- III. Reading of Notice of Work Session;
- IV. Discussion – Continuity of Education Plan for WASD School Year 2020-21; (see Spec. Mtg. Agenda)
- V. Discussion – Emergency Action Plan (to ensure proper medical coverage of athletic events and practice sessions) and WASD Sports-Related Concussion/Mild Traumatic Brain Injury Policy (Attachment #1)
- VI. Discussion – Resolution Directing and Authorizing Administration to Update its Title IX Rules and Regulations Pursuant to New Guidelines from the Federal Department of Education
- VII. Discussion – Resolution for Instructional Days (see Spec. Mtg. Agenda)
- VIII. Discussion – Amended WASD School Calendar for 2020-21 (see Spec. Mtg. Agenda)
- IX. Discussion – Vision and Mission Statement for 2020-21 (Attachment #2)
- X. Public Comment;
- XI. Adjournment;

Emergency Action Plan

INTRODUCTION

Emergency situations in athletics have the potential to occur at any time, whether they are during training, practice, or competitive events. Due to the inherent risks that are associated with participating in athletics, injuries are likely to occur. With proper preparation through an Emergency Action Plan that will be outlined in this document, the sports medicine staff, school officials, and coaches can manage emergency situations effectively and appropriately. In order to do this, flow of proper communication and emergency medical equipment must be addressed.

The purpose of this Emergency Action Plan (EAP) is to ensure the proper medical coverage of athletic events and practice sessions at Wellsboro Area High School in Wellsboro, Pennsylvania, through the correct maintenance of appropriate emergency medical equipment and interventions of sports medicine personnel, emergency personnel, school officials, and coaches.

The proper chain of command, procedure for emergencies, location of emergency medical equipment and telephones are outlined in this plan. Also listed will be important telephone numbers and appropriate locations for emergency medical services (EMS) access.

Please note:

- This EAP is specific for Wellsboro High School and Rock L. Butler Middle School. However, throughout the document there will be policies and procedures for Wellsboro Area School District as well. Some policies are district wide policy.
- While this plan is written specifically for athletes, it may be implemented for spectators, officials and staff by using the same information.

Attachment 1

Pre-Participation and Post Injury Policies

Pre-Participation Physical Examinations:

As per PIAA and Wellsboro Area School District (WASD) policy, all student-athletes must complete an annual PIAA physical before participating in any athletic practice or event. Students must also complete the PIAA recertification form for any subsequent sports in the same school year.

This information will be used by the athletic trainer and school nurse to identify pre-existing conditions and students at increased risk for a medical emergency. Coaches will be made aware of these risks on a need to know basis by the athletic training staff.

Insurance Policy:

As per WASD policy, student-athletes must maintain medical insurance throughout the sports season. A Medical Release and Authority form must be completed by the parents with all their insurance information and given to the athletic department prior to participation in athletics. A copy of the Medical Release and Authority form will be given to each coach and MUST be carried with them at all practices and events so that it can be provided as needed for medical attention.

Emergency Contacts:

Athletes and their parents must provide contact information for emergency contacts in the event of a medical incident. Coaches will have each student-athletes' emergency contact, insurance and medical alerts/allergy information with them in the medical kit provided at each practice, scrimmage and game/match.

Post Injury Release:

If an athlete is treated by the Certified Athletic Trainer (ATC) only, the ATC will release the athlete back to activity.

If an athlete is treated by a physician for any reason, the athlete must have a signed release by the treating physician or verbal confirmation directly between the ATC and physician before returning to activity.

Sports Coverage

UPMC Susquehanna provides 1 Certified Athletic Trainer for coverage at Wellsboro High School. An attempt will be made to cover all mandatory home practices, mandatory home events and away varsity football games for PIAA sports. (Junior High is not included in direct coverage, but treatment will be given when available).

Coverage will be prioritized by highest risk of injury from contact to non-contact sports and is only provided for teams using the school's on-campus facilities. Off-site locations will have access to the athletic trainer via phone.

If direct coverage is not provided, the ATC will notify coaches for all other teams so he/she is aware of the location and available communication for the ATC.

Coverage is provided Monday through Saturday between the hours of 8:00am to 10:00pm and an attempt will be made to limit the athletic trainer's hours to an average of 40 hours per week during the sports seasons.

Coaches must notify the athletic trainer of any practice schedule changes 24 hours in advance or coverage is not guaranteed. Athletic Director must notify the athletic trainer of any game schedule changes 24 hours in advance or coverage is not guaranteed.

An attempt to have a physician/PA/NP at home varsity football games will be made.

EMS will be present for all home varsity, JV and JH football games. EMS will have access to game schedules via the WASD website and wellsboroathletics.com website to be aware of events in advance. AD will also contact local EMS prior to the start of the season.

Booster club events, such as tournaments, are not covered. However, there will be an attempt made to provide coverage for \$25.00 per hour for each athletic trainer required. All supplies will be free of charge to the booster club.

Communication Tools for Athletics' Personnel

Due to practices and events overlapping, an athletic trainer may be available, but with another team. Depending on locations, the below communication tools are available:

Primary communication tool:

Cell Phone: function will be checked before each practice and/or competition

Alexis Kriner, LAT, ATC: 570-220-5756

Ed Weaver (Athletic Director): 570-337-3377

Secondary communication tool:

School Phones: function will be checked at least once prior to each sports season

If calling from a School Phone, you must dial 8, the area code, and then the number.

Emergency Contacts:

This list will be posted next to each landline along with a copy of the site-specific venue information. Each landline will also be tested for proper function prior to the start of each season and this testing will be documented.

Emergency Medical Services: 911

POLICE:

State Police (Mansfield Station): **570-662-2861**

Wellsboro Police Department: **570-724-4400**

Wellsboro Fire Department: **570-724-3446**

Poison Control: **1-800-222-1222**

Soldiers and Sailors Memorial Hospital (Wellsboro): **570-723-0457 (Emergency Dept)**

Administrative Offices and Athletic Trainers:

Wellsboro High School: **570-724-3547**

Rock L. Butler Middle School: **570-724-2306**

Alexis Kriner (cell): **570-220-5756**

(office): **570-724-3547 (ext. 1445)**

Coaches Information

Name	Contact Info	Activity/Season	Phone Number
Adams, Steve	sadams@wellsborosd.org	Basketball – Boys Varsity/JV	570-916-1189
Borzok, Andy		Tennis – Girls	443-206-0678
Boyd, Joanne	jboyd@wellsborosd.org	Cheerleading	570-439-3543
Boyd, Rachelle		JH Cheerleading	570-439-2095
Brought, Ron	BroughtRD@corning.com	Softball – Varsity/JV	607-377-0429
Burrous, Scott		Soccer – Girls Varsity/JV	814-519-3434
Fitch, Todd	tfitch@wellsborosd.org	Soccer – Boys Varsity/JV	570-787-0459
Hildebrand, Matt	mhildebrand@wellsborosd.org	Football – Varsity/JV	717-880-3503
Hoffman, Marge	margery.hoffman1@gmail.com	Tennis – Boys	570-439-8213
Hoover, Liz	ehoover@wellsborosd.org	Track and Field	570-439-0784
Macensky, Steve	steve@metalkraftpm.com	Golf	570-439-2331
Mascho, Shane	smascho@wellsborosd.org	JH Football and JH Baseball	717-609-2419
McNett, Michelle	mmcnett@wellsborosd.org	JH Volleyball and JH Softball	570-506-6155
Mitchell, Sam		JH Soccer	570-439-7279
Morris, Darrell	dmorris@wellsborosd.org	JH Girls Basketball	570-447-7347
Perry, Matt	mperry@wellsborosd.org	Baseball – Varsity/JV	607-368-2241
Poirier, Maureen	mdsinger67@gmail.com	Basketball – Girls Varsity/JV	570-439-1759
Smith, Kyle	ksmith@southertioga.org	JH Boys Basketball	
Weiner, John	pinefield@pvvc.net	Cross Country – Varsity and JH	570-439-1615
Zuchowski, Sharon	sharonz08@yahoo.com	Volleyball – Varsity/JV	570-439-2225

Medical Equipment and Medications

Medical Kits:

- At home events and practices (except junior high), the ATC will provide the medical kit.
- At away events and all junior high practices and events, coaches must take their medical kit that will be provided to each team by the ATC.

Emergency Equipment:

The ATC will provide:

- Splints*/sling/ACE wraps (with the ATC)
- Medical first aid kit (with the ATC)
- AED** (one with the ATC and also at other locations listed in the EAP)
- Crutches (kept in the athletic training room or carried with ATC during Fall and Spring)

Equipment such as spine boards, oxygen and advanced airways are not available at Wellsboro High School or Rock L. Butler Middle School. They will be provided by EMS upon their arrival.

*Vacuum splints will be checked monthly to ensure they are functioning properly by the ATC.

**The AED's will be checked monthly to ensure they are functioning properly. The ATC will be responsible for the portable AED and the school nurses will be responsible for all other AEDs in the school.

Keys:

- The Game Managers will be provided needed keys at home contests.
- The Athletic Trainers and Coaches will provide gate and general building access during practices as per site specific information.
- The Custodial staff can provide all keys if needed.

Medications:

NON-PRESCRIPTION MEDICATION:

1. Athletic trainers will only carry/dispense non-prescription medication with a standing written prescription from a physician and parent/guardian consent. *

*EXCEPTION: The athletic trainers may carry/dispense Benadryl or other OTC medication for allergies as warranted for allergic reactions to prevent a life-threatening situation and possible anaphylaxis.

PRESCRIPTION MEDICATION:

1. Athletic trainers/coaches may carry/dispense an emergency dose of medication for the prescribed athlete.
2. Athletic trainers/coaches may assist the athlete, as needed, with the administration of prescribed medication in emergency situations. (ie: inhalers, epi-pen, glucagon kits)

DOCUMENTATION

EMS Transport Documentation:

In the event that EMS is activated at any WASD athletic practice/competition, the incident must be documented by the head coach and/or athletic trainer. A copy of this documentation will also be given to the athletic director and head of athletics.

This documentation will be done on the WASD Incident Report form found at WASDocs for school faculty and staff and a blank form can also be requested from the athletic director.

Equipment Check Documentation: Landline phones (prior to each season), AEDs (monthly) and vacuum splints (monthly)

Any time a piece of emergency equipment is checked for proper function, the date, time and name of equipment must be listed on the ATC's equipment check sheet and signed by the individual checking the equipment. *This documentation will be stored in the Athletic Training Room (023 at the HS classroom building).

*The school nurses have their own documentation sheet that will be completed and kept in his/her office for AEDs inside the school.

Rehearsal Documentation:

When rehearsals are completed, the ATC will document the team, individuals involved, date and any part of the drill that was not completed correctly (the ATC will also review what improvements are needed with coaches and/or staff). This documentation will be stored in the Athletic Training Room (023 at the HS classroom building).

Signature Documentation:

Personnel will sign the signature page included in this document and return to the ATC. This documentation will be stored in the Athletic Training Room (023 at the HS classroom building).

Other Documentation:

All ATCs must complete all required UPMC Susquehanna documentation for any incident. ATC and/or coaches must also complete an incident report with the school district for injuries that occur during practices and events.

Transportation

Non-Emergency Transport

It is not the responsibility of the athletic trainers, coaches or WASD staff to give or arrange transportation of athletes to and from doctor's appointments, x-rays, etc.

Emergency Transport

When EMS is activated*, the caller and flagger will use the site-specific information for direction. If a parent or guardian is not on site to ride with the athlete, a paid coach must ride and stay until a parent/guardian arrives.

If a coach, official or other adult staff member is being transported, no one is required to stay with him/her.

*EMS will be present and on-hand at all home varsity football games.

Individuals transported by EM will be taken to UPMC Susquehanna Soldiers and Sailors Memorial Hospital unless EMS states otherwise:

UPMC Susquehanna Soldiers and Sailors Memorial Hospital
32-36 Central Ave
Wellsboro, PA 16901

Contact information for the Hospital: **570-723-0457 (Emergency Dept)**

Life Flight Emergency

Life Flight has recommendations for establishing a landing zone for an emergency. EMS has the authority and education necessary to request Life Flight and establish a landing zone.

Emergency services will be contacted and be on site before Life Flight is called in. The landing zone requirements are as followed:

1. **Size 100 x 100' (larger if more than one aircraft is requested)**
2. **Flat surface without debris**
3. **Free of overhead obstacles (wires, towers, etc.)**
4. **Mark landing zone at each corner using secured cones or fire personnel during the day and strobes at night**
5. **Landing zone coordinator should be standing with the wind to his or her back (or mark which direction the wind is blowing)**
6. **Provide Life Flight with the following patient information: number of patients, adult or pediatric, extricated or still entrapped**
7. **Provide Life Flight with the following landing zone information: surface (road or field), location in relation to the accident scene (Northwest, etc.), any overhead hazards such as wires, trees or towers**

PERSONNEL

Chain of Command

Team Physician (or designated physician for the event)

Athletic Trainer – must hold current BOC certification and PA license.

Coaches – must complete annual ConcussionWise and CardiacWise (or other approved concussion and sudden cardiac arrest courses) training before each season. Coaches hired prior to July 1, 2016 must have also completed the PIAA education requirements including CPR and first aid. Coaches hired after July 1, 2016 will have two years from hire date to complete this, but the ATC staff recommends becoming CPR certified immediately. Documentation of course completion for coaches will be kept by the athletic director.

If the team or designated physician is present, he/she will be in charge of any emergency situation. When the team physician is not present, the athletic trainer will be in charge. In the absence of both healthcare professionals, coaches will complete their role as outlined in this EAP.

Additional Personnel

In addition to those listed in the chain of command, the following personnel may also serve roles in the event of an emergency:

Athletic Director and Head of Athletics: The AD and/or Head of Athletics will be notified of all incidents once the emergency has ended. The AD and/or Head of Athletics may be designated by the person in charge to: call 911, access any additional needed contact information, contact the visiting teams AD in the event the emergency involved another team, provide needed keys and help with crowd control as needed.

Game managers: If present, the game manager may be designated by the person in charge to: call 911, provide needed keys, contact AD and/or Head of Athletics if he/she is not present and help with crowd control.

Security: Security may be designated by the person in charge to: call 911, contact AD and/or Head of Athletics if he/she is not present and help with crowd control.

Custodial/maintenance staff: May be designated by the person in charge to: provide needed keys, access to the school and nurse's office and open school gates (inside and outside).

School Resource Officers: If present, the officer may be designated by the person in charge to: call 911, provide needed keys, contact the AD and/or Head of Athletics if he/she is not present and help with crowd control as needed.

Procedure to be followed when a Certified Athletic Trainer is Present

1. The coach must notify the athletic trainer an incident has occurred if there is not direct supervision. *
2. The ATC will be in charge of the situation and provide appropriate care using the skills and procedures he/she is licensed to use according to the standing orders set by the UPMC supervising physician.
3. The coaches** will assist as directed to do so by the ATC. This may include, but is not limited to, retrieving needed medical supplies, transporting the athlete off the field, contacting 911, and crowd control***.

IF EMS IS ACTIVATED FOLLOW RED STEPS:

4. A coach or athlete designated by the ATC will meet EMS at the closest entrance and direct EMS personnel to the injured athlete.
5. A paid coach will provide EMS with a copy of the athlete's Medical Release and Authority form AND accompany the athlete to the hospital in the event a parent/guardian is not on-site.
6. A coach will also notify a parent/guardian of the incident and the ATC will then follow-up with a parent when he/she is safely able to do so.
7. The ATC will notify a parent if EMS was not activated.
8. The ATC will document appropriately.

*If it is a life-threatening incident and the athletic trainer is available but not providing direct supervision, follow the guidelines for when an ATC is not present until the ATC is on site!

**The ATC may use additional personnel needed as listed on the previous page.

***Security will be in attendance at every home varsity football game. In the event that crowd control is needed, security will provide this service.

NOTE: If another school's athletic trainer treats an athlete at an away event, the coach must notify his/her Wellsboro athletic trainer by phone or email within 24 hours.

When activating EMS, the following information should be given:

- Identify yourself (caller's name) and your role in the situation
- Address of the event
- Provide the name of the injured athlete (if available)
- Specify the condition of the victim to the best of your knowledge
- Indicate the time the incident took place (if known)
- Explain what care has been administered
- Give specific directions to the scene*
- Phone number at which you can be reached
- Do not disconnect from the operator until instructed to do so

*Notify EMS if a flagger will be present to direct them to the emergency.

Individuals transported by EMS will be taken to UPMC Susquehanna Soldiers and Sailors Memorial Hospital unless EMS states otherwise:

UPMC Susquehanna Soldiers and Sailors Memorial Hospital

32-36 Central Ave

Wellsboro, PA 16901

Contact information for the Hospital: 570-723-0457 (Emergency Dept)

Procedure to be followed when a Certified Athletic Trainer is NOT Present in the Event of an Emergency

1. A paid coach certified in CPR and first aid will take command of the incident
 - a. If all staff is CPR and first aid certified, the chain of command will be:
 - i. Head Coach
 - ii. Assistant Coach
2. If needed, activate 911 – provide incident information, location and route to EMS
3. If the coach is CPR and first aid certified, provide appropriate care:

IF EMS IS ACTIVATED FOLLOW RED STEPS:
4. A coach or designated athlete will meet EMS at the closest entrance and direct EMS personnel to the injured athlete.
5. Provide EMS with a copy of the athlete's Medical Authority and Release form AND accompany the athlete to the hospital in the event a parent/guardian is no on-site.
6. Notify a parent/guardian of the incident.
7. Notify the ATC (this should be completed as soon as someone is safely able to call)

When activating EMS, the following information should be given:

- Identify yourself (caller's name) and your role in the situation
- Address of the event
- Phone number at which you can be reached
- Provide the name of the injured athlete (if available)
- Specify the condition of the victim to the best of your knowledge
- Indicate the time the accident took place (if known)
- Explain what care has been administered
- Give specific directions to the scene*
- Do not disconnect from the operator until instructed to do so

*Notify EMS if a flagger will be present to direct them to the emergency.

Individuals transported by EMS will be taken to UPMC Susquehanna Soldiers and Sailors Memorial Hospital unless EMS states otherwise:

**UPMC Susquehanna Soldiers and Sailors Memorial Hospital
32-36 Central Ave
Wellsboro, PA 16901**

Contact Information for the Hospital: 570-723-0457 (Emergency Dept)

EMERGENCY
ACTION PLAN
SITE SPECIFIC
VENUE
INFORMATION

Wellsboro High School Athletic Training Room (ATR):

High School ATR:

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is inside the ATR entrance door, to the right, hanging on the wall.

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATR, next to refrigerator (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: Inside ATR, in front of large cold tub (black kit)
- AED: Primary: On the wall in the commons near the vending machines.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: Inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for ATR and building entrance doors

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Information:

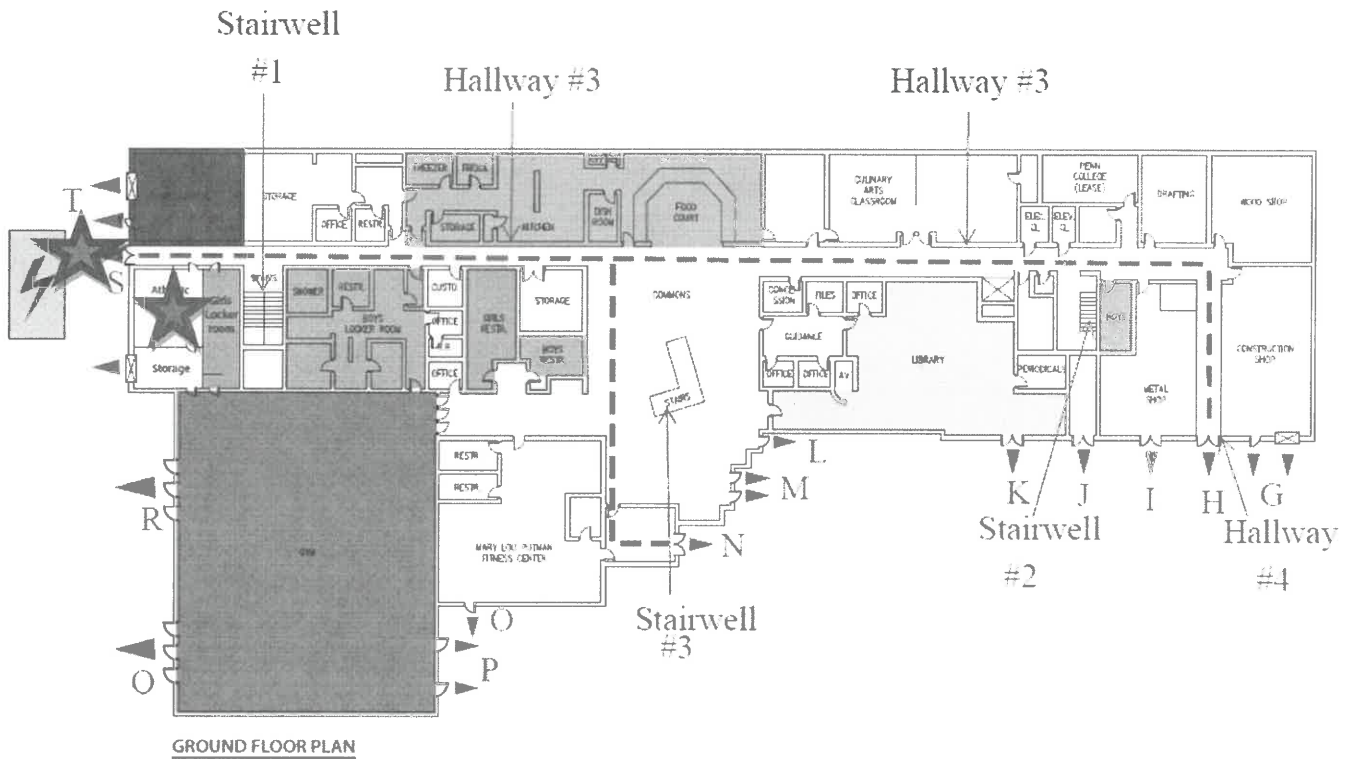
- 225 Nichols Street, Wellsboro, PA 16901
- EMS will enter the Horseshoe Hill entrance for deliveries that enters by the gymnasium. A designated flagger will open the entrance by the loading dock (Door S) when EMS arrives to allow entrance and direct them to the ATR located in the first room to the right when entering Door S



--- = Hallway leading to exit

▲ = Direct access to outside

⚡ = Back-up Generator Location



GRADES: 9, 10, 11, & 12
STUDENT CAPACITY: 1000
CLASSROOMS: 34

WELLSBORO AREA SCHOOL DISTRICT

Wellsboro Area High School
225 Nichols St., Wellsboro, PA
570.724.3547



PRACTICE AND COMPETITION SITES:

Wellsboro Community Stadium:

(Varsity/JV and JH Football)

(Varsity/JV and JH Soccer)

(Track and Field)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the commons near the vending machines.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for fence gates, ATR and Admin Building

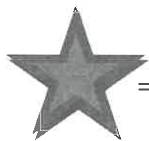
- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: 1 outside gate by scoreboard marked by

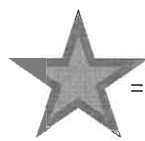


EMS Route:

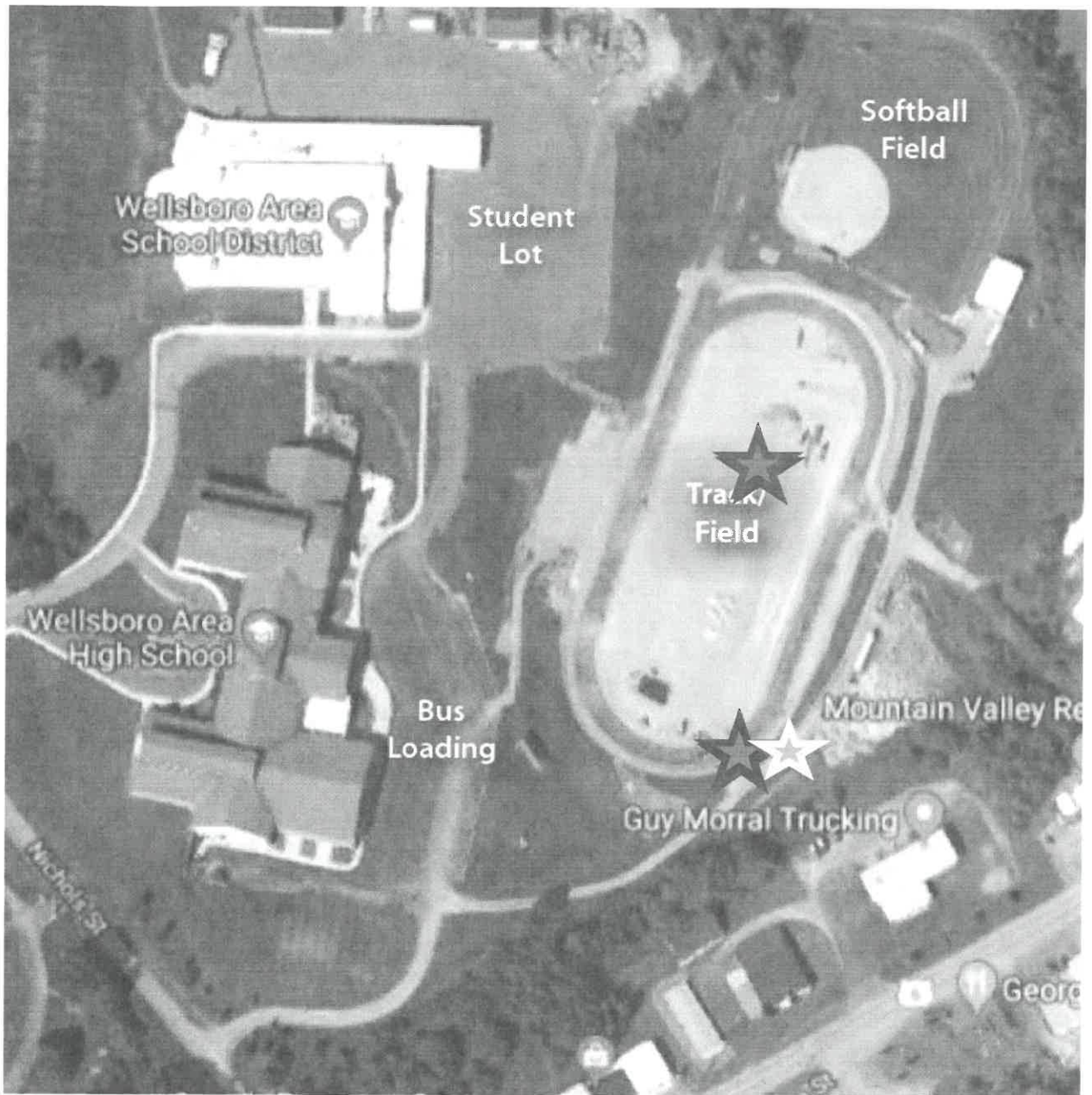
- 225 Nichols Street, Wellsboro, PA 16901
- EMS will enter the Horseshoe Hill entrance. At the stop sign to the parking lot, EMS will enter access road to the right and park at the gate entrance to the stadium by the scoreboard.



= Wellsboro Community Stadium



= Preferred Entrance



Softball Field:

(Varsity/JV and JH Softball)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the hallway outside of the weight room and outside of the Admin gym.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

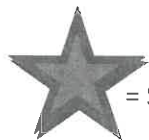
Keys: Needed for fence gates, ATR and Admin Building

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

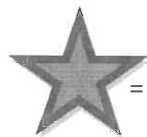
Possible locked gates in preferred route: None

EMS Route:

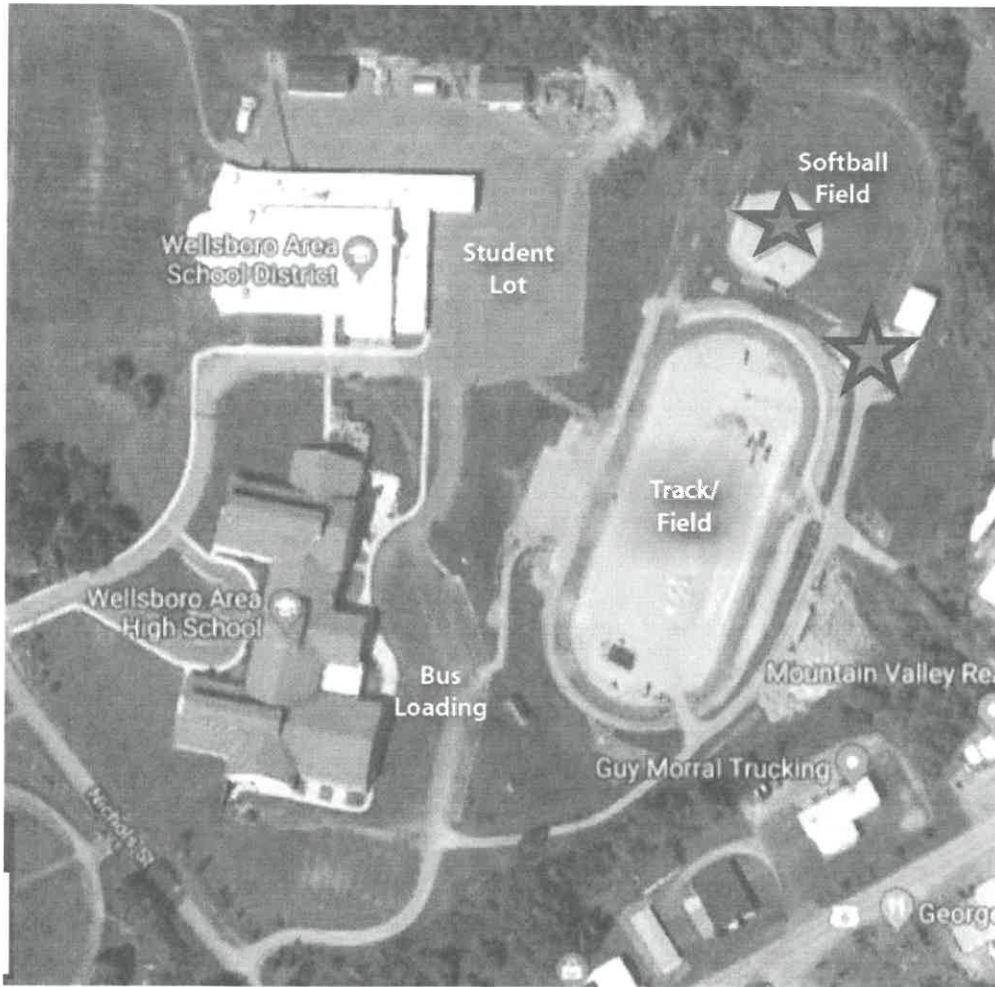
- 225 Nichols Street, Wellsboro, PA 16901
- EMS will enter the Horseshoe Hill entrance. At the stop sign to the parking lot, EMS will enter access road to the right and follow it all the way to the green equipment shed behind the softball field. EMS could continue along the access road along the stadium to behind the home dugout if needed.



= Softball Field



= Preferred Entrance



Wing Practice Field at Wellsboro High School:

(Varsity/JV Football)

(Varsity/JV Soccer)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the hallway outside of the weight room and outside of the Admin gym.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for fence gates, ATR and Admin Building

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

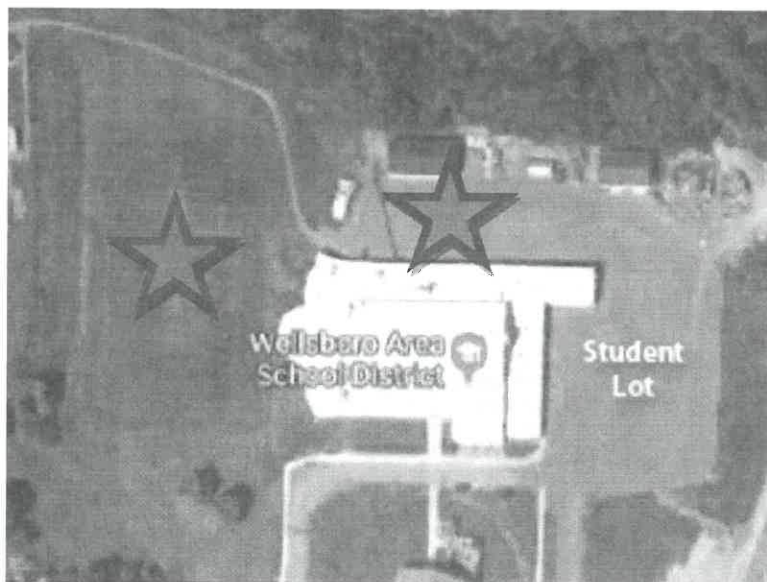
- 227 Nichols Street, Wellsboro, PA 16901
- EMS will enter the front of the school on Nichols Street and proceed to the parking lot behind the administration building. A flagger will be located behind the administration building in the Student Lot and direct EMS to the Wing Field located at the front of the administration building.



= Wing Field



= Preferred Entrance



Baseball Field:**(Varsity/JV and JH Baseball)****(Varsity/JV and JH Soccer Practice Field)****Telephone Locations:**

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the hallway outside of the weight room and outside of the Admin gym.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for fence gates, ATR and Admin Building

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: 1 outside gate marked by**EMS Route:**

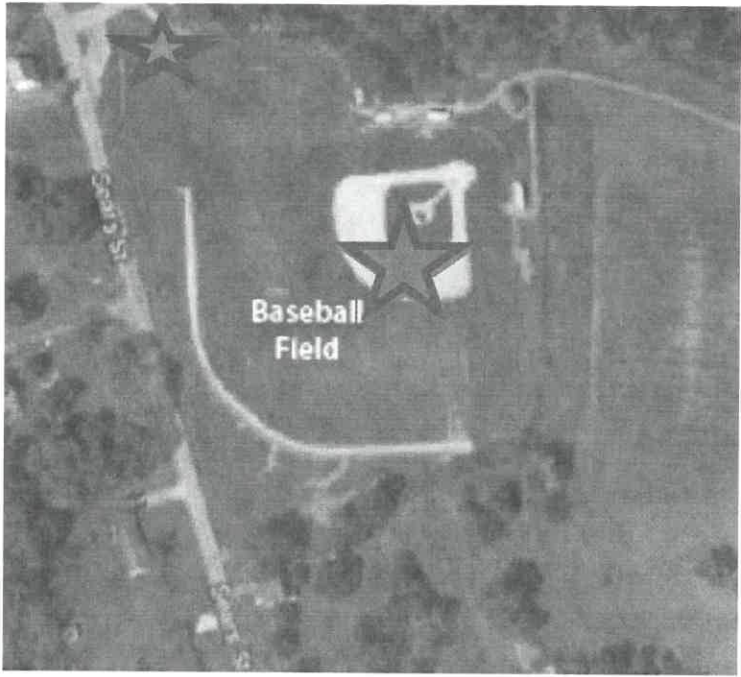
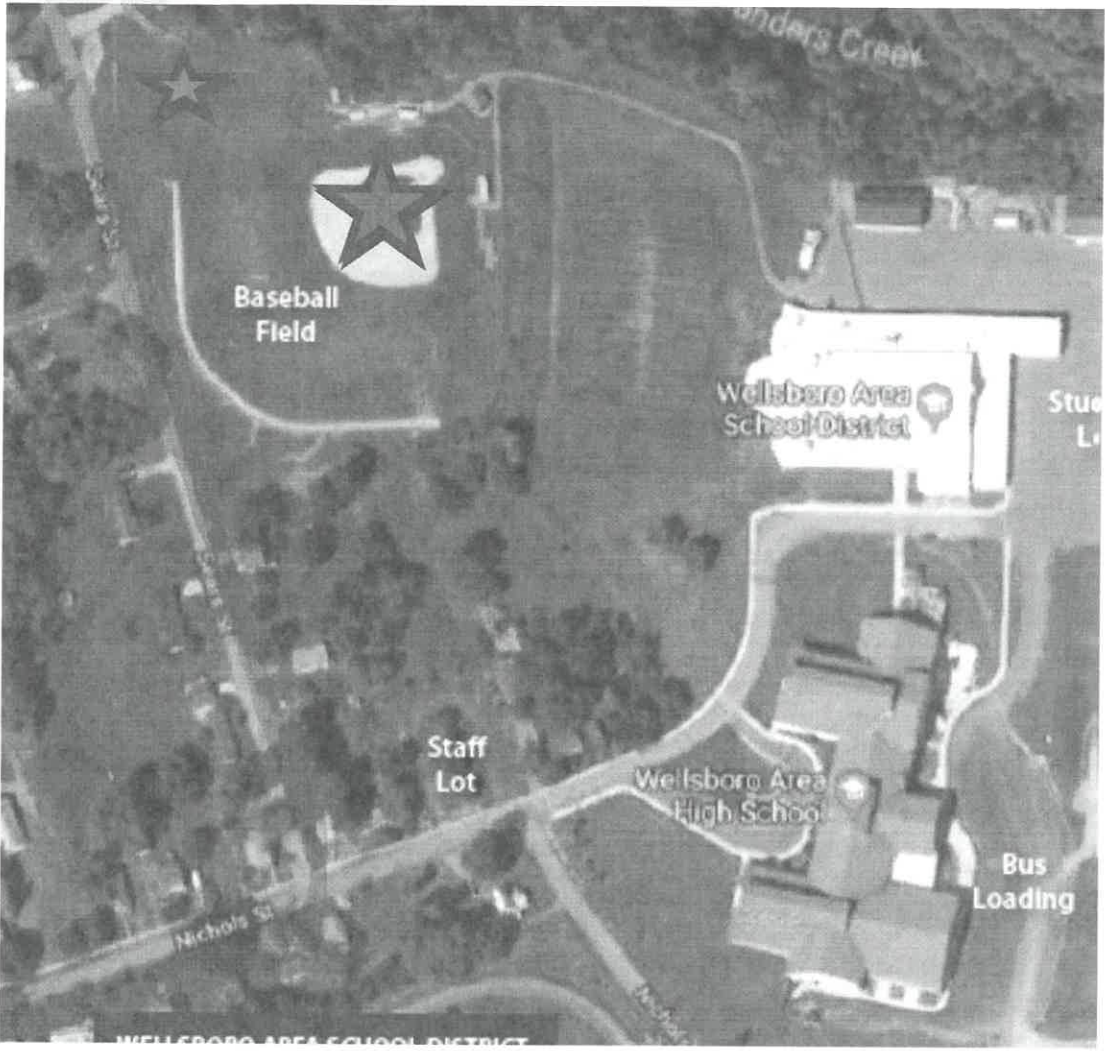
- Sears Street, Wellsboro, PA 16901
- EMS will enter the from Sears Street. A flagger will meet EMS at the gate entrance to the field to let them drive onto the grass to the field.



= Baseball Field



= Preferred Entrance



Wrestling Room in the Administration Building:
(Varsity and JH Wrestling)

Telephone Location:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the hallway outside of the weight room and outside of the Admin gym.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for Administration Building

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

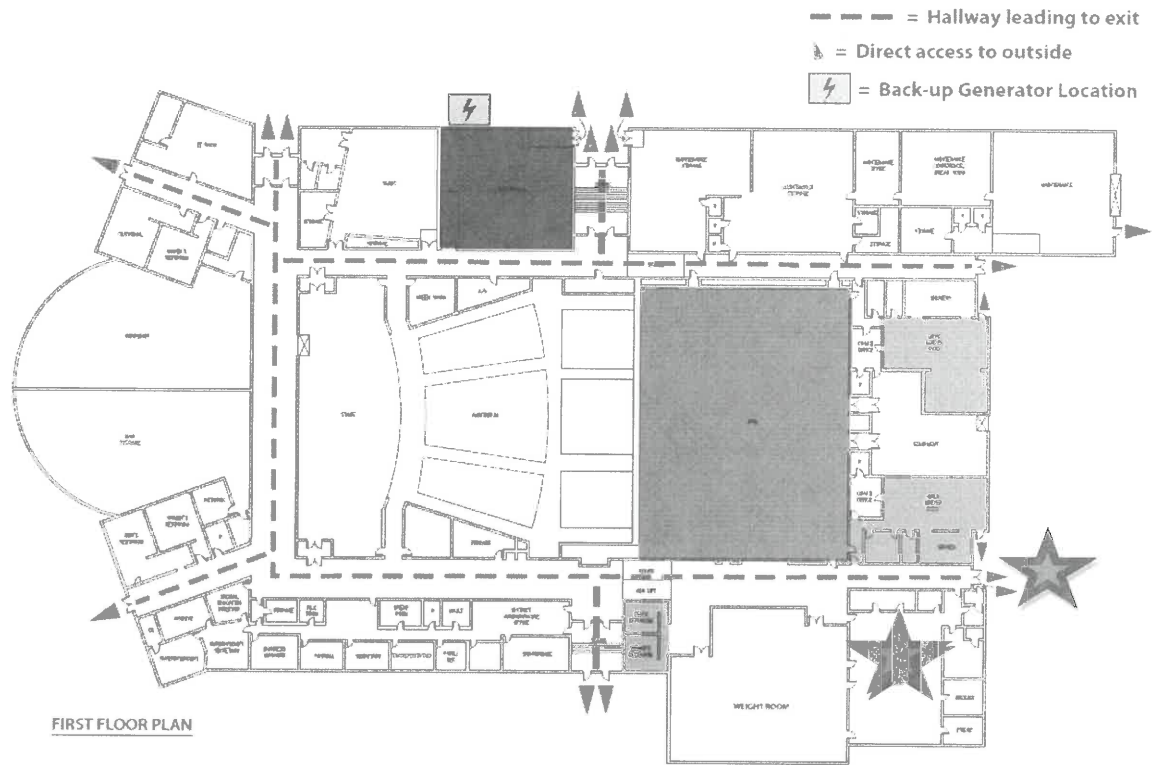
- 227 Nichols Street, Wellsboro
- EMS will enter the from Nichols Street at the front entrance of the high school. They will be met by a flagger at the weight room entrance (Door L) at the back of the Administration building.



= Wrestling Room



= Preferred Entrance



Wellsboro High School Gymnasium (Classroom Building):
(Varsity/JV Basketball)
(Varsity/JV Volleyball)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is inside the ATR entrance door, to the right, hanging on the wall.

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATR, next to refrigerator (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: Inside ATR, in front of large cold tub (black kit)
- AED: Primary: On the wall in the commons near the vending machines.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: Inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for ATR and building entrance doors

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Information:

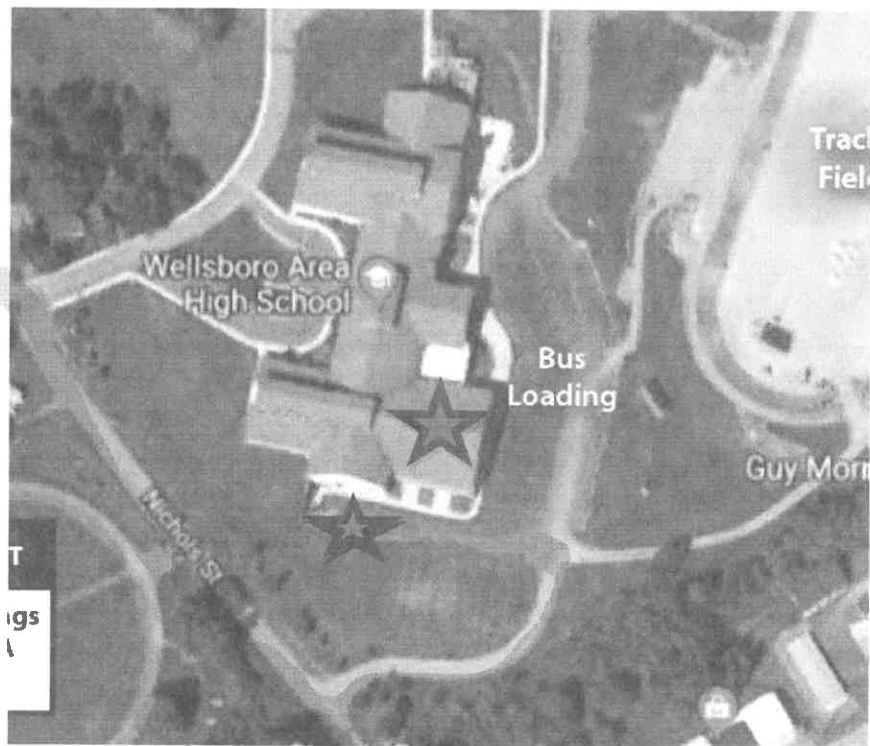
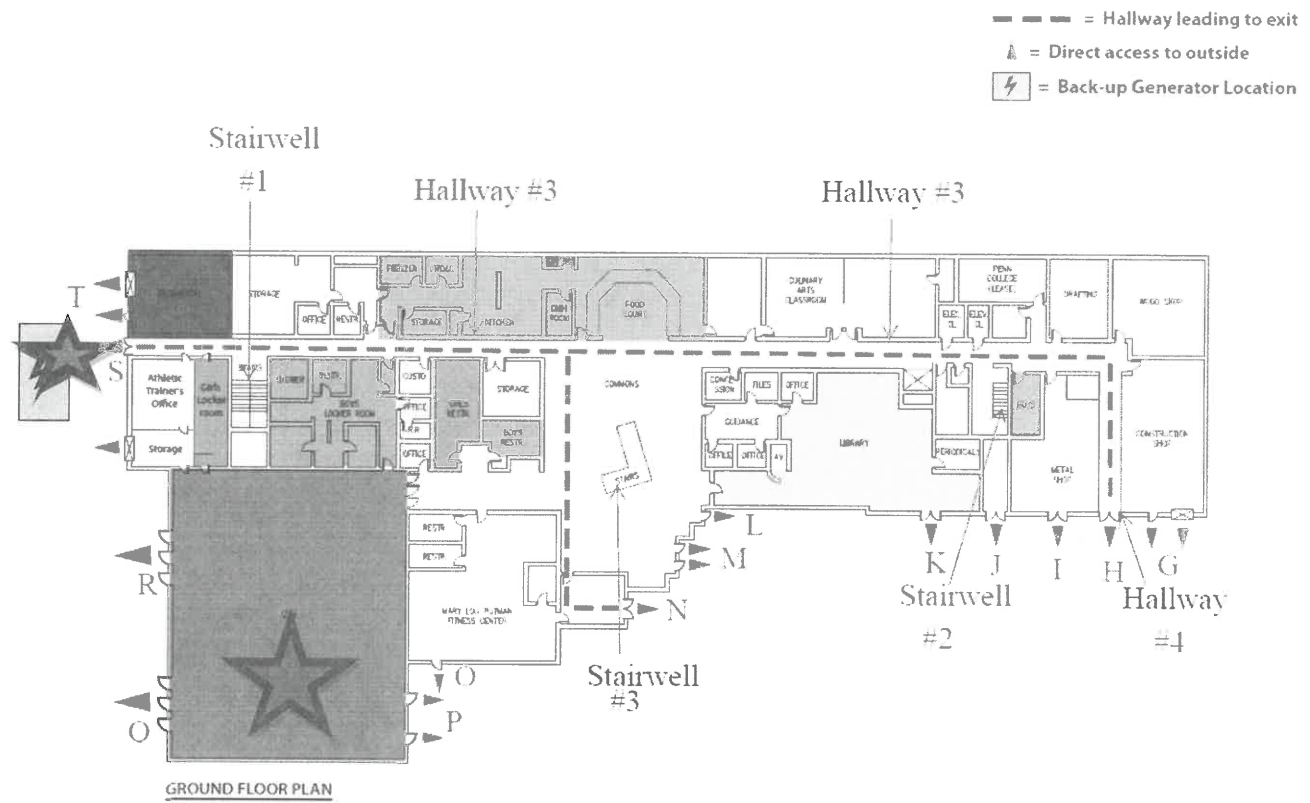
- 225 Nichols Street, Wellsboro, PA 16901
- EMS will enter the Horseshoe Hill entrance for deliveries that enters by the gymnasium. A designated flagger will open the entrance by the loading dock (Door S) when EMS arrives to allow entrance and direct them to the gymnasium through the ATR located in the first room to the right when entering Door S



= Gymnasium



= Preferred Entrance



Wellsboro Administration Building Gymnasium:

(Varsity and JH Baseball and Softball batting cage)

(Varsity/JV and JH Basketball)

Telephone Location:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the hallway outside of the weight room and outside of the Admin gym.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for Administration Building

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

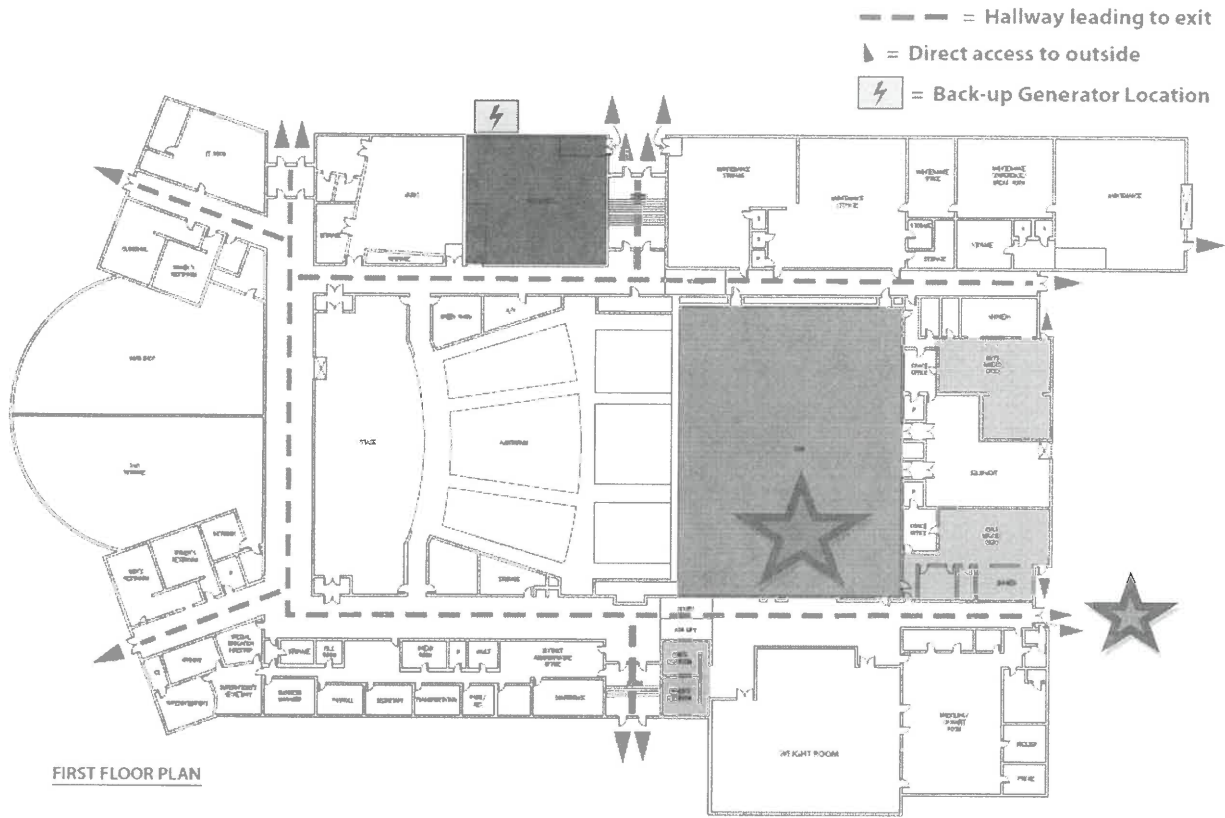
- 227 Nichols Street, Wellsboro
- EMS will enter the from Nichols Street at the front entrance of the high school. They will be met by a flagger at the weight room entrance (Door L) at the back of the Administration building.



= Gymnasium



= Preferred Entrance



Packer Park Tennis Courts (Off-site):
(Boys and Girls Tennis)

Telephone Locations:

- Athletic Trainer/coaches' cell phones

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: The athletic trainer will have a portable AED in a red carrier (the ATC will use the Gator or personal vehicle to transport the AED to tennis within 3 minutes from the stadium and/or softball and baseball fields as soon as possible)
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for Packer Park

- Parks and Rec – should be nothing locked

Possible locked gates in preferred route: None

EMS Route:

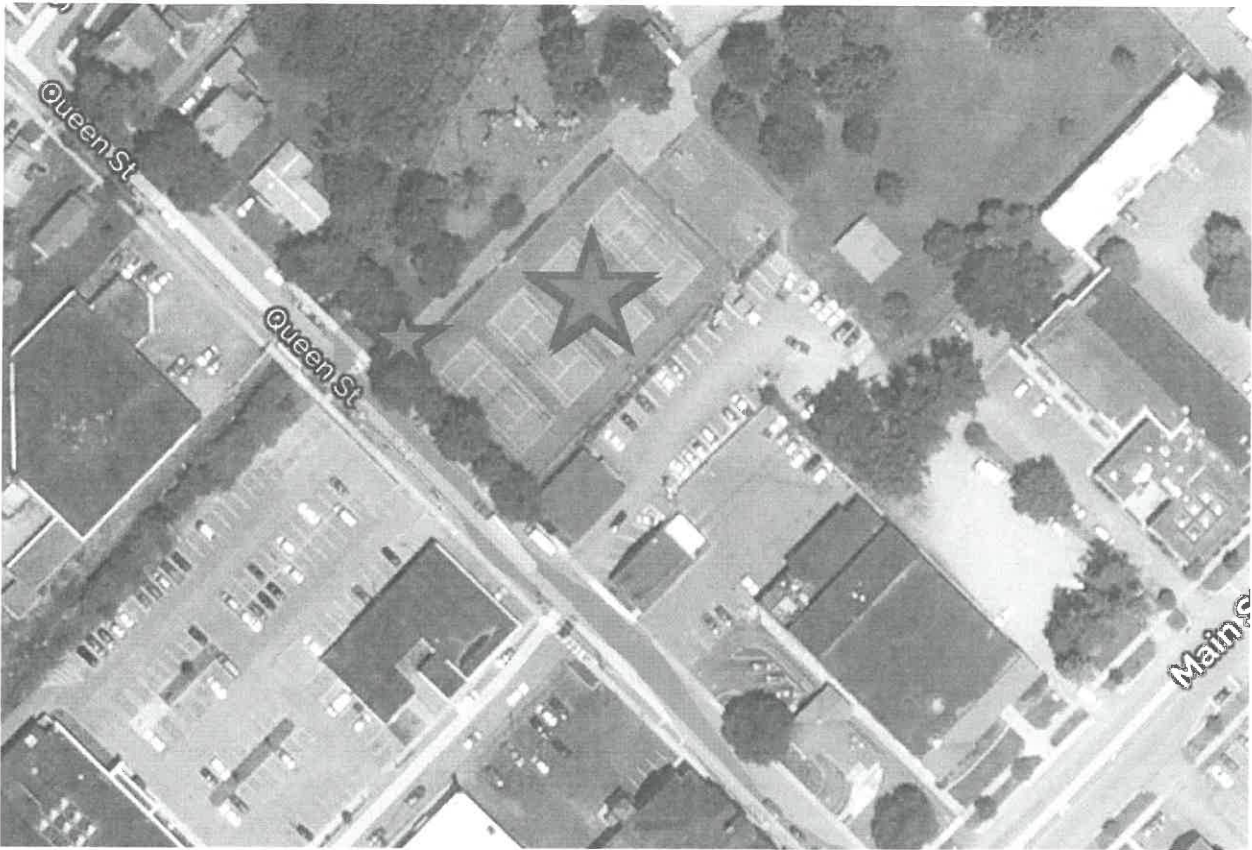
- Queen Street, Packer Park, Wellsboro
- EMS will enter from Queen Street and park on the street next to tennis courts.



= Tennis Courts



= Preferred Entrance



Cross Country Course:
(Varsity and JH XC)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline to the start and finish lines is in the ATR entrance door, to the right, hanging on the wall.

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the commons near the vending machines.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for XC Course

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

- 225 Nichols Street, Wellsboro, PA 16901
- EMS will enter the Horseshoe Hill entrance for deliveries that enters by the gymnasium. A designated flagger will be located at the finish line of the course and direct EMS where they need to be.

Please note: ATC and/or Game Manager will have the Gator for home XC meets with AED, splints and medical kit. The Gator may also be used to meet and direct EMS as needed.



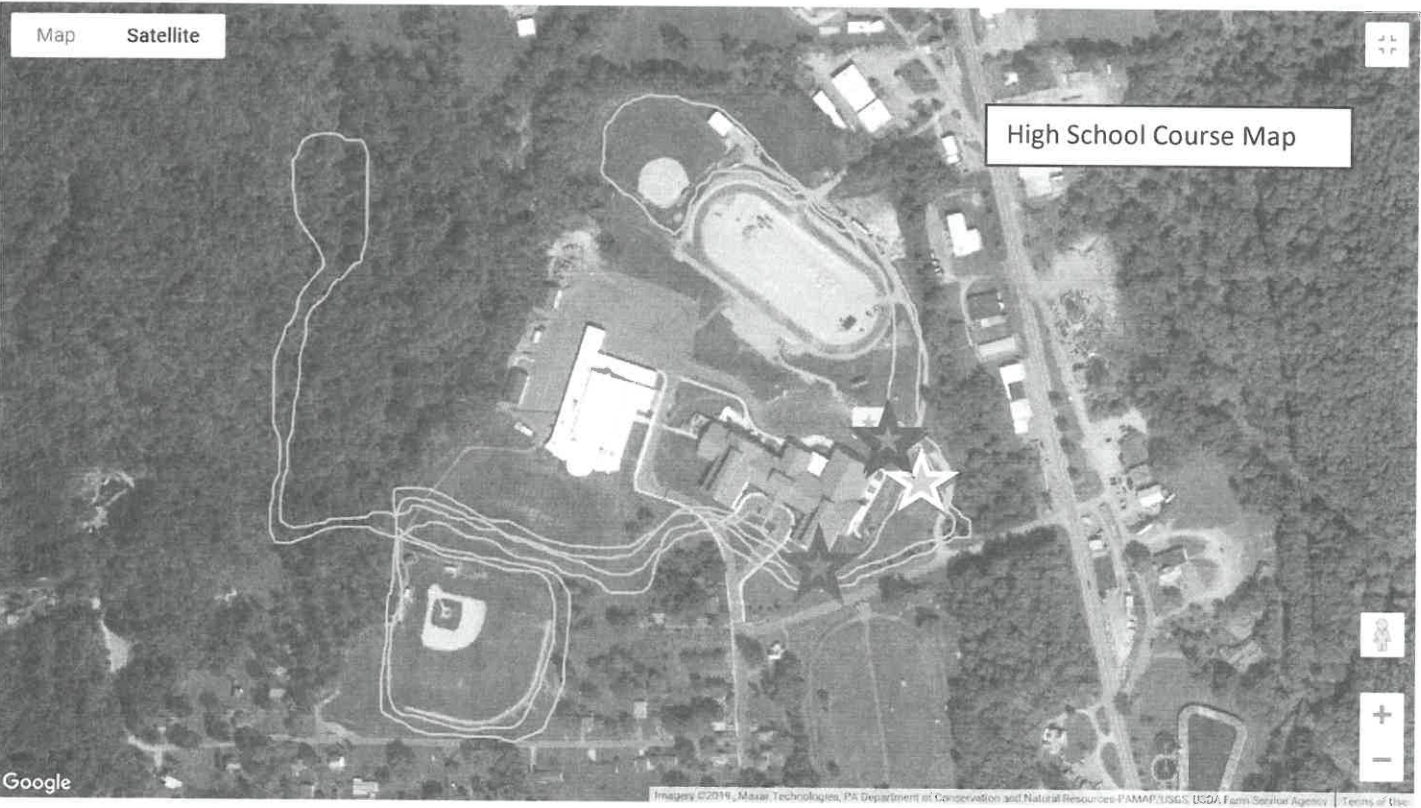
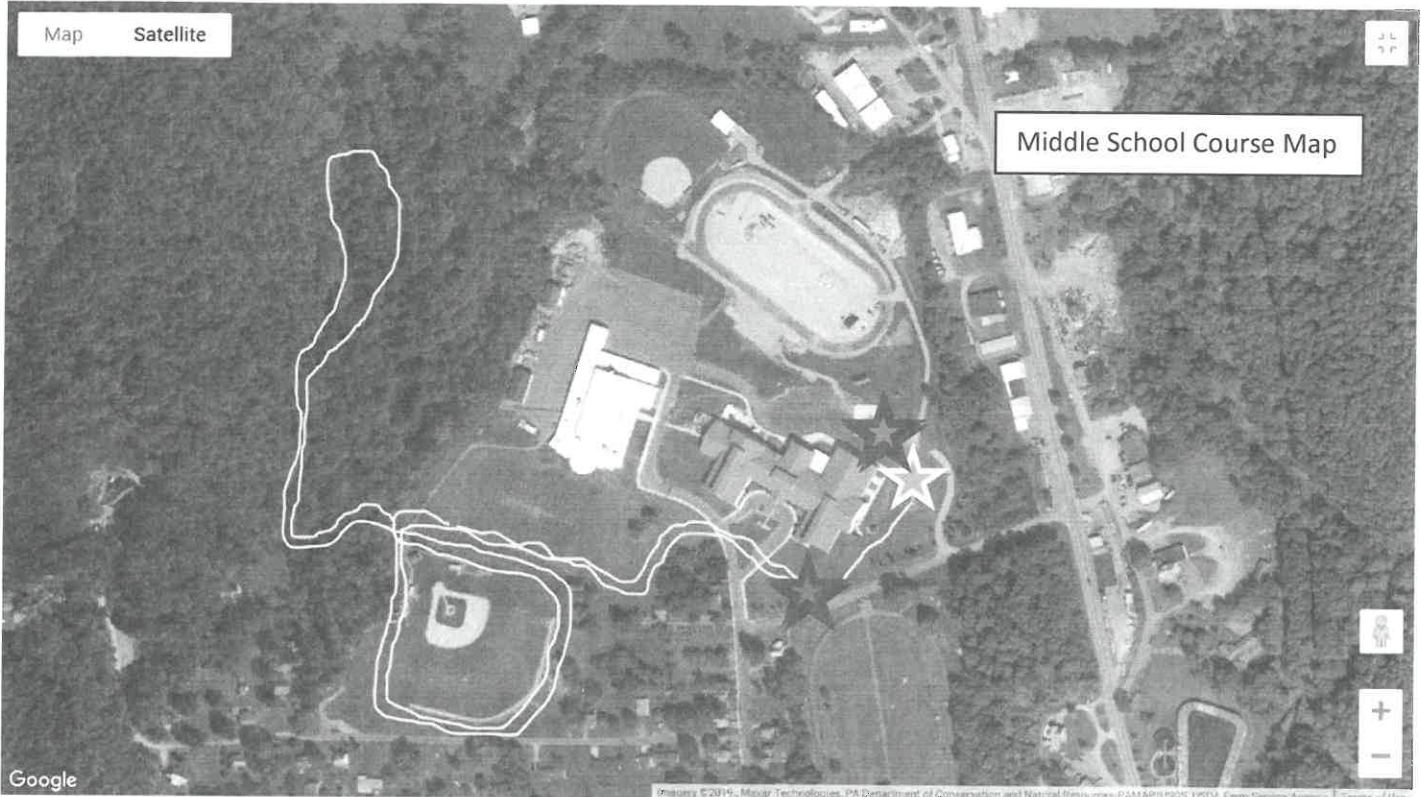
= Starting Line



= Preferred Entrance



= Finish Line



Wellsboro High School Weight Room (Admin Building):
(Athletes must be supervised)

Telephone Location:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the Administration building, inside the weight room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: if not with the ATC, it will be located:
 - Winter: Inside ATR, in front of large cold tub (black kit)
 - Fall and Spring: On the home sideline (black kit)
- AED: Primary: On the wall in the hallway outside of the weight room and outside of the Admin gym.
 - ATC carries a portable AED to outdoor events and practices, but indoor events, the portable AED sits on top of the refrigerator inside the ATR
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for Administration Building

- Athletic trainers (ATR and Entrance doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

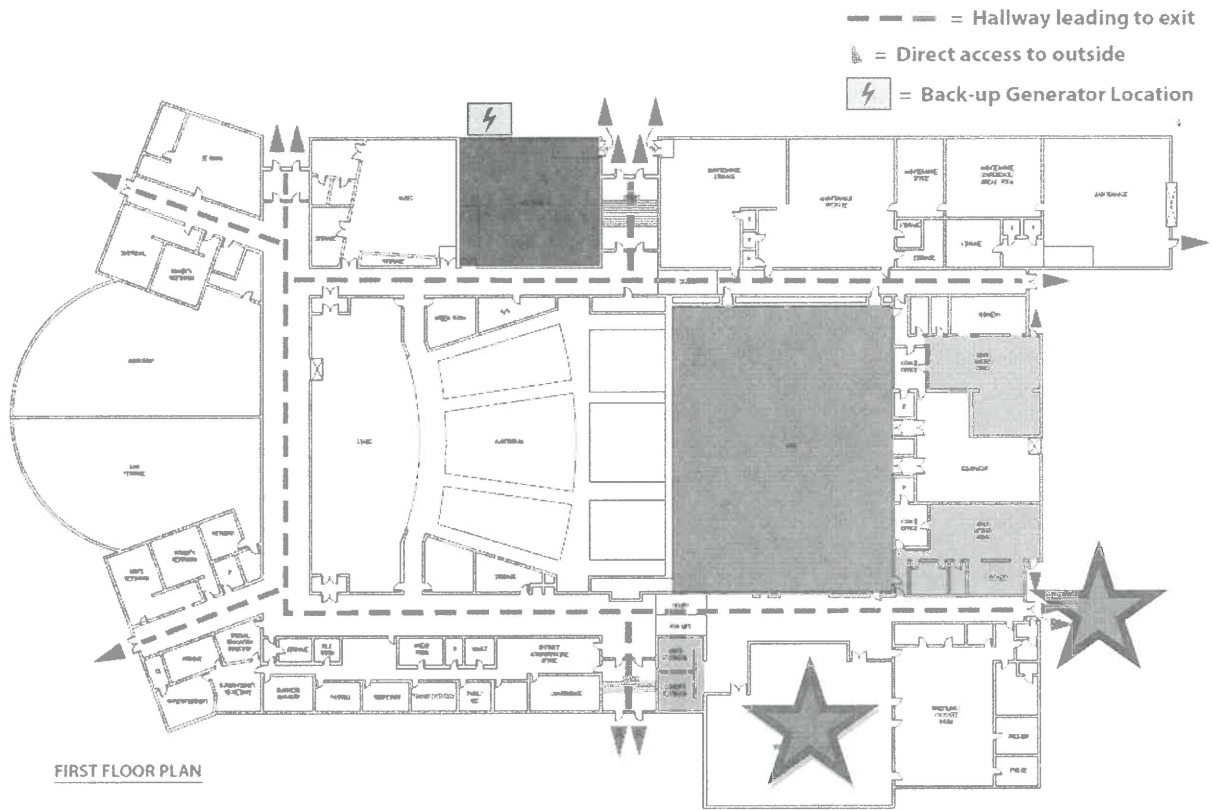
- 227 Nichols Street, Wellsboro, PA 16901
- EMS will enter the from Nichols Street at the front entrance of the high school. They will be met by a flagger at the weight room entrance (Door L) at the back of the Administration building.



= Weight Room



= Preferred Entrance



Athletic Field Behind Rock L Butler Middle School:
(JH Football)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the middle school in the main office

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: Coaches will have basic first aid supplies with them at all practices and competitions. ATC also carries a med kit with them during the fall and spring seasons.
- AED: Primary: On the wall across from the main entrance to the Old Gym in the Middle School
 - ATC carries a portable AED to outdoor events and practices
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for fence gates and RLBMS:

- Athletic trainers (Entrance Doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

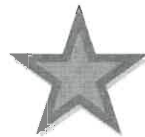
Possible locked gates in preferred route: None

EMS Route:

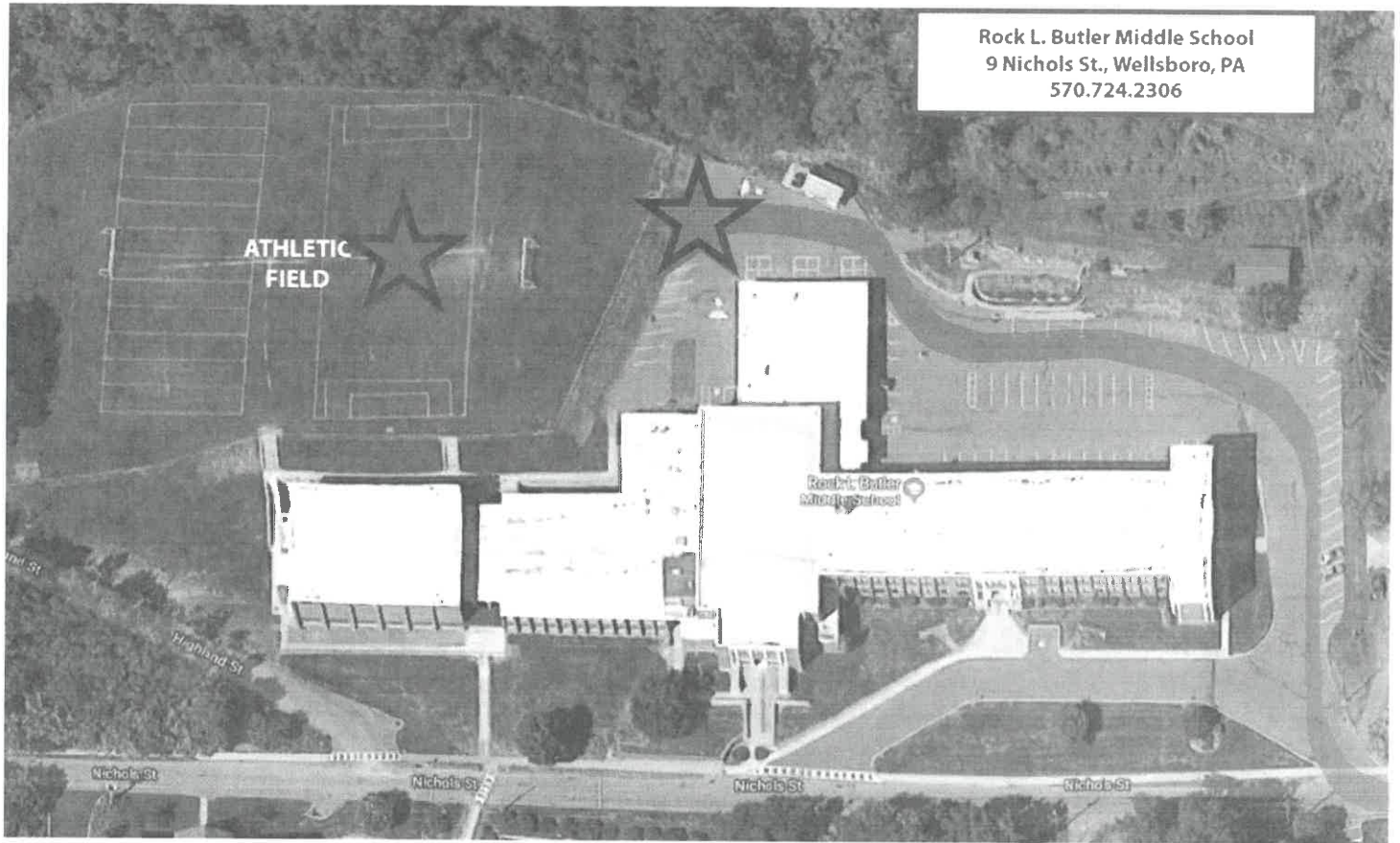
- 9 Nichols Street, Wellsboro, PA 16901
- EMS will enter the front of the school on Nichols Street and proceed to the parking lot behind the middle school building. A flagger will be located behind the middle school building to lead EMS personnel to the injured person.



= RLBMS Athletic Field



= Preferred Entrance



New Gym and Old Gym at Rock L Butler Middle School:
(JH Basketball, Tennis, JH Softball and Baseball)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the middle school in the main office

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: Coaches will have basic first aid supplies with them at all practices and competitions. ATC also carries a med kit with them during the fall and spring seasons.
- AED: Primary: On the wall across from the main entrance to the Old Gym in the Middle School
 - ATC carries a portable AED to outdoor events and practices
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for fence gates and RLBMS:

- Athletic trainers (Entrance Doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

- 9 Nichols Street, Wellsboro, PA 16901
- EMS will enter the front of the school on Nichols Street and proceed to the parking lot behind the middle school building. A flagger will be located behind the middle school building at entrance door P to lead EMS personnel to the injured person in either the New Gym or Old Gym.



= New Gym

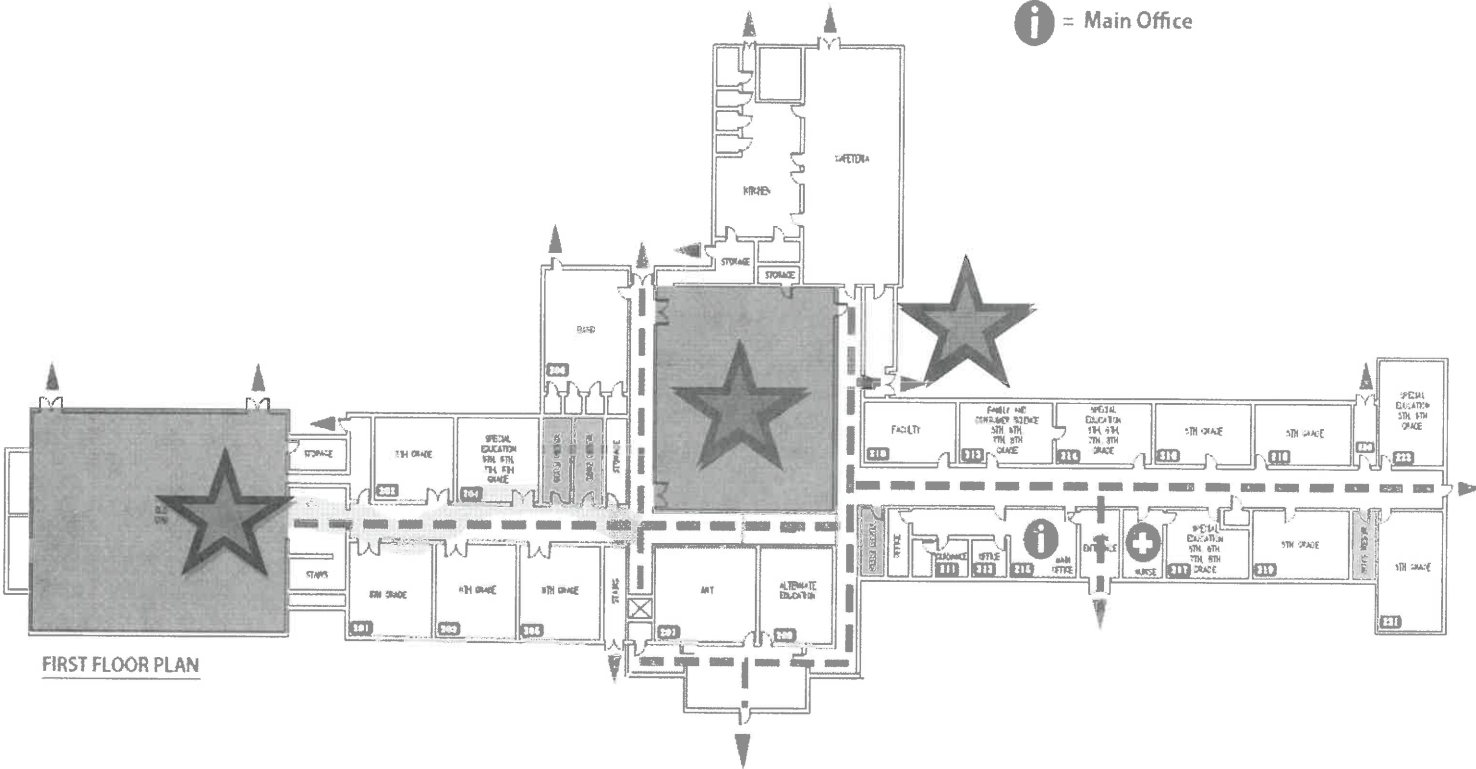


= Preferred Entrance

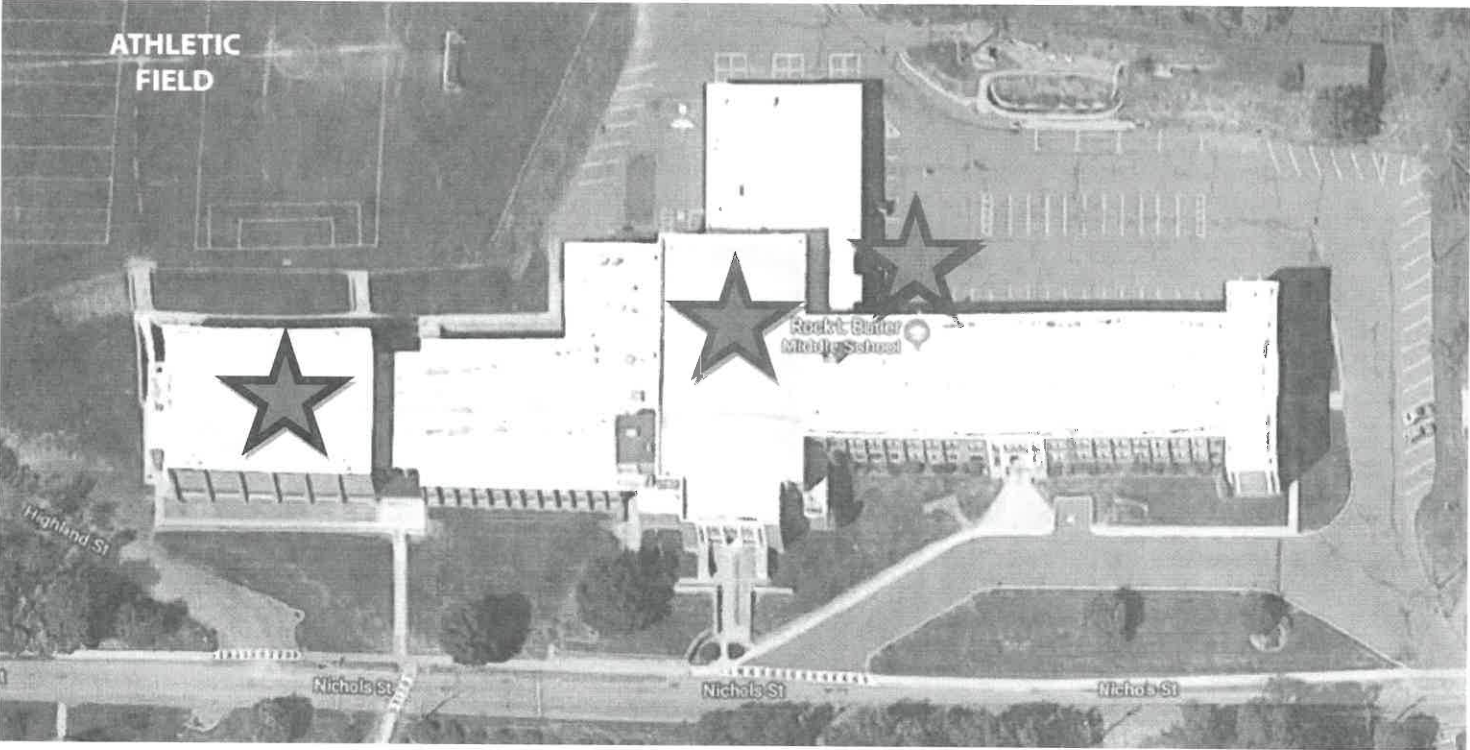


= Old Gym

- Direct access to outside
- + = Nurse's Office
- i = Main Office



FIRST FLOOR PLAN



Weight Room at Rock L Butler Middle School:

(Athletes must be supervised)

Telephone Locations:

- Athletic Trainer/coaches' cell phones
- The nearest landline is located inside the middle school in the faculty room

Emergency Equipment:

- Splints/Sling/ACE wraps: if not with the ATC, they will be located:
 - Winter: Inside ATR, on top of cabinets next to TV (blue bag on wheels)
 - Fall and Spring: Inside ATC's vehicle or on the home sideline (blue bag on wheels)
- Medical first aid kit: Coaches will have basic first aid supplies with them at all practices and competitions. ATC also carries a med kit with them during the fall and spring seasons.
- AED: Primary: On the wall across from the main entrance to the Old Gym in the Middle School
 - ATC carries a portable AED to outdoor events and practices
- Crutches: If not with ATC, inside the ATR next to the refrigerator

Equipment such as spine boards, oxygen and advanced airways will be provided by EMS upon their arrival.

Keys: Needed for fence gates and RLBMS:

- Athletic trainers (Entrance Doors)
- Custodial/Housekeeping Staff (All)
- Head coaches (Entrance doors and fence gates)
- Game Manager/AD (All)

Possible locked gates in preferred route: None

EMS Route:

- 9 Nichols Street, Wellsboro, PA 16901
- EMS will enter the front of the school on Nichols Street and proceed to the parking lot behind the middle school building. A flagger will be located behind the middle school building at entrance door P to lead EMS personnel to the ground level to the injured person.

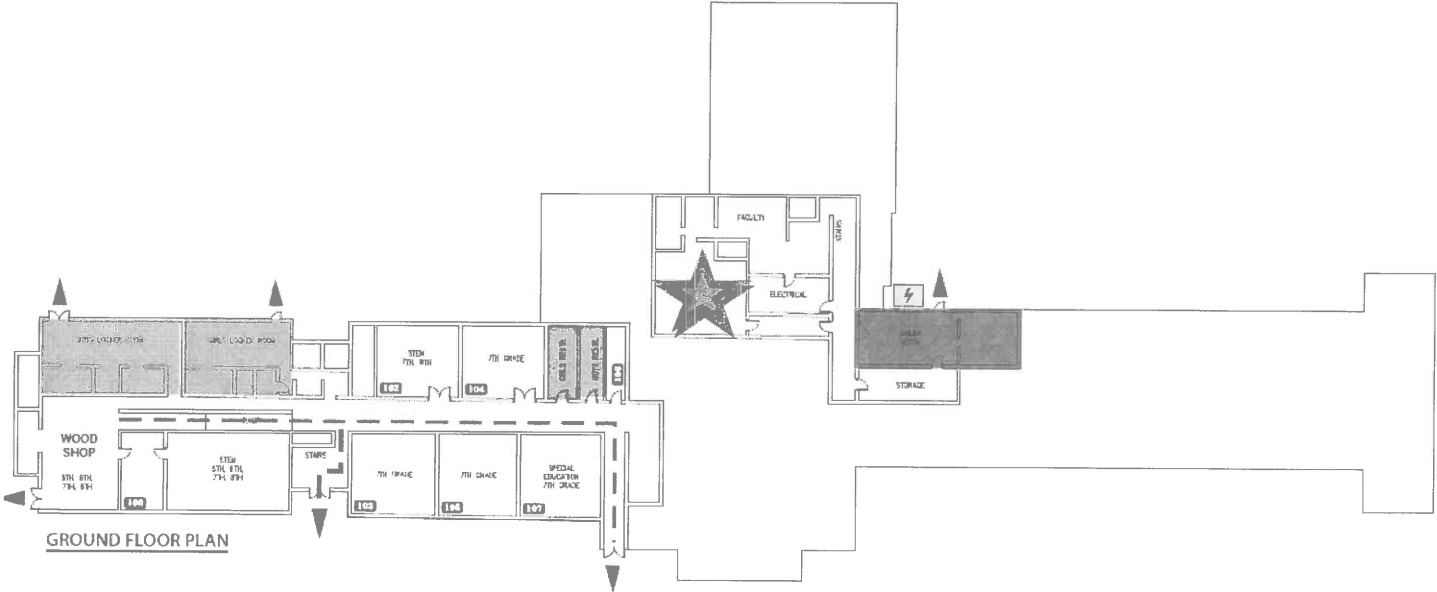


= Weight Room





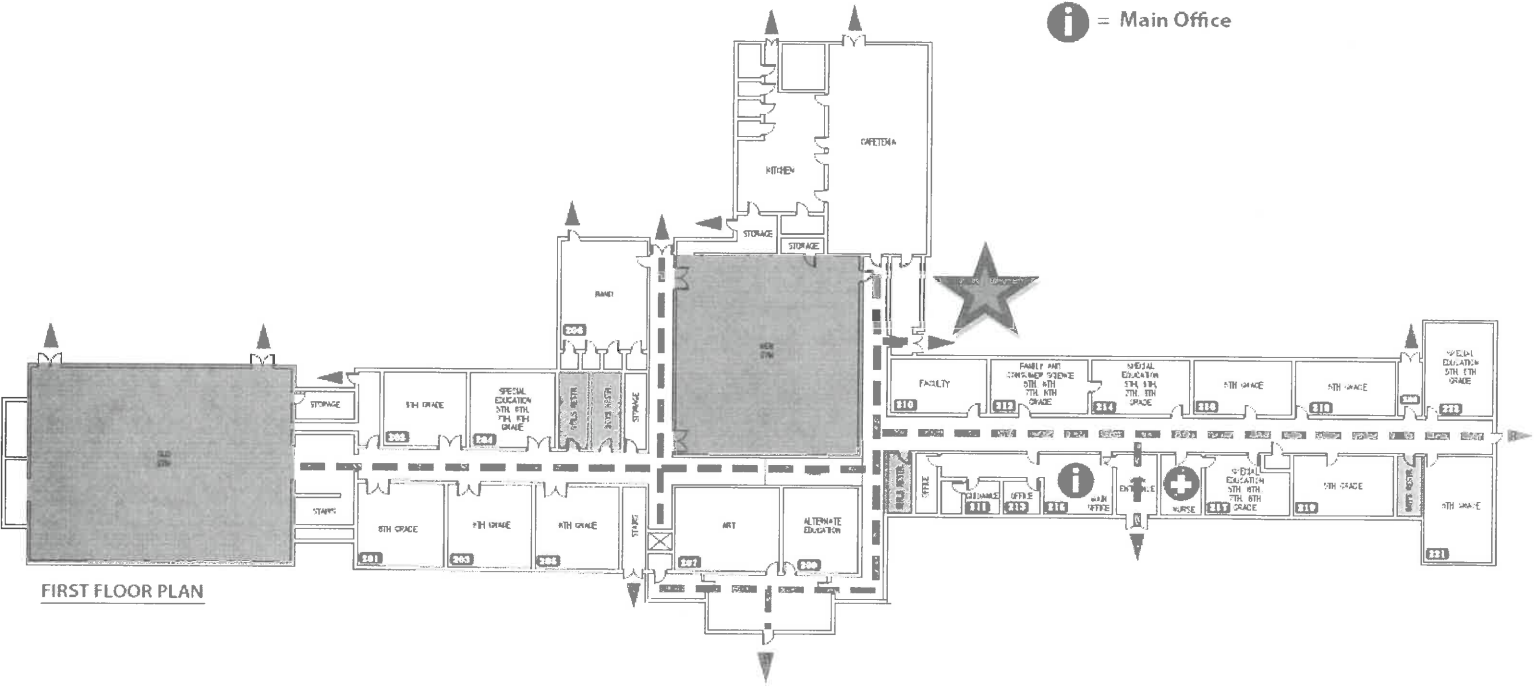
= Preferred Entrance

 = Back-up Generator Location



GROUND FLOOR PLAN

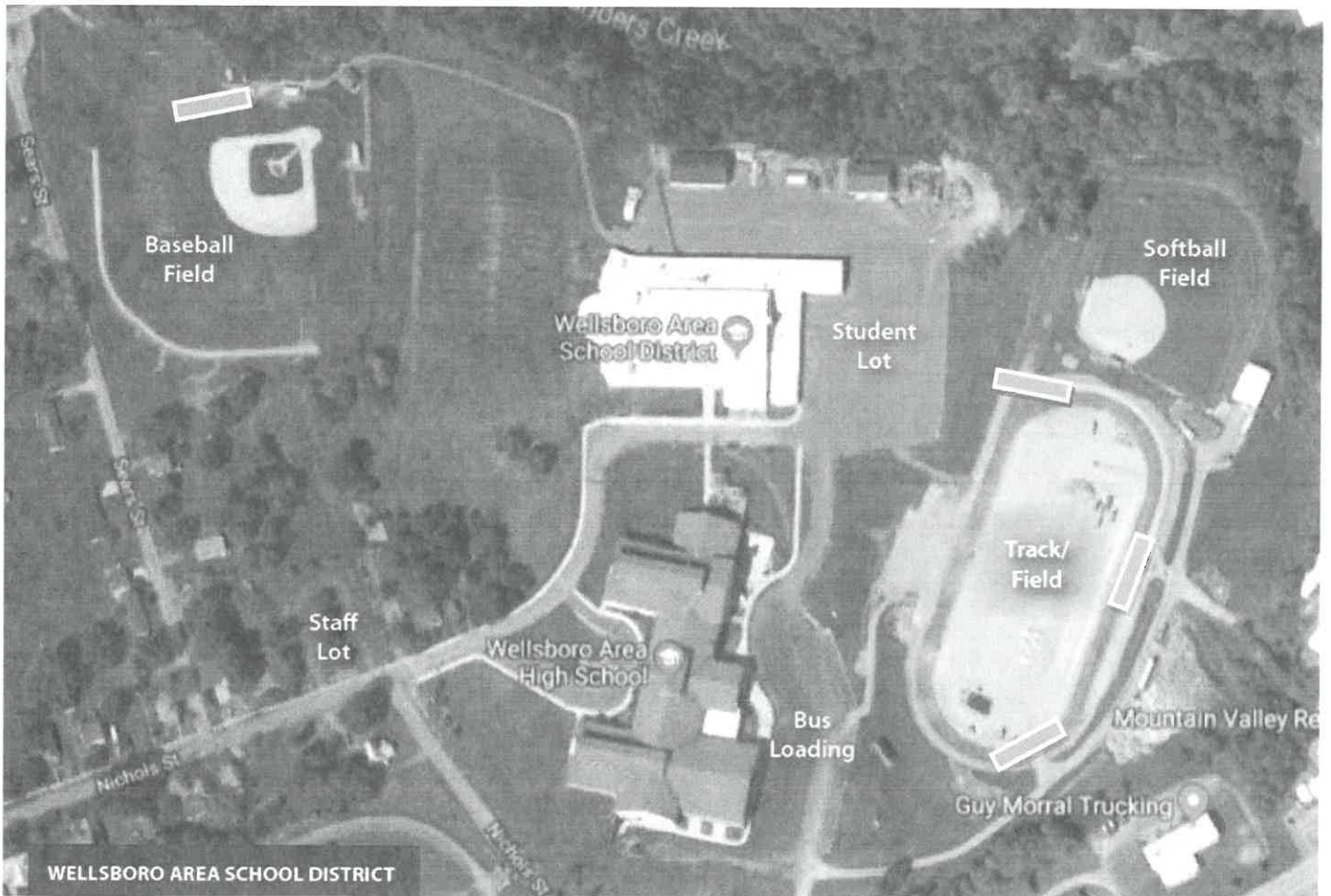
 = Nurse's Office
 = Main Office



FIRST FLOOR PLAN

OUTDOOR GATE LOCATIONS

Marked by: 



AED LOCATIONS

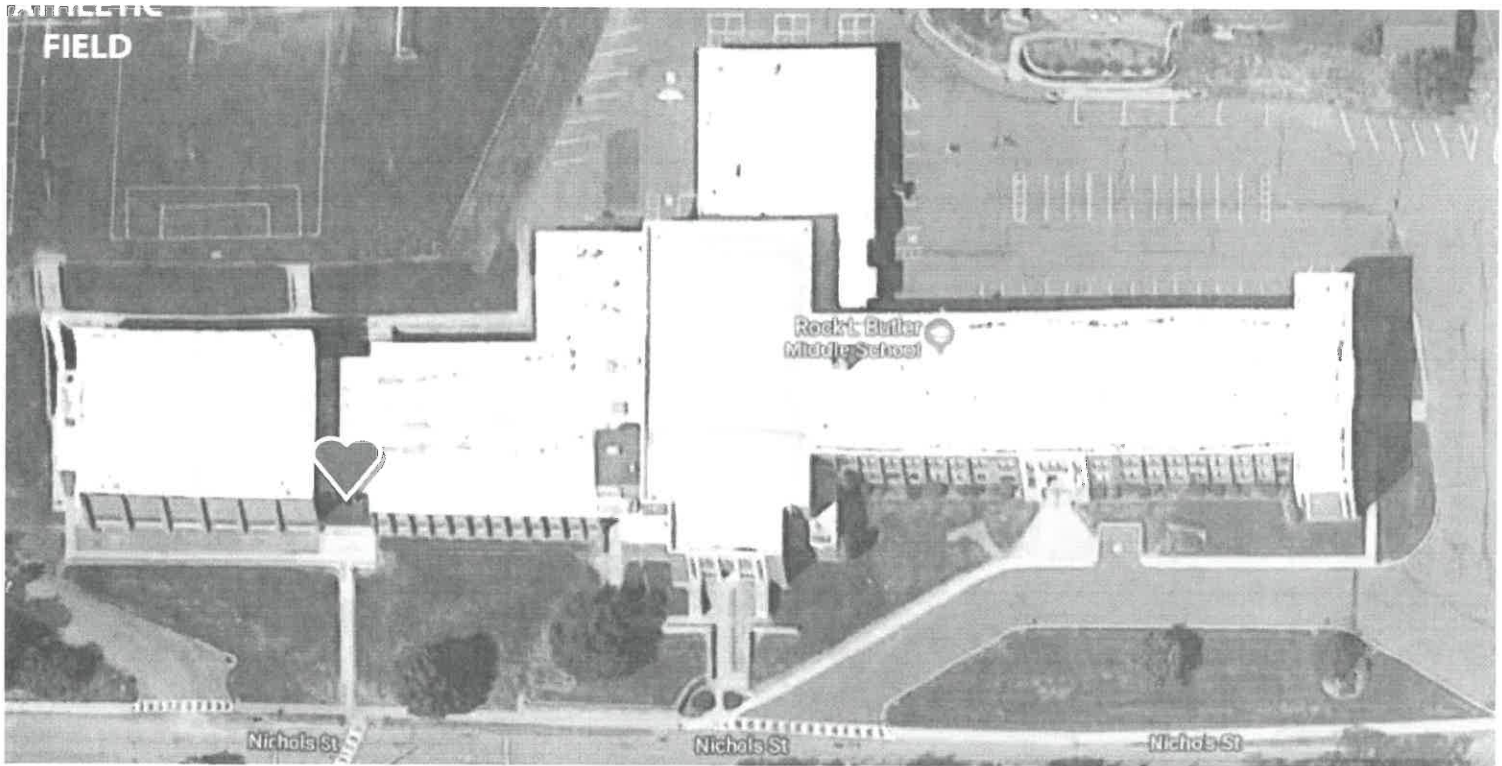
(not including portable with ATC)

Marked by: 

HIGH SCHOOL AND ADMINISTRATION BUILDING

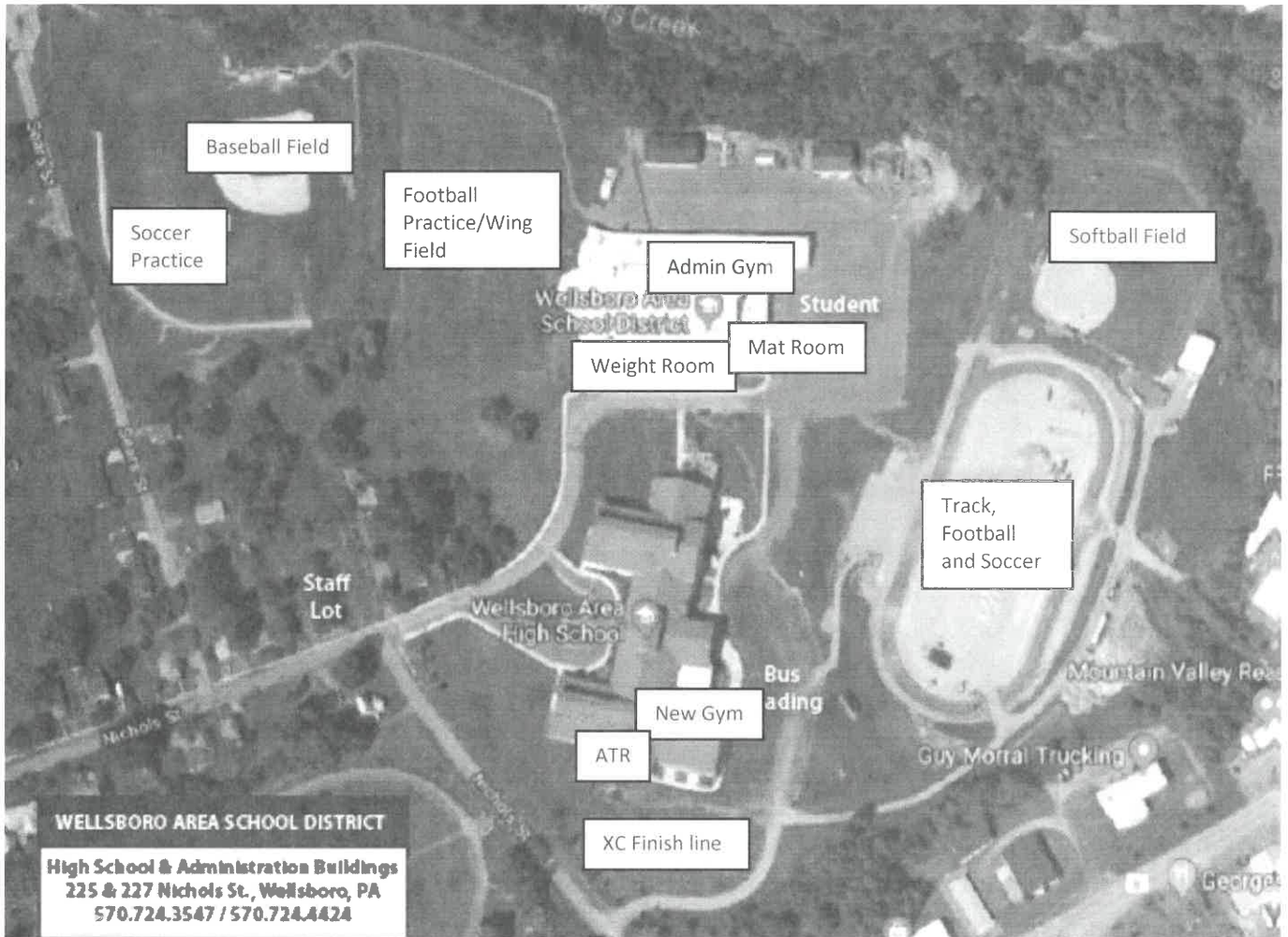


ROCK L BUTLER MIDDLE SCHOOL



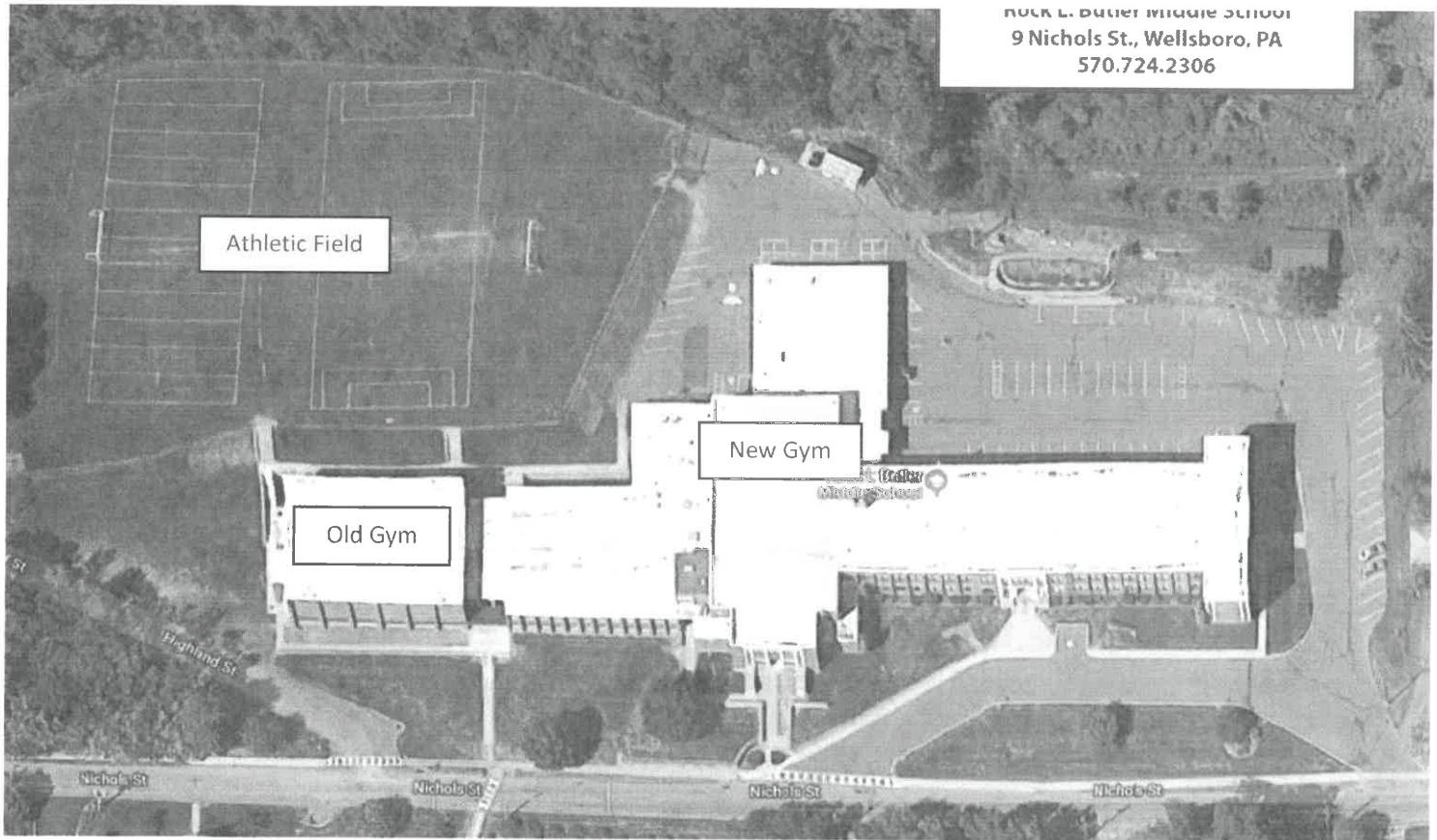
ON CAMPUS FACILITY OVERVIEW MAP

HIGH SCHOOL AND ADMINISTRATION BUILDING



ROCK L BUTLER MIDDLE SCHOOL

ROCK L. BUTLER MIDDLE SCHOOL
9 Nichols St., Wellsboro, PA
570.724.2306



EMERGENCY ACTION PLAN FOR WEATHER RELATED EMERGENCIES

Lightning:

The Wellsboro Athletic Trainer will follow best practice policies as outlined in the NATA's position statement for Lightning Safety for Athletics and Recreation. A copy of this statement is available at: <http://natajournals.org/doi/pdf/10.4085/1062-6050-48.2.25?code=nata-site>

Chain of Command:

Practice:

The athletic trainer will be responsible for monitoring and informing coaches and players of hazards.

- In the event an athletic trainer is not on-site, coaches are responsible for monitoring weather and follow the Wellsboro policy, but the ATCs and AD will work together to also communicate with coaches to ensure all athletes, coaches and staff have reported to their designated safe location.

Competition: The contest officials, athletic trainers and game managers/AD will work together to monitor and suspend/resume play.

Criteria for suspension of play:

Practice and/or play will be suspended when any thunder is heard, lightning is seen, or a lightning strike is within 8 miles (using the weatherbug app).

Safe Locations:

ONSITE: Players, coaches and Wellsboro game staff will report inside the Admin building locker rooms, high school building, and ATR until it is safe to resume activity.

OFFSITE:

- **Golf:**
- **Tennis:**

Please note:

1. Spectators at all practices/events will be asked to return to their vehicles.
2. If the visiting team does not have a designated locker room, they will return to their team bus. If their bus is not onsite, they will share room with home team in the Admin building or high school building.

Unsafe Locations:

NO ONE should remain outdoors.

Do not seek shelter under a metal roof.

Use partially enclosed structures such as a dugout only as a last resort.

Resume Play:

1. The ATC and game officials will monitor weather after play is suspended.
2. Practice/play will resume when 30 minutes have passed from the last flash or bang AND the last lightning strike was farther than 8 miles away.

In the event a player, staff member or spectator is struck by lightning or injured due to the storm, the emergency action plan will be implemented.

Tornados:

In the event a tornado is sighted at a practice/event or the school is notified of a nearby sighting, ALL athletes, spectators and staff will enter the nearest building and go to the lowest level and inner most walls.

If a building is not available, you should crouch for protection next to a strong structure or lie flat in a ditch or other low-lying area. Cover your head and neck with your arms or a jacket, if you have one. The EAP provides information about personnel needed to access gates and doors.

Safe Locations:**ONSITE:**

- High School: Locker rooms and back hallway on the ground level.
- Administration Building: hallway between Admin Gym and Maintenance.

OFFSITE:

- **Tennis:**
- **Golf:**

Cold:

The Wellsboro Athletic Trainer will follow best practice policies as outlined in the NATA's position statement for Environmental Cold Injuries. Below is an outline of key policies and procedures, but for the complete guidelines, refer to: <http://natajournals.org/doi/pdf/10.4085/1062-6050-43.6.640>

1. The athletic trainer will identify athletes with known risk factors from pre-participation physicals. The athletic trainer will make the coach aware of these risk factors on a need to know basis.
2. The athletic trainer will educate coaches and athletes in the prevention and recognition of cold injury.
3. The athletic trainer will use the following guidelines from the NATA to determine activity level, but the athletic trainer may modify these guidelines as necessary depending on type of activity, clothing/equipment worn and individual athlete:
 - a. 30 degrees F (-1.11 C) and below: Be aware of the potential for cold injury and notify appropriate personnel of the potential.
 - b. 25 degrees F (-3.89 C) and below: Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for rewarming.
 - c. 15 degrees F (-9.44 C) and below: Consider modifying activity to limit exposure or to allow more frequent chances to rewarm.
 - d. 0 degrees F (-17.78 C) and below: Consider terminating or rescheduling activity.
4. The coaches' and athletes' are responsible to:
 - a. Coordinate a schedule of hydration and/or feeding.
 - b. Coordinate a schedule of rewarming or clothing changes as needed.
 - c. Identify possible activity modifications as conditions change (change activity times, allow more frequent chances to rewarm, allow changes to clothing or equipment).
 - d. Develop a schedule for monitoring athletes to allow early recognition of potential injury.
5. In the event an athlete presents signs and symptoms (slow deep respiration, vigorous shivering, impaired cognitive function and body temperature less than 94 degrees F) of a cold injury the following steps should be completed:
 - a. Remove athlete from cold environment to a warm, dry location.
 - b. Determine core temperature (rectal is best practice, but if not possible recognize the reading could be inaccurate and treat conservatively.
 - i. If the temperature is below 95 degrees F, activate EMS
 - c. Remove wet and damp clothing and replace with warm, dry clothing.
 - d. Cover with blankets when available.
 - e. Use hot packs to heat the trunk ONLY (axilla, groin and chest) do NOT heat extremities with hot packs.
 - f. Provide warm drinks if available.

Heat:

The Wellsboro Athletic Trainer will follow best practice policies as outlined in the NATA's position statement for Exertional Heat Illness. Below is an outline of key policies and procedures, but for the complete guidelines, refer to: <http://natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07>

Prevention:

1. The athletic trainer will identify athletes with known risk factors from pre-participation physicals. The athletic trainer will make the coach aware of these risk factors on a need to know basis.
2. The athletic trainer will educate coaches and athletes on the prevention and recognitions of heat illness.
3. Coaches will be advised to gradually acclimate athletes to the heat and football will complete the mandatory heat acclimation period as outlined by the PIAA. (www.piaa.org)
4. The athletic trainer will use the following guidelines from the NATA position statement to determine activity level, but the athletic trainer may modify these guidelines as necessary depending on the type of activity, clothing/equipment worn and individual athlete:

****Guidelines for hydration and rest breaks:**

Table 5. Example of Wet-Bulb Globe Temperature (WBGT) Guidelines*

WBGT Reading	Activity Guidelines and Rest-Break Guidelines
Under 82.0°F (27.8°C)	Normal activities: provide ≥3 separate rest breaks/h of minimum duration 3 min each during workout.
82.0–86.9°F (27.8°C–30.5°C)	Use discretion for intense or prolonged exercise. Watch at-risk players carefully. Provide ≥3 separate rest breaks/h of minimum duration 4 min each.
87.0°F–89.9°F (30.5°C–32.2°C)	Maximum practice time = 2 h. For football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: provide ≥4 separate rest breaks/h of minimum duration 4 min each.
90.0–92.0°F (32.2°C–33.3°C)	Maximum length of practice = 1 h. No protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 min of rest breaks provided during the hour of practice.
Over 92.1°F (33.4°C)	No outdoor workouts, cancel exercise, delay practices until a cooler WBGT reading occurs.

1. Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved.
2. For football, helmets should be removed during rest time.
3. The site of the rest time should be a "cooling zone" and not in direct sunlight.
4. When the WBGT reading is greater than 86 degrees F (30 degrees C):
 - a. Ice towels should be available at the "cooling zone" to aid the cooling process
 - b. If possible cold-immersion tubs will be available for practices to benefit any player showing early signs of heat illness. If a tub is not available, a cold shower with ice towels/bags on neck, axilla and groin will be used.

The coaches' and athletes' are responsible to:

- Coordinate a schedule of hydration and cooling according to the restrictions.
- Coordinate a schedule of rest/breaks as needed according to the restrictions.
- Identify possible activity modifications as conditions change (change activity times, allow more frequent breaks/drinks, allow changes to clothing or equipment).
- Develop a schedule for monitoring athletes to allow early recognition of potential injury.

In the event an athlete presents signs and symptoms of heat illness (fainting, light headedness, cool clammy skin, delirium and/or increased body temperature), follow the treatment recommendations according to the NATA Position Statement: Exertional Heat Illness

***When heat stroke is suspected also activate EMS

Snow/Ice:

In the event of snow or ice causing hazardous travel conditions, the WASD administration will make the decision on all practices and competitions and the athletic director will notify coaches and staff. The coach is responsible for notifying all athletes.

Wellsboro Area School District Sports-Related Concussion/Mild Traumatic Brain Injury Policy

INTRODUCTION

This policy is designed to outline the policies, protocols and programs for the prevention, detection, and treatment of Sports-Related Concussion/Mild Traumatic Brain Injury (mTBI) for student-athletes of the Wellsboro Area School District.

Part I BACKGROUND

A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body. The Center for Disease Control and Prevention estimates that as many as 3.8 million sports and recreation related concussions occur in the United States each year. In mid-November of 2011, Pennsylvania Governor Tom Corbett signed the Act of Nov. 9, 2011, P.L. 411, No. 101, known as the Safety in Youth Sports Act, into law. This law makes certain requirements of Pennsylvania schools and the personnel who supervise the student-athletes who represent these schools, as well as medical personnel who support them when there is an injury.

In order to ensure the safety of student-athletes, it is imperative that the governing body and administration of schools in Pennsylvania develop policy and procedures governing the processes to be utilized in their Local Education Agency (LEA) when it is suspected that a concussion has occurred. Clear and easily understood guidelines must be stipulated for returning the student-athlete both to the field of competition and to the classroom. Allowing a student-athlete to return to play or to return to the classroom before recovering from a concussion increases the chance of continuing symptoms and/or predisposition for a more serious brain injury that can result in severe disability and/or death.

Part II
POLICY COMPONENTS
(BASED ON THE ACT OF NOV. 9, 2011, P.L. 411, NO. 101)

Policy Components:

- Once each school year, a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Pennsylvania Department of Health. A coach shall not coach an athletic activity until the coach completes the training course required.
 - Sport Safety International has partnered with the Pennsylvania Athletic Trainers' Society (PATs) to offer the ConcussionWise series of educational programs. These programs have been peer-reviewed and are consistent with the latest science and practical applications regarding the prevention and management of concussion. WASD coaches have used this program for training. This course can be completed at www.concussionwise.com/pennsylvania
- An information meeting, prior to the start of each athletic season, will be held for all competitors and their parents by the coach of that sport, and the meeting will include information regarding concussion management and how pre-season baseline assessments can aid in the evaluation, management and recovery process. This information will be presented by the athletic trainer, athletic director, and/or head of athletics.
- A student desiring to participate in any athletic activity and the student's parent or guardian shall, each school year, sign and return to the school an acknowledgement of their receipt and review of concussion and traumatic brain injury information. This is included in the PIAA CIPPEE that each parent and student-athlete must sign before participating in any athletic activity.
- All medical personnel, authorized to make decisions on when the student-athlete can return to play must complete, or have completed, training in the evaluation and management of concussion. Material for this training is available online through the Pennsylvania Departments of Education or Health (www.state.pa.us) and through the Centers for Disease Control and Prevention (www.cdc.gov), and through ConcussionWise (www.concussionwise.com/pennsylvania).
- Authority is granted to game officials, the coach, athletic trainer, licensed physician, licensed physical therapist or other individual trained in the recognition of the signs and symptoms of a concussion and designated by the school, to determine that a student-athlete exhibits signs and symptoms of a concussion or traumatic brain injury.
- Once the student-athlete has exhibited signs or symptoms of a concussion/traumatic brain injury he/she must be removed from participation. The student-athlete cannot return to practice or play until the student-athlete is evaluated and cleared for return to participation in writing by an appropriate medical professional (as defined in the Safety in Youth Sports Act) with training in the evaluation and management of concussion.
- Any coach who violates this policy will be suspended from coaching any athletic activity for the remainder of that season. For a second violation, the coach will be suspended from coaching any

athletic activity for the remainder of that season and for the next season. For a third violation, the coach will be permanently suspended from coaching any athletic activity.

Part III

RECOMMENDED PROCEDURES

(BASED ON BEST PRACTICES FOR MANAGING CONCUSSION)

- **Student-athletes who are exhibiting any of the signs or symptoms of a sports-related concussion or other head injuries during practice or competition shall be immediately removed from play and may not return to play until he/she is evaluated and cleared for return to participation in writing by an appropriate medical professional. Some of the signs and symptoms are as follows:**

Signs of Concussion:

(Could be observed by coaches, athletic trainer, school/team physician, school nurse, physical therapist)

The signs of a concussion include:

1. Appears dazed, stunned, or disoriented, demonstrates decreased alertness
2. Forgets plays, or demonstrates short term memory difficulty
3. Slurs words
4. Exhibits difficulties with balance or coordination
5. Answers questions slowly or inaccurately
6. Exhibits seizures or vomiting
7. Changes in level of consciousness (Estimates are that <10% of concussions result in the loss of consciousness)

Symptoms of Concussion:

(Reported by the student-athlete to coaches, athletic trainer, school/team physician, school nurse, parent/guardian, physical therapist)

The symptoms of a concussion include:

1. Headache
2. Nausea
3. Balance problems or dizziness
4. Double vision or changes in vision
5. Sensitivity to light or sound/noise
6. Feeling sluggish or foggy
7. Difficulty with concentration and short term memory
8. Sleep disturbance
9. Irritability or changes in personality and behavior

- **Once a student-athlete has been removed from competition or practices because of signs and/or symptoms of a concussion, the following Concussion Management Protocol must be followed:**
 1. Emergency medical treatment should be pursued if there is a deterioration of symptoms including seizure, altered level of consciousness, vomiting, altered pupillary findings, or direct neck pain associated with the injury.
 2. All appropriate school officials should be notified of the event, including the Athletic Trainer, Athletic Director, Head of Athletics, school nurse, school counselor, and all of the student's teachers.
 3. School officials must make contact with the student-athlete's parent/guardian and inform him/her of the suspected sports-related concussion or head injury.
 4. School officials shall provide the student-athlete and their parent/guardian with information on the continuing care of a person with concussion.
 5. When appropriate, a referral should be made to the regional BrainSTEPS Team. This team will consult with school teams and families in the development and delivery of educational services for the student who has sustained a concussion.
 6. The student-athlete **MUST** be evaluated by an appropriate medical professional who is trained in the evaluation and management of concussions.
 7. The student-athlete must receive **written clearance** from an appropriate medical professional, trained in the evaluation and management of concussions that states the student-athlete is asymptomatic at rest and may begin a graduated return-to-play protocol. For PIAA, this must be an MD or DO.
- **Complete physical, cognitive, emotional, and social rest is advised while the student-athlete is experiencing symptoms and signs of a concussion/traumatic brain injury. Minimize mental exertion, limiting overstimulation, limit cell phone and computer usage, testing, video gaming, multi-tasking, etc.**

Return to Play

- **After written medical clearance is given by an appropriate medical professional the student-athlete may begin a graduated individualized return-to-play protocol supervised by an Athletic Trainer or licensed Physical Therapist, school/team physician or in cases where the aforementioned are not available a physician or licensed health care provider trained in the evaluation and management of sports-related concussions.**
- **The following graduated return to play should be followed:**
 1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to:

2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum predicted heart rate: no resistance training. The objective of this step is increased heart rate. If no return of symptoms, next day advance to:
 3. Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
 4. Non-contact training drills (e.g., passing drills). The student-athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
 5. Participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
 6. Return to play involving normal exertion or game activity.
- **If concussion symptoms recur during the graduated return-to-play protocol, the student-athlete will return, at a minimum, to the previous level of activity that caused no symptoms, and the attending physician should be notified.**
 - **Utilization of standardized tools such as symptom checklists and comparison of post-injury performance to preseason baseline cognitive testing will be used. If no baseline is available, scores will be compared to normative data available.**
 - **WASD utilizes ImPACT Neurocognitive testing**

Return to Classroom

- **Temporary learning support accommodations may be needed for student-athletes with Sports-Related Head Injuries to return to the classroom.**
- **For non-student-athletes, the school nurse and/or guidance counselor will oversee the concussion management, recovery and return to learn plan while collaborating with the students' physician.**

Rest is the best “medicine” for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration and speed of processing significantly impact learning. Further, exposing the concussed student-athlete to the stimulating school environment may exacerbate symptoms and delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries. Students who return to school after a concussion may need to:

1. Take rest breaks as needed
2. Spend fewer hours at school (have a shortened school day)
3. Be given more time to take tests or complete assignments (All courses should be considered)
4. Receive help with schoolwork (e.g. pre-teaching, outlines, note taker)
5. Reduce time spent on the computer, reading, and writing
6. Be granted early dismissal from each class to avoid crowded hallways

7. No standardized testing (e.g. PSSA, SAT) during the initial recovery window of 2-4 weeks

In Pennsylvania, BrainSTEPS teams are available to virtually any secondary school in the Commonwealth. These teams have been developed by the Brain Injury Association of Pennsylvania with funding from the Pennsylvania Department of Health and the Department of Education. BrainSTEPS teams are designed to support the staff, student, parents/guardians in a return to school after a brain injury. These teams work with all parties to identify and implement appropriate accommodations and modifications to manage the student's symptoms and to support their learning needs throughout their secondary school career.

The school (e.g. teachers, school counselors, school nurse) and family should monitor the performance of the student closely for 2 weeks after the return to school. If the return to the classroom causes concussion symptoms to re-occur or if the student demonstrates uncharacteristic performance (e.g. reduced attention span, inability to take tests, acting out in class), the school should initiate a formal referral to the local BrainSTEPS team (www.brainsteps.net).

It has been widely established that baseline neurocognitive testing is a valuable tool in assisting trained sports medicine clinicians in making return to play decisions. WASD uses ImPACT Neurocognitive testing for baseline and post-injury testing.

Part IV

THE NON-ATHLETE AND STUDENTS WHO SUFFER NON-SPORT-RELATED HEAD INJURIES

The Safety in Youth Sports Act does not apply to the non-student-athlete. It is not required that these students have clearance from a physician to return to play, as they will not be doing so. However, it is **strongly recommended** that any student who has suffered or is suspected to have suffered a head injury be seen and treated by a medical professional before participating in physical education classes.

***For non-student-athletes, the school nurse and/or guidance counselor will oversee the concussion management, recovery and return to learn plan while collaborating with the students' physician.**

Part V

UPMC HEAD INJURY WRITTEN PROTOCOL

UPMC Susquehanna recognizes the importance of handling concussions with the utmost care and best practice standards. UPMC Athletic Trainers will follow universally accepted protocols for dealing with concussions and will also abide by individual institution policies (when more conservative) for treatment and return to play. Athletic Trainers providing services in the secondary setting will also abide by Pa. Senate Bill no. 200 (Also known as; the Safety in Youth Sports Act 101) along with the PIAA/ NFHS rules for return to play following a concussion. Athletic trainers providing services in the collegiate setting will also abide by the NCAA policies and guidelines. These documents can be found at the end of these SOPs for reference and review

A. Concussion

1. Recognition - UPMC Susquehanna athletic trainers will use signs and symptoms as listed by the SCAT 5 evaluation form (provided at the end of this document) along with other current evaluation techniques.

2. Management

- * Check for cervical injury and head injury, maintain airway
- * Remove from activity--- disallow return to activity when a concussion is suspected
- * Monitor signs and symptoms
- * ImPACT testing will be used as a tool to help evaluate and assess all concussed athletes.
 - 1. Baseline testing will be completed based on available number of tests (Testing will be done with a priority of Varsity to Junior High and Highest Contact to Lowest Contact in the secondary setting)
 - 2. When a baseline test is not available, a post test will still be completed using norms as a comparison.

3. Return to Activity

- A.** No athlete should return to play (RTP) or practice on the same day of a concussion.
- B.** Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional before (RTP).
- C.** Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition. (In accordance with the Safety in Youth Sports Act, PIAA, NFHS and/or NCAA)
- D.** After appropriate medical clearance, RTP should follow a step-wise gradual return protocol with provisions for delayed RTP based upon return of any signs or symptoms.
 - An example of this gradual return is:

Progressive Physical Activity Program* (Ideally under supervision)

Step 1. Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training or any other exercises

Step 2: Moderate aerobic exercise - 15 to 20 minutes of running at moderate intensity in the gym or on the field without equipment.

Step 3: Non-contact training drills in full uniform – student may begin weightlifting, resistance training and other exercises

Step 4: Full contact practice or training

Step 5: Full game play.

*If symptoms of a concussion recur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the athlete must discontinue all activity immediately. Depending on previous instructions, the athlete may need to be re-evaluated by the health-care provider or may have to return to the previous step of the return-to-activity program.

E. As per UPMC Susquehanna policy, athletes must also complete and pass VOMS and Exit Testing.

4. Referral

A. All secondary school setting concussions must be referred to a physician for return to activity clearance.

B. All collegiate athletes may be treated and released by the athletic training staff unless:

1. The team physician has a referral protocol
2. The athlete presents with symptoms listed in point C
3. The athlete's symptoms persist longer than 10 days.

C. Concussed athletes with any of the following signs/symptoms must be referred immediately to the nearest emergency department:

- * Loss of consciousness
- * Amnesia lasting longer than 15 minutes
- * Worsening signs/symptoms and/or an increase in signs/symptoms (without the influence of outside factors such as activity, school, etc)
- * Decreasing level of consciousness
- * Deterioration of neurologic function
- * Unequal, dilated or non-reactive pupils
- * Irregularity in respirations, blood pressure or pulse
- * Cranial nerve deficits
- * Vomiting
- * Seizure activity
- * Decreasing motor, sensory, or balance deficits

SCAT5

SPORT CONCUSSION ASSESSMENT TOOL — 5TH EDITION
DEVELOPED BY THE CONCUSSION IN SPORT GROUP
FOR USE BY MEDICAL PROFESSIONALS ONLY



FIFA®



FEI

supported by

Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. It should not be altered in any way, re-branded or sold for commercial gain. Any revision, translation or reproduction in a digital form requires specific approval by the Concussion in Sport Group.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is “normal”.

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.

- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed ☐ Observed on Video ☐

Lying motionless on the playing surface

Y	N
Y	N
Y	N
Y	N
Y	N

Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements

Disorientation or confusion, or an inability to respond appropriately to questions

Blank or vacant look

Facial injury after head trauma

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS²

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

What venue are we at today?

Which half is it now?

Who scored last in this match?

What team did you play last week / game?

Did your team win the last game?

Y	N
Y	N
Y	N
Y	N
Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)³

Time of assessment

Date of assessment

Best eye response (E)

No eye opening

Eye opening in response to pain

Eye opening to speech

Eyes opening spontaneously

Best verbal response (V)

No verbal response

Incomprehensible sounds

Inappropriate words

Confused

Oriented

Best motor response (M)

No motor response

Extension to pain

Abnormal flexion to pain

Flexion / Withdrawal to pain

Localizes to pain

Obeys commands

Glasgow Coma score (E + V + M)

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?

If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?

Is the limb strength and sensation normal?

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport / team / school: _____

Date / time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

Hospitalized for a head injury?

Yes	No
-----	----

Diagnosed / treated for headache disorder or migraines?

Yes	No
-----	----

Diagnosed with a learning disability / dyslexia?

Yes	No
-----	----

Diagnosed with ADD / ADHD?

Yes	No
-----	----

Diagnosed with depression, anxiety or other psychiatric disorder?

Yes	No
-----	----

Current medications? If yes, please list:

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

2

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: ☐ Baseline ☐ Post-Injury

Please hand the form to the athlete

	none		mild		moderate		severe	
Headache	0	1	2	3	4	5	6	
"Pressure in head"	0	1	2	3	4	5	6	
Neck Pain	0	1	2	3	4	5	6	
Nausea or vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Blurred vision	0	1	2	3	4	5	6	
Balance problems	0	1	2	3	4	5	6	
Sensitivity to light	0	1	2	3	4	5	6	
Sensitivity to noise	0	1	2	3	4	5	6	
Feeling slowed down	0	1	2	3	4	5	6	
Feeling like "in a fog"	0	1	2	3	4	5	6	
"Don't feel right"	0	1	2	3	4	5	6	
Difficulty concentrating	0	1	2	3	4	5	6	
Difficulty remembering	0	1	2	3	4	5	6	
Fatigue or low energy	0	1	2	3	4	5	6	
Confusion	0	1	2	3	4	5	6	
Drowsiness	0	1	2	3	4	5	6	
More emotional	0	1	2	3	4	5	6	
Irritability	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Nervous or Anxious	0	1	2	3	4	5	6	
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6	

Total number of symptoms: _____ of 22

Symptom severity score: _____ of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

Please hand form back to examiner

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)*

ORIENTATION

What month is it?

0 1

What is the date today?

0 1

What is the day of the week?

0 1

What year is it?

0 1

What time is it right now? (within 1 hour)

0 1

Orientation score

of 5

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-3	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
5-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
Digits Score:					of 4

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0 1
Months Score	of 1
Concentration Total Score (Digits + Months)	of 5

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

Which foot was tested (i.e. which is the non-dominant foot) ☐ Left ☐ Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	_____ of 10
Single leg stance (non-dominant foot)	_____ of 10
Tandem stance (non-dominant foot at the back)	_____ of 10
Total Errors	_____ of 30

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started _____

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: _____ of 5 or _____ of 10

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

If re-testing, has the athlete improved?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.

CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Repeated vomiting
- Weakness or numbness in arms or legs
- Drowsiness or inability to be awakened
- Unusual behaviour or confusion or irritable
- Unsteadiness on their feet.
- Inability to recognize people or places
- Seizures (arms and legs jerk uncontrollably)
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, medically managed exercise progression, with increasing amounts of exercise. For example:

Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Hander training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- Taking lots of breaks during class, homework, tests
- More time to finish assignments/tests
- No more than one exam/day
- Quiet room to finish assignments/tests
- Shorter assignments
- Use of a student helper/tutor
- Repetition/memory cues
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Reassurance from teachers that the child will be supported while getting better

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.



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EVERY CHILD,
EVERY OPPORTUNITY,
EVERY DAY...
STRIVING FOR SUCCESS

VISION STATEMENT for School Year 2020-2021

TO work in partnership with students, families, and the community to assure that every student acquires the knowledge, skills, and core values necessary to realize his/her fullest potential.

MISSION STATEMENT for School Year 2020-2021

A community of life-long learners that demonstrate the knowledge, skills, and values required for productive citizenship.

Attachment 2