

To the Parents/ Guardians at Holy Spirit:

With the season just around the corner, I want you to know I am committed to keeping your student athletes safe and healthy while participating in their sports. I am a certified athletic trainer and mostly known around Holy Spirit as "Trainer Meg". I am a graduate of Lock Haven University and hold a degree in Health Science with a concentration in athletic training. I started working at Holy Spirit in August 2007 and truly enjoy the close-knit atmosphere. It is also a pleasure, to work with all of the coaches and most importantly your son/daughters here at the school.

Parents often ask me what exactly a Certified Athletic Trainer (ATC) is and does? We are health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. If you would like to read more about ATC's a great website to visit is [www.nata.org](http://www.nata.org). Mostly you will see ATC's in a high school, college or professional sport setting. They are the people with the fanny packs running out on the field during an injury!

My goal at Holy Spirit is to not only help handle chronic and acute athletic injuries but to also prevent injuries. I try to educate student athletes on his or her own injury, and offer as much information possible for the next step for them to get exceptional care.

In this packet, you will find helpful information for very important issues facing the student athletes. I believe, fast and efficient care is accomplished through great communication and the best way to fulfill this, is for you to fill out the Emergency Medical form to the fullest. It is critical that I have ample information in the event that I need to contact you, so I can do so, the quickest way possible. Please feel free to contact me with any questions or concerns.

I wish your son/daughter a great sport season and I look forward to seeing you on the sidelines supporting your athletes. GO SPARTANS!

Respectfully yours,

A handwritten signature in black ink that reads "Meghan E. Mattson, ATC". The signature is written in a cursive style with a large, stylized initial "M".

Meghan E. Mattson, ATC

# Doctor Protocol

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- 1) Once an athlete visits any doctor the athletic trainer **MUST** have a note stating the status and injury of your son/daughter.
  - If you see a family physician for an athletic injury or illness such as mono (mononucleosis) the athletic trainer must have a note clearing the child to participate in athletics.
  - If your child is seen for a concussion the athletic trainer also needs a clearance note.
- 2) If the athlete isn't cleared he/she may not return to activity until a doctor clears him/her to return to the sport.
- 3) If an athlete goes to the emergency room or Urgent Care the athletic trainer **MUST** have a note from the doctor stating the status of the athlete and the return to play recommendation. If the emergency room refers them to a follow-up doctor, an athlete must have a note from the follow-up doctor.
- 4) All doctor notes should be handed directly to the Athletic Trainer or to the Head Coach who will then deliver the note to the athletic trainer.

For the safety of your child and in the best interest of Holy Spirit High School a child **WILL** be **HELD** from his/her chosen activity until there is a note from a doctor clearing the child to return to his/her sport.

## NO EXCUSES

### 90 minute Rule

Your student-athlete can **NOT** miss more than **90 minutes** of school the day before or the day of a game, or he/she will not be able to participate in the game. A doctor's note will not be accepted as an excused lateness or absence.

# EpiPen Protocol

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Due to new regulations with EpiPen's, it is now required for the certified athletic trainer to have an EpiPen in the athletic training room. It is also required that the child must have one on them at all times during their sport.

The EpiPen's must be labeled with the following:

- 1) Students Full Name
- 2) Emergency Contact
- 3) Allergies and Symptoms they experience.

**This is Separate from the schools requirements for EpiPens!**

## Asthma

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If your son/daughter suffers from Asthma, they must carry their inhaler with them at all times. Please fill out the Medical Emergency form with as much information as possible so I am aware and I can make the coaches aware.

I want to thank you in advance for your cooperation concerning these issues. They are very important in keeping your athlete(s) safe during the sport seasons!

# Concussion in Athletics

## What is a Concussion?:

Occasionally, players sustain a blow to the head resulting in a stunned confusional state that resolves within minutes. The everyday term "ding" is often used to describe this initial state. However, the use of this term is not recommended because this stunned confusional state is still considered a concussion resulting in symptoms, although only very short in duration, that should not be dismissed in a casual fashion. It is essential that this injury be reevaluated frequently to determine if a more serious injury has occurred, because often the evolving signs and symptoms of a concussion are not evident until several minutes to hours later. Younger (pediatric) athletes should be aware that recovery may take longer than in older athletes.

**Second Impact Syndrome:** Refers to the catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. Only a few cases have been reported Second Impact Syndrome, it is rare but should not be taken lightly.

## Signs and Symptoms:

A study was done in 2000 and it looked at 1,003 concussions sustained by high school and collegiate football players which revealed that loss of consciousness and amnesia presented infrequently, whereas other signs and symptoms, such as headache, dizziness, confusion, disorientation, and blurred vision, were much more common.

Vacant stare	Headache	Memory dysfunction
Delayed verbal and motor responses	Unequal pupil sizes	Easy fatigability
Confusion and inability to concentrate	Pupils don't react to light	Irritability, anxiety or mood changes
Disorientation	Dizziness or Vertigo	Intolerance of bright lights or difficulty focusing vision
Slurred or incoherent speech	Lack of awareness of surroundings	Intolerance of loud noises, tinnitus (ringing in the ear)
Gross observable in coordination	Nausea or vomiting	Sleep disturbance
Inappropriate emotion	Persistent low grade headache	
Memory deficits	Light-headedness	
Loss of consciousness	Poor attention and concentration	

## Care:

The first 24 hours are vital to determine the severity of the concussion. Wake your child every 2-3 hours to check the mental clarity. For the first 24-48 hrs don't administer any medication to your child unless advised by a physician, if your child symptoms increase or if you have any doubts seek medical care immediately.

## Return to Play Criteria:

**Grade 1-** Transient Confusion; No loss of consciousness; Concussion symptoms of mental status abnormalities resolve in **less than 15 minutes**.

**Grade 2-** Transient Confusion; No loss of consciousness; Concussion symptoms or mental status abnormalities last **more than 15 minutes**.

**Grade 3-** Any loss of consciousness. Either brief or prolonged.

Grade	On-site evaluation	Neurological Evaluation	Return to play
Grade 1	Yes	Not required, depends upon evaluation	Same day-yes if normal at rest and exertion and if it's the child's first concussion
Grade 2	Yes	Yes	No-out 7 days symptom free
Grade 3	Yes	Yes	No-out 14 days symptom free

For more information visit this website <http://www.nata.org/statements/position/concussion.pdf>.

# Staph and MRSA in Athletics

## What is Staph/ MRSA?:

Staph: Staphylococcus aureus is one of the most common bacteria's that cause skin infections in the US. Staph can cause a range of illnesses from minor skin infections, such as pimples, impetigo (may also be caused by *Streptococcus pyogenes*), boils, to life-threatening diseases, such as pneumonia, meningitis, osteomyelitis endocarditis. Most staph infections are treated without antibiotics.

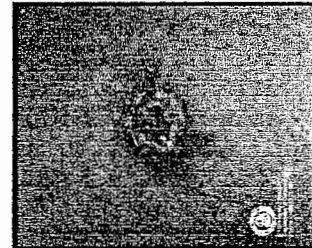
MRSA: Methicillin-Resistant Staphylococcus Aureus is a form of Staph that is resistant to antibiotics.

## Who Gets "Staph" / MRSA?:

"Staph" infections, including MRSA, have been traditionally associated with outbreaks in health-care facilities, but they are becoming increasingly common in student-athletes participating in close contact sports (e.g. football, wrestling, lacrosse, etc.), although anyone, including coaches, staff, etc. who come into contact with colonized individuals, can contract the infection. "Staph" and MRSA are spread either by direct physical contact or indirect touching of contaminated objects. This includes touching, using, and/or sharing sheets, towels, clothes, equipment, dressings, personal items, bar soap, etc. which have been used by someone who has "staph" and/or MRSA, along with poor hygiene habits (e.g. hand washing, showering, etc.).

## Signs and Symptoms:

Skin redness, swelling, warmth, tenderness, and sometimes fever. Some staph infections are localized but others can spread and cover your entire body. Some cuts can have drainage of pus or what is known as the "honey comb look" which is gold/yellowish looking and crusts over on the cut. Some can look like a pimple or boil.



## Care:

If your child shows signs of a skin infection please take him/her to your family physician. Once at the doctor's office the site should be cultured before placing your child on antibiotics. This is to assure proper identification of the infection and also to prevent further outbreaks within the athletic community.

## Prevention of "Staph" and/or MRSA:

Although treatable, there can be complications associated with "staph" and MRSA infections, prevention is best way to combat these infections. The Centers for Disease Control suggest the following measures for preventing staphylococcal skin infections, including MRSA:

1. Practice good hand hygiene
2. Take a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap)
3. Avoid sharing towels, equipment, razors, soap (use liquid soap instead of bar soap), etc.
4. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
5. Wipe surfaces of equipment before and after use.
6. Clean and properly cover any open wounds Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs if you have an open wound.
7. Maintain clean facilities and equipment.
8. **Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to a Sports Medicine staff member and/or physician immediately.**