

Developing a Policies and Procedures Manual

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IT DRIVES ME CRAZY WHEN
PEOPLE COMPLAIN ABOUT
EXCESSIVE BUREAUCRACY
AS THOUGH THEY THINK WE'VE
GOT NOTHING TO DO EXCEPT
WRITE POINTLESS PROCEDURES

AND THESE PATHETIC
POLICIES AND POINTLESS
PROTOCOLS DON'T
WRITE THEMSELVES!

WHEN WE'VE GOT
ALL THESE
MEANINGLESS
MEMORANDUMS
TO FINISH AS WELL

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Overview

- Legal Ramifications
- What are the major components of the P&P Manual
- Who needs to understand the P&P Manual
- Secondary School Administration

Why a P&P Manual

- Legal Ramifications
 - CYA (COVER YOUR ASSETS)
 - Lawyer and Risk Manager **If you have policies and procedures in place and FOLLOW THEM, you will be protected, if taken to court. (Assuming your P&P are not breaking any laws)**
 - If care and P&P are comparable to national standards gives more legal standing
- Guidelines for newly employed
- Transparency of Program to:
 - Parents
 - Local Docs
 - Local PT's
 - Administration

Where Do You Start

- Don't Re-Invent the Wheel
 - Find out if your district /school/clinic already has some Emergency Action plans or P&P's in place
 - Put a Team Together
 - Online Search – Many Districts have a P&P Manual Online
 - Research, Research, Research
 - What is the Standard of Care, Nationally, Locally
 - State Practice Acts

Components - Job Description

Philosophy

- Role in Athletic Programs
- AT's Role at the School
- Goals of the Athletic Training Program

Specific Details

- Credentials (ATC, LAT, Teacher Certified etc.)
- Availability (Hours, Coverage)
- Responsibilities
- Who is the AT's direct supervisor

Components – Emergency Action Plans

- NATA Position Statement on Sudden Death

- Every Organization should have EAP if they are conducting events
- Must have a written EAP for each Venue
 - Tennis courts, Swimming Pool, FB Field, BB court etc
- EAP should be practiced with local EMS Staff
- EAP should be developed and coordinated with local EMS, school safety and medical officials, and school administration

Penn Middle School

Gymnasium & Stadium

Phone Locations:

- Outside of Main Office
- By Cafeteria

AED Locations:

- In Gymnasium
- Hallway by Main Office

EMS Access:

- Rear of school near south end of stadium
- At doorway before gymnasium

Trafford Middle School

Gymnasium & Stadium

Phone Locations:

- Gym Lobby Area
- Main Office

AED Locations:

- Gym Lobby Area
- Main Office

EMS Access:

- Main entrance
- Back along side of building between stadium fields

Bushy Run Soccer Complex

Phone Locations:

- Concession stand in pavilion

AED Locations:

- AT Mobile Unit during summer camps only
- PMS Locations

EMS Access:

- East & west drives off of Bushy Run road

PTHS ATR/Weight Room

Phone Locations:

- ATC's office/mobile phones

AED Locations:

- ATC's office/AT mobile unit

EMS Access:

- Rear entry by tennis courts

Penns Forest Soccer Fields

Phone Locations:

- Available mobile phones only

AED Locations:

- No available on-site AED's

EMS Access:

- Off of Route 993

Government Fields

Phone Locations:

- No existing land-line phones
- Available mobile phones only

AED Locations:

- No available on-site AEDs

EMS Access:

- Off of Government road

Municipal Fields

Phone Locations:

- Mobile Phones

AED Location:

- Inside during business hours

EMS Access:

- Main Gate

Noteworthy Phone Numbers

EMS: 911

Rescue Six Ambulance: 724-744-4112

Radio (2): Station 225 - Mobile Unit 44

Penn Twp Police: 724-863-1119

Trafford Police: 412-372-6550

Athletic Office: 724-744-7252

Athletic Training Room: 724-744-0580

Warrior Stadium Press Box: 724-744-0024

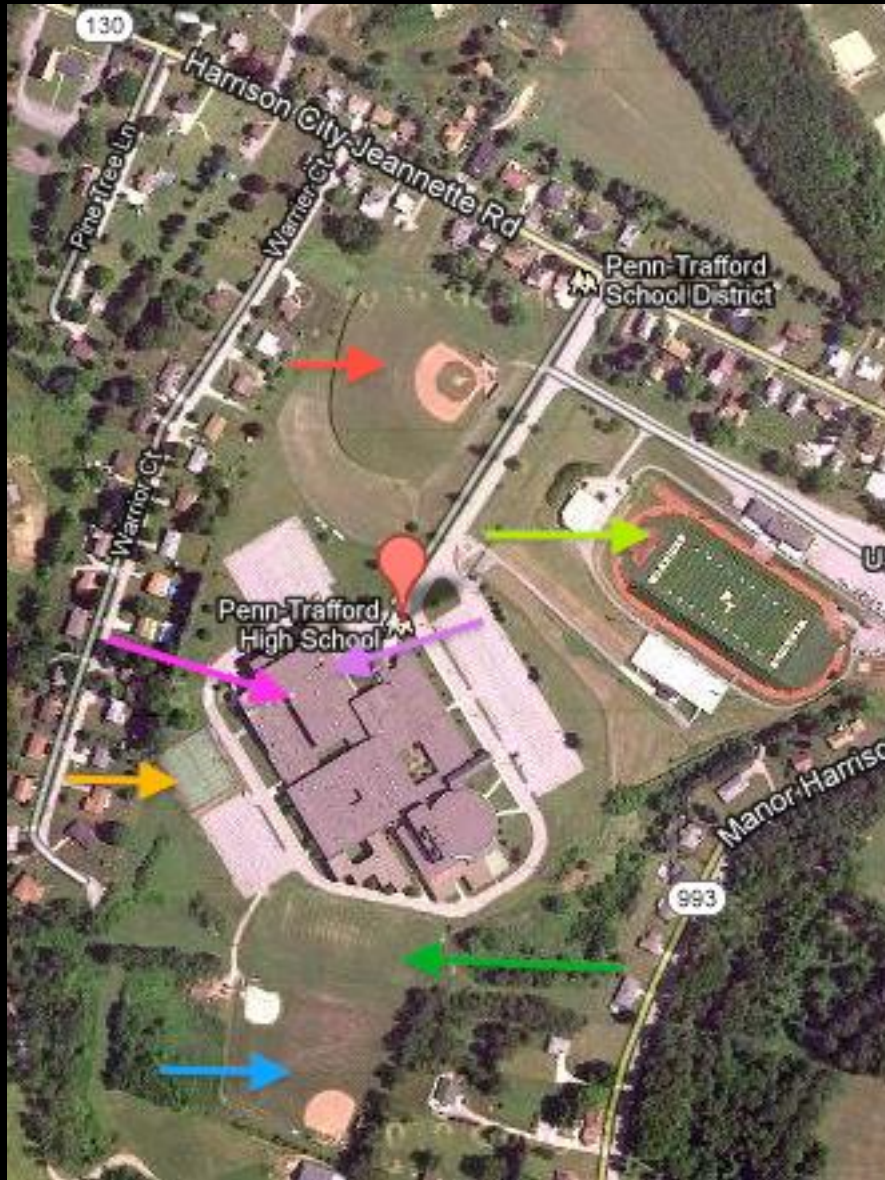
Warrior Center: 724-744-1206(7)

PTHS Main Office: 724-744-4471

PMS Main Office: 724-744-4431

TMS Main Office: 412-372-6600

Trafford EMS: 412-856-8288



Penn-Trafford HS

→ Baseball Stadium

→ Warrior Stadium

→ Gymnasium

→ Tennis Courts

→ Softball Fields

→ Swimming Pool

→ Upper Practice Fields

NATA Position Statement on Sudden Death and EAP/SOP

- Policies and Procedures must also address the 10 areas of Sudden Death in Sports Outlined by the NATA and what the EAP/SOP is for each situation

Asthma	Catastrophic Brain Injuries
Cervical spine injuries	Diabetes
Exertional heat stroke	Exertional hyponatremia
Exertional sickling	Head-down contact in FB
Lightening	Sudden Cardiac Arrest

NATA Position Statement on Sudden Death and EAP

-What is the Standard Operating Procedure (SOP) for each of the 10 areas.

Prevention

Recognition

Treatment and Management

Return to Play

APPENDIX A

STANDARD OPERATING PROCEDURES FOR INJURY or ILLNESS for Licensed Athletic Trainer(s)
The Licensed Athletic Trainer(s) is identified as the Medical Director's designee(s).

1. Immediate Evaluation of Injury or Illness of ALL student-athlete:
 - A. Rule out head and neck injury:
 1. Immediate ambulance transport for loss of consciousness, severe or worsening concussive symptoms or suspected neck injury.
 - B. Rule out use of Epi-pens for severe allergic reactions:
 1. If administered, athlete must be transported.
 - C. Provide Emergency First Aid as needed as per Emergency Action Plan.
2. Evaluation of an Injury or Illness for ALL student-athletes:
 - A. History: Mechanism of injury
 - B. Inspection/Observation- check for swelling, discoloration, deformities
 - C. Palpation- pinpoint tenderness
 - D. Special testing
 - E. R.O.M- check range of motion
3. Immediate Treatment of an Orthopedic Injury for ALL student-athletes:
 - A. PRICE's (Protection, Rest, Ice, Compression, Elevation)
 - B. Record injury or illness assessments
 - C. Referral for further medical treatment as needed
4. Notify Parent(s) or Guardian(s) of the extent of the Injury or Illness.
5. Immediate Follow-up Treatment (next 24-48 hours):
 - A. Re-evaluation of injury or illness status.
 - B. Monitor signs, symptoms, orthopedic screening results, head injury management.
 - C. Seek further medical treatment (optional).
6. Post Injury Care:
 - A. Treatments including modalities as indicated.
 - B. Rehabilitation Program for orthopedic injuries:
 1. Short-term goals: protection, decrease swelling, increase range of motion, etc.
 2. Long-term goals: 90% strength and full pain-free range of motion with functional testing as determined by the school medical director's designee(s).
 - C. Supportive techniques:
 1. Taping, Bracing, pad fabrications, etc as determined by school medical director and/or designee(s).
7. Functional Testing for Orthopedic Injuries:
 - A. Determine the level of activity for returning to participation:
 1. Out, limited, or full participation as determined by the attending physician and/or the school medical director's designee(s).
 - B. 5 Phase Return to Participation program for concussions if required by the designated healthcare professional trained in the evaluation and management of concussions.
8. Return to Participation from Injury or Illness:
 - A. Continue rehabilitation until long-term goals are met as determined by the school medical director's designee(s).
 - B. Full participation for Orthopedic injuries if 90% strength and full pain-free ROM with functional testing as determined by the school medical director and/or designee(s).
 - C. Concussions: release from a healthcare professional trained in the evaluation and management of concussions.
 - D. Release from licensed medical professional, school medical director, and/or designee(s).

NATA Position Statements on Sudden Death and EAP

- Questions that arise with the SD position Statement
 - Will you do rectal temp and will your administration back you if you do?
 - Does the ATC check every FB helmet?
 - Who is named the Team Physician?
 - Who makes final call on RTP in all situations?

Emergency Action Plan

- On Field/Court Management of Injuries w/ ATC on Site
 - Who does initial evaluation
 - Who is in Charge
 - Who is calling 911
 - Who will meet the Ambulance
 - Who will contact Parents
 - Who should do Crowd Control

EAP – Cont.

- On Field/Court Management of Injuries w/o ATC on site.
 - Are Coaches CPR/AED and First Aid certified?
 - When should the ATC be called or should 911 be called directly?
 - Who has educated the coaches on these situations?

Components of P&P

- What are practice and game procedures for ill or injured students?
- What are the General RTP guidelines?
- What coverage does the AT provide?
 - How is coverage prioritized?
 - Who makes the final decision about AT coverage?
- What are your referral procedures for non-emergency injuries?
- What are procedures for self referred patients?
- Who collects physicals and who reviews physicals for pertinent information?

Components of P&P

Standard Operating Procedures

- Specific Injuries and Illness (including but not limited to)

General Emergencies	Abdominal Injuries	Allergies / Anaphylaxis	Back Injuries
Chest, Thoracic and Lung injuries	Bites	Bleeding and wound care	Dermatological problems
Heat and Cold Injuries	Diabetes	Drug Ingestion/overdoes	Eye Problems
General Illness	Oral and Dental Injuries	Nasal and Ear conditions	Orthopedic Problems
Poison	Reproductive problems and pregnancy	Seizure	Shock

Components of P&P

Standard Operating Procedures

- Specific Therapeutic Modalities Usage

General Principles of Therapeutic Modalities	Cryotherapy	Ice Massage
Ice Immersion	Cryokinetics	Hot and Cold Whirlpools
Moist Heat Packs (Hydrocollator)	Paraffin Bath	Contrast Therapy
Therapeutic Ultrasound	Phonophoresis	Electrical Stimulation
Ultrasound and ES Combo	Intermittent Compression	Massage

Components of P&P Record Keeping

- What records are kept?
- Where are all injury records stored?
- Who has access to Records?
- Who “needs to know” about specific injuries?
 - FERPA v HIPPA
- Where are records stored after student graduates?

Components of P&P

Legal Terms (optional)

- Define Legal Terms that are commonly used in our setting.
 - Assumption of Risk
 - Negligence
 - Liability
 - In Loco Parentis
 - Etc.

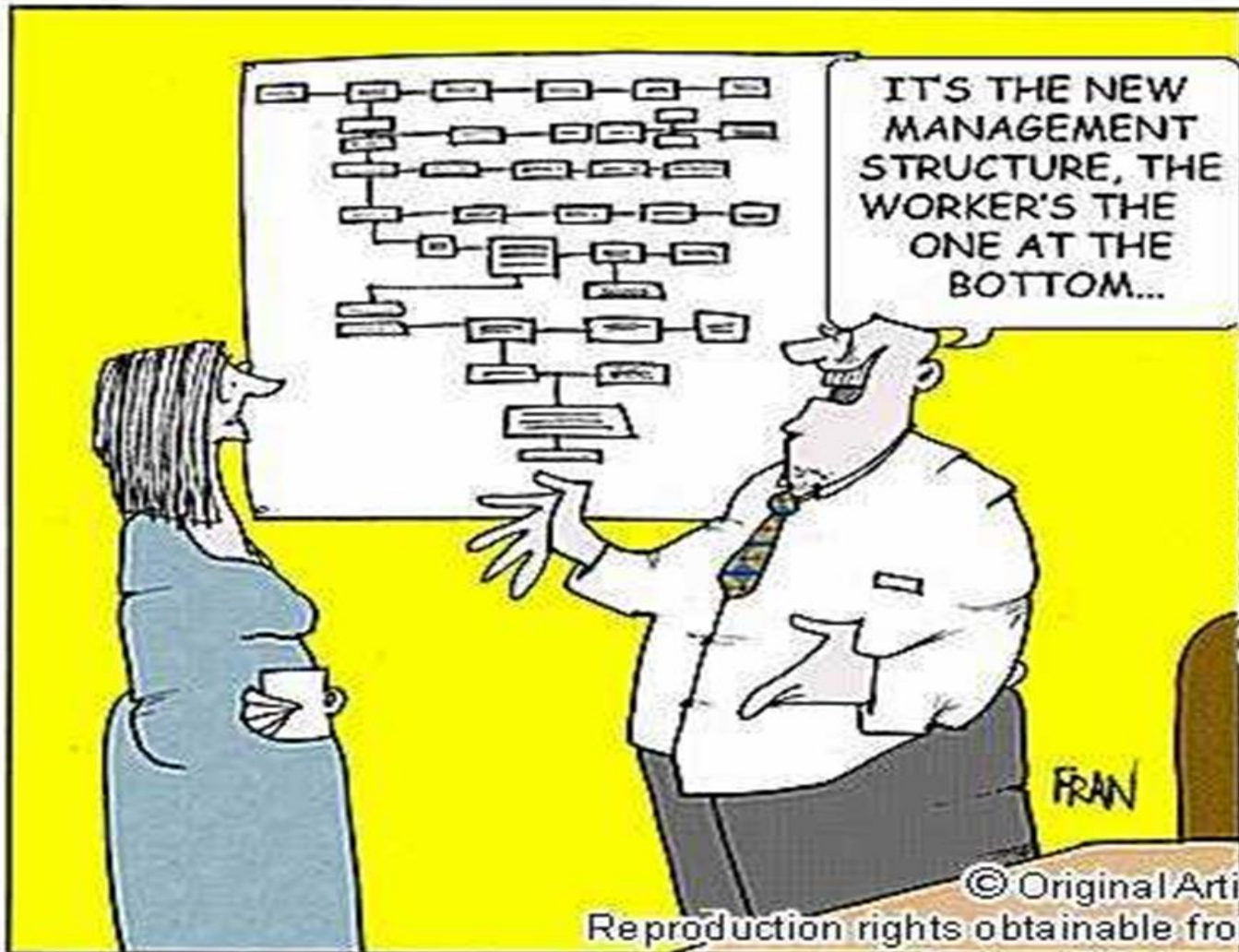
Components of P&P Appendix and Forms

- Forms
- State Activities Association Guidelines
- NFHS Guidelines
- NATA Position Statements and Guidelines
- Zurich Consensus Statement on Concussion in Sports
- When Posted Online: Links to Research/Articles
- Etc.

School Administration – Getting Approval

- BE PROACTIVE
- Show them a need
 - Research Materials, Position Statements, Court Cases
- Let them think its their idea

School Administration



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School Administration – Hierarchy

Chain of Command

Board of Education

Superintendent

*District Lawyer (consultant)

Asst. Superintendents

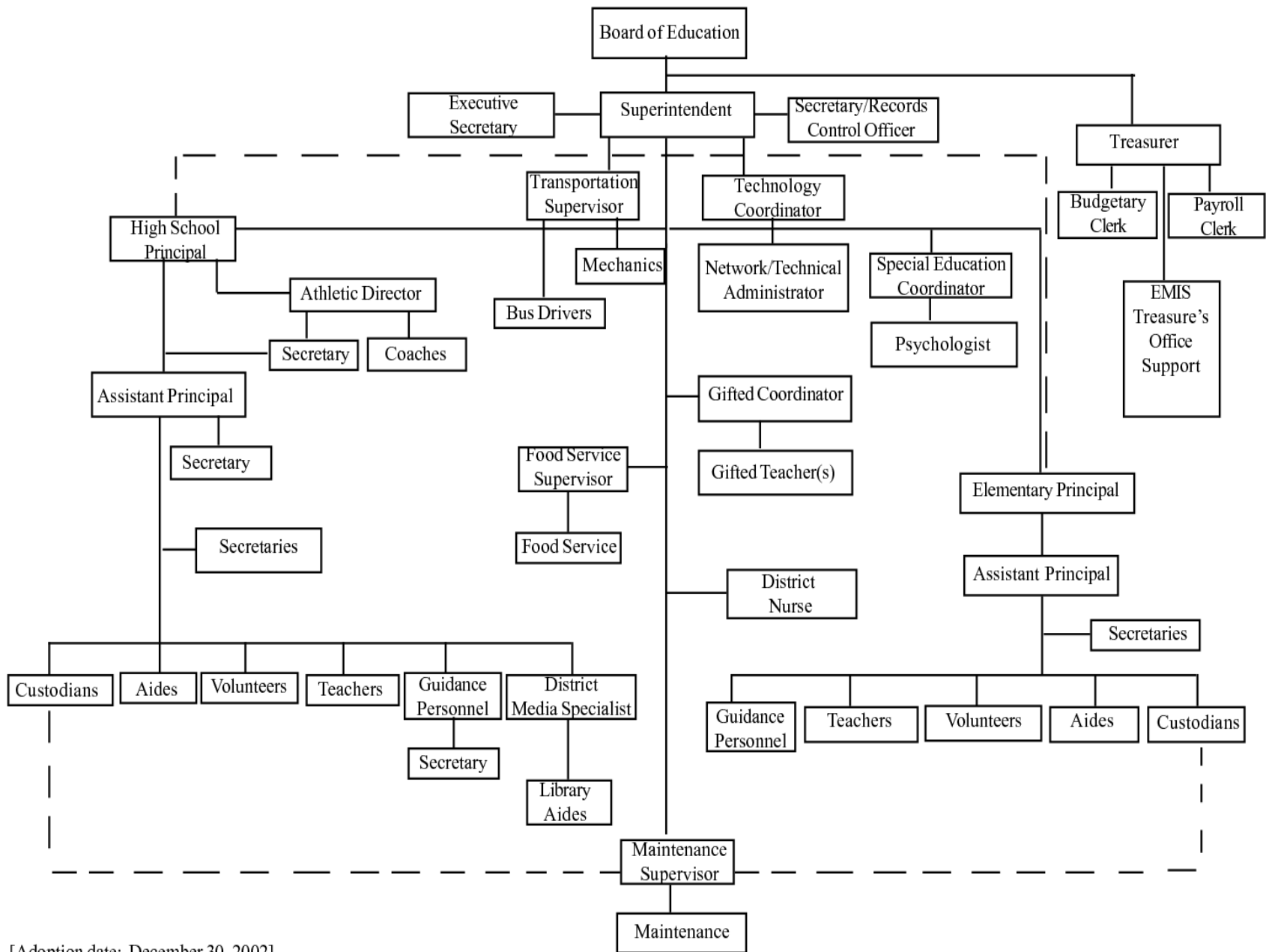
School Principals

District Level Athletics Director

Building Level Athletic/Activities Director

*Team or Consulting Physician

Athletic Trainer



[Adoption date: December 30, 2002]

[Re-adoption date:-----]

CROSS REF.: CCB, Line and Staff Relations

Solid Line Indicates: Direct Line of Authority

Broken Line Indicates: Indirect Line of Authority

Following the Chain of Command

- Takes time
- If you do not follow the Chain of Command, you may end up dead in the water, EVEN IF YOU ARE 100% CORRECT.
- Approval takes time
- Worth the Fight and Energy
 - If its important you will find a way, if its not you will find an excuse!
- Why? CYA