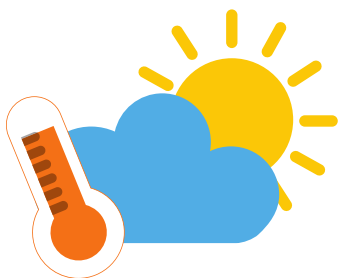
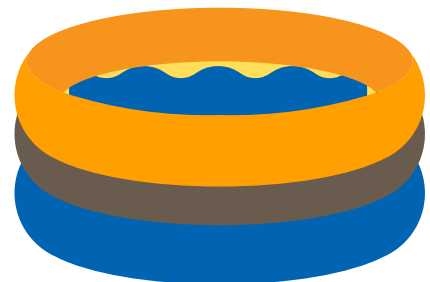


- We have an acclimatization protocol in place for the first 5 days of formal sports practice for all sports. Specific considerations within this policy include:
1. For equipment laden sports:
    - a. For days 1-2 only helmets are allowed
    - b. For days 3-5 only helmets and shoulder pads are allowed, contact with tackling/blocking sled is allowed for football
    - c. For days 6+ full contact is allowed
  2. Single practice days:
    - a. Practice time must not exceed 2 hours
    - b. 1 walk-through may be done or separated from practice by 3 hours of continuous rest in a cool environment
  3. Double practices:
    - a. Day 6+ double practice days may begin
    - b. Double practice days must be followed by a single practice day
    - c. Double practice days must not exceed 5 hours of total practice and no more than 2.5 hours in any single practice period
    - d. Warm-up, stretching, cool-down, walk-through, conditioning and weight room activities are included in practice time

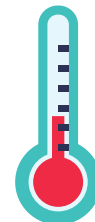


- We have a rectal thermometer for trained individuals to use to take body temperature
- We have identified a trained individual (i.e. an athletic trainer, EMT) to recognize and treat patients for exertional heat stroke
- We have a cooling equipment onsite, including a cold-water immersion tub and/or tarp, towels, water, ice, and shade
- The cold-water immersion tub can hold at least 75 gallons of water
- We have communicated or shared our emergency action plan with EMS with procedures to Cool First, Transport Second for any exertional heat stroke victim
- We have a WBGT device on site
- The cold tub is prepped when WBGT readings reach 81F



# ENVIRONMENTAL MONITORING AND ACTIVITY MODIFICATION

- We have a WBGT device on site.
- The WBGT device is in working order and checked annually to maintain it.
- The WBGT is refurbished per the manufacturer's instructions
- We have a designated person identified for recording WBGT readings when it is warm out (i.e. over 81F). When that person is absent, we have a secondary person in place.
- Monitoring on site and starts at the beginning of practice and repeated at a minimum of every 30 minutes.
- Activity modifications follow current recommendations from the National Athletic Trainers' Association (NATA)
- We have a means of communicating the readings to the rest of the sports staff.



# EMERGENCY ACTION PLANNING CHECKLIST

- An athletic Emergency Action Plan (AEAP) exists and has been developed for each athletic venue.
- The AEAP was developed in coordination with local emergency medical services personnel.
- The AEAP contains all of the following:
  1. Identification of the sports medicine team
  2. Roles of the sports medicine team during emergencies, including coaches and administrators
  3. Policies for responding to specific emergencies
    - a. Consider athlete specific policies
  4. Locations of emergency equipment, such as AEDs, splints, cold water immersion tubs, ice, bleed control kits, etc.
  5. Venue specific information including address, directions to venue, lightning-safe structures, a script for the caller to read to 911 dispatch, and a map.
- The venue specific AEAPs are posted at **EVERY** athletic venue.
- The AEAP is given to all coaches and administrators.
- The AEAP is reviewed annually and updated as necessary
- The AEAP is rehearsed annually or **sooner** if necessary, with the sports medicine team, including the coaches and administrators who will be involved

