

# Bell County High School Recurring Deficiencies Corrections

## Bell County High School Athletic Travel and Per Diem Policy

### Mode of Transportation

ok  
check

Bell County High Schools' general mode of transportation is the district owned school buses and a district owned van; with an option to take a charter bus. All teams will use a school bus when there are more than twelve (12) coaches / team members that need transported. If there are twelve (12) or less coaches/team members that need transported, the school van will be used as the mode of transportation. Any mode of transportation to be used for school athletic events other than district-owned school buses/van, must receive prior approval of the school's administration and the Bell County Board of Education, as required by school board policy. When a team must travel 180 miles or more in one direction, a charter bus may be approved at the discretion of the principal and the Bell County Board of Education. Overnight trips must have the approval of the principal and superintendent. Out-of-state trips more than 50 miles must be approved by the principal and the local board of education. In cases of participation outside of the state of Kentucky, the head coach is required to make sure that the event, if needed, is sanctioned, as required by the KHSAA. Transportation costs of such trips will be the responsibility of the team through their budget.

### Meals

ok  
check

All meal expenses are the responsibility of each team within the limits of the team budget and booster club funds. The per diem for food allotment on non-overnight trips will be \$15.00 per student athlete. The per diem for food allotment on overnight trips will be \$30.00 per student athlete, per day on any given overnight travel. The principal and athletic director will monitor meal allotments to ensure equity.

### Lodging

ok  
check

On overnight trips, it is the responsibility of the coach of the particular sport to book the rooms for their team. The coach shall book motels with interior corridors and place 4 students per room. The principal and athletic director will monitor the lodging to ensure equity.

***(All Gender Equity Review Committee Members and Head Coaches signatures will be obtained upon final approval of all policies.)***

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# Travel and Per Diem Allowances Signatures

## GERG Members

Brian Crawford  
Brian Crawford - Principal

Christie Willis  
Christie Willis - Assistant Principal

Rodney Slusher  
Rodney Slusher - Athletic Director

LaHonia Barton  
LaHonia Barton - Finance Clerk

Brad Sizemore  
Brad Sizemore - Coach

David Teague  
David Teague - Coach

Courtney Howard  
Courtney Howard - Parent

Abby Cornett  
Abby Cornett - Student

Andrew Caldwell  
Andrew Caldwell - Student

Larry Elliott - Board Member

## Head Coaches

Dudley Hilton  
Dudley Hilton - Football

Brad Sizemore  
Brad Sizemore - Boys Basketball  
Boys & Girls Golf

David Teague  
David Teague - Girls Basketball

Clay Carroll  
Clay Carroll - Baseball

Alex Barnett  
Alex Barnett - Softball

Trisha Evans  
Trisha Evans - Cheer

Jason Stewart  
Jason Stewart - Track & Cross Country

Via Phone Call - SF  
Shawn Fultz - Girls Volleyball

Boys & Girls Tennis

William Risner  
William Risner - Band

Not Available - Out of Area  
Mikayla Prater - Academic Team

Brett Thompson

Brett Thompson - Girls Soccer

## Bell County High School Current Deficiencies Corrections

### Publicity

#### **Cheer**

*ok*  
*new*

The BCHS Cheerleaders cheer for Varsity Football, Varsity Boys Basketball, and Varsity Girls Basketball. In regards to football, the cheer team cheers at all home football games and away district games. The cheer team will cheer all Girls' and Boys' home basketball games. The cheerleaders will also cheer for the district Girls' and Boys' away basketball games. At the beginning of each season, the coach will submit to the principal a signed copy of the assigned schedule where games will be cheered.

#### **Band**

*ok*  
*great*

The BCHS Band will play at all home football games. The band will play at all district home games for girls and boys basketball. The band will also play two additional girls basketball and two additional boys basketball games per the discretion and approval of the principal. At the beginning of each season, the band director will submit to the principal a signed copy of the assigned schedule where games will be played.

#### **Banners/Pictures**

BCHS will use its general athletic fund to purchase a banner for any athletic team that wins a district, regional, state, or beyond championship. The banner will be displayed inside the gymnasium or football stadium, showcasing the year of the accomplishment. Additional years of district, regional, state, or beyond championships will be added to the original banner of the first team championship of that sport. Once the first banner is filled to capacity, the school will purchase another banner to begin the addition of future championships. Team pictures to be displayed within the school must first have SBDM approval. Only team district, regional, state, or beyond championship picture requests may be presented to the school's SBDM for approval to be displayed in the school's hallways. It is also understood that funds for the purchase of the

ok  
KSW

picture and all of its needed accessories must come from an outside organization. The use of general student activity funds may not be used to purchase the picture or its accessories. This policy will also apply to teams winning a "2A" Sectional or "2A" state championship. In addition, individual state championships in KHSAA sanctioned sports, all time leading scorers, 1000 point club, and any other special awards earned above and beyond, such as Ms./Mr. Basketball, will also be honored with a banner in the gymnasium.

## **Awards and Banquets**

### **Awards**

ok  
SW

The awards given will be per each coach's discretion and will be paid for from that team/activities budget and/or Athletic Booster budgets. The coaches will be responsible to order the awards. Each activity/sport will be allotted \$15.00 per student athlete. A purchase order must be authorized by the principal, before the order can be submitted. The provision of equitable awards will be monitored by the principal.

### **Banquets/Location/Food**

ok  
SW

Bell County High School will have an extra-curricular banquet to honor all KHSAA sports, cheerleaders, band, and academic teams at the end of each respective season. Each team/activity will be responsible for deciding the banquet location. Each team/activity shall cover the food costs for the student athlete. The allotted costs for one student athlete will be \$15.00.

### **Banquet Decorations**

BCHS will purchase team/activity neutral decorations for the banquets and store them on campus. Each team/activity will have access to the decorations for their banquets. No additional funds will be spent by the team/activities for decorations.

***(All Gender Equity Review Committee Members and Head Coaches signatures will be obtained upon final approval of all policies.)***

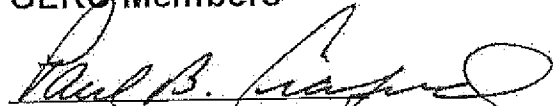
### **Explanation for significant disparity in spending for awards and recognition:**

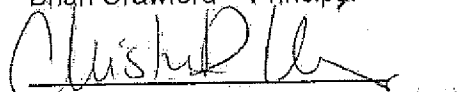
ok  
SW

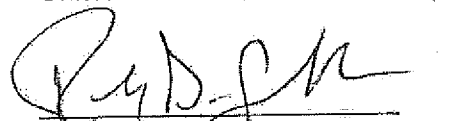
There was a large disparity in Baseball/Softball and in Football/Several Sports. At the time of the disparity there was no administrative oversight or policy in place to monitor the spending to ensure gender equitability. In order to correct the disparity, awards and recognition policies have been created, accepted, and put into action to be monitored through administrative oversight.


## Publicity Signatures

### GERC Members

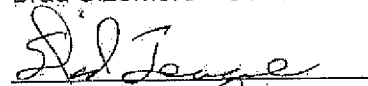
  
Brian Crawford – Principal

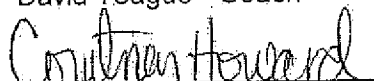
  
Christie Willis – Assistant Principal

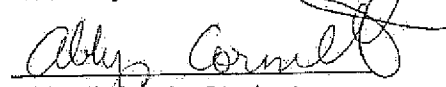
  
Rodney Slusher – Athletic Director

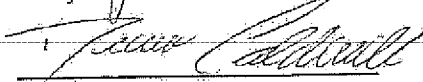
  
LaHonia Barton – Finance Clerk

  
Brad Sizemore – Coach

  
David Teague – Coach

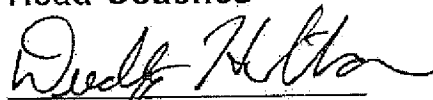
  
Courtney Howard – Parent

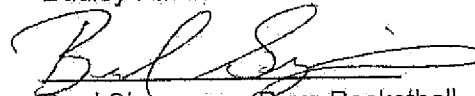
  
Abby Cornett – Student

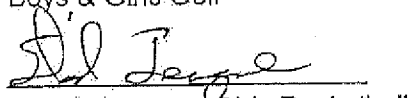
  
Andrew Caldwell – Student

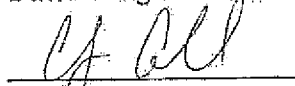
\_\_\_\_\_  
Larry Elliott – Board Member

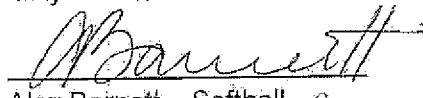
### Head Coaches

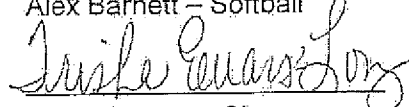
  
Dudley Hilton – Football

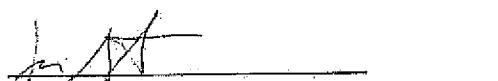
  
Brad Sizemore – Boys Basketball  
Boys & Girls Golf

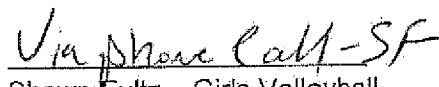
  
David Teague – Girls Basketball

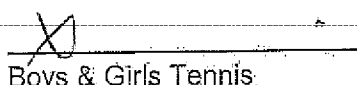
  
Clay Carroll – Baseball

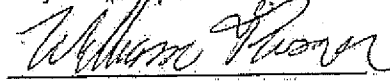
  
Alex Barnett – Softball

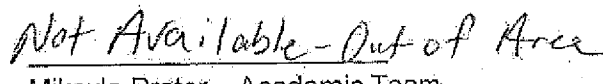
  
Trisha Evans – Cheer

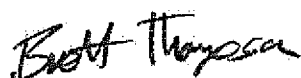
  
Jason Stewart – Track & Cross Country

  
Shawn Fultz – Girls Volleyball

  
Boys & Girls Tennis

  
William Risner – Band

  
Mikayla Prater – Academic Team



Brett Thompson – Girls Soccer

*Scheduling of Games and Practice Times  
(Def.)*

**Bell County Boys Golf Schedule 2020**

**Coach Brad Sizemore**

[Brad.sizemore@bell.kyschools.us](mailto:Brad.sizemore@bell.kyschools.us)

(606) 337-7061

*ok  
sheet*

- August 10- 9 Hole Match @ Wasioto Winds (Bell Co, Whitley, Jackson) 4:30pm
- August 11- 9 Hole Match @ Wasioto (Bell Co, Harlan Co, Middlesboro) 4:30pm
- August 13- 9 Hole Match @ Wasioto Winds (Bell Co, Cumberland Gap) 4:30pm
- August 17- 9 Hole Match @ Wasioto Winds (Bell Co, Whitley, Clay, South Laurel) 4:30pm
- August 18- 9 Hole Match @ Wasioto Winds ( Bell Co, Harlan Co, Middlesboro) 4:30pm
- August 20- 9 Hole Match @ Woodlake Golf Club (Bell Co, Cumberland Gap) 4:30pm
- August 27- 9 Hole Match @ Sleepy Hollow (Bell Co, Harlan Co) 4:30pm
- August 29- Johnson Central Invitational (18 Holes) @ Stonecrest TBA
- August 31- 9 Hole Match @ London Country Club (Bell Co, Clay, North, Corbin, Whitley) 4:30pm
- September 1- 9 Hole Match @ Wasioto Winds (Bell Co, Harlan Co, Middlesboro) 4:30pm
- 
- September 3- 9 Hole Match @ Wasioto Winds (Bell Co, North Laurel) 4:30pm
- September 10- 9 Hole Match @ Wasioto Winds (Bell Co, Harlan Co, Middlesboro) 4:30pm
- September 14-15 Conference Tournament @ Big Hickory – 4:30pm
- September 19- Harlan County Black Bears Invitational (18 Holes) @ Wasioto Winds TBA
- September 28- 10<sup>th</sup> Regional Boys Golf Tournament @ TBA

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Bell County Girls Golf Schedule 2020

Coach Brad Sizemore

Brad.sizemore@bell.kyschools.us

(606) 337-7061

August 13- 9 Hole Match @ Wasioto Winds (Bell Co, Cumberland Gap) 4:30pm

August 20- 9 Hole Match @ Woodlake Golf Club (Bell , Cumberland Gap) 4:30pm

August 24- 9 Hole Match @ Wasioto Winds (Bell Co, Middlesboro) 4:30pm

August 25- 9 Hole Match @ Wasioto Winds ( Bell Co, Corbin, Whitley Co) 4:30pm

August 27- 9 Hole Match @ Sleepy Hollow (Bell Co, Harlan Co, Harlan) 4:30pm

September 3- 9 Hole Match @ Wasioto Winds (Bell Co, North Laurel) 4:30pm

September 8- 9 Hole Match @ Wasioto Winds (Bell Co, North Laurel) 4:30pm

September 10- 9 Hole Match @ Wasioto Winds (Bell Co, Whitley, Corbin) 4:30pm

September 17- 9 Hole Match @ Wasioto Winds (Bell Co, Clay, Whitley, M'boro)  
4:30pm

September 20- Bell County Lady Cats Invitational (18 Holes) @ Wasioto Winds  
TBA

September 29- 10<sup>th</sup> Region Girls Tournament @ Burnside State Park TBA

ok  
guy

# Bell County GIRLS and BOYS 2020 Tennis Schedule

\*All matches will include both girls and boys teams.

\* Match times are to be determined.

## March

26 Bell Co. @ Harlan

## April

7 Bell Co. @ Cumberland Gap

9 Barbourville @ Bell Co.

14 Knox Co. @ Bell Co.

16 Harlan Co. @ Bell Co.

20 Middlesboro @ Bell Co.

23 Williamsburg @ Bell Co.

27 Pineville @ Bell Co.

28 Bell Co. @ Middlesboro

## May

4 Bell Co. @ Barbourville

5 Clairborne Co. (Site TBD)

7 Williamsburg @ Bell Co.

11 Bell Co. @ Clay Co.

12 Pineville @ Bell Co.

14 Bell Co. @ Knox. Co.

18 Clay Co. @ Bell Co.

21 Regionals @ Corbin

22 Regionals @ Corbin

23 Regionals @ Corbin



# **Bell County High School Facility Usage Schedule**

The schedule reflects the usage of the facility by the identified team from the end of the school day until 6 pm.

## **Weight Training Room #2 – Shared Non-Venue**

**August, September, October**

Monday & Wednesday – Boys Basketball

Tuesday & Thursday – Girls Basketball

**November, December, January**

Monday & Wednesday – Baseball

Tuesday & Thursday – Softball

## **Indoor Hitting Facility**

Monday & Wednesday – Softball

Tuesday & Thursday – Baseball

**Bell County High School  
Gender Equity Committee Meeting Minutes  
July 29, 2020 10:00 am  
BCHS Cafeteria**

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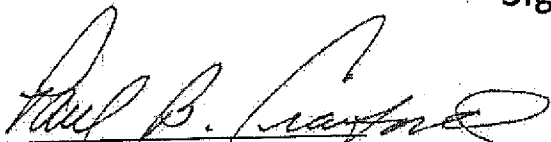
Minutes


1. Welcome and Call to Order – motion Brad Sizemore second LaHonia Barton
2. Members in Attendance  
*Brian Crawford – Principal, Christie Willis – Assistant Principal, Rodney Slusher – Athletic Director, LaHonia Barton – Finance Clerk, Courtney Howard – Parent, Brad Sizemore – Boys Basketball Coach, David Teague – Girls Basketball Coach, Abby Cornett – Student Athlete, Andrew Caldwell – Student Athlete, Larry Elliott – Board Member*
3. Discussed/Reviewed the following: Third and Final Policy Updates regarding Title IX KHSAA Field Visit Audit Report  
*ok*
  - a. Cheer Policy
  - b. Band Policy
  - c. Banners and Pictures Policy
  - d. Awards Policy
  - e. Banquets/Location/Food Policy
  - f. Banquet Decorations Policy
  - g. Mode of Transportation Policy
  - h. Provision of Meals Policy
  - i. Lodging Policy
  - j. Athletic Facility Medical Emergency Action Plan
4. All policies listed above were discussed and approved by all attending committee members.
5. Discussed Tennis and Golf Schedules
6. Discussed Weight Training Room 2 and Indoor Hitting Facility Usage Schedules
7. Read the Final Report for Bell County High School to be submitted to KHSAA by August 1, 2020 that addresses each area of deficiency as stated on the Title IX KHSAA Field Visit Audit Report
8. Committee concerns/comments – No concerns or comments at this time.
9. Next Meeting Date will be October 26, 2020 @ 3:30
10. Motion to adjourn the meeting made by David Teague and the motion was seconded by Brian Crawford.
11. Meeting adjourned @ 10:46 am

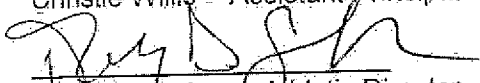
Bell County High School  
Gender Equity Committee Meeting Minutes  
July 29, 2020 10:00 am  
BCHS Cafeteria


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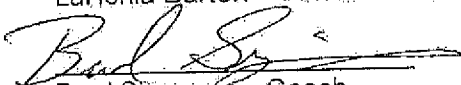
Signatures

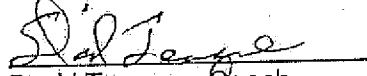
  
Brian Crawford – Principal

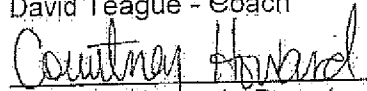
  
Christie Willis – Assistant Principal

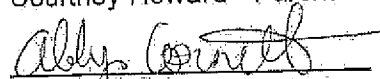
  
Rodney Stusher – Athletic Director

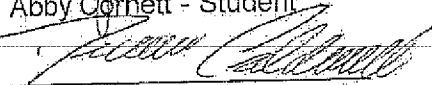
  
LaHonia Barton – Finance Clerk

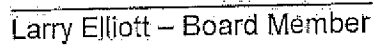
  
Brad Sizemore – Coach

  
David Teague – Coach

  
Courtney Howard – Parent

  
Abby Cornett – Student

  
Andrew Caldwell – Student

  
Larry Elliott – Board Member

**Bell County High School  
Gender Equity Committee Meeting Minutes  
November 12, 2019 6:00 pm  
BCHS Conference Room**

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Minutes

ok  
guy

- I. Welcome and Call to Order – motion Brian Crawford second LaHonia Barton
  - II. Members in Attendance  
*Brian Crawford – Principal      Brad Sizemore – Boys basketball Coach      Richard Gambrel – AD*  
*LaHonia Barton – Finance clerk      David Teague – Girls BKB Coach      Abby Cornett - Student*  
*Andrew Caldwell – Student*
  - III. Discuss the Itinerary of Activities that will take place by the Title IX Audit Team on December 3, 2019, KHSAA memorandum was reviewed
  - IV. Team Weight Room Schedule – *(Confirmed the rotating Weight Room School Schedule for Male & Female athletes)*
  - V. Discussed uniform rotation of Boys and Girls Basketball Programs
  - VI. Letterman Jacket policy was discussed, Mr. Crawford will bring the policy review before the SBDM council
  - VII. Fundraising Ideas – Possible CATSPY awards program was discussed
  - VIII. Committee concerns
  - IX. Next Meeting Date will be the week of February 10, 2020.
  - X. Brad Sizemore made a motion to adjourn the meeting and the motion was seconded by David Teague.
  - XI. Meeting adjourned @ 6:40 pm
-

ok  
Heef

Bell County High School  
Gender Equity Committee Meeting Minutes  
February 12, 2020 6:00 pm  
BCHS Conference Room

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Minutes

1. Welcome and Call to Order – motion Brian Crawford second LaHonia Barton
2. Members in Attendance  
*Brian Crawford – Principal, Brad Sizemore – Boys basketball Coach, Richard Gambrel – AD  
LaHonia Barton – Finance clerk, David Teague – Girls BKB Coach, Abby Cornett – Student Athlete,  
Andrew Caldwell – Student Athlete*
3. Discuss the results of Title IX Audit Team on December 3, 2019, KHSAA Field Visit Report was reviewed
4. The following policies were reviewed for first reading, discussed, and revisions were made:
  - a. Banner Policy
  - b. Awards & Banquet Policy
  - c. Written provision for Letter Jackets
  - d. Transportation policy
  - e. Provision of Meals, Travel only Athletic Per Diem Policy
  - f. Lodging Policy plans on overnight stay. Who pays?
  - g. Uniform Schedule
  - h. Locker room assignment
  - i. Storage space assignment
  - j. Coaches offices – with desks
  - k. Athletic Facility Emergency Medical/Action Plan
5. Discussed uniform rotation of Boys and Girls Basketball Programs
6. Discussed Locker room and storage assignments
7. Discussed Coaches offices
8. Discussed Athletic Facility Emergency Medical/Action Plan
9. Next Meeting Date will be Tuesday April 7, 2020.
10. Motion to adjourn the meeting made by \_\_\_\_\_ and the motion was seconded by \_\_\_\_\_.
11. Meeting adjourned @ \_\_\_\_\_pm

sk  
Huey  
7-30-20

# **Bell County High School Athletic Training Emergency Action Plan (2020-2021)**

The following guidelines are based KHSAA general guidelines for developing an Emergency action plan.

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### **Purpose of EAP:**

To provide Bell County High School Athletics with an emergency action plan (EAP) in case of a serious or life-threatening condition that arises during practice or competitions. ATC, coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

### **Need for EAP:**

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.



## **Emergency Personnel:**

- A certified Athletic Trainer (ATC) is on site for competitive events
- Team Doctor
- Athletic Training student(s) may be present when supervised by ATC
- Ambulance on site at particular events
- Head Coach
- Assistant Coach(s)

## **Emergency Communication**

- Athletic Trainer: Bobby Partin, ATC (606)670-2700
- Team Doctor: Dr. Moore (606)269-8763
- Athletic Director: Rodney Slusher (606)-269-7700
- Principal: Brian Crawford (606)246-0741

### **Football/JV Football**

- Head Coach: Dudley Hilton (606)242-7496

### **Football Assistant Coaches:**

- Kevin Napier (859)749-2323
- Amos McCreary (404)425-3981

### **Cross Country/Track and Field**

- Head Coach: Coach Stewart (606)304-1176

### **Girls Soccer**

- Head Coach: Brett Thompson

### **Volleyball**

- Head Coach: Shawn Fultz (865)236-6110

### **Cheerleading**

- Head Coach: Trisha Long (606)499-5111

### **Girls Basketball**

- Head Coach: David Teague (606)269-7256
- Assistant Coach: Justin Cornett (606)499-4112

### **Boys Basketball**

- Head Coach: Brad Sizemore (606)657-8958
- Assistant Coach: Jordan Amos (606)216-5888

### **Baseball**

- Head Coach: Clay Carroll (606)499-2182

- Assistant Coach: Calvin Smith (606)269-9958

### **Softball**

- Head Coach: Alex Barnett (606)499-2752
- Assistant Coach: Danielle Petra

### **Boys/Girls Tennis**

- Head Coach: Anthony Hensley (606)671-1453

### **Golf**

- Head Coach: Brad Sizemore (606)657-8958

## **Emergency Equipment:**

All available supplies and equipment are stored in the AT room. Which is located in gym, closest to away locker room.

First Aid Supplies (athletic trainer's kit, AED, breathing devices, vacuum splints, crutches, etc) are on site of event or in athletic training room, depending upon sport location.

## **Roles of Emergency care team members:**

1. AT-> immediate care of injured/ill student/ athlete: Activate emergency action plan 2. Senior AT Student-> Emergency equipment retrieval: Appropriate to emergency 3. Coach/ Athletic Director/ Principal-> Activation of emergency medical services (EMS) by calling 911 when directed. Provide with following information:

- A. Identify yourself and your role in emergency
- B. Specify your location and telephone number
- C. Give number of injured/ill individual(s)
- D. Condition of victims
- E. Time of incident
- F. Care being provided
- G. Give specific directions to the scene of the emergency
- H. DO NOT hang up until told to by EMS dispatcher direction of EMS to the scene:
- I. Assist in direction EMS personnel
- J. AT Student-> open appropriate doors/gates k. AT Student-> designate individual to "flag down" EMS and direct to scene l. Assistant coaches/ PA announcers-> Scene control: Keep non-emergency medical team away from the scene

## **Chain of Command:**

- 1. Certified Athletic Trainer
- 2. Team Doctor (when available)
- 3. School Resource Officer
- 4. Athletic Director
- 5. Administrator
- 6. Head Coach
- 7. Assistant Coach
- 8. Sports Medicine Student Assistant
- 9. Other Athletes

## **Emergency Care:**

Apply basic emergency care as situation requires. Care might include:

1. Check life threatening conditions
  - a. Level of consciousness – if unconscious call 911 immediately
  - b. Airway – is airway blocked
  - c. Breathing – is person breathing
  - d. Circulation – does person have pulse
  - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
  - a. AED, spine board, cervical collar, first aid kit
4. Apply basic first aid as situation requires
  - a. Adult CPR: 30 compressions then every 2 breaths
  - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
  - c. Splint fractures
  - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar
  - e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
  - f. Treat for Shock – if necessary
5. Any other emergency procedures as necessary
6. Other things to consider during emergency situation:
  - a. Reassure and calm athlete
  - b. Don't move severely injured athlete unless he/she is in danger
  - c. Don't reduce fractures or dislocations
  - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
  - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
  - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

## **Responsibilities of Emergency Team Members:**

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC, EMS, or doctor arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital.

## **Environmental Conditions:**

In case of lightning, referee or athletic director is responsible for the decision to stop the game. However, ATC can inform referee and/or athletic director of possible hazard. Heat issues are not usually a problem in this area except during summer pre-season practice, especially during football. Cold conditions are also a possibility in this area. ATC should be current on both heat and cold injuries signs and symptoms and be able to treat ill or injured athlete(s) accordingly. If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions via psychrometer or if one is not available ATC will refer to weather conditions by use of internet websites such as weather.com or local news website. ATC should also follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.

In case of a fire, everyone inside building will proceed to nearest exit and remain outside and away from building. Someone should also call 911 to inform them of situation. In case of an earthquake, everyone inside school will immediately drop, cover, and hold on. If necessary, move only a few steps to a nearby safe place avoiding windows. Stay indoors until the shaking stops and you're sure it's safe to exit. If inside the school, expect the fire alarms and maybe sprinklers to go off during a quake. If you are outdoors, find a clear spot away from buildings, trees, and power lines and drop to the ground. Once the shaking stops check yourself and others for injuries. Expect aftershocks and each time you feel one, drop, cover, and hold on. Get everyone out if your home is unsafe. Someone should also call 911 to inform them of situation

## **EAP Training and Personnel:**

Once the importance of the emergency plan is realized and the plan has been developed, the plan must be implemented. Education and rehearsal are necessary for EAP to be successful. Personnel involved in EAP training should include, but are not limited to, ATC for school, AT students, all coaches, school doctor(s), emergency room doctor(s), paramedics and other EMS responders. ATC will be in charge of annual training and will meet with coaches before each season begins to rehearse EAP for each sport that season. Training will involve a review of EAP, a presentation of expectations and standards that each person will be held accountable for, assignments of responsibilities, and rehearsal EAP. Doctors should be at these meetings but if a conflict arises, ATC will meet with doctors as soon as time permits. A thorough understanding of the procedures associated with the emergency care plan is required to ensure quick and successful care. Training and review is required each time a member joins the personnel involved in emergency situation.

**Institutes we may refer to:**

Institute	Name	Phone	Email	Fax	Referral Type
UK Sports Med	Robert Ullery	(859)229-2314	<a href="mailto:robullery@yahoo.com">robullery@yahoo.com</a>		Ortho
Lexington Clinic	Dr. Hester	(859)258-8576			Ortho
Access Family Medical	Dr. Ashburn	(606)627-8880			General Med
MCHC	Dr. Gambrel	(859)333-3334			General Med
Pineville hospital		(606)337-3051			General Med
Middlesboro ARH		(606)242-1100			General Med

**POLICY- SPORTS MEDICINE - PROTOCOL RELATED POLICY- SPORTS MEDICINE - PROTOCOL**

**POLICY- SPORTS MEDICINE - REQUIRED POLICY- SPORTS MEDICINE - REQUIRED EMERGENCY ACTION PLANS EMERGENCY ACTION PLANS**

Sec. 1) INTRODUCTION AND REQUIREMENTS a) Per KRS 160.445, each member school shall develop a venue specific, Emergency Action plan to deal with serious injuries and acute medical conditions in which the condition of the patient may deteriorate rapidly. b) Each plan shall: (1) Include a written delineation of the role (including chain of command), methods of communication, available emergency equipment, and access to and plan for emergency transport; (2) Be developed and coordinated with local EMS, school public safety officials, on site medical personnel or school medical staff and school administrators; (3) Be in writing and include all on-site emergency equipment locations and access procedures; (4) Be distributed to all appropriate personnel including all staff members; (5) Be posted conspicuously in all venues; (6) Be rehearsed annually by all licensed/certified athletic trainers, first responders, coaches, school nurses, athletic directors and volunteers for interscholastic athletics; (7) Be specific to each venue and include maps and/or specific directions to that venue; (8) Include all current information for EMS; (9) Identify specific current facility address logistics including GPS coordinates; (10) Specify post emergency event documentation; (11) Be reviewed and rehearsed annually by all parties involved; and (12) Include healthcare professionals who will provide medical coverage during games, practices or other events.

**POLICY- SPORTS MEDICINE POLICY- POLICY- SPORTS MEDICINE POLICYRECOMMENDED USE OF AUTOMATED EXTERNAL DEFIBRILLATORS RECOMMENDED USE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED)**

Sec. 1) INTRODUCTION AND RECOMMENDATIONS a) School AED programs should be implemented under the supervision of an authorized health care provider (to include an MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer ), and select school staff personnel provided with proper training and certification; b) AEDs should be placed in easily accessible/public locations with adequate signage; c) All athletic trainers, coaches, administrators, school nurses and physical education teachers should have access to an AED on school property and at all school sanctioned athletic events/activities; d) Schools sponsoring athletic events should have an AED on site or access to one within 3 minutes at each athletic venue for practices, games and other athletic events; e) All coaches and other selected staff members should be provided with training and certification in cardiopulmonary resuscitation (CPR) and AED use; f) The location of AEDs should be in well-marked, publicized places, and known among all staff; g) An AED should be retrieved and applied to any collapsed and unresponsive athlete or necessary individual while EMS is called and CPR started; and h) AEDs should be inspected frequently (according to manufacturer recommendations) to ensure proper working order, making sure batteries are charged, and wires and pads are in good condition.

**RELATED TO CONCUSSIONS AND CONCUSSED STUDENT- CONCUSSIONS AND CONCUSSED STUDENTATHLETES FOR ALL INTERSCHOLASTIC ATHLETICS THLETES FOR ALL INTERSCHOLASTIC ATHLETICS IN THE COMMONWEALTH OF KENTUCKY N THE COMMONWEALTH OF KENTUCKY**

(Released: June, 2010, Commissioner Julian Tackett, Updated per General Assembly Action, April, 2012,



Reviewed per General Assembly Action, April, 2017) Sec. 1) INTRODUCTION a) In various sports playing rule codes, the National Federation of High Schools (NFHS) has implemented standard language dealing with concussions in student-athletes. The basic rule in all sports (which may be worded slightly differently in each rule book due to the nature of breaks in time intervals at contests in different sports) states: (1) Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional. (Please see NFHS Suggested Guidelines for Management of Concussion in the Appendix in the back of each NFHS Rules Book). (2) The NFHS also has recommended concussion guidelines through its sports Medicine Advisory Committee (SMAC). These recommendations include: a. No student-athlete should return to play (RTP) or practice on the same day of a concussion. b. Any student-athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day. c. Any student-athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition. d. After medical clearance, return to play should follow a stepwise protocol with provisions for delayed return to play based upon the return of any signs or symptoms. (3) To implement these rules, and based on KRS 160.445 and 156.070(2) as amended by the Kentucky General Assembly in 2012, the KHSAA has defined this policy and parameters to guide all interscholastic school athletic representatives and all KHSAA licensed sports officials. References to signs and symptoms of concussion are detailed by the NFHS through its SMAC upon consultation with the Centers for Disease Control and Prevention (CDC).

POLICY- SPORTS MEDICINE - CONCUSSIONS DURING POLICY- SPORTS MEDICINE - CONCUSSIONS DURING INTERSCHOLASTIC PLAY IN THE COMMONWEALTH OF NTERSCHOLASTIC PLAY IN THE COMMONWEALTH OF KENTUCKY INCLUDING RETURN TO PLAY ENTUCKY INCLUDING RETURN TO PLAY

Sec. 1) FOUNDATIONAL RECOMMENDATIONS a) The treatment of concussions and suspected concussions should be conducted within the recommended protocols and procedures of the Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport Held in Zurich, November 2008. Sec. 2) SUSPECTED CONCUSSION a) A student-athlete suspected by an interscholastic coach, school athletic personnel or contest official of sustaining a concussion (displaying signs/symptoms of a concussion) during an athletic practice or contest shall be removed from practice or play immediately. The student-athlete shall not return to play prior to the ending of practice or competition until the student-athlete is evaluated to determine if a concussion has occurred. b) A physician or licensed health care provider whose scope of practice and training includes the evaluation and management of concussions and other brain injuries is empowered to make the on-site determination that a student-athlete has or has not been concussed. This will generally include an MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer). This may also include other licensed health care providers with the proper scope of practice and training whose qualifying credentials have been made known to member school personnel in advance and who have completed approved training. c) The player should be medically evaluated on-site using standard emergency management principles, and particular attention should be given to excluding a cervical spine injury. The appropriate disposition of the player must be determined by the treating health care provider in a timely manner. Once the first aid issues are addressed, then an assessment of the concussive injury should be made using the SCAT2 or other similar tool. The player should not be left alone following the injury, and serial monitoring for deterioration is essential over the initial few hours following injury. d) If any one of these individuals listed in (b) answers that "yes", there has been a concussion, that decision is final and is not appealable. e) If medical coverage by a person empowered to make the concussion assessment is not on-site, and signs/symptoms of concussion have been observed, a concussion is presumed until such evaluation can be performed. If no health care provider is available, the player should be safely removed from practice or

play and urgent referral to a physician arranged. f) No student-athlete may return to practice or play in interscholastic athletics that day in the event that a concussion is diagnosed or presumed. g) A student-athlete may return to play at the time of a suspected concussion if it is determined by appropriate medical personnel that no concussion has occurred.

Sec. 3) **ROLE OF COACHES IN ADMINISTERING THE POLICY**

a) Coaches are to be current in their certification regarding the KMA/KHSAA sports Safety Course, including the specific segment(s) related to identifying the signs and symptoms of concussions. b) Coaches must review and know the signs and symptoms of concussion and direct immediate removal of any student athlete who displays these signs or symptoms for evaluation by appropriate medical personnel. c) Coaches have no other role in the process with respect to diagnosis of concussion or medical treatment. d) It remains the ultimate responsibility of the coaching staff in all sports to ensure that players are only put into practice or contests if they are physically capable of performing.

1. Upon completion of the required evaluation, a coach may return a student athlete to play if the physician or licensed health care provider determines that no concussion has occurred; or shall not return a student athlete to play if the physician or licensed health care provider determines that a concussion has occurred.

2. If no physician or licensed health care provider described in paragraph 2(b) of this policy is present at the practice or competition to perform the required evaluation, a coach shall not return a student athlete to play who is suspected of sustaining a concussion. The student athlete shall not be allowed to participate in any subsequent practice or athletic competition unless written clearance from a physician is provided.

Sec. 4) **ROLE OF CONTEST OFFICIALS IN ADMINISTERING THE POLICY**

a) Officials are to review and know the signs and symptoms of concussion and direct immediate removal of any student-athlete who displays these signs or symptoms. b) Officials have no other role in the process with respect to diagnosis of concussion or medical treatment.

Sec. 5) **RETURN TO PLAY POLICY FOR A STUDENT-ATHLETE RECEIVING A CONCUSSION, AFTER THE MANDATORY REMOVAL THAT DAY**

a) Once a concussion has been diagnosed (or presumed by lack of examination by an appropriate health care provider), only an MD or DO can authorize return to play on a subsequent day, and such shall be in writing to the administration of the school after the completion of all concussion protocols. b) Such approval should not be given unless a stepwise protocol has been observed by all practitioners with separate periods for (1) No activity; (2) Light aerobic exercise; (3) Sport-specific exercise; (4) Non-contact training drills; (5) Full-contact/competition practice; and (6) Return to normal game play. c) It is highly recommended that each of these protocol steps be no less than twenty-four hours in length. d) It is highly recommended that no student-athlete return to play unless he/she has been properly recommended to also return to school. e) School administration shall then notify the coach as to the permission to return to practice or play. f) If an event continues over multiple days, then the designated event physician has ultimate authority over return to play decisions and such return to play may not be prior to the third day following the initial diagnosis, and until all steps of the protocol in Section (b) have been followed.

**POLICY- SPORTS MEDICINE - KMA/KHSAA POLICY- SPORTS MEDICINE - KMA/KHSAA  
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**RECOMMENDATIONS FOR COOLING METHODS ECOMMENDATIONS FOR COOLING METHODS  
DUE TO HEAT RELATED ILLNESS. UE TO HEAT RELATED ILLNESS.**

Original procedure developed by the Kentucky Medical Association Committee on Physical Education and Medical Aspects of sports to and for the Kentucky High School Athletic Association and adopted by the KHSAA Board of Control as recommendation for all schools, May 2002, On-site procedures revised by KHSAA Board of Control, February 13, 2003, On-site procedures further revised and made mandatory for all schools by the KHSAA Board of Control, May 2005, On-site procedures further revised with respect to testing instruments, March 2007, Cooling Procedures modified as recommended by Kentucky Medical Association, June 2009, Heat Index expanded to spring sports, August 2010, Revised, April, 2016 Sec. 1) INTRODUCTION a) Following months of study, after one year of implementation and in an effort to help protect the health and safety of studentathletes participating in high school sports, the Kentucky Medical Association Committee on Physical Education and Medical Aspects of sports issued a recommended procedure to the Kentucky High School Athletic Association for immediate implementation in 2002. This procedure called for the determination of the Heat Index (using on-site devices to measure Temperature and Relative Humidity), and a guideline for activity to be conducted at that time based on the Heat Index reading. Though other procedures and measurements were considered, the application of the Heat Index appeared to be most readily implementable on a statewide basis, and appeared to be reliably tested in other areas. b) Through the first five years of use of the procedure, minor adjustments were made in the reporting requirements and the on-site devices to be used. In May 2005, the Board of Control through its policies directed that all member schools comply with the testing and reporting requirements. In October 2006, the member schools of the Association overwhelming approved at their Annual Meeting, a proposal to make such reporting not simply a Board of Control policy, but a school supported and approved Bylaw as it approved Proposal 9 to amend the KHSAA bylaws. In March 2007, the Kentucky Medical Association Committee on Physical Education and Medical Aspects of sports recommended the elimination of all devices with the exception of the Digital Sling Psychrometer as a means of measuring at the competition/practice site. In June 2009, the Kentucky Medical Association Committee on Physical Education and Medical Aspects of sports recommended that specific cooling procedures, including the practicing in the event of an emergency, be implemented at the local school level. In August 2010, the Kentucky Medical Association Committee on Physical Education and Medical Aspects of sports recommended that the heat index monitoring procedures apply to the sports played in the spring in Kentucky's high schools. c) Each of these recommendations was adopted by the KHSAA Board of Control. POLICY- SPORTS MEDICINE - GENERAL HEAT INDEX OLICY- SPORTS MEDICINE - GENERAL HEAT INDEX PROCEDURES ROCEDURES Sec. 1) ON-SITE DATA a) The policy calls for the determination of the Temperature and Relative Humidity at the practice/contest site. While the gold standard for heat index measurement is the wet bulb globe, the KHSAA has adopted the use of the Digital Sling Psychrometer as the measurement instrument for heat index as the next best available and most cost effective alternative. This is an accurate measurement of the heat index at the competition or practice site. Measurements using a digital sling psychrometers shall adhere to the following provisions: (1) The measurements are to be taken ONLY using the digital sling psychrometer or wet bulb globe. There is no website, phone app or other computer programs that can substitute and allow a school to remain in compliance. Only on site readings are valid. (2) It is important to note that media-related temperature readings (such as the Weather Channel, local radio, etc.) or even other readings in the general proximity are not permitted as they may not yield accurate results when considering the recommended scale, and there is no website, phone app or other computer programs that can substitute and allow a school to remain in compliance; (3) The readings must be made at the site and readings from alternative locations (Weather Channel, other schools) are not valid; and (4) It is noted that the WBGT (Wet Bulb Globe Temperature) is the "gold standard" for heat determination. However due to lack of funding for WBGT devices, the heat index is the selected alternative. b) Neither the KHSAA nor KMA has endorsed any

particular brand of Psychrometer and receives no endorsement fee or other consideration for any device sold. There are several models on the market that will properly perform the functions. The KHSAA or your local certified/licensed athletic trainer has easy access to catalogs with this type of equipment. Sec. 2) INDOOR AND OUTDOOR VENUES a) Heat index requirements and restrictions apply (and have always applied) to outdoor and indoor sports. While much of the original discussion centered on outdoor sports, indoor sports, particularly in times of year or facilities where air conditioning may not be available, should be included in the testing. Such has been approved by the Board of Control as policy requirement. b) The recommendations contained in this package cover both indoor and outdoor activity, as well as contact and non-contact sports. Sec. 3) SUMMARY OF HEAT INDEX MONITORING a) Though much more scientific information and other alternative methods for determining Heat Index and participation restrictions are being studied, these initial steps should help ensure the health and safety of the participants in high school sports. b) Adherence to these guidelines represents a conscious effort by the interscholastic community to emphasize health and safety on a much higher level than any loss of competitive preparation. Any further revisions or enhancements will be distributed to the members of the KHSAA. Sec. 4) PROCEDURE FOR TESTING a) The readings are to be taken at the exact location of practice at the specific competition/practice area where the activity will occur. NOTE: This is especially important with the proliferation and expansion of artificial playing surfaces where the heat is increased by the under layer below the carpet. b) Thirty (30) minutes prior to the start of activity, temperature and humidity readings should be taken at the practice/competitionsite. c) The information should be recorded on KHSAA Form GE20 and these records shall be available for inspection upon request. All schools will be required to submit this form in either a paper or electronic form. d) The temperature and humidity should be factored into the Heat Index Calculation and Chart and a determination made as to the Heat Index. If schools are utilizing a Digital Sling Psychrometer that calculates the Heat Index, that number may be used to apply to the regulation table. e) If a reading is determined whereby activity is to be decreased (above 95 degrees Heat Index), then re-readings would be required every thirty (30) minutes to determine if further activity should be eliminated or preventative steps taken, or if an increased level of activity can resume. POLICY- SPORTS MEDICINE - HEAT INDEX AND ACTIVITY POLICY- SPORTS MEDICINE - HEAT INDEX AND ACTIVITY ALTERATION TABLE ALTERATION TABLE Using the following scale, activity must be altered and/or eliminated based on this Heat Index as determined: Sec. 1) Under 95 degrees Heat Index a) All sports (1) Water should always be available and athletes be able to take in as much water as they desire; (2) Optional water breaks every 30 minutes for 10 minutes in duration to allow hydration as a group; (3) Have towels with ice for cooling of athletes as needed; (4) Watch/monitor athletes carefully for necessary action; and (5) Re-check temperature and humidity every 30 minutes if temperature rises in order to monitor for increased Heat Index. Sec. 2) 95 degrees to 99 degrees Heat Index a) All sports (1) Water should always be available and athletes should be able to take in as much water as they desire; (2) Mandatory water breaks every 30 minutes for 10 minutes in duration to allow for hydration as a group. In sports or sportactivities with multiple simultaneous contests or practices, the required monitoring and rest breaks shall be taken at the same time for all contests or practices; (3) All breaks shall be taken in areas outside of direct sunlight; (4) Have towels with ice for cooling of athletes as needed; and (5) Watch/monitor athletes carefully for necessary action. b) Additional Steps for Contact sports and activities with additional required protective equipment: (1) Helmets and other required equipment (by rule) should be removed when athlete not directly involved with competition, drill or practice, and it is not otherwise required by rule; (2) Reduce time of outside activity. Consider postponing practice to later in the day; and (3) Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index. Sec. 3) 100 degrees (above 99 degrees) to 104 degrees Heat Index a) All sports (1) Water should always be available and athletes should be able to take in as much water as they desire; (2) Mandatory water breaks every 30 minutes for 10 minutes in duration

to allow for hydration as a group. In sports or sportactivities with multiple simultaneous contests or practices, the required monitoring and rest breaks shall be taken at the same time for all contests or practices; (3) All breaks shall be taken in areas outside of direct sunlight; (4) Have towels with ice for cooling of athletes as needed; (5) Watch/monitor athletes carefully for necessary action; (6) Alter uniform by removing items if possible and permissible by rules; (7) Allow for changes to dry T-shirts and shorts by athletes at defined intervals; (8) Reduce time of outside activity as well as indoor activity if air conditioning is unavailable; and (9) Postpone practice to later in day. b) Additional Steps for Contact sports and activities with additional required protective equipment: (1) If helmets or other protective equipment are required to be worn by rule or normal practice, suspend practice or competition immediately and resumption may not occur until the index is 99 degrees or below; (2) For sports that do not have mandatory protective equipment, reduce time of outside activity and consider postponing practice to later in the day; and (3) Re-check temperature and humidity every 30 minutes to monitor for changes in Heat Index. Sec. 4) Above 104 degrees Heat Index a) All sports (1) Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable. Sec. 5) Continual Usage of Procedure a) This procedure is to be used until such time as the temperature is below 84 degrees as no combination of heat and humidity at that level will result in a need to curtail activity. b) The KHSAA will use September 15 as the standard date for the recording of the Heat Index forms in the fall, and April 15 as the start date in the spring. c) Member schools should remember that the monitoring shall continue any time that a combination of heat and humidity at that level could result in a need to curtail activity (an ambient temperature of 83 degrees or higher). POLICY- SPORTS MEDICINE - COOLING METHODS DUE TO POLICY- SPORTS MEDICINE - COOLING METHODS DUE TO HEAT RELATED ILLNESS EAT RELATED ILLNESS Sec. 1) EXERTIONAL HEAT STROKE a) Exertional heat stroke (EHS) is relatively uncommon among exercise associated medical conditions, but is a frequent cause of exercise related death. b) The majority of medical evidence shows that early implementation of body cooling is the most effective method of decreasing mortality in EHS. c) Recommendations regarding the methods of body cooling, including tubs, ice bags, iced towels (towels with water that have been frozen) water, fans, and shade have been considered. d) The recommendations are classified as essential (foundational to the implementation of treatment, should have resources and personnel directed towards implementation), and desirable (important in maximal implementation, should have resources and personnel directed towards implementation as budget and resources allow). e) The recommendations are only guidelines, are not intended as a standard of care, and should not be considered as such. f) These guidelines should be considered in the care of athletes who can be expected to be at risk of EHS due to the sport or the environmental situation of the activity. g) Sports especially at risk include football, with and without equipment, soccer, and long distance track. Other sports and activities, such as cycling, golf, baseball, tennis, track and field, and band, may also be at risk due to long duration exposure to extreme environmental conditions. h) It is essential and required that the school and school officials: (1) Establish a written plan for emergency treatment of EHS, and conduct drills in the implementation of the plan; (2) Know how to assess environmental conditions and determine when extreme conditions exist; (3) Identify a specific spot at the athletic facility that has shade; (4) Have immediate access to ice and bags to contain ice; (5) Have access to water, and provide water breaks; and (6) Know the most effective sites for application of ice to the body. i) It is required that the school and school officials: (1) Obtain and use, when environmental conditions are determined to be extreme, a tub or pool; (2) That the tub be filled with water and ice is available before practice or game, to be used in body immersion for maximal cooling, and have personnel trained in this technique; (3) That this tub be large enough to place an athlete into the cold, ice and water filled tub and cool the athlete ensuring that both the groin and armpits are in the cooling ice and water; (4) That the athlete must be monitored at all times when in the cooling tub, with individuals designated to control the head and neck at all times in case the athlete becomes unconscious; (5) That the emergency plan ensures that cooling of an athlete that is showing signs and symptoms of

exertional heat illness is begun immediately including the availability of cold, iced towels, etc.; and (6) That the emergency plan including the re-stating and practicing of the fundamental principle that the objective is to cool first, transport second and that the potentially impacted athlete should be monitored continuously until appropriate emergency personnel arrive on the scene. A good example of those principles can be found at <https://www.youtube.com/watch?v=X1-g3dVVvaM&feature=youtu.be> j) It is highly desirable that schools and school officials: (1) Have a certified/licensed athletic trainer on staff to develop and implement these guidelines; (2) Have immediate access to water and ice at all times; (3) Provide shade breaks; (4) Provide fans when environmental conditions are determined to be extreme; (5) Have close access to an air conditioned room; and (6) Have access to and use iced towels that can be rotated to appropriate areas of the body, including the axilla, groin, and back of the neck. Policies & Procedures POLICIES AND PROCEDURES 2017-2018 KHSAA HANDBOOK k) It is desirable that schools and school officials: (1) Have trained and authorized medical personnel in place to be able to monitor the rectal temperature of an athlete in an appropriate contained environment in the event of a heat emergency where an athlete is placed in a cooling tub or a suitable and accepted alternative to monitoring the temperature to ensure the effectiveness and timeliness of treatment until appropriate emergency personnel arrive on the scene; (2) Have trained and authorized medical personnel routinely review and update the school's emergency action plan for athletic emergencies. Sec. 2) REFERENCES a) Binkley HM et al. NATA Position statement: Exertional heat illness. J Ath Training 2002; 37: 329- 343. b) Casa DJ et al. Survival strategy: Acute treatment of exertional heat stroke. J Strength Conditioning Res 2006; 20: 462. c) Armstrong LE et al. ACSM position stand: Exertional heat illness during training and competition. Med Sci sports Exerc 2007; 41: 556- 572

**POLICY- SPORTS MEDICINE - SEVERE WEATHER/ POLICY- SPORTS MEDICINE - SEVERE WEATHER/ LIGHTNING POLICY FOR ACTIONS BY OFFICIALS AT LIGHTNING POLICY FOR ACTIONS BY OFFICIALS AT OUTDOOR EVENTS OUTDOOR EVENTS Sec.**

**1) LIGHTNING POLICY BACKGROUND INCLUDING PRACTICE**

a) Preparedness is the key to execution of any policy designed to help safeguard all individuals at a scrimmage, contest or practice. b) The following is a suggested list of steps that should be taken in advance of any practice or contest. c) These represent optimal standards and where they cannot be logistically implemented, best practice alternatives shall be developed as part of the Emergency Action Plan (EAP) for after school activities. (1) Assign staff to monitor local weather conditions before and during practices and contests. (2) Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area: a. A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. b. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus. c. For scrimmages and contests, this information should be relayed to the game officials and representatives of all competing teams. (3) Develop criteria for suspension and resumption of practice which should mirror the policy directives in Sec. 2 for scrimmages and contests. a. When thunder is heard or lightning is seen\*, the leading edge of the thunderstorm is close enough to strike your location with lightning. b. If such sight or sound is observed, suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately. c. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed\* prior to resuming play. c. Any subsequent thunder or lightning\* after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin. d. When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location and sight or sound has not been detected. e. Event managers should never

depend on the reliability of these devices and, thus, hearing thunder or seeing lightning\* should always take precedence over information from a mobile app or lightning-detection device. (4) Review the lightning safety policy annually with all administrators, coaches and game personnel and train all personnel. (5) Inform student-athletes and their parents of the lightning policy at start of the season

**Sec. 2) LIGHTNING POLICY IMPLEMENTATION**

- a) Contest officials are encouraged to learn the weather forecast prior to contest time and to work cooperatively with home contest administration prior to making weather-related decisions.
- b) The Referee (Lead Official/Crew Chief) has authority once jurisdiction has begun as to suspensions and play resumption.
- c) The Referee (Lead Official/Crew Chief) shall stop play in a contest or scrimmage at the first sound of thunder or sight of lightning at the site and ensure adherence to this policy.
- d) When thunder is heard or lightning is seen\*, the leading edge of the thunderstorm is close enough to strike your location with lightning.
- e) If such sight or sound is observed, suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.
- f) Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed\* prior to resuming play.
- g) Any subsequent thunder or lightning after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
- h) When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location but only if sight or sound has not been detected and such has been reported by game management to the Referee (Lead Official/Crew Chief).
- i) Contest officials and event managers should never depend on the reliability of new technology and, thus, hearing thunder or seeing lightning shall always take precedence over information from a mobile app or lightning-detection device.
- j) If severe weather appears to be of great length or intensity, the Referee (Lead Official/Crew Chief) shall work collaboratively with home contest administration and participating teams on decisions related to the resumption of play.
- k) All involved in suspension/resumption decisions should be familiar with any sport-specific rules that might be contained in the KHSAA Competition Rules.
- l) Final authority for the decision to resume rests within home contest administration in collaboration with the game officials.
- m) Safety of the public and participants is the most important factor in any decision of this type.

Bell County High  
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Sports Medicine  
and  
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2020-2021 VENUE SPECIFIC EMERGENCY ACTION  
PLAN



# **VENUE: FOOTBALL FIELD**

**SPORT:**

Football

**LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Front office of high school

**DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue)

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn left into main (upper) entrance. Once through main gates of campus, take a right and then next left. Continue straight to main entrance to football field.

**INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

**INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Administrator placed at event

ALTERNATE PERSON: Trey Harbin

**INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Kevin Napier

**INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Amos McCreary

**INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go)

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Administrator placed at event

**INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

**SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)

LOCATION: Football locker room and/or gymnasium

**SPORTS:**

Soccer/ Track and Field

**LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Front office of high school

**DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue)

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn left into main (upper) entrance. Once through main gates of campus, take a right and then next left. Continue straight to main entrance to football field.

**INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

**INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Administrator placed at event

ALTERNATE PERSON: Head Coach or Assistant (if applicable)

**INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coach or Assistant (if applicable)

**INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coach or Assistant (if applicable)

**INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go)

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Administrator placed at event

**INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

**SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)

LOCATION: Football locker room, away football locker room and/or gymnasium

# VENUE: GYMNASIUM

## **SPORTS:**

Basketball(boys/girls) / Volleyball

## **LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Front office of high school

## **DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue).

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn left into main (upper) entrance. Once through main gates of campus, take a right and then next left. Continue straight to main entrance to gymnasium.

## **INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

## **INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Administrator placed at event

ALTERNATE PERSON: Head Coaches

## **INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Assistant Coaches

## **INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches

## **INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go)

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Administrator placed at event

## **INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

## **SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)

LOCATION: locker room, cafeteria and/or gymnasium

## **VENUE: BASEBELL FIELD**

### **SPORTS:**

Baseball/ Tennis

### **LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Front office of high school

### **DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue)

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn left into main (upper) entrance. Once through main gates of campus, take a right and then next left at guard shack, and then take right through parking lot to main entrance to baseball field/ tennis courts.

### **INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

### **INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Administrator placed at event

ALTERNATE PERSON: Head Coach, Assistant Coach (if applicable)

### **INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Assistant Coaches

### **INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches, Assistant Coach (if applicable)

### **INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go) -

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Administrator placed at event

### **INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

### **SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)

LOCATION: dugouts, concession stand/ press box/restrooms

## **VENUE: SOFTBALL FIELD**

### **SPORT:**

Softball

### **LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Front office of high school

### **DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue)

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn right into main entrance at the sign saying "Bell Central". Once through main gates of campus, continue up the hill in the directions of the arrows. Main entrance to softball field sits on the very end on parking lot, past the main entrance to the school.

### **INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

### **INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Administrator placed at event

ALTERNATE PERSON: Head Coach, Assistant Coach (if applicable)

### **INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Assistant Coaches

### **INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches, Assistant Coach (if applicable)

### **INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go)

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Administrator placed at event

### **INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Administrator placed at event

### **SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)

LOCATION: dugouts, concession stand/ press box/restrooms

# **VENUE: INDOOR HITTING FACILITY**

## **SPORT:**

Softball/ Baseball

## **LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Bus Garage

## **DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue)

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn left into second entrance of bus garage nearest the bus parking lot. Once through main gates of bus garage, continue furthest back portion on garage leading to stairs at back of the building.

## **INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coach

## **INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Head Coach

ALTERNATE PERSON: Assistant Coach (if applicable)

## **INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coach/ Assistant Coaches

## **INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches, Assistant Coach (if applicable)

## **INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go)

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Head Coach, Assistant Coach (if applicable)

## **INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coach, Assistant Coach (if applicable)

## **SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)

LOCATION: Hallway between garage and offices

# **VENUE: WEIGHTROOM**

## **SPORTS:**

ALL

## **LOCATION OF NEAREST PHONES:**

CELL: Athletic Trainers, Administrator, Head Coach

LAND LINE: Front office of high school

## **DIRECTIONS TO LOCATION OF SPORT**

(Street directions & best way to enter the venue)

From Pineville Hospital: turn right on 25e out of Emergency room entrance, drive approximately 4 miles and turn left into main (upper) entrance. Once through main gates of campus, take a right and then next left. Continue straight to main entrance of gymnasium and take first left into the doors labeled weight room, right before main entrance into gym.

## **INDIVIDUAL (S) TO CALL EMS:**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches; Assistant Coach (if applicable)

## **INDIVIDUAL (S) TO MEET EMS AND CROWD CONTROL (Keep pathway clear)**

PRIMARY PERSON: Head Coaches

ALTERNATE PERSON: Assistant Coach (if applicable)

## **INDIVIDUAL (S) TO GET EMERGENCY EQUIPMENT (AED, ETC)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Assistant Coaches

## **INDIVIDUAL TO GET A COPY OF PHYSICAL AND PARENT CONSENT FOR TREATMENT**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches

## **INDIVIDUAL TO GO WITH ATHLETE TO HOSPITAL**

(By ambulance or drive, unless parent is able to go)

PRIMARY PERSON: Parent of athlete

ALTERNATE PERSON: Head Coaches/ Assistant Coaches (if applicable)

## **INDIVIDUAL TO CONTACT PARENTS (Relay vital information, location of hospital, etc.)**

PRIMARY PERSON: Bobby Partin, ATC

ALTERNATE PERSON: Head Coaches/ Assistant Coaches (if applicable)

## **SEVERE WEATHER POLICY**

(Location athletes will be taken in case of severe storms, tornado warnings, etc.)  
LOCATION: locker room, or hallway between weight room and band room

Athletic Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_