Serious Sport Injury: Isidore Newman School
Compliance with ACT 352 of the 2011 Regular
Legislative Session (RS 40:1299.186)

I. Classification of Serious Sport Injury

A. An athlete is not breathing
   Signs/Symptoms: Turning blue/purple, Absence of chest rising, Absence of exhale, Absence of noise, Cannot speak, breathe, or cough, Universal Choking Sign

B. An athlete has lost consciousness
   Signs/Symptoms: Motionless, Unable to respond to verbal, motion, eye, or pain stimuli

C. Suspected neck or back injury
   Signs/Symptoms: Extreme back pain or pressure in your neck, head or back. Weakness, incoordination or paralysis in any part of your body. Numbness, tingling or loss of sensation in your hands, fingers, feet or toes. Loss of bladder or bowel control.
   Localized pain, tenderness, and stiffness. Muscles on either side of the spinal column may spasm immediately after an injury or up to 24 hours later.
   Any penetrating injury to the neck requires immediate treatment. Leave the object in place until medical personnel can remove it.

D. Open or obvious fracture/dislocation
   Signs/Symptoms: Swelling or bruising over a bone, Deformity of an arm or leg, Pain in the injured area that gets worse when the area is moved or pressure is applied, An inability to bear weight on the affected foot, ankle, or leg, Loss of function in the injured area, In open fractures, bone protruding from the skin
E. Severe heat exhaustion or suspected heat stroke

**Signs/Symptoms: Heat Exhaustion:**

Most critical criteria for determination are (1) athlete has obvious difficulty continuing intense exercise in heat, (2) lack of severe hyperthermia (usually <104°F/40°C), although it would be expected to find mild hyperthermia at the time of the incident (more commonly, 100°-103°F/37.7°-39.4°C) and (3) lack of severe CNS dysfunction. If any CNS dysfunction (see symptoms listed under EHS) is present, it will be mild and symptoms will subside quickly with treatment and as activity is discontinued. Other possible salient findings include (1) physical fatigue, (2) dehydration and/or electrolyte depletion, (3) ataxia and coordination problems, syncope, dizziness, (4) profuse sweating, pallor, (5) headache, nausea, vomiting, diarrhea, (6) stomach/intestinal cramps, persistent muscle cramps and (7) rapid recovery with treatment.

**Signs/Symptoms: Heat Stroke:**

The ability to rapidly and accurately assess core body temperature and CNS functioning is critical to the proper evaluation of EHS; axillary, oral and tympanic temperatures are not valid measures in individuals exercising in hot environments. Medical staff should be properly trained and equipped to assess core temperature via rectal thermometer when feasible. Most critical criteria for determination are (1) CNS dysfunction (altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, apathy) and (2) hyperthermic (rectal temperature usually >104°F/40°C) immediately post-incident. Other possible salient findings include (1) nausea, vomiting, diarrhea, (2) headache, dizziness, weakness, (3) hot and wet or dry skin (important to note that skin may be wet or dry at time of incident), (4) increased heart rate, decreased blood pressure, increased respiratory rate, (5) dehydration and (6) combativeness.

F. Severe bleeding that cannot be stopped (both internal and external)

**Signs/Symptoms:** Obvious external bleeding, pain at the injured site, swollen/tight abdomen, nausea and vomiting, pale/clammy/sweaty skin, breathlessness, extreme thirst, unconsciousness

G. Any direct injury to eyes, dental or any other acute episode of musculoskeletal injury that may or may not involve loss of function.

H. Any indirect injury caused by systemic failure (usually cardiac or respiratory in nature). This may include but not limited to dizziness, confusion, or any other unusual behavior exhibited by a student athlete.
II. Requirements for removal from activity

A. The student reports any defined sign or symptom of a serious sport injury.
B. The coach or athletic trainer determines that the student exhibits any defined sign or symptom of a serious sport injury.
C. The coach is notified that the student has reported or exhibited any defined sign or symptom of a serious sport injury by any of the following persons:
   a. A licensed, registered, or certified medical practitioner operating within their respective scope of practice.
   b. A licensed athletic trainer
   c. Any licensed, registered, or certified individual whose scope of practice includes recognition of symptoms associated with serious sports injuries.
   d. An official responsible for judging or supervising the athletic competition.

III. Requirements to return to activity

A. Any student who in accordance with the provisions of this part is removed from practice, training or competition shall, as soon as practical after reporting or exhibiting signs or symptoms of a serious sport injury, be examined by a health care professional duly licensed in this state to provide health care services or medical treatment.
B. The student may be allowed to return to practice, training or competition when the athlete is authorized from a health care professional duly licensed in this state to provide health care services or medical treatment.

IV. Education and Training

A. Each coach prior to the start of training, practice or competition will complete an online Safe Schools Module for Emergency Action Planning that includes information regarding serious sports injury definitions and the recognition of signs and symptoms of serious sports injuries. This will be completed on an annual basis.