

Best Practices in Appropriate Medical Care for Secondary School Aged Athletes

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Objectives

- 1. At the conclusion of the program attendees will be able to illustrate the process used to create the document.
- 2. Attendees will distinguish the 12 standards and sub-standards identified in this process.
- 3. Attendees will analyze and apply the potential uses of the tool in evaluation of their organizations current status.
- 4. Attendees will evaluate their organization and recommend changes to the medical care they provide to secondary school aged athletes.



Disclosures

- We have no disclosures. This presentation is sponsored by the National Athletic Trainers' Association and we have no financial ties to products or otherwise.
- *In compliance with continuing education requirements, all presenters must disclose any financial or other associations with companies to which they have a direct link and/or financial relationship that is related to the topic/content of their presentation.*



Appropriate Medical Care for Secondary School Aged Athlete 1.0

- In 2001 the National Athletic Trainers' Association (NATA) in cooperation with 16 other medical associations and sports governing bodies began a 2 year process to determine what schools and organizations should provide to students and athletes in middle and high school age athletes.



Appropriate Medical Care for Secondary School Aged Athlete 1.0

- NATA
- American Academy of Family Physicians (AAFP)
- American Academy of Orthopaedic Surgeons (AAOS)
- American Academy of Pediatrics (AAP)
- American Medical Society of Sports Medicine (AMSSM)
- American Orthopaedic Society for Sports Medicine (AOSSM)
- American Osteopathic Academy of Sports Medicine (AOASM)
- American Physical Therapy Association (APTA)
- American Public Health Association (APHA)
- Emergency Medical Services
- International Academy for Sports/Dentistry (IASD)
- National Association of School Nurses (NASN)
- National Association of Secondary School Principals (NAASP)
- National Federation of State High School Activities Association (NFHS)
- National Interscholastic Athletic Administrators' Association (NIAAA)
- National Safety Council
- The President's Council on Physical Fitness and Sports





Appropriate Medical Care for Secondary School Aged Athlete 1.0

- Athletic Health Care Team
- The athletic health care team may be comprised of appropriate health care professionals in consultation with administrators, coaches, parents, and participants. Appropriate health care professionals could be: certified athletic trainers*, team physicians**, consulting physicians, school nurses, physical therapists, emergency medical services (EMS) personnel, dentists and other allied health care professionals.



What Changed?

The AM CSSATF document served us well for the past 15 years. We have made great strides in raising the level of athletic health care across the board.

NATA Foundation Position Statements since 1.0 Publication

[Position Statement on the Evolution of the Athlete](#) (pdf) (April 2018)

[Position Statement on the Evolution of the Athlete](#) (pdf) (February 2018)

[Position Statement on the Evolution of the Athlete](#) (pdf) (October 2017)

[Position Statement on the Evolution of the Athlete](#) (pdf) (December 2014)

[Position Statement on the Evolution of the Athlete](#) (pdf) (October 2014)

[Position Statement on the Evolution of the Athlete](#) (pdf) (September 2013)

[Position Statement on the Evolution of the Athlete](#) (pdf) (March 2014)

[Position Statement on the Evolution of the Athlete](#) (pdf) (February 2014)

[Position Statement on the Evolution of the Athlete](#) (pdf) (March 2013)

[Position Statement on the Evolution of the Athlete](#) (pdf) (February 2013)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Sept. 2012)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Nov. 2012)

[Position Statement on the Evolution of the Athlete](#) (pdf) (June 2011)

[Position Statement on the Evolution of the Athlete](#) (pdf) (April 2011)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Feb. 2008)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Dec. 2007)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Sept. 2004)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Sept. 2003)

[Position Statement on the Evolution of the Athlete](#) (pdf) (March 2004)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Sept. 2002)


[Position Statement on the Evolution of the Athlete](#) (pdf) (March 2002)

[Position Statement on the Evolution of the Athlete](#) (pdf) (Nov. 2000)

[Position Statement on the Evolution of the Athlete](#) (pdf) (May 2009)

[Position Statement on the Evolution of the Athlete](#) (pdf) (July 2010)

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NATA Official Statements since 1.0 Publication

[Support of New NCAA Autonomy 5 \(aka Power 5\) Conferences' Independent Medical Care Rules](#) (pdf) (February 2016)

[College Supervision of Student Aides](#) (pdf) (Jan 2014)

[Meaningful Use Statement](#) (pdf) (Aug. 2014)

[Proper Supervision of Secondary School Student Aides](#) (pdf) (June 2014)

[Perinatal Care of the Athlete with Cervical Spine Injury](#) (pdf) (May 2014)

[Risky Athlete Types](#) (pdf) (Jan. 2014)

[Automated External Defibrillators](#) (pdf) (2003)

[Communicable and Infectious Diseases in Secondary School Sports](#) (pdf) (March 2007)

[Community Aired NFL Accidents](#) (pdf) (March 2005)

[Calling Out of the Line: Violations](#) (pdf) (Aug. 2013)

[Full-time on-site athletic trainer coverage for secondary school athletic programs](#) (pdf) (2009)

[Providing Quality Health Care and Safeguard to Athletes of All Ages and Levels of Participation](#) (pdf) (December 2011)

[Steroids and performance enhancing substances](#) (pdf) (March 2005)

["Time Out" Before Athletic Events Recommended for Health Care Providers](#) (pdf) (Aug. 2012)

[Use of qualified athletic trainers in secondary schools](#) (pdf) (Feb. 2000)

[Youth football and heat-related illness](#) (pdf) (July 2005)



NATA Consensus Statements

The product of inter-association task forces spearheaded by NATA.

[The Inter-Association Task Force Document on Emergency Health and Safety Best Practice Recommendations for Youth Sports leagues](#) (April 2017)

[Interassociation Recommendations for Developing a Plan to Recognize and Refer Student Athletes With Psychological Concerns to the College Level](#) (pdf) (October 2015)

[Inter-Association Recommendations in Developing a Plan for Recognition and Referral of Student Athletes with Psychological Concerns to the College Level](#) (pdf) (October 2015)

[Inter-Association Consensus Statement Best Practices for Sports Medicine Management for Secondary Schools and Colleges](#) (pdf) (Jan 2014)

[Inter-Association Task Force for Preventing Student Deaths in Secondary School Athletics](#) (pdf) (July 2013)

[Inter-Association Task Force for Preventing Student Deaths in Secondary School Athletics](#) (pdf) (August 2012)

[Preseason heat acclimation for secondary school athletes](#) (pdf) (2009)

[Managing Prescription and Non-Prescription Medication in the Athletic Training Facility](#) (pdf) (Jan. 2009)


[Acute oral emergency care in the athletic training facility](#) (pdf) (Feb. 2003)

[Inter-Association Recommendations for the Management of Sudden Cardiac Arrest in High School Athletes](#) (pdf) (March 2007)

[Athlete Summary](#) (pdf)


[Inter-Association Task Force on First Aid Illnesses](#) (pdf) (June 2003)

[Sickle Cell Trait on the Athlete](#) (pdf) (June 2007)



What we heard...

- Membership was and is asking for assistance in developing or defining ways to get getting additional staffing, facility improvements, budget or supplies.
- NATANation (injury surveillance) and ATLAS (AT/school market penetration)
- We believed in 2016 that we may be able to tie data from two studies together and show a trend point where additional athletic health care personnel should be hired to continue providing appropriate care.



Appropriate Medical Care for the Secondary School Aged Athlete 2.0

- In June 2017 the NATA Board of Directors approved creation of the AMCSS 2.0.
- Tasked to evaluate the 2003 athletic document(s) and revise where appropriate.
- Create a tool whereby the end user could assess and update/create an athletic health care program in compliance with the AMCSS 2.0 document



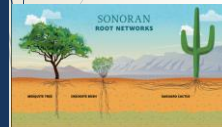
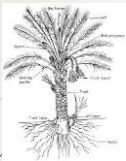
Appropriate Medical Care for the Secondary School Aged Athlete 2.0

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- George S. Wham Jr., EdD, SCAT, ATC
- Jason Cafes, LAT, ATC
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- Dutchtown High School
- Lexington County School District 1, Pelion High School
- Cabot Public Schools
- University of Arizona
- Lebanon Valley College
- Korey Stringer Institute, University of Connecticut
- Union High School
- Palo Verde High Magnet School
- A.T. Still University
- Gregorio, Chafin, Johnson, Boston & Tabor, LLC.



Which would you rather be like?



Standards

There were 12 standards identified as critical pieces for an athletics program to earn the distinction of providing appropriate medical care

- Within each standard
 - Narrative-gives a brief overview of the standard
 - Sub standards- multiple areas or working parts of that standard
 - Annotation
 - Evidence of Compliance
 - Review of Case Law
 - Resources
 - Reference



Standard 1: Athletes' readiness to participate in activity is determined through a standardized pre-participation physical examination (PPE) screening process.

Within this relatively self explanatory standard there are 8 sub standards.

Mental health, management plan, family history, standard PPE, cleared by a QMP.



Standard 2: Practice, competition and athletic health care facilities as well as equipment used by athletes are safe and clean.

- Written policies, Procedures and protocols for regular, scheduled cleaning and disinfecting, Exposure Control Plan, posted hand washing techniques, cleaning and sanitizing of equipment and athletic surfaces, inspection for hazards, designated clean area for QMP to perform duties, cleaning and sanitizing of hydration equipment/tools.



Standard 3: Equipment worn by athletes is properly fitted and maintained while instructions to use safely and appropriately are provided.

- Equipment fitting, reconditioning, sanitizing of protective equipment, supervision, coaches competency.



Standard 4: Protective materials and products used to prevent athletic injuries are safely and appropriately applied.

- Qualified to safely and appropriately apply, qualified personnel for fabrication of protective equipment.



Standard 5: Athletic participation in a safe environment is ensured or activity is modified or canceled based on established environmental policies.

- Written policies and procedures and protocols, proper equipment, heat, cold, air quality, lightning, designated individual, appropriate training.



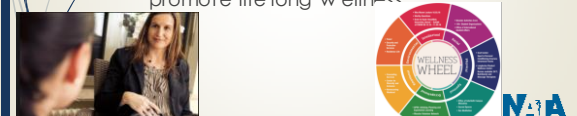
Standard 6: Education and counseling is provided for athletes on nutrition, hydration and dietary supplementation.

- Education and counseling, individualized needs, protocols, hydration, supplementation, body composition.



Standard 7: Wellness programs promote a safe progression of physical fitness and improve long-term health across an athlete's lifespan.

- QMP, education, utilization of equipment and implementation of strategies to promote life long wellness.



Standard 8: Comprehensive athletic emergency action plan (EAP) is established and integrated with local EMS per athletic venue.

- Venue specific, rehearsed, external partners, QMP, training and education, internal and external communication, documentation and review.



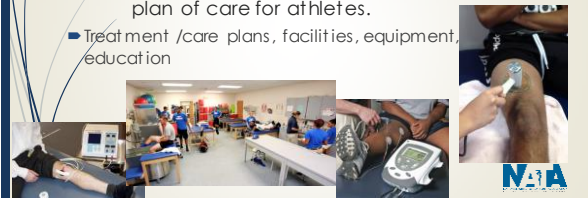
Standard 9: On-site prevention, recognition, evaluation and immediate care of athletic injuries and illnesses are provided with appropriate medical referrals.

- Management plans, documentation, tracking of collected data, referral, decision making policy.



Standard 10: On-site therapeutic intervention (pre-, post-, and non-surgical conditions) outcomes are optimized by developing, evaluating and updating a plan of care for athletes.

- Treatment /care plans, facilities, equipment, education



Standard 11: Comprehensive management plan for at-risk athletes with psychological concerns.

- Education, training, plan, mechanism for referral, EAP, counseling,



Standard 12: Comprehensive athletic health care administration system is established to ensure appropriate medical care is provided.

- AHCT, relationship with appropriate MD, QMP, documentation, Policy, procedure and protocol manual, annual calibration, appropriate documentation and storage of records, resources, adequate funds, appropriate and adequate staff.



The Online Tool

- Will help each school/organization get a feel for the amount and type of services that they are providing
- No grade associated with it
- No one views the answers or results but the people filling it out
- Does not have to be completed at one sitting

