

*ATHLETIC TRAINERS COLLABORATING WITH SCHOOL NURSES
AND COUNSELORS FOR STUDENT FOCUSED CARE*

Greg Nagel, ATC and Michelle Boyd, ATC

WORKING WITH ATS

- How many have AT at school?
- How many work with AT?



OBJECTIVES

- Describe the education required for entry-level athletic trainers
- Describe role and responsibility of an athletic trainer
- Identify areas where AT and school nurse can cooperate
- Locate resources for hiring and working with an Athletic Trainer



WHAT IS AN ATHLETIC TRAINER

- Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.



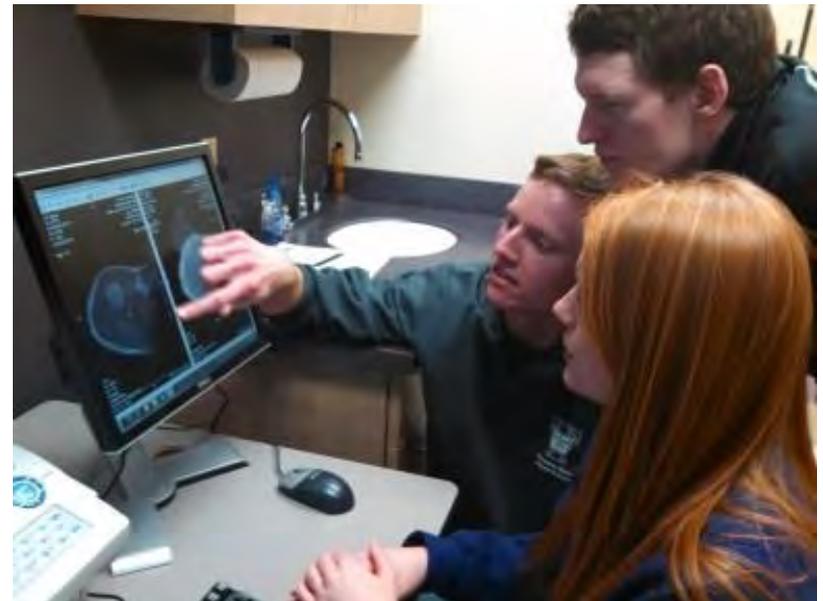
SECONDARY SCHOOL ATHLETIC TRAINERS

- 35 = average age
- 55% have Master's degree
- 51% male
- 28% have teaching certificate
- 5% EMT



EDUCATION

- Minimum of bachelor's degree
- >800 hours of clinical experience
- National certification exam (BOC)
- Continuing education
 - 50 hours every 2 years
- State license



FOCUS OF EDUCATION

COMPETENCIES

- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Intervention
- Psychosocial strategies and referral
- Health care administration
- Evidence-based practice
- Professional development and responsibility

EMPHASIS

- Heat Illness
- Concussion
- Spinal cord injury
- Illnesses
 - Asthma
 - Dermatology
 - Diabetes
 - Mental Health



ROLE

ATHLETIC TRAINER

- Develop Emergency Plan
- Communicate with Parents and Coaches
- Communicate with physicians
- Ensure safe return-to-play
- Provide expedited, accurate referrals
- Prevent, diagnose, treat, rehab injuries

Provide for the well-being of individual student-athletes, allowing them to achieve their maximum potential.

SCHOOL NURSE

- Oversee general care
- Coordinate care
- Direct prevention
- Provide expedited, accurate referrals

Promote an optimal level of health/wellness and learning.

WHERE IS THE HELP?

- Full time in public non-charter schools
 - 1,290 RNs
 - 302 LPNs
- Some schools only have a school nurse 1-2 times/week
- 14% of school districts have no health services provider.



TYPICAL DAY FOR AN ATHLETIC TRAINER

ALLOCATION OF DUTIES

- 48% preventative services
- 37% rehab/care for existing injuries
- 13% care for new injury

SCHEDULE

- Zero hour clinic for evaluation of new injuries and rehabilitation.
- Teaching duties as assigned.
- Open Athletic Training room 1 hour prior to school dismissal for travel/practice prep and rehab.
- After school practice prep and coverage of practice.
- Home event coverage, travel on Fridays with football due to injury risk.

HOW CAN WE HELP EACH OTHER?

- Acute care
- Follow up care
- Emergency preparedness
- Concussion

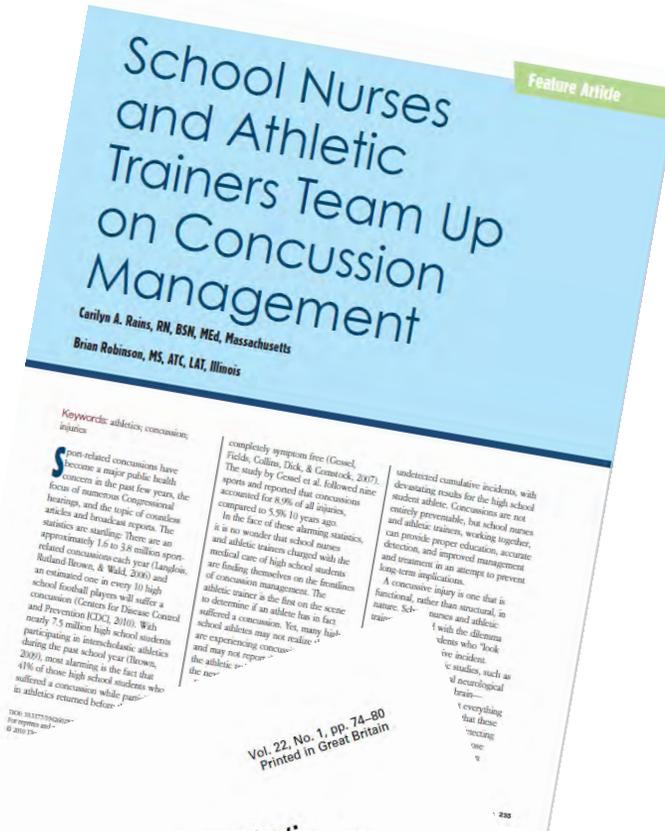
PREVENTION • SUDDEN CARDIAC DEATH

ATHLETIC TRAINER AND SCHOOL NURSE SAVE PREGNANT WOMEN'S LIFE



A pregnant woman who collapsed due to heart failure in February 2012 after her baby was delivered (video below).

Erica Nigrelli, 32, an English teacher at Etkins High School, died when she passed out at school. CNN reported



Journal of Public Health Medicine

Working to keep school children healthy: the complementary roles of school staff and school nurses

Jane Lightfoot and Wendy Bines

Abstract

Background Against a background of future uncertainty for school nursing and little previous research, this study aimed to identify and describe the distinctive role of the school nurse in working to keep school children healthy. Particular attention was paid to the 'interface' between nursing and the health-related work of teachers. The research was carried out in four health authority areas in England.

Methods Seventy-eight semi-structured interviews were conducted with a range of respondents: school nurses, health authority purchasers and teachers. Seven focus group discussions were held with young people of secondary

and - through pastoral care - responding to emotional concerns of children.¹

Health professionals have a long tradition of working in schools. Growing concern over high rates of infant and child mortality and of infectious disease at the turn of the century prompted the creation of a universal School Medical Service, in 1907, to carry out periodical medical 'inspection' of school children.² These threats to the survival of children have now receded, and been replaced by other concerns, in particular poor mental health,³ unhealthy lifestyles,⁴ and the needs of increasing numbers of children who survive and are managing a range of chronic illness and disabilities.⁵ Although periodic 'inspection' remains the only statutory function of the National Health Service (NHS) with regard to school-age children (NHS Act 1977), in line with changes in patterns of child health, routine medical examinations of all children have now largely been replaced by doctors focusing on developing a more individualized role in health appraisal and

ACUTE CARE

- Orthopedic consultation
 - Medical emergencies
 - Bracing, crutch fitting
 - Wound care
 - Heat illness
- Most common injuries seen by ATs
 - 24% head/face concussion
 - 16.5% ankle sprain
 - 6.9% knee sprain
 - 37% of time on acute care



FOLLOW UP CARE

- Chronic conditions
 - 27% of student population
 - Diabetes, asthma, food allergies, seizure disorder
 - Need written plans for school and sport
- Medications
- Acute conditions
 - Sutures
 - Concussion
 - Dermatology
 - Fevers
- Availability
 - Nurses during the day
 - ATs on evenings and weekends



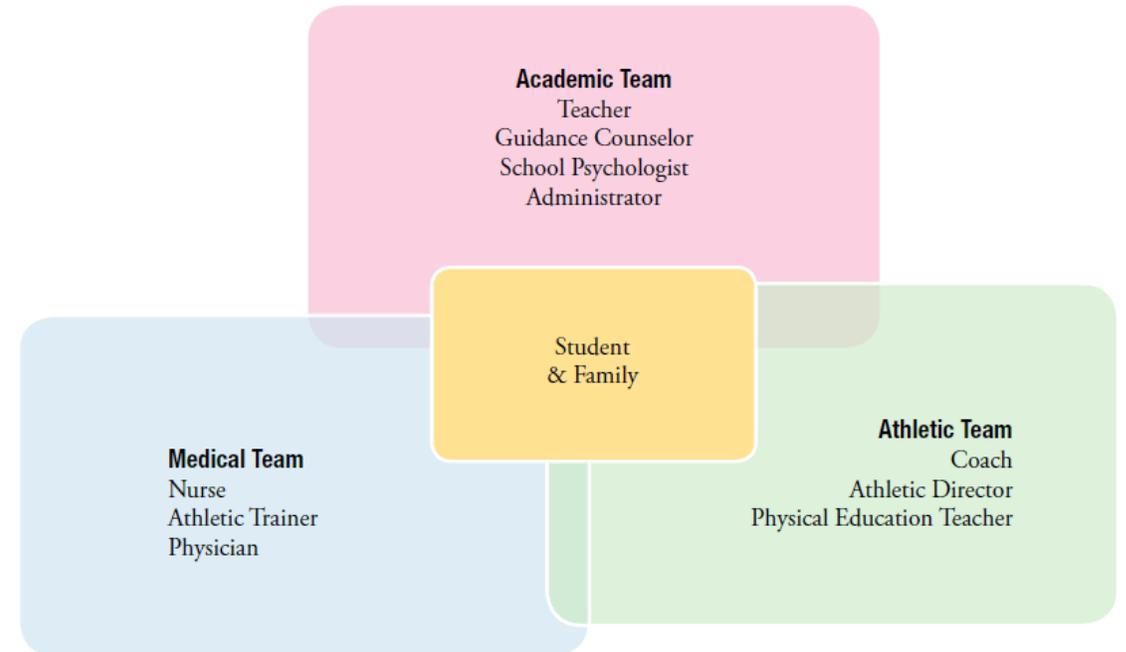
EMERGENCY PREPAREDNESS

- Effective campus-wide emergency response plans to deal with life-threatening medical emergencies
 - Involve nurse, physician, athletic trainer, EMS
 - Trained in AED
 - Create individualized emergency care plans
- Every athletic trainer is CPR and AED certified – many are instructors
- Develop bus plans
- Prevention plans
 - Heat illness
 - Weather safety



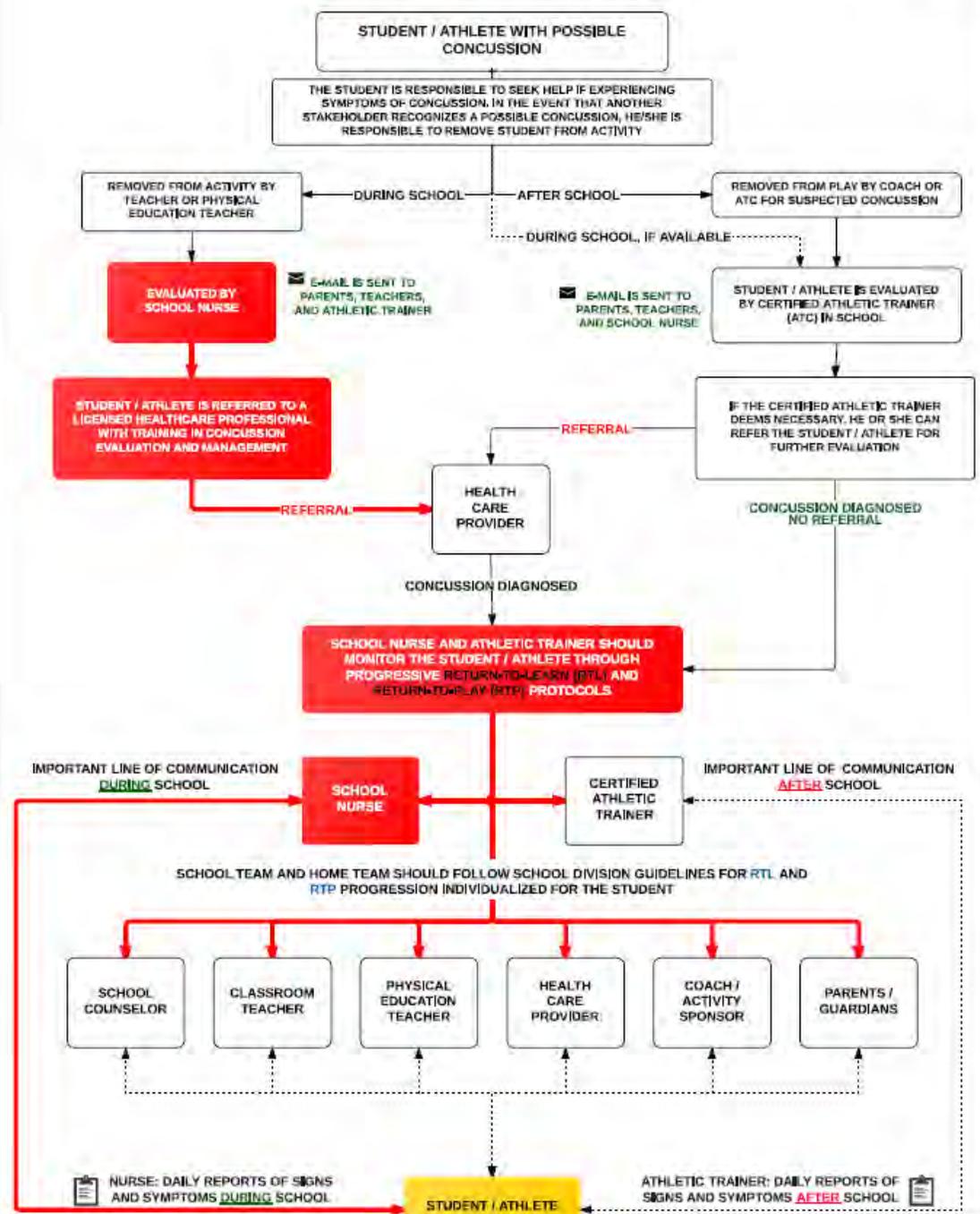
CONCUSSIONS

- 24.8% of reported injuries to Athletic Trainers
- Develop a Concussion Management plan
 - Education
 - Evaluation
 - Monitoring
 - Return-to-learn
- Monitor the concussion
- Communicate
 - With teacher about restrictions
 - With parents about care



SCHOOL NURSE COMMUNICATION

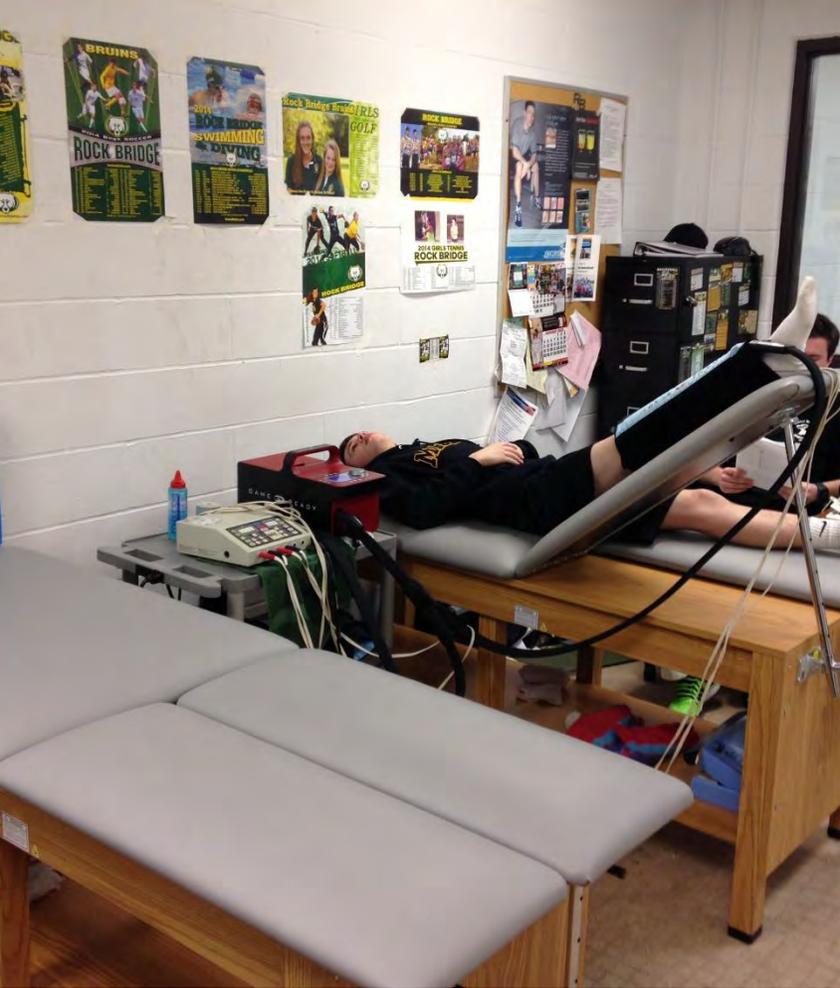
ATC AND NURSE AVAILABLE



ADVOCACY

- Parents
 - Understanding injury/illness
 - At home care
 - Referrals for further care
- Teachers
 - Need for rest/ accommodation
- School
 - Policies
 - Safety plans





RESOURCES WILL DETERMINE HOW MUCH YOU CAN DO WITH STUDENTS

ATHLETIC TRAINING ROOM



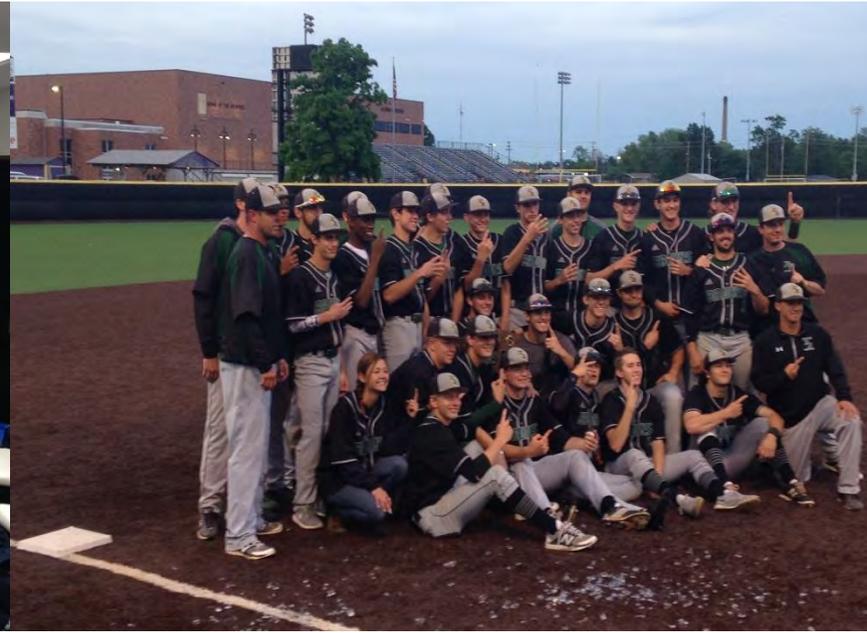
BUMPS, BRUISES, AND OTHER UNIQUE OBSERVATIONS

IGNORING A BLISTER, A DAY IN THE LIFE OF A WRESTLER, AND WAITING FOR LYMPHATIC DRAINAGE MASSAGE.



CROSS COUNTRY AND BASKETBALL ISSUES

RAYNAUD'S PHENOMENON, RUNNING ON HOT PAVEMENT, AND THE GOOD OLE' ANKLE SPRAIN



HIGHLIGHTS CARRY US THROUGH THE ROUGH SPOTS.....

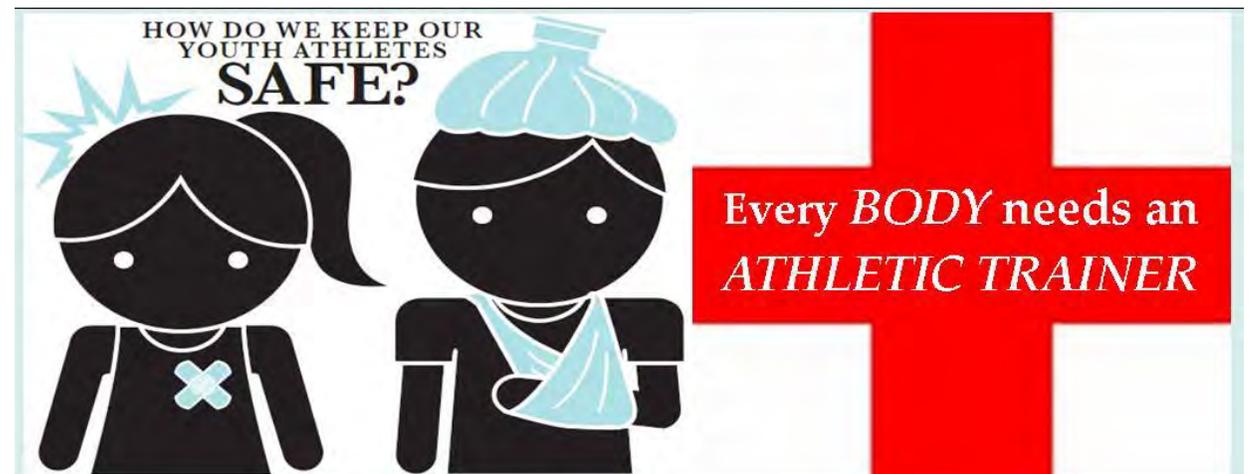
HELPING STUDENT-ATHLETES TO STAY HEALTHY FOR THE BIG GAMES ARE AMONG THE MANY REWARDS OF OUR LINE OF WORK!!

TOGETHER, WE CAN DO THIS!!!! NO MATTER HOW MANY STUDENTS WE HAVE, OR HOW HARD IT SEEMS, SOMEONE ELSE SOMEWHERE HAS IT WORSE.



RESOURCES

- [NATA Secondary School website \(https://www.nata.org/resources-0\)](https://www.nata.org/resources-0)
 - Emergency Action Plan Guidelines
 - Secondary School Position Proposal Guide
 - Parental Safety Check list
 - Strategies for Funding an Athletic Trainer
- [Standardized Concussion Assessment Tool \(SCAT5\)](#)
- [Drugfreesport.com](#)
 - Drug testing
 - Supplement information
- [WeatherBug App](#)
 - Spark Feature
- [Gatorade Award](#)



THANK YOU!!!



Coolers as playpens and a break from the grind!!!

REFERENCES

- Committee on School Health. (2001). *Guidelines for Emergency Medical Care in School*. 107(2). 435-436.
- Courson, R. Goldenberg, M, et. Al (2014). *Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges*. Journal of Athletic Training. 49(1). 128-137.
- Department of Health. *Our healthier nation: a contract for health*. Cm 3852. London: The Stationery Office, 1998.
- Lightfoot, J. Bines, W. (2000). *Working to keep children Healthy: the complementary roles of school staff and school nurses*. Journal of Public Health Medicine. 22(1). 74-80.
- *Manual for School Health Programs* (2014). Missouri Department of Elementary and Secondary Education.
<http://health.mo.gov/living/families/schoolhealth/pdf/ManualForSchoolHealth.pdf>

REFERENCES CONTINUED

- Missouri Kids Count. <http://mokidscount.org/stories/school-nurses-state-school-nurses-consultant-continued-commitment-childrens-health/>
- National High School Sports-Related Injury Surveillance Study. (2017). *National High School Sports-Related Injury Surveillance Study: Summary Report*. Retrieved from <http://www.ucdenver.edu/academics/colleges/PublicHealth/research/ResearchProjects/piper/projects/RIO/Documents/2016-17.pdf>
- Office of Disease Prevention and Health Promotion. (2016). Educational and Community Based Programs.. In *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>
- Olympia, Wan, Avner (2005). *The Preparedness of Schools to Respond to Emergencies in Children: A National Survey of School Nurses*. *Pediatrics*: 116: 6, 738-745.
- Rains, C. Robinson, B. (2010). *School Nurses and Athletic Trainers Team Up on Concussion Management*. *NASM School Nurse*. Sep;25(5):234-8.
- Rains, C. Robinson, B. (2012). *School Nurses and Athletic Trainers Team Up on Emergency Planning*. *NASM School Nurse*. May 27 (3). 137-142.