RECOMMENDED INTERVENTIONS FOR INJURED STUDENT ATHLETES

- Encourage the student to report pain and ensure young athletes that their position on a team is rarely in jeopardy because of an injury.

- Prohibit students in pain from continued participation in any activity that might exacerbate the injury. If pain relievers are required to continue playing, the activity should not be permitted.

- Develop alternative activities that help maintain fitness or develop skills without involving an injured limb or body system for students who temporarily cannot participate because of an injury.

- Require parent notification about injuries. Do not rely on a student's self-report. This is particularly important for head, chest, and abdominal injuries.

- Record all injuries, including data on time of day, nature of sport, site of injury, nature of collision or other description, level of supervision, age and sex of the injured student, and the geographic location within the school or off-campus activity.

- Routinely monitor the following:
  - Student's level of conditioning and nutritional practices, particularly hydration
  - Status of previous injuries, particularly those that might not have completely healed
  - Student's psychological and motivational status
  - Number of available, experienced adult supervisors with CPR and first-aid training
  - Availability, status, and use of personal protective equipment
  - Status of district equipment and field facilities

- Establish an effective communication system with emergency paramedic help.

- The school nurse can assist the family and student to understand the RICE principle to treat soft-tissue injury. This includes:
  - Rest of the injured area for 48 hours
  - Ice placed on the injured area for 20 minutes at a time, 4 to 8 times per day
  - Compression with elastic bandages, splints, or special appliances
  - Elevation of the injured body part

Source: Adapted from AAP, Committee on Sports and Fitness (2006).