



## 2024 Medical Policies & Procedures Manual

## Medical Staffing, Availability, and Care Protocol

Per DCI policy, it is required to have medical personnel on staff and available to members through the duration of spring training and tour. Spirit of Atlanta has medical staff on-site to care for the daily injuries and illnesses within their scope of practice. Additionally, the medical team is overseen remotely and on-call by a Medical Program Manager (Jenna Bookler) and Medical Program Assistant Manager (Rita Acosta). The Spirit of Atlanta Board of Directors has 2 medical consultants (Dr. Jake Levy and Chad Gann) who are in direct contact with the Medical Program Manager and on-site medical staff as needed.

If at any time an injury or illness is severe, an emergency or outside the scope of practice of the Spirit of Atlanta medical staff, the injured or ill member or staff member would be transported to the appropriate medical facility for care (i.e. urgent care, ER, clinic, etc.)

The on-site medical staff are available to the members for non-urgent medical care, treatment, evaluation, and triage during meal times (breakfast, lunch, dinner, and snack) at a designated location for each housing site. This medical treatment location will be communicated to all staff and members in Slack when we first arrive at a housing site or at breakfast. In an effort to provide appropriate working hours and rest for the medical staff, they are available for the full duration of breakfast, lunch, dinner and only the first half hour of snack.

During rehearsal blocks, the medical staff is on-site either inside the housing site, buses, or making rounds to the rehearsal fields. If an acute injury or illness occurs during rehearsal, an on-site medical staff member will attend to the injury or illness promptly. If the on-site medical staff is not physically present at the field where injury or illness occurs, an educational or administrative staff member should contact the medical staff in Slack and request their presence at the field. Medical staff will confirm receipt of the message in Slack and will respond to the field as soon as they are able. Do not send a member away or allow the member to leave the field to find the medical staff. Sometimes, the medical staff is tending to other medical needs at another location.

If the medical situation is an emergency, call the medical staff first for assistance. If the medical staff cannot be reached or the situation is emergent and cannot wait for response, initiate the emergency action plan (EAP) at your discretion.

During shows, the on-site medical staff will be available at warm-ups. Typically if staffing allows, 1 medical staff is with guard and 1 medical staff is with brass. The medical staff

checks in on percussion and front ensemble as needed. Unless acute, treatments such as wound care, taping, medication dispersal, etc. should be handled during EPL prior to the arrival at a show site. Members should practice appropriate time management during EPL to accommodate for necessary medical treatments. The medical staff will have limited medical supplies available to them during warm-ups and the on-field performance during a show. If an emergency occurs during warm-up, medical staff should be notified via Slack if not physically present at that particular warm-up area. Otherwise, on-site EMS hired by DCI can be notified to assist.

During Spirit of Atlanta's on-field performance at a show site, medical staff will stand on the front sideline (if DCI officials allow it) to watch for acute injury or illness. If not allowed on the front sideline, medical staff will stand/sit in the front row(s) of the stands. Medical staff may be equipped with member medications such as an inhaler to be provided to the member as necessary directly following the performance. This must be discussed ahead of time between medical staff and member if desired.

If an acute injury (or significant pain from an existing injury) occurs during an on-field performance and the member cannot continue marching the show, the member should safely remove themselves from the field onto one of the sidelines. Medical staff cannot enter the field during a performance to assist a member who is injured. If a member is unable to weightbear or cannot move to a sideline on their own, a judge or DCI official will assist them off the field. Once the member is on a sideline, the medical staff will attend to their medical situation as promptly as possible. On-site show EMS hired by DCI may reach the member first prior to the Spirit of Atlanta medical staff due to accessibility.

Due to medical staff's visibility during a show, education and administrative staff watching from a higher vantage point should contact the medical staff immediately in Slack if a member is injured or appears to be in distress. This assists the medical staff with knowing who to attend to and find after the completion of the on-field performance.

Directly after the on-field performance, the medical staff will follow the corps off the field and check in with members to ensure there are not any urgent medical needs. During snack or allotted free time after an on-field performance at a show site, the medical staff may not be available. If members have medical needs during this time, they should contact the medical staff in Slack and the medical staff will arrange a time and place to meet up.

The medical staff is not available from "lights out" until the start of breakfast to allow for appropriate rest and personal time. If a member encounters an illness or medical

concern in the middle of the night or when traveling on buses, the member can contact the medical staff in Slack, but the medical staff is not expected to respond during those hours. Members experiencing illness symptoms on the bus or during the night can contact any adult staff member (education, admin, medical, etc.) to assist if needed. We will do our best to accommodate those needs.

Medical staff is not available on free days and it is expected that members will make smart choices regarding the activities they choose to participate in and choice of food/drink consumption. A member with an ongoing injury or illness should choose a low-impact or relaxing activity (such as a movie theater, dining at a restaurant, etc.) to avoid further setback in their recovery process.

## Participation While Injured or Ill

Members who experience an injury, illness or medical condition while participating in the Spirit of Atlanta should seek care or evaluation from an on-site medical staff member. Based on presentation of symptoms, the medical staff will perform an initial assessment or evaluation within their scope of practice and determine a prognosis or diagnosis. The medical staff will then advise the member on appropriate treatment and activity restrictions if necessary. Any treatment protocol or activity restrictions set by medical staff are expectations and not suggestions. It is required for the member to follow instructions set by medical staff or they may face potential consequences or release from Spirit of Atlanta.

If the injury or illness is an emergency, outside the scope of practice of the Spirit of Atlanta medical staff, or needs further diagnostic work-up/testing, the member will be transported to the appropriate medical facility (i.e. urgent care, ER, clinic, etc.) The cost incurred for the visit, hospitalization, medication administered, diagnostic imaging, labs, etc. are the responsibility of the member and/or the parent/guardian of that member.

On discharge from a medical facility, it is required that the member provide the Spirit of Atlanta medical staff with any documentation or imaging completed. The Spirit of Atlanta medical staff will take in consideration the activity recommendations and treatment plan recommended by the provider seen, however, it is up to the sole discretion of the Medical Program Manager, on-site medical staff, and administrative staff how to manage care for the member once they return to Spirit of Atlanta.

All members were required to sign a medical consent to treat, medical privacy and release of information authorization, and personal/medical liability waiver in CampDoc prior to the start of spring training. It is also a corps policy that all members have active, current health insurance to participate in the Spirit of Atlanta. If the member does not have full-time health insurance coverage, a protection plan was offered in CampDoc that reimburses for emergency medical expenses. This plan fulfills the requirement of health insurance as defined by Spirit of Atlanta.

### *Care Protocol After Initial Assessment by Medical Staff*

1. Member should return to rehearsal/show while abiding by designated activity restrictions set by medical staff
2. Medical staff will communicate activity restrictions for that member to caption heads via Slack or in-person
  - a. Due to HIPAA laws, injury or illness details are protected health information and will only be communicated if consent is given by the member and/or parent/guardian
3. Member should return to medical staff at least once daily (during a meal block) to check their status and receive appropriate treatment
4. Member will be added to the Daily Injury Report that is sent out daily after breakfast to caption heads and higher administration in a private Slack channel

5. If condition worsens, medical staff will reassess and communicate new restrictions or designate the member as “out” of rehearsal/show until condition improves

#### *Care Protocol if a Member is Unable to Participate in Rehearsal/Show*

If the medical staff deems an injury or illness too severe or that participation would contraindicate the healing/recovery of that injury or illness, the member will be removed from participation in rehearsal or a show. Length of time that the member will be out of participation is dependent on the diagnosis, presentation of symptoms, how the member responds to treatment, and parent/guardian wishes (if the member is a minor). The education and administrative staff will be contacted by the medical staff with this decision as soon as possible.

The goal is to return a member to participation as soon as safely possible. Our job as medical staff is to protect the safety and health of the member. If a member is returned too soon without appropriate healing/recovery time, the member may sustain further illness or injury that could prolong their inability to march.

1. Member is communicated with by medical staff that they are to remain out of rehearsal/show
2. Medical staff communicates member’s status via Slack or in-person to education and admin staff
  - a. Due to HIPAA laws, injury or illness details are protected health information and will only be communicated if consent is given by the member and/or parent/guardian
3. Member completes treatment or rest protocol as directed by medical staff
4. Member checks in frequently (at least twice daily) with medical staff regarding status of injury or illness; treatment or rest protocol updated as needed
5. Member status updated daily in Daily Injury Report sent out after breakfast to caption heads and higher administration in a private Slack channel
6. If partial participation (i.e. subs only, basics block only) is approved by medical staff, this will be communicated to staff directly, but the member must remain out of the “non-approved” rehearsal/show activities

It is an expectation that the injured or ill member continually checks in with the medical staff. If a member disobeys medical staff care instructions or fails to check in with medical staff, administrative staff may discipline the member or dismiss the member home. **If a member participates in rehearsal or a show when the medical staff has made the decision that the member is unable to participate, the member may face immediate dismissal from Spirit of Atlanta.**

**If an education staff member allows or encourages a member to participate in a rehearsal or show when the medical staff has deemed the member unable to participate, the staff member may face immediate dismissal from Spirit of Atlanta.**

**Educational staff cannot override medical staff jurisdiction regarding medical care, treatment or participation of a member while injured or ill.**

*Participation in Corps Activities While Injured/Ill*

While injured or ill, the medical staff will determine what corps activities the member can participate in. This includes eating with the corps, sleeping in the same area as other members, activities during free days, stand-still performances, tour jobs, prop loading, equipment handling, playing instruments, and attending corps meetings.

When possible, the medical staff tries to limit disruption of instruction time and if not contraindicated by the member's recovery plan, the member may be allowed to watch the rehearsal/show. This may include playing an instrument while seated, marking time on a sideline, moving props, and assisting educational staff with tasks.

# Emergency Action Plan

## Spirit of Atlanta Drum & Bugle Corps

1. Dial 911. **Use your cell phone or nearest land line.**
2. Identify yourself. State your name and the phone number you're calling from.
3. Tell Dispatcher:
  - a. Time of injury or illness
  - b. History and/or mechanism of injury or illness if known
  - c. Suspected injury or illness
  - d. Member's present condition (Level of consciousness, breathing, etc)
  - e. Current medical assistance being provided
  - f. Location of injured or ill member

**"I need an ambulance to respond to (*Venue/School Name*) at (*Address, Location if known*) The (*Gym, Field, Lot #*) can be accessed via (*Door #, Gate #, Front Door, etc.*). Someone will remain at the scene until medical assistance arrives. If possible, there will be someone waiting to direct the ambulance to the correct location."**

4. Allow the dispatcher to hang up first.
5. Send someone to meet the ambulance if possible.
6. Begin emergency care as needed if trained personnel are available.  
**The AED is located on the driver's side compartment of the equipment trailer.** The medical staff will direct someone to go get it from its location.
7. If an injured member is taken by ambulance to hospital, a medical staff member or member of the administrative staff should accompany them.
8. Contact the member's emergency contact IMMEDIATELY. This can be found on CampDocs.

### Considerations:

- Medical staff ***must*** be contacted first ***prior*** to 911 being called
- If medical is unavailable or cannot be reached, the corps director should be contacted
- Use discretion if the situation is emergent and cannot wait for a response



**Concussion Policy**  
**Baseline Testing, Diagnosis & Rest Protocol**

A concussion diagnosis may only be determined by a qualified healthcare professional (certified athletic trainer, physician/physician's assistant or emergency room provider). The treatment and return-to-play progression of a concussion will be administered by Spirit of Atlanta athletic trainers. If a member was diagnosed with a concussion at an urgent care or emergency room, the recovery will be dictated and administered by Spirit of Atlanta athletic trainers regardless of discharge instructions regarding plan of care. Concussions require frequent monitoring and re-evaluation. Symptoms change frequently and will be documented daily by Spirit of Atlanta medical staff.

At the beginning of spring training, the medical staff will attempt to complete a SCAT6 baseline concussion test with each member as time allows. SCAT6 baselines will be completed on the most at-risk population first and then lower-risk populations following that (in this order: guard, brass, percussion, front ensemble/drum major). At minimum, the medical staff will attempt to collect symptom evaluation baselines on every member.

SCAT6 is the most widely accepted, standardized tool for evaluating concussions. It includes a symptom evaluation, cognitive screening, neurological screening, balance examination, and memory recall. When a member has a suspected head injury, a post-injury SCAT6 will be completed as soon as possible following the injury. The post-injury SCAT6 is then compared to their baseline test (if available). Based on these scores and mechanism of injury, the certified athletic trainer will determine a diagnosis.

Once a concussion is confirmed, the member is on "stage 0" of the concussion protocol and will abide by the following treatment plan under supervision of a certified athletic trainer:

- Relative rest for 24-48 hours (see definition of "relative rest" in stage 0 of protocol)
- After 24 hours from concussion diagnosis, another SCAT6 symptom score is completed and compared to their baseline symptom score
  - If symptoms return to baseline or the member is asymptomatic, the member may start stage 1 of the concussion protocol
  - If symptoms remain above baseline, the member continues relative rest for another 24 hours. After 48 hours total of relative rest, the member may start stage 1 of the concussion protocol

- Each day the member is symptomatic, a new SCAT6 symptom score is completed in order to track symptom trends. Only one SCAT6 test will be completed each day. It is not intended to be repeated multiple times per day.
- A concussed member may begin the remaining progression (stages 2-6) under the direction of a certified athletic trainer once they have returned to their baseline level of cognitive functioning and been asymptomatic for at least 24 hours without the use of NSAIDs/Tylenol

## Concussion Return-To-Play Protocol

This protocol may begin following 24-48 hours of relative rest (i.e. activities of daily living). Individuals must be symptom free (asymptomatic) in all portions of each step prior to progressing to the next step. Each step will take at least 24 hours provided the individual remains asymptomatic. If symptoms occur at any step, the activity is suspended for the day and the individual will be reevaluated for progression the following day, beginning at or below the step which caused symptoms. All other drum corps-related activities (loading, unloading equipment, set up, tear down, moving heavy equipment, noise exposure, etc.) are restricted at the discretion of the athletic trainer until the individual is back to full participation.

Stages vary per section to accommodate specific section physical and mental needs. The return-to-play progression for each section is outlined below.

### Brass:

#### **Stage 0**

- 24-48 hours of “relative rest” - resting the majority of the day, but can participate in activities of daily living including eating at the food truck with members, personal hygiene/showering, and attending a corps meeting (cannot watch rehearsal/show; should avoid use of electronic devices including cell phone)
- May use Tylenol administered by medical staff to manage headache/pain. Ibuprofen will not be administered due to its ability to “mask” concussion symptoms

#### **Stage 1** (light aerobic exercise):

- Walk at a brisk pace for no more than 30 minutes
  - Goal is to increase heart rate

A concussed individual can begin the remaining progression once they have returned to their baseline level of cognitive functioning and been asymptomatic for at least 24 hours without the use of NSAIDs/Tylenol

#### **Stage 2** (section specific drills):

- Marching basics without instrument
  - Basics block of marching or dance technique. No drill repetitions.
- Stand-still playing
- NO ENSEMBLE

**Stage 3** (mild section-specific participation drills):

- Marching basics with instrument
  - Basics block of marching or dance technique. No drill repetitions.
- Stand-still playing
- NO ENSEMBLE

**Stage 4** (full section-specific participation drills):

- Marching basics and limited drill with instrument
- Stand-still playing
- Ensemble
  - May march fully, but on air only
  - Members need to focus on their surroundings/environment

**Stage 5** (Begin return-to-play):

- Marching basics, drill with instrument
- Stand-still playing
- Limited full ensemble participation
  - 50% participation at the discretion of the medical staff guiding concussion management

**Stage 6** (Full return-to-play):

- Full participation

Percussion:

**Stage 0**

- 24-48 hours of “relative rest” - resting the majority of the day, but can participate in activities of daily living such as eating at the food truck with members, personal hygiene/showering, and attending a corps meeting (cannot watch rehearsal/show; should avoid use of electronic devices including cell phone)
- May use Tylenol administered by medical staff to manage headache/pain. Ibuprofen will not be administered due to its ability to “mask” concussion symptoms

**Stage 1** (light aerobic exercise):

- Walk at a brisk pace for no more than 30 minutes
  - Goal is to increase heart rate

A concussed individual can begin the remaining progression once they have returned to their baseline level of cognitive functioning and been asymptomatic for at least 24 hours without the use of NSAIDs/Tylenol

**Stage 2** (section specific drills):

- Marching basics without instrument
  - Basics block of marching or dance technique. No drill repetitions.
- Stand-still playing
- NO ENSEMBLE

**Stage 3** (mild section-specific participation drills):

- Marching basics with instrument
  - Basics block of marching or dance technique. No drill repetitions.
- Stand-still playing
- NO ENSEMBLE

**Stage 4** (full section-specific participation drills):

- Marching basics and limited drill with instrument
- Stand-still playing
- NO ENSEMBLE

**Stage 5** (Begin Return-to-play):

- Marching basics, drill with instrument
- Stand-still playing
- Limited Full Ensemble Participation
  - 50% participation at the discretion of the medical staff guiding concussion management

**Step 6** (Full return-to-play):

- Full participation

Colorguard:

**Stage 0**

- 24-48 hours of “relative rest” - resting the majority of the day, but can participate in activities of daily living such as eating at the food truck with members, personal hygiene/showering, and attending a corps meeting (cannot watch rehearsal/show; should avoid use of electronic devices including cell phone)

- May use Tylenol administered by medical staff to manage headache/pain. Ibuprofen will not be administered due to its ability to “mask” concussion symptoms

**Stage 1** (light aerobic exercise):

- Walk at a brisk pace of jog for no more than 30 minutes
  - Goal is to increase heart rate

A concussed individual can begin the remaining progression once they have returned to their baseline level of cognitive functioning and been asymptomatic for at least 24 hours without the use of NSAIDs/Tylenol

**Stage 2** (section specific drills):

- Flag/Weapons/Choreography basics
  - No tossing
- Drill holding equipment
  - No spinning/tossing
- May participate in body warm up and stretch without equipment
  - No across the floors
- NO ENSEMBLE

**Stage 3** (mild section-specific participation drills):

- Full basics block
  - No tossing
- Drill holding equipment
  - No spinning/tossing
- Body warm up/stretch
- Dance with across the floors
- NO ENSEMBLE

**Stage 4** (full section-specific participation drills):

- Full basics block
- Drill holding equipment
  - May spin in place; no spinning on the move
  - No tossing
- Body warm up/stretch
- Dance with across the floors

**Stage 5** (Begin return-to-play):

- Full warm up, stretch, across the floors, drill participation

- Reintroduce tossing, can spin on the move
- Limited full ensemble participation
  - 50% participation at the discretion of the medical staff guiding concussion management

**Step 6** (Full return-to-play):

- Full participation

## **Suspected Head, Neck & Spine Injuries (Non-Concussion)**

Spirit of Atlanta Drum & Bugle Corps will abide by the National Athletic Trainers' Association Position Statement: Acute Management of the Cervical Spine Injured Athlete.

**After a hit or fall onto the head or neck, leave the member in the position you found them (even if face down). If you are the first person to approach the member, instruct them not to move their head and calmly talk to them. **DO NOT MOVE THE MEMBER.** If medical staff is not at the location of incident, call them immediately for assistance.**

During initial assessment, the medical staff should check for the following: unconsciousness or altered level of consciousness, bilateral neurologic findings/complaints, significant midline spine pain with or without palpation, and obvious spinal column deformity. If any of these are present, the medical staff should assess the situation and prepare for spine stabilization or a possible EMS call.

When a potential spine injury is suspected, medical staff should ensure that the cervical spine is in a neutral position and should immediately apply manual cervical spine stabilization. At this time, the emergency action plan should be initiated and one person is appointed to call 911. The medical staff will direct educational and administrative staff to assist as necessary (e.g. control bleeding, move other members away from scene, get supplies, etc.)

If the spine is not in neutral position, the medical staff should realign the cervical spine to allow for optimal airway management and to minimize secondary injury to the spinal cord. Contraindications to realigning the spine are: increased pain, neurologic symptoms, muscle spasm, airway compromise or if the member expresses apprehension. If contraindications are present, the member should be left in the position they are in and medical staff will hold cervical traction to the best of their ability until EMS arrives.

If rescue breathing is necessary, the medical staff should establish an airway and give 1 breath for every 5 seconds. In an effort to minimize head movement, the jaw-thrust maneuver should be used instead of the head-tilt technique. The medical staff will check for a pulse every 2 minutes and continue rescue breaths until EMS arrives. If the medical staff does not feel a pulse, CPR will be initiated immediately.



Once EMS arrives, the medical staff holding cervical stabilization should continue doing so until given instructions from EMS to discontinue. All available and appropriately trained medical staff should assist with spine boarding procedures as directed by the EMS.

Once the member is loaded into the ambulance, either a medical staff or administrative staff member should ride with or follow the ambulance to the hospital. The member's parent/guardian or emergency contact should be contacted promptly to inform them of the situation.

### Reference

Swartz, Eric., et al. "National Athletic Trainers' Association Position Statement: Acute Management of the Cervical Spine Injured Athlete." *Journal of Athletic Training*, vol. 44, no. 3, 2009, pp. 306-331.

## **Infectious Disease Protocol**

Due to constant close contact of marching members, infectious disease outbreaks present an ongoing challenge to the drum corps community. Historically, gastrointestinal illnesses (e.g. norovirus) have presented as the most common infectious outbreak during summer tour. Interventions to mitigate and prevent the spread of disease will be continually implemented.

### **Preventing an outbreak:**

1. Establish an ongoing cleaning/disinfecting regimen with administrative/food staff (i.e. disinfecting the buses once per week, cleaning jugs and drinking containers with bleach at least once per week, cleaning instruments, etc.)
2. Increase the frequency of the disinfecting regimen during outbreaks (consider daily)
3. Educate members on frequent and proper handwashing. Provide handwashing stations (with soap and water) at the beginning of food lines. If this is not possible and resources are not available, hand sanitizer must be placed at the beginning of each food line.
4. Isolate ill members and staff away from the rest of the corps when presenting with infectious disease or COVID-like symptoms (separate sleeping quarters, hand-deliver no-contact meals, use separate bathrooms when available, etc.)

### **Recognizing an outbreak:**

1. Multiple members (at least 3) with the same symptoms.
2. Members presenting with similar symptoms over a period of consecutive days.
3. Possible known close contact encounters with other ill members, volunteers, staff, or loved ones within or outside of the organization

## **Responding to an outbreak:**

Quarantine: isolate ill members with similar symptoms until their symptoms resolve

1. Quarantine space on one bus with at least one empty row between healthy and ill members when possible. Have ill members sit next to each other, fully masked. If possible and there are limited members with the illness, try to sequester them on a smaller vehicle away from the general corps members.
2. Quarantine in sleeping areas with at least a 6 foot buffer between ill and well members.
3. Quarantine to the same bathroom and consider shower accommodation areas.
4. Implement alternative methods to feeding ill members (no-contact meal delivery outside isolated sleeping area or outside away from other members)
5. Ill members **are not** allowed to participate in rehearsal or perform in shows. At the show site, the ill members will remain on a designated bus at all times to rest and recover (including during the performance and downtime after the performance is over). May step off bus to be delivered snack/food as long as it is consumed outdoors away from other members.

## Assisting ill members and clean up of bodily fluids

1. When medical or other staff are assisting members with active vomiting or diarrhea, wear gloves and protection over the mouth, nose and eyes if possible. Encourage use of containment (vomit/emesis bags).
2. Hands must be washed thoroughly with soap and water after contact with the member; alcohol based cleansers are not enough.
3. Any medical equipment used during the encounter should either be disposed of or properly disinfected with a bleach based product when applicable.

## Disinfecting

1. Use a cleanser that is known to kill norovirus.
2. When cleaning, wear proper PPE such as gloves and masks
3. Consider increasing disinfection practices in food prep areas

4. Wash contaminated clothing or items in hottest wash available

### **Food Service Considerations**

- Ill members are required to eat on-site and will not be allowed to leave site for eating options
- There will be a dedicated location on the food truck for medication storage if needed. This will only be accessed by medical staff and the necessary member.
- Special diets will be accommodated with appropriate food handling and storage. Cross-contamination measures will be taken. Participants are required to disclose special diets to administration, food crew, and medical staff prior to the start of the season.
- Frequent hand-washing will be mandated by all food crew and participants
- Basic food handling guidelines will be adhered to and posted
- During an outbreak, self serve meals will be discontinued until the situation is resolved. The entire meal should be plated and handed to members directly by food staff
  - 1) Salads will be pre-dressed or dressing will be distributed in single serve containers by food crew
  - 2) PB&J should be pre-packaged in individual baggies by food staff or prepared and handed to members by food staff.
  - 3) Pre-packaged single serve condiments will be provided if possible based on budget and availability. If not, condiments will be separated from bulk containers into smaller single serve containers and handed to each participant by a gloved food crew member.
  - 4) Pre-packaged single serve utensils will be provided if possible based on budget and availability. If not, separate utensils will be provided to each participant by one person on the food crew wearing gloves
  - 5) Drinks will be distributed by single serve cups (grab & go) and one gloved food crew member will accommodate refills by pushing the button while members hold their cups underneath drink station
  - 6) Food lines will be socially distanced

## COVID-19 Positive Test Protocols

- Participants who test positive for COVID (rapid or PCR), regardless of vaccination status, cannot return to participation until:
  1. Fever free for at least 24 hours without medication
  2. Symptoms are generally improving (as indicated by medical staff)
  
- Positive participant will be quarantined in a designated location isolated from the rest of the corps during their symptomatic period and only interact with the medical staff caring for them with appropriate PPE
  
- Once fever free for 24 hours without medication and symptoms are improving, the participant may resume normal activities, however, over the next 5 days the participant should practice increased hand hygiene, avoid sharing any personal items, avoid physical contact (handshakes, hugs, etc.) with others, and wear a well fitted mask when in close proximity to others indoors
  
- If a participant exhibits trouble breathing, chest pain, confusion, loss of consciousness, bluish hue to their lips/face, blood oxygen level less than 94% or any other concerning symptoms, the individual will be taken to the nearest hospital immediately for further evaluation and treatment. The medical staff will contact the Medical Program Manager as well as the parents/family (if participant is a minor).

## **Severe Weather Policy (Lightning)**

Spirit of Atlanta Drum & Bugle Corps will abide by the National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation.

Staff Responsibility: It is the responsibility of all staff (medical, educational, and administration) to be aware of lightning hazards and the specific safety shelter for their venue/site. In the event of lightning during a rehearsal, show or event, precautions must be taken to ensure the safety of members, staff, and spectators.

Medical Staff Responsibility: The medical staff, in conjunction with administration and applicable public safety officials, (i.e. police or event staff) will be responsible for monitoring inclement weather. The medical staff will promptly communicate alerts via Slack to the rest of the staff and members with instructions on when to seek shelter and timelines for when it is safe to return to outdoor activities. **No one is allowed to override medical staff's decision regarding severe weather.**

### Lightning Detection Methods:

The medical staff will use two methods to confirm lightning detection in the current area the corps is rehearsing:

1. Flash to Bang - count how many seconds between flash of lightning and crack of thunder, divide by 5 = how many miles lightning is from site
2. My Lightning Tracker - real time tracking of lightning proximity from current location

### Stages of Severe Weather Alerts:

The medical staff will communicate via Slack which stage of severe weather we are in. Staff should take notice to these alerts and respond accordingly:

1. Weather Advisory (S1): **Watching Weather**, lightning 10-15 miles away; may continue outdoor rehearsal, but be aware of your surroundings
2. Weather Watch (S2): **Seek Shelter**, lightning 8-9 miles away; should provide enough time to move members and equipment indoors/to a safe location

3. Weather Warning (S3): **Remain Indoors or in a Safe Location**, lightning 7 or less miles away; DO NOT take time to move equipment unless it can be hand carried
4. All Clear: 30 minutes after last lightning strike seen and last thunder roll heard. No lightning detected within 15 miles for 30 minutes. May return safely to outdoor activity.

Medical staff will keep track of the 30 minute timer prior to giving the “All Clear.” The 30 minute timer resets if lightning strikes are seen or thunder is heard from the corps’ current location. It also resets if lightning is detected within 15 miles of the corps’ current location. **No one is allowed to override medical staff’s decision regarding All Clear status. Educational staff should not lead members outside for rehearsal until the All Clear alert is provided to all staff via Slack.**

Visible blue sky or the absence of rain does not indicate that a person is safe because lightning can strike far from the rain and even far outside the apparent cloud edge. Waiting 30 minutes to resume activities after hearing any thunder or seeing any lightning yields 90-95% confidence that no more lightning will occur.

#### Safe Shelter:

Ideally, all staff and members will seek shelter inside the housing site building or a safe building located on the show site property. Educational staff should be aware of the closest safe shelter to the rehearsal site and roughly how long it takes to reach that shelter. A safe structure or location is defined as “any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”.

Examples of locations that generally DO NOT meet this criteria:

- Baseball/softball dugout
- Baseball/softball “covered” batting cages
- Soccer covered benches
- Under metal bleachers
- Outside storage sheds

In the absence of a sturdy, fully enclosed, frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle or tour bus with a hard metal roof, rubber tires, and completely closed windows can provide a measure of

safety. Avoid touching the sides of the vehicle. If indoors, please avoid taking showers or using plumbing facilities (besides the toilet) during a thunderstorm.

If no safe structure or location is within a reasonable distance, staff should find and lead members to a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the “lightning-safe” position: a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. Do not lie flat. Minimize the body’s surface area and minimize contact with the ground.

If unable to reach safe shelter, everyone should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Avoid being the highest object in an open field. Do not play metal instruments or handle metal equipment/props.

#### Resources:

Walsh, Katie M., et al. “National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation.” *Journal of Athletic Training*, vol. 48, no. 2, 2013, pp. 258–270., <https://doi.org/10.4085/1062-6050-48.2.25>.



### Heat Policy - Wet Bulb Globe Thermometer

<b>WBGT (°F)</b>	<b>Activity Guidelines</b>	<b>Rest Break Guidelines</b>
<b>Green &lt;82</b>	Normal Activities	3+ breaks per hour, minimum 3 min each
<b>Yellow 81.1 - 86.9</b>	Use Discretion	20-30 min rehearsal, 5-10 min break
<b>Orange 87.0 - 89.9</b>	Caution	15 min rehearsal, 5 minute break
<b>Red 90.0 - 91.9</b>	Extreme Caution, Frequent Breaks	10 min rehearsal, 5-10 min break. Max 90 min total until 30 min break
<b>Black &gt;92.0</b>	Dangerously Hot. Outdoors only if necessary, consider canceling or delaying.	5 min rehearsal, 5-10 min break. Max 45 min total until 30 min break

**"Gush and go's" only supplement the minimum amount of breaks and do not replace a break**

Source: NATA Position Statement: Exertional Heat Illness, Journal of Athletic Training  
Vol 50, No 9. 2015, Table 5

Source: WBGT Guidelines, [www.heatstress.com](http://www.heatstress.com)

## Hydration Policy

Hydration is the one of the most essential aspects to creating a successful drum corps experience

- Needed for your mental state to sustain a full rehearsal's worth of instructions from staff and to comprehend new skills
- Necessary for physical demands of drill and to perform an entire show at your peak performance

### Fluid Replacement Expectations

In order for members to attain optimal fluid replacement, the following hydration expectations are set in place:

- 16 ounces (2 food truck cups) of water consumption at breakfast before first block of the day
- 84-120 ounces every 4 hour block
  - o One full 1 gallon jug (or two ½ gallon jugs) per 4 hours
  - o ½ to ¾ jug per 2 hours (shorter blocks)
- 16 ounces (2 food truck cups) of Gatorade at lunch
- Within an hour of finishing ensemble or a show:
  - o Four 8 oz food truck cups (32 oz total) of water to restore hydration status
  - o Two 8 oz food truck cups (16 oz total) of Gatorade to speed rehydration and electrolytes
  - o Consumption of carbohydrates at snack to replenish glycogen stores

Members are expected to have a full 1 gallon jug to take to rehearsal with them no matter the length of time that rehearsal spans. They are also expected to have a full 1 gallon jug before the corps departs on buses from a housing site or show site. Rehydrating at night is the most important way to prevent dehydration.

### Urine Output

Members should be consciously checking their urine output as an additional measure of hydration status. Urine should be as clear as possible. Lemonade color indicates you are slightly dehydrated; increase your water intake. Apple juice color indicates you are severely

dehydrated. At this point, consult a medical staff member and start hydrating immediately. Your urine may also have a musty smell.

### Importance of Gatorade

- Electrolytes are vital to regulating nerve and muscle function in addition to hydration of the body
- Imbalance of electrolytes causes symptoms such as weakness, fatigue, muscle spasm, and changes in blood pressure which makes you more susceptible to injury
- Sodium and potassium are the most easily depleted due to sweating

### Sodium/Potassium Tablets

These are the two primary electrolytes that work together to maintain fluid balance in your cells. Potassium is lost through urine while sodium is lost through urine and sweat.

Potassium and sodium tablets will be available to members exhibiting signs/symptoms of heat illness. The medical staff will determine if they believe it is necessary for you to supplement your body with these electrolytes based on your symptoms and hydration status.

### **Signs of Dehydration**

- Dry, sticky mouth
- Fatigue
- Decreased urine output
- Confusion
- Weakness

### **Signs of Extreme Dehydration (seek medical staff immediately!)**

- Vomiting
- Diarrhea
- Constant lightheadedness/dizziness
- Fever
- Severe headache

## Air Quality Protocols

There are three reasons why otherwise healthy athletes are at special risk for inhaling pollutants. First, as physical activity increases minute ventilation, the number of pollutants that are inhaled relative to when the athlete is at rest are increased. Second, during activity, a larger proportion of air is inhaled through the mouth, which bypasses the body's built-in nasal filtration system. Third, pollutants are inhaled more deeply and may diffuse into the bloodstream more quickly during physical activity. These risks are heightened in athletes with pre-existing pulmonary or cardiac conditions. (1)

NWS AIR QUALITY INDEX (AQI): A key component of assessing air quality is the NWS Air Quality Index (AQI). The AQI provides real-time monitoring in response to changing air quality levels. The AQI accounts for five different pollutants, including: 1) ground-level ozone; 2) particle pollution (also known as particulate matter); 3) carbon monoxide; 4) sulfur dioxide; and 5) nitrogen dioxide. Of these, ground-level ozone and particulate matter are the most common and most concerning pollutants for outdoor physical activity. The AQI is a single number, presented on a scale of 0 – 500, where 0 indicates no air quality problems and 500 indicates the most hazardous levels of air pollution. <https://www.airnow.gov>. (2)

### References

1. Carlisle AJ, Sharp NC. Exercise and outdoor ambient air pollution. *Br J Sports Med*. 2001;35(4):214-222.
2. United States Environmental Protection Agency. Air quality guide for particle pollution. 2023  
<https://www.airnow.gov/sites/default/files/2023-03/air-quality-guide-for-particle-pollution.pdf>
3. EPA Exposure Guidelines. 2023  
<https://www.epa.gov/pmcourse/patient-exposure-and-air-quality-index>

## **Spirit of Atlanta Air Quality Protocols**

1. AQI Below 150: Continue with rehearsal as planned.
  - a. Sensitive Groups: Individuals with asthma or other respiratory concerns should have an inhaler with them at all times.
  
2. AQI 150-200: Medical staff will alert educational staff and administration of unhealthy air quality.
  - a. Sensitive Groups: Avoid prolonged or heavy exertion, no drill work (stationary playing or tossing/spinning only). Move activities indoors or reschedule to a time when the air quality is better.
  - b. Everyone: Reduce prolonged or heavy exertion. 5 minute break indoors or resting for every 15 minutes of heavy exertion.
  
3. AQI Above 200: Medical staff will alert educational staff and administration of very unhealthy air quality.
  - a. Sensitive Groups: Avoid all physical activity outdoors. Should not be rehearsing outdoors in any capacity. Move activities indoors or reschedule to a time when air quality is better.
  - b. Everyone: Avoid prolonged or heavy exertion, no drill work (stationary playing or tossing/spinning only). Move activities indoors or reschedule to a time when the air quality is better.
  
4. AQI Above 300: Medical staff will alert education staff and administration of hazardous air quality.
  - a. Everyone: Avoid all physical activity outdoors. Move activities indoors or reschedule to a time when air quality is better.