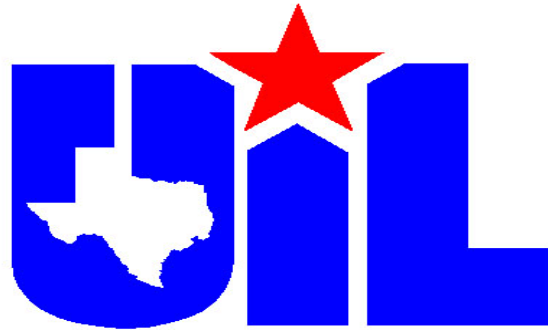


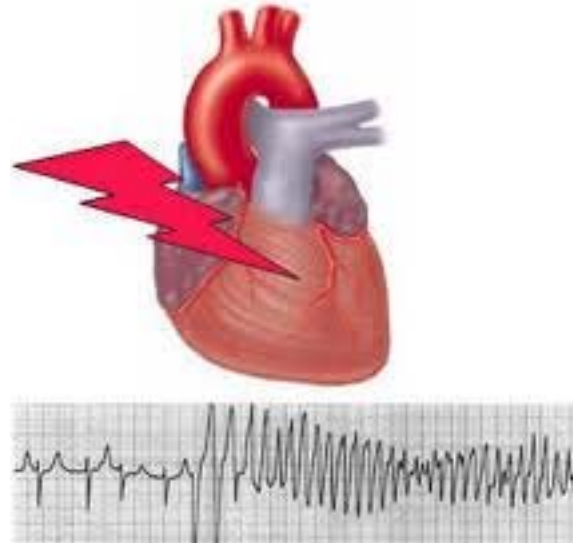
Extracurricular Activity Safety Training Program



2011-2012

Section 1

- CPR/AED
- Sudden Cardiac Death



**Unresponsive
No breathing or
no normal breathing
(only gasping)**



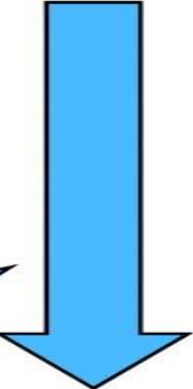
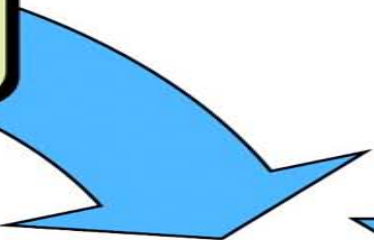
**Activate
emergency
response**



**Get
defibrillator**



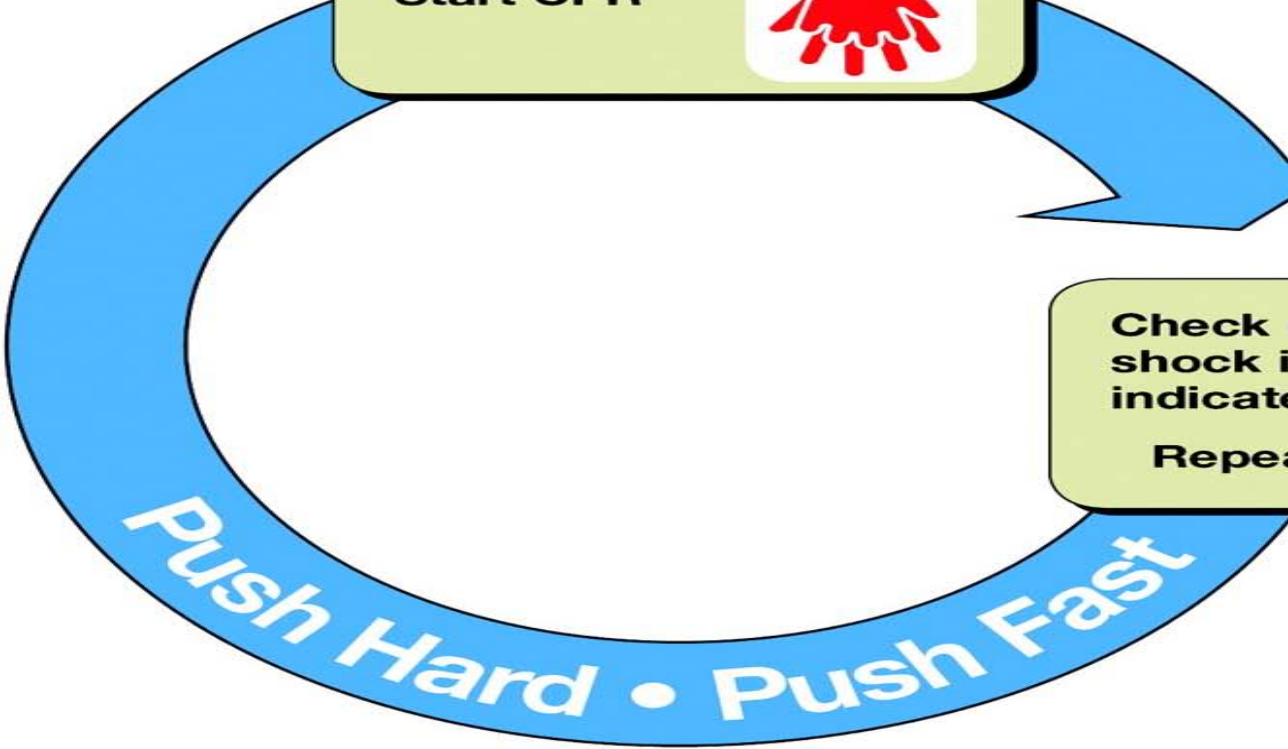
Start CPR

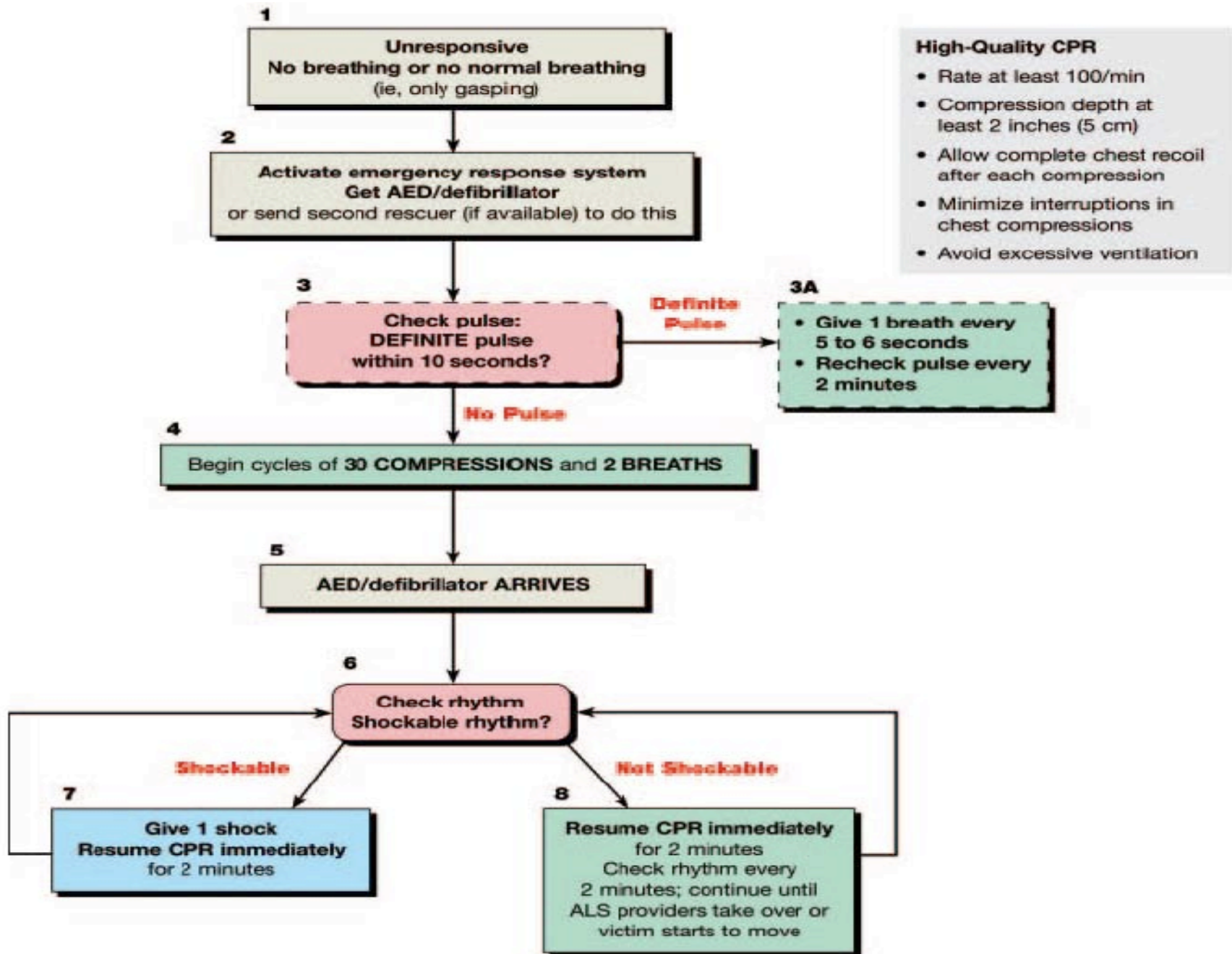


**Check rhythm/
shock if
indicated**



Repeat every 2 minutes





Key CPR Components

- **Compression Rate – at least 100/min (to the beat of Bee Gees song Stayin' Alive)**
- **30 Compressions : 2 Breaths**
- **When rescuer not trained or not proficient – do Compressions only**
- **Minimize interruptions in Compressions (< 10 sec)**
- **If AED present – Compressions must be performed before and after a shock**

What is Sudden Cardiac Death?

- Sudden cardiac death is an abrupt occurrence where the heart ceases to function and results in death within minutes.
- It is not a heart attack.
- It is usually due to a malfunction of the heart's electrical system that coordinates the heart muscle contraction to pump blood through the body. The lower chambers (ventricles) of the heart go into fibrillation (ventricular fibrillation) - a fast and disorganized contraction. The ventricles spasm or quiver and can no longer pump blood to the body. The heart cannot recover from ventricular fibrillation on its own.
- Sudden cardiac death in athletes is usually caused by a previously unsuspected heart disease or disorder.
- The occurrence of sudden cardiac death is thought to be in the range of 1 out of 100,000 to 1 out of 300,000 high school age athletes. So it is very rare.

Possible Causes of Sudden Cardiac Death

Hypertrophic Cardiomyopathy - a condition where the muscle mass in the left ventricle "hypertrophies". The thickened heart muscle can block blood flow out of the heart and can increase the risk of ventricular fibrillation. In over half of the cases, this heart disorder is hereditary and is most common in young adults. This is the most common cause for sudden cardiac death in athletes in the United States.

Coronary Artery Abnormalities - an abnormality of the blood vessels that supply blood into the heart muscle. This is present from birth, but can be silent for years until very vigorous exercise is performed. During exercise, blood flow to the heart muscle can be impaired and result in ventricular fibrillation.

Comotio Cordis - a concussion of the heart that can occur when someone is hit in the chest in the area of the heart. Objects such as a baseball, softball, hockey puck, lacrosse ball, or even a fist can cause ventricular fibrillation upon striking the chest. These injuries are rare.

Possible Causes of Sudden Cardiac Death

Marfan Syndrome - an inherited abnormality of the connective tissue (ligaments and tendons) in the body. Often these people are tall and thin with long arms, legs, fingers and toes. The wall of the aorta, the main artery from the heart, can become weak and rupture, especially during exercise.

Wolff-Parkinson-White Syndrome - an extra conduction fiber in the heart that can allow for rapid heart beat episodes and in some cases ventricular fibrillation can occur.

Long QT Syndrome - an inherited abnormality of the heart's electrical system. Episodes of rapid heartbeat can occur in the bottom chambers of the heart (ventricles) and ventricular fibrillation can result.

Recreational Drug Use - even someone with a completely normal heart can develop ventricular fibrillation and die suddenly due to drug use.

Warning Signs of Sudden Cardiac Death

- Palpitations - feeling fast or skipped heart beats
- Dizziness - feeling lightheaded
- Chest pain or chest tightness with exercise
- Shortness of breath
- Syncope - fainting or passing out
- Family history of sudden cardiac death at less than age 50



Section 2

Head and Neck Injuries Concussions



Reducing Head and Neck Injuries

1. Preseason physical exams for all participants. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of head or neck injury in game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Athletes must be given proper conditioning exercises, which will strengthen their necks so that participants will be able to hold their head firmly erect when making contact.
4. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling.

Reducing Head and Neck Injuries, Cont.

5. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing should be enforced in practice and in games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.
6. All coaches, physicians, and trainers should take special care to see that the player's equipment is properly fitted, particularly the helmet.
7. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.

Keep the Head Out of Football

- Rules changes that eliminated the head as the initial contact point in blocking and tackling have significantly reduced head and neck injuries in the sport.
- Coaches can do their part to continue that trend by teaching correct techniques and emphasizing proper fundamentals at all times. That way, players can avoid catastrophic injury.

Definition of Concussion

There are numerous definitions of concussion available in medical literature as well as in the previously noted “guidelines” developed by the various state organizations.

The feature universally expressed across definitions is that concussion 1) is the result of a physical, traumatic force to the head and 2) that force is sufficient to produce altered brain function which may last for a variable duration of time. For the purpose of this program the definition presented in Chapter 38, Sub Chapter D of the Texas Education Code is considered appropriate:

"Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:

(A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and

(B) involve loss of consciousness.

Concussion Oversight Team (COT):

According to Section 38.153 of the Texas Education Code (TEC):

‘The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.

Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.’

In developing a Return to Play (RTP) Protocol as required under TEC section 38.153, at a minimum, the local COT shall adopt the UIL Concussion Management Protocol, based on the guidelines from the National Federation of State High School Associations which have been mandated by the UIL Legislative Council and the UIL Medical Advisory Committee (MAC). If the local COT determines that it wishes to be more restrictive than the UIL Concussion Management Protocol, that is within their local discretion.

Additionally, there is nothing that would prohibit the governing body of any school district and open-enrollment charter school from adopting the UIL Medical Advisory Committee as the Concussion Oversight Team for purposes of satisfying TEC section 38.153.

For additional information on the members of the required COT, including the requirement that a school district employed athletic trainer be a member of that team if the ISD employs an athletic trainer, consult TEC section 38.154.

Concussion Symptoms/Signs

Concussion can produce a wide variety of symptoms that should be familiar to those having responsibility for the well being of student-athletes engaged in competitive sports in Texas.

Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion.

Signs observed by parents, friends, teachers or coaches may include: appears dazed or stunned; is confused about what to do; forgets plays; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness; shows behavior or personality changes; can't recall events prior to hit; can't recall events after hit.

Any one or group of symptoms may appear immediately and be temporary, or delayed and long lasting. The appearance of any one of these symptoms should alert the responsible personnel to the possibility of concussion.

Response to Suspected Concussion

According to section 38.156 of the Texas Education Code (TEC), a student ‘shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

- (1) a coach;
- (2) a physician;
- (3) a licensed health care professional; or
- (4) the student's parent or guardian or another person with legal authority to make medical decisions for the student.’

If a student-athlete demonstrates signs or symptoms consistent with concussion, follow the “Heads Up” 4-Step Action Plan:

- The student-athlete shall be immediately removed from game/practice as noted above.
- Have the student-athlete evaluated by an appropriate health care professional as soon as practicable.
- Inform the student-athletes parent or guardian about the possible concussion and give them information on concussion.
- If it is determined that a concussion has occurred, the student-athlete shall not be allowed to return to participation that day regardless of how quickly the signs or symptoms of the concussion resolve and shall be kept from activity until a physician indicates they are symptom free and gives clearance to return to activity as described below. A coach of an interscholastic athletics team may not authorize a student’s return to play.

Return to Activity/Play Following Concussion

According to section 38.157 of the Texas Education Code (TEC):

'A student removed from an interscholastic athletics practice or competition under TEC Section 38.156 (suspected of having a concussion) may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated; using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
 - (2) the student has successfully completed each requirement of the return-to-play protocol established under TEC Section 38.153 necessary for the student to return to play;
 - (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play;
- and

Return to Activity/Play Following Concussion, cont.

(4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under TEC Section 38.159.'

UIL Concussion Management Protocol

Following clearance and compliance with the above information, supervised progression of activities should be initiated utilizing the now standardized protocol:

Student-athlete shall be symptom free for 24 hours prior to initiating the return to play progression.

Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.

If the student-athlete experiences any post concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

Phase 1:

No exertional physical activity until student-athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury.

Phase 2:

Step 1. When the athlete completes Phase 1, begin light aerobic exercise – 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise.

Step 2. Moderate aerobic exercise - 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Step 3. Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Step 4. Full contact practice or training.

Step 5. Full game play.

Subsequent Concussion

Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation.

Written clearance from a physician is required as outlined in TEC Section 38.157 before any participation in UIL practices, games or matches.

Potential Need for School/Academic Adjustments & Modification Following Concussion (Return to Learn)

It may be necessary for individuals with concussion to have both cognitive and physical rest in order to achieve maximum recovery in shortest period of time. In addition to the physical management noted above, it is recommended that the following be considered:

Notify school nurse and all classroom teachers regarding the student-athlete's condition.

Advise teachers of post concussion symptoms.

Student **may** need (only until asymptomatic) special accommodations regarding academic requirements (such as limited computer work, reading activities, testing, assistance to class, etc.) until concussion symptoms resolve.

Student may only be able to attend school for half days or may need daily rest periods until symptoms subside. In special circumstances the student may require homebound status for a brief period.

Section 3

Heat, Hydration and Asthma



Heat Stress and Athletic Participation

Symptoms

Heat Cramps - Painful cramps involving abdominal muscles and extremities caused by intense, prolonged exercise in the heat and depletion of salt and water due to sweating.

Heat Syncope - Weakness, fatigue and fainting due to loss of salt and water in sweat and exercise in the heat. Predisposes to heatstroke.

Heat Exhaustion (Water Depletion) - Excessive weight loss, reduced sweating, elevated skin and core body temperature, excessive thirst, weakness, headache and sometimes unconsciousness.

Heat Exhaustion (Salt Depletion) - Exhaustion, nausea, vomiting, muscle cramps, and dizziness due to profuse sweating and inadequate replacement of body salts.

Heatstroke - An acute medical emergency related to thermoregulatory failure. Associated with nausea, seizures, disorientation, and possible unconsciousness or coma. It may occur suddenly without being preceded by any other clinical signs. The individual is usually unconscious with a high body temperature and a hot dry skin (heatstroke victims, contrary to popular belief, may sweat profusely).

Heat Stress and Athletic Participation Treatment

Know what to do in case of emergency and have your emergency plans written with copies to all your staff. Be familiar with immediate first aid practices and prearranged procedures for obtaining medical care, including ambulance service.

Heat Stroke - This is a medical emergency. DELAY COULD BE FATAL. Immediately cool body while waiting for transfer to a hospital. Remove clothing and place ice bags on the neck, in the axilla (armpit), and on the groin area.

Heat Exhaustion - OBTAIN MEDICAL CARE AT ONCE. Cool body as you would for heat stroke while waiting for transfer to hospital. Give fluids if athlete is able to swallow and is conscious.

Summary - The main problem associated with exercising in the hot weather is water loss through sweating. Water loss is best replaced by allowing the athlete unrestricted access to water. Water breaks two or three times per hour are better than one break an hour. Probably the best method is to have water available at all times and to allow the athlete to drink water whenever he/she needs it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water. The small amount of salt lost in sweat is adequately replaced by salting food at meals. Talk to your medical personnel concerning emergency treatment plans.

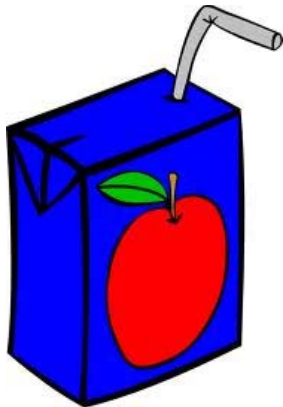
Recommendations for Hydration

- Drink according to a schedule based on individual fluid needs.
- Drink before, during and after practices and games.
- Drink 17-20 ounces of water or sports drinks with six to eight percent CHO, two to three hours before exercise.
- Drink another 7-10 ounces of water or sport drink 10 to 20 minutes before exercise.
- Drink early - By the time you're thirsty, you're already dehydrated.
- In general, every 10-20 minutes drink at least 7-10 ounces of water or sports drink to maintain hydration, and remember to drink beyond your thirst.
- Drink fluids based on the amount of sweat and urine loss.
- Within two hours, drink enough to replace any weight loss from exercise.
- Drink approximately 20-24 ounces of sports drink per pound of weight loss.
- Dehydration usually occurs with a weight loss of two percent of body weight or more.

Recommendations for Hydration

WHAT NOT TO DRINK

- Drinks with Carbohydrate (CHO) concentrations of greater than eight percent should be avoided.
- Fruit juices, CHO gels, sodas, and sports drinks that have a CHO greater than six to eight percent are not recommended during exercise as sole beverages.
- Beverages containing caffeine, alcohol, and carbonation are not to be used because of the high risk of dehydration associated with excess urine production, or decreased voluntary fluid intake.



Recommendations for Hydration

WHAT TO DRINK DURING EXERCISE

- If exercise lasts more than 45-50 minutes or is intense, a sports drink should be provided during the session.
- The carbohydrate concentration in the ideal fluid replacement solution should be in the range of six to eight percent CHO.
- During events when a high rate of fluid intake is necessary to sustain hydration, sports drinks with less than seven percent CHO should be used to optimize fluid delivery. These sports drinks have a faster gastric emptying rate and thus aid in hydration.
- Sports drinks with a CHO content of 10 percent have a slow gastric emptying rate and contribute to dehydration and should be avoided during exercise.
- Fluids with salt (sodium chloride) are beneficial to increasing thirst and voluntary fluid intake as well as offsetting the amount of fluid lost with sweat.
- Salt should never be added to drinks, and salt tablets should be avoided.
- Cool beverages at temperatures between 50 to 59 degrees Fahrenheit are recommended for best results with fluid replacement.

Asthma and Exercise

Coaches, athletic trainers and other health care professionals should:

- Be aware of the major signs and symptoms of asthma, such as coughing, wheezing, tightness in the chest, shortness of breath and breathing difficulty at night, upon awakening in the morning or when exposed to certain allergens or irritants.
- Devise an asthma action plan for managing and referring athletes who may experience significant or life threatening attacks, or breathing difficulties.
- Have pulmonary function measuring devices, such as peak expiratory flow meters (PFMs), at all athletic venues, and be familiar with how to use them.
- Encourage well-controlled asthmatics to engage in exercise to strengthen muscles, improve respiratory health and enhance endurance and overall well being.
- Refer athletes with atypical symptoms; symptoms that occur despite proper therapy; or other complications that can exacerbate asthma (e.g. sinusitis, nasal polyps, severe rhinitis, gastroesophageal reflux disease [GERD] or vocal cord dysfunction), to a physician with expertise in asthma. They include allergists, ear, nose and throat physicians, cardiologists and pulmonologists trained in providing care for athletes.

Asthma and Exercise, Cont.

- * Consider providing alternative practice sites for athletes with asthma. Indoor practice facilities that offer good ventilation and air conditioning should be taken into account for at least part of the practice.
- * Encourage players with asthma to have follow-up examinations at regular intervals with their primary care physician or specialist. These evaluations should be scheduled at least every six to 12 months.
- * Identify athletes with past allergic reactions or intolerance to aspirin or non-steroidal anti-inflammatory drugs (NSAIDs), and provide them with alternative medicines, such as acetaminophen.
- * Be aware of websites that provide general information on asthma and exercise induced asthma. These sites include: the American Academy of Allergy, Asthma and Immunology – www.aaaai.org; the American Thoracic Society – www.thoracic.org; the Asthma and Allergy Foundation of America – www.aafa.org; and the American College of Allergy, Asthma & Immunology – www.acaai.org



Section 4

Anabolic Steroids and Nutritional Supplements



Illegal Steroid Use and Random Anabolic Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that bodybuilding, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a medical doctor may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.
- As a prerequisite to participation in UIL athletic activities, student-athletes must agree that they will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol and that they understand that they may be asked to submit to testing for the presence of anabolic steroids in their body. Additionally, as a prerequisite to participation in UIL athletic activities, student-athletes must agree to submit to such testing and analysis by a certified laboratory if selected.

Illegal Steroid Use and Random Anabolic Steroid Testing, Cont.

- Also, as a prerequisite to participation by a student in UIL athletic activities, their parent or guardian must certify that they understand that their student must refrain from anabolic steroid use and that the student may be asked to submit to testing for the presence of anabolic steroids in his/her body. The parent or guardian also must agree to submit their child to such testing and analysis by a certified laboratory if selected.
- The results of the steroid testing will only be provided to certain individuals in the student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. Additionally, results of steroid testing will be held confidential to the extent required by law.

Health Consequences Associated with Anabolic Steroid Abuse

- **Boys and Men** - reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia).
- **Girls and Women** - development of more masculine characteristics, such as decreased body fat and breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair.
- **Adolescents of both sexes** - premature termination of the adolescent growth spurt, so that for the rest of their lives, abusers remain shorter than they would have been without the drugs.
- **Males and females of all ages** - potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse-particularly in high doses-promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery, and property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive, headache, muscle and joint pain, and the desire to take more anabolic steroids.
- In injectors, infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

Nutritional / Dietary Supplements

- The contents and purity of nutritional / dietary supplements are NOT tested closely or regulated by the Food and Drug Administration (FDA).
- As such, UIL is making student athletes and parents aware of the possibility of supplement contamination and the potential effect on a student athletes' steroid test. UIL does not approve or disapprove supplements.
- Contaminated supplements could lead to a positive steroid test. The use of supplements is at the student-athlete's own risk. Student-athletes and interested individuals with questions or concerns about these substances should consult their physician for further information.
- Student athletes must be aware that they are responsible for everything they eat, drink and put into their body. Ignorance and/or lack of intent are not acceptable excuses for a positive steroid test result.
- The American College of Cardiology recommends that "Athletes should have their nutritional needs met through a healthy balanced diet without dietary supplements".



The National Center for Drug Free Sport, Inc. has partnered with the UIL to provide an easily accessible resource designed to answer questions about its drug-testing program, banned substances and inquiries about dietary supplements.

The REC is available 24 hours a day seven days a week by calling the UIL hotline or going online and entering the assigned password. All correspondence with the REC can be done so anonymously, and will be kept confidential.

The web address for The Resource Exchange Center (REC) is:
www.drugfreesport.com/rec

The password to the REC for the Texas State High Schools: texashs

The toll free number to the REC for the UIL: 877-733-1135

Section 5

Lightning Safety



Recommendations for Lightning Safety

- Establish a chain of command that identifies who is to make the call to remove individuals from the field.
- Name a designated weather watcher (A person who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous).
- Have a means of monitoring local weather forecasts and warnings.
- Designate a safe shelter for each venue. See examples below.
- Use the Flash-to-Bang count to determine when to go to safety. By the time the flash-to-bang count approaches thirty seconds all individuals should be already inside a safe structure. See method of determining Flash-to-Bang count below.
- Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.

Recommendations for Lightning Safety, Cont.

- Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.
- Assume that lightning safe position (crouched on the ground weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear "crackling" noises. Do not lie flat on the ground.
- Observe the following basic first aid procedures in managing victims of a lightning strike:
 - * Activate local EMS
 - * Lightning victims do not "carry a charge" and are safe to touch.
 - * If necessary, move the victim with care to a safer location.
 - * Evaluate airway, breathing, and circulation, and begin CPR if necessary.
 - * Evaluate and treat for hypothermia, shock, fractures, and/or burns.
- All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

Recommendations for Lightning Safety, Cont.

Safe Shelter:

- A safe location is any substantial, frequently inhabited building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid in grounding a structure.
- The secondary choice for a safer location from the lightning hazard is a fully enclosed vehicle with a metal roof and the windows completely closed. It is important to not touch any part of the metal framework of the vehicle while inside it during ongoing thunderstorms.
- It is not safe to shower, bathe, or talk on landline phones while inside of a safe shelter during thunderstorms (cell phones are ok).

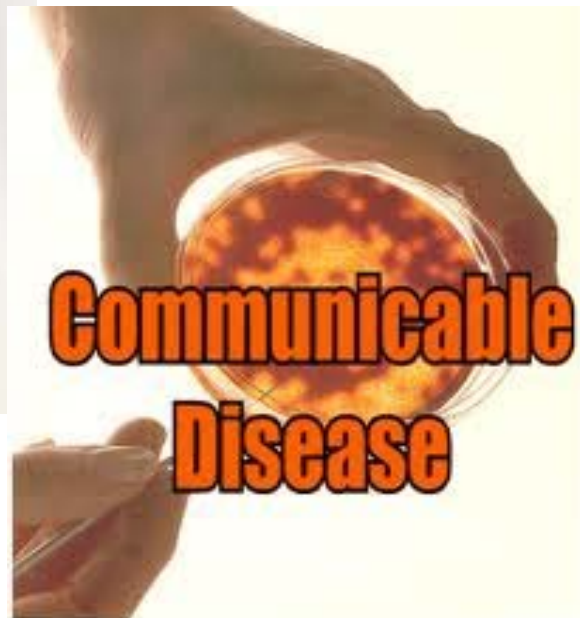
Flash-to-Bang:

To use the flash-to-bang method, begin counting when sighting a lightning flash. Counting is stopped when the associated bang (thunder) is heard. Divide this count by five to determine the distance to the lightning flash (in miles). For example, a flash-to-bang count of thirty seconds equates to a distance of six miles. Lightning has struck from as far away as 10 miles from the storm center.

Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest (irrespective of whether lightning is seen or thunder heard) until the hazard has passed. Signs of imminent thunderstorm activity are darkening clouds, high winds, and thunder or lightning activity.

Section 6

Communicable Diseases



Communicable Disease Procedures

- The risk for blood-borne infectious diseases, such as HIV/Hepatitis B, remains low in sports and to date has not been reported.
- Proper precautions are needed to minimize the potential risk of spreading these diseases.
- In addition to these diseases that can be spread through transmission of bodily fluids only, skin infections that occur due to skin contact with competitors and equipment deserve close oversight, especially considering the emergence of the potentially more serious infection with Methicillin-Resistant Staphylococcus Aureus (MRSA).

Communicable Disease Procedures, Cont.

Universal Hygiene Protocol for All Sports

- * Shower immediately after all competition and practice
- * Wash all workout clothing after practice
- * Wash personal gear, such as kneepads, periodically
- * Don't share towels or personal hygiene products with others
- * Refrain from (full body) cosmetic shaving

Communicable Disease Procedures, Cont.

Means of reducing the potential exposure to Infectious Skin Diseases include-

- * Notify guardian, trainer and coach of any lesion before competition or practice. Athlete must have a health-care provider evaluate lesion before returning to competition.
- * If an outbreak occurs on a team, especially in a contact sport, consider evaluating other team members for potential spread of the infectious agent.
- * Follow NFHS or state/local guidelines on "time until return to competition." Allowance of participation with a covered lesion can occur if in accordance with NFHS, state or local guidelines and is no longer considered contagious.

Communicable Disease Procedures, Cont.

Means of reducing the potential exposure to Blood-Borne Infectious Diseases include:

- * An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform or has blood on his/her person, shall be directed to leave the activity until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned and/or the uniform is changed before returning to competition.
- * Certified athletic trainers or caregivers need to wear gloves and take other precautions to prevent blood-splash from contaminating themselves or others.
- * Immediately wash contaminated skin or mucous membranes with soap and water.
- * Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves with cleaning.
- * Any blood exposure or bites to the skin that break the surface must be reported and evaluated by a medical provider immediately.

Sources

- American College of Cardiology
- California Interscholastic Federation
- National Athletic Trainers Association
- National Federation of State High School Associations
- National Institute on Drug Abuse
- Syracuse University
- Texas Education Agency
- University Interscholastic League
- Google Images