

# EXTRACURRICULAR ACTIVITY SAFETY TRAINING PROGRAM



## STUDENT ATHLETE SAFETY TRAINING FOR UIL SPORTS

*HOUSE BILL 82: Requires that student athletes be provided training in recognizing symptoms of catastrophic injuries, including head and neck injuries, concussions, asthma attacks, heatstroke, cardiac arrest and injuries requiring use of an AED, the risks of using nutritional supplements. This training can be conducted by the school, using the materials available on the SB 82 portion of the Health and Safety Section of the UIL web site. **Download safety training PowerPoint presentation.** (revised August 2018)*

# Reducing Head and Neck Injuries in Football



Head and neck injuries in football have been dramatically reduced since the late 1960's. Several suggestions for continued reduction follow:

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. Strong neck muscles may help prevent neck injuries.
4. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **Keep the head out of football.**
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.
8. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) he should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

## Keeping 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 and coaches can avoid lawsuits. Keep the head out of football.*



### Coaches Checklist

- |                                                        |                                                                            |                                                        |
|--------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Keep the head up.                                   | 10. Repeat drills which stress proper and safe techniques.                 | 18. Entire staff must be "tuned in" to safety program. |
| 2. Discuss risk of injury.                             | 11. Admonish and/or discipline users of unsafe techniques.                 | 19. Check helmet condition regularly.                  |
| 3. Keep the head out of contact.                       | 12. Receive clearance by doctor for athlete to play following head trauma. | 20. Improper technique causes spinal cord injuries.    |
| 4. Explain how serious injuries can occur.             | 13. Stress safety every day.                                               | 21. Helmet must fit properly.                          |
| 5. Involve parents in early season meeting.            | 14. Don't glorify head hunters.                                            | 22. Be prepared for a catastrophic injury.             |
| 6. Have a set plan for coaching safety.                | 15. Support officials who penalize for illegal helmet contact.             | 23. The game doesn't need abusive contact.             |
| 7. Clearly explain and demonstrate safe techniques.    | 16. Don't praise or condone illegal helmet contact.                        | 24. Player safety is your responsibility.              |
| 8. Provide best medical care possible.                 | 17. Provide conditioning to strengthen neck muscles.                       | 25. It's a game - not a job - for the players.         |
| 9. Monitor blocking and tackling techniques every day. |                                                                            |                                                        |

## **Safety Training**

Senate Bill 82, in effect since the 2007-2008 school year, related to safety regulations for certain public school extracurricular activities.

This legislation:

1. Requires safety training for all coaches or sponsors for athletic activities, and any marching band director. UIL has developed a safety training program for coaches and sponsors of athletic activities that is available through the UIL Online as part of the Rules Compliance Program. Visit the **Rules Compliance Program** to complete Safety Training.

Additional information from the Texas Administrative Code, Chapter 76.1003, on these requirements as they pertain to athletic trainers and team physicians.

2. Mandates that schools, at least once per year, conduct a safety drill that incorporates the training described in the safety training program developed by UIL.
3. Requires that student athletes be provided training in recognizing symptoms of catastrophic injuries, including head and neck injuries, concussions, asthma attacks, heatstroke, cardiac arrest and injuries requiring use of an AED, the risks of using nutritional supplements. This training can be conducted by the school, using the materials available on the SB 82 portion of the Health and Safety Section of the UIL web site. **Download safety training Powerpoint presentation.** (revised September 2017)
4. Mandates that unsafe athletic activities are prohibited and schools must make sure that safety precautions are required (asthma medication, hydration materials present, emergency lanes clear etc.)
5. Requires that any student who is rendered unconscious while participating (in practice or game) cannot participate further in that practice or game any more and must get written clearance prior to any further participation.
6. Mandates that records of compliance with the requirements of the legislation be kept and be made public upon request.
7. Requires that non-compliance with the provisions of the bill could subject the school to penalties as outlined in section 27 and 29 of the Constitution and Contest Rules.
8. Mandates that the Texas Education Agency create hotline number and email address for reports of non-compliance and schools must post that information in their administration offices. To report complaints or violations, contact the Curriculum Division of the Texas Education Agency by phone at 512-463-9581 or by email at curriculum@tea.state.tx.us.
9. Requires the text of sections of bill as well as the Parent Information Manual must be provided to parents of participants. The bill does allow that the required materials can be provided electronically, unless specifically requested otherwise.

## **Extracurricular Activity Safety Training Program**

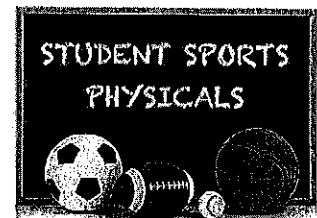
### **CPR / AED - Sudden Cardiac Arrest**

- CPR at least 110 beats / Min.
- Minimize interruptions in Compressions
- If AED is present perform compression before & after a shock



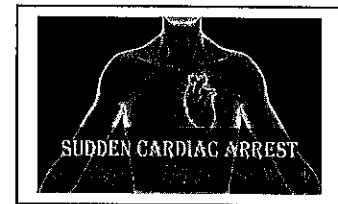
### **Screening for Sudden Cardiac Arrest:**

- Medical History / Physical Exam
- Electrocardiogram & echocardiogram



### **What is Sudden Cardiac Arrest?**

*Suddenly w/out warning, electrical malfunction that cause the heart not to be able to pump blood to brain, lungs, and other organs.*



### **Causes of Sudden Cardiac Arrest:**

- Inherited Problems - such as enlarged heart, Marfan's Syndrome, other
- Non-Inherited Problems - electrical problems, Coronary Artery Problems, abnormally developed heart
- Commotion Cardis - concussion of the heart
- Myocarditis - Inflammation of the heart
- Recreational Drug abuse

### **Symptoms of Cardiac Arrest:**

- Fainting
- Chest pain
- Palpitations (fast HR - skips beat)
- Dizziness
- Shortness of breath
- Family History
- Unusual fatigue / weakness
- Nausea / vomiting

### **Treatment for Sudden Cardiac Arrest:**

**911**

**CPR**

**AED**

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### Head and Neck Injuries:

- Players should not use head as battering rams, helmet is for protection not a weapon.
- Keep the head out of football.
- Proper fitting equipment
- Strict enforcement of the rules
- When a player shows signs and symptoms of a head injury / Concussion they should receive medical attention and not return to any practice or game.
- Definition: A concussion is a traumatic physical force to the head and produces altered brain function.



### Symptoms:

- LOC
- Loss of Memory
- Personality Change
- Light and Noise Sensitivity
- HA
- Loss of Balance
- Emotional Change
- Feeling of Fog
- Dizziness
- Blurry Vision
- Nausea / Vomiting
- Sluggish / fatigue / Sleepy
- Concentration problems
- Stunned or Dazed
- Vacant Glare
- Confusion

### Concussion Oversight Team: (Set Policy for management of Concussions)

- Athletic Trainer
- Doctor
- Neurophysiologist
- Others

### Other:

- Coaches and Athletic Trainers are required Concussion Training Yearly
- Concussion acknowledgement form

#### Response to Suspected Concussion:

1. Removal from participation if the following suspects a concussion ( Doctor , Athletic Trainer, or licensed health care professional , his/her coach, ,Parent or Legal Guardian of student)
2. Medical Evaluation
3. Parents / Guardian is notified
4. Once symptom free may begin RTP
5. Final Doctor Clearance
6. Classroom Modifications is necessary



## **Heat, Hydration and Asthma**

- Heat Stroke is the number preventable cause of death in School Sports.
- Acclimatization - start slowly and progress
- Keep each individual athlete level of conditioning and any medical conditions in mind
- Adjust intensity, rest & water breaks, and uniforms to accommodate the changing weather
- Be ready for heat related emergency

### **Ok to drink:**



- *Water*
- *Sports Drinks – when you involved in strenuous activity greater than 45 min, Intense workouts and when exercising in hot humid weather*

### **Do not drink:**



- *Energy drinks*
- *Soda's or any other sugary drinks*



### **Hydrate Properly:**

- Drink 16 oz, 2 hours prior to activity
- Drink 8-16 oz. 15 min. prior to activity
- Drink 4-8 oz. every 15-20 min. during strenuous activity
- Drink 16 oz., for every pound lost before the next practice

### **Recognize signs and symptoms of Heat Illness:**

- Muscle Cramps • Fatigue • Headache • Nausea • Dizziness • Profuse sweating

### **Recognize signs and symptoms Heat Stroke:**

- Clumsiness • Stumbling • Collapse Obvious behavior changes • Hot, Red, Dry Skin • Convulsions

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### Asthma

#### Signs and symptoms of asthma:

- Coughing
- Wheezing
- Chest tightness
- Shortness of breath
- Breathing difficulty



#### Checklist for your asthmatic athletes:

- ☒ Asthma action plan on file with nurse
- ☒ Inhalers should easily accessible for all practices and games
- ☒ If asthma seems not to be well controlled, then contact the nurse / trainer/ parents / physicians
- ☒ Be aware that environmental factors may worsen symptoms, Practice modifications and practice sites may be indicated. Be aware of students with allergic reactions to aspirin or NSAID's
- ☒ Encourage athletes with diagnosis asthma to have follow up medical examinations and encourage them to participate in exercise that will improve respiratory health and overall wellbeing.

*Be aware of the following websites that provide general information for asthma and exercise induced asthma:*

1. American Academy of Allergy - [www.aaaai.org](http://www.aaaai.org)
2. American Thoracic Society - [www.thoracic.org](http://www.thoracic.org)
3. Asthma and Allergy Foundation of America – [www.aafa.org](http://www.aafa.org)

## Anabolic Steroids and Nutritional Supplements



Texas State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law. The use of steroids for performance enhancement and muscle building is not a valid medical purpose.

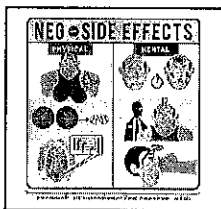


Any violation of state law concerning steroids is a criminal offense punishable to confinement in jail or imprisonment.



As a prerequisite to UIL athletic participation students must agree that they will not use anabolic steroids and understand that they may be asked to submit testing for the presence of anabolic steroids in their body at a certified laboratory.

Consequences associated with anabolic steroid abuse: Use of needle injections



can cause HIV /AIDS, bacterial infections, Hepatitis B and C, Infectious endocarditis, and abscesses.



**All forms of Anabolic Steroids can cause the following:**

### Boys / Men:

- Reduced sperm production
- Shrinking of testicles
- impotence
- Difficulty with urination
- Baldness
- Irreversible Gynecomastia

### Girls / Women:

- Masculine Features
- Decreased breast size
- Decrease body fat
- Deep voice
- Excessive body hair
- Baldness

### Adolescents of both sexes:

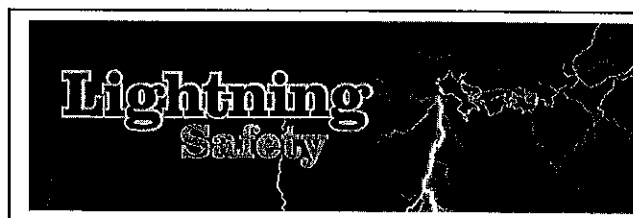
- Liver disease / Cancer
- Blood Clotting
- High Blood Pressure
- Acne
- Aggression
- Fatigue
- Restlessness
- Loss of Appetite
- Headaches
- Muscle and Joint Pain
- Cholesterol problems
- Insomnia
- Depression

# LIGHTNING



Safety <http://www.uiltexas.org/health/info/lightning-safety>

- Establish a chain of command
- Designated weather watcher
- Means of monitoring local weather
- Designate safe shelters
- Follow Silsbee ISD Policy / Procedure
- Must wait at least 30 Min. after each lightning strike



## Key points for SISD Staff:

1. Make sure you are getting the Lightning Alerts on your phone.
2. Head coaches know your **SAFE LOCATIONS** and promptly evacuate when Lightning is in the Area.
3. Head coaches you are not only responsible for your players, you are responsible for notifying the visiting team and direct them to a safe location (locker rooms or bus, etc...), as well as the fans.
4. Make sure the **PUBLIC ADDRESS ANNOUNCEMENT** initiated.
5. **Dugouts Batting Cages, under stadium bleachers and open/covered walkways are not safe.** If you are a visiting team do not stay in the dugout even if the home team elects to stay in their dugout. Ask for a safe location to use or evacuate to the bus. **DO NOT LET YOUR ATHLETES WONDER AROUND DURING THE GAME DELAY, KEEP THEM INDOORS OR ON THE BUS.**
6. Any official, referee, coach, or player has the right by law to evacuate to safety if they feel threatened by lightning without persecution. Head coaches if you are a visiting team and you feel like the host team is participating in unsafe procedures and you wish to remove your team from the field then it is your right and responsibility to do so. Most School districts do not have the lightning alert system that we are so fortunate to have and are probably not as accurate or safe. Take the responsibility to protect your players and patrons.
7. Lightning delays for any practice or game is a minimum of 30 mins, if we are home we will use our lightning alert system via text message for an "all clear".
8. **IF LIGHTNING HAS NOT BEEN ALERTED, BUT SEEMS IMPENDING AND INEVITABLE POSTPONE PRACTICES AND GAMES, USE COMMON SENSE AND SOUND JUDGEMENT.**

## Lightning Safety Recommendations:



Avoid being the highest point in an open field



Do not take shelter under trees, flagpoles, or light poles



Need to evacuate playing fields and move to a grounded building or bus (dug outs and covered areas are not safe locations)



Do not use land line phones, shower, bathe during lightning storms, cell phones are safe.



Lightening safe position: Crouch 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 "cracking" noises. Do not lie flat on the ground)



Following first aid procedures for lightning strike victims:

- Activate EMS
- Victims are safe to touch they do not carry a charge
- Evaluate A,B,C's and begin CPR, AED use
- Evaluate for hypothermia, shock, fractures and burns

**Communicable Diseases: Universal Hygiene Protocol for All Sports**

1. Shower after practice and competition
2. Wash all workout cloths after practice
3. Wash personal gear
4. Do not share towels or other personal hygiene products (razors, deodorant, etc.)
5. Refrain from full shaving
6. Report all wounds and skin lesions and keep covered during activity



Clean any blood on uniforms during games or practice and stop bleeding and cover any wounds or lesions that occur during practice or games. Caregivers should always wear gloves when dealing with blood borne pathogens



Clean wounds with soap and water and Clean all contaminated surfaces and equipment with disinfect and use gloves



Any blood exposure or bites to the skin that break the surface must be reported and evaluated by a medical provider immediately.



The risk for blood-borne infectious diseases such as HIV/HEP B, remains low in sports and to date has not been reported.