safe sports school
NATIONAL ATHLETIC TRAINERS' ASSOCIATION

SAFE SPORTS SCHOOL INSTRUCTIONS

SHOW YOUR COMMUNITY HOW HARD YOU ARE WORKING TO KEEP YOUR ATHETES SAFE.
HIGHLIGHT YOUR LEADERSHIP.
APPLY FOR THE SAFE SPORTS SCHOOL AWARD TODAY!

The Safe Sports School award application package consists of two parts:

1. Background and detailed explanation of components of an SSS award
2. Application

Schools may earn a 1st Team or 2nd Team Safe Sports School award. 1st Team awards are given to schools that have acted on all Recommended and Required elements of a safe sports school. 2nd Team awards are for schools that have completed only required elements.

WHO CAN APPLY?
Any secondary school may apply for the award. Applications must be signed by the school's principal or athletic director and an athletic trainer or team physician.

HOW WILL AWARD RECIPIENTS BE SELECTED?
The National Athletic Trainers' Association (NATA) will review applications and grant an award to schools meeting qualifications for either 1st Team or 2nd Team. NATA does not require backup documentation or related materials, nor will NATA inspect the athletic program of any applicant school. Instead, NATA relies on the representations made by the applicant school, and requires each school to certify the accuracy of its responses, and that all such responses are truthful and complete. Any school not meeting the designated qualifications will not be granted the award. Schools will be provided notice of the results of NATA's review within sixty (60) days of NATA's receipt of the school's properly completed application and application fee. In the event an application is not complete, notice of additional information required will be given to the school within sixty (60) days of NATA's receipt of the school's application.

WHAT WILL THE SCHOOL RECEIVE?
Schools qualifying for either 1st or 2nd Team will receive a banner and a certificate suitable for framing. The award is granted for a three (3) year period, and a new application must be submitted upon expiration if the school wishes to maintain its status.

Schools will also receive digital artwork that may be duplicated for other uses, consistent with NATA guidelines for this trademarked logo. The school, PTA or booster club may, for example, use the artwork to raise funds to buy equipment for the athletic program in addition to promoting the leadership of the school.

In addition, qualifying schools will be listed on NATA's consumer website (www.athletictrainers.org).

FEE
The non-refundable application fee for the award is $150. Payment of the application fee does not insure that the school will be granted the SSS award. School districts may apply for all schools if uniform policies and procedures are in place. For more information about a group application, please contact sad@nata.org.

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NATIONAL ATHLETIC TRAINERS' ASSOCIATION

SUBMISSION INFORMATION

Applications and payment should be mailed to the National Athletic Trainers' Association, 2952 Stemmons Freeway, #200, Dallas, Texas 75247, or may be faxed to 214-736-5463. Please make checks payable to the National Athletic Trainers' Association. You may make a credit card payment by completing the information below. For questions, contact sad@nata.org.

Name of Cardholder:_____

Credit Card #:_____ Exp. Date:_____

Amount to be charged is $150

_____
Signature

The Safe Sports School award solely demonstrates that a school certified that it met the particular standards and criteria of the National Athletic Trainers' Association Safe Sports School Award program. Neither the National Athletic Trainers' Association, nor the award itself, guarantees or warrants anything beyond a school's certification that it meets such standards or criteria. The National Athletic Trainers' Association makes no representations, warranties, or guarantees as to, and has and assumes no responsibility for the safe conduct of sports activities by the schools.

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NATIONAL ATHLETIC TRAINERS' ASSOCIATION

SAFE SPORTS SCHOOL AWARD BACKGROUND INFORMATION

It is estimated that physical inactivity causes 6-10 percent of all deaths from major non-communicable diseases, such as type 2 diabetes.[1] According to The Lancet, males and females "of all ages, socioeconomic groups, and ethnicities are healthier if they achieve the public health recommendation of at least 150 minutes per week of moderate intensity aerobic physical activity."[2] And we know that habits formed in youth last a lifetime.

Technology continues to have a strong presence in young lives, making it easier to watch television or play video games. And school-based organized physical activity may not be as common as it once was. The Government Accountability Office (GAO) stated that as of 2006, only 15.2 percent of middle/junior high schools offered physical education courses three days a week. The GAO also reported, however, that competitive sports activities have increased.[3] With that in mind, it is vital that school staff, parents and others responsible for student athlete health are aware of current protocols.

Despite its obvious benefits, physical activity – especially competitive sports – is not without risk.[4,5] Brain injury (concussion), cardiac arrest, devastating heat illness, exertional sickling, cervical spine fractures and other injuries and illnesses are all serious and potentially life-threatening. According to information gathered by the National Athletic Trainers' Association, as many 100 secondary school athletes die per year, the majority from sudden cardiac arrest. Risk is not limited to one or two sports; athletes may be injured or become ill while cheerleading or in marching band, as well as while playing soccer, football, volleyball, basketball or lacrosse.

Fortunately, risks can be minimized by proper planning and with proper equipment and personnel. Without that, injuries and medical conditions will impact the lives of athletes and their families, and may be costly in terms of time lost from school, jobs and medical visits. In 2009 athletes age 5-14 years accounted for almost 40 percent of all sports-related injuries treated in hospitals, with the severity of the injury increasing with the age of the participant.[6]

While emergency medical care and event coverage are critical components of sports safety, the ideal standard goes beyond that to comprise other health services. Fortunately, schools can institute plans and procedures through a series of relatively simple steps, and the National Athletic Trainers' Association (NATA) wants to do its part to encourage the highest degree of safety for student athletes. To recognize the effort of schools that take action, NATA will award its prestigious Safe Sports School award to schools that represent that their athletic programs meet the criteria described below.

In order to achieve Safe Sports School status, athletic programs must do the following:

- Create a comprehensive athletic health care administrative system
- Provide or coordinate pre-participation physical examinations
- Promote safe and appropriate practice and competition facilities

[1] Das, Pamela, and Richard Horton. "Rethinking Our Approach to Physical Activity." The Lancet Physical Activity (2012): 5-6. Print.
[2] Hallal, Pedro C., Gregory W. Health, Harold W. Kohl, III., I-Min Lee, and Michael Pratt. "Physical Activity: More of the Same Is Not Enough." The Lancet (2012): 6-7. Print.
[3] United States of America. Government Accountability Office. K-12 Education School-Based Physical Education and Sports Programs. By Linda Calbom, David Chrisinger, and Michelle Wong. Comp. Debra Prescott and Rebecca Woiwode. Government Accountability Office, 29 Feb. 2012. Web. 10 Aug. 2012. <http://www.gao.gov/assets/590/588944.pdf>.
[4] In 2011, more than 40 children died during or immediately after sporting practice or play. National Athletic Trainers' Association.
[5] Approximately 8,000 children are treated in EDs each day for sports-related injuries. *Wier L. Miller A. Steiner C. Sports Injuries in Children Requiring Hospital Emergency Care, 2006, HCUP Statistical brief #75, June 2009.*
[6] *Preserving the Future of Sport: From Prevention to Treatment of Youth Overuse Sports Injuries*. AOSSM 2009 Annual Meeting Pre-Conference Program. Keystone, Colorado.

- Plan for selection, fit, function and proper maintenance of athletic equipment
- Provide a permanent, appropriately equipped area to evaluate and treat injured athletes
- Develop injury and illness prevention strategies, including protocols for environmental conditions
- Provide or facilitate injury intervention
- Create and rehearse venue-specific Emergency Action Plans
- Provide or facilitate psychosocial consultation and nutritional counseling/education
- Educate athletes and parents about the potential benefits and risks in sports as well as their responsibilities

The application for a Safe Sports School award outlines the specific actions that will lead an athletics program to the highest safety standards for its players. A school may earn a 1st or 2nd Team award. 1st Team is awarded to schools that act on all of the recommended and required elements; 2nd Team is granted to schools that have completed only required elements.

It may take a school months or even years to implement all requirements. School districts may provide guidance and share resources. Community and parent activists can help and should be part of the effort. The result will be safer, healthier young athletes.

Descriptions of and rationale for each of the required and recommended elements of a Safe Sports School are outlined below. Complete the application only after reading the descriptions.

1. CREATE A COMPREHENSIVE ATHLETIC HEALTH CARE ADMINISTRATIVE SYSTEM

It is important to have well-established athletic health care programs to ensure safety, stability and the overall promotion of good health. Having healthy athletes promotes good grades and active participation in all school activities. An athletic health care team will help keep students safe and active. Schools should establish an athletic health care team (AHCT) that ensures appropriate medical care is provided for all participants. Physicians, athletic trainers and other health professionals representing various disciplines are involved in the provision of athletic health care to adolescents.

It is recommended that the athletic health care team includes a physician director, school staff administrator(s) (e.g., coach, athletic director), school medical personnel (e.g., nurse) and an athletic trainer as the coordinator per the recommendation of the American Medical Association (AMA Resolution H-470.995 Athletic [Sports] Medicine, 1998).[7]

Athletic health care teams enhance communication between school medical personnel and local or team physicians. Individual responsibilities of other members of the team will be dictated by local needs and statutes. Each community is unique, and the health system for each school must reflect its needs.

<u>The ideal Safe Sports School is defined by:</u>

1.1 The school has developed a well-organized athletic health care team to ensure the safety of student athletes.

1.2 To properly develop and implement a comprehensive athletic health care administrative plan, the school has created a detailed protocol describing and identifying each team member's role and responsibility.

[7] Lyznicki JM, Riggs JA, H.C.C. Certified athletic trainers in secondary schools: report of the councilon scientific affairs, American Medical Association. *J Athl Train.* 1999;34:272-276.

1.3 Clear policies have been developed or adopted by the administration, AHCT, and other relevant experts to ensure all on-site athletic staff adhere to safe clinical practice parameters for adequate medical care.

1.4 A medical professional such as an athletic trainer or team physician is available during sporting competitions and in-season practices.

2. PROVIDE OR COORDINATE PRE-PARTICIPATION PHYSICAL EXAMINATIONS

Prevention of illness and injury is the first step in providing a safe environment for any age group, but it is of particular relevance to children. Because they are active and seemingly healthy, there may be an assumption that they have received regular medical checkups, or even that they don't need check-ups. There may also be a tendency to assume students are physically ready for organized sports.

However, an active child may have underlying or incipient medical issues, and even a thorough screening may not uncover anomalies or rare conditions. Children with known chronic diseases such as asthma or diabetes can safely engage in sports, but proper precautions must be observed. Annual screening of athletes is imperative; health conditions may change from year to year and the development of subtle problems may be overlooked. The pre-participation physical examination (PPE) is an important requirement for all participants in any organized program and should be performed by the athlete's primary care physician, school physician or team physician.

Each child's parent or guardian should be required to reveal pertinent medical history. The physician should educate the athlete about his or her individual health risks.

For convenience (although any form may be used), a PPE form is available from the American Academy of Family Physicians: http://www.aafp.org/online/en/home/clinical/publichealth/sportsmed/preparticipation-evaluation-forms0.html.

The ideal Safe Sports School is defined by:

2.1 The athletics program has organized a system to inform parents of the need for a complete physical and for obtaining written reports back from the physician.

2.2 Each athlete has a PPE on file with the school prior to the beginning of their first required physical activity (i.e., tryouts, practice).

2.3 Preseason readiness includes education of athletes about their individual risks due to underlying medical conditions.

2.4 To ensure consistency, these reports (e.g., history, physical examination and clearance to play) are completed on forms provided by the school.

3. PROMOTE SAFE AND APPROPRIATE PRACTICE AND COMPETITION FACILITIES

While the benefits young athletes gain from sports participation are immeasurable and often intangible, the impact of accidental injuries and deaths to this age group cannot be ignored. Very few youth sports injuries are catastrophic, or even fatal, but their frequency and financial impact warrant attention.

Obviously, sports should be played on safe and appropriate surfaces specific to that sport. It is tempting to think that practice or drills can be conducted anywhere, but 62 percent of organized sports-related injuries occur during

practice.[8] Providing safe facilities is an integral component of effective sports management. Maintaining these facilities helps to ensure that safety of students is a priority.

Any place in a school where physical activity takes place – where heart rates are elevated, bodies collide and falls are common – should have proper equipment, hygiene and safety guidelines.

The ideal Safe Sports School is defined by:

3.1 Practice and playing surfaces as well as strength and conditioning areas are checked according to school approved standards on a prescribed schedule to be safe and appropriate for all participating athletes. The standards and schedule are developed and reviewed on a regular basis by the AHCT.

3.2 Coaches and school officials are educated as to the need for immediate cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) care.

3.3 School equipment such as pads and other sport-related gear are disinfected according to a prescribed schedule and athletes are required to take personal items such as shoes and clothing home regularly to be laundered or cleaned.

3.4 An AED is part of the standard emergency equipment, with a plan as to how the AED will be accessed in each venue of practice or competition.

3.5 A school employee has been designated to be present and trained in the use and maintenance of the AED, and a plan that coordinates with local emergency personnel is in place.

3.6 On-site medical personnel are trained in CPR, AED use and first aid.

3.7 Students and school personnel are educated about hygiene practices and the dangers of communicable diseases. Students are cautioned as to the sharing of clothing, equipment and other personal items.

3.8 School personnel assure that skin lesions are covered before practice and competition to prevent risk of infection to the wound and transmission of illness to other participants. New skin lesions occurring during practice are properly diagnosed and treated immediately.

4. PLAN FOR SELECTION, FIT, FUNCTION AND PROPER MAINTENANCE OF ATHLETIC EQUIPMENT

Participation without proper equipment, or with equipment that is inappropriately or improperly fitted, subjects the athlete to increased risk of injury or illness. Equipment such as helmets, shoulder pads, mouth guards, face masks, etc. may be supplied by either the school or individual participant. It is incumbent upon the school to ensure that all equipment is appropriate and properly fitted. Detailed instructions provided by equipment manufacturers should be followed.

Key personnel need to know if, how, and when equipment such as helmets should be removed in case of injury. In addition, equipment specific to the purpose of caring for injuries and illnesses of athletes must be on site and in good working order.

[8] Rachel J, Yard E, Comstock R. *An Epidemiologic Comparison of High School Sports Injuries Sustained in Practice and Competition.* J Athl Train. 2008;43(2):197–204.

The ideal Safe Sports School is defined by:

4.1 Qualified personnel ensure that athletes have appropriate equipment, properly fitted to the individual.

4.2 Manufacturers' directions on maintenance and use of equipment are followed.

4.3 Qualified personnel have assured that the equipment is properly maintained and reconditioned.

4.4 Athletes in physical education, sports and events are supervised by qualified and competent teachers and coaches and provided with competent health care.[9]

5. PROVIDE A PERMANENT, APPROPRIATELY EQUIPPED AREA TO EVALUATE AND TREAT INJURED ATHLETES

Evaluating injured athletes in an appropriate setting is vital to recovery. An athletic injury can happen at any time during any event, so having a pre-determined location to treat the injured saves time and stress. Early intervention promotes healing and decreases risk of re-injury; initiation of prompt treatment is critical in the management of life- or limb-threatening injuries or conditions. [10, 11, 12, 13, 14]

Locations for athlete treatment should be stocked with necessary equipment and a hygienic surface for evaluation. The area should be accessible to emergency personnel for transportation if necessary.

The ideal Safe Sports School is defined by:

5.1 Current licenses/certifications of members of the AHCT are prominently displayed.

5.2 The facility has a locked file cabinet for medical records.

5.3 There is a place to have private conversations with athletes and/or their parents.

5.4 The athletic health care facility is large enough to serve all injured athletes with relative ease.

5.5 The facility is stocked with necessary medical equipment for the treatment of patients.

5.6 A functional office space is available to maintain the privacy and security of medical records.

6. DEVELOP INJURY AND ILLNESS PREVENTION STRATEGIES, INCLUDING PROTOCOLS FOR ENVIRONMENTAL CONDITIONS

Adverse environmental conditions can pose threats to the safety of athletes. Therefore, it is essential that institutions associated with athletic events have policies and protocols in place.[15] These protocols should be specific to each venue and take local environmental factors into consideration.

To avoid lifelong disability and pain, prevention of injuries is critical. Medical care is not limited to broken bones and torn ligaments: student athletes are subjected to extreme outdoor elements, so it is important to follow established guidelines.

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[9] Hergoenroeder AC. Prevention of Sports Injuries *Pediatrics.* 1998;101:1057-1063.
[10] Lyznicki JM, Riggs JA, H.C. C. Certified athletic trainers in secondary schools: report of the council on scientific affairs, American Medical Association. J Athl Train. 1999;34:272-276.
[11] Powell JW, Barber-Foss KD. Injury patterns in selected high school sports: a review of the 1995-1997 seasons. *J Athl Train.* 1999;34:277-284.
[12] National Athletic Trainers' Association. Minimizing the risk of injury in high school athletics. Accessed February 19, 2003, from www.nata.org/publications/brochures/minimizingtherisks.htm.
[13] Shimon JM. Youth sports injury: prevention is key. Strategies. 2002;15:27-30.
[14] Weaver NL, Marshall SW, Miller MD. Preventing sports injuries: opportunities for intervention in youth athletics. Patient Educ Counseling. 2002;46:199-204.
[15] American Orthopaedic Society for Sports Medicine (AOSSM). Sideline Preparedness for the Team Physician: A Consensus Statement. 2002.

For example, active exercise can increase the athlete's core body temperature very quickly, and in extreme heat the athlete can become dangerously overheated; it's important to discuss risk factors such as dehydration with young athletes. Athletes with sickle cell trait are susceptible to exertional sickling and should be educated about the importance of testing and appropriately divulging medical history. Special attention should be given to athletes with sickle cell trait during physical exertion; asthmatic athletes during performance in high elevations or poor air quality; and to all athletes during lightning conditions.

The ideal Safe Sports School is defined by:

6.1 The school has adopted protocols for local environmental conditions and threats. Established policies regarding heat stress,[16,17,18] cold stress,[19,20] and lightning[21,22] can be used as models to develop and incorporate those guidelines into EAPs.

6.2 Coaches and others who work with athletes are trained and review the EAP for athletics each school yea.

6.3 The EAP for athletics is reviewed each year by the AHCT and other school officials, in conjunction with local emergency personnel, and the plan is rehearsed regularly.

6.4 Appropriate and necessary equipment is accessible to follow the school's environmental conditions guidelines.

6.5 Education on the use of the equipment in accordance to the environmental guidelines is reviewed by school personnel annually.

7. PROVIDE OR FACILITATE INJURY INTERVENTION

Nearly 6.5 million secondary school-age students participate in sports, recreation, and exercise[23] and approximately 715,000 sports- and recreation-related injuries occur in the school setting each year.[24] These injuries result in costs, some financial and some affecting quality of life.[25] Many school children who received medical attention for a sports/recreational injury had one or more days of lost time from school.[26] That said, it is vital that the proper care is taken by those supervising athletic activities.

The ideal Safe Sports School is defined by:

7.1 The school has a medical professional such as an athletic trainer or team physician available to provide intervention of acute and emergency conditions, illnesses and injuries in sporting events and practices.

7.2 Protocols have been established, in advance, governing referrals and return-to-play decisions, especially when multiple events are occurring at several sites. Authority to make decisions has been incorporated into the school's policies and procedures.

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[16] Binkley H, Beckett J, Casa D, Kleiner D, Plummer P. National Athletic Trainers' Association Position Statement: Exertional Heat Illness. J Athl Train. 2002;37:329-343.
[17] Convertino V, Armstrong L, Coyle E, Mack G, Sawka M, Senay L, Sherman WM. Exercise and Fluid Replacement. American College of Sports Medicine Position Stand. 1996.
[18] Inter-Association Task Force. Inter-Association Task Force on Exertional Heat Illness Consensus Statement. 2003.
[19] Armstrong L, Epstein Y, J. G, Haymes E, Hubbard R, Roberts W, Thompson P. Heat and Cold Illnesses During Distance Running. American College of Sports Medicine Position Stand. 1996
[20] National Collegiate Athletic Association. NCAA Guideline 2m, Cold Stress. In: NCAA Sports Medicine Handbook Indianapolis: NCAA, 2002.
[21] Walsh K, Bennett B, Cooper M, Holle R, Kithil MBA, Lopez R. National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation. J Athl Train. 2000;35:471-477.
[22] National Collegiate Athletic Association. NCAA Guideline 1d, Lightning Safety. In: NCAA Sports Medicine Handbook Indianapolis: NCAA, 2002.
[23] National Federation of State High School Associations. *2000-01 Handbook.* Indianapolis:NRSHSA; 2000
[24] National Center for Injury Prevention and Control. *CDC Injury Research Agenda.* Atlanta:Centers for Disease Control and Prevention; 2002.
[25] Janda DH. The prevention of baseball and softball injuries. *Clin Orthop.* 2003;409:20-28.
[26] Conn JM, Annest JL, Gilchrist J. Sports and recreation related injury episodes in the US population, 1997-1999. *Injury Prev.* 2003;9:117-123

7.3 The parents/guardians and student athletes are informed about the risks of sports-related illnesses and injuries and about the school's policies relating to management of those injuries and conditions.

7.4 A coach or competent other adult who is with the team on a regular basis is trained in CPR (including AED) and first aid, and is available as a first responder.

7.5 The EAP is reviewed each year by the AHCT and other school officials, in conjunction with local emergency personnel, and the plan is rehearsed regularly.

8. CREATE AND REHEARSE VENUE-SPECIFIC EMERGENCY ACTION PLANS

It is critical that a written emergency action plan (EAP) be created, rehearsed and routinely updated to deal with emergency situations. Further, the EAP should be specific to venues in which games and practices are held, as over half of organized sports-related injuries occur during practices.[27]

The EAP is both similar and very different from plans prepared for acts of violence or natural disasters. Both require the anticipation of evacuation or contact with public safety personnel, but the athletic plan should also take into account the need to evaluate and treat a (usually) single individual immediately.

Emergency action plans account for trained personnel, medical protocols used by those personnel, accessibility of equipment (e.g., AEDs), and – perhaps most importantly – the fact that the emergency likely will happen outside normal school hours. Even seemingly routine injuries can be life-threatening. For example, a knee dislocation can compromise vascular flow, and even manageable chronic diseases such as asthma and diabetes may also present emergency situations. Therefore, immediate professional intervention is essential.

The emergency action plan should include a "Time Out" policy. Members of the AHCT meet before events to discuss their equipment, roles and other information they deem pertinent. For an additional reference view the policy at: http://www.nata.org/sites/default/files/TimeOut.pdf.

There are many factors in preparing an EAP. For example:

- Is cell phone reception available in remote fields? Who is responsible for the phone?
- Who has keys to allow emergency vehicle access?
- Are medical protocols known to EMS and vice versa?
- Is immediate transport appropriate (e.g., sudden cardiac arrest) or should the patient be stabilized first (e.g., heat illness)?
- Who will decide if other transport is needed, if you are unable to wait for an ambulance?
- Is the parking lot full of cars and buses that will block access?

The keystones of dealing with an emergency are advance preparation, emergency communication, proper use of medical equipment, and prompt intervention.

[27] Rechel J, Yard E. Comstock R. (2008) *An Epidemiologic Comparison of High School Sports Injuries Sustained in Practice and Competition.*

The ideal Safe Sports School is defined by:

8.1 There is a written, venue-specific EAP that takes into account the differences in emergency access for practice, scrimmage and games.

8.2 The plan is approved by a physician or athletic trainer.

8.3 School officials are familiar with standards of care and have incorporated those standards into planning. Examples of standards in emergency care include:

- NATA Position Statement on Preventing Sudden Death in Sports (2012)
- Inter-Association Task Force Consensus Statement on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs (2007)
- Inter-Association Task Force Consensus Statement on Preseason Heat-Acclimatization Guidelines for Secondary School Athletics (2009)
- NATA Position Statement on Management of Sport-Related Concussion (2004)
- NATA Position Statement on Acute Management of the Cervical Spine-Injured Athlete (2009)
- Inter-Association Task Force Consensus Statement on Exertional Heat Illnesses (2003)
- NATA Position Statement on Lightning Safety for Athletics and Recreation (2013)
- NATA Official Statement on Automated External Defibrillators (2003)

8.4 The plan includes routine maintenance of safety equipment, clear policies on decision-making, accessibility to equipment and training for personnel.

8.5 The EAP is rehearsed regularly with school personnel, local public safety services and the hospital emergency department.

8.6 The "Time Out" policy is used when appropriate.

9. PROVIDE OR FACILITATE PSYCHOSOCIAL CONSULTATION AND NUTRITIONAL COUNSELING/EDUCATION

Young athletes are often reluctant to disclose information to school staff. They may not want to tell the coach of an illness out of fear they will be unable to play in the "big game." It is the athletic trainer or other medical professional who most often interacts with athletes around health issues. Therefore, members of the AHCT must be able to recognize and identify the signs of psychosocial pathologies, and refer as appropriate.

Athletes in particular must make sound nutritional decisions. They may seek to add body weight for certain sports or engage in fad diets for others. The use of performance enhancement products is on the rise. According to one study, creatine was used in every grade 6-12, and most commonly used by football, lacrosse and hockey players; and by gymnasts and wrestlers.[28] It cannot be assumed that a supplement sold over the counter is safe as there are no regulations for supplements or third-party verification in labeling or purity.

Energy drinks are also a popular but poor nutritional choice. Caffeine content in drinks regulated by the FDA is limited to 65 milligrams per 12 ounces, but unregulated energy drinks may contain as much as 271.9 milligrams in addition to other stimulants (e.g., guarana, taurine, carnitine, ginseng and inositol).[29]

[28] Metzl, Jordan, MD, Eric Small, MD, Steven Levine, MD, and Jeffrey Gershel, MD. "Creatine Use Among Young Athletes." *Pediatrics; Official Journal of the American Academy of Pediatrics* 108.2 (2001): n. pag. Web. 21 Sept. 2012.

[29] Babu, Kavita, MD, Richard Church, MD, and William Lewander, MD. "Energy Drinks: The New Eye-Opener For Adolescents." (2008): 35-41. Elsevier. Web. 21 Sept. 2012.

Steroids and other drugs may be used to increase the mass, strength and stamina of the athlete.[30] Steroid use in professional sports affects student athletes who look up to professional players.[31] Use of steroids affects the musculoskeletal, gastrointestinal and cardiovascular systems. Abuse is not limited to males, and education about performance enhancement drugs is appropriate.[32]

A pre-participation physical examination (PPE) or injury intervention may be an adolescent's only interaction with the health care system. The American Medical Association has estimated that the athletic PPE serves as the sole routine health maintenance check-up for 80–90 percent of adolescents.[33] Even though the PPE monograph recommends counseling and screening for psychosocial problems,[34] some have called the PPE a "missed opportunity"[35] to adequately evaluate the physical, emotional and psychological well-being of secondary school-age athletes.

The ideal Safe Sports School is defined by:

9.1 Coaches and AHCT members are aware of the psychosocial problems of adolescents, including nutrition, supplements, energy drinks and performance enhancing drugs.

9.2 Coaches work with members of the AHCT to provide for psychosocial consultation and referral.

9.3 A detailed PPE is conducted prior to the athlete's participation.

9.4 AHCT members have identified consultants who can further evaluate and treat these conditions.

9.5 At least one of the AHCT members is aware of the specialized developmental needs and stages of growing adolescents.

10. EDUCATE ATHLETES AND PARENTS ABOUT THE POTENTIAL BENEFITS AND RISKS IN SPORTS AS WELL AS THEIR RESPONSIBILITIES

Today's athletes and parents are eager to succeed in competitive sports, and may see athletic excellence as the only route to educational and later professional success. As referenced earlier, it's easy to think of a young athlete – particularly an elite athlete – as too healthy to need medical attention. That attitude is reinforced by the long-time sports culture of "playing through pain" or "no pain, no gain."

Parents and athletes may enter into an unconscious agreement to stay silent about health problems, either pre-existing or those created by physical activity. To end the culture of denial, it is critical that public institutions and even private organizations address the risks as well as the benefit of sports.

Safe Sports Schools will lead the way to increased awareness and compliance with safety measures.

[30] Mathias, Robert. "Steroid Prevention Program Scores with High School Athletes." Steroid Prevention Program Scores with High School Athletes. The Endowment for Human Development, Inc., 1996. Web. 21 Sept. 2012. <http://www.ehd.org/health_steroids_4.php>.
[31] Nicholson, Debbie. "Did Olympic Doping Result in World-wide Practice?" Allvoices. N.p., 25 Sept. 2012. Web. 27 Sept. 2012. http://www.allvoices.com/contributed-news/13055046-did-olympic-doping-result-in-worldwide-practice>.
[32] "Dangers of Anabolic Steroids." The Taylor Hooton Foundation. N.p., n.d. Web. 21 Sept. 2012. <http://taylorhooton.org/dangers-of-anabolic-steroids/>.
[33] Technology GoSa. Athletic preparticipation examinations for adolescents: report of the board of trustees. *Arch Pediatr Adolesc Med.* 1994;148:93-98
[34] National Center for Catastrophic Sports Injury Research. *Nineteenth Annual Report.* July 10 2002.
[35] Krowchuk D. The preparticipation athletic examination: a closer look. *Pediatr Ann.* 1997;26:1.

The ideal Safe Sports School is defined by:

10.1 Athletes and parents are informed about school policies and procedures that assure safety.

10.2 Parents or guardians of athletes have signed a form that attests they have read informational material about sudden cardiac arrest, brain injury/concussion, environmental risk factors and poor weight and nutrition choices and agree to provide medical history.

10.3 Athletes and parents attend a preseason meeting where information is provided on the potential benefits and risks of participating in sports.

Congratulations! By taking action to protect young athletes, you are helping to create a generation of healthier active adults who did not experience catastrophic injury in secondary school. The National Athletic Trainers' Association is proud to offer you this opportunity to be recognized for your contribution to athlete safety.

safe sports school
NATIONAL ATHLETIC TRAINERS' ASSOCIATION

SAFE SPORT SCHOOL APPLICATION

A school may be granted a Safe Sports School award ("award") 1st or 2nd Team. Schools meeting all minimum requirements are eligible to receive the 2nd Team. Those schools that also meet all additional recommendations will receive 1st Team designation.

Please check all boxes that apply to your school. Descriptions of each item below and associated compliance requirements are included in the background. The application and the declaration and release must be signed by both the school principal or athletic director and an athletic trainer or team physician. For more information, contact NATA (sad@nata.org).

1. CREATE A COMPREHENSIVE ATHLETIC HEALTH CARE ADMINISTRATIVE SYSTEM

REQUIRED ACTIONS:

1.1 The school has created an Athletic Health Care Team ("AHCT"). ☐

1.2 The AHCT has developed a detailed protocol, describing and identifying each team member's role. ☐

1.3 Clear policies have been developed or adopted by the administration, AHCT and other relevant experts pertaining to protocols for on-site athletics staff. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

1.4 A medical professional is available during sporting competitions and in-season practices. ☐

2. PROVIDE OR COORDINATE PRE-PARTICIPATION PHYSICAL EXAMINATIONS

REQUIRED ACTIONS:

2.1 The school has notified the parents/guardians of the need for a pre-participation physical examination (PPE). ☐

2.2 A PPE has been conducted for every athlete before his/her first physical activity, in which the athletes are required to share pertinent medical history. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

2.3 Athletes are educated about their individual risks due to underlying medical conditions. ☐

2.4 The school has a standardized PPE form for the doctor to complete for each child. ☐

3. PROMOTE SAFE AND APPROPRIATE PRACTICE AND COMPETITION FACILITIES

REQUIRED ACTIONS:

3.1 Playing surfaces are safe for all competitions, practices and other sporting activities. ☐

3.2 Coaches and school officials are educated in CPR, first aid and AED use and maintenance. ☐

3.3 Hygiene and infection control protocols and policies are in place and followed. ☐

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ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

3.4 An AED is available and accessible for use at sporting events and practices. ☐

3.5 A school employee has been designated to be present and trained in use and maintenance of the AED, and a plan coordinated with emergency personnel is in place. ☐

3.6 On-site medical personnel are trained in CPR, AED use and first aid. ☐

3.7 Students have been educated about hygiene and cautioned about sharing personal items. ☐

3.8 School personnel assure that all skin lesions are covered before any sporting activities and are treated immediately. ☐

4. PLAN FOR SELECTION, FIT, FUNCTION AND PROPER MAINTENANCE OF ATHLETIC EQUIPMENT

REQUIRED ACTIONS:

4.1 Qualified personnel have assured that equipment properly fits athletes. ☐

4.2 Manufacturers' directions on maintenance and use of equipment are followed. ☐

4.3 Equipment is examined and reconditioned as needed. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

4.4 All participants in physical education, sports and events are supervised by competent teachers and coaches and provided with competent health care. ☐

5. PROVIDE A PERMANENT, APPROPRIATELY EQUIPPED AREA TO EVALUATE AND TREAT INJURED ATHLETES

REQUIRED ACTIONS:

5.1 Licenses/certifications of all members of the AHCT are clearly displayed. ☐

5.2 The facility has a locked file cabinet for medical records. ☐

5.3 There is a place to have private conversations. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

5.4 The size of the athletic health care facility is proportional to the number of athletes it treats. ☐

5.5 The facility is stocked with necessary medical equipment. ☐

5.6 An office space is available for medical personnel. ☐

6. DEVELOP INJURY AND ILLNESS PREVENTION STRATEGIES, INCLUDING PROTOCOLS FOR ENVIRONMENTAL CONDITIONS

REQUIRED ACTIONS:

6.1 The school has established and incorporated protocols for heat, cold, and other environmental factors. ☐

6.2 Coaches and others who work with athletes are trained and review the EAP each school year. ☐

6.3 The EAP for athletics is reviewed each year by the AHCT and other school officials, in conjunction with local emergency personnel, and the plan is rehearsed regularly. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

6.4 Appropriate/necessary equipment is accessible to follow the school's environmental conditions guidelines. ☐

6.5 Education on the use of the equipment in accordance to the environmental guidelines is reviewed by school personnel annually. ☐

7. PROVIDE OR FACILITATE INJURY INTERVENTION

REQUIRED ACTIONS:

7.1 The school has a medical professional, such as an athletic trainer or a team physician, available during sporting events and practices. ☐

7.2 Protocols on return-to-play decisions are established and in practice. Authority to make decisions has been incorporated into the school's policies and procedures. ☐

7.3 The parents/guardians and student athletes are informed about the risks of sports-related illnesses and injuries and about the school's policies relating to management of those injuries and conditions. ☐

7.4 A coach or other competent adult who is with the team on a regular basis has been trained in CPR, AED use and first aid. ☐

7.5 The EAP is reviewed each year by the AHCT and other school officials in conjunction with local emergency personnel, and the plan is rehearsed annually. ☐

8. CREATE AND REHEARSE VENUE-SPECIFIC EMERGENCY ACTION PLANS FOR ATHLETICS

REQUIRED ACTIONS:

8.1 The school has written a venue-specific EAP. ☐

8.2 The EAP is approved by a physician or an athletic trainer. ☐

8.3 School officials are familiar with standards of care and have incorporated those standards into planning of the EAP for athletics ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

8.4 The EAP has clear policies on decision-making authority, accessibility to equipment and training for personnel. ☐

8.5 The EAP is rehearsed annually with school personnel, local public safety services and the hospital emergency department. ☐

8.6 The "Time Out" policy is used when appropriate. ☐

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9. PROVIDE OR FACILITATE PSYCHOSOCIAL CONSULTATION AND NUTRITIONAL COUNSELING/EDUCATION

REQUIRED ACTIONS:

9.1 Coaches and AHCT members are aware of typical psychosocial problems of student athletes. ☐

9.2 Coaches and AHCT members are aware of the community resources for athletes with emotional or mental health problems. ☐

9.3 A detailed PPE is conducted prior to the athlete's participation. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED FOR 1ST TEAM DESIGNATION):

9.4 The AHCT has identified local professionals to whom student athletes may be referred. ☐

9.5 At least one of the AHCT members is aware of the specialized developmental needs and stages of growing adolescents. ☐

10. EDUCATE ATHLETES AND PARENTS ABOUT THE POTENTIAL BENEFITS AND RISKS IN SPORTS AS WELL AS THEIR RESPONSIBILITIES

REQUIRED ACTIONS:

10.1 Athletes and parents are informed about school policies and procedures that assure safety. ☐

10.2 Parents or guardians of athletes have signed a form that attests they have read informational material about sudden cardiac arrest, brain injury/concussion, environmental risk factors, and weight and nutrition. ☐

ADDITIONAL RECOMMENDED ACTIONS (REQUIRED TO MEET 1ST TEAM DESIGNATION):

10.3 Pre-season meetings are held to educate parents about the benefits and risks of participating in sports. ☐

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The undersigned represent and warrant that, to their reasonable knowledge, the information set forth above is accurate, correct and complete.

Submitted by:

Principal or Athletic Director (Please Circle and Print) (Date)

Signature (Date)

Athletic Trainer or Team Physician (Please Circle and Print) (Date)

Signature (Date)

Contact Information:

School Name

Phone Number

Address (Line 1)

Address (Line 2)

Email Address

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DECLARATION AND RELEASE

The _____ (the "School") hereby submits this application for the Safe Sports School award ("award"), offered by the National Athletic Trainers' Association ("NATA"), in accordance with and subject to the applicable standards, rules, policies and procedures of the award. The School acknowledges and understands that NATA will use reasonable efforts to keep application information in its possession confidential. The School acknowledges and agrees that NATA reserves the right to verify any or all of the information associated with this application, and that providing false, misleading, inaccurate, or incomplete information, or otherwise violating the rules governing the Safe Sports School award may constitute grounds for the rejection of this application, revocation of the award or other appropriate action.

The School acknowledges and agrees that NATA reserves the right to modify or alter at any time the standards and any rules, policies or procedures in connection with the award. The School agrees that NATA owns all rights, title and interest in and to all names, trademarks, logos, applications, and other material related to the award, and the School agrees that it shall only use intellectual property of NATA in connection with its participation in the award and in accordance with NATA's policies, and agrees to immediately cease using such intellectual property upon expiration, suspension or termination of the award.

The School hereby attests to the accuracy and validity of, and assumes full responsibility for, the content of the application and all information used by the School in support of the application. The School acknowledges and agrees that, should it receive the award, that the School has met NATA's requirements for the award, but that NATA makes no representations, warranties or guarantees as to, and has and assumes no responsibility for the safe conduct of athletic activity by the School. The School further acknowledges and agrees that neither NATA, nor the award itself, guarantees or warrants anything beyond the School's certification that it meets the particular standards and criteria under the award. The School agrees not to misrepresent its receipt of the award and the meaning of being granted the award.

In consideration of the School's application to and participation in the award program, the School hereby releases, discharges, and holds harmless, individually and collectively, NATA, and its officers, directors, employees, committee members, members, subsidiaries, agents, successors, and assigns, from any and all liabilities that may arise, directly or indirectly, now or in the future, by reason of or in connection with any decision, action or omission relating to this application, the failure to grant the award, the revocation of the award, or the award standards and requirements.

The School hereby authorizes NATA to make inquiries regarding any information listed on the application form so as to verify information on its application and authorizes any persons or entities contacted by NATA for such purposes to respond to these inquiries and provide copies of any relevant and non-confidential information to NATA. The School further authorizes NATA to provide a copy of this Declaration and Release to those entities contacted in connection with this application should it be requested.

The School has read this application and associated material and agrees to abide and to be bound by the terms and conditions contained herein, and by all current and future policies, procedures, rules and regulations of NATA.

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IN WITNESS WHEREOF, each of the undersigned certifies that he or she is an authorized signatory for the School and has duly executed this Declaration and Release.

Principal or Athletic Director (Please Circle and Print) (Date)

Signature (Date)

Athletic Trainer or Team Physician (Please Circle and Print) (Date)

Signature (Date)