2019 - 2020

SPORTS MEDICINE COACHES PACKET

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WVSSAC

Return to Play (RTP) Protocol

An athlete removed from a contest that shows signs/symptoms of a concussion shall be immediately evaluated by an appropriate health care professional. If no appropriate health care professional is available, the athlete shall not be allowed to RTP.

When the athlete is evaluated by the appropriate health care professional, if it is determined the athlete has suffered a concussion, the athlete shall not be permitted to RTP until successful completion of the progressions and clearance to RTP. If it is determined by the appropriate health care professional that the athlete did not suffer a concussion, the athlete may be returned to play as deemed appropriate by the health care professional. In all cases, when an athlete has been evaluated for signs and symptoms, the concussion report must be submitted within 7 days.

RTP shall be delayed until athlete is asymptomatic and has undergone a progression of tests to determine if they are able to RTP. **Each step / test in the progression takes 24 hours (1 per day)**

The progression shall follow: (Neuro-cognitive testing is strongly recommended.)

- No activity with complete physical and cognitive rest
- Light aerobic exercise (less than 70% of maximum heart rate)
- Sport specific exercise (drills specific to the athlete's sport)
- Non-contact training drills (more intense sport drills with no contact from other players)
- Full participation practice (following written medical clearance)
- Return to Play (normal game play)

If any symptoms occur during the progression, the athlete should rest for 24 hours before attempting the same progression again.

Appropriate Health Care Professional

Note: Any of the following who have appropriate training in the evaluation and management of head injuries.

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
- Doctor of Chiropractic (DC)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician Assistant (PA-C)
- Licensed or Registered Certified Athletic Trainer (ATC/R, LAT, ATC)
- Licensed Physical Therapist

Approved Board of Directors 5/06/10. Revised May 2019

Concussions

WVSSAC Policy and 2013 Legislation - Senate Bill 336

Based upon the recommendation of the Sports Medicine Advisory Committee, the Board of Directors approved the following at its June, **2016** meeting.

1) **ALL COACHES** will be required to annually complete the NFHS Concussion Course.

2) The principal shall monitor and maintain appropriate records regarding completion of the course.

3) **ANY COACH** that does not complete the NFHS Concussion Course annually will not be permitted to coach until the course has been completed.

4) Make concussion information available to parents and athletes.
   - Physical Form
   - CDC Letter
   - Parents Guide to Concussion in Sports

5) Return to Play protocol (RTP)- Must have written permission to RTP from a health care professional with training in the evaluation of head injuries.

6) WVSSAC Concussion Report - Required online submission to school administration. Report must be submitted to Dr. Dan Martin within seven (7) days of injury. Report may be accessed at www.wvssac.org under the "Forms" tab.

Information/directions regarding the NFHS Concussion Course may be found at www.nfhslearn.com.

Additional information regarding concussions may be found on the Sports Medicine tab at the WVSSAC website. (www.wvssac.org)

National Federation of State
High School Associations

A Parent's / Guardian's Guide To Concussion
National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

What is a concussion?

- ☐ A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently moved within the skull, typically from a blow to the head or body. An athlete does not need to lose consciousness (be "knocked-out") to suffer a concussion. In fact, less than ten percent of concussed athletes suffer loss of consciousness.

Concussion Facts

- ☐ A concussion is a type of traumatic brain injury. The result is a functional problem rather than a clear structural injury, causing it to be invisible to standard medical imaging (CT, or "CAT" scans, and MRI scans).
- ☐ It is estimated that over 300,000 high school athletes across the United States suffer a concussion each year. (Data from the NFHS Injury Surveillance System, "High School RIOTM")
- ☐ Concussions occur most frequently in football, but ice hockey, lacrosse, soccer, and basketball follow closely behind. All athletes are at risk, in all activities, regardless of gender.
- ☐ A concussion may cause multiple symptoms that can be categorized as physical, behavioral, and cognitive. Physical symptoms include headaches, dizziness, and sleep changes, among others. Some behavioral changes include irritability, anxiety, and depression. Cognitive symptoms, or thinking changes, include trouble with focus, memory, and word finding. Many symptoms appear immediately after the injury, while others may develop over the next several days. Concussions can result in symptoms that interfere with normal daily life in addition to difficulty with school, work, and social life.
- ☐ Concussion symptoms may last from a few days to several months. It is important to remember that each student athlete responds and recovers differently.
- ☐ Athletes should not return to sports or activities that will put them at risk for another head injury until the concussion has completely resolved. To do so puts them at risk for prolonged symptoms and a more severe injury. Participation in physical education classes or exercise should be discussed with a qualified appropriate health-care professional.

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, the athlete must be immediately removed from that activity and be evaluated by a qualified appropriate health-care professional. Continuing to exercise, practice, or play when experiencing concussion symptoms can lead to worsening of symptoms, increased risk for further injury and rarely death. Parents and coaches are not expected to make the diagnosis of a concussion. A medical professional trained in the diagnosis and management of concussions will do so. However, you must be aware of the signs and symptoms of a concussion. If you are suspicious that your child has suffered a concussion, your child must stop activity right away and be evaluated.

When in doubt, sit them out!

described in the brains of professional and amateur athletes, including boxers, football players, hockey players, and soccer players, among others. Very little is known about all

All student-athletes who sustain a concussion need to be evaluated by a health care professional who is experienced in concussion management. If your child's school has an athletic trainer (AT), please inform the AT of your concerns. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or difficulty answering simple questions, you should take your child for immediate emergency medical attention.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, ATHLETIC TRAINERS, FRIENDS, TEACHERS OR COACHES	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache
Is confused about what to do	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit	Confusion
Can't recall events after hit	

When can an athlete return to play following a concussion?

After suffering a concussion, no athlete should EVER return to play or practice on that same day. Studies have shown that the young brain does not recover quickly enough for an athlete to safely return to activity in such a short time.

Concerns over athletes returning to play too quickly have led lawmakers in all 50 states and the District of Columbia to pass laws stating that no player shall return to play the day of a concussion, and the athlete must be cleared by an appropriate health-care professional before being allowed to return to play in games or practices. The laws typically also mandate that players, parents and coaches receive education on the dangers and recognizing the signs and symptoms of concussion. Click here to see what your state law requires: http://usafootball.com/blog/health-and-safety/see-whereyour-state-stands-concussion-law.

Once an athlete no longer has symptoms of a concussion AND is cleared for return to play, the athlete should proceed with activity in a step-wise fashion in a carefully controlled and monitored environment to allow the brain to re-adjust to exertion. On average, the athlete will complete a new step every 24 hours. Please be aware that some states mandate for a longer duration before return to play. An example of a typical return-to-play schedule is shown below:

Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
Step 2: Running in the gym or on the field. No helmet or other equipment.
Step 3: Non-contact training drills in full equipment. Weight training can begin.
Step 4: Full contact practice or training.
Step 5: Game play.

- ☐ If symptoms occur at any step, the athlete should immediately stop activity and consult with a qualified appropriate health-care professional before moving on.

How can a concussion affect schoolwork?

Following a concussion, many student-athletes have difficulty in school. These problems may last from days to months and often involve difficulties with short-term memory, concentration and organization.

In many cases after the injury, it is best to decrease the athlete's class load early in the recovery phase. This may include staying home from school for a few days, followed by academic adjustments (such as a reduced class schedule), until the athlete has fully recovered. Decreasing the stress on the brain and not allowing the athlete to push through symptoms will hasten the recovery time and ensure total resolution of symptoms.

What can I do?

- ☐ Both you and your child should learn to recognize the "Signs and Symptoms" of concussion as listed above.
- ☐ Encourage your child to tell the medical and/or coaching staff if any of these signs and symptoms appear after a blow to the head or body.
- ☐ Emphasize to administrators, coaches, physicians, athletic trainers, teachers and other parents your concerns and expectations about concussion and safe play.
- ☐ Encourage your child to tell the medical and coaching staff if there is suspicion that a teammate has suffered a concussion.
- ☐ Ask teachers to monitor any decrease in grades or changes in behavior in students that could indicate a concussion.
- ☐ Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

Click here for more information about returning to school after a concussion:
http://www.cdc.gov/headsup/basics/return_to_school.html

Other Frequently Asked Questions:

Why is it so important that athletes not return to play until they have completely recovered from a concussion?

Student-athletes that return to play too soon may lengthen their recovery time. They also risk recurrent, cumulative or even catastrophic consequences if they suffer another concussion. Such risk and difficulties are prevented if each athlete is allowed time to recover from a concussion and the return-to-play decisions are carefully and individually made. No athlete should return to sport or other at-risk activity when signs or symptoms of concussion are present and recovery is ongoing.

Is a "CAT scan" or MRI needed to diagnose a concussion?
No! Concussion diagnosis is based upon the athlete's history of the injury and an appropriate health-care professional's physical examination and testing. CT and MRI scans are rarely needed following a concussion. However, they are helpful in identifying life-threatening head and brain injuries such as skull fractures, bleeding or swelling.

What is the best treatment to help my child recover quickly from a concussion?
Treatment for concussion varies from one person to the next. Immediately after a concussion, the best treatment is physical and cognitive rest. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, the appropriate health-care professional may allow increased use of computers, phone, video games, etc., but the access must be lessened or eliminated if symptoms worsen. There are no medications to treat concussions, but an appropriate health-care professional may prescribe medications and therapies to treat symptoms of a concussion, such as headache, dizziness, sleep changes, etc. Some athletes may require rehabilitative therapies, such as physical, occupational, vestibular, ocular or speech/cognitive. Others may require treatment for mood and behavior changes.

How long do the symptoms of a concussion usually last?
For most concussions, symptoms will usually go away within 2–3 weeks of the initial injury. You should anticipate that your child will likely be held out of full participation in sports for several weeks following a concussion. In some cases, symptoms may last for many more weeks or sometimes several months. Symptoms such as headache, memory problems, poor concentration, difficulty sleeping and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

How many concussions can an athlete have before consideration to stop playing sports?
There is no "magic number" of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances that surround each individual injury, such as how the injury occurred as well as the number and duration of symptoms following the concussion, are very important. These circumstances must be individually considered when assessing an athlete's risk for potential long-term consequences and potentially more serious brain injuries. The decision to "retire" from sports is a decision best reached after a complete evaluation by your child's primary care provider and consultation with an appropriate health-care professional who specializes in treating concussions.

I've read recently that concussions may cause long-term brain damage in athletes, specially professional football players. Is this a risk for high school athletes who have had a concussion?
The issue of "chronic traumatic encephalopathy (CTE)" has received a great deal of media attention. Currently, CTE can only be diagnosed by autopsy. It has been described in the brains of professional and amateur athletes, including boxers, football players, hockey players, and soccer players, among others. Very little is known about all the causes of these dramatic abnormalities in the brains of these unfortunate players. At this time we do not know the long-term effects of concussions or the cumulative effects of multiple sub-concussive blows that happen during high

school athletics. In light of this, it is important to carefully manage every concussion and all concussion-like signs and symptoms on an individual basis.
Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports" materials by the NFHS's Sports Medicine Advisory Committee.
Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

Revised and Approved April 2016
April 2013
April 2010

DISCLAIMER – NFHS Position Statements and Guidelines
The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.

WVSSAC CONCUSSION REPORT

PART 1

Your Email Address (Used for saving the report.)

School

Person Completing this report

Position

Date (must be submitted within 48 hours)

Sample

Is this the initial concussion report?
- (•) Yes
- ( ) No

Is this an updated report?
- (•) Yes
- ( ) No

Please indicate the sport of this athlete
- [ ] Baseball
- [ ] Basketball
- [ ] Cross Country
- [ ] Football
- [ ] Soccer
- [ ] Softball
- [ ] Tennis
- [ ] Cheer
- [ ] Wrestling
- [ ] Volleyball
- [ ] Track
- [ ] Golf
- [ ] Swimming

Date incident occurred

Activity when incident occurred
- Practice ◉
- Scrimmage ○
- Game ○

Who observed the incident involving this atlete? (By title/role - no name; athletic trainer, EMT, coach, etc)

Initial steps included
- ☐ Transported by EMS
- ☐ Referral to parents to seek follow up evaluation
- ☐ Referral to team physician/Certified Athletic Trainer
- ☐ Other

Was the athlete diagnosed with a concussion
- Yes (If Yes, complete PART 2 before Submitting) ◉
- No (If No, submit report) ○

PART 2 (THIS MUST BE WITHIN 30 DAYS OF THE INJURY

Please check as each progression is completed

Sample

- ☐ No activity with complete physical and cognitive test

  Date:

- ☐ Light aerobic exercise (less than 70% of maximum heart rate)

  Date:

- ☐ Sport specific exercise (drills specific to athletes sport)

  Date:

- ☐ Non-contracting training drills (more intense sport drills with no contact from other players)

  Date:

Date:

- ☐ Full participation practice (following written medical clearance)

  Date:

- ☐ Return to play (normal game play)

  Date:

Date athlete was cleared to return to practice and play

Days between concussion occurring and cleared to return to play

Who cleared the athlete to return
Physician ☐
Physician Asst. ☐
Athletic Trainer (ATC/R) ☐
Licensed Physical Therapist ☐
Nurse Practitioner ☐
Chiropractor ☐

Sample

Keep the "Approval for Return to Play" document at the school.
(if the athlete is not cleared to return in 30 days, the initial report must be submitted and then a follow up report must be submitted listing the return to play date.)

Send

Save

()

HEADS UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just "not feeling right" or "feeling down"	• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion.**

April 2013

Concussion Course Required

All Coaches are required to take the free course "Concussion **in Sports"** annually.

If the **Coach** took the course last year, he/she **MUST** take the course again before they are permitted to coach.

You must go through the purchase/checkout process for the free course in order to get credit for the current year and to be able to print the certificate.

All New Coaches must take the course now. Follow the directions "**New to NFHS Learn? Register Now**" on www.nfhslearn.com

Concussion in Sports - What You Need to Know
Ordering Information at www.nfhslearn.com

Steps to access the FREE course:

1. Go to **www.nfhslearn.com**
2. Sign in with your e-mail and password if you have previously registered.
3. If you need to register, it will only take a couple of minutes. All users at www.nfhslearn.com must be registered with a unique e-mail address and password.
4. Toward the upper left-hand part of the screen , you will see the "Click to Access This Free Course" for **"Concussion in Sports — What You Need to Know."**
5. You can order licenses as an individual to take the course yourself OR you can purchase courses in bulk if you intend to distribute the courses to others (there is a limit of 99 licenses per any one order).
6. Note: You will need to click on "Save" once you have put the course(s) in your cart and before you can proceed to Checkout.
7. As you go through the process you will see that you are using the "purchasing process" that is standard for NFHS Coach Education courses. You are not being charged anything for the Concussion courses. You do have the ability to order other courses at the same time, and you will be asked for payment for those.
8. You can then start the course if you ordered as an individual or begin distributing the licenses if you ordered in bulk.
9. If necessary, refer to the form regarding distributing bulk licenses. It can be found in the Locker Room at www.nfhslearn.com.

The online concussion course is offered at no cost to the user. Once you have finished, you will be added to the database as having completed the course. The name of the individual completing the course will appear in the "Coach Search" feature as having completed this course along with any other courses completed at **www.nfhslearn.com**.

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
2875 STAUNTONTURNPIKE, PARKERSBURG, WV 26104

BODY FLUID HANDLING PROCEDURES

PURPOSE

The West Virginia Secondary School Activities Commission has adopted this policy in an effort to minimize the possibility of transmission of any infectious disease during a high school athletic practice or contest. The policy primarily addresses blood-borne pathogens such as Hepatitis B virus and the Human Immunodeficiency Virus (HIV). However, it also discusses common-sense precautions against the spread of less serious contagions such as the Influenza virus and the Common Cold virus.

Much of this policy has been written with contacts sports such as football, wrestling, and basketball in mind. However, it is applicable for all sports.

BLOOD-BORNE PATHOGENS

Blood-Borne pathogens such as Hepatitis B and HIV are serious infectious diseases which are present in blood as well as other bodily fluids; such as semen, vaginal secretions and breast milk. While there are a number of other such blood-borne diseases, Hepatitis B and HIV are the most commonly known.

Hepatitis B is a virus which results in a dangerous inflammation of the liver. Its victims suffer long-term consequences and reoccurrences, and the disease can be deadly if not treated. HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS), which weakens the immune system, thus making a person susceptible to infections their immune systems would normally fight off.

The precise risk of HIV transmission during exposure of open wounds or mucous membranes such as the eyes, ears, nose, and mouth to contaminated blood is not known. However, evidence would suggest it is extremely low. In fact, the possibility of contracting HIV in this manner is much less than the possibility of contracting Hepatitis B and other blood-borne viral infections.

Therefore, student athletes, coaches, and officials must understand that while it is possible for HIV to be transmitted by blood from one individual to another through an open wound or a mucous membrane, the probability is very low. However, since the chance of this occurring is not zero, the appropriate precautions should be taken to ensure no transmission can occur.

PRECAUTIONS AGAINST TRANSMISSION OF BLOOD-BORNE PATHOGENS

The proper handling of body fluid spills should be a concern of teachers, coaches, officials, and student athletes. All concerned individuals must be aware that any time there is blood and/or other body fluids present, there is the possibility of an infectious disease being present. However this possibility can be nearly eliminated of the following precautions are observed.

General Procedures:

1) Wear latex or vinyl disposable exam gloves before making contact with body fluids during care, treatment, and cleaning procedures.
2) Discard gloves after each use.
3) Wash hands after handling any body fluids, whether or not gloves are worn.
4) Discard disposal items in plastic lined containers with lids. Close bags and discard daily.
5) Do not reuse plastic bags.
6) Use disposable items to handle body fluids whenever possible.
7) Use paper towels to pick up and discard any solid waste materials such as vomitus and feces.

Procedures for Activities:

1) All athletes must cover any open wound.
2) Student athletes should treat and cover their own wounds whenever possible.
3) When administering first aid, disposable rubber gloves should be worn. A different pair of gloves should be worn for each treatment administered.
4) If an individual gets someone else's blood on his/her skin, the area should be washed with soap and water and wipe the area with disinfectant, such as isopropyl alcohol.
5) If a student athlete begins to bleed during activity, play must be stopped, the student athlete who is injured removed, and any potentially contaminated surfaces cleaned using a disinfectant. The surface should be wiped with clean water.
6) Any student athlete that is removed must have the wound covered and the bleeding stopped, prior to returning to contest.
7) Any individual who has treated a wound or cleaned a contaminated surface should wash his/her hands with soap and warm water.
8) A student athlete should take a shower using a liberal amount of soap and warm water following the contest.
9) Towels, which are used by athletes, coaches, or officials should not be used to clean off any potentially contaminated surfaces.
10) All soiled linens such as towels and uniforms should be washed in hot water and in a detergent containing bleach, if possible.
11) If a coach or an official gets blood on them they should first wash the area with warm water and soap, and then wipe the area with a disinfectant such as isopropyl alcohol.
12) All coaches, athletes, and officials should practice good hygiene. Towels, cups, and water bottles should not be shared.
13) Keeping locker rooms and other areas well ventilated and clean can also help in preventing other air-borne contagions from being transmitted.

REFERENCES

St. Joseph's Hospital, Sports Medicine Staff, Parkersburg, WV.
West Virginia Chapter of the American Academy of Family Physicians, Sports Medicine Committee.
"Blood-Borne Pathogens in the Health Care of the Athlete," The First Aider, Fall 1992, Vol. 62, No.1.
"Infectious Disease Policy of the Florida High School Activities Association." 8-8-92.
"Routine for Handling Body Fluids," Michigan High School Association.

Policy Adopted by the Board of Directors

ag/bodyfluidhandlingprocedures

WAYS TO PREVENT SKIN INFECTIONS: A PLAYER'S GUIDE

1 *Cover Cuts & Sores!*

With a bandaid or wrap before you play

2 *Wash Up!*

With soap and hot water

3 *Don't Share!*

Towels, clothes or personal items

4 *Show & Tell!*

Show cuts & sores to your coach

5 *Be Prepared!*

Learn first aid for cuts & sores

2004 West Virginia Department of Health & Human Resources, Bureau for Public Health, Division of Surveillance & Disease Control
Infectious Disease Epidemiology Program (304) 558-6358 (800) 423-1271

MEASURES FOR PREVENTING STAPHYLOCOCCAL SKIN INFECTIONS AMONG SPORTS PARTICIPANTS

Centers for Disease Control Recommendations for School Athletic Teams

1. Cover all wounds. If a wound cannot be covered adequately, consider excluding players with potentially infectious skin lesions from practice or competitions until the lesions are healed or can be covered adequately.

2. Encourage good hygiene, including showering and washing with soap after all practices and competitions.

3. Ensure availability of adequate soap and hot water

4. Discourage sharing of towels and personal items (e.g., clothing or equipment).

5. Establish routine cleaning schedules for shared equipment.

6. Train athletes and coaches in first aid for wounds and recognition of wounds that are potentially infected.

7. Encourage athletes to report skin lesions to coaches and encourage coaches to assess athletes regularly for skin lesions.

2004 West Virginia Department of Health & Human Resources, Bureau for Public Health, Division of Surveillance & Disease Control
Infectious Disease Epidemiology Program (304) 558-5358 (800) 423-1271

West Virginia Department of Health and Human Resources
Information for the Public -
Methicillin Resistant *Staphylococcus aureus* (MRSA)

What is *Staphylococcus aureus*?

Staphylococcus aureus, or Astaph@ is a bacteria that lives on the skin or in the nose of healthy people. Occasionally, staph can cause infections of the skin, bloodstream, lungs, bones, joints, heart, or almost any part of the body.

What is methicillin resistant *Staphylococcus aureus* (MRSA)?

MRSA (pronounced 'mursa') is a type of staph that has become resistant to some common antibiotics. This means that an infection with MRSA is more difficult to treat.

Where are staph and MRSA found?

Staph and MRSA may be found on the skin or in the nose. About 30 to 50% of people may carry the staph bacteria on their skin without getting ill.

How common is MRSA?

In many communities, including some in West Virginia, MRSA is now the most common cause of skin infections due to 'staph.' According to some studies, 1 to 10% of people now carry MRSA in their nose or on their skin.

Who is most at risk for staph infections?

While anyone can get an infection with staph, certain persons are more at risk. These people include diabetics, people on dialysis, persons who use injection drugs, people who have recently had surgery, and persons with chronic diseases such as cancer. Staph infections are also more common in persons who have a tube going into their body (such as a urinary catheter or intravenous (IV) catheter).

MRSA infections are more likely in persons who have recently received antibiotics or recently been in a hospital or nursing home. In the last few years, MRSA infections have also been identified in persons outside of hospitals. Cases of MRSA disease in the community are associated with recent antibiotic use, sharing contaminated items, active skin disease, and living in crowded settings. Outbreaks have occurred on sports teams, in jails or military units, camps and even hospital wards. Community associated MRSA infections are usually skin infections; however, severe illness can also occur.

Are staph and MRSA infections treatable?

Yes, staph infections are treatable. Skin infections can usually be treated with oral antibiotics. MRSA infections are usually treatable, but they may be more difficult to treat. The doctor will have to get a laboratory test to tell the difference between MRSA and staph.

How are staph and MRSA spread?

Staph and MRSA can spread among people by close physical contact. Spread may also occur by touching objects, such as towels, sheets, clothes, work-out areas and sports equipment contaminated by the skin of a person with MRSA or staph.

How can I prevent staph or MRSA infections?

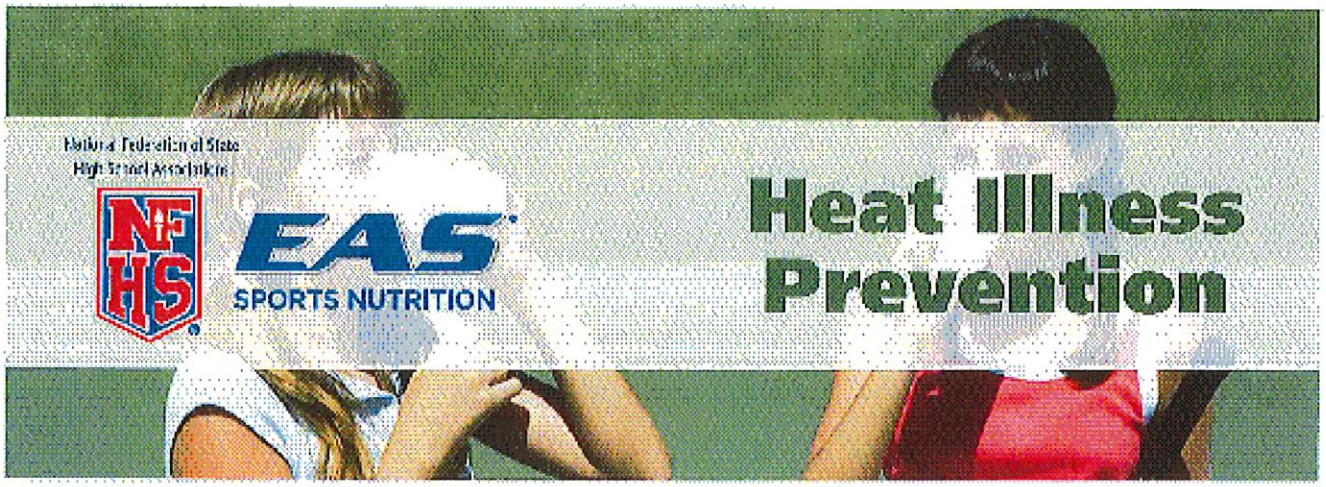
- Keep your hands clean by washing thoroughly with soap and water. Alcohol-based hand cleansers also help.
- Keep cuts and wounds clean and covered with a dressing until healed. Avoid contact with other peoples= wounds.
- Avoid sharing towels, clothing, sports equipment, deodorant, cosmetics and other personal items.
- Only take antibiotics if you really need them. Antibiotics do not work for a cold, the flu or other viral infections. When a doctor prescribes antibiotics, take them as directed.

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
WVSSAC Sports Medicine Committee

Heat Acclimatization and Heat Illness Prevention Position Statement

Although deaths from heat illness are rare, constant surveillance and education of our student athletes and coaches is necessary in order to maintain the safety and health of our students and coaches. Students participating in high-intensity, long-duration or repeated same-day sports practices and training activities during times of high heat and/or humidity may be at risk.

Following the recommended guidelines and procedures as established by the WVSSAC Sports Medicine Committee can reduce the risk and incidence of heat illnesses and the resulting deaths and injuries in high and middle school athletics. The Sports Medicine Committee and WVSSAC Board of Directors recognize the importance of our coaches and other individuals responsible for supervising our students. They have the ultimate responsibility for the health and welfare of those students under their care.



Exertional heat stroke is the leading cause of preventable death in high school athletics. Exertional heat stroke also results in thousands of emergency room visits and hospitalizations throughout the nation each year. This free course, brought to you by EAS Sports Nutrition, a division of Abbott Labs, is designed to give you the critical information you need to minimize the risk of exertional heat stroke among your athletes. The course presents seven fundamentals, which when followed, will minimize heat related illnesses of the students who participate.

Course Objectives

- Recognize that Exertional Heatstroke (EHS) is the leading preventable cause of death among athletes
- Know the importance of a formal pre-season heat acclimatization plan
- Know the importance of having and implementing a specific hydration plan, keeping your athletes well-hydrated, and providing ample opportunities for, and encouraging, regular fluid replacement

Units

- Fundamentals
  1. Start Slow, Then Progress
  2. Allow for Individual Conditioning
  3. Adjust Intensity and Rest
  4. Start Sessions Adequately Hydrated
  5. Recognize Signs Early
  6. Recognize More Serious Signs
  7. Have an Emergency Action Plan

More

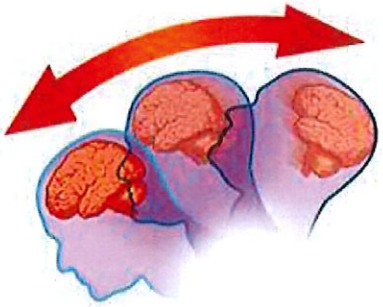
- Unlimited access to course & resources for one year from date of purchase
- FREE Course
- Use as an elective to fulfill [illegible] certification requirements
- Approved by NFHS for 1 course clock hour

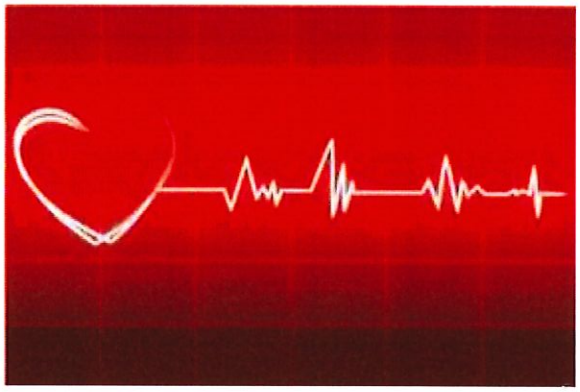
More Information at **nfhslearn.com!**

IMPORTANT: REQUIRED COURSES FOR ALL COACHES

ALL coaches are required to complete the "Concussion in Sports" online course as well as the "Sudden Cardiac Arrest" online course ANNUALLY. The "Heat Illness Prevention" online course must be completed one time for all new coaches. The courses are free and the links to the courses may be found on the WVSSAC homepage at www.wvssac.org. The links are also below:

https://nfhslearn.com/courses/61037/concussion-in-sports
https://nfhslearn.com/courses/61032/sudden-cardiac-arrest
https://nfhslearn.com/courses/34000/heat-illness-prevention





HEAT INDEX (apparent temperature)

°F	RELATIVE PERCENT HUMIDITY												
	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
102°	114°	119°	124°	130°	137°								
100°	109°	114°	118°	124°	129°	136°							
98°	105°	109°	113°	117°	123°	128°	134°						
96°	101°	104°	108°	112°	116°	121°	126°	132°					
94°	97°	100°	102°	106°	110°	114°	119°	124°	129°	136°			
92°	94°	96°	99°	101°	105°	108°	112°	116°	121°	126°	131°		
90°	91°	93°	95°	97°	100°	103°	106°	109°	113°	117°	122°	127°	132°
88°	88°	89°	91°	93°	95°	98°	100°	103°	106°	110°	113°	117°	121°
86°	85°	87°	88°	89°	91°	93°	95°	97°	100°	102°	105°	108°	112°
84°	83°	84°	85°	86°	88°	89°	90°	92°	94°	96°	98°	100°	103°
82°	81°	82°	83°	84°	84°	85°	86°	88°	89°	90°	91°	93°	95°
80°	80°	80°	81°	81°	82°	82°	83°	84°	84°	85°	86°	86°	87°

CAUTION | EXTREME CAUTION | DANGER | EXTREME DANGER

Source: National Weather Service

STAFF GRAPHIC/ JOHN HANCOCK

- 91 degrees Heat Index or under

– All Sports:

- Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire.
- Optional water breaks every 30 minutes.
- Ice-down towels for cooling.
- Watch/monitor athletes carefully for necessary action.

- 92 degrees to 103 degrees Heat Index

– All Sports:

- See above plus; Contact sports and activities with additional equipment (ie), helmets and other possible equipment removed if not involved in contact.
- Increase water breaks; a minimum every 30 minutes.
- Reduce time of outside activity. Consider postponing practice to later in the day.
- *Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.

- 104 degrees to 125 degrees Heat Index

– All Sports:

- Same as above plus; Alter uniform by removing items if possible.
- Allow for changes to dry t-shirts and shorts.
- Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
- Postpone practice to later in the day.
- Suspend practice, or remove equipment and decrease practice intensity for sports and activities where additional equipment is required for contact or safety.

- **Above 125 degrees Heat Index**

– All Sports:

- ***Suspend all outside activity in practice and/or play, and* stop all inside activity if air conditioning is unavailable.**
- **Re-evaluate before resuming activities.**

WVSSAC

SUDDEN CARDIAC ARREST AWARENESS

All coaches are required to complete the NFHS Sudden Cardiac Arrest Awareness course annually.

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

Where can one find additional information?

- Contact your primary health care provider
- American Heart Association (www.heart.org)

Courts Recognize A Coach Has Ten Legal Duties

1. Properly plan the activity
2. Provide proper instruction
3. Warn of inherent risks
4. Provide a safe physical environment
5. Provide adequate and proper equipment
6. Match your athletes appropriately
7. Evaluate athletes for injury or incapacity
8. Supervise the activity closely
9. Provide appropriate emergency assistance
10. Protect against physical and psychological harm from others

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS

75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for nonmedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS?

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as heroin. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

These drugs may lead to: dependence, tolerance, accidental overdose, coma and death.

The most common prescribed opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options (see below).

  First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy
Chiropractic
Massage Therapy
Acupuncture
Over-the-Counter Medication

WEST VIRGINIA ATTORNEY GENERAL'S OFFICE

SSAC

[redacted]

New EMERGENCY ACTION PLAN New

127-2-15 EMERGENCY ACTION PLAN; CONCUSSIONS, HEAD INJURIES

15.1 EMERGENCY ACTION PLAN. Annually, on or before the first day of practice of each sport specific season, each member school shall adopt an Emergency Action Plan (EAP) for athletics designed to respond to athletic injuries that occur on school property during school-sponsored athletic events, and submit the plan to the county board of education, or similar governing body of a private/parochial school. In addition, a copy of the EAP shall be submitted to the WVSSAC. Each EAP shall include:

15.1.1 Protocols for practices and for games;

15.1.2 Directives for personnel or equipment which should be available on sports fields or in school buildings for both girls' and boys' teams.

15.1.2 Training. The EAP shall include any necessary training for any person - either school or volunteer personnel, on an as-needed basis, designated as responsible for any portion of the implementation of the EAP. Training may be in person or online as may be available to the school.

15.1.3 Protocol for summoning emergency medical assistance. The EAP shall discuss how the school's sports teams will assign responsibility for summoning emergency medical assistance in the case of an emergency during a practice or event.

15.1.4 Protocol for beginning Cardiopulmonary Resuscitation (CPR). The EAP shall discuss how the school's sports teams will assign responsibility for beginning CPR in the event it is necessary. Each sports team must have individuals trained in CPR. The school shall provide proper training to any individual assigned responsibility for performing CPR.

15.1.5 Protocol for the use of Automated External Defibrillator (AED). It is recommended that each school have an AED available. The EAP must address how the school's sports teams will assign responsibility for retrieving and using an AED in the event it is necessary. Each sports team must be instructed on the location of the nearest practice or event facility (even if the closest one is not at the school). The school shall provide proper training to any individual assigned responsibility for using an AED.

15.1.6 Protocol for the treatment of heat stroke. The EAP must address how the school's sports teams will prepare for and treat heat stroke. Each sports team that practices outdoors is recommended to have available an immersion tub, must have water, ice and towels, to be used for the treatment of heat stroke. The EAP must address how the school's sports team will assign responsibility for obtaining these items and preparing them before a practice or game begins.

15.1.7 Written records. The EAP shall require that each of the school's sports team assign responsibility for the items discussed above at the beginning of each season, and record those assignments on a written record, which record shall be retained by the sports team and the school.

15.1.8 Symptoms and risk factors for sudden cardiac arrest. The EAP shall require that schools train athletes, coaches, and volunteers about the symptoms and risk factors for sudden cardiac arrest.

15.1.9 Coordination with local Emergency Medical Systems. The EAP shall require that schools coordinate with their local EMS personnel, notifying EMS personnel of the availability of AEDs at the school, and notifying EMS personnel of the EAP adopted by the school.

15.1.10 Follow up and retraining. The EAP shall require that school sports teams that respond to an emergency incident meet to discuss their response after the incident has passed. Discussion shall center on the team's response to the incident, areas for improvement, any retraining that may be necessary, and any counseling that may be required for the individuals involved.

15.1.11 Schools may, but are not required to adopt the **Anyone Can Save a Life Program** (available at www.anyonecansavealife.org), to be implemented as that school's EAP in compliance with this RULE.

15.1.12 W.Va. Code § 18 – 2 – 25b requires the county board of education to keep the emergency plan of each school in the county on file and, unless otherwise provided for, provide a copy of each school's emergency action plan for athletics to each local emergency response agency that has a role in the plan.

15.2 HEAD INJURIES and CONCUSSIONS. Member schools shall distribute guidelines and other pertinent information to inform and educate appropriate school administrators, coaches, interscholastic athletes, and their parents or guardians of the nature and risk of concussion and head injury including the risks of continuing to play or practice after a concussion or head injury. More particularly, each member school shall distribute to all student athletes and their parents or guardians a copy of NFHS approved concussion education materials.

15.2.1 Each student athlete and his or her parent or guardian shall sign the WVSSAC ATHLETIC PARTICIPATION / PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM, which form shall contain in bold type a certification that the student athlete and his or her parent or guardian that a concussion and head injury information sheet, which shall be signed and returned by the interscholastic athlete and the athlete's parent or guardian on an annual basis before the interscholastic athlete begins practice or competition;

15.2.2 Each head coach of an interscholastic sport at a member school shall complete a WVSSAC-approved concussion and head injury recognition and return-to-play protocol course annually;

15.2.3 An interscholastic athlete who is suspected by a licensed health care professional or by his or her head coach or licensed or registered athletic trainer of having sustained a concussion or head injury in a practice or game shall be removed from competition at that time;

15.2.4 An interscholastic athlete who has been removed from play or practice may not return to play or practice until the athlete is evaluated by a licensed health care professional trained in the evaluation and management of concussions and receives written clearance to return to play and practice from the licensed health care professional;

15.2.5 The respective categories of licensed health care professionals who are authorized to provide written clearance for the interscholastic athlete to return to play include medical doctors (M.D.), doctors of osteopathy (D.O.), doctors of chiropractic (D.C.), advanced registered nurse practitioners (ARNP), physician assistants (PA-C), licensed physical therapists and registered certified athletic trainers (ATC/R) who are properly trained in the evaluation and management of concussions.

15.2.6 All member schools must submit a report to the West Virginia Secondary School Activities Commission within seven days of an interscholastic athlete suffering or being suspected of suffering a concussion or head injury in a practice or game. The report must state whether an evaluation by a licensed health care professional verified that a concussion or head injury was actually suffered, whether the athlete received written clearance to return to play or practice and, if written clearance was given, the number of days between the incident and the actual return to play or practice. If written clearance to return to play is given more than 30 days of the incident, a report update shall be submitted.

15.2.7 The West Virginia Secondary School Activities Commission shall compile and submit reports of an interscholastic athlete suffering or being suspected of suffering a concussion or head injury in a practice or game to the appropriate state and national organization or agencies to analyze and make determinations on whether the rule required by this section needs to be amended or if equipment worn by interscholastic athletes needs to be changed accordingly. The West Virginia School Activities Commission also shall submit the reports to the Legislative Oversight Commission on Health and Human Resources Accountability.

15.3 NON-COMPLIANCE; DISCIPLINE. Any member school not complying with the requirements of these rules shall be subject to the disciplinary actions ordered by the West Virginia Secondary School Activities Commission as provided in WVSSAC Rule §127-4-3.9.