



2015 • 2016

Swimming & Diving

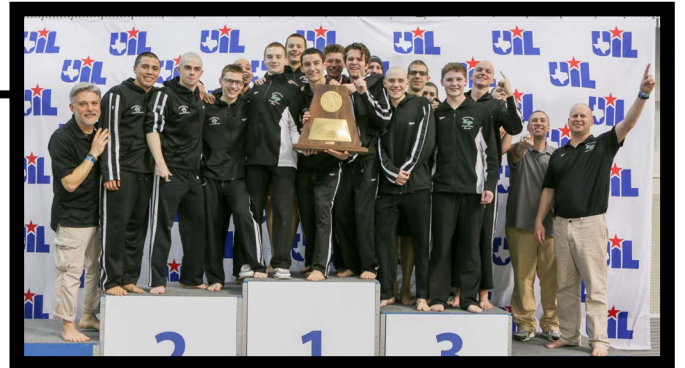
Manual



| 2014-15 Swimming & Diving State Champions |



Austin Vandegriff
Conference 5A Girls Champions



Humble Kingwood Park
Conference 5A Boys Champions



Austin Westlake
Conference 6A Girls Champions



Southlake Carroll
Conference 6A Boys Champions



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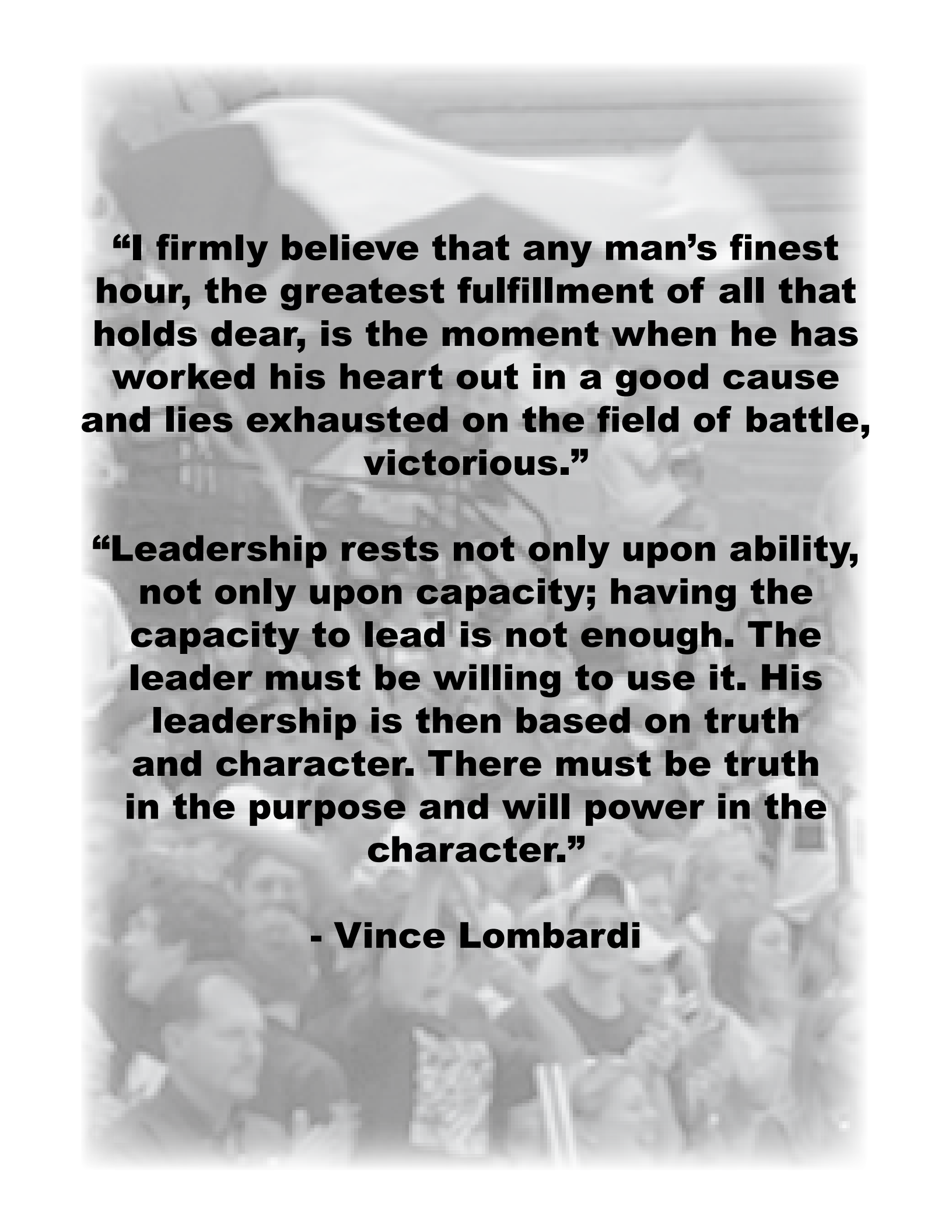


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“I firmly believe that any man’s finest hour, the greatest fulfillment of all that holds dear, is the moment when he has worked his heart out in a good cause and lies exhausted on the field of battle, victorious.”

“Leadership rests not only upon ability, not only upon capacity; having the capacity to lead is not enough. The leader must be willing to use it. His leadership is then based on truth and character. There must be truth in the purpose and will power in the character.”

- Vince Lombardi

2015 | 2016

University Interscholastic League

Swimming & Diving Manual

PURPOSE | To acquaint swimming and diving coaches and administrators with the policies, rules, procedures and forms necessary for proper enforcement of regulations for swimming and diving, and to insure a better opportunity for coaches to have first-hand information.

LIMITATIONS | This manual does not cover all rules. The Constitution and Contest Rules is the official UIL rule book and covers information more detailed than does this manual. Coaches should confer with their principals and superintendents if there are questions concerning the rules. Information and opinions may be obtained from the League office during regular office hours 8:00 AM - 5:00 PM or by calling 512.471.5883 or by faxing 512.471.6589.

WARNING ABOUT THE INHERENT DANGERS OF ATHLETIC PARTICIPATION | Student athletes and parents should be aware that any athletic participation will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in sports, and care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods and common sense.

The UIL encourages student athletes in all sports, and their parents, to discuss risks and risk minimization with coaches and school administrators.

NOTE | Questions concerning the UIL Swimming and Diving Plan and eligibility requirements found in the UIL Constitution and Constest Rules should be directed to Traci Neely at the UIL office.

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~ SWIMMING & DIVING CALENDAR ~

January 30	District certification deadline
February 5-6	Regional meets
February 19-20	State meet

~ UIL RULE CHANGES ~

GENERAL

- Increase the number of teams advancing to the playoffs from each team sport district to four (4) for conference 2A
- Change to preseason practice requirements – water and rest breaks now count.
- Addition of Pilot Spirit Program

FOOTBALL

- Create a pilot program providing home field advantage to the higher seed in the first round of the 2015 6A football playoffs

VOLLEYBALL

- Create a separate championship for Conference 1A volleyball

BASKETBALL

- Allow three (3) games per day in a one (1) day tournament scheduled on Saturday

SOCCER

- Allow three (3) games per day in a one (1) day tournament scheduled on Saturday

TEAM TENNIS

- Allowance for elimination of the championship and third place matches at the Area Meet, by mutual agreement
- Change scoring format in both singles and doubles (including mixed doubles) to a ten (10) point match tie breaker in lieu of a third set, when the first two sets are split

SWIMMING AND DIVING

- Addition of a fee scale for Swimming and Diving Officials to section 1204

Unless noted otherwise, effective August 1, 2015.

~ **NFHS SWIMMING & DIVING RULE CHANGES** ~

3-3-5, 6: The prohibition of wearing jewelry has been removed from the rules for swimming and diving competition. As in previous years, the wearing of a medical alert with the alert visible continues and is encouraged for the purposes of risk minimization.

Rationale: The prohibition of jewelry is not necessary in swimming and diving. The wearing of jewelry ordinarily presents little risk of injury to either the competitor or opponents. Elimination of the rule allows officials to focus on meet administration directly related to competition. Coaches continue to have the obligation to see that competitors are properly equipped.

4-1-7: Requires swimming and diving officials dress in the same uniform attire as approved by the state association and no longer considers white as the default uniform.

Rationale: Due to the many variations in the officials uniform, it is more practical that the state association determine the appropriate swimming and diving uniform for officials.

4-3-1a, b: The starter may designate another individual to sound a device for the lead swimmer during the 500-yard/400-meter freestyle when the lead swimmer has two lengths plus 5 yards remaining in the race.

Rationale: During the 500-yard/400-meter freestyle event, the starter may have multiple tasks occurring at the same time. The starter may designate another individual to sound a device for the lead swimmer during the 500-yard/400-meter freestyle with two lengths plus 5 yards remaining to swim in the race.

9-6-1: The judging panel in diving may or may not include the diving referee.

Rationale: Clarifies the diving referee may be one of the judges on the panel or a separate official.

2015-16 Swimming and Diving Editorial Changes

Suggested Meet Warm-up Procedures, 2-NOTES, 2-7-3 NOTE, 3-3-2d

2015-16 Swimming and Diving Points of Emphasis

1. Uniform responsibilities – making sure you have it right
2. Focus on risk minimization in development of warm-up procedures
3. Coaching starts and turns can prevent injuries
4. Ensuring the 15-meter mark is clearly visible
5. Preparing the lap counter

~ SWIMMING & DIVING PLAN ~

Excerpt from the *UIL Constitution and Contest Rules*.

Section 1290: SWIMMING PLAN

- (a) **ATHLETIC PURPOSES, CODES, PLAN APPLICABLE.** Rules in Sections 1200-1209 also apply to the Swimming Plan.
- (b) **DIVISIONS.** There shall be two divisions for high school boys and two divisions for high school girls, Conferences 6A and 5A and below.
- (c) **ENTRIES.**
 - (1) *Girls', Boys' Team Restrictions.* No girls' team shall compete against a boys' team and vice versa.
 - (2) *District Entry.* Each school shall submit the official entry blanks with qualifying times to the meet director on or before the fifth day prior to the district meet unless other arrangements have been authorized by the district executive committee.
 - (3) *Regional Entry.* It shall be the responsibility of the district director to submit the district report to the regional director by midnight of the final day of the district meet
 - (4) *State Entry.* It shall be the responsibility of the regional director to submit the regional report to the league office by midnight of the final day of the regional meet.
 - (5) *Relay Events.* In relay events, qualification is by school. Schools may change personnel on relay teams prior to the next UIL qualifying meet according to National Federation regulations.
- (d) **SUBSTITUTION IN INDIVIDUAL EVENTS.** After the entry deadline, there shall be no substitution allowed in the individual events according to National Federation Rules. If the individual place winner cannot compete in the next higher meet, the next place winner may be certified if time allows.
- (e) **QUALIFICATIONS.**
 - (1) *Regional Meet Qualifications.* It shall be the responsibility of the district director to submit the district report to the regional meet director by midnight of the day of the district meet. The regional director may contact alternate qualifiers to replace individual school entries who are scratched, if time permits.
 - (2) *State Meet Qualifications.* It shall be the responsibility of the regional meet director to submit the regional report to the state meet director by midnight of the day of the regional meet. The League office shall contact additional qualifiers to the State Meet after individual school entries are received.
- (f) **NUMBER OF MEETS.**
 - (1) *Number of Meets.* No student representing a participant school shall participate in more than seven meets during the school year, excluding one district meet, the regional meet and the state meet. Each meet a school team enters counts as one meet for each participating individual. Students are considered to be representing their school if they are wearing and/or using school equipment or being directed or transported by a school employee. Meets which are limited to three or fewer schools, do not count as a meet for participants, provided there is no loss of school time.
 - (2) *School Week Limitation.* No student representing a participant school shall participate in more than one meet per school week (the first instructional day of the week through the last school day). Exceptions: the regional and state meet and district varsity meets postponed by weather or public disaster, may also be scheduled during the school week.
- (g) **CONSOLATION FINALS.** There shall be no consolation finals in district meets. See Coaches Manual for scoring.
- (h) **CHAMPIONSHIP STRUCTURE.**
 - (1) *District Meets.* District meets shall be held in districts with more than six individuals or relays in any event.
 - (2) *Qualifiers to Regional.* Top six individuals and relays shall qualify from district to regional.
 - (3) *Qualifiers to State.* The first place winner in each of eight regional swimming meets and the next eight swimmers with the best regional final times overall will advance to the state meet.
 - (4) *Diving.* In diving, two divers will qualify at each of eight regional meets.
 - (5) *Timing.* Swimmers shall have been electronically timed unless the League office grants an exception.
 - (6) *Ties.* If ties occur for positions to the regional or state competitions, the times of the competitors from the district or regional preliminary competition will be considered first with the competitor with the fastest preliminary time advancing to the regional or state meet. If a tie should still exist, then decision as to which qualifier will advance will be made by flipping a coin.

2015-16 Sport Season Dates and Game/Tournament Limits

Sport	Number of Contests Allowed	Conference	First Day of Practice	District Certification Deadline	Date(s) of State Championship
Baseball (Boys)	0 tournaments and 23 games or 1 tournament and 20 games or 2 tournaments and 17 games or 3 tournaments and 14 games	All conferences	1/29/16	5/3/16*	6/8-6/11/16
Basketball (Girls)	0 tournaments and 25 games or 1 tournament and 23 games or 2 tournaments and 21 games or 3 tournaments and 19 games	All conferences	10/21/15	2/13/16*	3/3-3/5/2016
Basketball (Boys)	0 tournaments and 25 games or 1 tournament and 23 games or 2 tournaments and 21 games or 3 tournaments and 19 games	All conferences	10/28/15	2/20/16*	3/10-3/12/2016
Cross Country (Girls & Boys)	7 meets	All conferences	Year round	10/20/15**	11/7/2015
Football (Boys)	10 games	1A-4A & 5A, 6A w/no spring training 5A, 6A w/spring training	8/3/15	11/7/15*	12/12/15 – 1A (DI & DII) 12/17-12/19/15 – 2A-6A (DI & DII)
Golf (Girls & Boys)	7 tournaments	All Conferences	Year round	4/6/16**	4/25-4/29/2016
Soccer (Girls & Boys)	0 tournaments and 19 games or 1 tournament and 17 games or 2 tournaments and 15 games or 3 tournaments and 13 games	4A, 5A, 6A	11/30/15	3/22/16*	4/13-4/16/2016
Softball (Girls)	0 tournaments and 23 games or 1 tournament and 20 games or 2 tournaments and 17 games or 3 tournaments and 14 games	All conferences	1/22/16	4/26/16*	6/1-6/4/2016
Swimming & Diving (Girls & Boys)	7 meets	All conferences	Year round	1/30/16**	2/19-2/20/2016
Team Tennis (Girls & Boys)	7 tournaments total (Team & Individual combined)	4A, 5A, 6A	Year round	10/20/15*	11/11-11/12/2015
Tennis-Individual (Girls & Boys)	7 tournaments total (Team & Individual combined)	All conferences	Year round	4/13/16**	5/16-5/17/2016
Track & Field (Girls & Boys)	7 meets	All conferences	Year round	4/16/16**	5/12-5/14/2016
Volleyball (Girls)	0 tournaments and 27 matches or 1 tournament and 25 matches or 2 tournaments and 23 matches or 3 tournaments and 21 matches	All conferences	8/3/15	1/1*	11/18-11/21/2015
Wrestling (Girls & Boys)	7 tournaments	All conferences	Year round	2/6/16**	2/18-2/20/2016

* District chair is responsible for submitting the district certification form online (via UIL website).

** District chair is responsible for submitting the district results directly to the next level of competition (area or regional director); please do not send to the UIL office.

~ PRE-SEASON REGULATIONS ~

~ PRESEASON PRACTICE REGULATIONS, ACTIVITIES OUTSIDE THE SCHOOL YEAR ~

Pre-season practice regulations for sports that begin practice prior to the school year are as follows.

Students-athletes shall not engage in more than three hours of practice activities on those days during which one practice is conducted.

Student-athletes shall not engage in more than five hours of practice activities on those days during which more than one practice is conducted.

The maximum length of any single practice session is three hours.

On days when more than one practice is conducted, there shall be, at a minimum, **TWO hours of rest/recovery time** between the end of one practice and the beginning of the next practice.

Schools shall not schedule more than one practice on consecutive days, and student-athletes shall not participate in multiple practices on consecutive days. (Exception - Volleyball)

When determining how to count times spent as "practice activities" please consult the following chart:

<u>What Counts</u>	<u>What Doesn't Count</u>
Actual on field/court practice	Meetings
Sport specific skill instruction	Weight training*
Mandatory conditioning	Film study
Water breaks	Injury treatment
Rest breaks	Voluntary conditioning*

*Does not count towards practice time, but cannot be done during the two hour rest/recovery time.

In reference to the minimum TWO hour rest/recovery time between the end of one practice and the beginning of the next practice (on days when more than one practice is scheduled), there can be no practice activities at all during this time. This time is exclusively for students to rest/recover for the following practice session, whether that session is an actual on field/court practice or a mandatory conditioning period.

District Executive Committee (DEC)

Jurisdiction. The DEC shall rule on protests and reports of violations concerning eligibility and other violations of the Constitution and Contest Rules (C&CR) that occur within its district.

Composition. The DEC is composed of the superintendents of participant schools competing in the assigned UIL Playing District. The superintendent may designate administrators to represent participant schools in a multi-high school district.

Responsibilities.

- The DEC shall arrange a schedule to determine district representatives prior to the deadline specified in the official calendar.
- The DEC shall certify in writing, eligible district representatives in all athletic activities.
- The DEC shall determine in writing, prior to the season, the method to determine the district representatives in the event two or more schools are tied in win/loss percentages. (NOTE: If a tie-breaker procedure is not provided prior to the season, the UIL tie-breaker will be used.)

- The DEC shall enforce all rules contained in the C&CR.
- The DEC shall investigate the eligibility of contestants.
- The DEC shall settle within the district all disputes.
- The DEC does not have the authority to require a school to purchase equipment which is not required by rules stated in the C&CR.
- The DEC shall take such other action that is reasonable, necessary or desirable, and consistent with the UIL C&CR, the rules of the State Board of Education and the law.
- The DEC shall determine the place of games in the case there is a disagreement between two teams.
- The State Executive Committee shall have jurisdiction in all disputes arising between district winners that have been duly certified.

School Authority Responsible. The superintendent shall be responsible for the proper conduct of athletic contests in a school system.

Observe Rules. Each school shall abide by all rules contained in the Constitution. In case an ineligible contestant is used in any League game, knowingly or unknowingly, the minimum penalty shall be forfeiture of the game.

Rule Violations. Students who violate the rules shall be ineligible for at least one year from the date of the violation unless otherwise specified by rule. Regulations in the athletic plans of the Constitution and Contest Rules govern all varsity and sub-varsity teams. Specific rules within the junior high section of the Constitution govern eighth grade and below.

Penalties. (1) Fighting, i.e. unauthorized entrance on to the playing field/court area to engage in a fight with an opponent, teammate, fan, and/or an official and (2) Failure to complete an athletic contest, i.e. removing a team from a field/court in protest, will be included under the UIL penalty structure.

~ HIGH SCHOOL COACHING REQUIREMENTS AND TRAINING~

All high school coaches must be full-time employees of the school district. Coaches who knowingly and willfully violate rules may be penalized according to the Constitution and Contest Rules by the District Executive Committee (reprimand) or State Executive Committee (reprimand, public reprimand, suspension). EXCEPTION: A retired teacher/administrator who has 20 or more years of experience may serve as an assistant coach in all athletics and as a head coach for golf, tennis, team tennis, cross country, track and field, and swimming. (This rule shall not affect the status of a coach on a leave of absence attending college.) Also, student teachers, while they are assigned to a participant school to fulfill their student teaching requirements, may volunteer to serve as an assistant coach in all athletics. Schools shall not pay student teachers for assisting athletic coaches.

1. TEC Chapter 33.086 - Certification - CPR and First Aid Training

Districts arrange and determine who will provide the certified training per American Red Cross, American Heart Association or another organization that provides equivalent training and certification. This training may be combined course with AED certification.

Athletic coaches, athletic trainers, cheerleading sponsors and other head directors of UIL extra-curricular activities must have a current certification filed with the district.

2. TEC Chapter 22.902 - Certification - AED Training

Districts must make this available to district employees and volunteers.

Athletic coaches and sponsors, school nurses, PE teachers, marching band directors, and students that serve as an athletic trainer must have a current certification filed with the district.

3. TEC Chapter 33.202 - Annual Requirement – Safety Training

Training provided by UIL within the Rules Compliance Program (RCP).

Athletic coaches must complete prior to contact with students.

Athletic coaches are required to provide and document a rehearsal of safety communication with students per sport.

UIL safety information must be presented to the students and be made available to the parents/guardians with this information: <http://www.uiltexas.org/files/athletics/safety-training.ppt>

4. TEC Chapter 38.158 - Annual Requirement - Concussion Training (2 hours every other year/1 hour annually)

Athletic coaches, athletic trainers and potential members of the Concussion Oversight Team must complete the training annually.

Continuing Professional Education Providers (CPE) are approved and registered with the State Board for Educator Certification (SBEC) and Texas Education Agency (TEA): http://www.tea.state.tx.us/index2.aspx?id=2147486144&menu_id=2147483671&menu_id2=794.

UIL Coach Education and Training Requirements

1. C&CR 1202(j), UIL Professional Acknowledgment Form - completed and on file with district
2. C&CR Section 1208(i) , Annual Requirement - Rules Compliance Program (RCP)
 - Training available ONLY on the UIL website - www.uiltexas.org
 - Athletic coaches must complete prior to contact with students.
3. C&CR 1209(k), One Time Requirement – National Federation of High Schools (NFHS): Fundamentals of Coaching
 - 6 hours course/\$35 - all first year coaches and any coach (or JH volunteer) who is not a full-time employee of the school district.
 - Available through a link on the UIL website or visit www.nfhslearn.org (Print certificate to verify completion)
4. C&CR 1208(y), Cheerleading Program Coach/Sponsor– Safety/Risk Minimization for Cheerleading Course
 - Must have a current certification or annual training completed prior to contact with participants.
 - Districts shall determine the organization that will provide the certification or training. Resources are available but not limited to those on the link from UIL web site. http://www.uiltexas.org/files/health/Cheerleading_Safety_FAQs.pdf
5. C&CR 1208(j), Coach with Misconduct – Minimum Educational Requirement
 - Any coach ejected from a contest shall complete the NFHS Fundamentals of Coaching Course. The course is catalogued for a 6 hour course/\$35. <http://www.nfhslearn.com>
 - Any coach ejected from a contest shall complete the NFHS Teaching and Modeling Behavior Course. The course is catalogued for a 1.5 hour course/\$20. (<http://www.nfhslearn.com>).

Eligibility for Athletic Contests

Eligibility rules are found in Section 400 and 440 of the Constitution and Contest Rules. Any question regarding a student’s eligibility, should be addressed to the school principal and/or superintendent. Residence requirements according to Sections 400 (d) 440, and 442 should be thoroughly investigated for any student new to school.

Students are eligible to represent their school in varsity interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)

- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.

Limitation on Awards. Schools may give one major award, not to exceed \$70.00 in value, to a student during high school enrollment at the same school for participation in one of the UIL interschool competitions listed in Section 380. One additional symbolic award, not to exceed \$10.00 in value, may be presented for participation in each additional UIL activity listed in Section 380. The \$10.00 award may be given to a student for an activity during the same year that the major award is given for that activity.

- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule, Section 1209.
- have observed all provisions of the Athletic Amateur Rule, Section 441.

Student-athletes shall be in compliance with the Athletic Amateur Rule from the first day of attendance in the ninth grade through their last day of UIL athletic competition in grade twelve. This includes during school and during non-school time and applies to all UIL competition and to non-school participation in the same sports sponsored by the UIL. (For instance, a race of six miles or longer is not considered to be a cross country meet, so the Amateur Rule is not applicable to students participating in this type of race.)

Student-athletes in grades 9-12 shall not:

1. Accept any valuable consideration as an award for winning or placing in an athletic contest. Valuable consideration is defined as anything wearable, usable or sellable, and includes such items as tee-shirts, hamburger coupons, free or reduced rate tennis racquets, etc.
2. Accept valuable consideration for teaching or coaching any UIL sport, except beginning swimming or lifesaving lessons.
3. Accept valuable consideration for allowing their name to be used for advertisement of a product, plan or service.
4. Accept any special service or benefit offered only to athletes or members of an athletic team.

The penalty for violation of the Amateur Rule is forfeiture of varsity eligibility in the involved sport for at least one year from the date of the violation. **The Athletic Amateur Rule is sport specific, so that a violation in one sport would make the student ineligible only in that sport, not in all UIL athletic activities.**

- did not change schools for athletic purposes.

~ SCHOOL PRACTICE AND GAME RESTRICTIONS ~

Participation

- a. SUNDAYS. A League participant school shall not participate in any athletic contest or conduct any practice, or teach any plays, formations, or skills on Sunday.
- (1) Violation. Any showing of films to, or meetings of athletes for the purpose of instructions or reviewing of plays, formations, or skills in any sport will be construed as a violation.
 - (2) Coaches Sunday Meetings. This does not prevent coaches from meeting on Sunday or from viewing films or planning an instructional program, provided that no athletes are involved in this meeting.
 - (3) Exceptions.
 - (A) Golf. If the regional and/or state golf tournaments are scheduled on a Monday, one 18-hole practice round is allowed at the regional and/or state tournament site and may be played on the Sunday afternoon preceding the meet (no earlier than 12:00 noon) if permitted by the regional or state meet director.
 - (B) Tennis. If the regional and/or state tennis tournaments are scheduled on a Monday, and if participants arrive at the site on the preceding Sunday because of travel distance, it will not be construed a violation of this rule if school district personnel accompany or transport participants to a tennis court for the purpose of practicing on their own, if permitted by the regional or state meet director.
 - (4) REGIONAL AND STATE TOURNAMENT COMPETITION ON SUNDAY. Regional or state tournament directors may reschedule postponed or weather delayed tournaments on Sunday afternoon or evening with prior approval of the tournament director and the participating schools and with prior permission from the UIL athletic director.

Practice Time

According to the State Board of Education, practice time outside the school day is limited to eight hours per school week per activity from Monday 12:01 a.m. through the end of the school day Friday. (This does not include travel time to games/matches scheduled during the school week. See definition of school week below.)

Contest During the School Week

According to State Board of Education mandates, students may only participate on one day per activity during the school week. Exception: District varsity contests postponed due to weather or public disaster may also be scheduled during the school week, but must be rescheduled and played on the next date following the postponement in order to be played as an exception. Post-season competition may also be scheduled as an exception to the one contest during the school week. School week means the week beginning at 12:01 am on the first instructional day of a calendar week and ends at the close of instruction on the last instructional day of the calendar week, excluding holidays. Post-District play means competition in UIL play-off series or contests such as—Bi-District, Area, Regional, etc.

~ MEET ADMINISTRATION AND REGULATION ~

Schedules

Athletic schedules will not be considered official until approved by the superintendent of the member school district.

Adult Supervision

A coach or adult supervisor must always accompany students. A student shall not represent his or her school at any time in connection with interscholastic competition unless accompanied by a coach or another appointed member of the school faculty. **Exception:** A non-school person may serve as the adult supervisor of students when appointed by the administrator in areas where no coaching/directing takes place. These individuals may provide the transportation

to and from the activity and be responsible for the supervision of participants.

Warning About The Inherent Dangers Of Athletic Participation

Student athletes and parents should be aware that any athletic participation will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in sports, and care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods and common sense.

The UIL encourages student athletes in all sports, and their parents, to discuss risks and risk minimization with coaches and school administrators.

Games Administration and Protection of Players

School officials should exert every effort to reduce athletic injuries. Cross Country can be a dangerous sport, and every care should be exercised for the protection and safety of the players. The following suggestions are offered for consideration:

1. Have a written permit from the parents to secure emergency medical services in case of injury.
2. See to it that players are properly equipped with adequate protection.
3. Give immediate attention to all injuries, even seemingly unimportant scratches and bruises. Be prepared for hot weather practice.
4. Have all players covered by an athletic insurance policy.

Crowd Management and Game Security

In our complex and open society there are numerous problems which hinder the public school administrator. Crowd management and game security are two problems which have haunted even the most conscientious administration. This area goes beyond the spectator who is intoxicated in the stands or those who insist on running onto the field at the end of the game. Schools in some states have been forced to abandon night games, while others in some states must seek a neutral site with little or no publicity surrounding the event to prevent added disturbances. Fortunately, this has not been a great problem for athletics in Texas. However, disturbances can occur at even the smallest of schools during a game which has no bearing on the district championship. Each school system should develop a master plan for management of crowds.

Administrative duties for controlling crowds involves a well thought out plan of action. Actions prescribed should be endorsed by the school board as policy for the district, prior to each school year. Plans may then be viewed for comparison with other school systems. Naturally, each system will include variations to fit their own unique situation.

The UIL views this as a positive way to defend against possible trouble at athletic events. School personnel are more apt to act with confidence, knowing where they stand when written policy is in place. Schools that have operated without a crowd management and/or game security policy may see this as an opportunity to add consistency while upgrading their procedures, not to mention serving as a guide for legal implications. It is better to operate somewhat anonymously and behind the scenes so that fans may enjoy their favorite events than to spend little time in planning and be faced with an unchecked security problem.

Administrative Responsibility. The school district superintendent and/or their designee is responsible for enacting and enforcing a crowd management policy for contests sponsored by his/her district. Likewise, all phases of interscholastic competition are under the careful supervision of the superintendent.

Guidelines. (These basic guidelines may be supplemented by local schools.)

1. A crowd control policy for season athletic contests shall be endorsed by the school board and should be kept on file with the district executive chairman and in possession of those in the individual school directly responsible.
2. No interscholastic contest may be arranged without the knowledge and sanction of the superintendent or his/her designee.
3. A game administrator or manager (usually the athletic director or principal) shall be in charge of the various

administrative duties not associated with the contest at all home games. This person shall be on duty during the actual playing of the contest.

4. In all cases where students are competing against those of another school there must be an authorized faculty representative on the premises. In team sport contests such as basketball, football, soccer, softball, and volleyball, the superintendent and/or a designated game administrator shall be present at all home games and should be present at games away from home when large numbers of students and fans are attending the game.
5. Students, participants and staff members representing member schools in interscholastic competition are expected to conduct themselves in a sportsmanlike manner. Failure to do so may be in violation of the UIL Constitution and Contest Rules and subject the school, students and sponsors to penalty.
6. The member school superintendent is responsible for initiating appropriate disciplinary measures against those guilty of violations of the State Education Code.
7. It shall be the responsibility of the host administration to insure the safety of the officials.

Safety

Our baseline responsibility is to assure that every person who comes to school or to a school event is ensured the opportunity of returning home safely that day or night. The following suggestions are not complex, but hopefully will stand the test of time.

1. Principals and athletic directors should meet with the police and fire chiefs, emergency medical service head, and school superintendent. At this meeting establish roles of responsibility. For example, whose decision it is to evacuate a school or athletic site? Also discuss all of the other issues (e.g. lightning, power outage, bomb threats, weapons) that are concerns of the respective participants in this meeting. It would be good if written protocols resulted.
2. Form a School Safety Committee which should be representative of students, custodians (who may know your facility better than anyone else), staff, administration, parents, and the community. All of these constituents are stakeholders who should share in responsibility for safety.
3. Consider safety to be a "team" effort. Inform your students and other constituencies that you want them to keep their eyes open, and to report anything they see or hear that may be troubling. "Intelligence" is important and can be reasonably easy to acquire through such a network.
4. Every student should have an advocate member of the school staff. Too often children are without a good adult role model. A staff member, making it a point to check on each student once a week, may be enough to keep the student connected, or to detect a potentially significant personality change.
5. Recognize that you are surrounded by trained observers. Educators, like police, are accustomed to observing individuals, groups, and crowds. Anyone or anything that does not "look right", probably isn't. Station trained observers at the entrance to athletic events. Assign staff in fan sections, have the police detail deployed to observe fan behavior, and place administrators at vantage points where spectators and observers can be viewed.
6. Cell phones can be critical during an emergency when phone lines are cut; incoming phone traffic precludes making calls, etc.
7. Don't believe "it can't happen here." The profiles of perpetrators of recent school tragedies are suburban, affluent young people who spend time on computers or who may have access through family to guns.
8. Continue to work to keep high school athletic programs within the perspective of their educational mission. Do not place athletes on a pedestal. Honor equally achievements of all your students (e.g. academics, community service, drama, National Honor Society).
9. A communication system (e.g. walkie-talkies) is important among school personnel, fire, police, EMS, etc .
10. Remain calm, and use the PA system to deliver pre-developed messages/instructions.

~ REGULAR SEASON REGULATIONS ~

~ GENERAL INFORMATION ~

Required Forms for All Student Participation. It shall be the responsibility of each school to keep on file the following required annual forms for each student who participates in any practice, scrimmage, or game. Forms to be filed can be downloaded from the UIL website (www.uiltexas.org/athletics/forms).

- Pre Participation Physical Examination Form. As a minimum requirement, a Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. Local district policy may require an annual physical exam. The form must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.
- Medical History Form. Each year prior to any practice or participation a UIL Medical History Form signed by both a student and a parent or guardian is required. A Medical History Form shall accompany each physical examination and shall be signed by both a student and a parent or guardian.
- Parent or Guardian Permit. Annual participation permit signed by the student's parent or guardian.
- Rules Acknowledgment. Annual UIL Rules Acknowledgment Form signed by the student and the student's parent or guardian.
- Parent/Student Anabolic Steroid Use and Random Steroid Testing Form. The parent/guardian of each high school athlete, along with each high school athlete, must annually sign the UIL Illegal Steroid Use and Random Steroid Testing Parent and Student Notification/Agreement Form.
- Concussion Acknowledgement Form. Annual UIL Concussion Acknowledgment Form signed by the student and the student's parent or guardian.
- Sudden Cardiac Arrest Awareness Form. Annual UIL Sudden Cardiac Arrest Awareness Form signed by the student and the student's parent or guardian.

Required Forms for Varsity Participation. It shall be the responsibility of each school to keep on file the following required forms. Forms to be filed can be downloaded from the UIL website (www.uiltexas.org/athletics/forms).

- Eligibility Form. Schools must submit comprehensive eligibility blanks for football, basketball, volleyball, softball, baseball, and soccer. For all other athletic activities general alphabetical listing of eligible athletes is required. One copy shall be sent to the district executive committee chair and one copy shall be filed in the school's office. Completed eligibility forms are to be signed by the superintendent or a designated administrator and the coach. These forms are to be postmarked before a contestant is allowed to participate in a varsity contest. Failure to furnish correct and complete information may, upon request by the proper committee, constitute grounds for suspension.
- Previous Athletic Participation Form. New students in grades 9-12 who represented their former school in a varsity or sub-varsity athletic contest or practice in grades 8-12 in any previous school year must have a Previous Athletic Participation Form completed prior to participation in a varsity contest at the new school.

Q: If a PAPF is completed and signed by the DEC chair, does this make a student-athlete eligible for varsity competition?

A: No. A student-athlete must also meet all other eligibility rules.

Q: If a student-athlete is continuously enrolled for one calendar year at a school, are they eligible for varsity competition?

A: No. The student-athlete must also have a completed and signed PAPF from the DEC chair and be in compliance with all other eligibility rules.

- Late Forms. If an eligibility form or a Previous Athletic Participation Form was not filed prior to competition, and it was an inadvertent error and the student is actually eligible under Subchapter M of the Constitution, the

district executive committee is not required to demand forfeiture or to rule the student ineligible. They may assess the minimum penalty of private reprimand to the school.

- **Foreign Exchange Students.** Subject to the other eligibility rules of the Constitution and Contest Rules, foreign exchange students in approved CSIET foreign exchange programs are allowed to apply for exceptions to the residence rule through the UIL waiver process. A waiver could be granted in certain activities if they have not received advanced training or have not had extensive experience in the activity of their choice. **Foreign exchange students are not eligible for varsity athletic participation unless they are granted a Foreign Exchange Student Waiver.**

- **Varsity Athletic Eligibility for Over-Age Student.** Subject to the other eligibility rules of the UIL Constitution and Contest Rules, an individual is eligible to participate in a League varsity athletic contest as a representative of a participant school if that individual is less than 19 years old on September 1 preceding the contest; or has been granted eligibility based on a handicapping condition which delayed his or her education by at least one year and the student is currently in special education and under the auspices of an ARD Committee or has been identified as a 504 student prior to the end of their second year in high school (effective for entering ninth graders in the current school year).

Registration

A school should have registered for UIL swimming and diving by January 15 the preceding year.

District Chair lists can be found on the UIL website at www.uiltexas.org/athletics/district-chairs/swimming-diving.

Eligibility Forms

Prior to the first varsity meet, complete the UIL individual sport eligibility form. This form is for varsity athletes only. Send one copy to your district chairman and retain one copy in the school file. Copies of the same eligibility form or additions to the original eligibility form should be used to report new varsity participants.

Swimming and Diving Season

An official starting date and final swimming and diving meet have not been set by the Legislative Council. A starting date should be set by school administration.

- No student representing a participant school shall participate in more than seven meets during the school year, excluding one district meet, the regional meet and the state meet. Each meet a school team enters counts as one meet for each participating individual.
- School week: A student or team representing a member school shall participate in no more than one scrimmage, contest, or meet per school week. School week is defined as beginning at 12:01 am on the first instructional day of a calendar week and ends at the close of instruction on the last instructional day of the calendar week, excluding holidays.
- Meets, which are limited to three or fewer schools, do not count as a meet for teams or participants, provided there is no loss of school time.
- It is considered a school meet if a student is wearing or using school equipment, being transported by the school or is being directed in the meet by a school district coach.

Rules

The swimming and diving rules are available in the current National Federation Swimming and Diving Rules Book and shall be enforced in all League meets. Rule books can be purchased from the National Federation, Box 361246, Indianapolis, IN 46236-5324; 1-800-776-3462 or www.nfhs.org.

Events for District, Regional, and State

Boys and girls events for district, regional and state meets shall be as follows:

200 Yard Medley Relay	100 Yard Freestyle
200 Yard Freestyle	500 Yard Freestyle
200 Yard Individual Medley	200 Yard Freestyle Relay
50 Yard Freestyle	100 Yard Backstroke
1 Meter Diving	100 Yard Breaststroke
100 Yard Butterfly	400 Yard Freestyle Relay

Entry Limitations

A competitor shall be permitted to enter 2 individual and/or 2 relay events; or 4 events, no more than 2 of which may be individual (3 relays and 1 individual is permissible). Only eligible students are allowed to compete at UIL member school hosted meets.

- Exhibition heats and unattached athletes are not allowed at any UIL swimming and diving competition.
- When more than one relay entry per school is allowed, A & B team members must remain the same for prelims and finals. A & B relays are not allowed to switch their membership from one relay to another.

Divisions

There shall be the following two divisions in the respective 5A and 6A conferences: a) boys; b) girls.

Classifications

- a. Districts Meets. District swimming and diving chairmen shall be responsible for organizing the district meets.
- b. Regional and State Meets. There will be two classifications for regional and state meets.
 1. Conference 5A and below schools
 2. Conference 6A

~ POST SEASON REGULATIONS ~**Championship Structure**

The swimming and diving rules found in the current National Federation Swimming and Diving Rules Book shall be enforced at all UIL meets. NFHS rulebooks may be purchased from the NFHS Website: www.nfhs.org.

District meets shall be held in districts with more than six individuals or relays entered. Only the teams and individuals qualifying through the district and regional meet are eligible to advance to the state meet.

- A maximum of the top six individuals in each event and relays shall qualify from district to regional.
- There shall be no consolation finals in the district meet.
- The first place winner in each of the eight regional swimming meets and the next eight swimmers with the best regional final times overall will advance to the state meet. If there are ties in determining the qualifier to the next meet, the times of the competitors from the preliminary competition will be considered first with the competitor with the fastest preliminary time advancing. If a tie should still exist, the decision will be made by lot.
- In diving, two divers will qualify at each of the eight regional meets to the state meet. There is no diving degree required for qualifiers into the regional and state meet.
- A competitor/team relay is officially entered when the official entry sheet is delivered to the meet director at the designated time and place.
- In relay events, eight individuals may be listed as the team, any four shall be assigned to swim. This counts as an entry for each athlete if they swim in prelims or finals. Members of relay teams may be changed from one level of meet (district, regional, state) to the next qualifying meet, if the meet director is notified by the deadline.
- All competitors, once officially entered, shall complete in all heats, swim-offs and rounds of competition for which they qualify, except when an illness or injury certified by a physician or the referee forces a competitor to withdraw. This applies to individual members of relay teams as well as to competitors in individual events.
- Failure to compete for any reason other than illness or injury shall disqualify the competitor from any further competition in the meet. Previous performances are not nullified. A competitor may be reinstated by the referee to re-enter competition after illness/injury if a physician or referee verifies recuperation.
- After the entry deadline, there shall be no substitution allowed in the individual events according to NFHS. If the individual place winner cannot compete in the next higher meet, the next place winner may be certified if time allows.
- Scratches are permitted due to academic ineligibility. If this occurs, the regional director may contact alternate qualifiers to replace individual school entries that are scratched.

Entry Process

The district and regional entries shall be consistent with the UIL policy. All coaches must submit entries to the district or regional meet director no later than five days prior to the meet. Please contact the District Executive Committee Chair or meet director or regional meet director for procedures and instructions regarding district and regional entries.

- Regional meet information will be provided from a link on the UIL Website.
- Each meet director may require specific electronic files or online entry procedures and for listing names to participate on a relay.
- The UIL form is no longer required provided each coach verifies each entry with the meet director. If needed, UIL entry forms are available on the UIL website and may be used to facilitate the process.

Scoring

NFHS Rule 7-1 apply for all UIL competitions.

- Scoring at the district meet shall be to score places 1-8. Relays are scored double.
- Scoring at the regional and state meets will be individual events: 20-17-16-15-14-13-12-11 for the finals and 9-7-6-5-4-3-2-1 for the consolation finals. Relays are scored double.

Awards

- Medals and trophies will be presented according to the official results and the meet director will coordinate an awards schedule. Schools may purchase additional medals from the UIL Website.
- The first place team and runner-up team will receive a trophy. Five medals will be given to the first and second place teams.
- The first, second and third place finishers in each event and four relay team members will receive a medal.

~ DISTRICT MEETS ~

Dates - All district swimming meets must be held by January 30, 2016.

Site - The site of the district meet shall be determined by the District Executive Committee.

Schedule - A championship meet format shall be established by the District Executive Committee.

~ REGIONAL MEETS ~

Date - Regional swim meets will be held on February 5-6, 2016.

Site - Current regional sites are listed at www.uiltexas.org/swimming-diving/regional-sites.

Schedule - The regional director will declare the time schedule. The UIL highly recommends that the regional sites utilize the same meet schedule.

~ STATE MEET ~

Dates - February 19-20, 2016.

Site - The site of the State Swimming and Diving Meet will be the Lee & Joe Jamail Texas Swimming Center in Austin.

**2016 UIL State High School Swimming & Diving Meet Schedule
Tentative Schedule**

Thursday, February 18

5:00 pm - 8:00 pm SCHOOLS PICK UP TEAM PACKETS AT UIL OFFICE, 1701 MANOR ROAD

Friday, February 19

A specific pool warm-up schedule will be provided.

8:00 am	UIL coaches packets available
8:30 am - 10:00 am	5A swim warm up and dive practice
10:00 am	5A swimming prelims and Diving prelims, semifinals, and consolations
3:00 pm - 4:30 pm	6A swim warm up and dive practice
4:30 pm	6A swimming prelims and Diving prelims, semifinals, and consolations

Saturday, February 20

8:00 am - 9:30 am	5A swim warm up and dive practice
9:30 am	5A swimming and diving finals
2:00 pm - 3:30 pm	6A swim warm up and dive practice
3:30 pm	6A swimming and diving finals

~ OFF-SEASON REGULATIONS ~

~ OFF-SEASON ~

- (1) Team Practice. School teams shall be prohibited from practicing team skills before or after school except during the specified practice dates and during the one allowable period during the school day.
- (2) Off-Season Participation. Varsity or non-varsity athletes shall not be required to participate in an off-season program on the day of an in-season competition.
- (3) Participation Requirement. Students shall not be required to participate in one school sport as a prerequisite for participation in another school sport.
- (4) Policies. Written school policies for use of facilities during the off-season, outside the school day, and during the summer months should be approved by the school administration and dispersed to all staff and students.
- (5) Off-Season Period Limits. Off-season activities are limited to one regular classroom period (max. 60 minutes) per day within which all suiting out, related activity, and redressing must occur. (See Side by Side Manual for block schedules, etc.)
- (6) Power and/or Weight Lifting: Off-season athletes whose schools have an athletic period during the school day may not participate on power lifting teams unless weight training is provided for off-season athletes during the in-school-day athletic period. It would also make it a violation for power lifting teams to be limited to athletes or to be required as part of an athlete's off-season program.

A number of member schools have power lifting or weight lifting clubs. These clubs are involved in weight lifting tournaments or contests throughout the academic year. These guidelines are intended to control a problem that now exists as opposed to encouraging or requiring year-round workouts. It is the intent to insure that the use of summer weight rooms is a strictly voluntary activity on the part of any athlete.

- a. Schools may open weight training facilities for general student body use. Schools may NOT open weight training facilities for members of athletic teams only.
- b. Supervision of the facility by faculty members is permitted for safety and security purposes. Supervisors may NOT provide specific sport team skills instruction for members of school athletic teams.
- c. A schedule of when the weight training facility will be open should be publicized. Schools may NOT set a schedule for members of athletic teams to appear at the facility at a particular time or have a sign-in sheet or check-in list for athletes.
- d. It is permissible to have a supervisor of the facility provide instruction for proper lifting, spotting, care of and placement of weight apparatuses. The supervisor of a facility may NOT require athletes to lift specified amounts of weight or require that they complete prescribed sets.
- e. Schools may hire a coach or another faculty member to supervise the facility as outlined in #2. This hiring or appointment must be approved by the superintendent or his/her designee. Schools may have more than one school employee in a supervisory capacity at any one time.
- f. Schools may provide a general weight schedule for students, but may NOT provide athletes individual workout schedules which require activities to be at specified hours, specify a number of workouts, or designate specified groups of students to be involved at a certain time.
- g. Weight training schedules provided to students may be sequential. Schedules may NOT be provided that include calendar designations requiring specific days for certain sequential activities such as July 1 upper body, July 2 lower body, etc.
- h. Students may keep progress charts but shall NOT be required to turn them in to coaches.
- i. If there is a report of a violation, the burden of proof to the contrary rests with the school or school employee.
- j. If a large majority of a team is working out together, it could be considered strong evidence that it is a team workout and a possible violation.
- k. All weight training facility use and policies must be approved by the superintendent or his/her designee.

~ OFF-SEASON OPEN FACILITIES ~

Schools may make available to the general student body any and all recreational facilities according to local school board policies. Coaches shall not require or coerce members of athletic teams to workout at these facilities at times other than specifically listed in their respective sport plans in the Constitution and Contest Rules. Below are clarifications of permissible activities. If a particular situation is not covered, please contact the UIL office.

- a. Facilities if open, must be open to members of the general student body. Facilities may not be reserved at specific times for members of athletic teams outside the school day.
- b. Equipment (excluding uniforms or wearing apparel) may be used by the general student body. This equipment may not be available exclusively to athletes or members of athletic teams.
- c. Supervision of facilities for safety and security may be provided by a faculty member or non-faculty member approved by school administrator or school board. Supervisors shall not provide skill instruction to members of school athletic teams.
- d. If the majority of a school team is using the facility at the same time, participating in any team skill activity, it indicates a violation has taken place even though a coach is not present. Students may train on their own, but a member of a team shall not be required to perform a prescribed set of skills on a weekly or daily basis. It is not necessary for a coach to be present in order for a workout to be judged as "organized."
- e. The presence of a coach or coaches at a facility where members of their team(s) are participating in activities usually is an indication that an activity is an organized workout.
- f. If there is a report of a possible violation, the burden of proof rests with the school or school employee.
- g. The dates and times of operation shall be announced, posted, or publicized so that every student attending that school is aware of the opportunity.
- h. Each activity is based on a first come, first served basis.
- i. School coaches are responsible for notifying student athletes in their sport that their off season and summer participation is on their own, not required or checked, and is in no way a prerequisite for making the team or getting more playing time.
- j. Coaches should not participate with their athletes in the athletes' sport. Such actions place the responsibility on the coach and school to prove they are not violating Sunday and off-season regulations.
- k. Varsity or non-varsity athletes may not be required to participate in an off-season program on the day of an in-season competition.
- l. Students may not be required to participate in one school sport as a prerequisite for participation in another sport.
- m. Required attendance in an off-season program is prohibited. Attendance sheets could be a strong indication that a violation has occurred.
- n. School teams shall be prohibited from practicing team skills before or after school except during the specified practice dates and during the one allowable period during the school day. During this period, all suiting out, related activity and re-dressing must occur.

~ SUMMER STRENGTH AND CONDITIONING PROGRAMS ~

School coaches may conduct strength and conditioning programs for students in grades 7-12 from their attendance zone for a total of six weeks under the following conditions:

Limitations. Sessions may be conducted from the first day of summer vacation until the second Monday in August. A session shall be no more than two consecutive hours per day, Monday through Thursday only, and a student shall attend no more than one session of supervised instruction per day for a total of six weeks.

Activities Allowed. The sessions shall include only strength and conditioning instruction and exercises. No specific sports skills shall be taught and no specific sports equipment, such as balls, dummies, sleds, contact equipment, etc., shall be used. School shorts, shirts and shoes may be provided by the school (local school option).

Attendance. Attendance in a maximum of one session per day shall be voluntary and not required in order to try out for or participate in any UIL activity. Attendance records shall be kept, however, students shall not be required or allowed to make up missed days or workouts.

Fees. Fees, if any, shall be established by the superintendent and collected by the school. Any payment to coaches shall be from the school and from no other source.

Important points to remember for coaches, athletes and parents are as follows:

- Strength and conditioning sessions may be held after the last official day of school until the second Monday in August.
- School coaches may conduct sessions only on Monday through Thursday of each week.
- Sessions conducted by coaches shall be no more than two consecutive hours per day.
- A student shall not attend more than one two-hour session (conducted by a school coach) per day.
- Sessions conducted by school coaches shall only include students who are incoming seventh graders or above from their attendance zone.
- Sessions shall include only strength and conditioning instruction and exercises.
- Sport specific skill instruction is prohibited.
- Sports specific equipment (balls, dummies, sleds, contact equipment) is prohibited.
- The school (local school option) may provide school shirts, shorts and shoes.
- Attendance shall be voluntary. Coaches shall not require athletes to attend in order to try out for or participate in any UIL sport.
- Attendance records shall be kept, however students shall not be required or allowed to make up missed days. Students may work out on their own, without direction of the school coach.
- Fees, if any, shall be established and approved by the superintendent and collected by the school.
- Any payment for conducting strength and conditioning sessions to school coaches who instruct students from their attendance zone in grades 7-12 shall be from the school and no other source.
- Schools must take administrative care to prohibit an athlete from working with one school coach for two hours and a separate school coach for another two hours.

~ QUESTIONS AND ANSWERS ~

Q: May a school coach conduct a strength and conditioning program this summer?

A.: Yes, beginning no earlier than the first day of summer vacation and ending no later than the second Monday in August for a total of six weeks.

Q: Does the six-week period have to be consecutive weeks?

A: No. For example, a school could decide to workout two weeks, take off the week of July 4th, and then resume workouts for a total of six weeks.

Q: May school coaches be paid for conducting these sessions?

A: Yes, if payment is provided by the school and no other source.

Q: In what activities are school coaches allowed to give instruction during these summer sessions?

A: Weight training, including a specific workout plan for each individual, agility, running programs, plyometrics, running bleachers and other conditioning exercises.

Q: May school coaches group athletes by sport or position?

A: No. Student athletes are allowed to receive instruction from school coaches however, specific groupings of athletes by sport or position is prohibited.

Q: Are spacer dummies allowed for agility purposes?

A: No.

Q: Are athletes allowed to attend an open gym or weight room before or after a supervised session?

A: Yes, provided the student is not receiving additional instruction from a school coach and the facilities are available to other students in the school as described in Section 1206 (h).

Q: May sessions be conducted for students in middle school or below?

A: Yes. Students in the seventh and eighth grade will be allowed to participate and receive instructions from a school coach. UIL staff also recommends that seventh and eighth grade students workout in separated groups from the students in grades 9-12.

Q: May students participate for six weeks with one coach and then two more weeks with another coach?

A: No. A student shall attend no more than one two-hour session of supervised instruction per day and no more than a total of six weeks.

Q: Can a student participate in strength and conditioning sessions with a school coach after a school's sport season begins?

A: Yes, provided the student attends no more than one two-hour session of supervised instruction per day and no more than a total of six weeks

Q: May a school allow outside groups to conduct strength and conditioning sessions?

A: Yes.

Q: May outside groups or individuals hire school coaches to conduct strength and conditioning programs for students from the coaches' attendance zone?

A: Yes, provided they comply with the aforementioned guidelines regarding limits on time, equipment, fees, payment, etc.

Q: Are outside groups and individuals allowed to conduct strength and conditioning programs after the second Monday in August?

A: An outside organization that does not utilize school coaches in any manner, with the exception of facility supervision, could continue to provide their program past the second Monday in August. If at any point school coaches are involved in working the the students from their own attendance zone as part of this program, the program must end on the second Monday and follow the established guidelines of the Legislative Council.

Q: May school booster clubs pay coaches for conducting these programs?

A: No. However, school booster clubs may provide funds to the school to offset expenses associated with strength and conditioning programs.

Q: May school booster clubs pay fees for an individual athlete to participate in a school sponsored summer strength and conditioning program?

A: No. However, a school booster club could provide funds to the local school to help offset the cost of the program for the school. Funds are not to be specified for any particular athlete or group of athletes.

Q: May schools waive or reduce fees for strength and conditioning programs sponsored by the school?

A: Yes, The Texas Education Code requires school districts to adopt procedures for waiving fees charged for participation if a student is unable to pay the fee, and the procedures must be made known to the public. Fees for all other students shall be paid by the students and/or their parents.

Q: Who determines what fees, if any, are to be charged to the student?

A: The school superintendent.

Q: Can the football coach conduct a session with an athlete for one hour and the basketball coach conduct a session for another hour?

A: Yes, provided these are conducted in consecutive hours and there is no specific grouping of athletes by sport or position and no sport specific instruction provided.

Q: Are schools allowed to provide transportation to students attending the summer strength and conditioning programs?

A: No.

Q: What penalty will be assessed to a coach for requiring a student to participate in a strength and conditioning program?

A: A range of penalties from private reprimand to suspension.

~ **NON-SCHOOL ACTIVITIES/CAMPS** ~

I. The Constitution and Contest Rules state:

Section 1209

(A) REQUIRED PARTICIPATION PROHIBITED. Students shall not be required to play on a non-school team in any sport as a prerequisite to playing on a school team.

(B) OFF-SEASON SCHOOL FACILITY USE. See Section 1206.

(C) BASEBALL, BASKETBALL, FOOTBALL, SOCCER, SOFTBALL AND VOLLEYBALL CAMPS WHERE SCHOOL PERSONNEL WORK WITH THEIR OWN STUDENTS. After the last day of the school year in May, June, July and prior to the second Monday in August, on non-school days, all students other than students who will be in their second, third or fourth year of high school may attend one camp in each team sport, held within the boundaries of their school district, in which instruction is given in that team sport, and in which a 7th-12th grade coach from their school district attendance zone works with them, under the following conditions:

(1) Number of Days. Attendance at each type of sports camp is limited to no more than six consecutive days.

(2) Prohibited Activities. Students shall not attend football camps where contact activities are permitted.

(3) Fees. The superintendent or a designee shall approve the schedule of fees prior to the announcement or release of any information about the camp. The Texas Education Code requires school districts to adopt procedures for waiving fees charged for participation if a student is unable to pay the fee, and the procedures must be made known to the public. Fees for all other students shall be paid by the students and/or their parents.

(4) School Equipment. Schools may furnish, in accordance with local school district policies, school-owned equipment, with the following restrictions:

(a) Schools may not furnish any individual baseball, basketball, football, soccer, softball or volleyball player equipment, including uniforms, shoes, caps, gloves, etc., but may furnish balls and court equipment including nets, standards, goals, etc., for volleyball, basketball and soccer camps.

(b) For football camps, schools may furnish hand dummies, stand-up dummies, passing and kicking machines and footballs. Use of any other football equipment, including contact equipment, is prohibited.

(c) For baseball and softball camps, schools may furnish balls, bats, bases, pitching and batting machines, batting helmets and catcher protective equipment. Use of any other baseball and/or softball equipment is prohibited.

(D) BONA FIDE SUMMER CAMPS. The provisions of the summer camp rules do not apply to bona fide summer camps giving an overall activity program to the participants.

(E) CHANGE OF RESIDENCE FROM OUT OF STATE. The provisions of the summer camp rules do not apply in the case of a person who attends an athletic training camp which is allowed under the rules of the state in which the student then lives, and then makes a bona fide change of residence to Texas, provided that there has been no deliberate attempt to circumvent the rule.

(F) OFF-SEASON PARTICIPATION IN NON-SCHOOL TEAM SPORTS.

(1) School coaches shall not coach 7-12 grade students from their own attendance zone on a non-school team or in a non-school camp or clinic, with the exception of their own adopted or birth children.

(2) School equipment shall not be used for non-school teams/leagues.

(G) COACHING RESTRICTIONS. For non-school competition, school coaches shall not schedule matched games for students in grades 7-12 from their attendance zone. School coaches may assist in organizing, selecting players and coaches, and may supervise school facilities for non-school league play. School coaches shall not coach or instruct 7-12 grade students from their school district attendance zone in the team sports of baseball, basketball, football, soccer, softball or volleyball. School coaches shall not supervise facilities for non-school activities on school time. See Section 1201.

(H) COLLEGE AND UNIVERSITY TRYOUTS. UIL member school facilities shall not be used for college/university tryouts. Neither schools nor coaches shall provide equipment or defray expenses for students who are attending college tryouts. Neither schools nor coaches shall provide transportation for students with any remaining eligibility in the involved sport who are attending college tryouts. Any contest at which a higher admission fee is charged to college

coaches than is charged to parents or other adults is considered to be a college tryout.

II. Team Sports

Football, Volleyball, Basketball, Soccer, Baseball, Softball

In accordance to Section 1201, 1206 and 1209 regarding non-school competition (leagues, camps, clinics, clubs, tournaments, 7 on 7) coaches:

The C&CR prohibits the following:

- 1) Shall not instruct any student in 7th – 12th grade from his/her own attendance zone unless the student is his/her own biological or adopted child.
- 2) Shall not schedule matched games / scrimmages, practices, or contests.
- 3) Shall not transport students.
- 4) Shall not use school athletic equipment, school uniforms and school health/first aid supplies.
- 5) Shall not use school or booster funds for any expenses associated with the activity.
- 6) Shall not be the primary director.
- 7) Shall abstain from any practice which would bring financial gain to the coach by using a student's participation in a camp, clinic, league, or other non-school athletic event, such as a rebate for each player sent to a particular camp or from each player using a particular product (Section 1201 [b, 9]).
- 8) Shall abstain from any practice that makes a student feel pressured to participate in non-school activities (Section 1201 [b, 10]).
- 9) Should not participate with their athletes in the athlete's sport (Section 1206 [i]).

In accordance to Section 1209 regarding non-school competition (leagues, camps, clinics, clubs, tournaments, 7 on 7) coaches or a group of coaches:

The C&CR allows the following:

- 1) Can supervise facilities.
- 2) Can assist with organization to include, but not limited to: assignment of officials, helping to secure facilities, development of schedules, scheduling of facilities, assisting with registration process, helping to secure equipment.
- 3) Can assist the primary coordinator or point of contact with the selection of coaches, but cannot assign coaches to teams.
- 4) Can assist the primary coordinator or point of contact with the selection of players, but cannot determine who can play on what teams.
- 5) Can distribute information regarding the details of the non-school event for informational purposes. Distribution of such materials should be in accordance to the policies and procedures of the local school district regarding non-school activities.
- 6) Can collect registration fees for coordination purposes only. No checks may be made payable to the school or the coach and no funds shall be deposited in any school or coaches account.

III. Individual Sports:

Cross Country, Golf, Swimming, Tennis, Track and Field and Wrestling (Guidelines are also applicable to team sports)

A. Preseason Practice Regulations-Activities Outside the School Year

Pre season practice regulations for sports that begin practice prior to the school year (including summer for individual sports) are as follows:

1. Student-athletes shall not engage in more than three hours of practice activities on those days during which one practice is conducted.
2. Student-athletes shall not engage in more than five hours of practice activities on those days during which more than one practice is conducted.
3. The maximum length of any single practice session is three hours.
4. On days when more than one practice is conducted, there shall be, at a minimum, **TWO HOURS** of rest/recovery time between the end of one practice and the beginning of the next practice.

5. When determining how to count times spent as 'practice activities' please consult the following chart:

<i>What Counts</i>	<i>What Doesn't Count</i>
<i>Actual on field/court practice</i>	<i>Meetings</i>
<i>Sport specific skill instruction</i>	<i>Weight training*</i>
<i>Mandatory conditioning</i>	<i>Film study</i>
<i>Water breaks</i>	<i>Injury treatment</i>
<i>Rest breaks</i>	<i>Voluntary conditioning*</i>

*Does not count towards practice time, but cannot be done during the two hour rest/recovery time.

In reference to the minimum TWO hour rest/recovery time between the end of one practice and the beginning of the next practice (on days when more than one practice is scheduled), there can be no practice activities at all during this time. This time is exclusively for students to rest/recover for the following practice session, whether that session is an actual on field/court practice or a mandatory conditioning period.

B. During the school year

- Coaches of individual sports are allowed to work with student athletes from their attendance zone in non-school practice during the school year with limitations. Coaches should be aware that any time spent working with a student-athlete from their attendance zone in grades 7-12, whether in school or non-school practice, will count as part of the eight hours of practice allowed outside of the school day during the school week under state law.
- Coaches should abstain from any practice which would bring financial gain to the coach by using a student's participation in a camp, clinic, league, or other non-school athletic event, such as a rebate for each player sent to a particular camp or from each player using a particular product (Section 1201 [b, 9]).
- Coaches shall not charge a fee for private instruction to student-athletes during the school year. The restriction on charging fees for private instruction applies only to those students who are in grades 9-12, from the coach's attendance zone and participating in the sport for which the coach is responsible (Section 1201 [b, 9]).
- Coaches should abstain from any practice that makes a student feel pressured to participate in non-school activities (Section 1201 [b, 10]).

C. Outside of the school year

- Outside of the school year, the restrictions are somewhat reduced. Coaches are allowed to coach student-athletes from their own attendance zone.
- The use of school funds, school equipment, school uniforms or school transportation is prohibited. Exception: School administrators may authorize the use of facilities, including scoreboards, implements, cross bars, poles, discus, shot puts, nets, etc. for school programs which are open to all students.
- School coaches can work with students from his/her own attendance zone in summer recreational programs (i.e. They coach in meets and tournaments with permission from superintendent or superintendent's designee).
- Coaches should abstain from any practice which would bring financial gain to the coach by using a student's participation in a camp, clinic, league, or other non-school athletic event, such as a rebate for each player sent to a particular camp or from each player using a particular product (Section 1201 [b, 9]).
- Coaches should abstain from any practice that makes a student feel pressured to participate in non-school activities (Section 1201 [b, 10]).
- The superintendent or superintendent's designee shall pre-approve all dates and times of summer workouts for high school individual sports conducted by any coach from the student's school attendance zone (Section 21 [j]).
- Workout sessions, which involve meals and/or overnight lodgings, are prohibited.
- School-sponsored practices for middle school students shall not begin prior to the first day of **SCHOOL**.

~ QUESTIONS AND ANSWERS ~

Q: May a school coach determine on which non-school team students from their attendance zone may participate?

A: No. School coaches may recommend but not require or demand student-athletes to participate on any particular non-school team.

Q: Can a school coach serve as a facility supervisor for non-school activities?

A: Yes, provided they are there to monitor and open and close the facility.

Q: Can a school coach officiate for non-school activities?

A: Yes, however it is recommended they not officiate students in grades 7-12 from their own attendance zone.

Q: Can school sponsored camps be held for students sixth grade and below from a school's own attendance zone during the school year?

A: No. According to Section 1209, school camps can only be held after the last day of the school year in May, June, July and prior to the second Monday in August.

Q: Can student-athletes in grades 9th-12th serve as camp coaches or instructors for school sponsored camps or leagues?

A: No. Students can't receive direct instruction from their school coach.

Q: Can student-athletes in grades 9th-12th serve as volunteers for non-school sponsored camps or leagues?

A: Yes, as long as their school coaches are not involved. Students can't receive direct instruction from their school coach.

Q: Can a school coach instruct a student-athlete in his/her sport in a non-school activity if that student has no remaining eligibility in that particular sport?

A: No. According to Section 1209 (g), school coaches shall not coach or instruct any 7-12 grade students from their school attendance zone in team sports of baseball, football, soccer, softball or volleyball.

Q: Are athletes permitted to play in non-school all-star contests?

A: Yes. Student athletes who are selected for all-star teams based on participation in non-school competition may be provided lodging, meals, transportation, game jerseys, shoes, etc. in conjunction with these events. Student-athletes are responsible for protecting their own amateur status. Student athletes in grades 9-12 are prohibited from accepting anything other than symbolic awards (medals, ribbons, trophies, plaques) for winning or placing in non-school activities.

Q: May students who have completed their high school eligibility in a particular sport compete in other all-star contests such as TABC, TGCA, and THSCA?

A: Yes. Students who are selected for all-star may have items such as lodging, meals, transportation, game jerseys, and shoes provided for all-star team participation. Students who have completed eligibility in the involved sport, with school superintendent approval, may also use school individual player protective equipment in any all-star game.

Q: Can an athlete receive a scholarship or collect donations for participation in a non-school activity?

A: Yes, provided these funds are not from school funds or booster club funds.

Q: Can schools or school booster clubs contribute to any of the athlete's expenses or equipment associated with a non-school activity?

A: Schools and school boosters are prohibited from providing transportation, equipment, or funds for any non-school activities.

Q: May schools or school booster clubs sponsor non-school all-star contests?

A: Schools and school booster clubs are prohibited from sponsoring any non-school all-star contests.

Q: Can a local business contribute to a student-athlete's expense for a non-school activity?

A: Yes, a local business can provide money to cover expenses for a non-school activity.

Q: Can coaches or school employees contribute to a student's non-school fundraiser?

A: Yes, provided the contributions are from their own personal funds and not from booster funds, activity accounts, school soft drink accounts or any other accounts associated with the school.

Q: Can an equipment company give athletic equipment or apparel to members of a school team?

A: No, but a school may accept donations of money or equipment, and the equipment may in turn be used by student-athletes. These items should be presented with the principal's knowledge (or athletic director's knowledge in multiple-high school districts). All equipment becomes school property to be used accordingly.

Q: Can student-athletes be provided with equipment by non-school organizations? (For example, equipment companies that provided tennis rackets or apparel to athletes who are ranked in a sport.)

A: Yes, if receipt of these items is based on rankings and not specifically on winning or placing in a competition. It would be a violation for an athlete to accept merchandise for winning or placing in a specific tournament or competition.

Q: What type of awards may a student in grades 9-12 receive for participation in school related activities?

A: Symbolic awards student athletes may accept include medals, trophies, plaques, certificates, etc. Student athletes may not accept T-shirts, gift certificates, equipment or other valuable consideration for participation in school sponsored athletic events. (Refer to Section 480)

Q: When may students take private instruction?

A: A student may take private a lesson anytime except during the school day, including the athletic period or during school practice sessions. Schools shall not pay for these private lessons.

Q: Can student-athletes raise funds for non-school activities?

A: Yes, provided the fundraising activities are not related to the school and the student-athletes do all of the fundraising on their own or with the assistance of their parents.

BEHAVIOR EXPECTATIONS OF THE COACH

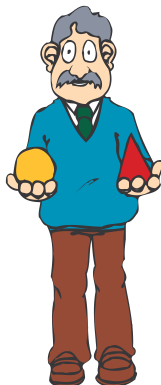
- Exemplify the highest moral character, behavior and leadership, adhering to strong ethical and integrity standards. Practicing good citizenship is practicing good sportsmanship!
- Respect the integrity and personality of the individual athlete.
- Abide by and teach the rules of the game in letter and in spirit.
- Set a good example for players and spectators to follow.
- Please refrain from arguments in front of players and spectators; no gestures which indicate an official or opposing coach does not know what he or she is doing or talking about; no throwing of any object in disgust. Shake hands with the officials and opposing coaches before and after the contest in full view of the public.
- Respect the integrity and judgment of game officials. The officials are doing their best to help promote athletics and the student/ athlete. Treating them with respect, even if you disagree with their judgment will only make a positive impression of you and your team in the eyes of all people at the event.
- Display modesty in victory and graciousness in defeat in public and in meeting/ talking with the media. Please confine remarks to game statistics and to the performance of your team.
- Instruct participants and spectators in proper sportsmanship responsibilities and demand that they make sportsmanship the No. 1 priority.
- Develop a program that rewards participants and spectators for displaying proper sportsmanship and enforces penalties on those who do not abide by sportsmanship standards.
- Be no party to the use of profanity, obscene language or improper actions.



“The difference between a successful person and others is not a lack of strength, not a lack of knowledge, but rather a lack of will.”
— Vincent Lombardi

“Success is never final, failure is never fatal.”
— Joe Paterno

“A good coach will make his player see what they can be rather than what they are”
— Ara Paraseghian



“Try not to become a man of success but rather try to become a man of value.”
— Albert Einstein

BEHAVIOR EXPECTATIONS OF THE STUDENT ATHLETE



“No student ever attained eminent success by simply doing what is required of him/her; it is the amount and excellence of what is over and above the required, that determines the greatness of ultimate distinction.”
—Charles Kendall Adams, American Historian

- Accept and understand the seriousness of your responsibility, and the privilege of representing your school and the community.
- Live up to the standards of sportsmanship established by the school administration and the coaching staff.
- Learn the rules of the game thoroughly and discuss them with parents, fans, fellow students and elementary students. This will assist both them and you in the achievement of a better understanding and appreciation of the game.
- Treat opponents the way you would like to be treated, as a guest or friend. Who better than yourselves can understand all the hard work and team effort that is required of your sport?
- Wish opponents good luck before the game and congratulate them in a courteous manner following either victory or defeat.
- Respect the integrity and judgment of game officials. The officials are doing their best to help promote you and your sport. Treating them with respect, even if you disagree with their judgment, will only make a positive impression of you and your team in the eyes of the officials and all the people at the event.

“When you win, say nothing. When you lose say less.”

— Paul Brown

SUDDEN CARDIAC ARREST

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 causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - ***Inherited*** (*passed on from parents/relatives*) **conditions of the heart muscle:**
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - ***Inherited conditions of the electrical system:***
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
 - ***NonInherited*** (*not passed on from the family, but still present at birth*) **conditions:**
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

- **Conditions not present at birth but acquired later in life:**
 - ◆ **Comotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

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

- Fainting/blackouts (especially during exercise)
- Dizziness
- 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 that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- Check the Health & Safety page of the UIL website (<http://www.uil texas.org/health>) or do an internet search for “Sudden Cardiac Arrest”.

Frequently Asked Questions And Resources Document

**Regarding Implementation
of**

House Bill 2038 ~ Natasha's Law,

**Texas Education Code, Chapter 38,
Subchapter D**

**Prevention, Treatment, and Oversight of
Concussions
Affecting Student Athletes**

Acknowledgement

State Representative Four Price, author of the H.B. 2038, and Senator Bob Deuell, the sponsor of H.B. 2038, express their gratitude to the following organizations for the tremendous collaborative spirit and amount of time collectively devoted to this document – crafting the Frequently Asked Questions through a number of stakeholder meetings and for providing the list of Resources: The University Interscholastic League, the Texas High School Coaches Association, the Texas Girls Coaches Association, the Texas Charter Schools Association, Texas Association of School Administrators, the Texas Association of School Boards, the Texas Medical Association, and the Texas State Athletic Trainers Association.

Frequently Asked Questions And Resources Document

Regarding Implementation of H.B. 2038, Natasha's Law, Texas Education Code, Chapter 38, Subchapter D, Prevention, Treatment, and Oversight of Concussions Affecting Student Athletes

1. What schools are required to comply with the new law?

The new law applies to an interscholastic athletic activity, including practice and competition, sponsored or sanctioned by: (1) a school district, including a home-rule district, or a public school, including any school for which a charter has been granted under Chapter 12; or (2) the University Interscholastic League (hereinafter referenced as UIL).

2. Does the law require each school district and each charter school, mentioned above, to have a Concussion Oversight Team (COT)?

Yes. Each school district and each charter school must establish its own Concussion Oversight Team (COT).

Note: Neither the UIL's Medical Advisory Committee nor any association's committee involved with subject matter of concussions may fulfill the function of a school district's COT or charter school's COT.

3. When is the Concussion Oversight Team (COT) required to be in place?

The law became effective in May when it passed both houses of the Texas Legislature by at least two-thirds vote in the House (127 to 7) and in the Senate (31-0). Governor Perry signed the law on June 17, 2011.

The new law provides that it applies beginning with the 2011-2012 school year.

Note: Persons required under Education Code, Section 38.158(c), to take a training course in the subject of concussions must initially complete the training course not later than September 1, 2012.

4. What is the role of the Texas Education Agency (TEA) regarding the new law?

The Commissioner of Education may adopt rules as necessary to administer this new law. It is not known whether rules will be proposed regarding this new law. If you have any questions related to the rules at TEA, please contact the legal services division within the Texas Education Agency (TEA). Email: legalsrv@tea.state.tx.us
Telephone: 512-463-9720.

5. Who must serve on the Concussion Oversight Team (COT)?

The COT must at least have one member, a Texas licensed physician. There can be multiple Texas licensed physicians on the same COT.

Additionally, to the greatest extent practicable, school districts and charter schools must also include one or more of the following on the COT: a Texas licensed athletic trainer, a Texas licensed advanced practice nurse, a Texas licensed neuropsychologist, or a Texas licensed physician assistant. The factors to be considered include: 1) the population of the metropolitan statistical area in which the school district or charter school is located, 2) the district or charter school student enrollment, and 3) the availability of and access to licensed health care professionals in the district or charter school area. "Licensed health care professional" means an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as those terms are defined under the new law (H.B. 2038).

Note: Irrespective of any of the above factors, if a school district or charter school employs one or more Texas licensed athletic trainers, then the school district's COT or the charter school's COT must include at least one of the athletic trainers as a member of the COT, in addition to the Texas licensed physician member(s) of the COT.

Examples (not exhaustive as to every scenario that may be possible):

Example A: ABC School District, irrespective of ABC School District's location, must have on its COT at least one member and that member must be a Texas licensed physician.

Example B: ABC School District employs one or more Texas licensed athletic trainers then at least one of the employed Texas licensed athletic trainers must also be on the COT in addition to the Texas licensed physician.

ABC School District may also name to its COT one or more licensed athletic trainers not employed by the district, one or more licensed advanced practice nurses, one or more licensed neuropsychologists, and/or one or more licensed physician assistants.

Example C: ABC School District does not employ a Texas licensed athletic trainer; however, ABC School District is located in an urban area with access to Texas licensed health care professionals (an athletic trainer, an advanced practice nurse, a neuropsychologist, or a physician assistant). ABC School District must include, to the greatest extent practicable, at least one of those licensed health professionals, in addition to the Texas licensed physician, on its COT.

6. Must the members of the COT reside and/or have their place of business or place of employment within the geographic boundaries of the school district or charter school?

No. School districts and charter schools are allowed, but not required, to utilize the licensed Texas physicians, licensed Texas athletic trainers, licensed Texas advanced practice nurses, licensed Texas neuropsychologists, and licensed Texas physician assistants within their communities. The members of a COT may be from any location or combination of locations provided they have Texas licensure.

Exception: A school district or charter school that employs a Texas licensed athletic trainer must appoint the athletic trainer to the COT.

Note: While neither the UIL's Medical Advisory Committee nor any association's committee involved with the subject matter of concussions may fulfill the function of a school district's COT or charter school's COT, individuals serving on such non-school committees may serve on a school district's COT or charter school's COT provided the individuals meet the statutory requirements of the new law. In that event, the individuals serve two separate roles.

7. How is a Concussion Oversight Team (COT) established/formed?

The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a COT. Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team. The new law does not prohibit a member of a COT from serving on more than one COT.

Note: Neither the UIL's Medical Advisory Committee nor any association's committee involved with subject matter of concussions may fulfill the function of a school district's COT or charter school's COT.

Examples (not exhaustive as to every scenario that may be possible):

Example A: The Board of Trustees of ABC School District appoints members to the Concussion Oversight Team in an open meeting. The COT develops the written concussion protocol for the district. The COT may decide to share its concussion protocol with the ABC's Board of Trustees in an open meeting. This provides trustees with an opportunity to learn more about the COT's protocol in an open meeting. (There are board minutes, and the meeting is a vehicle to raise awareness with parents and the community). At that time, the Board of Trustees could ask questions or provide non-medical input, including appointing additional Texas licensed health care professionals to the COT. The Board of Trustees is free to choose to formally adopt the COT's protocol as ABC School District's policy even though the law does not require it to adopt a policy. Keep in mind that the COT can change the overall protocol as medical science progresses.

Example B: ABC School District has a COT in place that meets all legal requirements. ABC School District's COT has established a concussion protocol. 123 School District has also appointed a COT. 123 School District's COT wishes to adopt all or part of ABC COT's protocol. May it do so? Yes, 123 School District's COT may use all or part of ABC COT's protocol.

Note: A number of school district COTs and charter school COTs have adopted the concussion protocols established by another school district's COT.

Example C: ABC School District has a COT in place that meets all legal requirements. 123 School District wishes to appoint to its COT all or some of the member's of ABC School District's COT. May it do so? Yes, 123 School District may do so, provided the membership of 123 School District meets all legal requirements, and provided the members of the ABC School District's COT are able and willing to do so. 123 School District's COT may adopt the same protocol or develop another protocol.

Exception: A school district or charter school that employs a Texas licensed athletic trainer must appoint the athletic trainer to the COT.

8. Who must take a required training course pursuant to Section 38.158?

Concussion Oversight Team Members: All licensed health care professionals who serve on a Concussion Oversight Team (COT), whether on a volunteer basis, or as an employee, representative, or agent of a school district or charter school, are required to satisfactorily complete the required training. Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.

Coaches: The UIL shall approve for coaches of interscholastic activities training courses that provide for not less than two hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. Coaches of an interscholastic activity must take such a training course from an authorized training provider at least once every two years. The UIL shall maintain an updated list of individuals and organizations authorized by the UIL to provide the training.

9. Can administrators, coaches, and other school officials serve as a member of the concussion oversight team?

No. Only Texas licensed physician(s) and the Texas licensed health care professionals as listed in the law can serve on the team.

10. Are student athletes suspected of suffering a concussion required to see the Concussion Oversight Team's physician?

No. The law specifies the student athlete must be evaluated by a treating physician of the student athlete and parents/guardians choosing. The law does not prohibit a COT's physician from serving as the treating physician. In that case the physician has two different roles.

11. Is the Concussion Oversight Team's physician required to approve or certify the athlete's return to play from a concussion?

No. The student athlete's treating physician must provide a written statement that in his or her professional judgment it is safe for the student to return-to-play. The law does not prohibit a COT's physician from serving as the treating physician. In that case the physician has two different roles.

12. Before a student athlete is allowed to participate in an interscholastic activity for a school year, will each student athlete and their parent/guardian be required to sign, for that school year, a form acknowledging that both the student athlete and parent/guardian have received and read written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion?

Yes. The form mentioned above must be approved by the UIL.

13. When is the student athlete removed from activity if a concussion is suspected?

A student athlete shall be removed from a practice or competition **immediately** if a coach, a physician, a licensed health care professional, or the student's parent or guardian or another person who has authority to make legal decision for the student believes the student athlete might have sustained a concussion. Coach means the coach of the student's team.

Coaches are encouraged to use the utmost caution regarding a suspected concussion, including calling the student athlete over to the sideline so that the coach can form a belief that the student may have suffered a concussion. The act of calling a player over to the sideline does not by itself constitute a belief that the student athlete might have sustained a concussion. (See attached legislative intent letter from the author and the sponsor of the new law).

14. When is the student athlete allowed to return to activity?

A student athlete shall not return to practice or competition until the student athlete has been evaluated and cleared in writing by his or her treating physician and all other notice and consent requirements have been met. The student athlete must satisfactorily complete the protocol established by the school district's COT or charter school's COT.

15. How many times does the student athlete have to be evaluated by the treating physician?

Treatment decisions are solely within the physician/patient relationship.

16. May a licensed health care professional sign the treating physician's written release?

No, the law requires that written release must be signed by the treating physician. Treatment decisions are solely within the physician/patient relationship.

17. When a student athlete has been removed from practice or competition because of a suspected concussion, what information must the student athlete and his parent/guardian provide prior to the student athlete being allowed to return to play?

The student athlete and the parent/guardian must:

- ✓ Provide the student athlete's treating physician written statement

indicating that in the treating physician's professional judgment, it is safe for the student to return to play.

- ✓ Provide their written acknowledgement that the student athlete has completed the requirements of the return-to-play protocol.
- ✓ Sign a consent form in which the student athlete and parent/guardian indicate:
 - consent to return to play in accordance with the COT's protocol;
 - understand the risks associated with returning to play;
 - consent to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996, of the treating physician's written statement and, if any, the return-to-play recommendations of the treating physician;
 - understanding of the immunity provisions under Section 38.159 of the Education Code.

18. Is the school's athletic trainer required to sign a return to play statement?

No.

19. Can a coach monitor a student athlete's compliance with the return-to-play protocol if the school district does not employ an athletic trainer?

Yes.

The superintendent or his/her designee has supervisory responsibilities of the athletic trainer, coach (as outlined above), or other person responsible for the compliance with the return-to-play protocol. This provides a second person for checks and balances purposes. The superintendent or his/her designee is also responsible for distributing and collecting the required forms, including the physician's written authorization for return to play.

Note: A superintendent is not able to appoint a coach as the supervisory designee because Education Code, Section 38.158(c) specifically, in part, states: "The person who has supervisory responsibilities of under this subsection may not be a coach of an interscholastic athletics team."

20. Can a coach authorize the return to play of the student athlete?

No, under no circumstance can a coach authorize a student athlete's return to play. Education Code, Section 38.158(b).

21. May an athlete, who is believed to have sustained a concussion, start the return-to-play protocol without seeing a treating physician?

No.

An athlete suspected of having a concussion must be evaluated by his or her treating physician. The student athlete's treating physician must provide a written statement that in his or her professional judgment it is safe for the student to return-to-play before the student athlete may begin the school district's COT return-to-play protocol.

22. Will coaches be required to document completion of two hours concussion education every two years?

Yes.

The UIL shall approve for coaches training courses that provide not less than two hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The UIL is required to maintain an updated list of individuals and organizations authorized by the UIL to provide the training.

Coaches will provide proof of attendance every two years to their respective superintendent or the superintendent's designee.

23. Will athletic trainers be required to document completion of two hours of concussion education every two years?

Yes, if they: (1) serve as on a COT as either an employee of a school district or charter school or act as a representative or as an agent of the district or charter school, or (2) serve as a volunteer member on the COT and are not an employee.

Athletic trainers can fulfill the two hour requirement by either completing a course approved by the Department of State Health Services Advisory Board of Athletic Trainers or completing a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for athletic trainers.

Athletic trainers will provide proof of attendance every two years to their respective superintendent or the superintendent's designee.

24. Will the neuropsychologists, advanced nurse practitioners and physician assistants be required to document completion of concussion continuing education?

Yes, if they serve on a COT.

These licensed health care professionals, as that term is defined in Education Code Section 38.151(5), may take courses approved for coaches, athletic trainers, or their respective licensing authority's approved continuing education course(s).

Texas licensed advanced practice nurses, Texas licensed neuropsychologists, and Texas licensed physician assistants who serve on COT's must provide proof of attendance every two years to their respective school district's superintendent or the superintendent's designee.

25. Will the concussion oversight team physician be required to acquire concussion management continuing education?

No. Physicians are not required to take specific training or submit proof of completion; however, Education Code, Section 158(d), provides that a physician, who serves as a member of a COT shall, to the greatest extent practicable, periodically take an appropriate continuing education course in the subject matter of concussions.

Resources

Protocol Resources (not a complete listing of all potential resources):

American Academy of Neurology Position Statement

http://journals.lww.com/neurologynow/Fulltext/2011/07010/A_New_Game_Plan_for_Concussion_As_new_research_on.11.aspx

American Academy of Pediatrics Clinical Report – Sport Related Concussions in Children and Adolescents

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;126/3/597.pdf>

American College of Sports Medicine Team Physician Consensus Statement – Sport Related Concussions

<http://www.acsm.org/AM/Template.cfm?Section=Clinicians1&Template=/CM/ContentDisplay.cfm&ContentID=4362>

Brainline.org

<http://www.brainline.org/>

Center for Disease Control

<http://www.cdc.gov/concussion/sports/>

Clinics in Sports Medicine – University of Pittsburg Concussion Statement

<http://www.whsaa.org/forms/concussion/clinicsinsportsmedicinepublished2004.pdf>

Current Sport Related Concussion Teaching and Clinical Practices in Sports Medicine

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2707074/>

National Athletic Trainer's Association Position Statement on Sport Related Concussion

<http://www.nata.org/sites/default/files/MgmtOfSportRelatedConcussion.pdf>

Prague Conference Position Statement

<http://www.athletictherapy.org/docs/PragueConcussionArticle.pdf>

Zurich Conference Position Statement

<http://sportconcussions.com/html/Zurich%20Statement.pdf>

Organizations (not a complete listing of all organizations):

Texas Education Agency www.tea.state.tx.us

Texas Medical Association <http://www.texmed.org/>

Texas Pediatric Society <http://txpeds.org>

Brain Injury Association of Texas <http://www.biatx.org/>

Brain Injury Association of America <http://www.biausa.org/>

Centers for Disease Control <http://www.cdc.gov/concussion/sports/>

National Institutes of Health <http://www.nih.gov/>

National Federation of State High School Associations <http://www.nfhs.org/>

Texas High School Coaches Association <http://www.thsca.com/>

Texas Girls Coaches Association <http://www.austintgca.com/>

Texas Association of School Boards <http://www.tasb.org/>

Texas Association of school Administrators <http://www.tasanet.org/>

Texas Charter Schools Association www.txcharterschools.org

National Collegiate Athletic Association (NCAA)
<http://www.ncaa.org/wps/wcm/connect/public/NCAA/Student-Athlete+Experience/Student-Athlete+Well+Being/Concussions>

University Interscholastic League <http://www.uil texas.org/>

Texas State Athletic Trainers Association <http://www.tsata.com/>



University Interscholastic League
Implementation Information for
Chapter 38, Sub Chapter D of the Texas Education Code

When In Doubt, Sit Them Out!

Introduction

Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted reevaluations of treatment and management recommendations from the high school to the professional level. Numerous state agencies throughout the U.S. responsible for developing guidelines addressing the management of concussion in high school student-athletes have developed or revised their guidelines for concussion management. The present document will provide information on compliance with Chapter 38, Sub Chapter D of the Texas Education Code (TEC).

Definition of Concussion

There are numerous definitions of concussion available in medical literature as well as in the previously noted “guidelines” developed by the various state organizations. The feature universally expressed across definitions is that concussion 1) is the result of a physical, traumatic force to the head and 2) that force is sufficient to produce altered brain function which may last for a variable duration of time. For the purpose of this program the definition presented in Chapter 38, Sub Chapter D of the Texas Education Code is considered appropriate:

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

- (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and
- (B) involve loss of consciousness.

Concussion Oversight Team (COT):

According to TEC Section 38.153:

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

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

According to TEC Section 38.154:

‘Sec. 38.154. CONCUSSION OVERSIGHT TEAM: MEMBERSHIP.

- (a) Each concussion oversight team must include at least one physician and, to the greatest extent practicable, considering factors including the population of the



metropolitan statistical area in which the school district or open-enrollment charter school is located, district or charter school student enrollment, and the availability of and access to licensed health care professionals in the district or charter school area, must also include one or more of the following:

- (1) an athletic trainer;
- (2) an advanced practice nurse;
- (3) a neuropsychologist; or
- (4) a physician assistant.

(b) If a school district or open-enrollment charter school employs an athletic trainer, the athletic trainer must be a member of the district or charter school concussion oversight team.

(c) Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.'

Responsible Individuals:

At every activity under the jurisdiction of the UIL in which the activity involved carries a potential risk for concussion, there should be a designated individual who is responsible for identifying student-athletes with symptoms of concussion injuries. That individual should be a physician or an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as defined in TEC section 38.151, with appropriate training in the recognition and management of concussion in athletes. In the event that such an individual is not available, a supervising adult approved by the school district with appropriate training in the recognition of the signs and symptoms of a concussion in athletes could serve in that capacity. When a licensed athletic trainer is available such an individual would be the appropriate designated person to assume this role. The individual responsible for determining the presence of the symptoms of a concussion is also responsible for creating the appropriate documentation related to the injury event.

Manifestation/Symptoms

Concussion can produce a wide variety of symptoms that should be familiar to those having responsibility for the well being of student-athletes engaged in competitive sports in Texas. Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion.

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

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



Response to Suspected Concussion

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

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

Return to Activity/Play Following concussion

According to TEC section 38.157:

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

- (1) the student has been evaluated; using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under TEC Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play;
- and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L.



No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
(iv) understands the immunity provisions under TEC Section 38.159.'

Guidelines For Safely Resuming Participation Following a Concussion

TEC section 38.155 requires the UIL to provide guidelines for safely resuming participation in an athletic activity following a concussion. TEC 38.153 indicates that: 'Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.'

A student athlete, if it is believed that they might have sustained a concussion, shall not return to practice or competition until the student athlete has been evaluated and cleared in writing by his or her treating physician and all other notice and consent requirements have been met. From that point, the student athlete must satisfactorily complete the protocol established by the school district's or charter school's Concussion Oversight Team.

The current 'peer reviewed scientific evidence' suggests that, after complying with the clearance, notice and consent requirements noted above, a 'step-by-step' return to play protocol that includes a progressive exercise component is indicated for high school participants.

Reducing/Preventing Head and Neck Injuries in Football

1. Complete preseason physical exams and medical histories for all participants in accordance with established rules. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of head or neck injury in a game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **Keep the head out of football.**
4. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing and helmet-to-helmet contact should be enforced in practice and in games. The players should be taught to



respect the helmet as a protective device and that the helmet should not be used as a weapon.

5. All coaches, physicians, and trainers should take special care to see that each player's equipment is properly fitted, particularly the helmet.
6. Strict enforcement of the rules of the game by both coaches and officials may help reduce serious injuries.
7. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) they should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

For additional information, consult the 'Frequently Asked Questions And Resources Document Regarding Implementation of House Bill 2038' that is available on Health and Safety Section of the UIL web site.

National Federation of State
High School Associations



SUGGESTED GUIDELINES FOR MANAGEMENT OF CONCUSSION IN SPORTS

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

Introduction

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

The understanding of sports-related concussion by medical professionals continues to evolve. We now know that young athletes are particularly vulnerable to the effects of a concussion. Once considered little more than a “ding” on the head, it is now understood that a concussion has the potential to result in a variety of short- or long-term changes in brain function or, in rare cases, even death.

What is a concussion?

You’ve probably heard the terms “ding” and “bell-ringer.” These terms were previously used to refer to minor head injuries and thought to be a normal part of collision sports. Research has now shown us that there is no such thing as a minor brain injury. Any suspected concussion must be taken seriously. The athlete does not have to be hit directly in the head to injure the brain. Any force that is transmitted to the head in any matter may cause the brain to literally bounce around or twist within the skull, potentially resulting in a concussion.

It used to be believed that a player had to lose consciousness or be “knocked-out” to have a concussion. This is not true, as the vast majority of concussions do not involve a loss of consciousness. In fact, less than 5% of players actually lose consciousness with a concussion.

What exactly happens to the brain during a concussion is not entirely understood. It appears to be a very complex process affecting both the structure and function of the brain. The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain. Once this injury occurs,

the brain is vulnerable to further injury and very sensitive to any increased stress until it fully recovers.

Common sports injuries such as torn ligaments and broken bones are structural injuries that can be detected during an examination, or seen on x-rays or MRI. A concussion, however, is primarily an injury that interferes with how the brain works. While there is damage to brain cells, the damage is at a microscopic level and cannot be seen on MRI or CT scans. Therefore, the brain looks normal on these tests, even though it has been seriously injured.

Recognition and Management

If an athlete exhibits any signs, symptoms, or behaviors that make you suspicious that he or she may have had a concussion, that athlete must be removed from all physical activity, including sports and recreation. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death.

Parents and coaches are not expected to be able to “diagnose” a concussion. That is the role of an appropriate health-care professional. However, everyone involved in athletics must be aware of the signs, symptoms and behaviors associated with a concussion. If you suspect that an athlete may have a concussion, then he or she must be immediately removed from all physical activity.

Signs Observed by Coaching Staff

- 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headaches 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

- Does not “feel right” or is “feeling down”

When in doubt, sit them out!

When you suspect that a player has a concussion, follow the “Heads Up” 4-step Action Plan.

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by an appropriate health-care professional.
3. Inform the athlete’s parents or guardians about the possible concussion and give them information on concussion.
4. Keep the athlete out of play the day of the injury and until an appropriate health-care professional says he or she is symptom-free and gives the okay to return to activity.

The signs, symptoms, and behaviors associated with a concussion are not always apparent immediately after a bump, blow, or jolt to the head or body and may develop over a few hours or longer. An athlete should be closely watched following a suspected concussion and should never be left alone.

Athletes must know that they should never try to “tough out” a suspected concussion. Teammates, parents and coaches should never encourage an athlete to “play through” the symptoms of a concussion. In addition, there should never be an attribution of bravery to athletes who do play despite having concussion signs and/or symptoms. The risks of such behavior must be emphasized to all members of the team, as well as coaches and parents.

If an athlete returns to activity before being fully healed from an initial concussion, the athlete is at greater risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term problems. In rare cases, a repeat concussion can result in severe swelling and bleeding in the brain that can be fatal.

What to do in an Emergency

Although rare, there are some situations where you will need to call 911 and activate the Emergency Medical System (EMS). The following circumstances are medical emergencies:

1. Any time an athlete has a loss of consciousness of any duration. While loss of consciousness is not required for a concussion to occur, it may indicate more serious brain injury.
2. If an athlete exhibits any of the following:
 - decreasing level of consciousness,
 - looks very drowsy or cannot be awakened,
 - if there is difficulty getting his or her attention,
 - irregularity in breathing,
 - severe or worsening headaches,
 - persistent vomiting, or

- any seizures.

Cognitive Rest

A concussion can interfere with school, work, sleep and social interactions. Many athletes who have a concussion will have difficulty in school with short- and long-term memory, concentration and organization. These problems typically last no longer than 2-3 weeks, but for some these difficulties may last for months. It is best to lessen the student's class load early on after the injury. Most students with concussion recover fully. However, returning to sports and other regular activities too quickly can prolong the recovery.

The first step in recovering from a concussion is rest. Rest is essential to help the brain heal. Students with a concussion need rest from physical and mental activities that require concentration and attention as these activities may worsen symptoms and delay recovery. Exposure to loud noises, bright lights, computers, video games, television and phones (including texting) all may worsen the symptoms of concussion. As the symptoms lessen, increased use of computers, phone, video games, etc., may be allowed, as well as a gradual progression back to full academic work.

Return to Learn

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short- and long-term memory, concentration, and organization. In many cases, it is best to lessen the student's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or longer, if necessary. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

Return to Play

After suffering a concussion, **no athlete should return to play or practice on that same day**. In the past, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

An athlete should never be allowed to resume physical activity following a concussion until he or she is symptom free and given the approval to resume physical activity by an appropriate health-care professional.

Once an athlete no longer has signs, symptoms, or behaviors of a concussion **and is cleared to return to activity by an appropriate health-care professional**, he or she should proceed in a step-wise fashion to allow the brain to re-adjust to exercise. In most cases, the athlete will progress one step each day. The return to activity program schedule **may** proceed as below, **following medical clearance**:

Progressive Physical Activity Program (ideally under supervision)

- Step 1:* Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.
- Step 2:* Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
- Step 3:* Non-contact training drills in full uniform. May begin weight lifting, resistance training and other exercises.
- Step 4:* Full contact practice or training.
- Step 5:* Full game play.

If symptoms of a concussion reoccur, or if concussion signs and/or behaviors are observed at any time during the return-to-activity program, the athlete must discontinue all activity and be re-evaluated by his or her health-care provider.

Suggested Concussion Management

1. **No athlete should return to play (RTP) or practice on the same day of a concussion.**
2. **Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.**
3. **Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.**
4. **After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.**

References:

American Medical Society for Sports Medicine position statement: concussion in sport. Harmon KG, Drezner J, Gammons M, Guskiewicz K, Halstead M, Herring S, Kutcher J, Pana A, Putukian M, Roberts W; American Medical Society for Sports Medicine. Clin J Sport Med. 2013 Jan;23(1):1-18.

McCrory P, Meeuwisse WH, Aubry M, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012 J Athl Train. 2013 Jul-Aug;48(4):554-75.

Returning to Learning Following a Concussion. Halstead M, McAvoy K, Devore C, Carl R, Lee M, Logan K and Council on Sports Medicine and Fitness, and Council on School Health. *Pediatrics*, October 2013. American Academy of Pediatrics.

Additional Resources:

Brain 101 – The Concussion Playbook.

<http://brain101.orcasinc.com/5000/>

Concussion in Sports- What you need to know.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

Heads Up: Concussion in High School Sports

http://www.cdc.gov/concussion/headsup/high_school.html

NFHS Sports Medicine Handbook, 4th Ed, 2011.

REAP Concussion Management Program.

<http://www.rockymountainhospitalforchildren.com/sports-medicine/concussion-management/reap-guidelines.htm>

Sport Concussion Library

<http://www.sportconcussionlibrary.com/content/concussions-101-primer-kids-and-parents>

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October 2008

October 2005

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.

Heat-related Illness

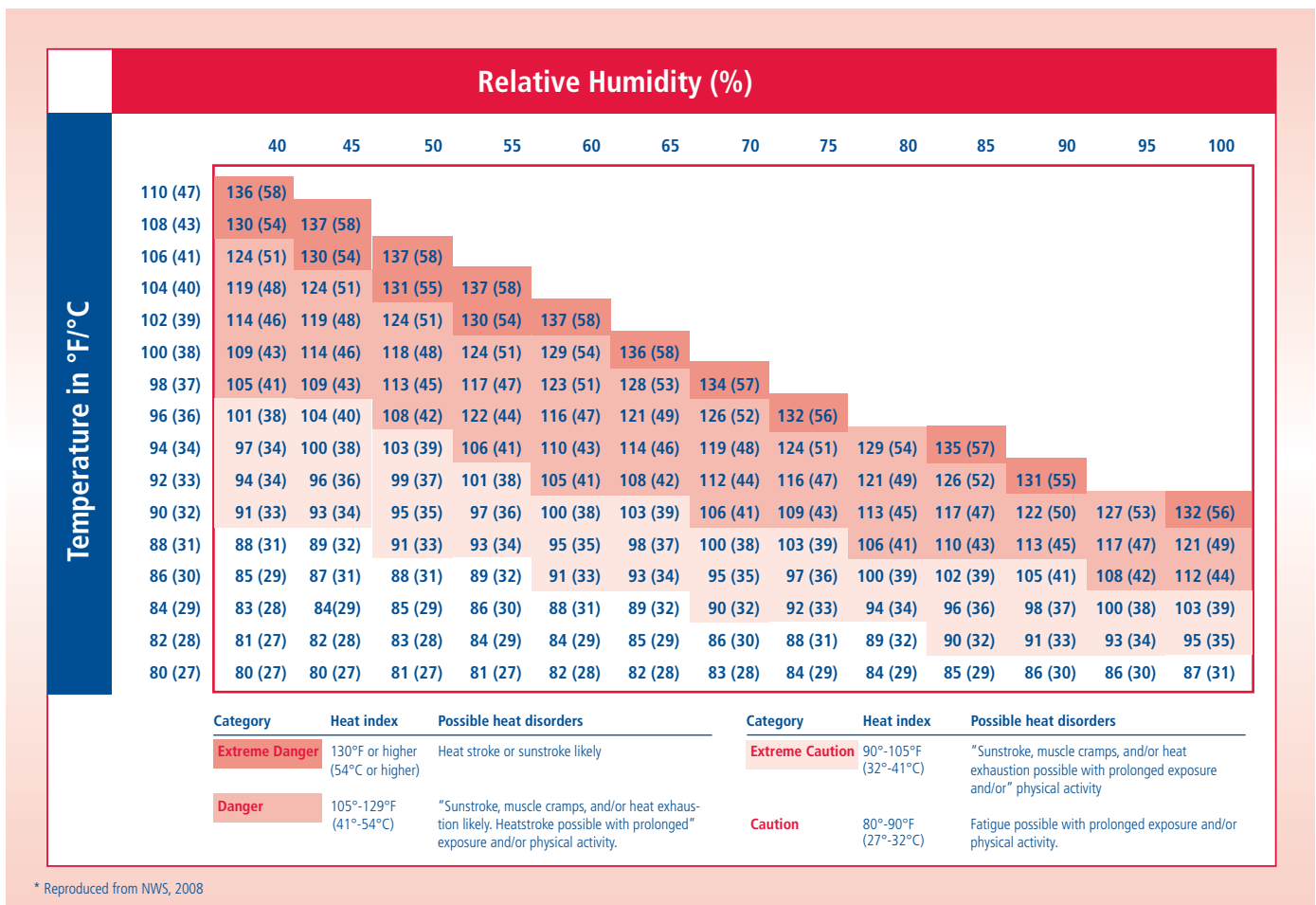
By Cary S. Keller, M.D., FACSM

- Thermoregulation depends primarily on the evaporation of sweat to dissipate the heat produced by exercise.
- Predisposing factors that increase an athlete’s risk for heat illness include: dehydration, heat acclimatization, clothing/equipment, fitness level, recent or current illness, medication use, obesity, age and prior heat illness.
- Prevention of heat illness includes designing an environmental action plan, modifying activity time (including intensity and duration) and increasing frequency and length of rest periods, providing and monitoring adequate hydration, minimizing clothing and equipment, ensuring adequate heat acclimatization, early recognition of signs and symptoms and appropriate sports medicine care.

SIGNIFICANCE

Heat illness is the leading cause of preventable death in high school athletes. These heat stroke deaths mainly occur in the summer months, at the beginning of conditioning for fall sports. Heat production during intense exercise is 15 to 20 times greater than at rest and can raise body core temperature one to two degrees Fahrenheit every five minutes unless heat is dissipated.

Figure 10. Heat Index Chart.



BACKGROUND

Thermoregulation

Athletes lose heat by evaporation, conduction, convection and radiation. Heat is lost from the skin by evaporation of sweat. *Conduction* is passive transfer of heat from warmer to cooler objects by direct contact. Heat transfer from the core to the peripheral muscles and skin and from skin to an ice bag is by conduction. *Convection* is the warming of air next to the body and the displacement of that warm air by cool air. Wind accelerates convection. *Radiation* is the loss of heat from the warmer body to the cooler environment by electromagnetic waves. At rest, 20 percent of body heat loss is by evaporation and 50 percent by radiation. With exercise, up to 90 percent of heat loss is by evaporation. Thus, thermoregulation during exercise relies primarily on evaporation. Radiation becomes a more important source of heat loss during exercise as the air temperature falls significantly below body temperature.

The body normally maintains core temperature within the range of 95 to 104 degrees Fahrenheit. Brain temperature is always slightly higher than body temperature. The removal of body heat is controlled centrally by the hypothalamus and spinal cord and peripherally by centers in the skin and organs. The body compensates for the increased heat produced during exercise by increasing blood flow to the skin and increasing sweat production so as to increase heat loss by evaporation. Importantly, evaporation is less effective at high humidity and when sweat production decreases due to dehydration. When heat production exceeds the ability to dissipate the heat, then core temperature, along with brain temperature, rises excessively. The result is further decompensation of normal thermoregulation, decreased heat dissipation, decreased cerebral blood flow and decreased muscular strength. This sets the stage for heat illness.

Acclimatization

An effective protection against heat illness is acclimatization. Proper acclimatization requires progressively increasing the duration and intensity of exercise during the first 10 to 14 days of heat exposure. However, full heat acclimatization may require up to 12 weeks of exposure. With repeated exposure to heat, there is an increase in skin blood flow rate, more rapid onset of sweating, an increase in plasma volume and a decrease in metabolic rate. Equipment and clothing should be minimized during acclimatization. Heat acclimatization can be lost over two weeks without ongoing heat exposure, but the loss may be slower in better-conditioned athletes.

Measuring Environmental Risk of Heat Illness

As humidity increases, perspiration evaporates less readily. Heat loss by sweating can be dramatically impaired when the humidity is greater than 60 percent. The Heat Index is a calculation of the danger of heat illness based on ambient temperature and humidity. The Heat Index can be determined by entering the zip code at your location at this Web site: <http://www.osaa.org/heatindex/default.asp>. As the Heat Index rises, so does the risk of heat illness (Figure 10).

Wet bulb globe temperature (WBGT) is the most effective method for determining environmental heat risk, because it takes into account not only ambient temperature and humidity, but also solar radiation. WBGT employs a dry bulb thermometer that measures ambient temperature, a wet bulb thermometer that measures humidity and a black globe thermometer that measures radiant heat.

As WBGT increases, the risk for heat illness increases (Table 11). WBGT less than 65 is low risk. WBGT 65 to 73 is moderate risk, WBGT 73 to 82 is high risk, and WBGT greater than 82 is extreme risk of heat illness. Experts recommend that distance races should be cancelled if WBGT is 80 or above. Only acclimatized, fit, low-risk athletes should undertake limited exercise at WBGT 86 to 90. Exercise should absolutely be cancelled for everyone when WBGT is 90 or more. The WBGT Risk Indices were developed for athletes wearing only a T-shirt and light pants. Therefore, safe values should be adjusted downwards in the presence of equipment and clothing that inhibit evaporation.

MANAGEMENT AND PREVENTION

Practices and Contests

The greater the risk of heat illness, the more steps should be taken to safeguard the athletes, and the greater consideration should be given to cancellation or postponement of a practice or contest. An Environmental Action Plan should be in effect, covering every athletic practice and competition, and it must delegate responsibility for decision-making (see Emergency Action Planning chapter).

1. Measure the WBGT when possible. If not, then determine the heat index. Re-measure several times throughout the event or practice. Infrared thermometers can be used to measure playing surface temperature. The greater the intensity and duration of an event, the greater the risk of heat illness. Long-distance endurance events place athletes at more risk than sports that have frequent breaks during play. Consideration should be given to reducing playing time, extending rest periods and creating regular stoppage of play for rest and hydration. Practices and contests should not be scheduled during the hottest part of the day (commonly 11 a.m. to 6 p.m.).
2. Minimize clothing and equipment (football or lacrosse practice without shoulder pads and helmets).
3. Provide unlimited opportunities for hydration (see Fluid Replacement and Dehydration chapter). Provide extra water for wetting clothes, hair and face. Hydration should never be withheld as a punishment!
4. In multi-session or multi-day events, monitor for cumulative dehydration by repeated measurement of body weight.
5. Allow a minimum of three, and preferably six, hours for recovery and rehydration between exercise sessions during “daily doubles.”
6. Assure acclimatization prior to high endurance/intensity exercise in heat.
7. Consider providing shade, air conditioning or fans on sidelines during contests and practices.
8. If at all possible, practices should be attended by an athletic trainer or team physician who is prepared to manage heat-related emergencies.
9. Identify athletes whose medical history places them at increased risk (see Risk Factors below).

Table 11. Wet Bulb Globe Temperature and Risk of Heat Illness.

<65°F	Low risk
65-73°F	Moderate risk
73-82°F	High risk
>82°F	Very high risk
>90°F	Cancel Activity



RISK FACTORS FOR HEAT ILLNESS

- 1. Dehydration.** Fluid loss during exercise occurs primarily by perspiration and respiration. Dehydration during exercise occurs more rapidly in hot environments, when perspiration exceeds oral fluid replacement. Moderate dehydration (three to five percent body weight) reduces exercise performance and makes the athlete more susceptible to fatigue and muscle cramps. With severe dehydration, sweat production and cutaneous blood flow decrease and the athlete is less able to dissipate the heat produced by exercise. Water deficits of six to 10 percent can occur with exercise in hot environments, reducing exercise tolerance and heat dissipation by decreasing cardiac output, sweat production, and skin and muscle perfusion.

In addition to losing fluid with sweating, electrolytes (salt or sodium and chloride) are also lost. The percentage of salt lost in sweat usually decreases with an improving level of heat acclimatization. Salt depletion can be a significant factor in muscle cramps. While cold water is a good fluid replacement during short duration exercise, a sports drink with six to eight percent carbohydrate is preferable during continuous activity lasting 45 minutes or more. Regular, scheduled fluid replacement is important because athletes typically do not become thirsty until they have already lost two percent of body weight in fluid. (See Fluid Replacement and Dehydration chapter).

An athlete may begin an activity in a dehydrated state due to inadequate rehydration following previous exercise, attempts to lose weight rapidly, diuretic medication, febrile illness, or gastrointestinal illness with vomiting or diarrhea. Measurement of body weight before and after activity is a good estimate of hydration status changes. Rehydration should be with a fluid volume that meets the weight lost with activity, ideally not exceeding 48 ounces per hour. Urine volume and color are another means by which to estimate hydration with lower volume and darker color representing greater dehydration.
- 2. Clothing and Equipment.** Clothing and equipment inhibit heat loss from the body and increase the risk for heat illness. Dry clothing and equipment absorb sweat and prevent evaporative heat loss. Dark clothing or equipment produces radiant heat gain. Clothing and equipment decrease convective heat loss by interfering with air contact with the body. During periods of high WBGT or Heat Index, the risk of heat illnesses increases when clothing and equipment are worn. Thus, risk may be minimized through removing equipment and participating in drills wearing shirts and shorts only. Given that a great deal of heat is radiated from the head, helmets should be removed early on in hot and humid conditions.
- 3. Fitness.** Physical training and improved cardiovascular fitness reduce the risk of heat illness.
- 4. Febrile Illness.** A fever increases core temperature and decreases the ability of the body to compensate. It is dangerous to exercise with a fever, especially when WBGT is high. Athletes with a fever, respiratory illness, vomiting or diarrhea should not exercise, especially in a hot environment.
- 5. Medications.** Amphetamines (including ADHD medications), ephedrine, synephrine, ma huang and other stimulants increase heat production. Some medications have anti-cholinergic actions (amitriptyline, Atrovent) resulting in decreased sweat production. Diuretics can produce dehydration. Athletes taking medication for ADHD should be monitored closely for signs and symptoms of heat illness.
- 6. Obesity.** Athletes with a high percentage of body fat are at increased risk for heat illness, as fat acts to insulate the body and decreases the body's ability to dissipate heat.
- 7. Sick Cell Trait.** Athletes with sickle cell trait (SCT) are at increased risk for a sickling crisis with exercise during hot weather. Special precautions should be taken in hot and humid conditions for athletes with SCT (see Sick Cell Trait chapter).
- 8. A prior episode of heat illness** is a risk factor for a subsequent heat illness. After an episode of heat stroke, most athletes demonstrate normal thermoregulation within two months, but the rate of recovery is highly variable and may require up to a year or more. Decreased heat tolerance may affect 15 percent of athletes with a history of previous heat illness.

STAGES OF HEAT ILLNESS

1. **Exercise-associated Muscle Cramps (EAMC).** Painful muscle spasms following prolonged exercise, often, but not always, in a hot environment. These are sometimes called “heat cramps.”

Recognition: The cramps can occur without warning, can be excruciatingly painful, and may last several minutes or longer. They may be replaced by the onset of a cramp in another location. Severe episodes can last up to six to eight hours. Commonly, heat cramps affect the calf, but the thighs, hamstrings, abdomen and arms may be involved. Core temperature may be normal or increased and signs and symptoms of dehydration such as thirst, sweating and tachycardia may occur.

EAMC are usually associated with exercise-induced muscular fatigue, dehydration and a large loss of sodium through sweat. Sweat sodium losses that are incompletely replaced result in a total body sodium deficit. Low extracellular (outside of the cells in our body) sodium concentration is thought to alter nerve and muscle resting potential, resulting in EAMC. EAMC is more likely in athletes with high salt sweat content. Athletes with high salt sweat content or “salty sweaters” may be noticeable by salt staining on hats and clothing.

Management: EAMC usually responds to rest, prolonged stretching of involved muscle groups, and sodium replacement in fluid or food (e.g., one quarter teaspoon of table salt or one to two salt tablets in 500 ml of water or sports drink, tomato juice or salty snacks). In the case of severe full body cramps, the athlete should be transported by EMS to a hospital to receive intravenous fluids. Protracted cramping in the absence of signs of dehydration suggests dilutional hyponatremia (low sodium) and serum sodium levels should be measured prior to administering intravenous fluids.

2. **Heat Exhaustion.** Heat exhaustion is the inability to continue to exercise and can occur at any temperature, and is not necessarily associated with collapse. Heat exhaustion associated with dehydration is more common in a hot, humid environment.

During high intensity exercise, blood flow to organs and skin decreases as blood flow to exercising muscle increases. When exercise, dehydration and humidity combine to make evaporative heat loss ineffective, the core body temperature increases. As core temperature rises, central controls of blood flow distribution begin to fail and the body attempts to increase blood flow to the skin in an effort to increase radiant and convective heat loss. The result is a loss of the original decrease in blood flow to the internal organs and to the skin. Through a series of complex physiological events, the pooled blood in the skin and extremities is unable to transport heat from the core to the skin. Muscular fatigue, decreased urine output, decreased cerebral flow, increased core temperature and fainting (syncope) can result.

Recognition: Signs and symptoms of heat exhaustion include tachycardia, fatigue, weakness, piloerection (goose bumps), muscle cramps, nausea, vomiting, dizziness, syncope, headache, poor coordination and confusion. Rectal temperature is elevated, but below 104 degrees Fahrenheit (40 C). The skin may still be cool and sweating, or may be hot and dry. Decreased cerebral perfusion may produce confusion or syncope. Heat exhaustion can be confused with other causes of depressed mental status in the athlete, including concussion, cardiac causes, infection, drug use, hypoglycemia and hyponatremia. Heat exhaustion is characterized by an elevated core body temperature. Any athlete with altered mental state of unknown etiology must be removed from activity and further evaluated.

Management: While heat exhaustion may present similarly to other conditions, heat exhaustion should be assumed if any of the signs and symptoms are present. Elevate the legs to increase venous return and cardiac preload, rehydrate to correct volume depletion, and transfer to a cool, shaded location. Aggressive decrease in core temperature is indicated to prevent progression to heat stroke. If a team physician or athletic trainer is unavailable to assess the athlete, EMS should be activated so the athlete can be transported to an emergency facility. There should be no same-day return to activity for athletes with syncope, altered mental status, neurologic symptoms or core temperature greater than 104 degrees Fahrenheit. Adequate time for full recovery is necessary prior to returning to play.

Cold-related Illness

By Cary S. Keller, M.D., FACSM

- Cold temperature, especially in combination with wet conditions or wind, poses the risk for cold injuries such as frostbite and hypothermia.
- Treat frostbite by getting the affected individual to a warm place and re-warm the extremities.
- Suspected hypothermia calls for EMS activation.

SIGNIFICANCE

Cold weather is typically not a barrier to outdoor practices and competitions. However, team and individual sports played in the late fall, winter and early spring place athletes at risk for cold injury. Environmental changes as simple as sunset, a rainstorm or an increase in wind speed can shift the body's thermal balance suddenly. As part or all of the body cools, there can be diminished exercise performance, frostbite, hypothermia, and even death.

BACKGROUND

Athletes lose heat by evaporation, conduction, convection and radiation. Heat is lost from the skin by evaporation of sweat. Conduction is the passive transfer of heat from warmer to cooler objects by direct contact, such as through the loss of heat from the core to the peripheral muscles and skin and the gain of heat from a hand warmer to the fingers. Convection is the warming of the air next to the body and the displacement of that warm air by cool air. Insulating clothing decreases heat loss by convection, while wind accelerates heat loss by convection. Radiation is loss of heat from the warmer body to the cooler environment.

At rest, 20 percent of body heat loss is by evaporation and 50 percent by radiation. With exercise in a warm environment, up to 90 percent of heat loss is by evaporation. Thus, evaporation from wet clothing in a cold environment has great potential to upset thermoregulation during exercise. In the cold, radiation becomes a progressively more important source of heat loss during exercise as ambient temperature falls further below body temperature.

Cold exposure produces peripheral vasoconstriction, decreasing peripheral blood flow, and decreasing convective heat loss from the body's core to its shell (skin, fat, muscle). The peripheral vasoconstriction, therefore, predisposes to cold injury, especially in the fingers and toes. In response to this cooling of the extremities, there is cold-induced vasodilation (CIVD), a transient increase in blood flow and warming which helps to protect against peripheral cold injury. As the core body temperature falls, CIVD is suppressed, and frostbite becomes more likely.

Cold exposure also elicits increased heat production through skeletal muscle activity. This occurs through involuntary shivering (which can increase heat production up to six times basal metabolic rate) and through voluntary increased activity. Athletes exposed to cold repeatedly can exhibit cold acclimatization. The most common acclimatization pattern is habituation, in which both cold-induced vasoconstriction and shivering are blunted, sometimes actually predisposing to hypothermia. Compared to heat acclimatization, cold acclimatization is less pronounced, slower to develop and less effective in maintaining normal body temperature and preventing cold illness.

RECOGNITION

Frostbite, the most common cold injury, occurs when tissue freezes. Frostbite can occur in exposed skin (nose, ears, cheeks), but also can affect the hands and feet, as peripheral vasoconstriction lowers peripheral tissue temperature significantly. Numbness or a "wooden" feeling is usually the first symptom of frostbite in the hands and feet. With frostbite to exposed facial skin, however, there can be a burning feeling. Both cooling and ischemia (decreased blood flow) result in numbing of the skin, so the freezing of the tissue is often relatively painless. Skin color is initially red and then becomes a waxy white. Re-warming is accompanied by sharp, aching pain and persistent loss of light touch sensation.

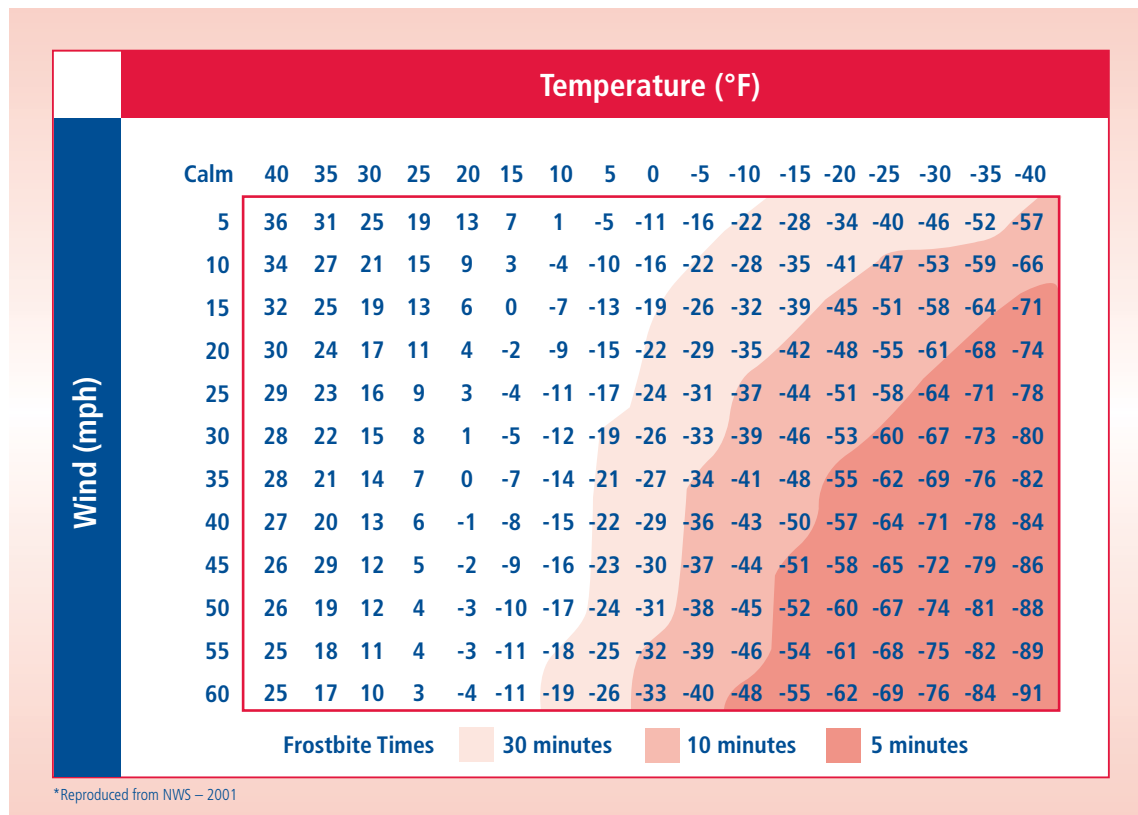
The risk of frostbite increases as temperature decreases. With appropriate precautions, the risk of frostbite can be less than five percent when ambient temperature is above 5 degrees F. But increased surveillance of athletes is appropriate when wind chill temperature (WCT) falls below minus 18 degrees F, as exposed facial skin then freezes in 30 minutes or less. At these temperatures, consideration should be given to postponing or cancelling athletic events. A

close approximation of the WCT should be available from your local weather station.

Hypothermia is defined by a core body temperature below 95 degrees F (35 degrees C). In mild hypothermia, an athlete feels cold, shivers, is apathetic and withdrawn, and demonstrates impaired athletic and mental performance. Coaches and athletes must recognize and respond to these early symptoms to avoid more severe hypothermia. As core temperature continues to fall, there is confusion, sleepiness, slurred speech, and irrational thinking and behavior. In severe hypothermia, the heart rate may become irregular and there is a risk of cardiac arrest. Efforts at resuscitation must persist until re-warming has been achieved.

Exercising athletes produce heat by muscular activity, which helps maintain core temperature, and are at less risk for cold exposure injury. At the end of an event, or when exercise stops due to injury, heat is no longer being generated by exercise, but heat loss continues, and rapid cooling may result. Dehydration may further impair maintenance of core temperature.

Figure 9. Wind Chill Index.



Prevention of Cold Injury

1. EVENT MANAGEMENT

- Assess environmental risk factors:** temperature, wind, rain, direct sunlight, altitude. Be alert to changes in these conditions so that athletes can be advised to modify clothing or seek shelter and event managers can consider shortening, moving or cancelling an event. The Wind Chill Index (WCI) integrates temperature and wind to estimate cooling power. The WCI predicts the risk of frostbite to exposed facial skin in a person moving at walking speed, but not the risk of frostbite in the extremities. The wind effect of the athlete moving at higher speed (run, ski, bike, skating) is not considered when calculating WCI.
- Assess athletes' risk factors:** exercise demands, fitness, fatigue, health, body fat, age, and nutritional status. (see Table 10).

- c. **Prepare appropriately:** adequate training, clothing, water, food, scheduled clothing changes, provision of shelter and re-warming, planned monitoring of weather conditions and of athlete tolerance of the cold, and action plans to care for those who are having difficulty staying warm.

Table 10. Risk factors for Hypothermia and Frostbite.

1. Exercising in water, rain and wind significantly increases risk of hypothermia. Hypothermia can occur rapidly following unexpected immersion in cold water. The heat transfer coefficient of water is 70 times that of air.
2. Lean athletes have more difficulty maintaining core temperature and are at increased risk for cold injury. Athletes with a high body fat percentage and high muscle mass are better insulated and more protected against cold injury.
3. Individuals older than 60 years of age are at increased risk of hypothermia due to reduced vasoconstriction and sometimes decreased fitness.
4. Children and adolescents are at greater risk of hypothermia than adults due to greater surface-to-mass ratio and less subcutaneous fat.
5. Low blood sugar impairs muscular activity and shivering, decreases heat production, and predisposes to hypothermia. Fatigue, energy depletion, sleep deprivation and certain chronic medical conditions result in decreased heat production.
6. Some skin disorders, such as eczema, may increase heat loss.
7. Physical fitness and strength training do not improve thermoregulatory response to cold, but greater fitness allows longer exercise at high intensity and thereby longer muscular heat production and maintenance of core temperature. Poor fitness thereby predisposes to cold injury.

2. CLOTHING

Metabolic rate (exercise intensity) and ambient temperature determine clothing (insulation) requirements during exercise. Hats are useful, as up to 50 percent of heat loss at rest is from the head. Layering of clothing is highly recommended. The inner layer acts to wick perspiration, a middle insulating layer which allows moisture transfer, and an outer layer, worn when necessary, to repel wind and rain, but is capable of transfer of perspiration to the air. Layering allows adjustment in insulation to prevent overheating and sweating, while remaining dry in wet conditions. Glove liners can provide wicking and insulation for the hands. Mittens provide significantly more insulation than gloves. Clothing that constricts fingers or toes predisposes to cold injury in the hands and feet. Wet clothing should be removed quickly and replaced, including socks and gloves.

3. FOOD AND FLUID INTAKE

Exercise in cold environments can increase energy expenditure and fluid loss. Insufficient carbohydrate reserves to maintain core temperature risks cold injury. Dehydration affects neither shivering or vasoconstriction, but significant loss in volume decreases perfusion. In cold, as in all temperatures, carbohydrate availability and dehydration are limiting factors in performance. Athletes can sustain exercise in cold by ingesting six- to eight-percent carbohydrate beverages. Carbohydrate rich foods are appropriate for prolonged exercise in the cold.

Management of Cold Injury

1. FROSTBITE

Seek shelter and insulation. Maintain core temperature and attempt to reverse vasoconstriction by re-warming. Re-warming is best accomplished with body heat of the afflicted individual or someone else's (e.g., placing the cold hand under the arm pit). Warm water at 104 to 109 degrees Fahrenheit (40 to 43 degrees C) can also be used for re-warming. Do not use warmer water as it produces greater injury, swelling and tissue death. Once re-warming begins, avoid additional freezing. It is better to tolerate some additional time with frozen tissue while awaiting transport to a medical facility than to re-warm and then suffer refreezing during extrication from the cold environment. Rubbing the injured body part adds mechanical damage to thermal damage, and is to be avoided.

2. HYPOTHERMIA

- a. **Conscious athlete.** Hypothermic athletes should have wet clothing removed and should be insulated with whatever warming material is available. If possible, evacuate to a warm building/bus/car/shower. Encourage the drinking of large volumes of warm, sweet liquids to improve circulating volume and available energy. Encourage exercise to promote heat production by muscular activity. Such athletes usually respond to peripheral re-warming, but transport to medical care is a precaution against further deterioration.
- b. **Unconscious athlete.** Hypothermic athletes should be insulated and transported by the emergency medical system (EMS). Field re-warming and field CPR are usually ineffective and should not delay transport to a medical facility for central re-warming. Warm intravenous fluids and positive pressure, warm, humidified oxygen can be useful but will, alone, be inadequate. The medical facility can provide rapid core re-warming, prevention of arrhythmia, respiratory support, and fluid and electrolyte management.

COLD-INDUCED ASTHMA SYMPTOMS

Exercise-induced asthma (EIA) is a transient narrowing of the airways which is provoked by exercise (see Asthma chapter). Cold-weather athletes have an increased prevalence of EIA. High intensity exercise, high ventilation rate and exercise in indoor rinks predisposes athletes to EIA. EIA with cold exposure is believed to be due to a combination of breathing dry air and reflex response to facial cooling. Impaired air quality in indoor skating rinks is implicated as an additional factor (see Air Quality chapter).

COLD ENVIRONMENT MODIFIES EMERGENCY ACTION PLANS

The assessment and management of the injured athlete in a cold environment follows basic First Aid and CPR/AED protocols. (See Emergency Action Plan chapter). This begins with the assessment of the safety of the scene of injury. In a cold environment, the scene is not safe by virtue of the cold itself. Depending on the severity of the cold, the risk it represents to the injured athlete and to the rescuers, and the availability of warm shelter, the protocol may be modified. The major difference in cold weather is that initial attempts at resuscitation can be delayed in order to get the athlete to a warmer place.

References

Cappaert TA, et al. NATA position statement: Environmental cold injuries. *Journal of Athletic Training* 2008;43: 640-658.

Castellani JW. American College of Sports Medicine position stand: prevention of cold injuries during exercise. *Medicine and Science in Sports and Exercise* 2006;38:2012-29.

Gagge AP, Gonzalez RR. Mechanisms of heat exchange: Biophysics and physiology. In: Fregly MJ and Blatteis CM, eds. *Handbook of Physiology: Environmental Physiology*. Bethesda, MD: American Physiological Society, 1996:45-84.

National Weather Service, Windchill Temperature Index, Office of Climate, Water, and Weather Services, Washington, DC, National Oceanic and Atmospheric Administration, 2001. <http://www.weather.gov/om/windchill/images/wind-chill-brochure.pdf>.

National Collegiate Athletic Association. Guideline 2a: Cold stress and cold exposure. 2010-11 Sports Medicine Handbook (21st edition).

O'Brien C. Reproducibility of the cold-induced vasodilation response in the human finger. *Journal of Applied Physiology* 2005;90:254-259.

Rich BSE, et al. Management of on-site emergencies. In: McKeag D and Moeller JL, eds. *ACSM's Primary Care Sports Medicine*, 2nd Ed. Philadelphia, PA:LLW, 2007:155-164.

Stocks, JM, et al. Human physiological responses to cold exposure. *Aviation, Space, and Environmental Medicine* 2007;75:444-457.

Young AJ. Homeostatic responses to prolonged cold exposure: Human cold acclimatization. In: Fregly MJ and Blatteis CM, eds. *Handbook of Physiology: Environmental Physiology*. Bethesda, MD: American Physiological Society, 1996:419-38.

Asthma

By Gayathri Chelvakumar, M.D. and Paula Cody, M.D.

- Asthma is a chronic lung disease that affects many high school athletes.
- Exercise commonly triggers asthma symptoms.
- Coughing, wheezing and difficulty breathing can all be symptoms of asthma.
- Early recognition and treatment of asthma symptoms is essential.

SIGNIFICANCE

Nearly 20 percent of high school students in the U.S. have been diagnosed with asthma. Asthma that is well-controlled should not prevent anyone from participating in organized sports or exercising, but early symptom recognition and treatment is essential. Uncontrolled asthma can be deadly. It is the responsibility of coaches, athletic trainers, parents and athletes to be knowledgeable about the different medications prescribed to treat and manage asthma and how those medications are to be used.

BACKGROUND

Asthma is a chronic disease that affects the lungs. It is characterized by inflammation, airway reactivity/sensitivity and increased mucous production. Common symptoms include coughing, wheezing, chest tightness and shortness of breath (Table 27). Asthma can be triggered by respiratory infections (see Common Illnesses chapter), exercise, pollutants (see Air Quality chapter) and allergens (dust mites, animal dander, mold and pollen). Early recognition of the signs and symptoms of asthma can prevent serious complications and even death.

Asthma symptoms often worsen with exercise. Some athletes have symptoms only with exercise (exercise-induced asthma, EIA). Exercise-induced symptoms occur commonly and are often more intense in cold weather. Symptoms typically develop 10 to 15 minutes after a brief period of exercise or about 15 minutes into prolonged exercise. Symptoms usually resolve with rest for 30 to 60 minutes.

Table 27. Signs and symptoms of asthma.

- High-pitched wheezing sounds when breathing out
- Recurrent chest tightness, wheezing or difficulty breathing
- Spasmodic or persistent coughing during or after exercise
- Cough that is worse at night
- Symptoms occur or get worse when the athlete exercises, or when exposed to various triggers that might include dust, mold, animals with fur, smoke, pollen, airborne pollutants, strong odors or changes in the weather

More subtle symptoms associated with exercise-induced asthma may include:

- Perceived lack of endurance
- Undue fatigue or perception of being “out of shape” or poorly conditioned
- Symptoms triggered by some sports (i.e., running) but not by others (i.e., swimming)

RECOGNITION

Athletes with well-controlled asthma, by definition, will have no symptoms at rest or with activity. They should have no cough, wheeze, chest tightness or shortness of breath during the day or night and be able to do daily activities and exercise without problems.

When asthma symptoms worsen (“asthma attack”), the athlete may experience coughing, wheezing, chest tightness or shortness of breath (Table 28). He or she may also complain of coughing that is worse at night. Athletic performance and endurance is likely to be greatly affected. Asthma attacks that require medical attention occur when the person is very short of breath and unable to do usual activities, “rescue inhalers” are not helping, or symptoms last longer than 24 hours.

Table 28. Recognition of an acute “asthma attack.”

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- Wheezing or spasmodic/persistent coughing
 - Chest tightness or discomfort
 - Rapid and shallow respiration
 - Rapid pulse
 - Use of accessory muscles in shoulders and neck to aid breathing
 - Assuming tripod position (e.g., forward-leaning posture with hands on knees) to improve airflow
 - Cyanosis (blue lips and finger nails) if severe
 - Difficulty breathing out of proportion to activity intensity and aerobic fitness level
-

MANAGEMENT

It is important that all athletes with asthma are known to the medical staff, coaches and athletic administration. Athletes who have been diagnosed with asthma or who have asthma symptoms should be identified during the pre-participation exam (see Preparticipation Physical Evaluation chapter). The athletes must work with their primary care provider or asthma specialist, sports medicine staff and coaches to understand their asthma treatment plan. It is also essential for schools to have an Emergency Action Plan addressing asthma and other chronic medical conditions (see Emergency Action Planning chapter) as symptoms can worsen at anytime.

There are several medications available to treat asthma. Most medications are inhaled into the lungs, but a few are taken as pills. Asthma medicines come in two types: quick-relief (rescue medications) and medications that provide long-term control. Everyone with asthma needs regular medical follow-up to maintain symptom control and reassess their management plan.

Certain people with asthma require long-term control medications to treat inflammation in the lungs and prevent symptoms and attacks. These anti-inflammatory medicines, typically inhaled corticosteroids, are most effective when taken daily, even if the person is not experiencing any symptoms. These medicines are not effective at treating acute asthma attacks. Asthma symptoms can usually be controlled and attacks prevented if the medications are taken exactly as prescribed.

The use of an albuterol inhaler 15 minutes prior to exercise will usually control the symptoms of EIA. There is also evidence that EIA can be controlled in some athletes without using medication. Many individuals have a “refractory period” during which constriction of the lungs appears to relax and breathing is easier for a period of time. This is similar to a “second wind.” If an athlete recognizes this, warm-ups can be designed to begin the intense exercise in advance of competition so that the refractory period coincides with the contest period. Monitoring air quality is also important (see Air Quality chapter)

For an asthma attack, a quick-relief rescue medicine is used, most commonly the quick-acting medicine albuterol. Proper use of the inhaler is essential to relieving asthma symptoms (Table 29). This medicine rapidly relaxes tightened muscles around the airways to improve airflow. A rescue medicine should be taken at the first sign of asthma symptoms. If symptoms quickly resolve, the athlete may return to activity. If symptoms do not resolve, or flare-up again during the same practice or contest, the athlete should be removed from activity and be told to contact his or her primary care provider, or asthma specialist. If the person has difficulty walking or talking due to shortness of breath or his or her lips are blue, this is indicative of a medical emergency and EMS must be activated (Table 28).

Table 29. Proper use of a metered dose inhaler (from NIH Guidelines, 1997).

1. Remove cap and hold inhaler upright.
2. Shake the inhaler.
3. Tilt head back slightly and breathe out slowly through the mouth.
4. Position the inhaler one to two inches away from the mouth or use a holding chamber or spacer.
5. Press down once on the inhaler to release medication as the athlete begins to breathe in slowly.
6. Continue to breathe in slowly and evenly for three to five seconds during and after pressing down on the inhaler.
7. Hold breath for 10 seconds to allow the medication to reach deep into the lungs.
8. Repeat puff as directed. It is recommended to wait one minute before second puff to allow for optimal penetration into the lungs.
9. When possible, athletes should use a spacer when delivering medication to ensure optimal delivery. These chambers are hollow tubes or other reservoirs with the inhaler on one end and the athlete's mouth on the other end. Many times failure to improve with treatment can be reversed simply by the use of spacers and better technique. Recent studies have shown that "spacers" increase the amount of medication that reaches the lungs and decrease the amount of medication deposited in the mouth or throat.

References

You Can Control Your Asthma – A Guide to Understanding Asthma and its Triggers published by the Centers for Disease Control and Prevention.

Meeting the Challenge: Don't Let Asthma Keep You Out of the Game published by the Centers for Disease Control and Prevention.

National Asthma Education and Prevention Program Expert Panel Report 2. Guidelines for the Diagnosis and Management of Asthma. NIH Publication No. 97-4051, July, 1997. National Institutes of Health: National Heart, Lung and Blood Institute. Bethesda, MD.

Patient information: Exercise-induced asthma. Up to Date, Last Updated June 13 2008.

Walkine Y. Highlights From MMWR: Asthma prevalence in U.S. high school students and more. Medscape Medical News, August 2005.

Sickle Cell Trait

By Dan Martin, Ed.D., ATC

- It is estimated that eight percent of the U.S. African-American population has sickle cell trait (SCT).
- SCT does not necessarily preclude an individual from sport participation.
- Signs and symptoms of a sickling crisis must be recognized early to prevent complications, including the risk of death.
- Basic precautions will greatly decrease the risk of a sickling crisis.

SIGNIFICANCE

Sickle cell trait (SCT) is not a disease, but a description of a type of hemoglobin gene. Hemoglobin carries oxygen in the bloodstream. SCT differs from sickle cell anemia in that the trait is present when one gene for sickle hemoglobin is inherited from one parent while a normal hemoglobin gene is inherited from the other. If a sickle cell gene is inherited from each parent, the child will then have sickle cell anemia.

Sickle cell anemia is a serious disorder which typically causes severe medical problems early in childhood which continue into adulthood. People with SCT rarely have any symptoms of the condition. However, they may develop problems under extreme physical stress or with low oxygen levels (high-altitude).

People with ancestors from Africa, Mediterranean countries, India, South or Central America, and Saudi Arabia are at increased risk for having SCT. SCT occurs in about eight percent of the African-American population in the U.S.

SCT exercise-related deaths do occur in both athletics and in the military. Individuals with SCT participating in intense exercise are particularly vulnerable to the effects of heat and dehydration. The potential for a sickling collapse can be decreased if the athlete takes preventative measures. Early recognition of the signs and symptoms by the athlete, coaches and medical staff, with stopping all activity and initiating appropriate treatment will greatly reduce the potential for long-term consequences or death.

BACKGROUND

The U.S. military first linked SCT to an increased risk of sudden death during extreme physical exertion decades ago. SCT has also been linked to several deaths which have occurred during off-season conditioning in collegiate football players over the past decade. Currently, SCT does not appear to be a prominent issue in high school athletes. This is likely due to the fact that the intensity and duration of physical activity in high school athletes does not reach that seen in collegiate conditioning drills.

SCT generally does not present problems with daily activities. The vast majority of athletes with the trait compete at the high school, college, and professional levels without complications. However, there is always the possibility that a sickling collapse can occur with intense exertion, potentially resulting in death.

PHYSIOLOGY

During intense exertion, red blood cells can change from the typical donut-shaped appearance to a "sickle" or a "quarter-moon" shape. In this shape, these cells no longer carry oxygen efficiently and become rather stiff and sticky. These "sickle cells" can then stick together and block normal blood flow to any tissue or organ. This can produce pain, weakness, swelling of the arms or legs, muscle cramping and shortness of breath. Kidney and other vital organ function can also be affected.

Even what appears to be a mild exertional distress can turn lethal in an individual with SCT. The kidneys and spleen may be damaged and exercise-related rhabdomyolysis (skeletal muscle breakdown) may also occur. Asthma (see Asthma chapter), acute illness, dehydration (see Fluid Replacement and Dehydration chapter), heat stress (see Heat-related Illness chapter) and high altitude can predispose an individual with SCT to a sickling crisis during intense physical exertion.



IDENTIFYING THE ATHLETE WITH SICKLE CELL TRAIT

The preparticipation evaluation form (see Preparticipation Evaluation chapter) should have a question about the athlete's sickle cell status. If the athlete or parents are unaware of the athlete's status, they may very likely be able to find the information from their primary care provider or state newborn screening records. The NCAA currently recommends that the SCT status of all athletes be determined. Most states in the U.S. have been conducting newborn SCT screening for more than 20 years, thus many athletes may already know, or be able to find out, their status. There is currently no medical organization calling for the universal screening of SCT in high school athletes. Parents who are interested in having their child screened for SCT should discuss it with their primary care provider.

When an athlete with SCT is identified, it is important that the athlete and his or her parents are educated about SCT. It is important to not discourage the athlete from sports participation. However, the athlete must be educated on preventive measures and the potential dangers. It is vital that coaches and the sports medicine staff be aware of the athlete's SCT status, but it is also important to protect the student's privacy as much as possible.

RECOGNITION

If an athlete exhibits any signs or has symptoms of a sickling collapse, he or she must be removed from activity. Continuing to exercise will lead to worsening symptoms, additional serious internal organ damage, or even death. However, if the proper steps are taken, these symptoms are generally easy to manage and will normally subside within a few minutes. The athlete's symptoms typically resolve when he or she is hydrated and rests. During hot weather, the athlete should also be taken into a cool, controlled environment to prevent overheating. If at any time the athlete collapses, (sickling collapse) the episode must be treated as a medical emergency and Emergency Medical System activated (see Emergency Action Planning chapter).

Signs and Symptoms of a pending sickling crisis

- Appears dazed or confused
- Appears weak
- Not keeping up with other team members (undue fatigue)
- Having difficulty breathing
- Muscle pain, weakness and/or cramping

MANAGEMENT

Athletes with SCT can generally perform at the same physical level as their teammates, but may not be able to do it for an extended amount of time. For example, athletes with SCT should not run timed, sustained 100-yard sprints, or timed, sustained “suicides” or shuttle runs. The athlete with SCT can still run sprints and suicides, but must be given rest breaks between sprints. Coaches and the athlete with SCT must be aware of his or her physical limits. If the athlete is feeling exhausted, or is showing symptoms of physical distress, he or she must immediately stop, hydrate and rest.

If an athlete is known to have SCT, the following precautions are suggested during physical activity:

- Set own pace
- Engage in slow and gradual preseason conditioning regimen
- Use adequate rest and recovery between intense drills
- Stop activity immediately upon struggling or experiencing muscle pain, abnormal weakness, undue fatigue, or shortness of breath
- Stay well hydrated
- Seek prompt medical care when experiencing unusual distress

Though caution must be taken, the athlete with SCT should always be allowed to compete in all sports and should be treated the same as the other athletes. It needs to be emphasized that athletes with SCT normally do not have problems, except if put under extreme physical duress. The precautions and training modifications discussed in this chapter are intended to allow the athlete with SCT to participate in athletics as safely as possible.

References

- Centers for Disease Control and Prevention. www.CDC.gov/ncbddd/sicklecell
- National Collegiate Athletic Association. Guideline 3c: The student-athlete with sickle cell trait. 2010-11 Sports Medicine Handbook (21st edition).
- National Athletic Trainer’s Association. <http://www.nata.org/sites/default/files/SickleCellTraitAndTheAthlete.pdf>

Resources

- National Heart Lung and Blood Institute: http://www.nhlbi.nih.gov/health/dci/Diseases/Sca/SCA_WhatIs.html
- Sickle Cell Disease Association of America: https://www.sicklecelldisease.org/about_scd/index.phtml
- Sickle Cell information center: www.scinfo.org

National Federation of State
High School Associations



POSITION STATEMENT AND RECOMMENDATIONS FOR MAINTAINING HYDRATION TO OPTIMIZE PERFORMANCE AND MINIMIZE THE RISK FOR EXERTIONAL HEAT ILLNESS

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

DEHYDRATION – ITS EFFECTS ON PERFORMANCE AND ITS RELATIONSHIP TO EXERTIONAL HEAT ILLNESS RISK:

- Appropriate hydration before, during, and after physical activity is integral to healthy, safe and successful sports participation.
- Weight loss during exercise and other physical activity represents primarily a loss of body water. A loss of just 1 to 2% of body weight (1.5 to 3 pounds for a 150-pound athlete) can negatively impact performance. A loss of 3% or more of body weight during vigorous exercise can also significantly increase the risk for exertional heat-related illness. If an athlete is already dehydrated prior to beginning activity, these effects will occur even sooner.
- Athletes should be weighed (in shorts and T-shirt) before and after warm or hot weather practice sessions and contests to assess their estimated change in hydration status.
- Athletes with high body fat percentages can become significantly dehydrated and over-heat faster than athletes with lower body fat percentages, while working out under the same environmental conditions at the same or similar workload.
- Athletes have different sweating rates and some lose much more water and salt through their sweat than others. “Salty sweaters” will often have noticeable salt stains on their clothing and skin after workouts, and they often have a higher risk of developing exertional muscle cramps.
- Poor heat acclimatization/fitness levels can greatly contribute to an athlete’s heat intolerance and exertional heat illness risk.
- Certain medications or current/recent illness, especially for illnesses involving gastrointestinal distress (e.g., vomiting, diarrhea) and/or fever, can negatively affect an athlete’s hydration status and temperature regulation, increasing the risk for exertional heat illness.
- Environmental temperature and humidity each independently contribute to dehydration and exertional heat illness risk.

- Clothing that is dark or bulky, as well as protective equipment (such as helmets, shoulder pads and other padding and coverings), can increase body temperature, sweat loss and subsequent dehydration and exertional heat illness risk.
- Even naturally dry climates can have high humidity on the field if irrigation systems are run prior to early morning practices start. This temporary increase in humidity will continue until the water completely soaks into the ground or evaporates.
- A heat index chart should be followed to help determine if practices/contests should be modified or canceled. The NOAA National Weather Service's heat index chart can be found at: <http://www.weather.gov/om/heat/index.shtml>
 - On-site wet-bulb temperature should be measured 10-15 minutes before practices or contests. The results should be used with a heat index to determine if practices or contests should be started, modified, or stopped.
 - If wet-bulb temperature measurement is not available, the heat index for your approximate location can be determined by entering your postal zip code: <http://www.osaa.org/heatindex/>

The interplay of relative humidity and temperature on sweating and the risk for exertional heat illness:

- A combined relative humidity of 40 percent and a temperature of 95 degrees Fahrenheit are associated with a *likely risk* of incurring significant sweat loss and exertional heat illness during strenuous physical activity. However, even with a *lower air temperature* of only 85 degrees Fahrenheit, for example, the risk for extensive sweating and exertional heat illness would likely be the *same or greater with a higher relative humidity* of 70 percent or more.

WHAT TO DRINK DURING EXERCISE AND OTHER PHYSICAL ACTIVITY:

- For most exercising athletes in most scenarios, water is appropriate and sufficient for pre-hydration and rehydration. Water is quickly absorbed, well-tolerated, an excellent thirst quencher and cost-effective.
- Traditional sports drinks with an appropriate carbohydrate and sodium formulation may provide additional benefit in the following general situations:
 - Prolonged continuous or intermittent activity of greater than 60 minutes
 - Multiple, same-day bouts of intense, continuous or repeated exertion
 - Warm-to-hot and humid conditions
- Traditional sports drinks with an appropriate carbohydrate and sodium formulation may provide additional benefit for the following individual conditions:
 - Poor hydration prior to participation
 - A high sweat rate and/or "salty sweater"
 - Poor caloric intake prior to participation
 - Poor acclimatization to heat and humidity
- A 6 to 8% carbohydrate formulation is the maximum that should be utilized in a sports drink. Any greater concentration will slow stomach emptying and potentially cause the athlete to

feel bloated. An appropriate sodium concentration (0.4–1.2 grams per liter) will help with fluid retention and distribution and decrease the risk of exertional muscle cramping.

WHAT NOT TO DRINK DURING EXERCISE AND OTHER PHYSICAL ACTIVITY:

- Fruit juices with greater than 8 percent carbohydrate content and carbonated soda can both result in a bloated feeling and abdominal cramping.
- Athletes should be aware that nutritional supplements are not limited to pills and powders as many of the new “energy” drinks contain stimulants such as caffeine and/or ephedrine.
 - These stimulants may increase the risk of heat illness and/or heart problems with exercise. They can also cause anxiety, jitteriness, nausea, and upset stomach or diarrhea.
 - Many of these drinks are being produced by traditional water, soft drink and sports drink companies which can cause confusion in the sports community. As is true with other forms of supplements, these “power drinks”, “energy drinks”, or “fluid supplements” are not regulated by the FDA. Thus, the purity and accuracy of contents on the label is not guaranteed.
 - Many of these beverages which claim to increase power, energy, and endurance, among other claims, may have additional ingredients that are not listed. Such ingredients may be harmful and may be banned by governing bodies like the NCAA, USOC, or individual state athletic associations.
 - See the **NFHS Position Statement and Recommendations for the use of Energy Drinks by Young Athletes** for further information.

HYDRATION AND FLUID INTAKE TIPS AND GUIDELINES:

- Many athletes do not voluntarily drink enough water to prevent significant dehydration during physical activity.
- Drink regularly throughout all physical activities. An athlete cannot always rely on his or her sense of thirst to sufficiently maintain proper hydration.
- Drink before, during, and after practices and games. For example:
 - Drink 16 ounces of fluid 2 hours before physical activity.
 - Drink another 8 to 16 ounces 15 minutes before physical activity.
 - During physical activity, drink 4 to 8 ounces of fluid every 15 to 20 minutes (some athletes who sweat considerably can safely and comfortably tolerate up to 48 ounces per hour).
 - After physical activity, drink 16 to 20 ounces of fluid for every pound lost during physical activity to achieve normal hydration status before the next practice or competition (if there is sufficient time to do this safely and comfortably). Importantly, excessive fluid intake in a short period of time can be dangerous to one’s health (see below on hyponatremia).

- The volume and color of your urine is an excellent way of determining if you're well hydrated. Small amounts of dark urine mean that you need to drink more, while a "regular" amount of light-colored or nearly clear urine generally means you are well hydrated. A Urine Color Chart can be accessed at: <http://at.uwa.edu/admin/UM/urinecolorchart.doc>
- Hyponatremia is a rare, but potentially deadly disorder resulting from the over-consumption of water or other low-sodium fluid (including most sports drinks). It is most commonly seen during endurance events, such as marathons, when participants consume large amounts of water or other beverages over several hours, far exceeding fluid lost through sweating. The opposite of dehydration, hyponatremia is a condition where there is an excessive amount of water in the blood and the sodium content of the blood is consequently diluted to dangerous levels. Affected individuals may exhibit disorientation, altered mental status, headache, lethargy and seizures. A confirmed diagnosis can only be made by testing blood sodium levels. Suspected hyponatremia is a medical emergency and EMS (Emergency Medical Services) must be activated. It is treated by administering intravenous fluids containing high levels of sodium.

References:

Casa DJ, Armstrong LE, Hillman SK, et al. National Athletic Trainers' Association position statement: Fluid replacement for athletes. *Journal of Athletic Training* 2000;35:212-224.

McKeag DB, Moeller JL. *ACSM's Primary Care Sports Medicine*. 2nd Ed, Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins, 2007.

Montain SJ. Hydration recommendations for sport 2008. *Current Sports Medicine Reports* 2008;7:187-92.

National Collegiate Athletic Association. Guideline 2c: Prevention of Heat Illness. 2014-15 *NCAA Sports Medicine Handbook* (25th edition).

Sawka MN, Burke LM, Eichner ER, et al. American College of Sports Medicine position stand. Exercise and fluid replacement. *Medicine & Science in Sports & Exercise* 2007;39:377-90.

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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.

Chemical Abuse Programs

Schools are strongly encouraged to develop alcohol and drug prevention education programs. The UIL staff will provide assistance to coaches, sponsors and administrators in developing educational programs and referral procedures.

Illegal Steroid Use and Random Anabolic Steroid Testing

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

Also, as a prerequisite to participation by a student in UIL athletic activities, their parent or guardian must certify that they understand that their student must refrain from anabolic steroid use and that the student may be asked to submit to testing for the presence of anabolic steroids in his/her body. The parent or guardian also must agree to submit their child to such testing and analysis by a certified laboratory if selected.

The results of the steroid testing will only be provided to certain individuals in the student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. Additionally, results of steroid testing will be held confidential to the extent required by law.

Health Consequences Associated with Anabolic Steroid Abuse (source: National Institute on Drug Abuse)

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

Emergency Medical Procedures

Schools should have written procedures for medical emergencies at athletic contests. All schools cannot have physicians present. This makes it mandatory that emergency procedures be understood by administrators and coaches. Such procedures include:

1. Immediate, on-the-spot first aid by an adequately trained individual.
2. A telephone or other communication device to contact a doctor, ambulance, or emergency clinic.
3. A designated emergency vehicle. If an ambulance is not available, another suitable vehicle should be ready for quick utilization.
4. Notification of parents of injured player.
5. Proper arrangements at hospital or clinic to insure complete care of injured student.

Any plan of action should be carefully covered in advance with responsibilities of each party specified. Trainers, coaches, vehicle drivers, school administrators, and local law officers should function as an informed, effective team. Communication is the key to an effective athletic emergency care plan. Everyone - school personnel, medical professionals, transportation staff - must know exactly what is to be done in an emergency and who is responsible for each task.

If a definite procedure is adopted and followed, everyone will know that the health, safety and welfare of participants is a top priority.

Lightning Safety

Lightning may be the most frequently encountered severe storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 am and 7:00 pm, which coincides with the hours for most athletic events.

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

RECOMMENDATIONS FOR LIGHTNING SAFETY

1. Establish a chain of command that identifies who is to make the call to remove individuals from the field.
2. Name a designated weather watcher (A person who actively looks for the signs of threatening weather and notifies the chain of command if severe weather becomes dangerous).
3. Have a means of monitoring local weather forecasts and warnings.
4. Designate a safe shelter for each venue. See examples below.
5. Once activities have been suspended, wait at least thirty minutes following the last sound of thunder or lightning flash prior to resuming an activity or returning outdoors.
6. Avoid being the highest point in an open field, in contact with, or proximity to the highest point, as well as being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.
7. Assume that lightning safe position (crouched on the ground weight on the balls of the feet, feet together, head lowered, and ears covered) for individuals who feel their hair stand on end, skin tingle, or hear "crackling" noises. Do not lie flat on the ground.
8. Observe the following basic first aid procedures in managing victims of a lightning strike:
 - Activate local EMS
 - Lightning victims do not "carry a charge" and are safe to touch.
 - If necessary, move the victim with care to a safer location.
 - Evaluate airway, breathing, and circulation, and begin CPR if necessary.
 - Evaluate and treat for hypothermia, shock, fractures, and/or burns.
9. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty from anyone.

*DEFINITIONS**Safe Shelter:*

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

~ BOOSTER CLUB REGULATIONS ~

The Role of Competition

Participation teaches that it is a privilege and an honor to represent one's school. Students learn to win without boasting and to lose without bitterness.

Self-motivation and intellectual curiosity are essential to the best academic participants. Artistic commitment and a desire to excel are traits found in music participants. Physical training and good health habits are essential to the best athletes. Interscholastic competition is a fine way to encourage youngsters to enrich their education and expand their horizons.

Leadership and citizenship experiences through interschool activities help prepare students for a useful and wholesome life. Plus, competition is fun!

Superintendent Responsible for UIL Activities

UIL rules are made by the member schools and include penalties to schools, school district personnel, and student participants. The superintendent is solely responsible for the entire UIL program. All school activities, organizations, events, and personnel are under the jurisdiction of the superintendent. It is imperative that booster clubs recognize this authority and work within a framework prescribed by the school administration.

Role of Booster Clubs

Booster clubs are formed by school patrons to help enrich the school's participation in extracurricular activities. It is a violation of the UIL athletic amateur rule for booster club funds to be used for non-school purposes. The fund-raising role of booster clubs is particularly crucial in today's economic climate. The majority of activities supported by booster clubs are related to UIL activities. Since UIL rules regulate what UIL participants, sponsors, and coaches may and may not accept, it is important that booster clubs are aware of these rules.

Relationship with the School

- The superintendent or a designee has approval authority over booster clubs and should be invited to all meetings.
- Booster clubs do not have authority to direct the duties of a school district employee. The schedule of contests, rules for participation, method of earning letters, and all other criteria dealing with interschool programs are under the jurisdiction of the local school administration.
- All meetings should be open to the public.
- Minutes should be taken at each meeting and kept on file at the school.
- School administration should keep booster clubs informed concerning all school activities.

Expenditure of Funds

- Booster club funds shall not be used to support athletic camps, clinics, private instruction, or any activity outside of the school.
- Booster groups or individuals may donate money or merchandise to the school with prior approval of the administration. These kinds of donations are often made to cover the cost of commercial transportation and to cover costs for meals scheduled away from campus. It would be a violation for booster groups or individuals to pay for such costs directly.
- To avoid violation of the UIL athletic amateur rule, money given to a school cannot be earmarked for any particular expense. Booster clubs may make recommendations, but cash or other valuable consideration must be given to the school to use at its discretion.
- Coaches and directors of UIL academics, athletics and fine arts may not accept a petty cash fund or a miscellaneous discretionary fund. All funds must be given to the school administrator and spent at the discretion of the school, with the approval of the school board.
- Coaches and directors of UIL academics, athletics and fine arts may not accept more than \$500 in money, product, or service from any source in recognition of or appreciation for coaching, directing or sponsoring UIL activities. The \$500 limit is cumulative for a calendar year and is not specific to any one particular gift. The district may pay a stipend (fixed at the beginning of the year) as part of the annual employment contract.
- Booster clubs cannot give anything to students, including awards. Check with school administrators before giving anything to a student, school sponsor or coach. Schools must give prior approval for any banquet or get-together given for students.

- Individuals should be informed of the seriousness of violating the athletic amateur rule. The penalty to a student athlete is forfeiture of varsity athletic eligibility in the sport in which the violation occurred for one calendar year from the date of the violation. Student athletes are prohibited from accepting valuable consideration for participation in school athletics (anything that is not given or offered to the entire student body on the same basis that it is given or offered to an athlete). Valuable consideration is defined as tangible or intangible property or service, including anything that is useable, wearable, salable or consumable. Saleable food items or trinkets given to athletes by students, cheerleaders, drill team members, little /big sisters, school boosters, parents of other students, teachers, or others violate this rule.
- Homemade "spirit signs" made from paper and normal supplies a student purchases for school use may be placed on students' lockers or in their yards. Trinkets and food items cannot be attached. Yard signs made of commercial quality wood, plastic, etc., must be purchased or made by the individual player's parents or returned after the season.
- For purposes of competing in an athletic contest the school may continue to provide meals in association with contests held away from the home school. If the school does not pay for meals, then individual parents need to purchase their own child's food. Parents may purchase anything they wish for their own child, but may not provide food or other items of valuable consideration for their child's teammates without school approval.
- Parties for athletes are governed by the following State Executive Committee interpretation of Section 441:

Interpretation of the UIL Athletic Amateur Rule, section 441 of the UIL Constitution and Contest Rules:

(a) **VALUABLE CONSIDERATION SCHOOL TEAMS AND ATHLETES MAY ACCEPT:**

1. Pre-Season. School athletic teams may be given pre-season meals, if approved by the school.
2. Post-Season. School athletic teams may be given post-season meals if approved by the school. Banquet favors or gifts are considered valuable consideration and are subject to the Awards and Amateur Rules if they are given to a student athlete at any time.
3. Other. If approved by the school, school athletic teams and athletes may be invited to and may attend functions where free admission is offered, or where refreshments and/or meals are served. Athletes or athletic teams may be recognized at these functions, but may not accept anything, other than food items, that is not given to all other students.

(b) **Additional VALUABLE CONSIDERATION THAT SCHOOL TEAMS AND ATHLETES MAY ACCEPT:**

Examples of additional items deemed allowable under this interpretation if approved by the school, include but are not limited to:

1. Meals, snacks or snack foods during or after practices;
2. Parties provided by parents or other students strictly for an athletic team

Local school district superintendents continue to have the discretion to allow student athletes to accept small "goodie bags" that contain candy, cookies or other items that have no intrinsic value and are not considered valuable consideration.

Fund Raising

- Funds are to be used to support school activities. To provide such funding for non-school activities would violate UIL rules and the public trust through which funds are earned.
- Fund raising projects are subject to state law. Non-profit status may be obtained from the IRS.
- Community-wide sales campaigns should be coordinated through the school administration to minimize simultaneous sales campaigns.
- Sales campaigns should be planned carefully to insure that the projects provide dollar value for items sold, and that most of the money raised stays at home; otherwise donations are often more rewarding than letting the major part of the money go to outside promoters.
- **The UIL reserves the right to sell game and tournament programs and merchandise at all UIL state championship events. Booster Clubs are not allowed to sell programs or merchandise at these events.**

Fund raising activities should support the educational goals of the school and should not exploit students. Activities and projects should be investigated carefully before committing the school's support.

Written Policies

Booster clubs should develop and annually review policies to cover the following areas:

- How to plan and publicize meetings.
- Methods of financing the club; compliance with tax laws; administering funds; method of bookkeeping.
- Election of officers.
- Taking, distributing and filing minutes.
- Effective communication — press releases, etc.
- Proper interaction with fine arts directors and academic and athletic coaches through the lines of authority as established by the school board.
- Sportsmanship code governing behavior of booster club members and fans at contests, treatment of officials, guests, judges, etc.
- Plans to support the school regardless of success in competition, keeping the educational goals of competition at the forefront of all policies.

What Parents and Fans Can Do

Help the school conduct fair and equitable competition: adhere to rules, uphold the law, and respect authority.

Remember that officials are human and make mistakes, and respect their decisions.

Delegate authority to the school, then back up the decisions made by the school.

Set standards by which you expect children to conduct themselves, and live by those standards yourself.

Be aware of capabilities and limitations of young people; don't have unrealistic expectations.

Let your children live their own lives — not relive your life.

Be involved in areas in which your own child is not involved, thus contributing to school unity and spirit.

Show respect to the opponents of your children.

Praise — don't criticize — all youngsters.

Be attentive to the needs of students.

Help your children and their friends develop integrity through the intensity of competitive activity.

Remember — The classroom comes first!

~ ALIGNMENTS, FORMS AND REPORTS ~

~ ALIGNMENTS ~

The swimming and diving alignments can be found on the UIL website at www.uiltexas.org/swimming-diving/alignments.

District Chair Lists. District chair lists can be found on the UIL website at www.uiltexas.org/athletics/district-chairs/swimming-diving.

~ FORMS AND REPORTS ~

Eligibility Form. Schools must submit a comprehensive eligibility form. One copy shall be sent to the district executive committee chair and one copy shall be filed in the school's office. ***The eligibility forms should not be sent to the UIL office.***

Miscellaneous Forms. The forms listed below can be downloaded on the UIL website at www.uiltexas.org/athletics/forms. If you have any problems, please call us at 512-471-5883.

Acknowledgment of Rules Form
 Concussion Acknowledgement Form
 District Meet Entry Forms (Cross Country, Golf, Team Tennis, Tennis, Track and Field, Wrestling)
 District Results Form (Cross Country, Golf, Tennis, Track and Field)
 Anabolic Steroid Use and Random Steroid Testing Parent and Student Notification / Agreement Form
 Individual Sport Regional Medal Order Form
 Individual Varsity Sport Eligibility Form
 National Federation Order Blank for Rule Books, etc.
 National Federation Record Application for All Sports
 Notice of School Host Form
 Overage Junior High Waiver Form
 Overage Varsity (High School) Waiver Form
 Parent or Guardian Permit
 Parent/Student Anabolic Steroid Use and Random Steroid Testing Form
 Pre-Participation Physical Evaluation - Medical History and Physical Examination Form
 Previous Athletic Participation Form
 Professional Acknowledgment Form
 Radio Broadcasting Agreement Form
 Sudden Cardiac Arrest Awareness Form
 Team Varsity Sport Eligibility Form
 Waiver of Athletic Eligibility Rules for Foreign Exchange Student Form
 Waiver of Athletic Eligibility Rules for Parent Resident Rule/Four Year Rule Form