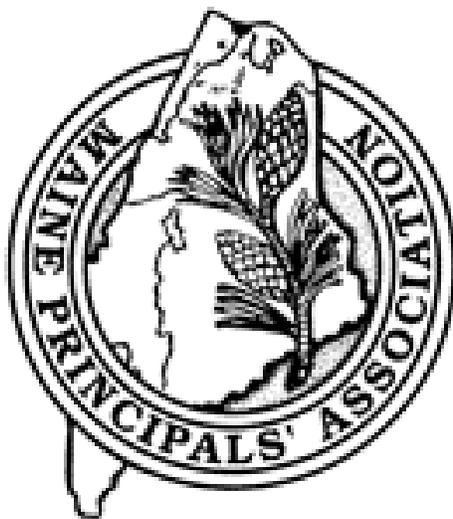


Maine Principals' Association

Coaches' Handbook



MAINE PRINCIPALS' ASSOCIATION



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MPA is an Equal
Opportunity Organization.

Who taught you to throw a ball? To shoot baskets? To swing a bat? To run correctly? Chances are good that you remember those first coaches by name, even if they were not parents or family members. If you were lucky, your early coaches were patient and encouraging. They didn't give up on you when the ball seemed too large or when you thought you had failed. They made sure you were safe, but they let you make the mistakes you needed to make and they applauded your successes.

We never outgrow the need for supportive coaches, but at no time is that need more intense than during the adolescent years. It is during those years that boys and girls become young men and women; it is during those years that they will decide the kind of people they will become. Too many students lack the family and community support they need to make good choices. For many young people, coaches are the most stable, positive, and significant role models in their lives. It is a position of great trust and responsibility, one not to be entered into lightly.

For this reason, the Maine Principals' Association administers a set of guidelines to ensure that coaches meet minimum standards, that they are prepared to ensure the safety of student athletes, and that the interscholastic program available to Maine students is of the highest quality. We believe that through these guidelines, we are putting into action our belief that coaches are teachers of students' first and coaches of a sport second.

These guidelines are contained in this *Coaches' Handbook*, along with other material helpful to coaches, athletic administrators, and principals. It is also important for you to review the *MPA Handbook* as stipulated in the coaches' eligibility policy. Please take some time to review the contents of both of these handbooks and reflect on the importance of your role. Yours is a high calling, and I hope that this *Coaches' Handbook* will be useful in helping you be the best coach you can be. **Your** student athletes deserve no less.

Sincerely,

Richard A. Durost
Executive Director

AFFILIATE: NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS AND THE NATIONAL ASSOCIATION OF
SECONDARY SCHOOL PRINCIPALS MEMBER: NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

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INTRODUCTION

This handbook serves two purposes. First, it addresses important sports medicine issues such as concussions, heat stress, and ways to avoid neck injuries in football. The sport season policy and eligibility rules are clarified through the frequently asked questions which illustrate the interpretation of these rules.

The handbook also contains information on important topics such as ethics, safety, and media relations that can make your coaching experience more satisfying and productive. It is not intended to be an exhaustive resource containing all the information that Maine coaches need; rather, it is a primer that can serve to remind coaches of their important responsibilities and advise them where to get further information as needed.

MISSION STATEMENT OF THE MAINE PRINCIPALS' ASSOCIATION

To assure a quality education for all students, the Maine Principals' Association will:

- (1) promote the principalship;
- (2) support principals as educational leaders; and
- (3) promote and administer interscholastic activities in grades 9-12.

MPA Staff



Richard Durost, Executive Director
Michael Burnham, Assistant Executive Director
Holly D. Couturier, Assistant Executive Director
Gerry Durgin, Assistant Executive Director
Diane Patnaude, Bookkeeper
Tammy McNear, Secretary
Patty Newman, Executive Assistant



What is the MPA?

The MPA is an association whose membership includes public school principals, assistant principals, private school headmasters, assistant headmasters, technical and career center directors. The MPA has, in part, grown out of a group formed in 1921 to eliminate some of the confusion surrounding high school athletic tournaments in Maine. Since that time, the MPA has joined with elementary and middle schools to develop two goals that shape its activities: (1) to encourage professional improvement and cooperation among principals, and (2) to promote and regulate all educationally sound student activities in Maine high schools.

How Does the MPA Work To Achieve These Goals?

The Professional Activities Division of the MPA is responsible for the first goal of encouraging professional improvement and cooperation among principals. This division has committees made up of Maine principals who are concerned with educational policies, curriculum, middle level education, supervision and evaluation of staff members and programs, and legislative activities. In addition, the MPA is a sponsor of the Maine Principals 'Academy and supports the Maine Education Leadership Consortium, an educational collaboration made up of major organizations and associations promoting K-12 public education. The MPA publishes two monthly newsletters for its members --**The Maine Apprise** and **School Law for Principals**. Several conferences and workshops are held each year, designed specifically to meet the professional needs of school building administrators.

The Interscholastic Activities Division is responsible for the promotion and regulation of interscholastic activities in Maine. The MPA sponsors nine regional and two statewide One Act Play Festivals, and the Maine State Debate Championship. The MPA also supports student councils and the National Honor Society by providing staff and funds to help organize these activities.

The MPA also sponsors invitational championships or tournaments in the whole range of high school sports— cross country, field hockey, football, golf, soccer, volleyball, basketball, cheerleading, ice hockey, skiing, swimming, indoor track, wrestling, baseball, lacrosse, softball, tennis, and outdoor track.

Thanks to the work of the MPA Interscholastic Division, each year 152 Maine high schools from Kittery to Madawaska enjoy the benefits of participation in fair, well-regulated, and educationally sound athletic competition. Plus, thousands of Maine parents, friends, relatives, and neighbors enjoy the special excitement of regular season and post-season play in each of the sports mentioned above.

How Does the MPA Pay For All of These Events?

The MPA receives money from tournament activities, institutional dues, and individual professional dues. The moneys received from tournament activities help defray the costs of activities that don't bring in enough revenue to offset their expenses. For example, the income from the state basketball tournament will be used to pay tournament-related expenses, but will also be used to fund non-income producing students' activities. Of the twenty-three activities sponsored by the MPA, a few show a profit, some have income but not enough to cover expenses, and others have no income at all.

Want More Information about the MPA?

We are happy to answer any questions you have about the MPA and its activities. Please write to us at 50 Industrial Drive, Augusta, ME 04330, call us at 622-0217, or email us at mpa@mpa.cc.

MAINE PRINCIPALS' ASSOCIATION

Committed to the Excellence of the *Mind* And Body of All School Students in the State.

50 Industrial Drive, Augusta, ME 04330

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More about the MPA!

SCOPE

We sometimes forget why high school sports exist. The mission of educational athletics is just that – to educate. To that end, MPA member schools develop and agree to enforce essential standards for student-athletes and other regulations. Local school districts are welcome to establish stricter guidelines.

Over 35 committees, made up of principals, assistant principals, athletic administrators, coaches and officials liaisons, impact the MPA's rules process. The association's 12-member Interscholastic Management Committee is its member school-elected legislative body.

The Management Committee, entirely independent of any governmental agency, meets four times annually to pass and modify regulations and to hear rule appeals from member schools.

Member schools, leagues, and allied organizations, such as associations of coaches, administrators, and officials, are welcome to submit proposals for new or modified regulations to be discussed by the membership.

The association's executive staff, part of the seven person team working for member schools at its headquarters office in Augusta, interpret rules daily. All rule appeals, however, are heard and granted by the Management Committee.

EDUCATION

Over 6,827 coaches are registered with the MPA. Within twelve (12) months of their hire or appointment, all coaches are required to successfully complete a Coaching Eligibility Course, a Sport First Aid Program, and a CPR/AED Certification Program, NFHS "Concussion In Sports" and NFHS "Heat Illness Prevention" videos.

Athletic administrators take part each year in an orientation program for new athletic administrators designed to better prepare them for the "best practices" in their profession.

In most sports, mandated rules clinics are conducted annually across the state for coaches.

The MPA's educational efforts serve to better everyone involved in interscholastic athletics.

SAFETY

An on-going concern of member schools is the wellbeing of their young athletes – on and off the playing field.

The MPA also provides schools with educational materials to better acquaint them about communicable diseases in athletics, and how to best deal with them.

A leadership role is also taken by the MPA nationally to help develop competition rules which help keep injuries at a minimum and the levels of competition high.

ACADEMIC

Athletic participation is a critical component in the education of the majority of students attending the 152 MPA member schools.

Research indicates:

- *95% of corporate officers recently surveyed had participated in high school athletics;*
- *Student athletes have better grades than non-athletes; and*
- *Student athletes have higher attendance rates and higher graduation rates than non-participants.*

SOCIAL

For many students, high school sport programs provide the most stable environment in their lives.

These programs often represent the best practices in:

- *Dropout prevention*
- *Crisis intervention*
- *Supervised activity*
- *Drug prevention programs*

That a community can provide. The cost is minimal (1%-3% of the local school budget) while the benefits are priceless.

CHARACTER

Within high school sport programs, young people learn the value of discipline, teamwork, sacrifice, respect, loyalty, time management, accountability, citizenship, and sportsmanship. They also learn the value of organizational skills, confidence, leadership, commitment, effort, and the importance of a good work ethic. They enjoy team activities which will benefit their future.

Ethics, integrity, playing within the spirit of the rules, and good sportsmanship are all important parts of the fabric of the high school interscholastic program.

LINES OF AUTHORITY

MPA Authority

The authority of the MPA to organize and regulate interscholastic activities is derived from the responsibility each school assumes when it applies for and receives membership status. At that time, the school agrees to abide by the Constitution, Bylaws, rules, regulations, and procedures of the MPA. The principal is ultimately held responsible for the athletic programs within his/her school.

Frequently Asked Questions

Q. How do I file a complaint against a school I think has violated the rules?

A. Any participant school by its representative, or MPA committee by majority vote of its members, or any game official or supervisor may, for good cause, file with the MPA executive director a complaint alleging violation of the association's Code of Ethics or Rules Relating to Interscholastic Activities. Complaints made on behalf of student participants shall be made by the representative school system. The complaint — made in writing and addressed to the MPA Interscholastic Management Committee — must set forth the names of the complainant and the party or parties complained against; a concise statement of the nature of the complaint or violation; the date and place of occurrence; and the code or rule provisions alleged to have been violated. The complaint may be mailed or delivered to the MPA headquarters in Augusta.

What happens next? Upon receiving a complaint, the MPA executive director will record the date and time of receipt and will proceed to investigate the facts. The director will present the complaint and his/her summary statement at the next Management meeting or any special meeting called for that purpose.

If the complaint is believed to be negotiable, the executive director or any designee appointed by the Management Committee will meet with the parties, arbitrate the claim, and report the outcome to the committee.

If the attempt at a negotiated settlement fails, the complaint will be set for an adversarial hearing. Note: The Recruitment Policy has an additional process for negotiating recruitment violations.

Q. What penalty may be imposed?

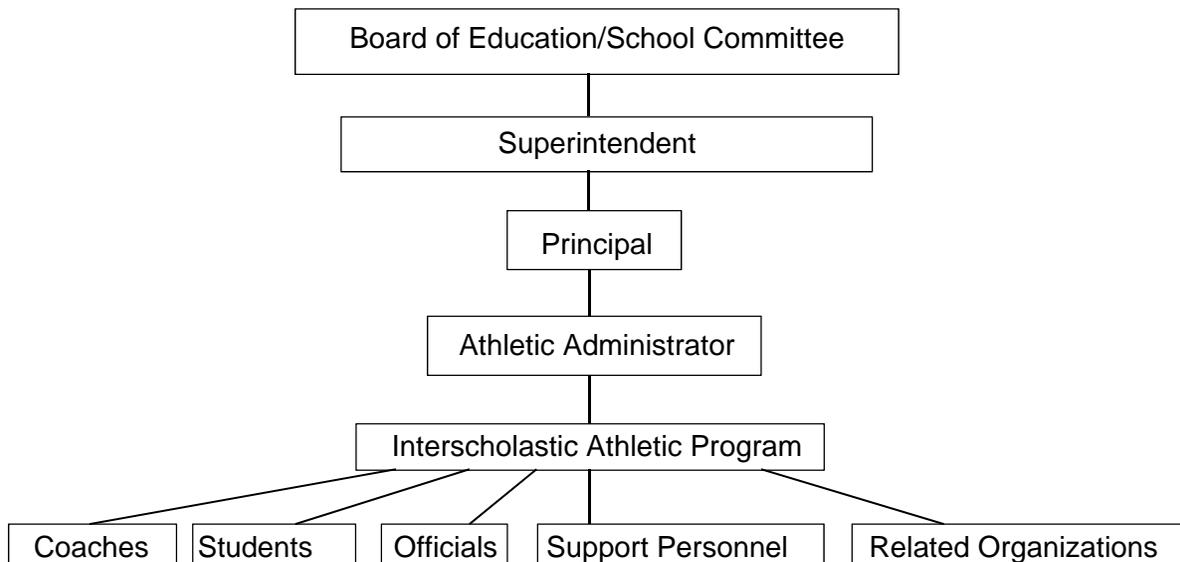
A. Whenever a determination is made that a violation of the Code of Ethics or Rules Relating to Interscholastic Activities has occurred, the Management Committee may penalize the offending parties, according to the gravity of the offense, in the following manner:

- Issuance of a letter of admonition or reprimand.
- Placement of the offender on probationary status for a period of up to one year.
- Loss or withdrawal of awards related to the area of the offense.
- Suspension from participation in MPA-sponsored interscholastic activities up to 365 calendar days.
- Any combination of the above.

Summaries of all actions wherein a violation of the Code of Ethics or Rules Relating to Interscholastic Activities has occurred shall be published in the MPA newsletter.

Local School District Authority

While the MPA has authority to organize and regulate interscholastic activities at the state level, local decision makers establish policies and regulations which apply to their student athletes. Local lines of authority in Maine districts generally follow this pattern:



PLAYING RULES AND RULES MEETING ATTENDANCE

- A. Schools shall adhere to the playing rules adopted by the MPA to govern games and meets in baseball, basketball, competitive cheer, cross country, field hockey, football, golf, ice hockey, lacrosse, soccer, softball, skiing, swimming and diving, tennis, track and field, volleyball, and wrestling.
- B. The National Federation of State High School Associations publishes playing rule books for baseball, basketball, competitive cheer, cross country, field hockey, football, ice hockey, boys' lacrosse, soccer, softball, swimming and diving, track and field, volleyball, and wrestling, and those codes shall be official. Unless modified in these regulations, the official rules for golf shall be those of the United States Golf Association; women's lacrosse, U.S. Lacrosse endorsed by the NFHS; skiing, MPA's Interscholastic Skiing Rules; and tennis, United States Tennis Association, supplemented by the MPA Tennis Rule Book.
- C. Coaches or representatives of the school, as indicated in each sport bulletin, in baseball, basketball, competitive cheer, field hockey, football, ice hockey, lacrosse, soccer, softball, swimming and diving, volleyball, and wrestling must attend a scheduled mandatory rules clinic. The penalty for non-attendance is explained in each sport bulletin and varies from a \$35 fine to non-participation in the tournament.
- D. Recommendation forms for tournament officials submitted by the coaches are extremely important. Whether or not a team is going to qualify for the tournament, a school should complete the form so that the very best officials may be selected.

MPA CODE OF ETHICS FOR SECONDARY SCHOOL ACTIVITIES

The Code of Ethics for Secondary School Activities has been developed for the purpose of stating the behavioral expectations of everyone involved with (secondary) school activities programs.

Adherence to the Code is expected at all MPA sponsored or sanctioned activities. Reported consistent and/or flagrant violations of the Code may result in punitive action by the MPA Interscholastic Management Committee if charges are substantiated at a hearing convened for that purpose.

In order to promote desirable behavior and enhance the overall quality of secondary school activities programs for which the MPA has assumed responsibility, the following Code of Ethics shall be in effect:

It is the duty of all concerned with secondary school activities programs to...

1. Cultivate awareness that participation in school activities is part of the total activity based experience. No one should either seek or expect academic privileges for the participants.
2. Emphasize sportsmanship, ethical conduct, and fair play as they relate to the lifetime impact on participants and spectators.
3. Develop an awareness and understanding of the rules and guidelines governing competition and comply with them in all activities.
4. Recognize the purpose of activities in school programs is to develop and promote physical, mental, moral, social, and emotional well-being of participants.
5. Avoid any practice or techniques which endanger the present or future welfare of a participant.
6. Avoid practices that encourage students to specialize or that restrict them from participation in a variety of activities.
7. Refrain from making disparaging remarks to opponents, officials, coaches, or spectators.
8. Encourage the development of proper health habits and discourage the use of chemicals.
9. Exemplify self-control and accept adverse decisions without public display of emotion.
10. Encourage everyone to judge the success of the activities programs on the basis of the attitudes of participants and spectators, rather than on the basis of a win or loss.

Adopted by the MPA Membership: April 29, 1988; Revised: April 29, 1999

The Successful Coach

Learning is more important than winning. But your attention to the information in this book and your cooperation with the administrators of your school will help your teams be successful in the upcoming season.

It is important that you see yourself as the teacher of students more than the coach. Your support of coaches of other sports and your encouragement that "your athletes" participate in other sports and school activities will help these students receive a complete educational experience that will serve them better than any one-dimensional experience.

The high school coaching profession is a unique calling to men and women who are interested in the total education of high school students. Boys and girls entering high school are placed in charge of their coaches, and soon graduate from high school as adults to be challenged by the adult world. Although the high school coach may occasionally contribute to the development of that rare athlete who will derive substantial future benefits from his or her skills, the overwhelming number of student athletes will leave organized sport upon graduation from high school. They will leave school armed with the "lessons of life" provided by their high school coaches.

Like any profession, coaching has its highs and lows, but if you are well prepared, they can be mostly highs. You can be a successful coach experiencing all of the highs without capturing a championship. Successful coaching is about much more than just winning games. Successful coaches help athletes master new skills, enjoy competing with others, and feel good about themselves. Successful coaches not only are well versed in the techniques and skills of their sport; they know how to teach those skills to young people. Successful coaches not only teach athletes sport skills, they also teach and model the skills needed for successful living in our society. Being a successful coach is an enormous challenge and places a heavy burden on the person serving as a coach. It demands a lot from each individual.

Your success as a coach will depend more on the beliefs and principles that guide the actions you take than on any factor. The decisions you make will determine how much success and enjoyment you and your athletes will have. The athletic environment and the coach's influence over his or her students will often exceed the intensity that exists within the classroom and in the traditional relationship between student and teacher. Coaches must be professional in the way that they teach and behave. They must recognize that they are always "on stage" and student-athletes look to them for examples of how to act.



COACHES CODE OF ETHICS
National Federation Coaches Association

The function of a coach is to educate students through participation in interscholastic competition. An interscholastic program should be designed to enhance academic achievement and should never interfere with opportunities for academic success. Each student-athlete should be treated as though he or she were the coaches' own, and his or her welfare should be uppermost at all times. Accordingly, the following guidelines for coaches have been adopted by the NFCA Board of Directors.

The coach shall be aware that he or she has a tremendous influence, for either good or ill, on the education of the student-athlete and, thus, shall never place the value of winning above the value of instilling the highest ideals of character.

The coach shall uphold integrity and respect of the profession. In all personal contact with student-athletes, officials, athletic directors, school administrators, the state high school athletic association, the media, and the public, the coach shall strive to set an example of the highest ethical and moral conduct.

The coach shall take an active role in the prevention of drug, alcohol, and tobacco abuse.

The coach shall avoid the use of alcohol and tobacco products when in contact with players.

The coach shall promote the entire interscholastic program of the school and direct his or her program in harmony with the total school program.

The coach shall master the contest rules and shall teach them to his or her team members. The coach shall not seek an advantage by circumvention of the spirit or letter of the rules.

The coach shall exert his or her influence to enhance sportsmanship by spectators, both directly and by working closely with cheerleaders, pep club sponsors, booster clubs, and administrators.

The coach shall respect and support contest officials. The coach shall not indulge in conduct which would incite players or spectators against the officials. Public criticism of officials or players is unethical.

Before and after contests, coaches for the competing teams should meet and exchange cordial greetings to set the correct tone for the event.

A coach shall not exert pressure on faculty members to give student athletes special consideration.

A coach shall not scout opponents by any means other than those adopted by the league and/or state high school athletic association.

SAFETY FIRST

The greatest responsibility of any coach is to ensure the safety of the student athletes under his/her care. The following articles have been included to provide coaches with some basic rules and guidelines to help protect their team. Many of these articles may be found in the National Federation of State High School Associations' Sports Medicine Handbook, Fourth Edition.

CONCUSSIONS

SIGNIFICANCE

The understanding of sports-related concussions has evolved dramatically in recent years. We have learned that young athletes are particularly vulnerable to the effects of concussion. Although once considered little more than a minor “ding” to the head, we now understand that a concussion has the potential to result in short- and long-term changes in brain function, or in some cases, even death.

A concussion is a type of traumatic brain injury that interferes with normal brain function. 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 symptoms of a concussion typically last for two to three weeks. However, in some cases, symptoms may last for many weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions (Table 24). The potential for serious short- and long-term consequences underscores the need for careful management of all suspected concussions.

Table 24. Common Signs and Symptoms of concussion.

Signs observed by parents, friends, or coaches:	Symptoms reported by athlete:
<ul style="list-style-type: none">• Appears dazed or stunned• Is confused about what to do• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily	<ul style="list-style-type: none">• 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

BACKGROUND

You've probably heard the terms "ding" and "bell-ringer." These used to be thought of as minor head injuries and even a normal part of sports. **There is no such thing as a minor brain injury.** Any suspected concussion must be taken seriously. A concussion is caused by a bump, blow, or jolt to the head or body. Any force that is transmitted to the head causes 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 five percent of players actually lose consciousness with a concussion.

Concussion Physiology

What exactly happens to the brain during a concussion is not entirely understood. In the past, medical professionals used the analogy that a concussion was a "bruise to the brain." It is actually a very complex physiologic event. The sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells, and creating chemical changes in the brain. Once the injury occurs, the brain is vulnerable to further injury and sensitive to any increased stress until it fully recovers. Studies suggest that it usually takes brain cells about two weeks to regain normal function, but it may take even longer.

Common sports injuries such as torn ligaments and broken bones are structural injuries that can be seen on MRIs and x-rays, or felt during an examination. 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.

Table 25. Concussion incidence in select sports.

Injury Rate per 100,000 Athlete Exposures	
• Football.....	77
• Boys Ice Hockey	63
• Boys Lacrosse	47
• Girls Soccer.....	33
• Girls Lacrosse	31
• Field Hockey.....	27
• Wrestling.....	24
• Boys Basketball	22
• Boys Soccer	21
• Girls Basketball.....	19
• Softball	16
• Cheerleading.....	14
High School RIO 09-10	

RECOGNITION

If a player exhibits any signs or symptoms of a concussion, the athlete must be removed from the activity, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for more serious injury, and even death. Non-medically trained individuals (coaches, parents, athletes, etc.) are not expected to be able to “diagnose” a concussion, as that is the job of a medical professional. However, they must be aware of the signs and symptoms of a concussion and if they are suspicious, then the athlete must be made to stop all activity. **When in doubt, sit them out!**

MANAGEMENT

If a player returns to activity before he or she has fully recovered from a concussion, there is a risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first concussion 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.

If you suspect that a participant 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 the athlete is symptom-free and gives the OK to return to activity.

Although rare, there are some situations in which you may 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 a 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 their attention, irregularity in breathing, severe or worsening headaches, persistent vomiting, or any seizures.

The signs, symptoms, and behaviors of 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. An athlete should be observed 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 symptoms and the risks of such behavior must be emphasized.

Cognitive Rest

A concussion can interfere with school, work, and social interactions. Many players with a concussion will have difficulty in school with short- and long-term memory, concentration, and organization. These problems typically last no longer than one to two weeks, but for some these difficulties may last for months. It is best to lessen the student’s class load early on after his or her injury. Most students with concussions recover fully within a few weeks; however, returning to sports and other regular activities too quickly can prolong the recovery time.

The best treatment for a concussion is rest. There are no medications that can speed the recovery. Exposure to loud noises, bright lights, computers, video games, television, and phones (including text-messaging) all may worsen the symptoms of a concussion. The injured athlete should be allowed to rest as much as possible in the days following a concussion. As the symptoms lessen, increased use of computers, phones, video games, etc. can be allowed, but the access must be lessened if symptoms worsen.

NFHS Sports Medicine Advisory Committee's 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.

Academic Accommodations

In many cases it is best to lessen the student's class load early on following injury. This may include staying home from school for a few days, followed by a lighter class schedule for a few days, or longer, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. Once symptoms resolve, the student should try reading for short periods of time. When 15 to 30 minutes of studying can be done without symptoms developing, the athlete may return to school for short periods, gradually increasing until a full day of school is tolerated without return of symptoms.

Return to Activity

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.

Once an athlete no longer has symptoms of a concussion (must be without any headache medications), is no longer in need of academic accommodations, and is cleared to return to activity by health-care professional knowledgeable in the care of sports concussions, he or she should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. On average, the athlete will complete a new step each day. The return to activity schedule should proceed as listed in Table 25 following medical clearance. The athlete must discontinue activity immediately if signs or symptoms of a concussion return at any time. He or she should then be re-evaluated by a health-care professional.

If symptoms occur at any time during the return to activity protocol, the athlete must discontinue activity and be re-evaluated by his or her health-care professional.

Table 26. Return to activity protocol.

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.

Balance Testing

Assessment of postural stability can be a very useful and objective tool to aid in concussion assessment and return-to-play decisions. This can be done on expensive and sophisticated systems or with a very simple tool such as the Balance Error Scoring System (BESS).

Computerized Neuropsychological Testing

Computerized tests that can evaluate brain function are now being used by many medical professionals at all levels of sports. These tests provide an additional tool to assist physicians and neuropsychologists in making the often difficult determination of when a concussed athlete is ready to return to school and begin the graduated Return to Activity protocol. While computerized neuropsychological testing can be helpful, it should never be used without the assistance of a physician or neuropsychologist experienced in both concussion management and the interpretation of such tests.

Prevention

While not all concussions can be prevented, there are interventions that will minimize risks of experiencing an injury. Proper coaching techniques, enforcement of existing rules of the sport, and the use of properly fitted helmets can minimize the risk of concussion. For example, football would likely see a significant reduction in concussions if all helmet-to-helmet contact was eliminated. Such contact was the mechanism of injury in nearly 65 percent of all reported concussions in the sport in 2009 (High School RIO). Significant reduction in helmet-to-helmet contact will only occur with coaches teaching proper and safe tackling and blocking techniques coupled with enforcement during games through officials consistently penalizing illegal helmet contact.

Although the NFHS advocates the use of mouth guards to protect against dental injury, there is no convincing scientific data that their use will prevent concussions. Additionally, there is little evidence available to support the use of special headgear in soccer to prevent concussion and no evidence supports that any specific brand or style of football helmet will prevent, or reduce, the risk of a concussion.

WHAT CAN SCHOOLS DO?

- Everyone involved with athletics must learn to recognize the “Signs and Symptoms” of concussion as listed above. Coaches and other school personnel should view *“Concussion in Sports—What You Need to Know”* available free of charge at www.nfhslearn.com.
- Instruct athletes to tell the coaching staff if they experience the symptoms of a concussion.
- Emphasize to administrators, coaches, teachers, and parents your concerns and expectations about concussions and safe play.

- Develop specific policies and procedures regarding suspected concussions, academic accommodations, and return to activity.
- Develop and regularly practice an Emergency Action Plan.
- Instruct athletes to tell their coaches if they suspect that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and proper maintenance.
- Ask teachers to monitor and decrease in grades or changes in behavior that could indicate a concussion.
- Report concussions that occur during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

There is no "magic number" of concussions that determine when an athlete should no longer participate in contact or collision sports. The circumstances surrounding each individual injury, such as how the injury happened and length of symptoms following the concussion, are very important and must be considered when assessing an athlete's risk for further and potentially more serious concussions. The decision to "retire" from sports is a decision best reached following a complete evaluation by the athlete's health-care provider and consultation with a physician or neuropsychologist who specializes in treating sports concussion.

The occurrence of Chronic Traumatic Encephalopathy (CTE) in several former NFL players has received a great deal of media attention likely. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate retired football players. At this time we have very little knowledge of the long-term effects of concussions that happen during high school athletics.

In the cases of retired NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for more than 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Obviously, the average high school athlete does not come close to suffering the total number of sheer force of head trauma seen by professional football players. However, the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each and every suspected concussion.

REFERENCES

- Guskiewicz KM, et al. National Athletic Trainers' Association Position Statement: Management of sport-related concussion. *Journal of Athletic Training*. 2004; 39:280-297.
- McCrory P, et al. Consensus statement on concussion in sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Journal of Athletic Training* 2009; 44:434-48.
- McGrath N. Supporting the student-athlete's return to the classroom after a sport-related concussion. *Journal of Athletic Training* 2010; 45:492-8

RESOURCES

Heads Up: Concussion in High School Sports. www.cdc.gov/concussion/headsup/high_school.html
 NFHS. Concussion in Sports-What You Need to Know.
www.nfhslearn.com/electiveDetail.aspx?courseID=15000

-----*National Federation of State High School Associations and
 the NFHS Sports Medicine Handbook, Fourth Edition.*

PRE-HOSPITAL CARE OF SPINAL INJURIES

The Sports Medicine Committee of the Maine Principals' Association (MPA) feels there needs to be standardized guidelines to be used by all providers in the pre-hospital care of spine-injured athletes. The MPA has reviewed and is in complete agreement with the guidelines and recommendations published by the National Athletic Trainer's Association (NATA) in 2001, and updated in 2007*, concerning the pre-hospital care of the spine-injured athlete.

Controversy exists regarding helmet removal in spine-injured football players. In part, this controversy stems from the accepted practice of helmet removal from motorcycle riders who suffer injuries to the spine. Generally, these helmets are removed by medical personnel after an accident to ensure control of the airway. Motorcycle helmets usually do not have a removable facemask, are not worn with shoulder pads, and do not snugly fit the head. Therefore, they are removed prior to transportation to achieve neutral spine alignment and insure adequate stabilization of the injured motorcyclist on a spine board with obstructed access to the airway. In contrast, a properly fitted football helmet will hold the head in a position of neutral spine alignment, provided the athlete is wearing shoulder pads. Access to the airway is easily obtained by removing the facemask. Therefore, the MPA and Intra-Association Task Force of the NATA recommend that neither the football helmet nor shoulder pads be removed prior to transportation of a spine-injured athlete, unless the airway cannot be controlled and/or spine immobilized with the helmet and shoulder pads in place. This recommendation is in agreement with the Maine EMS Prehospital Treatment Protocols**.

* Kleiner DM, Almquist JL, Bailes J, Burruss P, Feuer H, Griffin LY, Herring, S, McAdam C, Miller D, Thorson D, Watkins RG, Weinstein S. *Prehospital Care of the Spine-Injured Athlete: A Document from the Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete*. Dallas, Texas, National Athletic Trainers' Association, March 2001. www.NATA.org.

** Protective Headgear removal; Section Gray, Article 27; *Maine EMS Prehospital Treatment Protocols*. Maine Emergency Medical Services, 152 State House Station, Augusta, ME 04333. Effective July 1, 2005.

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## **COLD-RELATED ILLNESS**

- 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**

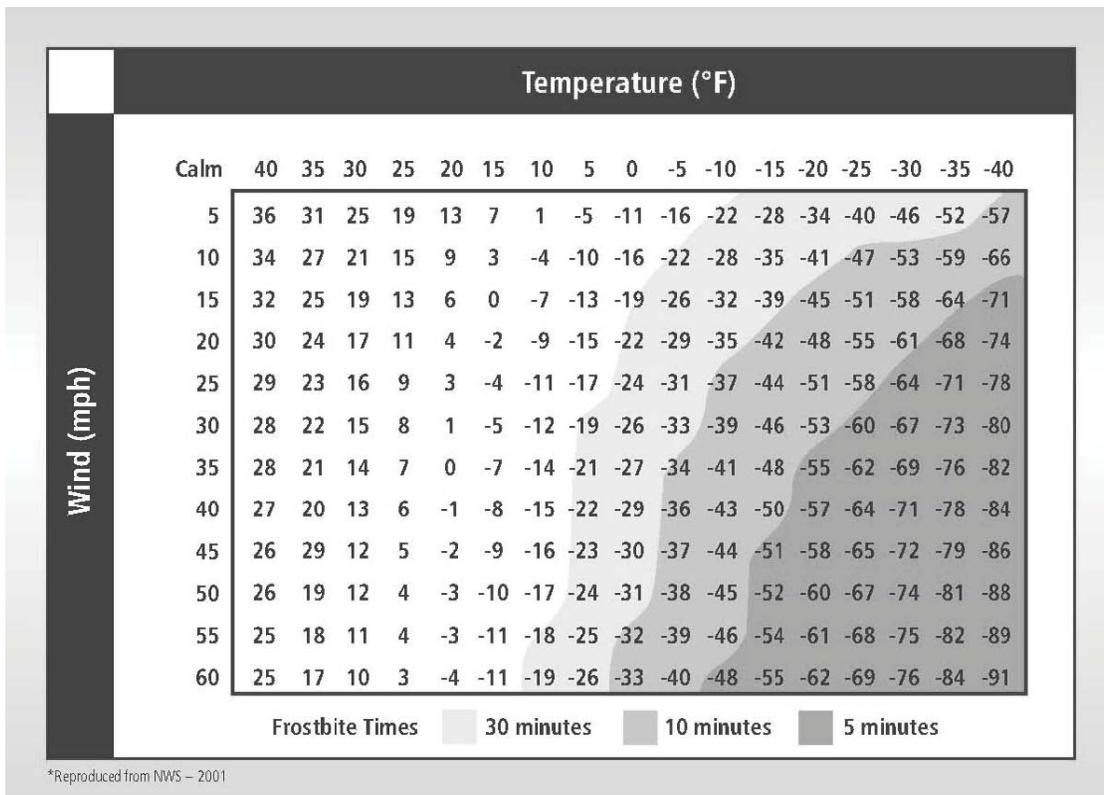
**Frostbite**, the most common cold injury, occurs when tissue freezes. Frostbite can occur in exposed skin (nose, ears, cheeks), but also can affect the hands and feet, as peripheral vasoconstriction lowers peripheral tissue temperature significantly. Numbness or a "wooden" feeling is usually the first 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).
- 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.

- 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.
- 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.
- 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 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 muscle 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. 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.

## **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. 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 (21<sup>st</sup> 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*, 2<sup>nd</sup> 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: 519-38.

-----National Federation of State High School Associations and the NFHS Sports Medicine Handbook, Fourth Edition.

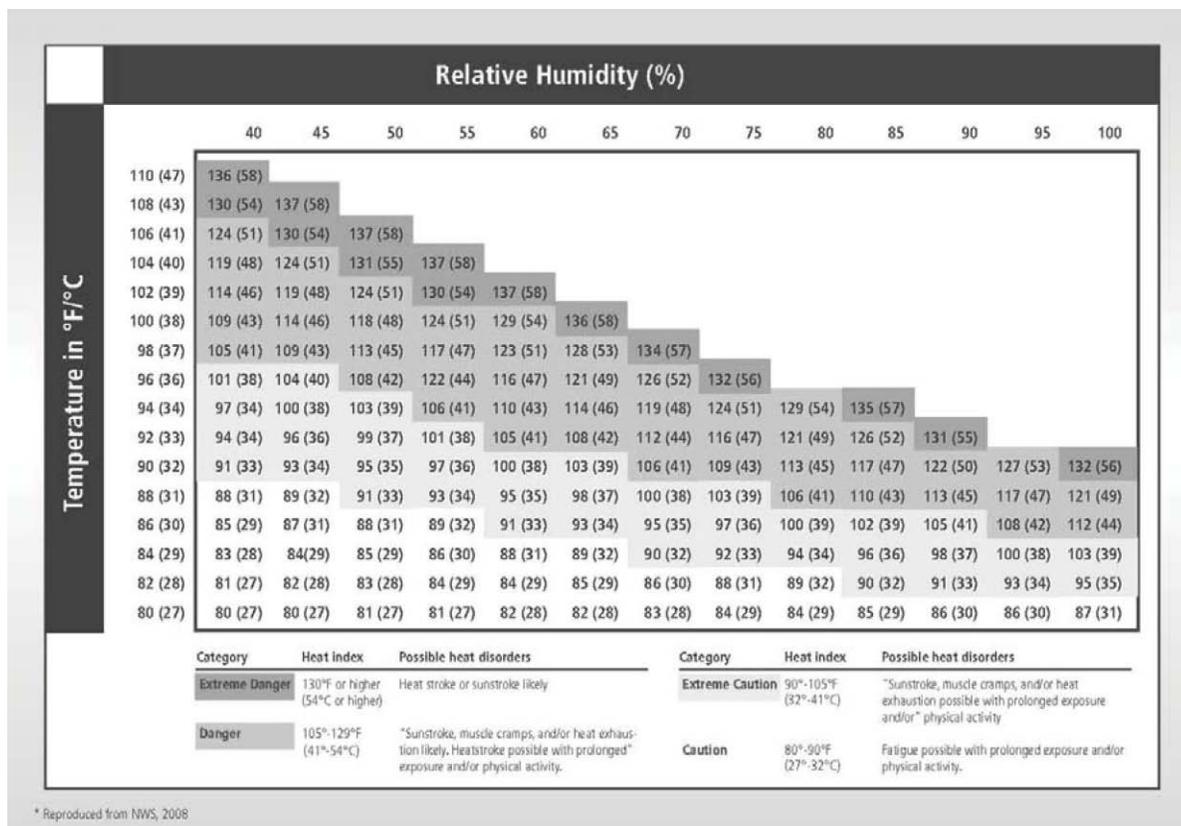
**HEAT-RELATED ILLNESS**

- 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 increase 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 website: <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 (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.

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 11:00 a.m. to 6:00 p.m.).
2. Minimize clothing and equipment (football or lacrosse practice without shoulder pads and helmets).
3. Provide unlimited opportunities for hydration. 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 or 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 to 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.

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 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 great 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 provide 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. **Sickle 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.
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 condition, 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.

3. **Exertional Heat Stroke (EHS)** is defined by the presence of a rectal temperature greater than 104 degrees Fahrenheit (40C) combined with altered mental status. As heat production continues to exceed the body's capacity to dissipate the heat, then core temperature rises to a level that disrupts organ function.

*Recognition:* There is usually sweat-soaked, pale skin. Hyperventilation, tachycardia, vomiting, diarrhea, and shock frequently progress to arrhythmia, acute renal failure, rhabdomyolysis (the release of muscle potassium, acid, and enzymes into the blood as muscle cells break open and die), pulmonary edema, disseminated intravascular coagulopathy (coagulation of blood throughout the vessels) and cardiac arrest. Often, central nervous system signs are the first to appear: altered mental status, confusion, seizures, and coma.

*Management:* EHS is a medical emergency and EMS must be activated. Successful treatment requires early recognition. Rapid reduction in core temperature is the key to prevention of organ failure. This is best accomplished by immersion in ice water. Less effective substitutes include ice packs to the groin and armpits, cool mist fans and alcohol rubs. If optimal cooling can be provided in the field, if there are no other life-threatening complications and if there is the ability to monitor the athlete during cooling, then cooling may be completed prior to transport. Otherwise, while efforts at cooling may be initiated in the field, they should not delay "load and go" EMS transport to a facility capable of comprehensive care.

## **REFERENCES**

Almquist J. Duties of administrators regarding heat illness. *High School Today*. May 2009, 26-28.  
American Academy of Pediatrics. Climactic heat stress and the exercising child and adolescent. *Pediatrics* 2000; 106: 158-59.

Armstrong LE, et al. Exertional heat illness during training and competition. *American College of Sports Medicine position stand. Medicine and Science in Sports and Exercise* 2007; 39:556-572.

Armstrong LE, et al. Time course of recovery and heat acclimation ability of prior exertional heatstroke patients. *Medicine and Science in Sports and Exercise* 1990; 22:36-48.

Bergeron MF. Heat cramps: Fluid and electrolyte challenges during tennis in the heat. *Journal of Science and Medicine in Sport* 2003; 6:19-27.

Casa DJ, et al. Preseason heat-acclimatization guidelines for secondary school athletics. The inter-association task force for preseason secondary school athletics consensus statement. *Journal of Athletic Training* 2009; 44:332-333.

Casa DJ, et al. National Athletic Trainers' Association Position Statement: Fluid replacement for athletes, *Journal of Athletic Training* 2000; 35:212-224.

National Collegiate Athletic Association. Guideline 2c: Prevention of heat illness. 2010-11 Sports Medicine Handbook (21<sup>st</sup> edition).

—*National Federation of State High School Associations and the NFHS Sports Medicine Handbook, Fourth Edition*

## **Heat Acclimatization and Heat Illness Prevention Position Statement**

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

**Exertional Heatstroke (EHS) is the leading cause of preventable death in high school athletics.** Students participating in high-intensity, long-duration or repeated same-day sports practices and training activities during the summer months or other hot-weather days are at greatest risk. Football has received the most attention because of the number and severity of exertional heat illnesses. Notably, the National Center for Catastrophic Sports Injury Research reports that **35 high school football players died of EHS between 1995 and 2010.** EHS also results in thousands of emergency room visits and hospitalizations throughout the nation each year.

This NFHS Sports Medicine Advisory Committee (SMAC) position statement is the companion piece to the NFHS's online course "A Guide to Heat Acclimatization and Heat Illness Prevention." **This position statement provides an outline of "Fundamentals" and should be used as a guiding document by member state associations.** Further and more detailed information can be found within the NFHS online course, the 4th Edition of the NFHS Sports Medicine Handbook, the NFHS SMAC "Position Statement and Recommendations for Hydration to Minimize the Risk for Dehydration and Heat Illness" and the resources listed below.

**Following the recommended guidelines in this position statement and "A Guide to Heat Acclimatization and Heat Illness Prevention" can reduce the risk and incidence of EHS and the resulting deaths and injuries in high school athletics.** The NFHS recognizes that various states and regions of the country have unique climates and variable resources, and that there is no "one-size-fits-all" optimal acclimatization plan. However, the NFHS and the NFHS SMAC strongly encourage member state associations to incorporate all of the "Fundamentals" into any heat acclimatization plan to improve athlete safety. In addition, **"A Guide to Heat Acclimatization and Heat Illness Prevention" should be required viewing for all coaches.**

#### **Heat Acclimatization and Safety Priorities:**

- Recognize that EHS is the leading preventable cause of death among high school athletes. Know the importance of a formal pre-season heat acclimatization plan.
- Know the importance of having and implementing a specific hydration plan, keeping your athletes well-hydrated, and encouraging and providing ample opportunities for regular fluid replacement. Know the importance of appropriately modifying activities in relation to the environmental heat stress and contributing individual risk factors (e.g., illness, obesity) to keep your athletes safe and performing well.
- Know the importance for all members of the coaching staff to closely monitor all athletes during practice and training in the heat, and recognize the signs and symptoms of developing heat illnesses. Know the importance of appropriately modifying activities in relation to the environmental heat stress and contributing individual risk factors (e.g., illness, obesity) to keep your athletes safe and performing well.
- Know the importance for all members of the coaching staff to closely monitor all athletes during practice and training in the heat, and recognize the signs and symptoms of developing heat illnesses.
- Know the importance of, and resources for, establishing an emergency action plan and promptly implementing it in case of suspected EHS or other medical emergency.

## Fundamentals of a Heat Acclimatization Program

1. *Physical exertion and training activities should begin slowly and continue progressively. An athlete cannot be “conditioned” in a period of only two to three weeks.*
  - A. Begin with shorter, less intense practices and training activities, with longer recovery intervals between bouts of activity.
  - B. Minimize protective gear (helmets only, no shoulder pads) during first several practices, and introduce additional uniform and protective gear progressively over successive days.
  - C. Emphasize instruction over conditioning during the first several practices.

**Rationale:** The majority of heat-related deaths happen during the first few days of practice, usually prompted by doing too much, too soon, and in some cases with too much protective gear on too early in the season (wearing helmet, shoulder pads, pants and other protective gear). Players must be allowed the time to adapt safely to the environment, intensity, duration, and uniform/equipment.

2. *Keep each athlete’s individual level of conditioning and medical status in mind and adjust activity accordingly. These factors directly affect exertional heat illness risk.*

**Rationale:** Athletes begin each season’s practices and training activities at varying levels of physical fitness and varying levels of risk for exertional heat illness. For example, there is an increased risk if the athlete is obese, unfit, has been recently ill, has a previous history of exertional heat illness, or has Sick Cell Trait.

3. *Adjust intensity (lower) and rest breaks (increase frequency/duration), and consider reducing uniform and protective equipment, while being sure to monitor all players more closely as conditions are increasingly warm/humid, especially if there is a change in weather from the previous few days.*

**Rationale:** Coaches must be prepared to immediately adjust for changing weather conditions, while recognizing that tolerance to physical activity decreases and exertional heat illness risk increases, as the heat and/or humidity rise. Accordingly, it is imperative to adjust practices to maintain safety and performance.

4. *Athletes must begin practices and training activities adequately hydrated.*

**Rationale:** While proper hydration alone will not necessarily prevent exertional heat illness, it will decrease risk.

5. *Recognize early signs of distress and developing exertional heat illness, and promptly adjust activity and treat appropriately. First aid should not be delayed!*

**Rationale:** An athlete will often show early signs and/or symptoms of developing exertional heat illness. If these signs and symptoms are promptly recognized and the athlete is appropriately treated, serious injury can be averted and the athlete can often be treated, rested and returned to activity when the signs and symptoms have resolved.

6. *Recognize more serious signs of exertional heat illness (clumsiness, stumbling, collapse, obvious behavioral changes and/or other central nervous system problems), immediately stop activity and promptly seek medical attention by activating the Emergency Medical System. On-site rapid cooling should begin immediately.*

**Rationale:** Immediate medical treatment and prompt rapid cooling can prevent death or minimize further injury in the athlete with EHS. Ideally, pools or tubs of ice water to be used for rapid cooling of athletes should be available on-site and personnel should be trained and practiced in using these facilities for rapid cooling. Ice water baths are the preferred method for rapid cooling, however, if ice water pools or tubs are not available, then applying ice packs to the neck, axillae, and groin and rotating ice water-soaked towels to all other areas of the body can be effective in cooling an affected athlete.

7. *An Emergency Action Plan with clearly defined written and practiced protocols should be developed and in place ahead of time.*

**Rationale:** An effective emergency action plan (EAP) should be in place in case of any emergency, as a prompt and appropriate response in any emergency situation can save a life. The EAP should be designed and practiced to address all teams (freshman, junior varsity, and varsity) and all practice and game sites.

**References:**

American Academy of Pediatrics. Policy Statement—Climatic Heat Stress and Exercising Children and Adolescents. *Pediatrics*. 2011;128(3):e741-7.

Andersen JC, Courson RW, Kleiner DM, McLoda TA. National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. *Journal of Athletic Training*. 2002;37:99-104.

Casa DJ, et al. National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports. *Journal of Athletic Training* 2012;47(1):96-118.

Casa DJ, Csillan D. Inter-Association Task Force for Preseason Secondary School Athletics. Preseason Heat-acclimatization Guidelines for Secondary School Athletics. *Journal of Athletic Training*. 2009;44:332-3.

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**Position Statement and Recommendations for Hydration to Minimize
The Risk for Dehydration and Heat Illness**
National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

DEHYDRATION, ITS EFFECTS ON PERFORMANCE, AND ITS RELATIONSHIP TO HEAT ILLNESS:

- Appropriate hydration before, during, and after physical activity is an important ingredient to healthy 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 can 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 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.
- Athletes have different sweating rates and some lose much more salt through their sweat than others. “Salty sweaters” will often have noticeable salt stains on clothing after workouts, and 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 heat illness risk.
- Certain medications, or fever, can negatively affect an athlete’s hydration status and temperature regulation, increasing the risk for heat illness.
- Environmental temperature and humidity each independently contribute to dehydration and 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 heat illness risk.
- Even naturally dry climates can have high humidity on the field if irrigation systems are scheduled to 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/>

Example of the effects of relative humidity on the risk for dehydration and heat illness:

- A relative humidity of 40 percent and a temperature of 95 degrees Fahrenheit are associated with a *likely risk* of incurring heat illness if strenuous physical activity is conducted. However, even with a *lower air temperature* of only 85 degrees Fahrenheit, the risk for exertional heat illness could be the *same or greater with a higher relative humidity* of 70 percent.

WHAT TO DRINK DURING EXERCISE AND OTHER PHYSICAL ACTIVITY:

- For most exercising athletes, 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 45 minutes
 - 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 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:

- 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 TIPS AND FLUID 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 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.
- The volume and color of your urine is an excellent way of determining if you're well hydrated. Small amounts of dark urine means 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. It is most commonly seen during endurance events, such as marathons, when participants consume large amounts of water over several hours, far exceeding fluid lost through sweating. The opposite of dehydration, hyponatremia is a condition where the sodium content of the blood is diluted to dangerous levels. Affected individuals may exhibit disorientation, altered mental status, headache, lethargy, and seizures. The 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. 2010-11 *Sports Medicine Handbook* (21st 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.

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

The NFHS Sports Medicine Advisory Committee (SMAC) strongly opposes the use of dietary supplements for the purpose of obtaining a competitive advantage. Research shows that there continues to be widespread use of dietary supplements by adolescent and high school athletes, despite considerable safety concerns. Dietary supplements are marketed as an easy way to enhance athletic performance, increase energy levels, lose weight, and feel better. Adolescents are more susceptible to peer pressure and these advertising messages, which may increase the incidence of dietary supplement usage and reinforce a culture more concerned about short-term performance rather than overall long-term athletic development and good health.

The Dietary Supplement Health and Education Act (DSHEA) of 1994 removes dietary supplements from pre-market regulation by the Food and Drug Administration (FDA). Under DSHEA, a manufacturing firm is responsible for determining that the dietary supplements it manufactures or distributes are safe and that any representations or claims made about them are substantiated by adequate evidence to show that they are not false or misleading. This essentially classifies dietary supplements as a food and not a drug, and as such, they are not subject to the same strict tests and regulations as prescription and “over-the-counter” medications by the FDA. Only the companies that produce dietary supplements are responsible for ensuring that their products are pure, safe and effective for their intended use. As the FDA has limited resources to analyze the composition of dietary supplements, there is often no guarantee concerning the true amount, concentration or purity of the ingredients as listed on the label. In fact, the FDA cannot remove a dietary supplement from the marketplace unless the supplement has been shown to be “unsafe.”

The NFHS SMAC strongly opposes the use of supplements by high school athletes for performance enhancement, due to the lack of published, reproducible scientific research documenting the benefits of their use and confirming no potential long-term adverse health effects with their use, particularly in the adolescent age group. Dietary supplements should be used only upon the advice of one’s health care provider for health-related reasons – not for the purpose of gaining a possible competitive advantage. School personnel and coaches should never recommend, endorse or encourage the use of any dietary supplement, drug, or medication for performance enhancement.

We recommend that coaches, athletic administrators, and other school personnel develop strategies that address the prevalence and growing concerns of using dietary supplements. Such strategies may include conversations with athletes and their parents about the potential dangers of dietary supplement use. Athletes should be encouraged to pursue their athletic goals through hard work, appropriate rest and good nutrition, not unsubstantiated dietary shortcuts.

In order to discourage dietary supplement use for athletic performance:

- School personnel, coaches, and parents should allow for open discussion about dietary supplement use, and strongly encourage obtaining optimal nutrition through a well-balanced diet.
- Remind athletes that no supplement is harmless or free from consequences and that there are no short cuts to improve athletic performance.
- Because they are not strictly regulated, dietary supplements may contain impurities and banned substances not listed on the label.

References/Resources:

- American College of Sports Medicine (ACSM). Nutrition and Athletic Performance Position Statement. March 2009.
- Dietary Supplement Health and Education Act of 1994 (DSHEA). <http://www.fda.gov/opacom/laws/DSHEA.html>
- Dodge TL, Jacard JJ. The effect of high school sports participation on the use of performance-enhancing substances in young adulthood. *Journal of Adolescent Health* 39: 367-373, 2006.
- Koch JJ. Performance-enhancing substances and their use among adolescent athletes. *Pediatrics in Review* 23: 310-317, 2002.
- Mellion MB, Walsh, WM, et al. *The Team Physician’s Handbook*. 3rd ed. Philadelphia: Hanley & Belfus, 2001.
- McKeag DB, Moeller JL. *ACSM’s Primary Care Sports Medicine*. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2007.
- National Federation of State High School Associations. <http://www.nfhs.org>.
- Overview of Dietary Supplements.
- <http://www.fda.gov/Food/DietarySupplements/ConsumerInformation/ucm110417.htm>
- The National Center for Drug Free Sport, Inc. <http://www.drugfreesport.com>.
- United States Anti-Doping Agency. <http://www.usantidoping.org/>.

Position Statement on Anabolic, Androgenic Steroids
National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

EXISTING POLICIES/STANDS

The NFHS strongly opposes the use of anabolic, androgenic steroids (AAS) and other performance-enhancing substances by high school athletes. Such use violates legal, ethical and competitive equity standards, and imposes unacceptable long-term health risks. The NFHS supports prohibitions by educational institutions, amateur and professional organizations and governmental regulators on the use of anabolic steroids and other controlled substances, except as specifically prescribed by physicians for therapeutic purposes. Anabolic, androgenic steroids are prohibited by all sports governing organizations.

BACKGROUND

Anabolic, androgenic steroids are synthetic derivatives of the male hormone testosterone. Natural testosterone regulates, promotes and maintains physical and sexual development, primarily in boys and men, but with effects in girls and women as well. Like testosterone, AAS have both an anabolic effect (increase in muscle tissue) and an androgenic effect (masculinizing effects that boys experience during puberty). No AAS is purely anabolic. As a result, the use of AAS won't lead to muscle growth without also leading to other unintended, undesirable side effects.

Androstenedione, norandrostenedione and other similar prohormones were available over the counter as dietary supplements just a few years ago. The regulation of these prohormones has changed and they are now defined as controlled anabolic steroids.

According to national surveys, the use of AAS among high school students has been decreasing since about 2001. There are no national studies that measure the extent of AAS use by high school students, although some states publish statewide prevalence data.

Nearly one-third of high-school age AAS users do not participate in organized athletics and are taking AAS primarily to modify their physical appearance. Athletes who use AAS do so for two main reasons: 1) to gain strength and 2) to recover more quickly from injury. AAS are controlled substances and are illegal to use or possess without a prescription from a physician to address a legitimate medical diagnosis. Medical uses of AAS include assisting weight gain in diseases such as HIV-infection and muscular dystrophy, absent gonadal function in men, and metastatic breast cancer in women. AAS should not be confused with corticosteroids which doctors prescribe for medical conditions such as asthma and inflammation.

Potential Negative Side Effects from the Use of Anabolic, Androgenic Steroids

- Decreased potential height, if used before growth plates have fused in pre-pubertal youngsters
- Secondary sex characteristic changes
- Increased acne
- Growth of body/facial hair in girls
- Loss of hair in boys
- Permanent voice-lowering in girls
- Violent, combative behavior
- Sexual dysfunction and impotence
- Mood swings, loss of sleep, paranoia
- Depression upon stopping use
- Organ damage and death from heavy use

Preventing Young Athletes from Taking Anabolic, Androgenic Steroids

- School personnel, coaches and parents can reduce AAS abuse by speaking out against such use.
- Talk with your athletes about their concerns and frustrations related to how they look or how they are performing in their sport. Help your athletes establish and reinforce healthy and realistic expectations of their bodies and athletic performance.
- Have your athletes focus on proper nutrition and hydration. If possible, have your athletes work with a registered dietician to develop a plan for appropriate weight gain and/or weight loss.
- Emphasize to your athletes that they should not trust Internet marketing messages about quick fixes and enticing gains in athletic appearance or performance.
- Discourage your athletes' access to environments where AAS use might occur and to people who are involved with AAS.
- Discourage your athletes from subscribing to or reading publications such as muscle magazines that depict unrealistic pictures of men and women.
- Help your athletes understand that using AAS not only is illegal but also is cheating.
- Consider initiating a formal performance-enhancing, drug-education program to educate your athletes and deter AAS use.

References/Resources:

- American Academy of Pediatrics. Policy Statement on Use of Performance-Enhancing Substances. 115; 1103-1106 (2005).
- American College of Sports Medicine. ACSM's Position Stand, "The Use of Anabolic-Androgenic Steroids in Sports." 1987. <http://www.acsm-msse.org>.
- Anabolic Steroid Control Act of 2004. 2004 Amendment to Sec. 102 of 21 U.S.C. 802.
- Green, Gary, M.D., The Prevalence of Anabolic Steroid Use by Southern California High School Athletes. Final Report Submitted to the LA84 Foundation, November 2007.
- Monitoring the Future: A Continuing Study of American Youth. <http://www.monitoringthefuture.org>.
- National Federation of State High School Associations. <http://www.nfhs.org>.
- Professionals Against Doping in Sports. <http://pads.usada.org/>.
- Taylor Hooton Foundation, <http://www.taylorhooton.org>.
- The National Center for Drug Free Sport, Inc. <http://www.drugfreesport.com>.
- U.S. Anti-Doping Agency, Guide to Prohibited Substances and Prohibited Methods of Doping. 2008, <http://www.usantidoping.org>.

Position Statement and Recommendations for the Use of Energy Drinks by Young Athletes

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

Background: Energy drinks have become increasingly popular among adolescents and young adults in recent years. In 2006, nearly 500 new brands were introduced to the market place, and over 7 million adolescents reported that they had consumed an energy drink. Estimated sales of energy drinks for 2011 are expected to exceed \$9 billion. These beverages are particularly popular among young athletes who see the consumption of energy drinks as a quick and easy way to maximize athletic and academic performance.

The NFHS SMAC strongly recommends that:

1. Water and appropriate sports drinks should be used for rehydration as outlined in “**NFHS Position Statement and Recommendations for Hydration to Minimize the Risk for Dehydration and Heat Illness.**”
2. Energy drinks should not be used for hydration prior to, during, or after physical activity.
3. Information about the absence of benefit and the presence of potential risk associated with energy drinks should be widely shared among all individuals who interact with young athletes.
4. Athletes taking over the counter or prescription medications should not consume energy drinks without the approval of their primary care provider.

WARNING: The exact content and purity of energy drinks cannot be insured, as there are no regulatory controls over these products. Thus, there is the risk for adverse side-effects, potentially harmful interactions with prescription medications (particularly stimulant medications used to treat ADHD), or positive drug tests.

Frequently Asked Questions

What is an energy drink?

- An energy drink is a beverage marketed to both athletes and the general public as a quick and easy means of relieving fatigue and improving performance. In addition to water, nearly all energy drinks contain carbohydrates and caffeine as their main ingredients. The carbohydrates provide nutrient energy while the caffeine acts as a stimulant to the central nervous system.

What are the differences between an energy drink and a sports drink?

- Sports drinks are designed to provide re-hydration during or after athletic activity. While contents vary, most sports drinks contain a 6 to 8% carbohydrate solution and a mixture of electrolytes. The carbohydrate and electrolyte concentrations are formulated to allow maximal absorption of the fluid by the gastrointestinal tract.
- Energy drinks often contain a higher concentration of carbohydrate (usually 8 to 11%), and thus a larger number of calories than sports drinks. They also contain high amounts of caffeine and, in some cases, other nutritional supplements. **Energy drinks are not appropriate for re-hydrating athletes during physical activity and should not be used in such circumstances.**

What ingredients are found in energy drinks?

- *Carbohydrates*- Most energy drinks have from 18g to 25g of carbohydrate per 8 ounces. The high carbohydrate concentration can delay gastric emptying and impede absorption of fluid in the gastrointestinal tract.
- *Caffeine*- Nearly all energy drinks contain some quantity of “natural” or synthetic caffeine. The caffeine concentration may range from the equivalent to an 8 ounce cup of coffee (85mg) to more than three times that amount.
- *Herbs*- Many energy drinks include herbal forms of caffeine such as guarana seeds, kola nuts, and Yerba mate leaves, in addition to synthetic caffeine. The “performance enhancing” effects, safety, and health benefits of other herbs like Astragalus, Echinacea, Ginko biloba, ginseng, and countless others have not been well established by scientific studies.
- *Vitamins*- Athletes with even reasonably good diets should be assured that they are at low risk for vitamin deficiency and typically do not need supplementation. There is no evidence to suggest that vitamin supplementation improves athletic performance. Female athletes may benefit from iron and calcium supplements; but, those are more easily and inexpensively obtained in pill form rather than from energy drinks.

- *Proteins and amino acids*- Only a small amount of protein is used as fuel for exercise. Carbohydrates are utilized as the primary fuel source. To date, there is no definitive evidence that amino acid supplementation enhances athletic performance.
- *Other ingredients*- With the hundreds of energy drink brands that are available, the potential ingredients which they may contain are virtually unlimited. Possible additions include pyruvate, creatine, carnitine, medium-chain triglycerides, taurine and even oxygen.

What are the possible negative effects of using energy drinks?

- *Central nervous system*- Caffeine often has the effect of making a person feel “energized.” Studies have shown some performance-enhancing benefits from caffeine at doses of 6mg/kg of body weight. However, these and higher doses of caffeine may produce light headedness, tremors, impaired sleep, difficulty with fine motor control, and may exceed drug testing caffeine thresholds.
- *Gastrointestinal system*- The high concentrations of carbohydrates often found in energy drinks may delay gastric emptying, resulting in a feeling of being bloated. Abdominal cramping may also occur. Both carbohydrates and caffeine in the high concentrations found in most energy drinks may cause diarrhea.
- *Dehydration*- Energy drinks should not be used for pre- or re-hydration. The high carbohydrate concentration can delay gastric emptying and slow absorption from the gastrointestinal tract and may cause diarrhea. Caffeine can act as a diuretic and, therefore, may result in increased fluid loss.
- *Positive drug tests*- Like all nutritional supplements, there is little or no regulatory oversight of energy drinks. The purity of the products cannot be assured and it is possible that they may contain substances banned by some sports organizations.
- Consumption of energy drinks by adolescents and young adults has been linked to heart arrhythmia and liver problems.
- Sales of certain energy drinks have been banned in Denmark, Turkey, Uruguay, Germany, and Austria. Some states in the U.S. have introduced legislation to restrict sales of energy drinks to adolescents and children. In September 2010, the Virginia High School League banned the use of energy drinks.
- Recently, healthcare providers have voiced increasing concerns about the consumption of energy drinks in association with alcohol because of the interaction of the stimulant effects of energy drinks and the depressant effects of alcohol.

References:

American Academy of Pediatrics. Clinical Report. Sports drinks and energy drinks for children and adolescents: Are they appropriate? *Pediatrics* 2011;6:1182-1189.

Bonci L. Energy drinks: help, harm, or hype? *Sports Science Exchange* 2002:1.

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.

Meadows-Oliver M, Ryan-Krause P. Powering up with sports and energy drinks. *Journal of Pediatric Health Care* 2007;21:413-416.

Worcester S. Energy drink sales hit \$3 billion: at what health cost? *Pediatric News* 2007;41:1-4.

Seifert SM, Schaechter JL, Hershorin ER, Lipshultz EL. Health effects of energy drinks on children, adolescents, and young adults. *Pediatrics* 2011;127:511-28.

ADVISORY ON SPORTS PRESEASON OR PREPARTICIPATION PHYSICAL EXAMS

It is the feeling of the MPA Sports Medicine Committee that best practice would be for schools to utilize the Pre-Participation Physical Evaluation forms. These forms are posted on the MPA website at <http://www.mpa.cc>.

The MPA Sports Medicine Committee believes it is necessary to examine the athletes every other year between the sixth grade and high school graduation. The complete exam should be done when the athlete enters the competitive sports program, and in most instances this is in the sixth or seventh grade. The history portion of the PPE should be completed by the athlete and signed by his/her parents each year. In the off year, the athlete's health history form should be viewed by the school nurse. If there are changes in the medical history, the school nurse should bring it to the attention of a physician and a decision can be made concerning whether the student athlete needs to have another complete physical examination, or not, before proceeding with the upcoming athletic school year. The examination can be done by a medical doctor, doctor of osteopathy, nurse practitioner, or a physician's assistant. Athletes who sustained major injuries or have medical illnesses during the interim; i.e., the time that elapses between the two examinations, should be recycled into the physical examination program at the start of the next school year, no matter what grade they attend.

Updated and approved by the MPA Interscholastic Management Committee and Membership, April 2005.

SKIN CONDITIONS AND INFECTIONS

- Skin disorders are very common among high school athletes and may be caused by fungal, bacterial, or viral infections.
- Skin infections are of particular concern in wrestling due to the nature of the sport.
- Most skin infections are the result of direct skin-to-skin contact.
- A significant number of skin infections are also due to contaminated equipment and towels, as well as overall poor hygiene.
- Following the basic recommended procedures can greatly decrease the transmission of skin infections.

SIGNIFICANCE

Skin conditions and infections are very common in adolescents. Thus, sports-related skin disorders and their importance are not always appreciated. When this happens, rapid transmission of an infection can affect the infected individual's teammates and opponents, potentially affecting entire teams and their ability to continue participation.

In addition, some skin disorders such as *Herpes Gladiatorum* may have profound lifelong consequences, while others such as Methicillin-Resistant *Staphylococcus aureus* (MRSA) can result in serious illness and the need for hospitalization or surgery.

RECOGNITION AND MANAGEMENT

Because of the variety and number of different skin disorders, as well as possible consequences of transmission to others, every new skin lesion should be treated as potentially serious. The athlete should be evaluated by an appropriate health-care professional and should be held from physical contact in practices and kept from game or match participation until the skin lesion is determined to be non-infectious. When possible, potentially infectious lesions can be covered to allow for participation in all sports *except for wrestling*.

Due to the nature of the sport of wrestling and its high level of direct skin-to-skin contact, guidelines for this sport are more stringent. Wrestling is currently the only sport that requires specific medical clearance prior to competition if an athlete develops a skin lesion (Figure 11). In addition, lesions cannot be covered to allow participation if they are considered to be infectious.

The NFHS Sports Medicine Advisory Committee has developed the following specific guidelines for the skin infections most commonly encountered in sports. The guidelines set forth follow the principals of *Universal Precautions* and are intended to protect all participants in situations where skin-to-skin contact may occur.

Figure 11. NFHS Medical Release Form for Wrestler to Participate with Skin Lesion(s).

The National Federation of State High School Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee conducted a survey among specialty, academic, public health, and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allows us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither the NFHS nor the NFHS Sports Medicine Advisory Committee presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The NFHS Sports Medicine Advisory Committee does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations, and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers, and appropriate health-care professionals that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing "return to competition forms." Consistent use of these guidelines should protect wrestlers from catching a skin disease from participation and should protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Each state association needs to determine which health-care professional can sign off on this form.
2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by the rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
3. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should minimize the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
4. Inclusion of a “bodygram” with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.
5. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
6. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee’s role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced, if desired, and can be edited in any way for use by various individuals or organizations. In addition, the NFHS Sports Medicine Advisory Committee would welcome comments for inclusion in future versions as this will continue to be a work in progress.

National Federation of State High School Associations
Sports Medicine Advisory Committee

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____ Date of Exam: ___ / ___ / ___

Diagnosis _____

Location AND Number of Lesion(s): _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ___ / ___ / ___

Form Expiration Date: ___ / ___ / ___

Earliest Date may return to participation: ___ / ___ / ___

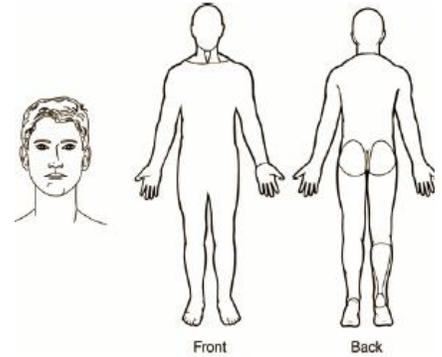
Provider Signature: _____

Office Phone #: _____

Provider Name (Must be legible): _____

Office Address: _____

Location AND Number
of Lesion(s)



Note to Appropriate Health-Care Professionals: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rules 4-2-3, 4-2-4 and 4-2-5 which states:

“ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from an appropriate health-care professional stating that the suspected disease or condition is not communicable and that the athlete’s participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated, on-site meet appropriate health-care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.”

“ART. 4 . . . If a designated on-site meet appropriate health-care professional is present, he/she may overrule the diagnosis of the appropriate health-care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition.”

“ART. 5 . . . A contestant may have documentation from an appropriate health-care professional only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation.”

Once a lesion is not considered contagious, it may be covered to allow participation.

BELOW ARE SOME TREATMENT GUIDELINES THAT SUGGEST MINIMUM TREATMENT BEFORE RETURN TO WRESTLING:

- **Bacterial Diseases (impetigo, boils):** To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.
- **Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum):** To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or five full days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.
- **Tinea Lesions (ringworm scalp, skin):** Oral or topical treatment for 72 hours on skin and 14 days on scalp.
- **Scabies, Head Lice:** 24 hours after appropriate topical management.
- **Conjunctivitis (Pink Eye):** 24 hours of topical or oral medication and no discharge.
- **Molluscum Contagiosum:** 24 hours after curettage.

Ringworm, Tinea Corporis

These fungal lesions are due to dermatophytes. As they are easily transmissible, the athlete should be treated with an oral or topical antifungal medications and the lesions should be covered with a special protective material (bio occlusive dressing) and securely taped. In sports where there is likely to be skin-to-skin contact, if the area cannot be covered with a dressing or clothing, the athlete should be held from competition and practices until the lesion is no longer infectious.

For wrestlers, antifungal medications must be used for 72 hours before returning to competition, even if the lesion is covered. Fungal scalp infections (Tinea capitis) can be more difficult to treat and require oral antifungal medication. Wrestlers with a fungal infection of the scalp must be on medication for 14 days before returning to competition.

Impetigo, Folliculitis, Carbuncle and Furuncle

While these infections may be secondary to a variety of bacteria, they should all be treated as Methicillin-Resistant *Staphylococcus aureus* (MRSA) infections. The athlete should be removed from practices and competition and treated with oral antibiotics. Return to contact practices and competition may occur after 72 hours of treatment, providing the infection is resolving.

All lesions are considered infectious until each one has a well-adherent scab without any drainage or weeping fluids. Once a lesion is no longer considered infectious, it should be covered with a special protective material (bioocclusive dressing) and securely taped until it is completely healed.

All team members should be carefully screened for similar skin infections. If multiple athletes are infected, consideration should be given to obtaining nasal cultures of all teammates. This may identify carriers and allow for targeted treatment. For carriers, or those with recurrent infections, data supports the use of intranasal mupirocin two percent ointment twice a day and daily body washes with a chlorhexidine four percent solution for five days.

Shingles, Cold Sores

These are viral infections which are transmitted by skin-to-skin contact. Lesions on exposed areas of skin that are not covered by clothing, uniform, or equipment require the player to be withdrawn from any sport that may result in direct skin-to-skin contact with another participant. Covering the lesions is not acceptable for these potentially dangerous viral infections. Primary outbreaks of shingles and cold sores require at least 10 days of oral antiviral medications while recurrent outbreaks require five days of treatment before return to practice and competition is allowed. Lesions located under clothing, uniform, or equipment should be covered with a protective dressing and securely adhered to the skin.

Herpes Gladiatorum

This skin infection, specific to wrestling, is caused by Herpes Simplex Virus Type 1 (HSV-1). The spreading of this virus is strictly skin-to-skin with the preponderance of the outbreaks developing on the head, face and neck, reflecting the typical lock-up position a wrestler has facing an opponent. The initial outbreak is characterized by a raised rash with groupings of six to ten vesicles. The skin findings are accompanied by sore throat, fever, malaise, and swollen cervical lymph nodes.

The infected individual should be removed from contact and treated with antiviral medications. An infected athlete may return to contact only after all lesions are healed with well-adherent scabs, no new vesicle have formed, and no swollen lymph nodes are near the affected area. Primary outbreaks of *Herpes Gladiatorum* require a minimum of 10 days of oral antiviral medications before return to practice and competition is allowed. The athlete's health-care provider may consider prescribing oral antiviral medication for the remainder of the season and each subsequent season to prevent further infections.

Recurrent outbreaks usually involve a smaller area of skin, milder systemic illness, and a shorter duration of symptoms. Treatment should include oral antiviral medications and the participant must be held from wrestling for five days. There should be no swollen lymph nodes near the affected area. If antivirals are not used, the infected participant may return to contact only after all lesions are well-healed with well-adhered scabs, no new vesicle have formed, and there are no swollen lymph nodes near the infected area. In some cases, the athlete's health-care provider may consider prescribing antiviral medication for the remainder of the current season and during subsequent seasons when a wrestler has suffered a recurrent outbreak.

As the HSV-1 may spread prior to vesicle formation, anyone in contact with the infected individual during the three days prior to the outbreak must be isolated from any contact activity for eight days and be examined daily for suspicious skin lesions.

Miscellaneous Viral Infections

Molluscum contagiosum and verruca are nuisance types of viral infections, but are not considered highly contagious. Therefore, these lesions require no treatment or restrictions, but should be covered if prone to bleeding when scratched or abraded.

PREVENTION

In addition to the previously listed guidelines for prevention of transmission of specific skin disorders, the NFHS SMAC has developed General Guidelines for Sports Hygiene, Skin Infections, and Communicable Diseases.

Universal Hygiene Protocol for All Sports

- Shower immediately after every competition and practice
- Wash all workout clothing after each practice
- Wash personal gear (knee pads and braces) weekly
- Don't share towels or personal hygiene products (razors)
- Refrain from full body (chest, arms, abdomen) cosmetic shaving

INFECTIOUS SKIN DISEASES

Means of reducing the potential exposure to these infectious agents include:

- Notify parent or guardian, athletic trainer, and coach of any skin lesion before competition or practice. Athletes must have a health-care provider evaluate lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection. Also, notifying other exposed teams will further aid infection control.
- Follow NFHS or state/local guidelines on "time until return to competition." Allowance of participation with a covered lesion can occur if in accordance with NFHS, state, or local guidelines and the lesion is no longer considered contagious.
- During times of infectious disease outbreaks, follow the guidelines set forth by the CDC as well as state and local health departments.

REFERENCES

Adams BB. Skin infection in athletes. *Dermatology Nursing* 2008; 1:39-44.

Anderson BJ. The effectiveness of valacyclovir in preventing reactivation of herpes gladiatorum in wrestlers. *Clinical Journal of Sports Medicine* 1999; 9:86-90.

Rihn J, et al. Community-acquired methicillin-resistant staphylococcal aureus. *American Journal of Sports Medicine* 2005; 33:1924-29.

RESOURCES

National Wrestling Coaches Association. www.nwcaskinprevention.com/webinar/home.asp

—National Federation of State High School Associations and the NFHS Sports Medicine Handbook, Fourth Edition

General Guidelines for Sports Hygiene, Skin Infections, and Communicable Diseases

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

Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition. These conditions include skin infections that occur due to skin contact with competitors and equipment. The transmission of infections such as Methicillin-Resistant *Staphylococcus aureus* (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases such as Influenza can often be greatly reduced through proper hygiene. The NFHS SMAC has outlined and listed below some general guidelines for the prevention of the spread of these diseases.

Universal Hygiene Protocol for All Sports:

- Shower immediately after every competition and practice.
- Wash all workout clothing after each practice.
- Wash personal gear (knee pads and braces) weekly.
- Do not share towels or personal hygiene products (razors) with others.
- Refrain from full body (chest, arms, and abdomen) cosmetic shaving.

Infectious Skin Diseases

Strategies for reducing the potential exposure to these infectious agents include:

- Athletes must be told to notify a parent or guardian, athletic trainer and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional should evaluate any skin lesion before returning to competition.
- If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection.
- Coaches, officials, and appropriate health-care professionals must follow NFHS or state/local guidelines on “time until return to competition.” Participation with a covered lesion may be considered if in accordance with NFHS, state or local guidelines and the lesion is no longer contagious.

Blood-borne Infectious Diseases

- Strategies for reducing the potential exposure to these agents include following Universal Precautions such as:
- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.
- Athletic trainers or other caregivers need to wear gloves and take other precautions to prevent blood or body fluid-splash from contaminating themselves or others.
- In the event of a blood or body fluid-splash, immediately wash contaminated skin or mucous membranes with soap and water.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves when cleaning.
- Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.

Other Communicable Diseases

Means of reducing the potential exposure to these agents include:

- Appropriate vaccination of athletes, coaches and staff as recommended by the Centers for Disease Control (CDC).
- During times of outbreaks, follow the guidelines set forth by the CDC as well as State and local Health Departments.

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## ELIGIBILITY

### Student Eligibility

These are the basic MPA student eligibility rules. **Check with your school's athletic administrator or principal when in doubt.** Do not jeopardize the eligibility of the players. The school principal or the designee is responsible for the eligibility of a school's athletes.

LOCAL RULES: A student must meet all eligibility rules of their own school.

AGE: They must be under 20 years of age.

ENROLLMENT: They must be regularly enrolled and academically active in the school they represent.

UNDERGRADUATE: They must not have graduated from high school or its equivalent.

ACADEMIC ELIGIBILITY: They must be regularly enrolled in the school which he/she represents. To be considered regularly enrolled, a student must be fully enrolled and academically active in the school which he/she represents. An academically active student must be pursuing a program of studies approved by the principal and superintendent of schools.

MAXIMUM SEMESTERS: They become ineligible after eight consecutive semesters of time (four years) from their entrance into the ninth grade.

SEASONS OF COMPETITION: They may not participate in more than four seasons of a particular sport at the high school level.

OUTSIDE COMPETITION: They may not participate on a non-school team during the regular sport season unless they have obtained permission from the school principal.

TRANSFER STUDENTS: A student may not transfer from one school to another for primarily athletic purposes. If they have transferred within the last 12 months, they should check with the school principal or athletic administrator to determine eligibility status. If there has not been a corresponding change of residency by the parent/guardian, a Transfer Waiver Request Form **MUST BE SUBMITTED.**

PENALTY: The penalty for a team that uses an ineligible athlete in team sports is automatic forfeiture of all contests played in which the ineligible athlete participated.

WAIVERS: Requests for a waiver of any MPA eligibility rule must be made by the principal and submitted to the executive director.

## **Coaches' Eligibility**

The Coaches' Eligibility Policy was established by the MPA membership to provide proper training of coaches, to ensure the safety of student athletes, and to improve the overall quality of the interscholastic program.

A person shall be eligible to coach in any interscholastic high school athletic contest, provided the person satisfies all of the following conditions (for purposes of this section, "coach" shall mean all persons who coach an interscholastic high school athletic team in any way, whether for pay or as a volunteer at the varsity, junior varsity, and freshman level):

- A. The person's appointment as coach must be approved by the local educational agency responsible for the member school at which the person coaches.
- B. The coach must be at least 20 years of age or a high school graduate at the commencement of the sport season for which the person has been appointed to coach. For purposes of this section, a season shall be deemed to have commenced on the first day on which the team practices, including practices scheduled to determine the members of the team.
- C. The coach must sign a statement acknowledging that he/she has read, understood, and agreed to comply with and abide by all MPA bylaws, policies, and the Code of Ethics.
- D. The coach must have successfully completed a coaching principles course. (Refer to Appendix R, Coaches' Eligibility, on page 39 of the MPA Handbook and Directory).
- E. The coach must have successfully completed a sport first aid course. Every coach must take a first aid course every five years.
- F. Every coach must have successfully completed a basic CPR/AED program and must maintain/carry a current CPR-AED card.
- G. Every coach must have viewed the NFHS video "*Concussion in Sports*" video.
- H. Every coach must have viewed the NFHS Video "*Heat Illness Prevention*" video.
- I. Every coach must have viewed the NFHS Video "*Sudden Cardiac Arrest*" video.

A coach who fails to satisfy, comply with or conform to the requirements of this section shall be ineligible to coach in any interscholastic athletic contest.

## **Implementation**

All coaches shall have a period of twelve (12) months after their date of hire or appointment to satisfy the requirements of successfully completing the coaching principles course, the sport first aid program, and the CPR/AED program. Components A, B, C, G, H, and I must be met prior to the start of the season.

The principal (or his/her designee) is responsible for determining the eligibility of coaches prior to the start of each sport season.

**The school must maintain a current portfolio for each coach containing evidence of compliance. The MPA may request access to the portfolio if a challenge occurs. Coaches should also maintain copies of their portfolio.**

The association strongly suggests that this information be reviewed at a meeting of all coaches prior to the start of each season. A pre-season meeting may be used to discuss the school's athletic philosophy when reviewing the MPA Handbook, Code of Ethics, and individual sport bulletins. Several athletic administrators have suggested that each coach submit a copy of his/her eligibility card and the sign-off sheet when returning their coaching contracts.

If a coach changes assignments to another school, the school of hire will be expected to review the coach's portfolio and eligibility. A file of coaches who have completed eligibility requirements will be maintained by the MPA office.

### **Acceptable / Equivalent Programs**

In the MPA Bylaws, Article II, Section 3 Coaches' Eligibility and Appendix R, reference is made to equivalents for both the coaching principles course and sport first aid programs. The following information is provided to assist the high school principal in determining what programs are acceptable and to help determine what an equivalent program is.

Any of the following will meet the requirement of the coaching principles course:

1. NFHS Online Fundamentals of Coaching Course
2. ASEP Coaching Principles Course
3. "Coaching Principles" reflected on a college transcript
4. Physical Education major at college
5. Coaching minor at college
6. Equivalent Instruction: Course content must include the course content listed below:

An equivalent program in "Coaches Principles" is defined as one in which the following topics are thoroughly covered:

- Role of the coach
- Development of a coaching philosophy
- Sport psychology
- Proper nutrition and health
- Physical training and conditioning
- Communication and motivation

Any of the following will meet the requirement of the sport first aid course. Must be renewed every five years:

1. NFHS Sport First Aid Program
2. Maine Athletic Trainers' Association course
3. ASEP Sport First Aid course
4. First Aid reflected on college transcript, taken within the last five years
5. American Red Cross - Sport Safety Training
6. Equivalent Instruction: Course content must include the course content listed below:

An equivalent program in "Sport First Aid" is defined as one in which the following topics are thoroughly covered:

- Your Role on the Athletic Health Care Team
- Sport First Aid Game Plan
- Anatomy and Sport Injury Terminology
- Primary Survey and Providing Life Support
- Secondary Survey and First Aid Techniques
- Moving Injured or Sick Athletes
- Respiratory Emergencies and Illnesses
- Closed Head and Spine Injuries
- Internal Organ Injuries
- Sudden Illnesses
- Weather-Related Problems
- Upper Body Musculoskeletal Injuries
- Lower Body Musculoskeletal Injuries
- Facial and Scalp Injuries
- Skin problems

Any of the following will meet the requirement of the CPR/AED requirement:

1. American Red Cross
2. American Heart Association
3. Emergency and Safety Institute

An equivalent program in "CPR/AED" may be provided by a certified instructor through individual schools. Examples of certified instructors may be:

- Certified Athletic Trainer
- School Nurse
- EMT

The course fees are the responsibility of either the individual coach seeking eligibility or a sponsoring school.

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Sample Coaches' Eligibility Certification Form

I certify that I have completed the following requirements set forth by the Maine Principals' Association's Bylaws related to coaches' eligibility:

- A. *I have been approved by the local educational agency.*
- B. *I am at least 20 years of age or am a high school graduate.*
- C. *I acknowledge that I have read, understand, and agree to comply with the MPA's Bylaws, policies, and Code of Ethics. (MPA Handbook)*
- D. *I have successfully completed a coaching principles course or an equivalent which has been approved by the administrator of the school where I coach.*
- E. *I have successfully completed a sport first aid program or an equivalent which has been approved by the administrator of the school where I coach.*
- F. *I have successfully completed a basic CPR-AED program.*
- G. *I have viewed the NFHS video "Concussion in Sports."*
- H. *I have viewed the NFHS video "Heat Illness."*
- I. *I have viewed the NFHS video "Sudden Cardiac Arrest."*

Evidence of completion is on file with my principal or his/her designee.

Name (Please Print): _____

Signature: _____

Date: _____

EJECTION RULE

In all team and individual sports (varsity or sub varsity), ejection or disqualification from a game, meet, or match for unsportsmanlike behavior of any form, by a coach or a player shall result in the suspension of that player or coach. The coach or player ejected from a contest must sit out all contests at all levels until the coach or athlete completes the ejection penalty by sitting out the next game at the level from which he/she was ejected. This rule applies to a game, meet, or match suspended before completion as well as a completed contest. This penalty may not be served by sitting out an exhibition, sub varsity, or other competition. A suspended coach may not be present at the game site. Not being physically present at the site means the disqualified coach is not to be present in the locker room, on the sidelines, in the stands, or site area before, during, or after the game/meet. Any coach or player ejected from the last game, meet, or contest of a sports season shall serve a one game suspension in the opening countable game, meet, or contest in the next varsity sport in which he/she participates. He/she may participate in preseason contests prior to serving the suspension.

Prior to their return to the sideline any coach ejected from a game must complete the NFHS "Teaching and Modeling Behavior" video that is available on the NFHS website (www.nfhslearn.com).

This policy will not prevent standing committees from imposing more restrictive disciplinary action.

Effective Date: 1997; Revised: 1998; 2000; 2007; 2008; 2009

ASSAULT PROVISIONS

A coach who intentionally strikes, shoves, kicks, or makes other physical contact with an official before, during, or after an interscholastic contest, as determined by the school, shall be disqualified immediately and his/her coach's eligibility will be suspended for one full year. At the end of the suspension, the coach may request the reinstatement of his/her eligibility. At this time, the

Interscholastic Management Committee will place the request on their next meeting agenda, at which meeting the coach and principal must attend. The Interscholastic Management Committee will make the determination whether or not to reinstate the coach's eligibility.

Any member of the team who intentionally strikes, shoves, kicks, or makes other physical contact with an official before, during, or after an interscholastic contest, as determined by the school, shall be disqualified immediately and shall be ineligible to participate in all sports for one full year. **NOTE:** Member of the team includes player, manager, score keepers, timers, and statisticians.

COACHES' AREA OF RESPONSIBILITY

I. Coaches' Professional and Personal Relationship Expectations

A. RAPPORT

A coach must be able to develop a good rapport with any number of individuals and groups: team personnel, the student body, the professional staff (faculty, administration, maintenance, etc.), the community as a whole, spectators, officials, fellow coaches in the conference, media representatives, and the parents of his/her players. Good rapport and an image of competency are invaluable for the coach.

B. COOPERATION

The district expects a maximum of cheerful give and take among all individuals associated in any degree with the comprehensive program. Coaches must work hand in hand with their athletic director, principal, and other members of their staff.

C. LEADERSHIP

Diligence, enthusiasm, honesty, and a love for the game are all part of a professional pride that should be exhibited by any coach. Personal appearance, dress, physical condition, following practice schedules, and building positive attitudes are very important.

D. DISCIPLINE

Every facet of discipline is the coach's responsibility. Individually, the coach becomes a model of all that the program represents—observation of school codes, training rules, rules of the game, ideals of good sportsmanship, behavior of participants throughout the season—at home and away, and the conduct of the crowd—especially where the student body is concerned. The desire to do well, to win well, to lose well, should be emphasized. Staff, players, and spectators should be motivated toward established goals.

E. IMPROVEMENT

A coach must constantly take advantage of opportunities presented for self-improvement. Attendance at district meetings, rules clinics, special workshops, and clinics in specific fields and similar in-service training programs is a must. Membership should be maintained in

professional organizations, coaches' associations, and similar groups whose programs are geared toward greater achievement and fuller performance. Keeping abreast of current literature in professional journals, newspapers and magazines, and utilizing enrichment material available in other media forms is also expected.

II. Coaching Techniques

- A. Use sound and acceptable teaching practices.
- B. Run well-organized practice sessions.
- C. Complete preseason planning well in advance of starting date.
- D. Adhere to a highly efficient and technically sound program of injury prevention. When injuries do occur, follow a prescribed routine and maintain good communications with patient, trainer, doctor, and parents.
- E. Construct a well-organized game plan.
- F. Develop a system for equipment accountability, including seasonal inventory, repair, reconditioning, and replacement. A purchase should be accomplished through the allocated budget.
- G. Keep assistant coaches, student managers, and statisticians well-informed as to what is expected. Cooperate fully with maintenance staff, transportation people, and others similarly involved in the overall program.

III. Coaches' Responsibilities

A. TO THE PLAYERS ON THE TEAM

- The main reason for having athletic teams within the school is to help provide opportunities for young men and women to develop their respective capabilities to the fullest extent. Development of positive attitudes is an important means to accomplishing this aim. We must promote and teach only clean, aggressive, and fair play, while stressing sportsmanship at all times. The coach must be the leader and set the example.
- The coach should be fair and unprejudiced with players, considering their individual differences, needs, interests, temperaments, aptitudes, and environments.
- Players have a right to expect coaches to have a genuine and up-to-date knowledge of that which they propose to teach.
- The safety and welfare of players should always be uppermost in the coach's mind.
- The coach's primary responsibility is to the individual boy or girl. The athlete's family must not be ignored, however, since consideration must be given to the family and to its requests.

B. TO THE SCHOOL DISTRICT

- As a coach, they are a frequent topic of conversation at various community locations—the home, the work place, and at the meetings of many civic organizations. Their profession, as well as their reputation as a coach, is constantly under scrutiny.
- A schools actions and statements should always reflect confidence and respect for their school district. Much can be done by the coach in public contacts to build and maintain a high level of confidence in the athletic program and the school district.

C. TO THE SCHOOL

- A coach owes his/her school his/her efforts and loyalty at all times. He/she must constantly strive for excellence in all areas of his/her school.
- To be effective, a coach must be respected. To be respected, good personal habits and a neat appearance are important; but most important are the examples set by the coach. Being respected is much more important than being well-liked. Treat the faculty, the players, and the general students with the same honor and respect that you desire to be

shown to you. Private, firm, fair, and constant discipline must be maintained. The work of the coach must be an integral part of the educational program of the school. The coach should show mastery of the principles of education and consequent improvement in teaching and coaching. The coach should give support to all endorsed activities of the school. At every opportunity, the coach should urge the student body to be polite, courteous, and fair to the visiting team.

D. TO THE PROFESSION

- A coach should continue professional growth in both the academic teaching area and the athletic coaching area. To best accomplish this, a coach should belong to the various coaching associations open to the profession.

E. TO FELLOW COACHES

- The makeup of a coaching staff is basically a quasi-autocratic society. The head coach must always be in command. Despite this position of authority, the wise head coach will encourage independent thought on the part of the staff. An important factor is human relations skills which provide for an open exchange of ideas in a courteous, thoughtful manner.
- A wise head coach will praise the assistants and award recognition whenever possible. Misunderstandings between coaches should be discussed as soon as possible and in an appropriate location away from the athletes and other people not concerned with the program.
- The head coach expects all staff to contribute a full measure of time, effort, thought, and energy to the program. The assistant coaches must be willing and able to do things that they may not wish to do, or even like to do. They must fulfill the responsibility to the head coach, the athletes, and the sport itself.
- It is most difficult to be a good assistant coach; however, the success of the school, the team, and the coaching staff is dependent upon the quality and effort to the sport itself.

F. TO OTHER COACHES IN YOUR SCHOOL

- One must always bear in mind that his or her sport is not the only sport; it is only part of the total athletic educational program of the school. Therefore, it is important to support, promote, and cooperate with all the other coaches and activity sponsors for the well-being of the total program.
- A coach should support and serve fellow coaches whenever possible. All remarks should reflect confidence in one's fellow coaches. A strong, harmonious, interpersonal relationship must exist among coaches and other faculty members.

G. TO FACULTY MEMBERS

- A coach is responsible for cooperating with every faculty member on the staff. If the coach cooperates with the teachers of academic subjects by allowing an athlete to make up a test on practice time, he/she can be certain that cooperation and help will be returned twofold in efforts by other faculty members to keep the athletes eligible and to get that extra helping hand when the going gets tough.

H. PHYSICAL PLANT

- Each coach is responsible for the following:
 1. Keeping practice areas and locker rooms in order.
 2. Storing equipment neatly and using equipment properly. Pride in the equipment and facilities are of primary importance to all athletes and coaches.
 3. Keeping storage areas locked.

IV. Duties of a Coach

- A. Provide safe environments.
- B. Properly plan an activity.
- C. Evaluate athletes or students for injury.
- D. Match or equate athletes.
- E. Provide proven effective equipment.
- F. Warn of inherent risks of the sport.
- G. Supervise closely.
- H. Know and use emergency procedures and first aid.
- I. Keep adequate records.
- J. Know, document, post, and operationalize school policies.

V. **Coaches' Liability**

- A. Coaches can be sued for failure to teach fundamentals in their particular sports and protective skills.
- B. Coaches should teach athletes to protect themselves.
- C. Coaches should teach proper fundamentals.
- D. If athletes are praised or encouraged for doing something improperly, it will come back to haunt the coach.
- E. Negligent entrustment (entrusting authority/activity to someone who is not qualified to carry out that particular authority/activity).
 - 1. Assistant Coaches
 - 2. Volunteer Coaches
- F. Athletes and parents must be warned of the inherent dangers of competition in each sport before practice begins.

VI. **Coach's Obligation to Supervise**

- A. Even if a coach is not there, they are still liable.
- B. The more hazardous or **the more contact**, all the more closely the activity must be supervised. (Senior captains must never supervise any drill.)
- C. A coach must be at least immediately accessible.
 - 1. Accessible to all aspects of practice or activity. (Head coach spends time here and there.)
- D. Systematic supervision
 - 1. Written itinerary.
 - 2. Emergency policies.
 - 3. Locker rooms rules/regulations, posted.

VII. **School Policy**

- A. The coach must know school policy in every situation.
 - 1. If school policy does not exist, go to the Board/Superintendent.
 - 2. If a coach fulfills school policy, they automatically fulfill duties as a reasonably prudent administrator or coach.
 - 3. A coach should know if there is a school policy and should not deviate from it.
 - 4. Adopt the policy rules of the superior administrative agencies.

VIII. **Health and Safety Issues**

- A. Over the last twenty years, through thousands of lawsuits, the courts have defined and continue to define the legal responsibilities of a coach. Sport litigation continues throughout the country. No coach is immune from legal action, but there are well-established procedures that can reduce the risk of being sued. There are several obligations each coach must accept as part of his/her duties.

These obligations are:

1. Coaches have a duty to properly plan the activities for the athletes under their supervision. This responsibility has been repeatedly so ruled in court cases.
 2. Coaches have a duty to teach skills correctly and thoroughly so that athletes are not injured and so that their actions do not injure others.
 3. The coach must provide a safe physical environment for the activities that will take place.
 4. It is a coach's obligation to not only provide adequate and proper equipment, but also to explain its correct use and any unique characteristics of that equipment.
 5. There is an obligation for coaches to match their athletes by size and age. This, of course, is especially pertinent in contact and collision sports. It is also, however, relevant in sports where balls are thrown or hit to players.
 6. A coach must always evaluate his/her athletes for injury or incapacity. This is a duty that should be shared with other professionals. Coaches must insure the athlete's health is satisfactory for participation and that the athlete is not playing while injured.
 7. The duty of a coach to supervise all activities cannot be stressed too much. There are times that general supervision is satisfactory, and there are other times when that supervision must be more specific. As a coach you must be immediately accessible to the activity, alert to any conditions that may be dangerous, and ready to react immediately to any emergencies.
 8. The coach is responsible to provide instructions regarding the safety of the sport. They are expected to warn your athletes of any inherent risks and how to react to any potentially dangerous situations.
 9. A coach has the duty to provide or secure appropriate medical assistance for injured athletes that they coach. If medical assistance is not immediately available, they have a duty to provide appropriate first aid.
 10. A coach must reduce his/her risk of losing a lawsuit by keeping adequate records, providing safe transportation, and having properly trained assistant coaches.
 11. A coach must check equipment on a regular basis and make sure it fits properly. If an injury should occur, equipment should be labeled and sequestered. If the injury is on film, study film and keep it.
- B. The best way to avoid ruinous litigation is to always take a positive approach and do what is best for the athletes. Legal liability is a responsibility or duty to others that is enforceable by court. Negligence is a legal term for failure to fulfill a responsibility or duty. Negligence is determined when three conditions are met: they have a legal duty; there was an injury to someone to whom they had a duty; and their failure to fulfill the duty caused the injury.

IX. **Reasons for Coach and Administrator Liability**

- A. Failure to supervise an activity.
- B. Negligently entrusting a duty to an underqualified or unqualified individual.
- C. Failing to teach proper skills.
- D. Failing to teach protective skills.
- E. Failing to provide and maintain a safe coaching and playing environment.
- F. Failing to inspect, repair, and recondition equipment properly.
- G. Failing to teach athletes to inspect their own equipment.
- H. Failing to provide proper effective equipment.
- I. Failing to properly play an activity.
- J. Failing to create and set policies and procedures for an activity.
- K. Failing to follow and enforce such policies and procedures.
- L. Failing to adopt safety standards of pertinent superior administrative organization.

- M. Failing to match or equate athletes.
- N. Failing to properly administer first-aid.
- O. Failing to warn off inherent dangers of the activity.
- P. Failing to assess an injury or incapacity in an athlete.
- Q. Failing to keep adequate and accurate records

X. **Coaching Rules To Live By**

- A. Upholding and enforcing all rules is crucial to success—not only in letter but also in spirit.
- B. Good Sportsmanship is more than just a slogan—it's a way of living.
- C. You are more than just a coach. You are an adult leader and your number one concern must be for the welfare of the student athlete.
- D. The athletes who play for you look to you for leadership. Your actions set the tone that your players follow.
- E. Not only are you a leader, you are a role model. You must set a positive example for your players to follow.
- F. Exhibit a genuine respect for opponents and officials.
- G. Treat your players with respect and coach with enthusiasm—not some of the time, but all of the time.
- H. Always remember the responsibilities that you owe to the school, community, parents, and athletes.
- I. Know your players as individuals and be free with your praise.
- J. Know your own limitations. Recognize what you can control and when you must ask for help.
- K. Be aware of a problem among team members. Seek out appropriate staff members who are trained to help.

SPORT SEASON POLICY

MPA member schools are requested to limit all participation, play, or practice in a sport by all teams and individuals to the season to which the sport is assigned. Please refer MPA Bylaws, Article III, MPA Sport Season Policy, for a complete definition of the MPA Sport Season Policy.

Sport Season Dates Fall 2016 - Spring 2019				
	First Possible Practice Date	Opening Date	Closing Date	No. Weeks
2016-17				
Fall	August 15	September 2	November 5	9
Winter	November 21	December 9	February 25	11
Spring	March 27	April 13	June 10	8
2017-18				
Fall	August 14	September 1	November 4	9
Winter	November 20	December 8	February 24	11
Spring	March 26	April 12	June 9	8
2018-19				
Fall	August 13	August 31	November 3	9
Winter	November 19	December 7	February 23	11
Spring	March 25	April 11	June 8	8

For Further Thought — Frequently Asked Questions on the Sport Season Policy

Many of the following questions were generated by member schools. Please consult the school principal or athletic administrator on a regular basis to assist in understanding MPA guidelines and policies.

STUDENT ELIGIBILITY

Q. What is the penalty for an athlete being ejected from a game, meet, or match?

A. In all team and individual sports (varsity or sub varsity), ejection or disqualification from a game, meet, or match for unsportsmanlike behavior of any form, by a coach or a player, shall result in the suspension of that player or coach. The coach or player ejected from a contest must sit out all contests at all levels until the coach or athlete completes the ejection penalty by sitting out the next game at the level from which he/she was ejected. This rule applies to a game, meet, or match suspended before completion as well as a completed contest. This penalty may not be served by sitting out an exhibition, sub varsity, or other competition. A suspended coach may not be present at the game site. Not being physically present at the site means the disqualified coach is not to be present in the locker room, on the sidelines, in the stands, or site area before, during, or after the game/meet. Any coach or player ejected from the last game, meet, or contest of a sports season shall serve a one game suspension in the opening countable game, meet, or contest in the next varsity sport in which he/she participates. He/she may participate in preseason scrimmages and exhibition contests.

* Please note: This is a minimum penalty, schools may impose a stricter penalty; student/athletes may be on the bench while securing their suspensions; and any coach ejected from a contest must complete the NFHS *“Teaching and Modeling Behavior”* video. Ice hockey has a stricter ejection policy. Please refer to the MPA Ice Hockey Bulletin for the ejection policy.

Q. What occurs if a team member assaults an official?

A. Any member of the team who intentionally strikes, shoves, kicks, or makes other physical contact with an official before, during, or after an interscholastic contest, as determined by the school, shall be disqualified immediately and shall be ineligible to participate in all sports for one full year. **NOTE:** Member of the team includes player, manager, scorekeepers, timers, and statisticians.

Q. At any point during the season may a middle school team observe the practice of the local high school team?

A. A middle school team may observe the practice of their local high school team. Middle school teams and where student-athletes have school choice may not attend any practices for the purpose of recruiting them to attend the school.

Q. At the conclusion of the 8th grade or junior high season, may 8th grade students practice with the freshman, JV, or varsity teams?

A. No, this may not occur and may result in the 8th grader losing a year of eligibility.

Q. May team members assist the high school coach with middle school programs after the conclusion of the sport season?

A. Yes, the principal may establish a three-week period of mentoring following the season when this may occur.

- Q. May a student attend private lessons, missing scheduled team practices, and compete only in games or matches?**
- A. No, this would be a violation of the Bona Fide Team Rule that requires team members to attend all team practices and games unless granted a waiver by the school principal.
- Q. May a student miss a game or a practice to attend an elite showcase during the season?**
- A. Yes, as long as the school principal granted a waiver to the Bona Fide Team Rule.
- Q. May an athlete miss two weeks of the season in order to compete in a national chess tournament?**
- A. This would be a local decision not governed by the Bona Fide Team Rule because chess is not an activity sponsored by the MPA.
- Q. May a female athlete play on the baseball team? On the ice hockey team?**
- A. Yes, girls may play on a baseball team. Baseball and softball have been deemed to be different sports. Girls may play on the boys' ice hockey team only if the school does not sponsor a girls' ice hockey team. If there is a girls' team available then the girls must play on that team.
- Q. May a homeschool student participate on a school's athletic team?**
- A. Yes, homeschool students are eligible as long as their equivalent instruction program has been approved. They must meet all local eligibility rules and may only participate for the local public school in the community in which they reside.
- Q. May a student who missed almost an entire year of school because of illness participate during his/her 5th year of high school?**
- A. No, unless a waiver of eligibility has been granted. Please refer to Article II, Section 6 of the MPA Handbook for more information regarding student waivers.
- Q. May a student who attends a state approved or state recognized non MPA member school participate in a sport at an MPA member school?**
- A. Yes, provided the public school in the community in which the student resides has the capacity to allow those students to participate.
- Q. May a student that attends a charter school participate on a school's athletic team?**
- A. Yes, a charter school student may access programs at their local public high school provided that the public school has the capacity to accept them.
- Q. May a student who attends a state approved or state recognized MPA member school participate in a sport at an MPA member school?**
- A. Yes, provided the enrollment at the private school is 60 or fewer students and the school does not offer the activity. The local public school, provided that they have the capacity to allow those students to participate, may allow those students to participate.
- Q. May a student whose school does not offer a particular sport play that sport at a neighboring high school?**
- A. No, a student may not attend one school and represent another school in a sport without the formation of a cooperative team. An individual student may participate in one of the following sports under a cooperative individual agreement with a neighboring school: cross country, golf, ski, swim, indoor track, wrestling, outdoor track, and tennis. In this case, they would practice with and compete with the neighboring school team but would represent their own school at all competitions.

COACHES' ELIGIBILITY

Q. Must a coach be certified prior to the first practice or contest?

A. Coaches have a 12 month period after their date of hire or appointment to satisfy the coaching principles, sport first aid, CPR/AED. All other requirements must be met prior to the start of the season.

Q. Does a school have to submit proof of certification for all of its coaches?

A. No, the school must maintain a current portfolio for each coach. Should a challenge occur, the school may be asked to provide a copy of the coach's portfolio.

Q. Are volunteer coaches bound by the same MPA policies and regulations as stipend coaches?

A. Yes, anyone who works with the athletes on a regular basis must meet the coaches' eligibility standards.

Q. If a school coach resigns from his/her position, may he/she work with underclass athletes following the season?

A. No, a coach is considered the coach of his/her team until a replacement has been appointed.

Q. If a "volunteer" coach resigns from their position may they work with athletes outside of the sport season?

A. A volunteer coach that "resigns" their position to work with athletes from the school is not eligible to coach at the school for a period of 365-days.

Q. Must an instructor that attends only a limited number of practices meet the coaches' eligibility requirements?

A. If an instructor attends more than a couple of practices, they should be included on the coaches' eligibility form and meet all coaches' eligibility requirements.

Q. Can a cross country coach serve as a volunteer coach on the indoor or outdoor track coaching staff?

A. Yes, as long as he/she has been appointed by the superintendent or school board and meets all other coaches' eligibility standards.

Q. If a swim team does not have a diving board at their pool may a diver practice on their own at a local club and then compete at the regular season meets?

A. No, a diver that is a member of a school team must attend practices held by the school.

Q. May a school that allows cooperative individuals to practice and compete with their team include that athlete on their player eligibility form?

A. No, it is the responsibility of the school that the individual attends to submit the player eligibility form.

Q. If two schools form a cooperative ice hockey team may one of the two schools submit all of the necessary MPA paperwork?

A. No, one school (the "host" school) may submit the schedules, the playoff information, and the sportsmanship forms, but BOTH schools must submit player eligibility rosters and BOTH schools must include the coaches on their coaches' eligibility rosters.

- Q. May more than one school employ the same coach?**
 A. Yes, a coach may work for more than one school, but must be listed on each school's coaches' eligibility roster.
- Q. May a coach that has a child in AAU basketball serve as a coach on the team?**
 A. A coach (parent) may serve as a coach for an outside team provided that their child is the only student from their school participating on the team.

TRANSFER RULE

- Q. If an athlete attends a preseason practice and then transfers to another school, may that student participate on the team at the school to which he/she transferred?**
 A. Yes, as long as the transfer was prior to the scheduled opening date of the season and if all other aspects of the transfer rule are met.
- Q. If a student transfers to a new school after the first countable game date of the season, is he/she eligible to play on a varsity team during that season?**
 A. No, at that point he/she may only play sub varsity sports during that season.
- Q. If a family is split by divorce or separation and each parent lives in a different community, may an athlete move between schools as sports seasons change? (i.e. an athlete plays football in one community and moves to another community to participate in indoor track.)**
 A. No, when a student's parents' divorce or separate, he/she has four weeks to decide with which parent he/she will reside. After this period, a transfer waiver form must be submitted.
- Q. If a family resides in a community that offers school choice may the student transfer from one school to another and be able to participate?**
 A. Once the family chooses one school to attend any transfer without a corresponding change of address would require a transfer waiver.
- Q. If a student is granted a superintendents agreement (or a commissioner's waiver) may that student participate in co-curricular activities at the school that they transfer to?**
 A. No, unless both principals have signed a Transfer Waiver Form stating that the transfer was not for athletic purposes.

RECRUITMENT

- Q. May a coach attend meetings where potential students are being recruited? Example: Town pays tuition to outside district.**
 A. No, coaches should not attend academic meetings, nor should 8th graders with school choice be invited to a practice, games, or activities at any high school, whether freshman, JV, or varsity.
- Q. May a school show a highlight film of the school's athletic teams to prospective 8th grade students?**
 A. No, any solicitation of prospective students for athletic purposes is prohibited.

- Q. If a student is enrolled in High School A and enrolls in High School B for the next school year, when may a coach from High School B contact the potential new athlete?**
- A. When he/she has enrolled in High School B and no longer attends High School A (following the close of the school for the year).
- Q. May 8th graders or high school athletes observe coaches and/or practices with the idea of enrolling in or transferring to that school?**
- A. No, these students should not be allowed to observe school practices at any time for any reason.

SPORTS SEASON

- Q. What constitutes a school's involvement outside a designated sport season?**
- A. Use of school equipment and facilities, use of school transportation, use of school name, and contact with school coaches/advisors.
- Q. What is an Open Gym or Activities Period?**
- A. An Open Activities Period includes activities approved by the school administration, announced to all students, and scheduled for a school gym, pool, or other facility for which all students or age groups are invited to participate. Adults involved in such activities must be supervising and must not be coaching or giving instruction. The emphasis must be on recreation not practice, participation not instruction, and must not be a captain's practice which is a sports season violation on or off school property. Similarly, a training program must be pre-announced and open to all students whether attending for the purpose of preparing for a high school sport or not.
- Q. What is acceptable for an off-season conditioning program?**
- A. A school's off-season conditioning program may include such activities as muscular strength and endurance exercises, cardiovascular fitness activities, agility, speed, power, balance, coordination, and flexibility training. The program must be voluntary, open to all students, and should not include sport-specific skill development or coaching. If the only participants are members of one team then a coach may not be involved.
- Q. Can a coach be used to supervise an "open gym," or "open pool" in a sport/activity he/she coaches?**
- A. Yes, if the gym, pool or weight room is open to all students in the school and if the predominant number of participants are not his/her players, a coach may supervise providing there is no instruction involved.
- Q. May a school's booster club sponsor a camp during the two-week hands-off period?**
- A. No, a school's fields, gymnasium, and classrooms may not be used during the hands-off period. The only exception would be that athletes may continue their off-season conditioning program. Coaches may not "start" a conditioning program during this time period and athletes may not participate in any sport specific skills during the hands-off period.

- Q. Can a school schedule a faculty/student exhibition game following the sport season?**
A. Yes, this would be an allowable exception to the Sport Season Policy.
- Q. May volunteer coaches work with high school athletes outside of a sport season?**
A. No, volunteer coaches are held to the same standards as paid coaches.
- Q. May the school principal coach a premier soccer team after the conclusion of the fall season.**
A. No, school administrators are not allowed to work with athletes outside of the sports season.
- Q. Can middle school coaches work with high school athletes before or after the sport season?**
A. No, middle school coaches are considered part of a coaching staff and are held to the Sport Season Policy.
- Q. Can a girls' JV coach work with a boys' varsity team in the off season?**
A. Coaches may not work with athletes, even of the opposite gender, outside of the designated sport season. Any coach may work with athletes during the summer.
- Q. Can a league sponsor a tournament or all-star game after the last regular season game?**
A. Yes, as long as it occurs before the last countable date of the sport season and it does not exceed the five maximum non-countable dates.
- Q. If a team is eliminated from MPA-sponsored postseason play prior to the end of the sport season, can the team continue to practice until the close of the sport season?**
A. Yes, provided it is over prior to the last day of the sport season.
- Q. May a coach work with senior athletes following the season's conclusion?**
A. Yes, in all sports after the close of the sport season with the exception of fall cheering, cross country, and winter track. Underclassmen may not be present.
- Q. May a high school coach work with (coach) students in grades K-8 following the sports season's conclusion?**
A. Yes, there are no rules that prohibit members of the coaching staff from working with non-high school students at any time during the year.
- Q. May a player wear his/her uniform to a tryout for a college coach outside of the sport season?**
A. No, this would be a violation of the Sport Season Policy because of the use of school equipment.
- Q. Can a school's underclassmen participate in an undergraduate tournament using the school name, equipment, if practice is in the middle school gym?**
A. No, unless it falls within the sport season or during the summer.
- Q. May a team's booster club hold and advertise a fundraiser out of the sport season?**
A. Yes, however, team members may not take part in the fundraiser. Coaches may participate in a fundraiser any time during the year.
- Q. When can an athlete work with a booster club to raise funds for the team?**
A. Only during their current season or during the summer and prior to the start of the "hands-off" period.

- Q. A principal is able to approve using underclassman to assist with middle level programs for three weeks following a season. May fundraising take place during the same time period following the season?**
- A. No, the school administrator may allow grade 9-11 athletes three weeks to assist the coach with middle level athletics program but not for fundraising activities.
- Q. May a school select a cheering team in the fall with the expectation that they will continue through the winter?**
- A. No, there must be a clear separation between the two teams, including tryouts, fundraising, and the routine.
- Q. May a coach practice with his/her athletes in the summer?**
- A. Yes, from the end of the spring sport season to the start of the hands-off period.
- Q. Can a school provide players with equipment, transportation, or facilities for summer sports activities?**
- A. Yes, however, liability issues should be considered.
- Q. What type of activities may a coach and his/her athletes be involved with during the summer?**
- A. The MPA Sport Season Policy places no restriction on schools or coaches during the summer recess. A school may restrict summer activities.
- Q. May a coach have one organizational team meeting prior to the season during the hands-off period?**
- A. Yes, if he/she did not meet with the team prior to the close of the spring season. This meeting may take place during the hands-off period.
- Q. May the coach issue equipment during the one approved preseason meeting during the hands-off period?**
- A. Yes.
- Q. If an athlete attends a camp during the hands-off period, may the coach work at the camp?**
- A. Yes, as long as the coach has not applied pressure for the athlete to attend and they are not working directly with the athlete.
- Q. Does the hands-off period during the two weeks prior to the season apply to all sports or just fall sports?**
- A. All coaches must cease to work with high school athletes the two weeks prior to the start of the fall season.
- Q. The recreation department sponsors a camp for K-8 students during the summer. The high school coaches run the camp with the help of their athletes during the two weeks prior to the season. Is this a violation?**
- A. Yes, this would be a violation. During this period coaches must find a way to be separate from their athletes.

- Q. How does the two week hands-off policy affect those schools in Aroostook County that start early for the potato harvest?**
- A. Team practice in Aroostook County may start three weeks prior to the scheduled start of school's fall season. Due to the shortness of the summer, they are exempt from the hands-off policy.
- Q. May a team leave for a sports camp on Sunday night prior to the start of the fall season?**
- A. No, schools may not leave for camp the night before the fall season starts.
- Q. May a team's ice hockey captains supervise a high school captain's practice at the local ice arena?**
- A. No, captains are not allowed to lead any type of practice prior to the start of the defined sport season.
- Q. Is it a violation if students get together to run a road race during the two weeks prior to the start of the fall season?**
- A. No, as long as it is not organized by the coaches, parents, boosters, or captains. The students must do it on their own.
- Q. May winter athletes participate in a booster sponsored golf tournament held in the fall?**
- A. Yes, as long as there is not pressure to participate by the coaches or boosters. The students may choose to do it on their own.

COUNTABLE COMPETITIONS

- Q. If a school is not able to complete its season for any reason will that school be able to field a team in that sport during the next season?**
- A. No, any member school that does not complete that season's schedule will be prohibited from participating in varsity competition in that sport for the next two years. This may be appealed to the Interscholastic Management Committee should there be extenuating circumstances.
- Q. May a school schedule a countable game against a nonmember school?**
- A. No, all countable games must be played against MPA member schools. All contests against non-member schools would be considered exhibition. A school may want to consider liability issues when scheduling non-member schools.
- Q. How many preseason exhibition games may a team play?**
- A. Each MPA sanctioned sport, with the exception of wrestling, is permitted five non-countable dates of competition. This includes scrimmages, exhibition games, and tournaments. It applies to preseason, regular season, and postseason. The only exception is that a sixth date will be permitted when a team qualifies for postseason play. Conference championship games do count as an exhibition date.
- Q. May two teams practice together at one facility and not have it count as one of the five countable exhibition dates?**
- A. No, two teams practicing together would be considered a scrimmage and would count as one of the five allowable dates. If teams are sharing a facility (i.e. ice hockey, swimming) for cost savings measures, please contact the MPA office to request a waiver.

- Q. May I "save" one of my five exhibition dates for the postseason?**
 A. Yes, the five exhibition dates may be used at any time during the season, including the postseason.
- Q. May a team forfeit a game at any point in the season?**
 A. No, forfeitures of MPA sanctioned events are generally not allowed and would constitute non-completion of the season.
- Q. How many teams qualify for a tournament?**
 A. 67% of the teams, rounded to the next whole number, in each classification region qualify for the post-season tournament.
- Q. A baseball game is called in the sixth inning with the score tied, may the two schools call the game "suspended" and finish it at a later date?**
 A. No, any regular season game that is tied, after becoming a complete game, shall be recorded as a tie. The games in tournament competition must be replayed in their entirety.
- Q. Does the league championship game count as one of the countable exhibition dates?**
 A. Yes, all league championship games would count as an exhibition date.

COOPERATIVE TEAMS/COOPERATIVE INDIVIDUALS

- Q. May more than two schools come together to form a cooperative team?**
 A. Yes, provided they meet all of the requirements for establishing a cooperative team as outlined in Article VI of the MPA Handbook.

PROTEST

- Q. May a school protest the outcome of a game if they disagree with an official's call?**
 A. No, protests must be dealt with in the manner prescribed by the individual sport rulebook. In the absence of a statement, the results shall be final when the contest has been concluded by the officials.

SUNDAY ACTIVITIES

- Q. May a school reschedule a game to a Sunday if both teams agree to play?**
 A. No, the MPA does not recognize contests played on Sunday.
- Q. May a team practice on Sunday?**
 A. This is a decision made by local school authorities.
- Q. May two schools schedule a JV game or an exhibition game on a Sunday?**
 A. This is a decision made by local school authorities.

SANCTIONING

Q. If a team is invited to participate in an out-of-state tournament must they complete an MPA and NFHS Sanctioning Form?

- A. Many out of state events do require sanctions. Below are events that require sanctioning:
- Any interstate event involving two or more schools which is cosponsored by or titled in the name of an organization outside of the high school community (i.e. a university, a theme park, an athletic shoe/apparel company).
 - Non-bordering events if five or more states are involved.
 - Non-bordering events if eight or more schools are involved.
 - Any event involving two or more teams from a foreign country. The host school should complete the sanction form. (Canada and Mexico are considered "bordering states")
 - New Hampshire (NHIAAA) requires a sanction form for all events, including Maine teams.

Competitions involving bordering states shall be sanctioned by each state's own procedures. It is not necessary to request sanctions for contests involving only Maine schools.

FOREIGN EXCHANGE / FOREIGN STUDENTS

Q. What is the difference between a foreign exchange student and a foreign student?

- A. A foreign exchange student does not pay tuition, must have a J1 visa limited to one academic year, and should be placed by a CSIET approved foreign exchange program. Foreign students pay tuition and must have an F1 visa.

Q. If a foreign exchange/foreign student arrives after the start of a semester is he/she eligible to participate in varsity sports?

- A. Any student, including foreign and foreign exchange students, who transfers from one school to another after the start of a season may not play at the varsity level. If the student is a foreign exchange student and the placement occurs after the start of the sport season please contact the MPA office.

Q. Must foreign exchange/foreign students meet the same eligibility standards as other students?

- A. Yes, both foreign exchange and foreign students must meet all MPA eligibility requirements. A transfer waiver form must be filed for all foreign exchange/foreign students.

Q. If a foreign exchange/foreign student has graduated from high school, or his/her country's equivalent of high school, may that student participate in varsity sports?

- A. No, schools must ensure that a student has not graduated from the home country's equivalent of high school. Schools should also pay close attention to age requirements, the eight semester rule and the four seasons of competition rule.

Q. A student is going away to participate in a foreign exchange program two to three weeks into the second semester, may he/she continue playing on a varsity team until his/her departure?

- A. Yes, if it is a program approved by the principal, he/she may compete in the winter program until departure.

OTHER

- Q. May a coach videotape an upcoming opponent's contest as part of a scouting report?**
A. No, it is considered unethical and is prohibited by policy in a number of MPA sanctioned sports.
- Q. Who may be on the team bench during MPA tournaments and/or take part in MPA warm-ups or award ceremonies?**
A. Athletes listed on the eligibility roster, managers, student statisticians, athletic trainers, and adults that have met the eligibility standards and are listed on the coaches' eligibility roster are the only personnel that are allowed on the bench. Legal limitation does not allow anyone below the 9th grade to be on the bench. Exception: Article II, Section 2-B-3.
- Q. May a pitching instructor, who is not coaching at the high school level, use or rent your high school gym to give baseball, softball, or pitching instructions?**
A. Yes, but only if none of the students from the high school attend the clinic.
- Q. If a school has less than sixty boys or sixty girls, may they use an 8th grade athlete?**
A. Yes, the policy is in place to allow small schools to field a team in the team sports (field hockey, football, soccer, volleyball, basketball, cheering, ice hockey, baseball, softball, and lacrosse). Eighth grade students may not participate in individual sports (cross country, golf, swim, skiing, wrestling, indoor track, tennis, and outdoor track).
- Q. If two schools have a combined enrollment of less than sixty boys or sixty girls, may 8th grade athletes compete under the Cooperative Team Policy?**
A. Yes, provided there are not enough athletes from the two schools to field a team. This policy is not to permit an 8th grade student and opportunity to gain a fifth year of competition.
- Q. Is Greco Roman wrestling considered different from high school wrestling?**
A. No, a high school coach may not work with his/her athlete during the spring or fall to coach Greco Roman wrestling. The coach may work with his/her 7th or 8th grade middle school program.
- Q. May a school apply to play in a higher or lower classification?**
A. Yes, a school may apply to compete in a higher classification and will be placed in the higher class for the two year classification cycle. A school that applies to compete in a lower classification will not be eligible to compete in post-season play.
- Q. Does the MPA require that a student/athlete have a physical exam every two years?**
A. The MPA Sports Medicine Committee recommends that an examination take place every other year once a student enters a competitive sports program, usually in the 6th or 7th grade, but each district is responsible for developing their own policy. A sample Pre-Participation Physical Exam Form may be found at <http://www.mpa.cc/pdf/physicalforms.pdf>.

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## COACHES' LIAISONS TO MPA COMMITTEES

|                                  |                                                                                                                                                                                                                                              |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Baseball</u></b>           | Lars Jonassen, Erskine Academy, 309 Windsor Road, South China, 04358, 445-2962                                                                                                                                                               |
| <b><u>Basketball</u></b>         | Peter Murray, Dexter Regional High School, 12 Abbott Hill Road, Dexter, 04930, 924-5536                                                                                                                                                      |
| <b><u>Cheerleading</u></b>       | Deb Lebel, Biddeford High School, 28 Maplewood Avenue, Biddeford, 04005, 282-1596; and Kristie Reed, Hermon High School, 2415 Route 2, Hermon, 04401, 848-4000                                                                               |
| <b><u>Cross Country</u></b>      | Jorma Kurry, Falmouth High School, 74 Woodville Road, Falmouth, 04105, 781-7429; and Glendon Rand, Brewer High School, 79 Parkway South, Brewer, 04412, 989-4140                                                                             |
| <b><u>Field Hockey</u></b>       | Donna Jordan, Boothbay Region High School, 236 Townsend Avenue, Boothbay Harbor, 04538, 633-2421                                                                                                                                             |
| <b><u>Football</u></b>           | Dan O'Connell, John Bapst Memorial High School, 100 Broadway, Bangor, 04401, 947-0313                                                                                                                                                        |
| <b><u>Ice Hockey – Boys</u></b>  | Dennis Martin, Waterville Senior High School, One Brooklyn Avenue, Waterville, 04901, 873-2751                                                                                                                                               |
| <b><u>Ice Hockey – Girls</u></b> | Chris Downing, Winslow High School, 20 Danielson Street, Winslow, 04901, 872-1990                                                                                                                                                            |
| <b><u>Lacrosse</u></b>           | Don Glover, Brunswick High School, 116 Maquoit Road, Brunswick, 04011, 319-1910; and Linda Levesque, Morse High School, 826 High Street, Bath, 04530, 443-8250                                                                               |
| <b><u>Ski</u></b>                | <b><u>Alpine</u></b> – Ron Gifford, Maranacook Community High School, 2250 Millard Harrison Drive, Readfield, 04355, 685-4923;<br><br><b><u>Nordic</u></b> - Bob Morse, Yarmouth High School, 286 West Elm Street, Yarmouth, 04096, 846-5535 |
| <b><u>Soccer</u></b>             | Mike Jeffrey, Brewer High School, 79 Parkway South, Brewer, 04412, 989-4140                                                                                                                                                                  |
| <b><u>Softball</u></b>           | David Billings, Massabesic High School, 88 West Road, Waterboro, 04087, 247-3141                                                                                                                                                             |
| <b><u>Swim</u></b>               | Peter Small, Windham High School, 406 Gray Road, Windham, 04062, 892-1810 and Kathleen Leahy, Thornton Academy, 438 Main Street, Saco, 04072, 282-3361                                                                                       |
| <b><u>Tennis</u></b>             | Sheila Bohlin, Mt. Ararat High School, 73 Eagles Way, Topsham, 04086, 729-2951                                                                                                                                                               |
| <b><u>Track (Indoor)</u></b>     | Karen Reardon, South Portland High School, 673 Highland Avenue, South Portland, 04106, 767-3266; and Chris Libby, Orono High School, 14 Goodridge Drive, Orono, 04473, 866-4916                                                              |
| <b><u>Track (Outdoor)</u></b>    | Chris Mazzurco, North Yarmouth Academy, 148 Main Street, Yarmouth, 04096, 846-9051; and Rod White, Old Town High School, 203 Stillwater Avenue, Old Town, 04468, 827-3910                                                                    |
| <b><u>Volleyball</u></b>         | Jim Senecal, Yarmouth High School, 286 West Elm Street, Yarmouth 04096, 846-5535                                                                                                                                                             |
| <b><u>Wrestling</u></b>          | Matthew Lindsey                                                                                                                                                                                                                              |

## **Maine Principals' Association**

President, Daniel Welch, Boothbay Region High School  
President-elect, Maggie Allen, Windsor Elementary School

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Chad Bell, Winslow High School  
Mike Bisson, Hampden Academy  
David Creech, Scarborough High School  
Keith Morin, Winthrop High School  
Mary Nadeau, Nokomis Regional High School, Newport  
Todd Sampson, Edward Little High School, Auburn  
Jeremie Sirois, Biddeford High School  
Paul Theriault, Shead High School, Eastport

MIAAA Liaisons: Marty Ryan, Kennebunk High School and Alfred "Bunky" Dow, Mount Desert Island High School

MSSA Liaison: Kevin Jordan, AOS 94, Dexter

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is fair play.

is abiding by the rules of a  
contest and accepting  
victory or defeat  
graciously.

is having a positive  
attitude.

***Sportsmanship is a practice  
that lasts a lifetime.***

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