

# MISSISSIPPI ASSOCIATION OF INDEPENDENT SCHOOLS

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Thursday, July 31, 2014

To: AD's, Football, FP Softball and Girls' Soccer Coaches; Officials of These Sports

From: Les Triplett, Director of Activities

Re: **2014 Clinics – General Info for All Sports**

Several of you have inquired about the procedures associated with the clinics this year, so here is a reminder of what we are going to be doing:

1. Materials to be posted on July 31, August 1 & 2
2. Open Book Tests to be posted the week of August 4
3. Tests will be sent to the assigning secretary; coaches and officials will have at least 7 days to send in their test. Again, it is an OPEN BOOK test.

The following topics are found in this mail out and are applicable to all sports:

- 1) New Concussion Policy for MAIS
- 2) Concussion Guidelines
- 3) Heat and Humidity Guidelines
- 4) Lightning Guidelines

When the open-book test is ready next week, this will be important material to use in completing the test. Sport-specific information will be posted Friday, August 1 and Saturday, August 2.

LT

Attachments

# HEAT – HUMIDITY INDEX CHART

		Relative Humidity (%)													
Air Temperature	°F	40	45	50	55	60	65	70	75	80	85	90	95	100	
	110	136													
	108	130	137												
	106	124	130	137											
	104	119	124	131	137										
	102	114	119	124	130	137									
	100	109	114	118	124	129	136								
	98	105	109	113	117	123	128	134							
	96	101	104	108	112	116	121	126	132						
	94	97	100	103	106	110	114	119	124	129	135				
	92	94	96	99	101	105	108	112	116	121	126	131			
	90	91	93	95	97	100	103	106	109	113	117	122	127	132	
	88	88	89	91	93	95	98	100	103	106	110	113	117	121	
	86	85	87	88	89	91	93	95	97	100	102	105	108	112	
	84	83	84	85	86	88	89	90	92	94	96	98	100	103	
	82	81	82	83	84	84	85	86	88	89	90	91	93	95	
80	80	80	81	81	82	82	83	84	84	85	86	86	87		

Heat Index  
(Apparent  
Temperature)

With Prolonged Exposure  
and/or Physical Activity

## Extreme Danger

Heat stroke or sunstroke  
highly likely

## Danger

Sunstroke, muscle cramps,  
and/or heat exhaustion likely

## Extreme Caution

Sunstroke, muscle cramps,  
and/or heat exhaustion possible

## Caution

Fatigue possible



# HEAT-RELATED ILLNESS

- I. Each athlete should have a complete physical examination with medical history and an annual health history update. History of previous heat illness and type of training activities before organized practice begins should be included.
- II. Acclimatize athletes to heat gradually by providing graduated practice sessions for the first seven to ten days and other abnormally hot or humid days.
- III. Know both the temperature and the humidity since it is more difficult for the body to cool itself in high humidity.
- IV. Adjust activity level and provide frequent rest periods. Rest in cool, shaded areas with some air movement and remove helmets and loosen or remove jerseys.
- V. Provide adequate cold water replacement during practice. Water should always be available and in unlimited quantities to the athletes. Give water regularly.
- VI. Salt should be replaced daily, and liberal salting of the athletes' food will accomplish this purpose. Coaches should not provide salt tablets to athletes. Attention must be directed to water replacement.
- VII. Athletes should weigh each day before and after practice and weight charts checked to treat the athlete who loses excessive weight each day. Generally, a three percent (3%) body weight loss through sweating is safe and a five percent (5%) loss is in the danger zone.

## Heat-Related Illness

### Page 2

- VIII. Clothing is important, and a player should avoid use of long sleeves, long stockings and any excessive clothing. Never use rubberized clothing or sweat suits.
- IX. Some athletes are more susceptible to heat injury. These individuals are not accustomed to work in the heat, may be overweight and may be the eager athlete who constantly competes at his capacity. Athletes with previous heat problems should be watched closely.
- X. It is important to observe for signs of heat illness. Some trouble signs are:
- A. Nausea
  - B. Incoherence
  - C. Fatigue
  - D. Weakness
  - E. Vomiting
  - F. Cramps
  - G. Weak, rapid pulse
  - H. Flushed appearance
  - I. Visual disturbances
  - J. Unsteadiness

Contrary to popular belief, heat-stroke victims may sweat profusely. If heat illness is suspected, seek a physician's service **IMMEDIATELY**. Recommended emergency procedures are vital.





# 2014-15 Suggested Guidelines for Management of Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

## Common Symptoms of Concussion Include:

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought processes
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitive to light and sounds
- Mood changes- irritable, anxious, or tearful

## 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.

For further details please see the “NFHS Suggested Guidelines for Management of Concussion” at [www.nfhs.org](http://www.nfhs.org). There is **excellent** information on concussions (including a course for coaches, players and parents) on the NFHS website.



## SUGGESTED GUIDELINES FOR MANAGEMENT OF CONCUSSION IN SPORTS

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

### Introduction

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

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

### What is a concussion?

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

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

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

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

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

### **Recognition and Management**

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

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

### **Signs Observed by Coaching Staff**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### **Symptoms Reported by Athlete**

- Headaches or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion

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

## **When in doubt, sit them out!**

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

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

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

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

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

## **What to do in an Emergency**

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

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



- any seizures.

### **Cognitive Rest**

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

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

### **Return to Learn**

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

### **Return to Play**

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

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

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

***Progressive Physical Activity Program (ideally under supervision)***

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

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

**Suggested Concussion Management**

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

**References:**

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

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

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

### **Additional Resources:**

Brain 101 – The Concussion Playbook.

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

Concussion in Sports- What you need to know.

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

Heads Up: Concussion in High School Sports

[http://www.cdc.gov/concussion/headsup/high\\_school.html](http://www.cdc.gov/concussion/headsup/high_school.html)

NFHS Sports Medicine Handbook, 4<sup>th</sup> Ed, 2011.

REAP Concussion Management Program.

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

Sport Concussion Library

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

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**January 2011**

**April 2009**

**October 2008**

**October 2005**

#### **DISCLAIMER – NFHS Position Statements and Guidelines**

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



## **NFHS GUIDELINES ON HANDLING CONTESTS DURING LIGHTNING DISTURBANCES**

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

The purpose of these guidelines is to provide a default policy to those responsible for making decisions concerning the suspension and restarting of contests based on the presence of lightning. The preferred sources from which to request such a policy for your facility would include your state high school association and the nearest office of the National Weather Service.

#### **Proactive Planning**

1. Assign staff to monitor local weather conditions before and during events.
2. Develop an evacuation plan, including identification of appropriate nearby shelters.
3. Develop criteria for suspension and resumption of play:
  - a. When thunder is heard, or a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning. Suspend play and take shelter immediately.
  - b. Thirty-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play.
  - c. Any subsequent thunder or lightning after the beginning of the 30 minute count, reset the clock and another 30 minute count should begin.
4. Hold periodic reviews for appropriate personnel.

For more detailed information, refer to the "Guidelines for Lightning Safety" section contained in the NFHS Sports Medicine Handbook.

**Reviewed and Approved in October 2010**