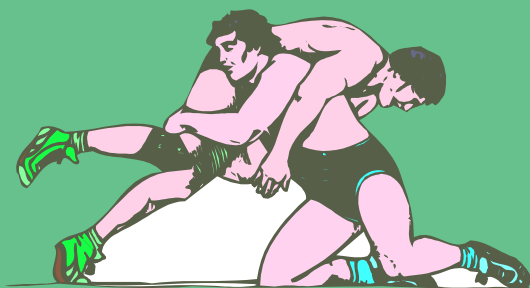


2017 - 2018



**Middle School
Wrestling
Coaches
Packet**

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For additional information related to sports medicine issues concerning athletic participation, please click the “Sports Medicine” tab on the opening page of our website.

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION



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BULLETIN

TO: Middle School Wrestling Coaches
FROM: Wayne Ryan, Assistant Executive Director
DATE: September 2017
SUBJECT: 2017-2018 Wrestling Season

Coaches' Packets are mailed to all varsity high school and middle school coaches. If your high school also sponsors a ninth grade wrestling team, that coach may request a packet from this office. **Note** - this is for a high school ninth grade team only. Please share this information with the ninth grade coach.

Important Reminders:

1. Please be advised that the required Coaches'/Officials' Rules Clinics will be held at various locations (see enclosed sheet). **It is mandatory for all head coaches to attend one of the State Rules Clinics. If your school is not represented at said clinic, there will be a \$50.00 fine assessed. The sport program will be suspended if the head coach fails to attend the State Rules Clinic and the \$50.00 assessed fine is not paid.**
 - a. **The clinic attendance requirement will not be granted if the coach or representative is late in excess of ten (10) minutes.**
2. The November issue of *The Interscholastic* will have specific information regarding the wrestling program.
3. Use only WV registered officials for matches. You may use Class I, II, or III officials. (No inactive, suspended, or non-registered officials allowed)
4. **Hair Rule:**
 - a. Any wrestler wishing to compete with hair longer than collar length must use a headgear designed by the manufacturer with a built in hair cover. Also, if an individual has facial hair, it must be covered with a face mask. In either case, the OFFICIAL is to insure that these regulations are followed.
5. **Middle School** - Sixteen (16) weigh-ins; sixteen matches.
6. **Weight Certification:** Refer to *The Interscholastic* Weight Program and Certified Weight Permit Forms.
7. **Eligibility Certificates** are due **online** no later than the date of the first contest according to the standardized calendar. **Failure to submit eligibility certificates will result in a \$25 fine and forfeit of all contests played.**
8. **WVSSAC Rule 127-2-13 Practice** – Refer to *WVSSAC Rules & Regulation Handbook*.
9. **Mouth Guard Policy for Wrestling** - The use of mouth guards is **recommended** for all practices and contests and **required** for athletes wearing braces.

10. **Head and Neck Trauma Guidelines** – Refer to the approved Return to Play/Concussion Protocol. RTP refers to return to play and return to practice. The appropriate health care professional will determine when a concussed athlete may return to participation.
11. **Injury/Participation Procedure at WVSSAC Championship Events** - Medical personnel (athletic trainers) will have the jurisdiction concerning the return of a player to competition after an injury. If a parent refuses to follow the determination of the authorized person, a release form must be signed.
12. Coaches are responsible for discussing the Bench Clearing Rule and Ejection Policy with all other coaches and players prior to the first contest.
 - a. **Rule 127-4-3.7 Code for Interscholastic Athletics** - Coaches are hereby notified to carefully review this rule with special emphasis on 3.7.3.
13. The WVSSAC actively promotes good sportsmanship in all of our sport programs. We encourage you to promote good sportsmanship by informing parents and athletes of the importance of supporting this concept. Please encourage your school principal and school to participate in the Sportsmanship Award Program.
14. **Communicable Skin Disease Policy for Regional and State Tournaments**
 - a) The Communicable Skin Disease Form must be used and shown to the official.
 - b) The form is only valid for a maximum of 7 days.
 - c) At regional and state tournaments, a doctor or physician assistant will review the Communicable Skin Disease Forms and examine each athlete. This authorized doctor has the authority to override the form if the skin condition is deemed a safety or health factor.
 - d) Wrestling mats shall be sanitized after each session.
 - e) This issue will be emphasized at the State Rules Clinics.

WR/ag

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**2017-2018
WRESTLING RULES CLINICS**

<u>DATE</u>	<u>LOCATION</u>	<u>TIME</u>	<u>COORDINATOR</u>
Oct. 8	Interpreters' Clinic Parkersburg (WVSSAC)	9:00 a.m.	Wayne Ryan
Oct. 8	WVSSAC	4:00 p.m.	Wayne Ryan
Oct. 10	Hampshire	6:00 p.m.	Trey Stewart
Oct. 11	Martinsburg	6:00 p.m.	David Walker
Oct. 16	Woodrow Wilson H.S. Beckley	6:00 p.m.	Tim Carrico
Oct. 17	Capital	6:00 p.m.	Ron Wilson
Oct. 18	Huntington H. S.	6:00 p.m.	Bruce Senior Note Change
Oct. 23	Wheeling Park H. S.	6:00 p.m.	Dwaine Rodgers
Oct. 24	Robert C Byrd H. S.	6:00 p.m.	Scott Davis
Oct. 25	*WVSSAC Office *Make-up Clinic - \$10.00 Fee	6:00 p.m.	Wayne Ryan

SCHOOLS: The **Head Coach** shall be **required** to attend any sports rules clinics which are sponsored by this Commission in his/her coaching assignment. Schools failing to have a head coaching position filled at the time of the clinic will be required to have a school representative present at the rules clinic. An individual can only represent one school unless he/she is head coach at both schools. In a 9-12 school, both the varsity and 9th grade coach are required to attend. Failure to have a representative at one of the above clinics will result in a \$50.00 fine.

The clinic attendance requirement will not be granted if the coach or representative is late in excess of 10 minutes.

§127-3-31. Wrestling (Boys).

31.1. Rules: Wrestling rules published by the National Federation of State High School Associations are the official rules for all interscholastic competition unless otherwise provided by Commission modification.

31.2. Organized Team Practice: Organized team practice will begin on Monday of Week 20 and the first contest may be played on Wednesday of Week 22.

31.3. Length of Season: The wrestling season will end for each team or individual at tournament elimination.

31.4. Maximum Team Contest: A wrestling team will be permitted to have 18 matches exclusive of regional and state tournaments.

31.4.a. Dual, triangular and quadrangular matches count as one. Matches in which five or more schools participate count as two.

31.5. Scrimmages: Two wrestling scrimmages with another high school may be conducted. See Glossary.

31.6. Individual students of a team must have practiced on 14 SEPARATE days, exclusive of the day of a contest, before participating in an interscholastic contest.

31.7. A student may accept awards only in WVSSAC sanctioned events during the season of that sport. These awards must be consistent with the items specified in the Awards Rule. Students may accept only this same type of award in non-sanctioned events outside the sport season.

31.8. *Middle School/9th Grade* - The above will apply for Middle School/9th Grade with the following adaptations:

31.8.a. Organized Team Practice: Organized team practice will begin on Monday of Week 19 and the first contest may be played on Wednesday of Week 22.

31.8.b. Middle school/9th grade school teams may have 16 matches excluding any conference tournaments. (revised 2008-09, 2016-17)

31.8.c. Middle school/9th grade teams are permitted one (1) scrimmage under the same conditions as a high school.

31.8.d. Middle school/9th grade season will be completed by Saturday of Week 33.

**WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
2875 STAUNTON TURNPIKE - PARKERSBURG, WV 26104
MIDDLE SCHOOL / 9th GRADE ONLY -
WRESTLING CERTIFIED MINIMUM WEIGHT PERMIT FORM**

STUDENT _____ SCHOOL _____

BIRTH DATE _____ HEIGHT _____ WEIGHT _____
Month Day Year

Recommendations for skin fold allowances are: 9% Middle/9th Grade Boys 14% Middle/9th Grade Girls

PHYSICIAN'S RECOMMENDATION

I recommend that the student designated above should not be allowed to wrestle in any weight classification less than the listed classification circled herewith:

Jr. High School: 78 84 90 95 102 110 116 123 128 135 145 155 171 190 285

Date Examined _____
Signature of Physician

NOTE TO PHYSICIAN AND PARENTS:

The purpose of this report is to prevent undue weight reduction for competitive purposes, which reduction might jeopardize the physical well-being of the student. During the wrestling season, which extends to approximately March, the student should eat and drink normally and gain weight regularly and consistently even though in training and participating in wrestling activities.

Once this Certified Minimum Weight Permit form has been completed, it cannot be changed by modification nor by a second examination.

PARENT'S RECOMMENDATION

I have read the above recommendation by the physician. I request that the student indicated be limited to:(check one)

_____ The certified minimum weight classification recommended by the physician*

_____ Not less than _____ pound weight classification*

* The higher of the two weight classification is the certified minimum weight allowed

DATE _____
Signature of Parent

BASE WEIGHT VERIFICATION
(For use by coach after 12/23 only)

If a wrestler has not made base weight at his/her Certified Minimum Weight (recorded above) prior to the December 23 deadline, base weight must be verified the first time the wrestler weighs in at his Certified Minimum Weight or at any weight class lower than previously being weighed in.

Actual Weight _____ Date _____

Referee's Signature Reg. No. OR

Authorized Person's Signature Position School Affiliation

NOTE TO SCHOOL OFFICIALS

Each student participating in wrestling must successfully pass the required physical examination prescribed by the Commission and submit the Wrestling Certified Minimum Weight Permit Form properly signed by both the physician and the student's parent before he engages in any interschool wrestling.

This form will be completed, retained by the school, and **taken to all regular season meets**. The Wrestling Certified Minimum Weight Permit Verification Form must be completed by the school and **returned to the WVSSAC office by December 23**.

NFHS MEDICAL RELEASE FORM FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State 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 (SMAC) 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 allow 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 SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC 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 reduce the likelihood wrestlers catching a skin disease from participation and suffering 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 appropriate 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 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 mitigate 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 anyway for use by various individuals or organizations. In addition, the NFHS SMAC 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 _____

Mark Location AND Number of Lesion(s)

Location AND Number of Lesion(s) _____

Medication(s) Used to Treat Lesion(s): _____

Date Treatment Started: ____ / ____ / ____ Time: _____

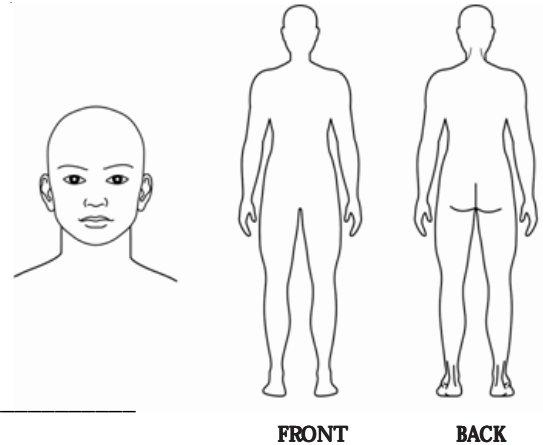
Form Expiration Date for this Lesion (Note on Diagram(s)): ____ / ____ / ____

Earliest Date the Wrestler May Return to Participation: ____ / ____ / ____

Provider Signature _____ Office Phone #: _____

Provider Name (Must Be Legible) _____

Office Address _____



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.

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 of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm on scalp or skin): Oral or topical treatment for 72 hours on skin and oral treatment for 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: Upon treatment with curettage and hyfrecator, may cover with bioocclusive and wrestle immediately.

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 Wrestling 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 considered non-contagious, it may be covered to allow participation.

DISCLAIMER: The National Federation of State High School Associations (NFHS) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or part, in reliance upon the accuracy or veracity of the information provided herein.



COACHING REMINDERS



Practice: Team members must have 14 practices on 14 separate days - 7 days sports specific if participating in another sport during the same sports season. A student must have 7 days of practice if coming from one sports season into the next sports season without interruption of school days. Only students enrolled in the specific member school and a member of team is allowed to practice. Rule 127-2-13.

Sunday Contests: Contests or practice on Sunday is prohibited. Practice refers to any group or individual meeting to view films or activity associated with the activity of that sports season. Rule 127-3-14.

Physical Exam: Team members must have Athletic Participation/Parental Consent/Physician's Certificate form completed and on file before beginning practice. Rule 127-3-3. (Must be on or after June 1st)

All-Star Competition: Any student completing athletic eligibility at the end of current school year because of age or completion of semesters of eligibility may play in one (1) all-star game upon conclusion of the season without loss of eligibility for balance of year. Rule 127-3-4.

Awards: Team members can accept awards from school sponsoring a sanctioned event or the school. Wearing apparel, championship rings, equipment, athletic goods that exceeds \$20.00 are prohibited from any source. Rule 127-3-5.

Out of Season Coaching: Coaches may not promote, initiate, organize, supervise or participate in out-of-season events involving students of the same sport as the grade level coaching assignment and preceding grade level except as specified in Rules 127-3-7.2 and 127-3-7.3. Rule 127-3-7.7.

Amateur: Any team member competing for money, receiving any award or prize of monetary value that has not been approved by the WVSSAC, capitalizing on athletic fame or signing a professional playing contract in that sport is prohibited. Rule 127-2-11.

Participation as Ineligible: Any student who participates as ineligible may forfeit eligibility for up to 365 days. Rule 127-2-12.

Non-School Participation: Participation is limited to school teams only with a few exceptions in individual sports provided the school principal approves and no school contests/activities are missed. Participation includes but is not limited to, practice, fund raising, team pictures, tryouts, etc. Rule 127-2-10.

Sanctioning and Travel: A member school shall not enter a contest, tournament, or competition which requires sanctioning until it is approved 30 days prior to the event. Rule 127-3-16.

For complete details regarding the above regulations and those governing team memberships, scholarship, undue influence, age, semester, etc. refer to the **Rules & Regulations Handbook** or at www.wvssac.org.

This is not a comprehensive listing.

§127-2-13. Practice.

13.1. Only students enrolled and eligible to be listed on the eligibility certificate for that sport in the specific member school are allowed to participate in that school's practices. Exceptions - Rules 127-2-3.2, 127-2-3.5 and 127-2-13.6.

13.2. The frequency and length of practice is at the discretion of each member school.

13.3. Member schools of the WVSSAC may practice on any day of the year with the exception of Sunday practice. Rule 127-3-14.2 further clarifies Sunday practice.

13.4. Individual players of a team must have practiced

13.4.a. on 7 SEPARATE days before participating in an interscholastic scrimmage.

13.4.b. on 14 SEPARATE days, exclusive of the day of a contest, before participating in an interscholastic contest. The following sport(s) is exempted from the provisions of this rule: golf.

13.4.c. A student athlete who is absent from practice with their team for non-medical reasons, not under a doctor care, for more than fourteen (14) consecutive days must have the required full fourteen (14) practice days before resuming participation in a contest. Students participating in football must follow the practice progression as set forth in Rule 127-3-23.

13.5. A student shall not be permitted to engage in interscholastic practice until that student has filed with the principal a completed Athletic Participation/Parental Consent/Physician's Certificate Form. Rule 127-3-3 further explains this required form.

13.6. A student academically ineligible may begin practicing 15 school days immediately prior to the date of regaining full eligibility. (All other ineligible students may not practice.)

13.7. If a student has established eligibility in a sport requiring 14 separate days of practice and is continuing to participate in that sport or no school days have lapsed from one sport to another sport in a same season, the student may participate in another sport of the season after completing seven separate days of sport specific practice in the second sport.

13.8. Students participating in a sport(s) in one season must have practiced 14 separate days, exclusive of the day of a contest, to be eligible to participate in a sport in the next season with the following exception: the student has continued to practice or participate in tournament play without an interruption of school days. The student must complete seven separate days of sport specific practice in the second sport.

127-4-3 Code for Interscholastic Athletics

3.7. *Statement of Policy.* Insofar as unsportsmanlike actions by students, school administrators, officials, coaches, faculty members, and spectators are concerned, the identical items under the Sportsmanship Rule along with the following guides will be referred to by the WVSSAC:

3.7.a. The school whose coach behaves in a manner likely to have adverse influence on the attitudes of students or spectators may be provided with the choice of taking disciplinary action against that coach or having the entire school disciplined by the WVSSAC.

3.7.b. Any student who in protest lays hands or attempts to lay hands upon an official may be declared ineligible by the principal or by the WVSSAC for up to one year. Any student who strikes an opponent, coach, or a spectator during or following an athletic event may be declared ineligible by the principal or the WVSSAC for a specified period of time up to one year, depending on the seriousness of the act.

3.7.c. Any coach, student, or bench personnel ejected by an official will be suspended for the remainder of the game, match, meet or contest. The coach, student, or bench personnel ejected by an official will also be suspended in additional contest(s); the suspension will be assessed based upon ten (10) percent of the allowed regular season contests or post season progression in a playoff tournament for each sport. Any tenth of a percentage from .1 to .4 will be a suspension equal to the whole number of the percent. Any tenth from .5 to .9 will be an additional contest added to the whole number. The suspension will include the number of indicated contests in that sport and at that level and all other sport contests in the interim at any level. A second ejection will result in the doubling of the suspension assessed for the first ejection. If an individual is ejected for a third time during the same sport season, the individual will be suspended from participating or coaching for 365 calendar days from the date of ejection. In accordance with rule 127-3-15.3, an individual ejected by an official may not appeal that ejection, or any subsequent suspension that is a consequence of the ejection by an official.

3.7.c.1. Any coach, player or bench personnel who has been ejected shall not be permitted to attend any contest(s) during said suspension. He/she shall not be affiliated with the team in any capacity. This would include but not be limited to transportation to or from the contest, meeting with the team before, during or after said contest. He/she is not permitted to be in sight or sound of said contest venue. Regular practice or team meetings not affiliated with a contest are permitted.

3.7.c.2. If suspensions are imposed to a student or bench personnel at the end of the sport season and no contest remains, the suspension is carried over to that particular sport until the next school year. In the case of a senior student, the penalty will continue to the next WVSSAC sponsored sport.

3.7.c.3. Any coach suspension that cannot be enforced during the sport season in which the ejection occurs will be enforced at the beginning of the next season of that same sport.

3.7.d. In case of spectators physically molesting an official, administrator, coach, or student, the school may be given one of two options: 1) file charges against the offender (s) or 2) accept discipline from the WVSSAC. Any person found guilty of W.Va. Code §61-2-15(a) Assault, Battery on Athletic Officials, while these individuals are working or as a result of working an athletic contest, shall be banned from all WVSSAC athletic events for a minimum of 365 days from the date of being found guilty. The school filing charges shall notify the WVSSAC of the incident and outcome of any legal action.

3.7.e. The school that does not lend complete cooperation in the host school's effort to promote the spirit of good sportsmanship may be disciplined by the WVSSAC.

3.7.f. A coach may be considered as committing unsportsmanlike conduct if they make degrading remarks about officials during or after a game either on the field of play, from the bench, or through any public news media, argues with officials, or goes through motions indicating dislike for a decision, protests the decision and actions of officials pertaining to the game during and after the contest, or detains the official on the field of play following a game to request a ruling or explanation of some phase of the game. If a coach feels he/she has a legitimate criticism of a penalty call or a request for a rule interpretation, such criticism or request should be made in the privacy of the coach's office or the official's quarters and should be made in a courteous manner.

3.7.g. A student or team attendant shall not leave the bench area, team box area, or their designated off-field area during a game or contest other than during that time permitted by game or contest rules. A coach shall not leave the bench area, team box area, or the designated off-field area during a game or contest other than during that time permitted by game or contest rules unless a student altercation is taking place and the official requests assistance. Violation of this rule shall cause the coach, student, or team attendant to be immediately ejected from the contest, team penalized according to game or contest rules and that coach, student, or team attendant will not be eligible to participate in the next contest as outlined in §127-4-2.3.

3.8. *Procedure.* Unsportsmanship action must be reported in detail to the WVSSAC. A copy of the complaint must also be filed with the principal of the school involved. Each principal involved shall report such information or answers to the report as they deem appropriate. Upon receipt of all reports, the Executive Director and/or the Board of Directors of the WVSSAC shall investigate and adjudicate such reports in accordance with the powers afforded in §127-1-8.6 and 8.7 and §127-1-12.2 and 12.3 of the Constitution. Penalties up to and including suspension of member schools may be made in accordance with §127-4.

3.9. The following defines the different types of disciplinary action which may be assessed for violation of any WVSSAC rule by a member school, administrator, coach, athlete or contest official:

3.9.a. *Warning.* A warning may be given by the Executive Director or Assistant Executive Director. It is official notice that an inexcusable, unethical, or unsportsmanship action has occurred, is a matter of record, and that such an occurrence must not be repeated.

3.9.b. *Probation.* Probation is a much more severe type of warning and may be expressed two ways: 1) a school, coach, student, or team attendant on probation is told that further violations will lead to a fine or suspension; and/or 2) a school on probation is on conditional WVSSAC membership but may engage in its regular schedule, sanctioned events, and all WVSSAC tournament play, providing a program is filed with the Executive Director of the WVSSAC indicating measures to be taken to alleviate this problem which caused the school to be placed on probation.

3.9.c. *Suspension.* A school/coach suspended from the WVSSAC may not meet in interscholastic competition of any kind with a WVSSAC member school or a school that is a member of another state associated with the National Federation of State High School Associations.

3.9.d. *Fine.* A fine may be levied by the Executive Director.

3.9.e. Each of these sanctions (Warning, Probation, suspension and Fine) may be imposed or levied separately, or in a combination of one or more sanctions.

3.10 *Appeals.* All cases involving disciplinary action against member schools, coaches, students, team attendants, or officials may be protested in accordance with §127-6. However, disciplinary action imposed by an official, including disciplinary action that is a consequence of a decision by an official, such as a suspension for an additional game or games as a consequence of an ejection, is governed by rule 127-3-15.3 and is not subject to appeal.

3.11 *Review of Ejections.* Disciplinary action imposed by a contest official, including disciplinary action that results in a suspension for an additional game or games as a consequence of an ejection, is not subject to appeal pursuant to Rule §127-6. However, if the individual ejected believes the ejection was improper, he/she may request a review of the ejection by his/her principal. If the principal believes there is merit in the requested review, the principal shall complete and submit the WVSSAC Ejection Review Form within 24 hours or the next business day of the ejection to the Executive Director of the WVSSAC. If a review is properly requested, the WVSSAC will review the officials' special report, the WVSSAC Ejection Review Form, and such other information as the WVSSAC deems appropriate. Upon review, the WVSSAC Executive Director or the designated Assistant Director will either sustain the ejection and any consequent suspension(s), or will determine the ejection was improper and void any consequent suspension(s). A decision by the WVSSAC upon reviewing an ejection is not subject to appeal pursuant to Rule §127-6.



WVSSAC

Return to Play (RTP) Protocol

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

When the athlete is evaluated by the appropriate health care professional, if it is determined the athlete has suffered a concussion, the athlete shall not be permitted to RTP the same day as the concussion. If it is determined by the appropriate health care professional that the athlete did not suffer a concussion, the athlete may be returned to play as deemed appropriate by the health care professional.

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

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

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

If any symptoms occur during the progression, the athlete should drop back to the previous level and try to complete that level after 24 hour rest period.

Appropriate Health Care Professional

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

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)
- Doctor of Chiropractic (DC)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician Assistant (PA-C)
- Registered Certified Athletic Trainers (ATC/R)

Approved Board of Directors 5/06/10. Revised 2016

rk:Sports Medicine/Return to Play



A Parent's Guide to Concussion

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

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull, typically from a blow to the head or body. An athlete does not need to lose consciousness (be “knocked-out”) to suffer a concussion, and in fact, less than ten percent of concussed athletes suffer loss of consciousness.

Concussion Facts

- A concussion is a type of traumatic brain injury. The result is a more obvious functional problem than a clear structural injury, causing it to be invisible to standard medical imaging (CT and MRI scans).
- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but boys' ice hockey, boys' lacrosse, girls' soccer, girls' lacrosse and girls' basketball follow closely behind. All athletes are at risk.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.
- Concussions can cause symptoms which interfere with school, work, and social life.
- Concussion symptoms may last from a few days to several months.
- An athlete should not return to sports or physical activity like physical education or working-out while still having symptoms from a concussion. To do so puts them at risk for prolonging symptoms and further injury.

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

If an athlete is suspected of having a concussion, he or she must be immediately removed from that activity. Continuing to play or work out when experiencing concussion symptoms can lead to worsening of symptoms, increased risk for further injury and possibly death. Parents and coaches are not expected to be able to make the diagnosis of a concussion. A medical professional trained in the diagnosis and management of concussions will determine the diagnosis. However, you must be aware of the signs and symptoms of a concussion. If you are suspicious your child has suffered a concussion, he or she must stop activity right away and be evaluated:

When in doubt, sit them out!

All student-athletes who sustain a concussion need to be evaluated by a health care professional who is experienced in concussion management. You should call your child’s physician and explain what has happened and follow your physician’s instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department.

What are the signs and symptoms of a concussion?

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

When can an athlete return to play following a concussion?

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

Concerns over athletes returning to play too quickly have led state lawmakers in almost all states to pass laws stating that **no player shall return to play that day following a concussion, and the athlete must be cleared by an appropriate health-care professional before he or she is allowed to return to play in games or practices.** The laws typically also mandate that players, parents and coaches receive education on the dangers and recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared for return to play, 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. An example of a typical return-to-play schedule is shown below:

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

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

How can a concussion affect schoolwork?

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

What can I do?

- Both you and your child should learn to recognize the “Signs and Symptoms” of concussion as listed above.
- Teach your child to tell the coaching staff if he or she experiences such symptoms.
- Emphasize to administrators, coaches, teachers and other parents your concerns and expectations about concussion and safe play.
- Teach your child to tell the coaching staff if he or she suspects that a teammate has suffered a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate a concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

Other Frequently Asked Questions

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

Student-athletes that return to any activity too soon (school work, social activity or sports activity), can cause the recovery time to take longer. They also risk recurrent, cumulative or even catastrophic consequences, if they suffer another concussion. Such risk and difficulties are prevented if each athlete is allowed time to recover from his or her concussion and the return-to-play decisions are carefully and individually made. No athlete should return to sport or other at-risk activity when signs or symptoms of concussion are present and recovery is ongoing.

Is a “CAT scan” or MRI needed to diagnose a concussion?

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening head and brain injuries (skull fractures, bleeding or swelling), they are currently insensitive to concussive injuries and do not aid in the diagnosis of concussion. Concussion diagnosis is based upon the athlete's story of the injury and a health care provider's physical examination and testing.

What is the best treatment to help my child recover quickly from a concussion?

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

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within 2–3 weeks of the initial injury. You should anticipate that your child will likely be out full participation in sports for about 3-4 weeks following a concussion. However, in some cases symptoms may last for many more weeks or even several months. Symptoms such as headache, memory problems, poor concentration, difficulty sleeping and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

How many concussions can an athlete have before he or she should stop playing sports?

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances that surround each individual injury, such as how the injury occurred and the duration of symptoms following the concussion, are very important and must be individually considered when assessing an athlete’s risk for and potential long-term consequences from incurring further and potentially more serious concussions. The decision to “retire” from sports is a decision best reached after a complete evaluation by your child’s primary care provider and consultation with a physician or neuropsychologist who specializes in treating sports concussions.

I’ve read recently that concussions may cause long-term brain damage in professional football players. Is this a risk for high school athletes who have had a concussion?

The issue of “chronic traumatic encephalopathy (CTE)” in former professional players has received a great deal of media attention lately. Very little is known about what may be causing these dramatic abnormalities in the brains of these unfortunate players. At this time we do not know the long-term effects of concussions (or even the frequent sub-concussive impacts) which happen during high school athletics. In light of this, it is important to carefully manage every concussion and all concussion-like signs and symptoms on an individual basis.

Some of this information has been adapted from the CDC’s “Heads Up: Concussion in High School Sports” materials by the NFHS’s Sports Medicine Advisory Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

**Revised and Approved April 2013
April 2010**

DISCLAIMER – NFHS Position Statements and Guidelines

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Concussions

WVSSAC Policy and 2013 Legislation - Senate Bill 336

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

- 1) **ALL COACHES** will be required to annually complete the NFHS Concussion Course.
- 2) The principal shall monitor and maintain appropriate records regarding completion of the course.
- 3) **ANY COACH** that does not complete the NFHS Concussion Course annually will not be permitted to coach until the course has been completed.
- 4) Make concussion information available to parents and athletes.
 - Physical Form
 - CDC Letter
 - Parents Guide to Concussion in Sports
- 5) Return to Play protocol (RTP)- Must have written permission to RTP from a health care professional with training in the evaluation of head injuries.
- 6) WVSSAC Concussion Report - Required submission to school administration. Report must be submitted to Dr. Dan Martin within 30 days of injury.

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

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



Concussion Course Required

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

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

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

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

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



Steps to access the FREE course:

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

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

RECRUITING REGULATIONS

If a coach is contacted by a student, his/her parents, or anyone else regarding a student athlete transferring to his/her district, the coach shall refer the individual(s) to a school administrator in the district immediately. A coach cannot discuss the matter with the student or anyone else for that matter and should not even listen when the subject is brought up concerning students transferring to his/her school. School coaches working or coaching in outside school leagues and camps should be warned that a potential problem exists if a student later enrolls at the school where the coach is employed. The school administrator, after being notified by the coach that a prospective student athlete has approached the coach about possibly playing for his/her school team, should contact the WVSSAC office immediately. Seriously or jokingly telling a student that you would like for that athlete to play for you or your team shall be considered recruiting. Rules regarding individuals who engage in recruiting shall not be restricted specifically to school personnel.

Approved by the Board of Appeals
October 1998

GUIDELINES FOR SUSPENDED COACH/PLAYER

A coach or player who is ejected from a contest shall be suspended for the remainder of the game, match, meet or contest. An ejected coach shall exit the playing arena (out of sight and sound of the venue) as well as the team and bench areas. If there is not another person hired by the board of education to coach that sport or a professional from that school present to take his/her place, the contest shall be forfeited. Because of supervision and liability, an ejected athlete shall sit on the bench and shall not cause nor participate in any further problems. Furthermore, a coach or player shall not be permitted to attend subsequent contests of the suspension. He/she shall not be formally affiliated with the team in any capacity. This would include but not be limited to transportation to or from the contest, meeting with the team before, during or after the contest, wearing a uniform, or sitting in the bench or team area. Regular practice or team meetings not affiliated with a contest will not fall under this policy.



SPECTATOR SUPPORT INFORMATION FOR TOURNAMENTS

The following sport support information is provided for each specified sport. **ONLY** those items marked with "Yes" are allowed during tournament play (sectional, regional, and state). It is recommended that schools follow these regulations during regular season play.

Vocal cheering and support from team bench areas are encouraged; however, the items indicated on this page are for use by spectators. Schools must stress **GOOD SPORTSMANSHIP** when allowing any item to be used. All items must be for support of your team and not directed against the opponent.

Legend: BSK Basketball CC Cross Country SB Softball TE Tennis WR Wrestling
 BB Baseball FB Football SC Soccer TR Track & Field
 CH Cheer GO Golf SW Swimming VB Volleyball

SPORT	BSK	BB	CH	CC	FB	GO	SB	SC	SW	TE	TR	VB	WR
Apparel Required Upper/Lower Body Garments	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Balloons	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
Banners on wall/stadium	No	No	No	No	No	No	No	No	No	No	No	No	No
Permanent Signage/ Advertisement Senior Pictures	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Confetti/Paper debris	No	No	No	No	No	No	No	No	No	No	No	No	No
Hand-held Signs (one holder)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
TOURNAMENT DIRECTORS HAVE AUTHORITY IN DETERMINING APPROPRIATE SIZE AND SIGN MESSAGE.													
Laser Pointer	No	No	No	No	No	No	No	No	No	No	No	No	No
Miniature sports balls thrown to crowd	No	No	No	No	No	No	No	No	No	No	No	No	No
Noise makers (Horns, cow bells, bells, buzzers, clickers, or any noisemakers)	No	Yes	No	Yes	Yes	No	Yes	Yes	No	No	No	No	No
TOURNAMENT DIRECTORS HAVE AUTHORITY IN DETERMINING WHAT IS CONSIDERED AN ARTIFICIAL OR MECHANICAL NOISE MAKER. NF RULES SPECIFY NOISE MAKERS WHICH MAY NOT BE USED.													
Opening Prayer/ Invocation	No	No	No	No	No	No	No	No	No	No	No	No	No
Paper banners for team to run through	Yes *	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pom pons (w/o sticks) Spirit Towels	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Recorded/taped Music over amplifying system Only pregame or halftime	Yes *	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
School Band, Pep Band	No	No	No	No	Yes	No	No	Yes	No	No	No	No	No
Air Horns / Bull Horn	No	No	No	No	No	No	No	No	No	No	No	No	No
Cannons & Muskets	No	No	No	No	No	No	No	No	No	No	No	No	No
50-50 Drawing	No	No	No	No	No	No	No	No	No	No	No	No	No
Reserve Seating State Only	No	No	No	No	No	No	No	No	No	No	No	No	No

* Not Permitted at State Tournament

**National Federation of State
High School Associations**



NFHS GUIDELINES ON HANDLING PRACTICES AND CONTESTS DURING LIGHTNING or THUNDER DISTURBANCES

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

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

Proactive Planning

1. Assign staff to monitor local weather conditions before and during practices and contests.
2. Develop an evacuation plan, including identification of appropriate nearby safe areas.
3. Develop criteria for suspension and resumption of play:
 - a. When thunder is heard or a cloud-to-ground lightning bolt is seen, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for thirty minutes 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 will reset the clock and another 30-minute count should begin.
4. Review annually with all administrators, coaches and game personnel.
5. Inform student athletes of the lightning policy at start of season.

For more detailed information, refer to the “Lightning Safety” section contained in the NFHS Sports Medicine Handbook.

Revised and Approved October 2014

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WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
2875 STAUNTON TURNPIKE, PARKERSBURG, WV 26104

BODY FLUID HANDLING PROCEDURES

PURPOSE

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

BLOOD-BORNE PATHOGENS

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

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

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

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

PRECAUTIONS AGAINST TRANSMISSION OF BLOOD-BORNE PATHOGENS

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

General Procedures:

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

Procedures for Activities:

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

REFERENCES

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

Policy Adopted by the Board of Directors

WAYS TO PREVENT SKIN INFECTIONS: A PLAYER'S GUIDE



Cover Cuts & Sores!

With a bandaid or wrap before you play



Wash Up!

With soap and hot water



Don't Share!

Towels, clothes or personal items



Show & Tell!

**Show cuts & sores
to your coach**



Be Prepared!

**Learn first aid for cuts
& sores**



MEASURES FOR PREVENTING STAPHYLOCOCCAL SKIN INFECTIONS AMONG SPORTS PARTICIPANTS

Centers for Disease Control Recommendations for School Athletic Teams



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



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



Ensure availability of adequate soap and hot water



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



Establish routine cleaning schedules for shared equipment.



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



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



WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION



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E-MAIL: wvssac@wvssac.org
WEB SITE: www.wvssac.org



BULLETIN

TO: Wrestling Coaches and Wrestling Officials
FROM: Wayne Ryan, Assistant Executive Director
DATE: September 2017
SUBJECT: Skin Infections Awareness

It is the responsibility of wrestling coaches and officials to ensure that no wrestler participates while suffering from a skin infection/communicable disease. The health and well being of all participants must be a primary concern.

The WVSSAC recommends that coaches go to www.thematdoc.com to purchase a copy of Dr. B.J. Anderson *The Mat Doc Skin Infection Pocket Reference*. This reference guide helps wrestling personnel evaluate skin infections.

The Communicable Skin Disease Form is required for any wrestler desiring to return to competition after having a communicable skin disease or is suspected of having a communicable skin disease or any other condition that makes participation appear inadvisable. This form must be completed in its entirety and signed by a physician before an official or coach allows an athlete to participate with a skin condition. This procedure refers to practice and all competition.

If there is any doubt or question regarding a skin condition, the athlete must be removed from practice/competition until cleared by a physician.

When in doubt, sit them out!

West Virginia Department of Health and Human Resources

Information for the Public -

Methicillin Resistant *Staphylococcus aureus* (MRSA)

What is *Staphylococcus aureus*?

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

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

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

Where are staph and MRSA found?

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

How common is MRSA?

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

Who is most at risk for staph infections?

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

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

Are staph and MRSA infections treatable?

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

How are staph and MRSA spread?

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

How can I prevent staph or MRSA infections?

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



Requirements for 2017-18 NFHS free course “Sudden Cardiac Arrest” is required for all coaches to complete one time. Also, all coaches are required to complete the NFHS free course **“Heat Illness Prevention”** one time. Schools are to maintain appropriate records.

**WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
WVSSAC Sports Medicine Committee**

Heat Acclimatization and Heat Illness Prevention Position Statement

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

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

It is strongly recommended that each member school have a written Emergency Action Plan for practice and games to deal with emergencies related to injury or illness to a student athlete. The plan should include involvement of local rescue agencies, medical doctors, hospitals and local law enforcement agencies.

National Federation of State
High School Associations



EAS
SPORTS NUTRITION

Heat Illness Prevention

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

Course Objectives

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

Units

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

More

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

More Information at nfhslearn.com!

HEAT INDEX (apparent temperature)

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

CAUTION
 EXTREME CAUTION
 DANGER

Source: National Weather Service

STA

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

- 92 degrees to 103 degrees Heat Index
- All Sports:
 - See above plus; Contact sports and activities with additional equipment (ie), helmets and other possible equipment removed if not involved in contact.
 - Increase water breaks; a minimum every 30 minutes.
 - Reduce time of outside activity. Consider postponing practice to later in the day.
 - *Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index.

- 104 degrees to 125 degrees Heat Index
- All Sports:
 - Same as above plus; Alter uniform by removing items if possible.
 - Allow for changes to dry t-shirts and shorts.
 - Reduce time of outside activity as well as indoor activity if air conditioning is unavailable.
 - Postpone practice to later in the day.
 - Suspend practice, or remove equipment and decrease practice intensity for sports and activities where additional equipment is required for contact or safety.

- Above 125 degrees Heat Index
- All Sports:
 - **Suspend all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable.**
 - **Re-evaluate before resuming activities.**

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

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

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

What are the signs and symptoms of a concussion?

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

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

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

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

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

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

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

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

If you think your teen has a concussion:

Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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

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



WVSSAC CONCUSSION REPORT - 2017-2018

SCHOOL _____

Person completing this report _____

Position _____

Date _____ (this date must be within 30 days of the injury)

Is this the initial concussion report? yes _____ no _____

or an updated report? yes _____ no _____

Grade _____ Age _____ Female _____ Male _____

Please indicate the sport of this athlete with an X in the appropriate box.

Baseball	Basketball	Cheerleader	Cross-Country	Football	Golf	Soccer
Softball	Swimming	Tennis	Track	Volleyball	Wrestling	

Date concussion occurred: _____

Activity when concussion occurred: Practice _____ Scrimmage _____ Game _____

Who initially evaluated this athlete? (By title/role – no name; athletic trainer, EMT, coach, etc)

Initial steps included?

Transport by EMS _____

Referral to parents to seek follow up evaluation _____

Referral to team physician _____

Other _____

Date athlete was cleared to return to practice and play: _____

Who cleared the athlete to return:

Physician _____ Chiropractor _____ Nurse Practitioner _____

Physician Assistant _____ Athletic Trainer (ATC/R) _____

Was this in a written document? _____ (keep this document on file at the school)

(if athlete is not cleared to return in 30 days the initial report must be submitted and then a follow up report must be submitted listing the return to play date.)

Form is to be sent to Dr. Dan Martin, ATC/R.

FAX: 304-473-8112 or email to 'martin_d1@wvwc.edu'

Any questions please contact the WVSSAC or Dr. Martin (473-8103 or email)



W V S S A C

SUDDEN CARDIAC ARREST AWARENESS



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

What is Sudden Cardiac Arrest?

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

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

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

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

What causes Sudden Cardiac Arrest?

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

What are ways to screen for Sudden Cardiac Arrest?

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

What is the treatment for Sudden Cardiac Arrest?

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

Where can one find additional information?

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

Courts Recognize A Coach Has Ten Legal Duties

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

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

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

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS

75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

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

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

WHAT ARE OPIOIDS?

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

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

The most common prescribed opioid painkillers in West Virginia are:

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

HOW TO PROTECT YOUR CHILD

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

First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.
- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

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



New EMERGENCY ACTION PLAN New

127-2-15 Emergency Action Plan

15.1. On or before December 31, 2017, each member school shall adopt and submit to the West Virginia Secondary Schools Activities Commission (WVSSAC) an Emergency Action Plan (EAP) for athletics, designed to respond to athletic injuries that occur on school property during school-sponsored athletic practices and events.

15.2. Each EAP shall include:

15.2.1. Implementation of the EAP for every sport at every level. The EAP shall discuss how it is to be implemented with the participation of the school's principal and athletic director (if any), coaches, and athletes.

15.2.2. Training. The EAP shall include any necessary training for any person designated as responsible for any portion of the implementation of the EAP. Training may be in person or online, as may be available to the school.

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

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

15.2.5. Protocol for the use of Automated External Defibrillator (AED). The EAP must address how the school's sports teams will assign responsibility for retrieving and using an AED in the event it is necessary. Each sports team must be instructed on the location of the nearest AED to any practice or event facility. The school shall provide proper training to any individual assigned responsibility for using an AED.

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

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

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

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

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

15.3. Schools may, but are not required to adopt the **Anyone Can Save a Life Program** (available at www.anyonecansavealife.org), which meets all of the requirements of this Rule, to be implemented as that schools EAP in compliance with this Rule.

15.4. Each EAP adopted pursuant to this Rule shall be provided to the County Board of Education, and shall be retained by the County Board of Education until the EAP is superseded by a revised EAP.