

HEALTH & SAFETY

1. All schools must have a written Emergency Action Plans (EAP) on file for all teams/venues.
 - (a) The EAP must be posted at each athletic venue.
 - (b) The EAP should be reviewed by administration, athletic director and athletic trainer on an annual basis.
 - (c) The SCHSL recommends that gameday administrators, officials, athletic trainers and other pertinent school personnel meet prior to any contest to review the Emergency Action Plan (EAP).

2. All schools must use a Wet Bulb Globe Thermometer (WBGT) to determine safe conditions for practice and/or competition during periods of high heat and humidity.

Wet Bulb Globe Temperature (WBGT) considers the combined effects of air temperature, humidity, and solar radiation on the human body. WBGT should be measured (using a scientifically approved device) for all sports when student-athletes may be at risk for exertional heat illness (EHI).

- (a) WBGT should be accessed every hour beginning 30 minutes before the beginning of practice.
- (b) As WBGT increases, minimize clothing and equipment.
- (c) Provide unlimited drinking opportunities during hotter practices. NEVER withhold water from athletes.
- (d) Pre and post-practice weigh-ins are recommended for all sports participating during periods of high heat and humidity.
- (e) If WBGT is at 92.1 or above, suspend/postpone practice/competitions.
- (f) If WBGT at the beginning of practice is between 90.0-92.0, then drops during practice, you are allowed only 1 additional hour of practice.

| WBGT READING | ACTIVITY GUIDELINES & REST BREAK GUIDELINES |
|--------------|---|
| Under 82.0 | Normal activities--Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout |
| 82.0 - 86.9 | Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour of a minimum of four minutes duration each |
| 87.0 - 89.9 | Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each |
| 90.0 - 92.0 | Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20-minutes of rest breaks provided during the hour of practice |
| Over 92.1 | No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT reading occurs |

3. Recognition of Heat Illness:

(a) Heat Exhaustion

(1) The clinical criteria for heat exhaustion generally include the following:

- (i) Athlete has obvious difficulty continuing with exercise
- (ii) Body temperature is usually 101 to 104°F (38.3 to 40.0°C) at the time of collapse or need to drop out of activity.
- (iii) No significant dysfunction of the central nervous system is present (e.g., seizure, altered consciousness, persistent delirium)

(2) If any central nervous system dysfunction develops, such as mild confusion, it resolves quickly with rest and cooling.

(3) Patients with heat exhaustion may also manifest:

- (i) Tachycardia (very fast heart rate) and hypotension (low blood pressure)
- (ii) Extreme weakness
- (iii) Dehydration and electrolyte losses
- (iv) Ataxia (loss of muscle control) and coordination problems, syncope (passing out), light-headedness
- (v) Profuse sweating, pallor (paleness), “prickly heat” sensations
- (vi) Headache
- (vi) Abdominal cramps, nausea, vomiting, diarrhea
- (vii) Persistent muscle cramps

(b) Heat Stroke

(1) The two main criteria for diagnosing exertional heat stroke:

- (i) Rectal temperature above 104°F (40°C), measured immediately following collapse during strenuous activity.

(ii) Central Nervous System dysfunction with possible symptoms and signs: disorientation, headache, irrational behavior, irritability, emotional instability, confusion, altered consciousness, coma, or seizure.

(2) Most patients are tachycardic and hypotensive.

(3) Patients with heat stroke may also exhibit:

(i) Hyperventilation

(ii) Dizziness

(iii) Nausea

(iv) Vomiting

(v) Diarrhea 39 WBGT Index and Athletic Activity Chart WBGT Index

4. Management of Heat Illness:

Football and other sports that participate outdoors must have access to a cold immersion tub or other suitable devices (taco/burrito immersion technique, cold towels) when the temperatures begin to rise (WBGT is 82 or greater). Cold water immersion should typically be available from May through October.

(a) A primary goal of management of heat illness is to reduce core body temperature as quickly as possible. When exertional heat stroke is suspected, immediately initiate cooling, and then activate the emergency medical system. Remember “Cool First, Transport Second”.

(b) Remove all equipment and excess clothing

(c) If appropriate medical staff is present, assess the athlete's rectal temperature if available.

(d) Immerse the athlete in a tub of cold water. Water temperature should be between 35 to 60°F (2 to 15°C); ice water is ideal. Maintain an appropriately cool water temperature. Stir the water vigorously during cooling.

(e) Monitor vital signs (rectal temperature if available, heart rate, respiratory rate, blood pressure) and mental status continually. Maintain patient safety.

(f) Cease cooling when rectal temperature reaches 101 to 102°F (38.3 to 38.9°C) if trained personnel are on site and are able to administer.

(g) If an immersion pool is unavailable or in cases of heat exhaustion, use these cooling methods:

- (1) Place ice packs/ice towels at head, neck, axillae and groin.
- (2) Taco method/Tarp with ice water.
- (3) Continual dousing with cold water in a shower

Optimally, the best practices shall be carried out by a certified athletic trainer, designated healthcare provider. In the event one of these healthcare professionals is not available, the cooling technique should be implemented by the School Personnel until EMS arrives.

<https://schsl.org/archives/2294>

5. Concussion Management Plan

(a) Concussion: If a student-athlete exhibits signs and symptoms consistent with a concussion (even if not formally diagnosed), the student-athlete is to be removed from play and is not allowed to return to play (game, practice, or conditioning) on that day.

(b) Student-athletes are encouraged to report their own symptoms, or to report if peers may have concussion symptoms. Coaches, parents, volunteers, first responders, school nurses, certified athletic trainers (if available), are responsible for removing a student-athlete from play if they suspect a concussion.

(c) Following the injury, the student-athlete should be evaluated by a Licensed Health Care Provider. It is strongly recommended that each school seek qualified medical professionals in the surrounding community with training in concussion management to serve as resources in the area of concussion management. All SCHSL member school student-athletes diagnosed with a concussion are required to have written medical clearance by a physician. 'Physician' is defined in the same manner as provided in Section 40-47-20(35).

(d) A local school district shall develop guidelines and procedures based on the model guidelines and procedures referenced in subsection (A) regarding the identification and management of concussions.

https://www.scstatehouse.gov/sess120_2013-2014/bills/3061.htm

6. Guidelines on Handling Practices and Contests During Lightning or Thunder Disturbances:

These guidelines provide a default policy to those responsible for 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 the SCHSL and the nearest office of the National Weather Service.

(a) Assign staff to monitor local weather conditions before and during practices and contests.

(b) Develop an evacuation plan, including identification of appropriate nearby safer areas and determine the amount of time needed to get everyone to a designated safer area:

A designated safer place is a substantial building with plumbing and wiring where people live or work, such as a school, gymnasium or library. An alternate safer place from the threat of lightning is a fully enclosed (not convertible or soft top) metal car or school bus.

(c) Develop criteria for suspension and resumption of practice/play:

(1) When thunder is heard or lightning is seen*, the leading edge of the thunderstorm is close enough to strike your location with lightning. Suspend play for at least 30 minutes and vacate the outdoor activity to the previously designated safer location immediately.

(2) 30-minute rule. Once play has been suspended, wait at least 30 minutes after the last thunder is heard or lightning is witnessed* prior to resuming play.

(3) 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) When lightning-detection devices or mobile phone apps are available, this technology could be used to assist in making a decision to suspend play if a lightning strike is noted to be within 10 miles of the event location. However, you should never depend on the reliability of these devices and, thus, hearing thunder or seeing lightning* should always take precedence over information from a mobile app or lightning detection device. * - At night, under certain atmospheric conditions, lightning flashes may be seen from distant storms. In these cases, it may be safe to continue an event. If no thunder can be heard and the flashes are low on the horizon, the storm may not pose a threat. Independently verified lightning detection information would help eliminate any uncertainty.

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

https://www.nfhs.org/media/1014153/guidelines_on_handling_practices_contests_during_lightning_thunder_disturbances_march_2018.pdf

7. Required CPR and NFHS Courses for Coaches

- (a) All coaches should complete the required coaches prior to working with student athletes.
- (b) All coaches both paid and volunteer must be certified by either the American Red Cross or American Heart Association with a hands-on component.
- (c) All coaches must complete the required NFHS courses:
 - (i) Concussion in Sports
 - (ii) COVID-19 for Coaches and Administrators
 - (iii) Heat Illness Prevention
 - (iv) Sudden Cardiac Arrest
 - (v) Protecting Students From Abuse