



**Recommended
NWAC
ATHLETIC TRAINER
GUIDELINES**

Presented
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BYLAW 99

Medical Policies

99.1 INTRODUCTION

99.1. A The NWAC understands that each student-athlete's medical history, health, and physical abilities and limitations are unique. NWAC acknowledges that each sport places an array of demands and expectations on student-athletes and that each institution has different facilities and staffing needs due to program size and financial capabilities.

99.1. B NWAC has established a recommended standard of medical care for NWAC sanctioned sports and our student-athletes. ***Clearly, each institution must use its experience and liability considerations to customize these policies to its specific needs.*** Student-athletes should understand that each institution will use its best efforts to provide for the safety and welfare of the athletes, but each student must exercise his/her good judgment as well. The NWAC does not guarantee to the institution or to the student athlete that compliance to these policies will prevent injuries.

99.2 SPORTS MEDICINE TEAM

99.2. 1 Team Physician

As recommended by the American Medical Association (AMA), each institution should obtain the services of an allopathic or osteopathic physician with unlimited license to practice medicine to provide oversight of the athletic medical program. This licensed physician shall be referred to as the team physician and is the final authority on all medical aspects of the athletic medical program. The team physician is responsible for supervision of all medical aspects of the athletic medical program, and this includes:

- A. Help develop policies and procedures to determine an athlete's medical eligibility to participate in practice or competition.
- B. Approve protocols for the athletic medical program's first aid and emergency response consistent with the institutional policies.
- C. Develop rehabilitation programs used in the athletic medical program.
- D. Provide medical direction to the athletic trainer(s) and staff.
- E. Develop and maintain records for all student-athletes treated.

99.2.2 Athletic Medical Service Personnel

A. Athletic Medical Service can be provided by an Athletic Trainer (AT) licensed, certified or registered in their practicing state and certified by the Board of Certification, Inc. (BOC).

B. The AT is responsible for the administration of the athletic training program. Duties include:

- 1. Responsibility for the care of student-athletes participating in intercollegiate athletic programs.

- *Prevention of injuries and illness
- *Wellness promotion
- *Clinical examination, assessment and diagnosis
- *Immediate and emergency care
- *Therapeutic intervention, treatment, rehabilitation, and reconditioning
- *Mental Health education
- *Healthcare organization and administration
- *Education and consultation
- *Professional responsibility

3. Formal medical records shall be confidentially maintained for all athletes, HIPPA, and/or FERPA compliant as required by the AT employer, state, institution, and NWAC.

4. In the absence of the team physician or designee, the AT is responsible for deciding whether the student-athlete is medically able to participate by following the team physician's protocols.

5. Follow NWAC protocol and coordinate pre-participation screening exams for athletes.

6. Provide athletic training services for all home/hosted contests. Men's and women's golf matches may be exempt from this. If there is more than one hosted event on campus, then AT-on-site service of these events will be determined by the relative risk of each sport. Service may be provided based on staffing availability and need. The host will cover visiting student-athletes medical needs during contests unless visiting team AT is present.

*Medical service priority can refer to the latest revision of the Recommendations and Guideline for Appropriate Medical Service of Intercollegiate Athletics, Revised January, 2010

<https://www.nata.org/sites/default/files/AMICA-Revised-2010.pdf>

<https://www.nata.org/professional-interests/job-settings/college-university/resources/AMICA>

99.2.3 Medical Service for Tournaments and Championship Events

A. When hosting games, matches, tournaments (i.e., crossovers, 4-team, 6-team, 8-team tournaments), playoffs, the host school is responsible to provide AT service for

student-athletes for all contests. Failure to provide AT may result in cancelling of the event or moving it to another institution.

B. Host schools are responsible to provide AT for student-athletes for all postseason contests. If a host school cannot provide athletic trainers for all postseason contests, the next highest-seeded school will be awarded hosting rights.

C. The Host, in consultation with the NWAC, shall provide AT(s) to cover games, matches, and contests of the championship events, including the operation and administration of the athletic training room/area/facility.

D. The NWAC will provide additional normal medical supplies for use by the championship AT. Additional supplies are an authorized championship expense. Teams will need to bring their own supplies to be used at the championships. Teams may bring their own AT to cover their team's needs. However, the designated championship event AT is ultimately responsible for decisions within their scope of practice regarding return-to-play and implementation of the emergency management plan.

E. NWAC Emergency Management Plan-The NWAC will coordinate with The Host and the designated championship AT to prepare a comprehensive emergency management plan, to include; location and directions to local hospitals and/or emergency medical facilities, contact information for ambulance services, delegated responsibilities in the event of a medical emergency, and documentation and reporting protocols.

F. Water and towels must be supplied by the championship HOST throughout the event. Water is to be on team benches and in locker rooms and constantly monitored and replenished. Towels are to be available for showers and AT use.

G. NWAC Doctors/Ambulance- The HOST shall provide medical service of the championship to include a physician and ambulance service on-site or immediately on-call throughout the championship. Doctor should be on call for championship event.

99.3 ATHLETIC MEDICAL PROCEDURES

99.3.1 Medical Forms and Insurance

A. Information about the risk of injury, liability waivers, assumption of risk, emergency information card and the district insurance policy should be described and discussed with the student-athlete prior to his/her participation. All paperwork related to these topics shall also be signed in accordance with district policies by the student-athlete and or parent prior to his/her participation.

B. Institutions must certify insurance service for medical expenses resulting from athletically related injuries sustained while participating in a covered event.

C. Any athlete under the age of 18 must have a signed letter of parental consent for treatment readily available at all times, including any travel or away contest.

D. Emergency forms (front page of NWAC Physical Exam Form may be used) and a copy of student primary insurance cards should be readily available at all times, including any travel or away contest.

99.3.2 Medical Service Policies for Preseason, League, Playoff Events

A. AT shall provide athletic training services for all home/hosted contests by the college.

This is a recommending document as stated in the introduction. The NJCAA recommends that at a minimum, an AED and certified/licensed athletic trainer or EMT be available at all regular season contests and practices. Do we want to change the standards for preseason, league, playoffs to less than what is recommended for postseason?

B. The following emergency and therapeutic equipment shall be available at the college for use in caring for injuries:

- *Ice with bags or other forms of cryotherapy

- *Emergency medical supplies

- *Immobilization/splinting supplies

- *Taping table

- *Crutches

- *Potable Water

- *Telephone/communications system

- *Therapy and exercise equipment necessary to carry out prescribed treatment and protocol procedures.

C. An automated external defibrillator (AED) must be readily available to the AT during hours of practice and competition. The fact that an AED is most effective in saving a life if used within the first three (3) to five (5) minutes of a sudden cardiac arrest should guide placement and portability of the device(s).

D. In case of injury:

1. The team physician or host AT will be consulted for the efficient management and/or transportation of the injured athlete to the appropriate medical center.

2. The host AT has the authority to make the decision regarding the return of an injured athlete to competition in the absence of the team physician or designate, or visiting athletic trainer.

E. The host AT should make himself/herself known to the visiting team's athletic trainer or coaches prior to any contest and advise them as to their location.

F. Outside communication to emergency medical services, preferably by landline telephone, or by some other means must be available at all times.

G. In case of injury, the team physician/host AT will be consulted for efficient management and/or transportation of the injured student-athlete to the appropriate medical center.

H. The following will be easily accessible to all participating teams:

- *Ice with bags

- *Water and drinking cups, or water bottles

- *Emergency medical supplies

- *Preventative taping and first aid supplies (Visiting teams are to bring these supplies)

I. Both the home and away team shall be provided equal access to athletic training facilities.

J. The visiting team is responsible for traveling with a medical supply kit, which includes their own taping supplies, insurance, emergency information, and consent forms.

K. Arrangements must be made in advance by the visiting team's AT in order to receive treatment other than taping, wrapping, and/or cryotherapy by the host athletic trainer prior to the contest.

L. The host AT/AHP staff will be available at least one (1) hour prior to a contest and until at least twenty (20) minutes after the conclusion of the contest.

99.4 BLOOD BORNE PATHOGEN PRECAUTIONS

99.4.1 Colleges shall comply with Occupational Safety and Health Administration (OSHA) regulations on this topic. Limitations of these policies: These guidelines may not satisfy all OSHA or state law requirements for dealing with blood borne pathogens. Each member institution should contact its local health agencies for complete regulation.

99.4.2 Protective Measures Colleges shall:

- A. Provide special hazardous waste disposal containers in the athletic training facility and at competition and practice facilities.

- B. Make available exposure control supplies including, but not limited to, one-way valve CPR masks and gloves.

- C. Make available methods to clean uniforms for student-athletes during practice or competition in case of exposure to blood or bodily fluids in accordance with sport guidelines.

99.4.3 Wound Care during Practice or Competition

Open wounds or skin lesions should be appropriately treated. Whenever a student athlete suffers a laceration or wound where oozing or bleeding occurs, he/she shall be removed from practice or competition at the earliest possible time. The athlete shall be denied reentry until appropriate treatment has been administered and contamination hazard has been removed.

99.4.4 Education

Colleges are encouraged to introduce and continue education programs about the problems of exposure to blood for all participants, coaches and employees of the college.

99.5 CATASTROPIC INJURY MANAGEMENT PROCEDURES

99.5.1 Follow established institutional policies for injury management. If no district policy is in place, refer to the following recommended procedures.

A. Injured Athlete—A college counselor/advisor should be made available.

B. The Family—It should be the responsibility of the athletic trainer staff or team physician to make contact with the family of the injured athlete and provide resources to the family. No other contacts with the family should be made until the family has been officially notified of the injury by the college's medical staff.

C. Team Members—At the earliest opportunity, team members should be notified of the injury and about the condition of their teammate. During this meeting, the team should be advised how to communicate with the press and cautioned about the release of medical information. As soon as possible following the injury, counselors/advisors will be notified and made available to team members.

D. School Officials—The athletic trainer and/or the team physician should meet with the athletic director/dean/other school officials to discuss the injury. The athletic director will notify the appropriate college officials about the injury. The college emergency plan will be followed to allow the orderly dissemination of information about the injury to appropriate parties.

E. News Media—No information will be given to the press concerning the student-athlete's medical condition until the appropriate party gives permission based upon the institution's emergency plan.

F. Insurance Carriers-The designated college official will notify the appropriate insurance carriers of the injury as soon as possible following the injury.

G. Record Keeping-The college staff will follow the institutional emergency procedures with regard to proper maintenance of records.

99.6 CONCUSSION PROTOCOL AND MANAGEMENT

99.6.1 Institutions shall have a documented concussion management plan that considers each state's concussion law and reflects current standards and practices regarding concussion management.

99.6.2 Any student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by the institution's designated Sports Medicine personnel as defined in Bylaw 99.2.2, trained in the evaluation and management of concussions. More information regarding concussion protocol as well as signs and symptoms associated with concussions are found in Appendices A 27-32.

99.6.3 Student-athletes determined to have a concussion shall not return to activity for at least the remainder of that day. The team physician or his/her designee trained in the evaluation and management of concussions, according to the institution's concussion management plan, shall determine medical clearance.

99.6.4 Institutions should provide to all student-athletes educational material on an annual basis regarding the signs and symptoms of concussions in order to understand the responsibility to report such signs and symptoms, for themselves as well as teammates, to a member of the institution's sports medicine team and coaching staff.

99.6.5 Institutions should provide to all coaches educational material on an annual basis regarding the signs, symptoms, and management of concussions. All coaches must understand their responsibility in referring any student-athlete with such signs and symptoms to the AT or Sports Medicine personnel as described in the institution's concussion management plan. It is recommended that the presentation of educational material and the institution's concussion plan, to all coaching staffs, be held at the annual mandatory coaches' compliance meeting. Examples of educational material are found in appendices A 27-32.

99.6.6 When a visiting student-athlete is suspected of sustaining a concussion and his/her respective AT is not present, it is the responsibility of the host AT to: communicate the nature of the concussion to the head coach and student-athlete, refer the student-athlete to his or her athletic trainer for follow-up care, and communicate the details of the injury directly to the AT responsible for follow-up care.

99.7 ENVIRONMENTAL CONDITIONS

99.7.1 Institutions should have a written policy regarding environmental conditions that clearly outlines that institutions' method(s) of acquiring environmental data, safe participation parameters, and plans regarding modifications and cancellations and rescheduling of practices and competitions.

99.7.2 Chain of Command for Adverse Conditions

A. Host AT notes unsafe environment using real-time readings measure on-site.

- B. AT and the host site administrator will take appropriate steps (i.e. postponing play, seeking safe shelter, extra hydration time-outs, etc.) needed for the health and safety of the student-athletes.
- C. Coaches, officials, and student-athletes are informed of modifications and/or contest cancellation.
- D. If necessary, AT, athletic director, coaches, and officials will relocate student-athletes to safe location until it is deemed safe by the AT to return and resume play.
- E. Those fans observing the competition can be at risk for inclement weather. If the institution has a public address system, fans should be informed and told where to seek shelter should inclement weather be a possibility. This should be done prior to the start of the competition, or as appropriate.
- F. Visiting team's Athletic Director will be notified of the environment readings at time of decision and the subsequent decision made based on environment readings.

99.7.3 Heat Guidelines

- A. AT must measure temperature, humidity, and playing surface temperature immediately prior to all practice and contests. Measurements should be taken periodically throughout the contest.
- B. Ideally measurements should be taken with a heat stress tracker or a sling psychrometer to measure wet bulb globe temperature. *See Appendix ?* for details specific to NWAC contests and practices.
- C. Artificial Turf surfaces are hotter than other surfaces. The temperature of synthetic turf surfaces depends on numerous variables including weather conditions, location, and especially solar radiation. Skin burns at 110 F with prolonged exposure, and skin burns more quickly with hotter surface temperatures above 110F. Consider cooling techniques or changing practice/contest time if turf temperature is elevated. Artificial turf surf temperature can be measured with an infrared laser thermometer.
- D. In the event a host location is at risk of falling under the advisories at set forth in *Appendix ???* prior to a contest, every effort should be made to communicate as early as possible with the NWAC office and visiting team to develop a backup plan.

99.7.4 Cold Exposure

- A. The AT/AHP of the host institution shall, in consultation with host administrator, and head official monitor conditions via <http://www.noaa.gov/> prior to and throughout the contest when conditions are present that require it.
- B. See *Appendix ?* for details specific to NWAC contests and practices.
- C. In the event a host location is at risk of falling under the advisories at set forth in *Appendix ??* prior to a contest, every effort should be made to communicate as early as possible with the NWAC office and visiting team to develop a backup plan.

99.7.5 Air Quality

- A. The AT/AHP of the host institution shall, in consultation with host administrator, and head official monitor air pollution for safety during practices and contests.
- B. The Air Quality Index (AQI) is the EPA's scale for rating air quality. It is a color-coded tool that categorizes air quality. State Department of Environmental Quality (DEQ) maintains air quality ratings that are updated hourly and can be accessed online at each states DEQ site. **Determination of AQI will be based from each states DEQ site, which has a consistent measuring system.** See Appendix??? for general guidelines.
- C. In the event a host location is at risk of not meeting the standards as set forth in **Appendix ???** prior to a contest, every effort should be made to communicate as early as possible with the NWAC office and visiting team to develop a backup plan.

99.7.6 Lightning

Lightning is the most common severe-storm activity encountered annually in the United States. It is a widespread danger to the physically active population, in part because of the prevalence of afternoon to early evening thunderstorms from late spring to early fall and a societal trend toward outdoor physical activities during those times

- A. Monitor the weather by local weather forecast before any outdoor practices or contests through the National Weather Service (www.weather.gov) or other cellular apps and computer sites.
- B. Designate someone to monitor thunder and lightning in the immediate area.
- C. Prior to the start of an outdoor activity, each institution should designate lightning safe and unsafe locations for all student-athletes and spectators. Identify these locations before the event and inform participants of them. Access to these building during activities must be assured. Individual institutions will incorporate their own policies relating to specific safe areas, areas to avoid, and unsafe areas.
 - (1) Safe locations may include substantial, fully enclosed buildings with wiring and plumbing, such as a school, field house, library, home, or similar habitable (e.g., where people live and work) building to serve as a safe place from lightning. Fully enclosed metal vehicles such as school buses, cars, and vans are also safe locations for evacuation.
 - (2) Unsafe locations include most places termed shelters, such as picnic, park, sun, and rain nonmetal shelters and storage sheds. Locations with open areas, such as tents, dugouts, refreshment stands, gazebos, screened porches, press boxes, and open garages are not safe from a lightning hazard.
- D. All individuals must be completely within an identified safe location when thunderstorms are already producing lightning and approaching the immediate location and when the distance between the edge of the lightning storm and the location of the outdoor activity reaches 5 nautical miles (NMI; roughly 6 statute miles or 9.26 km ;)

E. Activities should be suspended until 30 minutes after both the last strike of lightning is seen (or at least 5 miles away) and after the last sound of thunder is heard. This 30-minute clock restarts for each lightning flash within 5 miles and each time thunder is heard.

F. Real-time notification services are available, usually for a fee, from some of the aforementioned companies or from secondary providers who are subcontractors of these companies. These services provide notification when lightning has been detected within various distances and when the area has been lightning free for various time periods (Table 4). The details of these thresholds should be adjusted for each individual situation, especially the necessary time to communicate the decision and evacuate to safety for larger venues or gatherings.

Common Alerts for Real-Time Notification of Lightning (NATA Table 4)

Alert Meaning	
"Heads Up"	Lightning w/in 15 miles
"Begin Safety Procedures"	Lightning w/in 10 miles
"You Are Now In Danger"	Safety procedures should be complete, lightning within 6 miles
"All Clear"	Lightning has not been detected at 15 miles

Acknowledgements:

California Community Colleges Athletic Association
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NWAC Trainers Association
NATA
American Medical Association
Walsh KM, Cooper MA, Holie R, Rakov V, Roeder WP, Ryan M

**NCAA SPORTS SCIENCE INSTITUTE
MENTAL HEALTH BEST PRACTICES**

BEST PRACTICE #1 ***Clinical Licensure of Practitioners Providing Mental Health Care***

Schools are encouraged to ensure that the mental health care of a college athlete is provided by a licensed individual who is qualified to provide mental health services.

<http://www.ncaa.org/sites/default/files/Mental%20Health%20Best%20Practices%201.pdf> Appendix?

BEST PRACTICE #2 ***Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners***

Athletics departments are encouraged to work with sports medicine and campus mental health services to develop written emergency and non-emergency action plans for situation in which college athletes face a mental health challenge. Appendix?

<http://www.ncaa.org/sites/default/files/Mental%20Health%20Best%20Practices%202.pdf>

BEST PRACTICE #3 ***Pre-Participation Mental Health Screening***

Schools are encouraged to develop and apply mental health screening tools, as well as a written mental health referral plan, prior to a student-athlete's initial participation in college athletics.

<http://www.ncaa.org/sites/default/files/Mental%20Health%20Best%20Practices%203.pdf> Appendix?

<http://www.ncaa.org/sites/default/files/MHBP%20Screening%20Tools%20General%20Index.pdf>

BEST PRACTICE #4 ***Health-Promoting Environments That Support Mental Well-Being and Resilience***

Athletics departments are encouraged to educate student-athletes, coaches, and faculty athletics representatives to help create a culture that promotes care seeking and mental well-being and resilience.

<http://www.ncaa.org/sites/default/files/Mental%20Health%20Best%20Practices%204.pdf> Appendix?

Managing Student-Athletes Mental Health Issues

http://www.ncaa.org/sites/default/files/2007_managing_mental_health_0.pdf

APPENDIX D

Resource Checklist for Mental Health Care

Below is a checklist that can be used as a resource when evaluating institutional mental health plans. Please note that “Best Practices” do not provide prescriptive details regarding clinical care. As such, care is individualized for the needs of each student-athlete and is based on evidence-based care that is within the scope of practice for the primary athletics health care providers (athletic trainers and team physicians) and the licensed practitioner who is qualified to provide mental health services.

1. Clinical Licensure of Practitioners Providing Mental Health Care

- ☐ Mental health care of student-athletes should be done in collaboration with the primary athletics health care providers (athletic trainers and team physicians) and the licensed practitioners who are qualified to provide mental health services.
- ☐ Formal mental health evaluation and treatment for student-athletes is provided **ONLY** by practitioners who are qualified to provide mental health services (clinical or counseling psychologists, psychiatrists, licensed clinical social workers, psychiatric mental health nurses, licensed mental health counselors, board certified primary care physicians with core competencies to treat mental health disorders.)
- ☐ Individuals providing mental health care to student-athletes have autonomous authority, consistent with their professional licensure and professional ethical standards, to make mental health management decisions for student-athletes.
- ☐ Individuals providing mental health care to student-athletes should have cultural competency in treating student-athletes from diverse racial, ethnic, gender identified, and other unique cultural experiences influencing help-seeking.
- ☐ Individuals providing mental health care to student-athletes ideally should have cultural competency in working with collegiate student-athletes, as evidenced by professional training related to athletics, continuing education courses related to athletics or other professional development activities or experiences related to athletics.

2. Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners

Mental Health Emergency Action Management Plan (MHEAMP) that specifies:

- ☐ Situations, symptoms or behaviors that are considered mental health emergencies.
- ☐ Written procedures for management of the following mental health emergencies:
 - ☐ Suicidal and/or homicidal ideation.
 - ☐ Sexual assault.
 - ☐ Highly agitated or threatening behavior, acute psychosis or paranoia.
 - ☐ Acute delirium/confusional state.
 - ☐ Acute intoxication or drug overdose.
- ☐ Situations in which the individual responding to the crisis situation should immediately contact emergency medical services (EMS).
- ☐ Individuals responding to the acute crisis should be familiar with the local municipality protocol for involuntary retention, e.g., if the student-athlete is at risk of self-harm or harm to others.
- ☐ Situations in which the individual responding to the crisis situation should contact a trained on-call counselor.

APPENDIXES

- ☐ Identifying trained on-call counselors who will be able to provide direct and consultative crisis intervention.
- ☐ The management expectations of each stakeholder within athletics during a crisis situation.
- ☐ Specific steps to be taken after an emergency situation has resolved to support the student-athlete who has experienced the mental health emergency.
- ☐ A procedure for reviewing preventive and emergency procedures after the resolution of the emergency situation.
- ☐ A formal policy for when student-athlete family members will be contacted in the event of a mental health emergency.

Routine mental health referral plan that specifies:

- ☐ Situations, symptoms or behaviors that may indicate a possible nonemergency mental health concern.
- ☐ The licensed mental health professional to whom student-athletes with possible nonemergency mental health concerns should be referred.
- ☐ Who should be responsible for making the referral to a licensed practitioner who is qualified to provide mental health services.

Communication about mental health management plans:

- ☐ MHEAMPs are provided to all stakeholders within athletics who work with student-athletes, clearly specifying each stakeholder's role in managing a crisis situation.
- ☐ Annual communication is conducted with all stakeholders within athletics who work with student-athletes about the importance of reviewing their role in all emergency action plans – specifically the MHEAMP.
- ☐ All stakeholders within athletics who work with student-athletes are provided with written instructions about the practitioners to whom student-athletes with potential non-emergency mental health concerns should be referred.

3. Pre-Participation Mental Health Screening

- ☐ Screening questionnaire(s) for mental health disorders are considered as part of the pre-participation exam.
- ☐ A procedure is established for when and to whom symptomatic or at-risk student-athletes identified through this screening process will be referred.
- ☐ All decisions related to what approach will be taken to screening (including what screening instrument to consider and what responses or scores on this instrument warrant further follow-up) will be made by the primary athletics health care providers (athletic trainers and team physicians) in collaboration with the licensed practitioners who are qualified to provide mental health services. Examples may include those listed in Appendix F.

4. Health-Promoting Environments that Support Mental Well-Being and Resilience

- ☐ The primary athletics health care providers and the licensed practitioners who are qualified to provide mental health services to student-athletes meet on an annual basis and develop strategies for educating student-athletes about institutional procedures for mental health referrals and management.
- ☐ All SAAC representatives and student-athletes receive information on an annual basis about:
 - ☐ Signs and symptoms of mental health disorders and how to obtain mental health guidance from the primary athletics health care providers (athletic trainers and team physicians) and licensed practitioners who are qualified to provide mental health services.
 - ☐ Programming about preventing and responding to sexual assault, interpersonal violence and hazing.
 - ☐ Programming about peer intervention in the event of teammate mental health distress.
- ☐ All coaches and faculty athletics representatives receive information on an annual basis about:
 - ☐ Programming to support appropriate first response to emergency situations.
 - ☐ Signs and symptoms of mental health disorders.
 - ☐ The importance of, and how to, create a positive team culture that promotes personal growth, autonomy and positive relations with others.
 - ☐ Information about sexual assault, interpersonal violence and hazing.
 - ☐ How to encourage and support team members who are facing mental health challenges to seek appropriate management and referrals from the primary athletics health care providers (athletic trainers and team physicians) and licensed practitioners who are qualified to provide mental health services.
 - ☐ The specific referral process that coaches should follow if they are concerned about a student-athlete's mental health.
 - ☐ The importance of understanding and helping to minimize the possible tension that can exist in student-athletes about adverse consequences for seeking mental health care.

APPENDIX F

Screening Instruments

NOTE: This is only a *suggested* list of screening instruments. Screening tools have not been validated as stand-alone assessments for mental health disorders, and must be incorporated into the entire pre-participation evaluation. Trained experts at your institution may appropriately select other screening approaches. Athletics may alternatively or additionally choose to join with campus-wide screening programs conducted in conjunction with campus counseling centers, such as College Response (www.mentalhealthscreening.org).



APPENDIXES

SCREENING TOPIC:

GENERAL INDEX

Measure: NATA suggestion for mental health-related survey.

Reference: Conley KM, Bolin DJ, Carek PJ. National Athletic Trainers' Association position statement: preparticipation physical examinations and disqualifying conditions. *J Athl Train* 2014;49:102-120.¹⁶

Adapted from: Carroll JFX, McGinley JJ. A screening form for identifying mental health problems in alcohol/other drug dependent persons. *Alcohol Treat Quarterly* 2001;19:33-47.¹⁸

1. I often have trouble sleeping.
2. I wish I had more energy most days of the week.
3. I think about things over and over.
4. I feel anxious and nervous much of the time.
5. I often feel sad or depressed.
6. I struggle with being confident.
7. I don't feel hopeful about the future.
8. I have a hard time managing my emotions (frustration, anger, impatience).
9. I have feelings of hurting myself or others.

Scoring: Responses of "Yes" or "No."

Interpretation: Any response of "Yes" should lead to follow-up discussion between the student-athlete and a member of the primary athletics health care provider team and/or point person for determination about whether the student-athlete should be referred to a licensed mental health professional for further evaluation.

NORTHWEST ATHLETIC CONFERENCE
NWAC CONCUSSION INFORMATION

NWAC member institutions shall have a concussion management plan on file such that a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from practice or competition and evaluated by an athletics healthcare provider with experience in the evaluation and management of concussions. Student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. The team healthcare provider (e.g., team physician) or his or her designee according to the concussion management plan shall determine medical clearance.

The concussion management plan should ensure that student-athletes are educated and presented with educational materials about the signs and symptoms of concussions. Student-athletes accept responsibility for reporting injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. Student-athletes must acknowledge, by signing a statement, that they have received information about the signs and symptoms of concussions and that they have a responsibility to report concussion-related injuries and illnesses to a medical staff member.

The concussion management plan should ensure when a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from athletics activities (e.g., competition, practice, conditioning sessions) and evaluated by a medical staff member (e.g., sports medicine staff, team physician) with experience in the evaluation and management of concussions.

The concussion management plan precludes a student-athlete diagnosed with a concussion from returning to athletics activity (e.g., competition, practice, and conditioning sessions) for at least the remainder of that calendar day.

The concussion management plan requires medical clearance for a student-athlete diagnosed with a concussion to return to athletics activity (for example, competition, practice, conditioning sessions) as determined by a team healthcare provider (e.g., team physician) or the physician's designee.

All NWAC coaches shall receive educational material on an annual basis regarding symptoms, signs, and management of concussions. NWAC coaches must recognize and understand their responsibility in referring any student-athlete with signs and symptoms to the medical staff as described in the concussion management plan. All NWAC coaches will need to take the concussion training provided on line.

See Appendix A 28- ?? For more information on concussion management

CONCUSSION

A FACT SHEET FOR COACHES

THE FACTS

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in *any* sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

WHAT IS A CONCUSSION?

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an “impulsive” force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:

1. A forceful blow to the head or body that results in rapid movement of the head;

-AND-

2. **Any change** in the student-athlete’s behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS

Signs Observed By Coaching Staff

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can’t recall events before hit or fall.
- Can’t recall events after hit or fall.

Symptoms Reported By Student-Athlete

- 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.
- Does not “feel right.”



PREVENTION AND PREPARATION

As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
 - Review and practice your emergency action plan for your facility.
 - Know when you will have sideline medical care and when you will not, both at home and away.
 - Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
 - Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
 - Teach student-athletes safe-play techniques and encourage them to follow the rules of play.
 - Encourage student-athletes to practice good sportsmanship at all times.
 - Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

IF YOU THINK YOUR STUDENT-ATHLETE HAS SUSTAINED A CONCUSSION:

Take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating for concussion.

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be **removed immediately from practice or competition** and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that student-athletes can get checked out.



IF A CONCUSSION IS SUSPECTED:

1. **Remove the student-athlete from play.** Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just “shake it off.” Each individual athlete will respond to concussions differently.
2. **Ensure that the student-athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Immediately refer the student-athlete to the appropriate athletics medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.
3. **Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.
4. **Develop a game plan.** Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

IT'S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, SIT THEM OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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CONCUSSION SAFETY

**WHAT STUDENT-ATHLETES
NEED TO KNOW**

What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery. If left unmanaged, there may be serious consequences.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

3. Support your injured teammates.

- If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

*No two concussions are the same. New symptoms can appear hours or days after the initial impact.
If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.*

What happens if I get a concussion and keep practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What are the long-term effects of a concussion?

- We don't fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions *may* have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE



CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON. WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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NORTHWEST ATHLETIC CONFERENCE

STUDENT-ATHLETE CONCUSSION-INJURY STATEMENT

- ☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer/athletic health care provider and/or team physician.
- ☐ I have read and understand the NCAA Concussion Fact Sheet.
- ☐ I have viewed the Concussion Video.

http://s3.amazonaws.com/ncaa/web_video/health_and_safety/concussion/concussion.html

AFTER READING THE NCAA CONCUSSION FACT SHEET and VIEWING THE CONCUSSION VIDEO, I AM AWARE OF THE FOLLOWING INFORMATION:

- A concussion is a brain injury, which I am responsible for reporting to my athletic trainer/athletic health care provider or team physician.
- A concussion can affect my ability to perform everyday activities, affect reaction time, balance, sleep, and classroom performance.
- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the athletic trainer/athletic health care provider or team physician.
- I will not return to practice or play in a contest if I have received a blow to the head or bod that results in concussion related symptoms.
- Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
- In rare cased, repeat concussion can cause permanent brain damage, and even death.

I have read the above information noted here by reference, and I understand the risk of injury or death. I understand that by participating in intercollegiate athletics I am subject to the possibility of injury or death as outlined above.

Athlete's Printed Name: _____

Athlete's Signature: _____

Date: _____

NORTHWEST ATHLETIC CONFERENCE (NWAC)

Injury and Illness Reporting Acknowledgment Form

I, _____, acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the sports medicine staff of my institution (e.g., team physician, athletic trainer, and athletic health care provider). I understand that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing (e.g. physical forms, etc.) any prior medical conditions and will disclose any future conditions to the sports medicine staff at my institution.

Additionally I understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to the sport medicine staff at my institution.

By signing below, I acknowledge that my institution has provided me with specific educational materials on what a concussion is and given me the opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, _____ have read the above and agree that the statements are
(Student-athlete's name)

(Signature of student-athlete)

Date

HEAT STRESS AND HEAT EXPOSURE

The following guidelines for hot weather activities for NWAC contests. The AT/AHP of the host institution will in consultation with the host game administrator, and head official monitor conditions via <http://www.noaa.gov/> prior to and throughout a contest when conditions are present that require it. The following guidelines for NWAC contests are:

*YELLOW: Chance of heat illness is low, but still possible. Continue with normal preparations.

*YELLOW/ORANGE: Ensure each team has adequate access to water for breaks; consider with consultation of officials, adding additional water breaks to the contest.

*ORANGE: If it appears to be a sustained period, contests shall be terminated or not started and rescheduled.

NOAA's National Weather Service

Heat Index

Temperature (°F)

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

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution Extreme Caution Danger Extreme Danger

COLD STRESS AND COLD EXPOSURE

The following guidelines are for cold weather activities for NWAC contests. The AT/AHP of the host institution will in consultation with the host game administrator, and head official monitor conditions via <http://www.noaa.gov/> prior to and throughout a contest when conditions are present that require it. Guidelines for NWAC contests are:

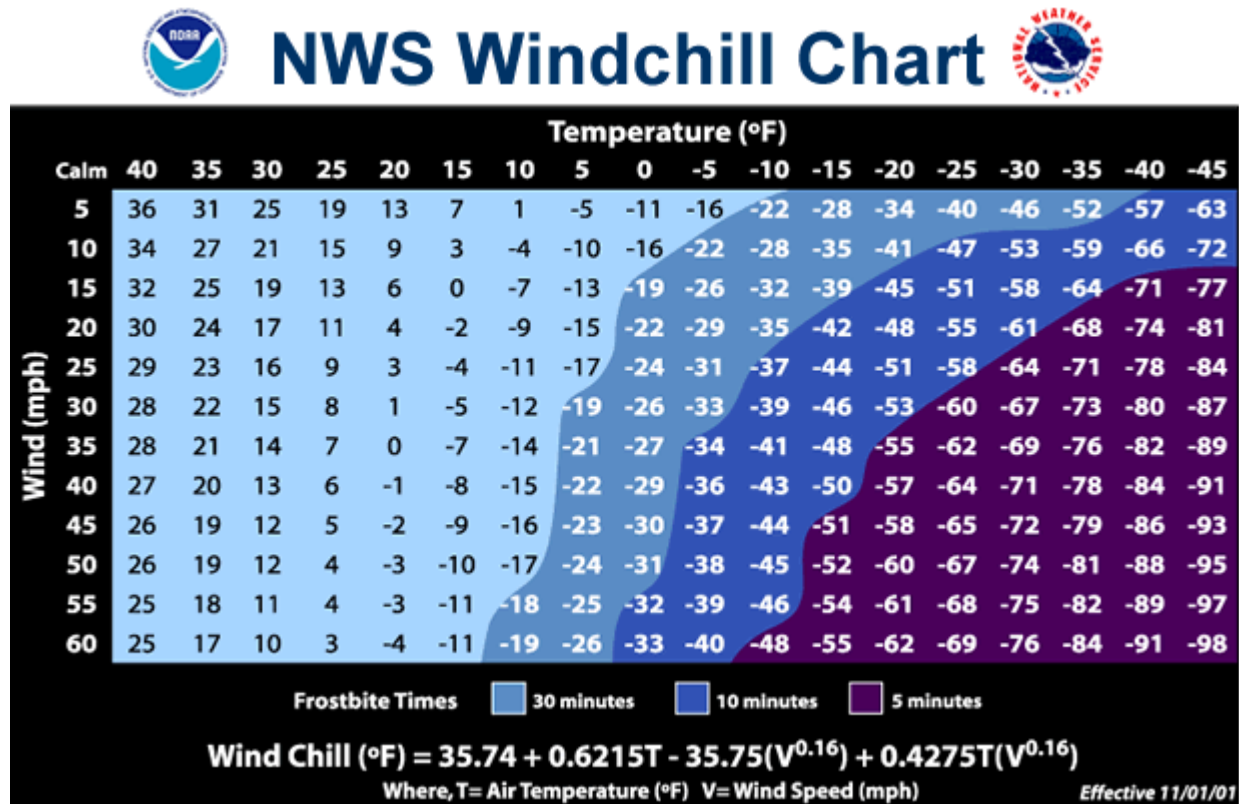
*30 degrees Fahrenheit and below-be aware of potential cold injury and notify personnel of the potential

*25 degrees Fahrenheit and below-use additional protective clothing, cover as much exposed skin as practical and provide opportunities for rewarming

*15 degrees Fahrenheit and below-consider modifying activities to limit exposure or to allow for more frequent chances to re-warm

*0 degrees Fahrenheit to -19 degrees-consider terminating or rescheduling activity based on expertise of Head official, Host AT/AHP, Host administrator in consultation with NWAC Executive Director or designee.

In the event a host location is at risk of falling under the advisories at set forth in Appendix prior to a contest, every effort should be made to communicate as early as possible with the NWAC office and visiting team to develop a backup plan.



AIR QUALITY INDEX

The Air Quality Index (AQI) is the EPA's scale for rating air quality. A color-coded tool categorizes air quality. State Department of Environmental Quality (DEQ) maintains air quality ratings that are updated hourly and can be accessed online at each states DEQ site. **Determination of AQI will be based from each states DEQ site, which has a consistent measuring system.** General guidelines are as follows:

Each category corresponds to a different level of health concern. The six levels of health concerns are as follows:

Levels/Color	AQI	Visibility	Comments	Recommendations
"Good"	0-50	15 miles and up	Air quality is considered satisfactory, and air pollution poses little or no risk. Health message-NONE	Hold events as usual. Athletes' w/asthma should keep inhalers at hand. Athletes w/other smoke related sensitivities should take precautions as symptoms dictate.
"Moderate"	51-100	8 to 14 miles	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people. For example, people who are unusually sensitive to ozone may experience respiratory symptoms. Health Message-Unusually sensitive people should consider reducing prolonged or heavy exertion.	Hold events as usual. Athletes' w/asthma should keep inhalers at hand and pretreat before exercise as directed by their healthcare provider. All athletes' w/respiratory illness should limit outdoor activity, monitor symptoms and reduce/cease activities.
"Unhealthy for Sensitive Groups" (orange)	101-150	3 to 7 miles	Although the public is not likely to be affected at this AQI range, people with lung disease, older adults and children are at a greater risk from exposure to ozone, whereas persons with heart and lung disease, older adults and children are at greater risk from the presence of particles in the air. Health Message-People with heart or lung disease, older adults, and children should consider reducing prolonged or heavy exertion.	Activities over 2 hours should decrease in intensity and duration. Add rest breaks or substitutions to lower breathing rates. . Athletes' w/asthma should keep inhalers at hand and pretreat before exercise as directed by their healthcare provider. All athletes' w/respiratory illness should limit outdoor activity, monitor symptoms and reduce/cease activities. Consider postponing/delaying/relocating
"Unhealthy"	151-200	1.5 miles to 2.5 miles	Everyone may begin to experience some adverse health effects, and members of the sensitive groups may experience effects that are more serious. Health Message-People with heart or lung disease, older adults, and children should avoid prolonged or heavy exertion. Everyone else should reduce prolonged or heavy exertion.	Consider postponing/delaying/relocating events, especially high exertion sports (i.e. soccer, cross-country). Activities over 2 hours should decrease in intensity and duration. Add rest breaks or substitutions to lower breathing rates. If possible, move practices/events indoors.
"Very Unhealthy"	201-300	1 mile	This would trigger a health alert signifying that everyone may experience more serious health effects.	Consider postponing/delaying/relocating all outdoor sport events. Move all practices indoors. Athletes' w/asthma and other respiratory illnesses are advised to stay away from events/practices. If events are held all athletes are advised to limit their outdoor exercise and any sustained rigorous exercise for more than one hour must be rescheduled, moved indoors or discontinued.
"Hazardous" maroon	AQI > 300	> 1 mile	This would trigger health warnings of emergency conditions. The entire population is more likely to be affected.	Cancel all outdoor events or relocate to another site.

VISIBILITY

State DEQ's monitors air pollution throughout the state to ensure that air quality standards are being met. Because wildfires often occur in remote areas, and the smoke impacts are transitory, monitoring wildfire smoke levels is often difficult. Remember, local smoke levels can rise and fall rapidly, depending on weather factors including wind direction. People can conduct a visual assessment of smoke level to quickly get a sense of air quality levels and take precautions. The process making this observation is:

- Face away from the sun
- Determine the limit of your visual range by looking for targets known distances (miles).
- Visual range is that point at which even high contrast objects totally disappear.

Appendix ?? Air Quality

NORTHWEST ATHLETIC CONFERENCE (NWAC)

Informed Acknowledgment of Hazards and Risks Connected with Participation in Intercollegiate Sports

PLEASE READ AND BE SURE YOU UNDERSTAND BEFORE YOU SIGN

WARNING

Participation in any athletic activity may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body. There is also the possibility of suffering emotional distress or psychological injury because of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, bruises, muscle strains, or bone fractures and dislocations to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

All sports involve the RISKS OF SERIOUS INJURY OR DEATH. These risks of injury include the possibility of death; neck and spinal injuries, which can result in complete or partial paralysis; brain damage; eye, dental, hearing and other head injuries; Injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. Pre-existing medical conditions, including illness, disease, and prior injuries can be aggravated or cause other injuries while engaged in sports. Use of drugs, alcohol, or medications can contribute to injury or illness while participating in athletic activities. Some injuries may be caused because of poor physical conditioning and overexertion. Such overexertion can result in injury to muscles, the heart, and other body parts, resulting in sprains and strains, cardiac or cardiopulmonary arrest, and other medical conditions. Injuries can also result from the use of correct or incorrect playing techniques used in tryouts, practices, warm-ups, drills, games, plays, or other similar undertakings. Injury can result from misfit or worn equipment and from otherwise wearing and/or using equipment or other protective gear. Injury can result from training room procedures; from the use of training equipment; from the administration of first aid; or from failing to follow game, training, safety or other team rules. The use of transportation provided or arranged by the College to and from games and other related activities also involves a risk of injury or death.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with athletic participation. There is, however, always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here. The purpose of this WARNING is also to aid you in making an informed decision as to whether you (or your child or ward) should participate in this athletic activity and, as a condition of such participation, sign the foregoing **Acknowledgement of Hazards and Risks Connected with Participation in Intercollegiate Sports**. In addition, the purpose of this document is to make you aware that as a student-athlete (or as a parent or guardian), it is your responsibility to learn about and/or ask coaches, physicians, athletic trainers/athletic health care providers, or other knowledgeable person's about any concerns that you have at any time regarding the safety and participation in your institution's Intercollegiate programs.

SPORTS SPECIFIC RISKS & HAZARDS

Please check box for sports you will be participating in and read risks & hazards:

- ☐ **BASEBALL:** Injuries in this sport are common, and occur to all parts of the body, including the head and neck, shoulders, arms, chest, hands and fingers, hips and legs, knees, and ankles and feet. Injury to the body's nerves, the heart and blood vessels, and other internal or reproductive organs is also possible. Such injuries may cause temporary disability or can result in permanent impairment. Pitchers, in particular, are susceptible to shoulder and arm injuries. Fatalities in Baseball typically are caused by direct blows to the chest from a struck or pitched ball or from head and neck injuries caused by being hit with baseballs or bats or by colliding with other players. Injury to the head or other parts of the body can result from contact with other participants, the playing surface, the backstop, and other solid objects in and around the playing field.
- ☐ **BASKETBALL:** Because it is a contact sport, basketball involves the risk of serious injury to virtually every part of the human anatomy. Injuries in basketball commonly can occur to all parts of the body, including the head, neck, shoulders, arms, chest, hands, fingers, hips, legs, knees, ankles, and feet. Fatalities in basketball typically are caused by direct blow to the head, chest, or from head and neck injuries caused by falling or colliding with other players. Injury to the head or other parts of the body can result from contact with other participants, the playing surface, and other solid objects in and around the basketball court.
- ☐ **CROSS COUNTRY:** Common injuries sustained because of participating in cross-country are principally located in the lower part of the body. The most common injury site is the thigh with a strain of the hamstring muscle in the back part of the thigh being the most common. Shin splints, muscle and tendon injuries of the leg and inflammation of the knee are common. Head and neck injuries can occur because of falls. The most common time for injury to occur is during practice or warm-up.
- ☐ **GOLF:** Common injuries sustained because of participating in golf are principally located in the low back and in the left wrist, left hand, and left shoulder (for right-handed golfers). The elbow, neck, and knee are also common sites of injury to golfers. Typical types of injuries to golfers include tendon and muscle strains, ligament sprains, nerve impairment, and blisters. The majority of these injuries occur during the impact or follow-through phases of the golf swing. The repetitive nature of the golf swing and contact with something other than the ball during the swing are the principal injury mechanisms. The most common cause of serious physical injury or death involves being struck by a golf club, golf ball, or lightning. Slipping and falling due to uneven terrain or wearing golf shoes on a smooth surface can result in injury. Heat stroke or heart failure may similarly result in serious injury or death.
- ☐ **SOCCER:** Is a VIOLENT CONTACT sport. Because it is a sport involving contact, soccer **more so than other contact sports**, involves the risk of serious injury to virtually every part of the human anatomy. Soccer players also are susceptible to injury or death resulting from such causes as heat stroke, heart defects, and from natural causes or other congenital problems. Common injuries sustained because of participating in soccer include knee injuries; strains and contusions of the thigh muscles; shin splints; ankle dislocations, and fractures of the hands and muscle strains and nerve impairment.

Other common types of injuries involve fractures, bruises, cuts, scrapes, sprains, strains, torn ligaments and blisters. Injury to the head or other parts of the body can result from contact with the participants, bystanders, the playing surface goalposts, and other solid objects in and around the playfield.

☐ **SOFTBALL:** Injuries in softball commonly can occur to all parts of the body, including the head, neck, shoulders, arms, chest, hands, fingers, hips, legs, knees, ankles and feet. Pitchers in particular, are susceptible to shoulder and arm injuries. Fatalities in softball typically are caused by direct blows to the chest from a struck or pitched ball, or from head and neck injuries caused by being hit with softballs or bats or by colliding with other players. Injury to the head or other parts of the body can result from contact with other participants, the playing surface, and other solid objects in and around the pitch.

☐ **TENNIS:** Common injuries sustained because of participating in tennis are to the arm, elbow, ankles, feet, shoulder, and low back, the knee, the wrist and hand, the eyes, and the neck. The most common tennis injury is to the elbow- "tennis elbow"- which is the result of repeated extension of the wrist. Injury to the shoulder generally occurs because of the service motion. "Tennis Shoulder" is a dropped shoulder caused by stretching the large shoulder muscles and is a deformity often occurring in professional players and amateur players who have competed for many years. Eye injuries typically occur when struck by a served ball or when struck by a returned ball while rushing or playing the net. Nerve stretching in the neck can occur when performing the backhand stroke. Miscellaneous tennis injuries may occur from striking net standards or from sliding because of debris on the court. Injury to the head and mouth, nose, teeth, eyes, ears, and other parts of the body can result from contact with the ball, other participants, the playing surface and other solid objects in and around the tennis court.

☐ **TRACK & FIELD:** is a competitive individual and team sport involving sprinting and running activities. As in all sports involves the RISKS OF SERIOUS INJURY OR DEATH. Common injuries sustained as a result of participating in cross country are principally located in the lower part of the body. The most common injury site is the thigh with a strain of the hamstring muscle in the back part of the thigh being the most common. Shin splints, muscle and tendon injuries of the leg and inflammation of the knee are also common. Head and neck injuries can occur as a result of falls. The most common time for injury to occur is during practice or warm-up.

☐ **VOLLEYBALL:** Common injuries sustained because of participating in volleyball are principally located in the arms, hands, legs, and feet. The ankle, foot, knee, low back, shoulder, elbow, wrist, and fingers are examples of typical injury locations. Bruises, scrapes, and strains are common types of injury. Less common but possible injuries are fractures, ligament and cartilage damage, and concussions. Injury to the head or other parts of the body can result from contact with other participants, the playing surface, and other solid objects in and around the playfield.

STUDENT ACKNOWLEDGEMENT OF HAZARDS AND RISKS

I have read the above information, which is incorporated here by reference, and I understand the RISKS OF INJURY OR DEATH. I also understand that by participating (or by permitting my child or ward to participate) in the intercollegiate programs at Skagit Valley Community College, I (my child or ward) am subject to the possibility of injury or death as outlined in the WARNING above.

CAUTION

BY SIGNING THIS ACKNOWLEDGEMENT OF HAZARDS AND RISKS, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS AND CHOOSE TO PARTICIPATE (OR TO PERMIT MY CHILD OR WARD TO PARTICIPATE) IN THE INTERCOLLEGIATE SPORTS AT SKAGIT VALLEY COMMUNITY COLLEGE.

Signature of Student

Sport

Date

Signature of Parent or Legal Guardian (if student is under 18 years of age)