

2020 IHSA FOOTBALL PRESEASON GUIDE



7 Keys to Help Minimize Risk in the Sport of Football

Annual Game Plan for Promoting and Preserving Safety Measures in Football



In addition to this football guide, coaches and administrators are reminded to view the Sports Medicine-Wellness link found under the information tab on the IHSAA website.

Contents:

Key 1: Football Helmet Inspection

Key 2: Concussion Management

Key 3: Return to Play Protocol

Key 4: Return to Learn Protocol

Key 5: Requirement on Daily and Weekly Contact Drills

Key 6: Heat Acclimatization and Conditioning

Key 7: Hazardous Weather Guidelines and Developing an Emergency Action Plan

NOTES AND RESOURCES

Football Helmets and Facemasks: Visible exterior warning labels which detail the risk of injury are mandatory. It is required that helmets and facemasks (properly secured to the helmet) meet the NOCSAE test standard at the time of manufacture.

Concussion Mandate: All coaches (volunteer or compensated) grades 7-12 are required to annually view the NFHS Course: "Concussion In Sports: What you need to Know" prior to the first legal practice date in the sport they are coaching.

IHSAA Rules Meeting: All varsity coaches are required to view the IHSAA football rules meeting within the scheduled time frame or face the consequence of not being able to coach their team during the post season.

Get on the Same Page Before Practice Begins

Suggestions for Principals/Athletic Director and Coaches

Principals/Athletic Directors

Discuss the following topics with the entire football coaching staff prior to your school's first practice in August. Similar subjects should be discussed with coaches of other sports.

1. Point out all foreseeable dangers for each student in football participation.
2. Rules must be followed in every respect, including required proper fitting, and unaltered equipment
3. Correct procedures, techniques, conditioning, proper equipment fitting must be taught. The coach must be knowledgeable and drills must be conducted with minimal risk. Do not use dangerous drills to demonstrate procedures. Terminology such as "kill", "maim", etc., should be eliminated.
4. Take positive steps when disciplining a student who has violated a rule involving risk factors. Create a minimum risk learning environment.
5. Protect yourself by keeping thorough records. Document practice sessions, schedules, statements, precautions, etc. Inform parents and students regarding instructional procedures involving risk minimization.
6. Establish a set written procedure in the event of injury during practice and games.
7. Have a policy in place regarding procedures and protocols if families will be purchasing their own helmets or safety equipment.

Coaches

At a total squad meeting, have all players place and review the warning labels on the outside lower back part of the helmet and instruct that only certified facemasks may replace the original. Consult helmet manufacturers for policies on "after-market" attachments. Also, at the team meeting, it would be a good time for the coaches to stress the following to the entire squad.

1. Helmets cannot prevent all head and neck injuries. Proper fit is a must.
2. The helmet check is a shared responsibility and all damaged equipment should be reported to the coach. Share with all team members the suggested inspection checklist items (see page 8).
3. In any sport there is always the chance that someone can be injured and, in a small percentage of cases, a player could sustain a very serious injury.
4. Spearing, butt blocking, and face and head tackling are illegal. The danger in these techniques is that too often the player's head is not in the proper position when contact is made with the opponent. Executed improperly head down, the neck is most vulnerable to injury. A blow to the top of the head when the neck is straightened is the most frequent cause of permanent injury.

Only legal techniques should be taught or practiced. The players should be instructed to keep their heads up and necks bulled when making contact with opponents. The players should be warned about putting their heads down and initiating contact.

Risk Minimization and Conditioning

June 2020

It is estimated that there are approximately 1,100,000 participants in high school football in the United States. The National Center for Catastrophic Sports Injury Research reports that 33 high school football players in the United States died of EHS between 2011 and 2019. None of those deaths have occurred in the state of Iowa.

It is necessary to remind all that are involved with football programs to continue to be vigilant in our pursuit for risk minimization for our student-athletes. In those efforts, coaches should be aware of the following:

1. During off-season conditioning, it is more important to stress weight training than passing leagues. The most important weight training is that which focuses not on bulk and bench presses but on strengthening the shoulder, back and neck muscles.
2. During preseason practices, it is imperative to teach proper blocking and tackling techniques, and to prohibit butt blocking, face tackling, spearing and any other activity that makes the head the principal point of contact in blocking and tackling.
3. During games, don't stop teaching. Demand proper techniques of blocking and tackling even during emotionally charged games. Don't send the message that wild, reckless, and illegal play is especially praiseworthy.
4. At all times, assign player positions sensibly. Don't put younger, slighter, less mature players in positions where they will be more likely to make open-field tackles: at defensive back, or on punt and kick-off coverage teams.
5. No existing football helmet is concussion proof. Proper helmet fit is a major concern and is imperative that athletes, coaches and athletic trainers take an active role in the proper fitting of helmets. Comfort shortcuts are not permitted.
6. When a player has experienced or show signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss), he should receive medical attention and should not be allowed to return to practice or competition without permission from a physician.

Preseason Frequently Asked Questions

Q: What is “summertime” as defined in 36.15(6) of the Iowa Code?

A: The beginning of summertime begins June 1st, regardless of school being out, and ends August 9th. The school year begins August 10th and ends on May 31st.

Q. What rules and regulations does the IHSAA have regarding 7 on 7 leagues or camps?

A. During the summertime, football coaches are permitted to work with any number of athletes, however, it cannot be required for students to attend. In addition, coaches should not schedule practices or camps on site that would be in conflict with baseball practices or games.

Q. Can helmets be worn during summertime activities?

A. Yes, helmets are allowed to be worn during the summertime.

Q. May a member school use school transportation to travel to a football camp off school grounds?

A. No, school transportation cannot be used for non-school competition.

Q. May a member school athlete participate in a full contact camp, clinic, practice sponsored by a member school?

A. No. Member school coaches cannot sponsor full contact camps, clinics, or practices.

Q. May a member school athlete participate in a full contact camp sponsored by a collegiate coach or collegiate school?

A. Yes, In addition, member schools should rent full equipment or helmets and shoulder pads athletes.

Q. Can a coach mandate that athletes attend weight lifting programs or camps and clinics?

A. School personnel, whether employed or volunteers, of a member or associate member school shall not coach that school's student athletes during the school year in a sport for which the school personnel are currently under contract or are volunteers outside the period from the official first day of practice through the finals of tournament play. Nor shall volunteer or compensated coaching personnel require students to participate in any activities outside the season of that coach's sport as a condition of participation in the coach's sport during its season.

Q. What would an example of a preseason practice schedule look like beginning on Monday, August 12th?

A. Weightlifting, if coordinated with the entire school district or all student-athletes, does not count as part of the three hours of activity. If it is scheduled as football players only weightlifting, it will count as part of your three hours of physical activity.

Typical Agenda:

7:00 AM-8:00 AM

8:00 AM-9:30 AM

9:30 AM-10:30 AM

10:30 AM-12:00 PM

Weight room is open to all student-athletes

Football Physical Activity- First 90 minutes (Offense)

Chalkboard Time- Film Breakdown and Team Building

Football Physical Activity- Second 90 minutes (Defense)

Coach-Athlete contact is completed for the day.

Key: 1

PROPER FOOTBALL HELMET FITTING INSTRUCTIONS

Check before fitting:

- **Visually inspect the helmet**, inside and out, for any deformities, cracks, worn parts, etc.
- Helmet and facemask must be stamped or marked as being **NOCSAE approved**.
- Helmet must have a **visible, legible exterior warning label** regarding the possible risk of injury.
- Follow manufacturers' recommendations regarding the inflation of air pads or bladders.
- Read the **warning label on the outside of the helmet** and the **tag placed inside the helmet**.

**** EACH PLAYER SHOULD SIGN THE WARNING TAG TO INDICATE HE/SHE HAS READ THE INFORMATION. ****

Fitting the Helmet:

- **Player's hair should be the length it will be worn during the season and should be wet** to mimic sweating. Hair devices to be worn should be part of the fitting process and worn.
- Ask the player's cap size, and/or **measure the circumference of the player's head** approximately 1 inch above the eyebrows. **Use the sizing chart** from the manufacturer to determine approximate helmet size.
- **Helmet should fit snugly to all parts of the player's head.** There should be no gaps between the helmet and the head.
- **To accommodate for a player's head size or shape**, adjust the amount of air in the helmet liners or change padding inside the helmet.
- **Back of the helmet should cover the base of the skull**, but not extend down far enough to dig into the neck when the head is tilted back (chin to the sky).
- **Approximately two finger widths of space (approximately 1 inch) from the front edge of the helmet to the top of the eyebrows.**
- **Helmet ear openings should line up with the player's ear openings.**
- **Approximately three finger widths of space (approximately 2 inches) between the player's nose and the NOCSAE approved facemask.**
- **Jaw pads should fit snugly against the player's face.**
- **Chinstrap should be centered on the chin** when all 4 straps are fastened and the slack taken out. **Adjust the back, or lower, straps first. Be sure chinstraps are fastened in such a way that they will not "pop off" on impact.**
- When pushing down on the helmet, **pressure should be felt on the top of the head, not the eyebrow area.**
- With the chinstrap fastened, **have the player "bull" his/her neck.** Slowly pull up and down on the facemask, twist the helmet from side to side, and push down on the top of the helmet. **A properly fitted helmet will allow very little movement in any direction.**

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, 2020

COACH'S FOOTBALL HELMET INSPECTION CHECKLIST

DO NOT ALLOW A PLAYER TO ALTER THEIR HELMET, OR USE A HELMET IF THE SHELL IS CRACKED OR DEFORMED, OR IF INTERIOR PADDING IS DETERIORATED OR MODIFIED. USE ONLY APPROVED PADDING AND REPLACEMENT PARTS WHEN REPAIRING A HELMET.

1. **Read instructions provided** by the manufacturer regarding helmet care and maintenance procedures.
2. **Check each helmet for the exterior helmet warning statement label.** Replace any labels that are difficult to be read, or are missing.
3. **Examine shell for cracks, particularly noting any cracks around holes (where most cracks start),** and replace any *shells* that have cracks. **DO NOT USE A HELMET WITH A CRACKED SHELL!**
4. **Examine all mounting rivets, screws, Velcro, and snaps** for breakage, distortion and/or looseness. **Repair as necessary!**
5. **Examine for helmet completeness,** and replace any parts that have become damaged, such as sweatbands, *interior parts*, cheek pads, and chinstraps.
6. **Replace jaw pads when damaged or worn.** Check for proper installation and fit.
7. **Replace facemask if bare metal is showing,** if there is a broken weld, or if the mask is misshapen.
8. **Examine chinstrap for proper adjustment,** and inspect to see if it is broken or stretched out of shape. Also inspect chinstrap hardware to see if it needs replacement.
9. **Check helmet fit** for agreement with manufacturer's instructions and procedures.
10. **Never allow anyone to sit on a helmet.**

CAUTION: Only paints, waxes, decals, or cleaning agents approved by the manufacturer are to be used on any helmet. It is possible to get a severe or delayed reaction by using unauthorized materials, which could permanently damage the helmet shell and effect its performance and durability.

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, 2020

PLAYER'S FOOTBALL HELMET INSPECTION CHECKLIST

DO NOT ALTER YOUR HELMET, OR USE A HELMET IF THE SHELL IS CRACKED OR DEFORMED, OR IF INTERIOR PADDING IS DETERIORATED OR MODIFIED. USE ONLY APPROVED PADDING AND REPLACEMENT PARTS WHEN REPAIRING A HELMET.

CHECK FOR PROPER FIT

- When pushing down on the top of the helmet, **pressure should be felt on the top of the head**, not the eyebrows.
- When strapped on, **the helmet should fit snugly**.
- When twisting the helmet from side-to-side, **the skin on the forehead should move with the helmet**.
- **Jaw pads should be snug** against the side of the face.
- There should be approximately **two fingers widths (one inch) of space from the front of the helmet to the eyebrows**.

**INSPECT YOUR HELMET BEFORE EACH USE.
NEVER WEAR A DAMAGED HELMET!**

PADDED STYLE HELMET (FOAM/AIR/LIQUID)

- Check foam padding for proper placement and any deterioration.
- Check for cracks in any vinyl/rubber coverings.
- Check that protective system or foam padding has not been altered or removed.
- Check for proper amount of inflation.
- Check all rivets, screws, Velcro, and snaps to assure they are properly fastened and holding protective parts.

IF ANY OF THE ABOVE INSPECTIONS INDICATE A NEED FOR REPAIR OR REPLACEMENT, NOTIFY YOUR COACH IMMEDIATELY! THIS IS YOUR RESPONSIBILITY!

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, 2020

Key: 2

Reducing Brain and Spinal Injuries in Football

Brain and spinal injuries in football have been dramatically reduced since the rules were changed in 1976 to prohibit butt blocking and face tackling, and any other technique in which the helmet and facemask purposefully received the brunt of the initial impact. There are still a small number of football players that become paralyzed, but the lesson to keep the head and face out of blocking and tackling remains.

In the last two years, 25% of the injuries experienced by participants in football are concussions, e.g., temporary dizziness, confusion nausea, headaches, and perhaps unconsciousness. Concussions are given grades from Grade 1 (a hit that dazes for a few minutes) to Grade 3 (unconscious). No concussion should be dismissed as minor until proven so by medical personnel. The task is to be sure that the athlete no longer has any post concussion symptoms at rest and exertion before returning to competition. Several suggestions for reducing brain and spinal injuries follow:

1. All athletes are required to have a physical examination. Identify during the physical exam those athletes with a history of previous brain or spinal injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to practice or play.
2. A physician, athletic trainer, or licensed emergency providers should be present at all games and practices. If it is not possible for trained providers to be present at all games and practice sessions, and emergency action plan must be in place. The total staff should be organized in that each person will know what to do in case of a brain or spinal injury in practice or games. Have a plan ready and have your staff prepared to implement that plan.

Prevention of further injury is the main objective.

3. Athletes must be given proper conditioning exercises which will strengthen their neck muscles in order for them to be able to hold their head firmly erect when making contact. Strong neck muscles may help prevent neck injuries.
4. Coaches should drill the athletes in the proper execution of the fundamentals of the football skills, particularly blocking and tackling. **KEEP THE HEAD OUT OF FOOTBALL.**
5. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing should be enforced in practice and games. The players should be taught to respect the helmet as a protective device and that the helmet should not be used as a weapon.
6. All coaches and trainers should take special care to see that the players' equipment is properly fitted, particularly the helmet.
7. Strict enforcement of the rules of the game by both coaches and officials will help reduce serious injuries.
8. When a player has experienced or show signs of brain trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) he should receive immediate medical attention and should not be allowed to return to practice or competition without permission from the proper medical authorities. Coaches should encourage players to let them know if they have any of the above mentioned symptoms (that can't be seen by others, such as headaches) and why it is important.
9. Both athletes and their parents should be warned of the risks of injuries.



IOWA HIGH SCHOOL ATHLETIC ASSOCIATION IOWA GIRLS HIGH SCHOOL ATHLETIC UNION



CONCUSSION MANAGEMENT

Iowa Code Section 280.13C states, in part,

2c. Emergency medical care provider means the same as defined in section 147A.1.

2d. Extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa High School Athletic Association or Iowa Girls High Athletic Union ...

2e. Licensed health care provider means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or licensed athletic trainer licensed by a board designated under section 147.13.

4b. For school years beginning on or after July 1, 2018, each school district and nonpublic school shall provide to the parent or guardian of each student in grades seven through twelve, a concussion and brain information sheet as provided by the Department of Public Health, Iowa High School Athletic Association and Iowa Girls High School Athletic Union. The student and student's parent or guardian shall sign and return a copy of the concussion and brain injury information sheet to the student's school prior to the student's participation in any extracurricular interscholastic activity.

5a. If a student's coach, contest official, or licensed health care provider, or an emergency medical provider observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity, the student shall be immediately removed for participation.

5b. A student who has been removed from participation shall not recommence such participation in any dance or cheerleading activity, or activity, contest, or practice governed by the Iowa High School Athletic Association or Iowa Girls High Athletic Union until the student has been evaluated by a licensed health care provider trained in the evaluation and management of concussions and other brain injuries and the student has received written clearance to return to or commence participation from the licensed health care provider.

ALL 7-12 coaches (paid or volunteer) are required to view the NFHS course, "Concussion in Sports" before the beginning of their respective sport season. Information regarding accessing this course has been sent to your school administrator.

IHSAA/IGHSAU Recommended Protocol When a Student Has Sustained a Concussion or other Brain Injury as Defined in Iowa Code Section 280.13C

- 1. No student shall return to play/competition or practice (RTP) on the same day s/he sustained a concussion or brain injury.**
- 2. A licensed health care provider as defined in Iowa Code Section 280.13C should evaluate a student suspected of having a concussion or brain injury on the same day the injury occurs.**
- 3. After receiving medical clearance by a licensed health care provider as defined in Iowa Code Section 280.13C, RTP shall follow a stepwise protocol with provisions for delayed RTP based upon the return of any signs or symptoms.**
- 4. Education of contest officials, school coaches and other appropriate school personnel, contestants, parents, and licensed health care providers.**

The Iowa High School Athletic Association and Iowa Girls High School Athletic Union will provide educational materials related to concussions and brain injuries developed by the CDC and other organizations knowledgeable about concussions.
- 5. Removing students who exhibit signs, symptoms, & behaviors of a concussion or brain injury from participation, and their return to participation.**
 - **Coach Removal** - If the student's coach observes signs, symptoms, or behaviors consistent with a concussion or brain injury, during any kind of participation, i.e. practices, scrimmages, contests, etc., the student shall be immediately removed from participation and shall not return until the school's designated representative receives written clearance to return from a licensed health care provider as defined in Iowa Code 280.13C.
 - **Contest Official Removal** - If a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury, during scrimmages, contests, etc., the student shall be immediately removed from participation and a designated contest official at the contest/event must receive the written clearance to return from a licensed health care provider as defined in Iowa Code 280.13C before the student can return to participation in that contest/event, including an event that takes place over multiple days.
 - **Before allowing a student who has been exhibiting signs, symptoms, & behaviors of a concussion to return to participation (practice and/or competition), licensed health care providers as defined in Iowa Code 280.13C shall follow the return to participation protocol as provided in Chapter 54 of the Iowa Administrative Code.**

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

(1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.

(2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.

(3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.

(4) Definitions:

“Contest official” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union.

“Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.

“Extracurricular interscholastic activity” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.

“Medical clearance” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

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

Symptoms Reported by 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
- Just not “feeling right” or is “feeling down”

STUDENTS, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

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

CONCUSSION OR OTHER BRAIN INJURY RETURN-TO-PLAY PROTOCOL

The Public Health Department hereby adopts new Chapter 54, “Concussion or Other Brain Injury Return-to-Play Protocol,” Iowa Administrative Code. These rules are intended to implement Iowa Code section 280.13C.

641—54.2(280) Definitions. For the purpose of these rules, the following definitions shall apply.

“Asymptomatic” means the student is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury.

“Contest” means an interscholastic athletic game or competition.

“Extracurricular interscholastic activity” means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union that is a contact or limited contact activity as identified by the American Academy of Pediatrics.

“Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.

“Medical clearance” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

“Rest” means a recovery state at which physical and cognitive activities are reduced or removed with the intent to eliminate the signs, symptoms, or behaviors of brain injury.

“Return-to-learn plan” means the plan developed by personnel of a school district or accredited nonpublic school based on guidance developed as required under Iowa Code section 280.13C(6)“b” to provide adjustments or accommodations as the student returns to the classroom.

“Return-to-play” means the gradual, step-wise approach to returning a student to participation in any extracurricular interscholastic activity following a concussion or other brain injury.

641—54.3(280) Return-to-play protocol. The following return-to-play step-wise process shall begin when the student who has been removed from participation in any extracurricular interscholastic activity governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours and has received written medical clearance from a licensed health care provider to return to or commence such participation.

54.3(1) Return-to-play process. Each step shall take a minimum of 24 hours.

- a. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student’s licensed health care provider and parent or guardian shall be contacted.

- b. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.

54.3(2) Return-to-play steps.

Step 1: Athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, AND the athlete is back to regular activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.

Step 2: Low impact, light aerobic exercise. Walking or stationary cycling at slow to medium pace. No resistance/weight training.

Step 3: Basic exercise, such as running in the gym or on the field. No helmet or other equipment.

Step 4: Noncontact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills) in full equipment. Resistance/weight training may begin.

Step 5: Full contact practice and participation in normal training activities.

Step 6: Contest participation.

This chapter describes the return-to-play protocol for concussion or other brain injury to be adopted by July 1, 2019, by the board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity in grades seven through twelve.

House File 4224 – Return to Learn Protocol

- Personnel of a school district or accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall develop a return-to-learn plan based on guidance developed by the brain injury association of America in cooperation with a student removed from participation in an extracurricular interscholastic activity and diagnosed with a concussion or brain injury, the student's parent or guardian, and the student's licensed health care provider to accommodate the student as the student returns to the classroom.

– Sample Forms –**Concussion Document**

_____ School District

This student has been found to need adjustments in the classroom based on information and instructions from a Licensed Health Care Provider.

Goals:

1. Student is no longer experiencing concussion symptoms.
2. Student has no restrictions for academics or activities.
3. NOTE: Doctor/Medical personnel notes required for all missed class time for medical appointments to be covered under excused medical absence.

Area of Concern – Classroom Environment

Possible adjustments to be made for the student:

- Allow student to put head down in class if symptomatic
- Allow student to stand or move around at times during seatwork
- Allow lunch in quiet place with friend
- Allow to sit out of assemblies or other large, loud, and crowded places
- Allow ear buds or plugs
- Allow late arrival/early out to allow less noise during passing periods

Area of Concern – Learner Needs-Physical Limitations

Possible adjustments to be made for the student:

- Allow for short breaks between assignments
- Allow rest periods during the day
- Allow Fitness medical waiver until return to play protocol requirements are met as determined by physician, school athletic trainer, or other licensed health care provider.
- Allow student to leave classroom to go to the Nurse's office.

Area of Concern – Lesson Presentations/Note taking

Possible Adjustments to be made for the student:

- Allow student to record lessons or lectures for replay (student must let teacher know they are recording)
- Provide written outline, study guide, notes, or other written material ahead of time to aid organization and reduce multi-tasking demands
- If above is not possible, assist student in getting notes from other student
- Provide notes in larger font if requested

Area of Concern – Assignments

Possible adjustments to be made for the student:

- Frequent work breaks by allowing student to step out the class or away from work.
- Limit/decrease screen time on iPad or computers as much as possible by providing paper copy of work needing to be done.
- Allow laptop of larger screen learning device as needed
- Shorten assignments and projects
- Work independently with student to break down plan for submitting missing homework and catch up
- Break long assignments into manageable chunks with deadlines
- Allow audible learning (discussions, talk to text for assignments, etc)
- Reduce make up work to critical work only, remove nonessential work

Area of Concern – Testing

Possible adjustments to be made for the student:

- Allow student to prioritize multiple quizzes/tests in one day
- Allow extended time to make up missing tests
- Allow testing in a quiet environment
- Allow testing across multiple sessions
- No standardized testing until cleared by school nurse
- Allow oral testing or talk to text answers for tests

Area of Concern – Organization/Other

Possible adjustments to be made for the student:

- Half or full days as tolerated while symptomatic as directed by Licensed Health Care Provider working with this student. Half days should be varied between AM and PM classes.
- Arrange extra tutoring as needed

Special Considerations

80-90% of concussions will resolve with 3-4 weeks. Students whom are not showing gradual improvement may require additional evaluation. Students with the following pre-existing conditions/concerns may be more likely to have difficulty recovering from a concussion:

- ADD/ADHD
- Learning disabilities
- Migraines or frequent headaches
- Sleep disorders
- Depression or other mental health conditions
- Previous concussion, especially if the last concussion was recent and/or the current symptoms seem worse than expected for the current injury
- Life-altering injury; may consult with Brain Injury Resource Team for planning assistance if long-term accommodations are needed from the start.

Team Members:

Administrator

School Counselor/Guidance Department Head

Athletic Trainer

School Nurse

Concussion Management

_____ School District
Management of a Concussed Student

Student Name: _____ Male _____ Female _____

Date of Birth: _____ Grade: _____

Date of Injury/Concussion: _____

Concussions are as unique as the individual who experience them. This uniqueness includes the severity and combination of symptoms experienced as well as the rate at which the student will recover. Open communication between the parent/guardian, student, student's support team, health care provider, and school staff will be important for determining how soon the student returns to school and the extent of academic adjustments required to ensure optimal recovery based on the individual student's symptoms. A plan will be devised and may include adjustments such as: no school, shortened school days, allotted rest periods, decreased assignments, limited or no screen time throughout the healing process. When/If concussion symptoms reappear at any time during Return to Learn, the student should cease activity and be re-evaluated by the school nurse, licensed athletic trainer, and/or other licensed health care professionals.

The goal is to return the student to the classroom as soon as possible without causing symptoms to worsen. It is not necessary for the student to be 100% symptom free before returning to school. The student's individual symptoms will be monitored closely, and appropriate adjustments will be put in place to help the student's recovery.

To accurately evaluate the rate of recovery, it is important for post-concussive symptoms to be monitored carefully.

Return to Learn/Activity Steps

Date Completed:

- _____ No activity, complete rest.
- _____ Return to school (shortened days first)
- _____ Symptom Free during AM classes
- _____ Symptom Free during PM classes
- _____ Symptom Free during full day of school
- _____ No longer needing breaks during class or day
- _____ No longer needing medication to reduce symptoms
- _____ No longer receiving academic adjustments
- _____ Student has completed Return to Learn
- _____ Clearance by licensed health care provider to begin RTP

Once the student has completed Return to Learn, he/she is now ready to return to activity/sport. The student will NOT begin Return to Play/Activity until the student has completed the Return to Learn.

_____ School District will follow the most current/up to date step by step Return to Play Protocol issued by the Iowa High School Athletic Association as well as the Iowa Girls Athletic Union. The start of this activity will be determined and monitored by the licensed athletic trainer or other approved licensed health care provider. Each step will take a minimum 24 hours to complete. If a symptom reappears activity will be stopped for the day and will start again the following day.

Teacher Feedback Form

Teacher Feedback for Concussed Student

Teachers: Thank you for your help with this student. Your feedback is VERY valuable. We do not want to release this student back to physical activity if you are still seeing physical, cognitive, emotion or sleep/energy symptoms in your classroom. Please share any concerns you may have regarding this student.

Student Name: _____

Teacher Name & Class Taught: _____

Is this student still receiving any academic adjustments in your classroom?

☐ Yes ☐ No

What adjustments is the student receiving? _____

Have you recently noticed, or has the student reported, the student is experiencing any concussion symptoms? (refer to symptoms below)

☐ Yes ☐ No

Please check or highlight any symptom you have noticed or the student has reported:

Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Pressure in Head | <input type="checkbox"/> Fatigue or Low Energy |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> More Emotional |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Anxious or nervous |
| <input type="checkbox"/> Sensitivity to Noise | <input type="checkbox"/> Sleeping more than usual |
| <input type="checkbox"/> Feeling slowed down | <input type="checkbox"/> Trouble/difficulty Sleeping |
| <input type="checkbox"/> Feeling like "in a fog" | <input type="checkbox"/> Sleeping less than normal |
| <input type="checkbox"/> Don't feel right | <input type="checkbox"/> Ringing in the Ears |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Numbness or Tingling |

In your opinion, is this student performing at his/her "normal" or pre-concussion learning level?

☐ Yes ☐ No

Teacher Signature: _____

Date completed: _____

Concerns: _____

URBANDALE COMMUNITY SCHOOL DISTRICT CONCUSSION MANAGEMENT PLAN

References

Iowa Administrative Code 641—54
Concussion or Other Brain Injury Return-to-Play Protocol

Iowa Code 280.13C
Brain Injury Policies

Effective Date

Effective date: July 1, 2019

Purpose and Overview

This Concussion Management Plan is adopted in accordance with Iowa law to help ensure the safety of all students in the Urbandale Community School District. This plan will be implemented throughout the District on three different levels as further outlined below.

Iowa Code § 280.13C(1)(b) states that “Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities... Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in an organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, with the ground, or with obstacles. Concussions can occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.”

“Interscholastic Athletics” as used throughout this Plan shall have the same meaning as “extracurricular interscholastic activity” as defined by Iowa Code § 280.13C(2)(d): “any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.”

Concussion Management Plan

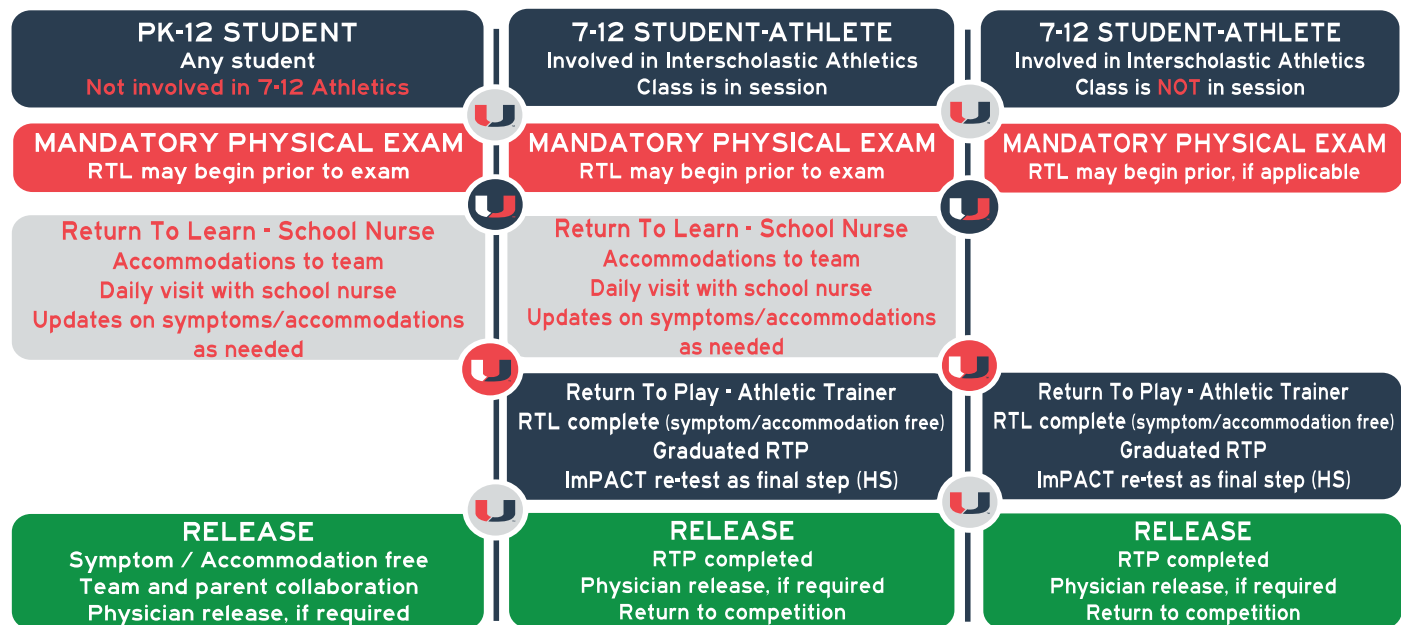
This plan addresses:

- Students in Grades PK – 12, who do not participate in Interscholastic Athletics
- Students in Grades 7-12, who participate in Interscholastic Athletics when classes are in session
- Students in Grades 7-12, who participate in Interscholastic Athletics when classes are not in session

URBANDALE CONCUSSION MANAGEMENT

INJURY OR OBSERVED CONCUSSION SYMPTOMS

EVALUATION BY LICENSED HEALTH CARE PROVIDER



RTL = RETURN TO LEARN
RTP = RETURN TO PLAY

APPROVED MAY 2019



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URBANDALE COMMUNITY SCHOOL DISTRICT CONCUSSION MANAGEMENT PLAN

RTL: Return to Learn (applies to all students, grades PK – 12 that sustain a brain injury)

- Injury occurs
- Evaluation of brain injury
- Mandatory evaluation by a “licensed health care provider” (defined in IAC 641—54.2(280) and Iowa Code § 280.13C(2)(e)) as a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.)
- Return to Learn (RTL) begins
- RTL Steps as outlined by School Nurse
 - The RTL team will consist of the school nurse, teachers involved in the student’s daily learning, with input from the student’s parents or guardians and the student’s licensed health care provider.
 - REAP Guidelines will serve as basis
 - School nurse will receive daily updates on RTL progress from teachers
 - Students will visit with the School Nurse daily until the RTL process is complete
- Released by nurse following collaboration with parent

URBANDALE COMMUNITY SCHOOL DISTRICT

CONCUSSION MANAGEMENT PLAN

RTP: Return to Play (applies to all students, grades 7-12 that sustain a brain injury and are involved in an Interscholastic Athletic Activity – *when classes are in session*).

- Injury occurs or a student's coach, contest official, or licensed health care provider or an emergency medical care provider observe signs, symptoms, or behaviors consistent with a concussion or brain injury in Interscholastic Athletics.
- Student is removed from participation in Interscholastic Athletics.
- Evaluation of brain injury
- Mandatory evaluation by a "licensed health care provider" (defined in IAC 641—54.2(280) and Iowa Code § 280.13C(2)(e)) as a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.
- Return to Learn begins
- RTL Steps as outlined by School Nurse
 - The RTL team will consist of the school nurse, teachers involved in the student's daily learning, with input from the student's parents or guardians and the student's licensed health care provider.
 - REAP Guidelines will serve as basis
 - School nurse will receive daily updates on RTL progress from teachers
 - Students will visit with the School Nurse daily until the RTL process is complete
- Released by School Nurse to begin Return to Play with the Athletic Trainer
- RTP is managed by the Athletic Trainer and includes the following steps, mandated by Iowa Administrative Code 641-54.3(2)
 - Athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, AND the athlete is back to regular activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.
 - Low impact, light aerobic exercise. Walking or stationary cycling at slow to medium pace. No resistance/weight training
 - Basic exercise, such as running in the gym or on the field. No helmet or other equipment.
 - Noncontact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills) in full equipment. Resistance/weight training may begin.
 - Full contact practice and participation in normal training activities.
 - URBANDALE HIGH SCHOOL STUDENTS will take the ImPACT post-test at this time.
 - Contest participation.
- If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.
- If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.

URBANDALE COMMUNITY SCHOOL DISTRICT CONCUSSION MANAGEMENT PLAN

- Students involved in Band, Drama, and Show Choir will have their individual case analyzed as it relates to a safe return to participate in their respective activity which could include a modified RTP plan established by the School Nurse and/or Athletic Trainer.

RTP: Return to Play (applies to all students, grades 7-12 that sustain a brain injury and are involved in an Interscholastic Athletic Activity – when classes are NOT in session).

- Injury occurs (classes are NOT in session) or a student's coach, contest official, or licensed health care provider or an emergency medical care provider observe signs, symptoms, or behaviors consistent with a concussion or brain injury in Interscholastic Athletics.
- Student is removed from participation in Interscholastic Athletics.
- Evaluation of brain injury
- Mandatory evaluation by a "licensed health care provider" (defined in IAC 641—54.2(280) Iowa Code § 280.13C(2)(e)) as a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.
- Return to Play begins, if applicable RTP is managed by the Athletic Trainer and includes the following steps, mandated by Iowa Administrative Code 641-54.3(2)
 - Athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, AND the athlete is back to regular activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.
 - Low impact, light aerobic exercise. Walking or stationary cycling at slow to medium pace. No resistance/weight training
 - Basic exercise, such as running in the gym or on the field. No helmet or other equipment.
 - Noncontact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills) in full equipment. Resistance/weight training may begin.
 - Full contact practice and participation in normal training activities.
 - URBANDALE HIGH SCHOOL STUDENTS will take the ImPACT post-test at this time.
 - Contest participation.
- If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.
- If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.
- Students involved in Band, Drama, and Show Choir will have their individual case analyzed as it relates to a safe return to participate in their respective activity which could include a modified RTP plan established by the School Nurse and/or Athletic Trainer.

URBANDALE COMMUNITY SCHOOL DISTRICT

CONCUSSION MANAGEMENT PLAN

Education, Awareness, and Additional Measures

- Each School Nurse, in cooperation with the Building Administration, will conduct an overview of the severity of brain injuries and the practice of Return to Learn at their particular level.
- All Interscholastic Athletic Coaches are required to view the National Federation of High Schools (NFHS) Concussion Training video annually. This is managed by the Activities Director.
- All students in grades 7-12 that are involved in Interscholastic Athletics are required to review and sign, along with a parent or guardian, a document provided by the Department of Public Health titled: “Heads Up: Concussions in High School Sports” prior to beginning participation. This is an annual requirement and is managed by the Activities Director.
- The Urbandale Board of Directors, in action on April 1, 2013, approved the ImPACT test as a requirement for Interscholastic Athletics participation at the high school. Parents do have the ability to opt-out of this test if they elect to not participate. This test is given annually after July 1.
- Teachers will receive recommendations from the School Nurse, post-concussion, regarding accommodations in the classroom.
- Coaches will receive directions from the Athletic Trainer, post-concussion, regarding Return to Play practice activities and restrictions.
- In April, 2013, the Urbandale Board of Directors approved a policy stating that any athlete sustaining a concussion may not return to action without having been evaluated by a physician, in addition to completing the Return to Play Protocol recommended by the IHSAA / IGHSAU. This has now been superseded by the requirement that a mandatory evaluation be conducted by a “licensed health care provider” (defined in IAC 641—54.2(280) Iowa Code § 280.13C(2)(e)) as a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.

Requirements on Daily and Weekly Contact Drills

The Iowa High School Athletic Association has adopted the USA Football levels of contact dealing with the varying intensity levels throughout practices to build player confidence, ensure their safety and prevent both physical and mental exhaustion.

See Diagram of Levels of Contact on page 20.

For the purpose of the Iowa High School Athletic Association, full-contact (engagement) consists of both “Thud” and “Live Action” using USA Football’s definitions of Levels of Contact.

Rationale: By definition, “Thud” involves initiation of contact at full speed with no pre-determined winner, but no take-down to the ground. The Iowa High School Athletic Association recognizes that “Live Action” likely carries a high injury risk to the body than does “Thud.” The first three levels of USA Football Levels of Contact: “Air”, “Bags”, and “Control”, are considered no or controlled contact, thus no limitations are placed on their use in practice.

It is required that football coaches are to limit the amount of full contact to no more than 30 minutes per day and no more than 90 minutes per week. Week 2 of the preseason (August 17-22) may have 180 minutes of full contact only.

Rationale: The Iowa High School Athletic Association recognizes preseason practices may require more full contact time than practices occurring in the regular season to allow for teaching fundamentals with sufficient repetition to prepare for the season. Coaches are encouraged to introduce contact through a progressive approach during Week 1 of the preseason to ensure that proper techniques are acquired before engagement (Thud & Live Action) drills are allowed.

After Week 2 of the preseason it is required that football coaches are to limit the amount of full contact to no more than 30 minutes per day and no more than 90 minutes per week.

Rationale: At this point in the season, games are to be played and will have begun and full contact exposure rates have increased on a weekly basis for players. To account for this, the requirement to decrease the amount of time dedicated to full contact drills decreases the number of exposures per week.

Coaches need to use a practice plan and assign a “level of contact” for every drill according to USA Football’s Level of Contact chart. Properly employing the levels of contact during a football practice is an important skill for coaches to learn. This is completed by adjusting the distance between players, the speed at which they conduct the drill and modifying the “winner” of the drill. In doing this, coaches can better accomplish specific teaching objectives during practices and decrease the chance of injury.

Planning when to teach, when to compete and when to adjust contact promotes a better experience for players and coaches. Proper usage of the Levels of Contact system will help players perform their contact skills at a high level while instilling confidence. Employing the Levels of Contact system also helps to reduce player fatigue, which can advance player safety.



LEVELS OF CONTACT

Levels of Contact focuses on varying intensity levels throughout practices to build player confidence, ensure their safety and prevent both physical and mental exhaustion.

Five intensity levels are used to introduce players to practice drills which position them to master the fundamentals and increase skill development

1. AIR:

- Intensity: 0
- Players run a drill unopposed without contact.

2. BAGS:

- Intensity: 1
- Drill is run against a bag or another soft-contact surface.

3. CONTROL:

- Intensity: 2
- Drill is run at assigned speed until the moment of contact; one player is pre-determined the 'winner' by the coach. Contact remains above the waist and players stay on their feet.

4. THUD:

- Intensity: 3
- Drill is run at assigned speed through the moment of contact; no pre-determined "winner." Contact remains above the waist, players stay on their feet and a quick whistle ends the drill.

5. LIVE ACTION:

- Intensity: 4
- Drill is run in game-like conditions and is the only time that players are taken to the ground.

FOOTBALL HEAT ACCLIMATIZATION

PRACTICE REGULATIONS

Rationale for adopting these regulations:

- Exertional heat stroke is the leading cause of preventable death in high school athletics.
- The majority of heat-related deaths happen during the first few days of practice, usually prompted by doing too much, too soon, and in some cases with too much protective gear on too early in the season (wearing helmet, shoulder pads, pants, and other protective gear). Players must be allowed the time to adapt safely to the environment, intensity, duration, and uniform/equipment.
- Proper heat acclimatization is essential to minimize the risk of exertional heat illness.

Intent:

- The intent of these regulations is to minimize the risk of exertional heat stroke among football players in grades 9-12 at IHSA member schools.

Acclimatization Period:

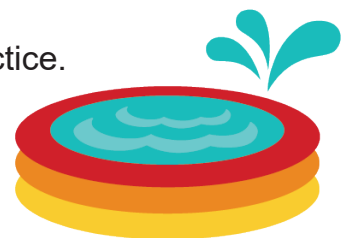
- The acclimatization period is defined as the first fourteen (14) allowable practice days a school is permitted.

Practice:

- A practice is defined as a period of time in which a student participates in physical activity.
- Coach-Athlete contact cannot exceed four (4) hours in length per day, with no more than three (3) hours of physical activity. Warm up, stretching, speed & agility drills, strength training, and cool down are all considered part of physical activity.
 - Optional weight room activities that are available to all students are NOT considered part of a practice.
- There shall be no more than one (1) practice per day.
- On the first two (2) days of practice only helmets and mouth guards may be worn and no activities that require protective equipment shall be done.
- During days three – five (3-5), helmets, mouth guards, and shoulder pads may be worn and contact with blocking sleds, tackling dummies, and technique drills for blocking and tackling may begin (NO full contact).
- Beginning on day six (6), all protective equipment may be worn and full contact drills may begin.
- Sundays during the fourteen (14) day acclimatization period shall be days of complete rest (no stretching, conditioning, speed & agility drills, strength training, etc.).

Hydration:

- There should be unrestricted access to water at all times during practice.



Sanctions:

- Schools failing to follow these practice regulations are subject to one, or all, of the following sanctions:
 - a) The head football coach shall be ineligible to coach in all IHSAA post-season football games for that school year;
 - b) The school's football program shall be placed on probation for the next season, at a minimum;
 - c) Other sanctions as determined by the Board of Control.

DON'T FALL VICTIM TO THE HEAT!

PROPER CLOTHING

- Loose fitting, lightweight clothing
- Remove football helmet and pads during breaks, whenever possible

PROPER DIET

- Drink a minimum of 8-10, eight ounce glasses of fluids every day
- Eat 6-8 servings of fruits and vegetables every day
- Eat fewer fatty, greasy foods
- **DO NOT USE SALT TABLETS**

WHAT TO DRINK

- Only non carbonated beverages before and during exercise
- Only caffeine-free beverages before and during exercise
- Sports drinks when exercise lasts longer than one hour

HOW MUCH TO DRINK











- A minimum of 8-10, eight ounce glasses of fluids every day
- At least 2, eight ounce glasses of fluids during the two hours before exercise
- At least 1, eight ounce glass of fluids every fifteen minutes while exercising
- At least 3, eight ounces glasses of fluids for each pound lost during exercise

MONITORING FLUID LOSS

- Weight charts
 - Weigh in before and after practice to know how much to drink before the next practice
 - Each pound of weight lost during exercise equals the need to drink 3, eight ounce glasses of fluids
- Urine color charts
 - The more clear the urine, the more hydrated the athlete!

IHSAA URINE COLOR CHART

The urine color chart below has 10 color-coded hydration levels. To use this chart, match the color of your urine to a color on the chart. The greater the level of dehydration the greater the negative effect on performance & health. If the color of your urine matches #1, #2 or #3 on the chart, you are WELL hydrated! If your urine color matches #4 or #5 you are close to being dehydrated, and if your urine color matches #6, #7 or #8 you are DEHYDRATED and need to drink more fluids. ALL LEVELS OF DEHYDRATION HAVE SOME NEGATIVE EFFECT ON ATHLETIC PERFORMANCE & HEALTH.

1, 2, 3 = WELL HYDRATED		
Continue drinking enough fluids to keep your urine this color. It's good for your performance & your health.		
H	1	
Y	2	
D	3	
4, 5 = HYDRATED, but not well hydrated. Drink additional fluids on a regular basis so the color of your urine is equivalent to numbers 1, 2 or 3.		
A	4	
T	5	
D	6	
6, 7, 8 = DEHYDRATED		
You are dehydrated! Drink a lot more fluids to become hydrated. Being hydrated will enhance your performance and help you avoid getting muscle cramps, or heat illness. It may also improve your health.		
D	7	
E	8	
H	9	
Y	10	

The use of this urine color chart is validated in "Urinary Indices of Hydration Status", International Journal of Sport Nutrition, 1999, 9(4), 305-310. "Urinary Indices of Hydration, Exercise and Recovery", International Journal of Sport Nutrition, 1999, 9(4), 311-316. "Drinking Behavior and Perception of Thirst in Competitive Young Male Athletes and Coaches", International Journal of Sport Nutrition & Exercise Metabolism, 11(1), 2001, 1-10. Copyright © 2001 by Human Kinetics.

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Week 1 Contests

Monday, August 10th – First Legal Day of Practice for any schools playing Week 1

- No Contact
- Helmets and mouth guards are permitted
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Tuesday, August 11th – Second Legal Day of Practice for any schools playing Week 1

- No Contact
- Helmets and mouth guards are permitted
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Wednesday, August 12th – Third Legal Day of Practice for any schools playing Week 1

- Contact above the waist is permitted (form tackling)
- Helmets, mouth guards and shoulder pads are permitted
- Contact with blocking sleds and tackling dummies may begin
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Thursday, August 13th – Fourth Legal Day of Practice for any schools playing Week 1

- Contact above the waist is permitted (form tackling)
- Helmets, mouth guards and shoulder pads are permitted
- Contact with blocking sleds and tackling dummies may begin
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Friday, August 14th – Fifth Legal Day of Practice for any schools playing Week 1

- Contact above the waist is permitted (form tackling)
- Helmets, mouth guards and shoulder pads are permitted
- Contact with blocking sleds and tackling dummies may begin
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Saturday, August 15th – Sixth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact may begin
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Sunday, August 16th –

- No practice allowed

Monday, August 17th – Seventh Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Tuesday, August 18th – Eighth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Wednesday, August 19th – Ninth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Thursday, August 20th – Tenth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed
- **Implementation of Scholarship Rule begins for all football playing schools**

Friday, August 21st – Eleventh Legal Day of Practice for any schools playing Week 1

- Scrimmage against another school is permissible on this date.
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Saturday, August 22nd – Twelfth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Sunday, August 23rd –

- No practice allowed

Monday, August 24th – Thirteenth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Tuesday, August 25th – Fourteenth Legal Day of Practice for any schools playing Week 1

- Full person-to-person contact is allowed
- One practice, four hours of total coach/athlete contact allowed; maximum of three hours of physical activity is allowed

Wednesday, August 26th – Fifteenth Legal Day of Practice for any schools playing Week 1

- First day schools are allowed to lift weights/walk-through in the morning and then have one practice, maximum of three hours after school.
- Full person-to-person contact is allowed

Thursday, August 27th –

- **First Legal Playing Date for any schools playing Week 1 –**

HAZARDOUS WEATHER GUIDELINES



The primary concern when signs of hazardous weather are present is the safety of participants and spectators. **Have a safety plan for any type of hazardous weather that may occur, which includes identifying safe shelters and having someone monitor weather conditions.** Practice and follow the plan. Know where people will go for safety and know how much time it will take for them to get there. Have specific guidelines for suspending the event so everyone has time to reach a place of safety before the threat becomes significant.

SUSPENSION OR POSTPONEMENT OF CONTESTS

I. Prior to the contest officials' assuming authority.

- A. The home school's management shall determine whether a contest should be suspended or postponed due to severe weather.
 - 1. In making the decision whether or not to suspend or postpone a contest the host management should first take into consideration the safety of the participants and spectators.
 - 2. Playing surface conditions should be considered and what continued use may do to the surface.
 - 3. If the decision is made by the host management to postpone the contest, administrators from both schools should mutually agree if, and when, to reschedule.

II. Once the contest officials' authority begins.

- A. Refer to NFHS playing rules, or IHSAA post-season rules, for the exact rules in each sport regarding contest officials' authority to suspend the contest.

III. Postponing the contest.

- A. Wait a sufficient amount of time to see if the severe weather will subside.
- B. Home management and/or contest officials shall decide whether to postpone or resume the contest.
- C. Playing surface conditions should be considered when making this decision.

IV. If the contest resumes.

- A. Adequate time should be given for contestants to warm up prior to competition resuming.

V. If the contest cannot be resumed after a severe weather delay.

- A. Administrators from both schools need to come to an agreement. The contest may be considered complete with the existing score becoming the final score, or the contest may be postponed and continued from the point of interruption, at a time mutually agreed to by both schools.

LIGHTNING SAFETY

- A. All thunderstorms produce lightning and can be dangerous.
- B. When lightning is seen or thunder is heard outdoor activity should be stopped and everyone should be directed to shelter.
- C. Do not resume activities until approximately 30 minutes have passed since the last thunder was heard.

SEVERE WEATHER CONDITIONS

- A. **A severe weather watch** (flood, thunderstorm, tornado, etc.) is issued when conditions are favorable for severe weather to develop.
1. Host management should be prepared for an abrupt suspension of the contest and for informing all participants and spectators to move to a place of safety.
 2. **Consideration should be given to the length of time it will take to clear the contest area and for all participants and spectators to move to a place of safety.**
- B. **A severe weather warning** is issued when severe weather is imminent.
1. Host management should suspend the contest when there is a significant threat of severe weather and inform all participants and spectators to move to a place of safety.
 2. **Follow the safety plan that your school or the venue has developed.**
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DEVELOPING AN EMERGENCY ACTION PLAN

Injuries, sudden illnesses and other critical incidents do not often occur during school activities, nor do situations that require the help of Emergency Medical Services (EMS) Personnel. However, it is important for every school to have an emergency action plan for faculty and staff members to follow should emergencies occur. This plan is especially important should the emergency occur during non-school hours, such as after school activities. The following people should be involved in developing an emergency action plan: the athletic director, school nurse, licensed athletic trainer (if available), coaches and advisors, maintenance personnel, clerical staff, athletes, parents, security personnel/police and EMS personnel. The emergency procedure should be well planned AND practiced before each season or major event being held. Basic emergency action plans include the following elements: personnel, communications, supplies, and transportation. The following suggestions may be helpful to schools in evaluating and/or developing emergency procedures.

It is important for every school to have an emergency action plan for faculty and staff members to follow should such an emergency occur. This plan is especially important should the emergency occur during non-school hours, such as after school activities.

PERSONNEL

It would be ideal for each school to have a Licensed Athletic Trainer on-site during every athletic practice and competition. In reality, that this is not possible for a variety of reasons. There are also other activities taking place after school and on weekends which require coaches and advisors to be prepared for emergencies. It is generally the coach or advisor who has the immediate responsibility to handle emergency situations that arise during activities. Because of this, it is strongly recommended that coaches and advisors know basic first aid and CPR.

It is strongly recommended that coaches/advisors know basic of basic first aid and CPR.

A good emergency action plan will identify the people responsible for the initial care of anyone who may become seriously injured or ill and for implementing the plan. The responsible party may utilize assistants, students, custodians, or EMS personnel to assist them.

A good emergency action plan will identify the people responsible for the initial care of anyone who may become seriously injured or ill and for implementing the plan.

People may need to be assigned to contact EMS, calm those around the injured/ill person, meet EMS at the entrance with easiest access to the injured/ill person, clear a path for EMS personnel, contact school administrators, contact the family of the injured/ill person. A good plan assigns more than one person to each specific role in case of the absence of one individual.

COMMUNICATIONS

The emergency action plan should be very clear as to how and when to contact emergency medical personnel and communicate with spectators and team personnel who are present at the event. The plan should identify the person(s) responsible for managing communications that need to occur if a student becomes seriously injured or ill, or in the event of other critical incidents. The planning and testing of such communications should start prior to any practice or competition. The following is a list of items to be considered in planning for communications:

- 1) A telephone must be easily accessible any time students and their coaches may be in a building or using school transportation. Be sure a land line phone has an outside line and that people know how to access an outside line. Be sure cell phone has reception in the area the activity is taking place.
- 2) Emergency calling procedures and telephone numbers of emergency medical services (EMS), hospitals, police departments, fire departments, and school administrators should be posted next to all school telephones, in first aid kits, and with any first aid equipment that may be used in an emergency, i.e. AEDs. Coaches should carry a copy of the emergency calling procedures and emergency phone numbers with them so they are readily available. A practical suggestion would be to not include administrators phone numbers on a sheet posted near public telephones.
- 3) A bull horn should be available at each event where a P.A. system is used in case of a power outage. It may be the only way of communicate with those at the event.
- 4) Critical incident/emergency planning information should be prepared and carried in every coach's, or advisor's, first aid kit or briefcase. This information should describe the procedures to be followed should a critical incident/emergency occur. Emergency calling procedures, emergency phone numbers and basic emergency care guidelines can also be put on a card designed to be carried in a wallet. Sample basic emergency care guidelines and calling procedures are included at the end of this document.
- 5) The coach or advisor of every activity should have a student Health and Injury Information / Consent for Treatment Card for each student involved in the activity (participants, managers, student helpers, etc.). This card should include any pertinent medical information about the student, and the parent's home, work & cell phone numbers. Student health and injury information cards are available to all member schools by contacting the Iowa High School Athletic Association. A sample Health and Injury Information / Consent for Treatment Card is included in the supplement of this Update.
- 6) An important part of an emergency action plan is follow-up after an event occurs. Appropriate documentation (completing accident and incident reports) should be completed and an evaluation of the effectiveness of the plan should be conducted.
- 7) An often overlooked aspect of emergency action planning is how to quickly and easily communicate with a visiting school, and an injured/ill student's parents, the location nearest emergency room of hospital. One suggestion is to have the directions and phone number of nearby hospitals on a note card that could be given to an adult from the visiting school, and/or the parents of the injured/ill student, so they can take the information with them, if necessary.

SUPPLIES

Emergency supplies should include only those items coaches and advisors have the knowledge and training to use properly. Band-aids, ice packs, and elastic wraps are among the most common supplies. A list of suggested emergency supplies is provided at the end of this document.

Emergency supplies should include only those items coaches and advisors have the knowledge and training to use properly.

TRANSPORTATION

Emergency medical services personnel should be contacted any time a student is seriously injured or ill. The use of school or personal cars to transport injured or ill students may be acceptable in some cases, but careful consideration should be given during the planning process as to the nature of the injury or illness in which it may be appropriate to transport a student via school or personal vehicle and the possibility of further harm to the student.

Emergency medical services personnel should be contacted any time a student is seriously injured or ill.

No injured or ill student should be allowed to transport him or herself, or to be transported by non-school personnel, without parental permission. If an injury is NOT serious enough to warrant the use of an ambulance, the emergency action plan should stipulate when, or if, the person responsible for the immediate care of the student should contact the student's parents and/or physician for the final decision concerning transportation. The emergency action plan should predetermine whether the coach or advisor will travel with the injured or ill student to the hospital or clinic. If the coach or advisor does travel with the injured or ill student, someone must be put in charge of the students remaining at the school. This may need to be an assistant coach, administrator, or other qualified person. If anyone other than a coach is supervising the students, the students should stop the activity and sit quietly until transportation is arranged to take them home.

No injured or ill student should be allowed to transport him/herself, or to be transported by non-school personnel, without parental permission.

Questions and comments about emergency procedures, or any other areas dealing with student-athlete's wellness, are welcome and encouraged. They should be directed to Todd Tharp, Assistant Director, at the Iowa High School Athletic Association, PO Box 10, Boone, IA 50036, (515) 432-2011 or ttharp@iahsaa.org

Sources: "Crisis Management Plan for Youth Sporting Events," National Center for Sports Safety, Jeff Konin, PhD, PT, ATC, University of South Florida; "Developing an Emergency Action Plan," National Center for Sports Safety; "Emergency Medical Planning," Walker, P.J. ATC, PT. Orthopaedic and Sports Medicine Centre, Des Moines, IA; "Emergency Plans Becoming the Norm," NATA NEWS, Volume 8, 2001; Modern Principles of Athletic Training by Daniel Arnheim, Times Mirror/Mosby College Publishing, 1989; Sport First Aid, Flegel, Melinda, ATC, Human Kinetics, Champaign, IL, 1997; "Promoting Effective Emergency Action Plans," Coaches Quarterly, Summer 2009; Sports Medicine Handbook, National Federation of State High School Associations, October 2008, The Sports Medicine Foundation of America, 615, Peachtree St. N.E., Suite 1100, Atlanta, Georgia, 30308.

0610

SAMPLE BASIC EMERGENCY CARE GUIDELINES

- 1) If the person responsible for students' welfare determines an injury or illness is serious, EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL SHOULD BE CALLED IMMEDIATELY! It is suggested that two people (preferably adults) be sent to call EMS and that they bring the student's health and injury information card with them. Once EMS personnel have been contacted, one person should return with health and injury information card to the emergency scene, while the second person makes other necessary telephone calls regarding the emergency.
- 2) RENDER BASIC FIRST AID TO THE INJURED OR ILL STUDENT. Be aware of the possibility that mouth-to-mouth resuscitation or CPR may be necessary.
- 3) HAVE THE NON-INJURED STUDENTS SUSPEND ALL ACTIVITY, return all materials to the proper storage places, and SIT in an area which you can observe, but that is away from the injured or ill student.
- 4) SEND AN ASSISTANT COACH, CUSTODIAN, OR TWO RELIABLE STUDENTS TO THE SCHOOL DRIVEWAY TO DIRECT EMS PERSONNEL TO THE PROPER AREA. Inform the person to return to the scene of the injury or illness immediately after EMS personnel have arrived. This will eliminate the person being confronted by passers-by and the media.
- 5) ALLOW EMS PERSONNEL TO TAKE CONTROL OF THE SITUATION WHEN THEY ARRIVE.
- 6) HAVE WHOEVER IS DESIGNATED IN THE CRITICAL INCIDENT / EMERGENCY PLAN TRAVEL WITH THE INJURED OR ILL STUDENT TO THE HOSPITAL OR CLINIC.

SAMPLE EMERGENCY TELEPHONE NUMBERS

- Emergency Medical Services #000-0000 (911)
- Police Department #000-000-0001
- Fire Department #000-000-0002
- Hospital #000-000-0003
- Superintendent #000-000-0004
- Principal #000-000-0005
- Athletic Director #000-000-0006

As part of the planning process determine which phone numbers will be provided for each person and who will have access to which phone numbers.

SAMPLE EMERGENCY CALLING PROCEDURES

1. CALL THE EMS NUMBER AND BE PREPARED TO GIVE:
 - a. your name,
 - b. your location and address,
 - c. the telephone number from which you are calling,
 - d. the nature of the basic injury, illness, or critical incident, and,
 - e. what is presently being done for any injured or ill student(s).
2. THE CALLER SHOULD ALWAYS HANG UP LAST.

3. CALL A SCHOOL ADMINISTRATOR AND EXPLAIN THE SITUATION TO THEM. Use this phone call to determine who will call the parents of the involved student(s).
4. HAVE THE DESIGNATED PERSON CALL THE PARENTS OF THE INVOLVED STUDENT(S) AND EXPLAIN THE SITUATION AS THOROUGHLY AND QUICKLY AS POSSIBLE. If the parents cannot be notified, call the person or persons indicated on the student health and injury information card.

SAMPLE EMERGENCY SUPPLIES CHECKLIST


The supplies listed below may be needed in an emergency. Most coaches should have the knowledge and training to use them properly. Items such as stethoscopes and blood pressure cuffs are not listed because the average coach does not have the training to properly use such equipment. Some common training kit supplies appear in this list because they may be necessary in an emergency.

- Air splints or other splinting materials
- Arm slings or triangular bandages
- Athletic tape (several rolls)
- Back board (especially in the swimming pool area)
- Bio hazard “red” bags
- Wire/bolt cutters (especially during football season)
- CPR mask
- Elastic wraps (4” and 6”)
- Emergency calling procedures sheet (Sample included with this Update)
- Emergency care guidelines sheet (Sample included with this Update)
- Health & Injury Information cards (Sample included with this Update)
- Injured Athlete/Person Flow Chart
- Instant cold packs (unless ice is ALWAYS readily available)
- Sterile gauze pads
- Student information cards
- Supplies for handling blood and other body fluids containing blood
- Tape scissors

Activity advisors will probably need fewer emergency supplies than an athletic coach, but they should still have a few basic items such as band-aids, ice packs, etc. The critical incident / emergency plan should either stipulate, or give recommendations, as to what supplies should be available for various activities and athletic events.

FOOTBALL RISK MINIMIZATION & SPORTSMANSHIP POSTERS SUPPLIED BY IHSAA

DON'T FALL VICTIM TO THE HEAT



✓ USE THE BUDDY SYSTEM

- Assign players a "Buddy" and have them monitor each other for SIGNS and SYMPTOMS of HEAT RELATED problems.

✓ Signs of possible heat stroke

- Altered consciousness, i.e., semi-conscious, confused, irrational behavior
- Combative
- Headache, dizziness, and weakness
- Hot skin - with or without sweating
- Increased heart and breathing rates
- Nausea, vomiting, or diarrhea

THE KEY TO SURVIVING HEAT STROKE IS TAKING APPROPRIATE ACTION TO COOL THE BODY IN THE FIRST 5-10 MINUTES. IF HEAT STROKE IS SUSPECTED, THE BODY MUST BE COOLED IMMEDIATELY AND MEDICAL SERVICES CALLED IMMEDIATELY.

PLACE THE STUDENT-ATHLETE IN A PLASTIC SWIMMING POOL WITH ICE AND COLD WATER, OR ON A SHOWER CURTAIN OR OTHER PIECE OF PLASTIC THAT IS HELD AT THE CORNERS AND CAN BE FILLED WITH ICE AND COLD WATER. FOR FOOTBALL PLAYERS REMOVE THEIR PADS FIRST.

A message from the Iowa High School Athletic Association

SIGNS, SYMPTOMS & MANAGEMENT OF CONCUSSIONS IN HIGH SCHOOL SPORTS

A CONCUSSION IS A TRAUMATIC BRAIN INJURY THAT INTERFERES WITH NORMAL BRAIN FUNCTION. AN ATHLETE DOES NOT HAVE TO LOSE CONSCIOUSNESS (BE "KNOCKED OUT") TO HAVE SUFFERED A CONCUSSION.

Common Signs & Symptoms of a Concussion Include:

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


Concussion Return to Play Protocol

- No athlete shall return to play/competition (RTP) or practice on the same day of a concussion.
- Any athlete with signs, symptoms or behaviors consistent with a concussion MUST be medically cleared by a Licensed Health Care Provider prior to resuming participation in any practice or competition.
- After medical clearance, RTP shall follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

Sources: NFHS Sports Medicine Advisory Committee; Centers for Disease Control and Prevention; Iowa Code Section 280.13C

A message from the Iowa High School Athletic Association

PROPER FOOTBALL HELMET FITTING INSTRUCTIONS



Check before fitting:

- Visually inspect the helmet, inside and out, for any deformities, cracks, worn parts, etc.
- Helmet and facemask must be stamped or marked as being NOCSAE approved.
- Helmet must have a visible, legible exterior warning label regarding the possible risk of injury.
- Follow manufacturers' recommendations regarding the inflation of air pads or bladders.
- Read the warning label on the outside of the helmet and the tag placed inside the helmet.
- EACH PLAYER SHOULD SIGN THE WARNING TAG TO INDICATE HE/SHE HAS READ THE INFORMATION**

Fitting the Helmet:

- Player's hair should be the length it will be worn during the season and should be wet to mimic sweating.
- Ask the player's cap size, and/or measure the circumference of the player's head approximately 1 inch above the eyebrows. Use the sizing chart from the manufacturer to determine approximate helmet size.
- Helmet should fit snugly to all parts of the player's head. There should be no gaps between the helmet and the head.
- To accommodate for a player's head size or shape, adjust the amount of air in the helmet liners or change padding inside the helmet.
- Back of the helmet should cover the base of the skull, but not extend down far enough to dig into the neck when the head is tilted back (chin to the sky).
- Approximately two finger widths of space (approximately 1 inch) from the front edge of the helmet to the top of the eyebrows.
- Helmet ear openings should line up with the player's ear openings.
- Approximately three finger widths of space (approximately 2 inches) between the player's nose and the NOCSAE approved facemask.
- Jaw pads should fit snugly against the player's face.
- Chinstrap should be centered on the chin when all 4 straps are fastened and the slack taken out. Adjust the back, or lower, straps first, and push down on the top of the helmet. A properly fitted helmet will allow very little movement in any direction.
- When pushing down on the helmet, pressure should be felt on the top of the head, not the eyebrow area.
- With the chinstrap fastened, have the player "bull" his/her neck. Slowly pull up and down on the facemask, twist the helmet from side to side, and push down on the top of the helmet. A properly fitted helmet will allow very little movement in any direction.

A message from the Iowa High School Athletic Association

SPORTSMANSHIP IS AN EXPECTATION

PLEASE LET THE PLAYERS PLAY, THE COACHES COACH AND THE OFFICIALS OFFICIATE.

- RECOGNIZE AND ACKNOWLEDGE GREAT PLAYS FROM BOTH TEAMS
- RESPECT DECISIONS MADE BY CONTEST AND SCHOOL OFFICIALS
- REFRAIN FROM TAUNTING, BOOING, HECKLING AND USE OF INAPPROPRIATE LANGUAGE
- RESPECT THE ATHLETES, COACHES, OFFICIALS AND FANS AROUND YOU - **BE A GOOD SPORT!**

GOOD SPORTSMANSHIP MATTERS AND IT STARTS WITH **YOU!!**

A message from the Iowa High School Athletic Association

NEGATIVE EFFECTS OF ANABOLIC-ANDROGENIC STEROIDS

EVERY STEROID IS CHEMICALLY DIFFERENT AND EVERY STEROID USER IS GENETICALLY DIFFERENT! NEGATIVE EFFECTS WILL HAPPEN IF YOU CHOOSE TO USE ANABOLIC-ANDROGENIC STEROIDS!

HARMFUL PSYCHOLOGICAL EFFECTS:

- Mood Swings
- Irritable/Argumentative/Combative
- Violent/Hostile/Aggressive Behavior
- Depression/Suicidal Tendencies Upon Withdrawal

HARMFUL PHYSIOLOGICAL EFFECTS:

- Premature Closing of the Growth Plates Causing Permanently Stunted Growth
- Shrinking of the Testicles
- High Blood Pressure
- Increased Risk of Blood Clots
- Increased Risk of Heart Attack or Stroke
- Severe Acne

LOSS OF ELIGIBILITY:

- Any athlete using unprescribed anabolic-androgenic steroids is subject to a **ONE CALENDAR YEAR** period of ineligibility from ALL high school athletics.

A message from the Iowa High School Athletic Association

WARNING!

No helmet can prevent all head or neck injuries.

Do NOT use your helmet to butt, ram, spear or strike another player. This is a violation of the rules and may result in catastrophic injury to you or your opponent.

Head-down contact is the primary cause of cervical spine injuries.

PLAY IT SAFE -- KEEP YOUR HEAD UP!

Players should check their helmets daily to be sure they are in good condition with no visible defects.

A message from the Iowa High School Athletic Association

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION 2020