

2025 IHSAA 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 Health & Safety link found under the Resource tab on the IHSAA website.

Contents:

Key 1: Football Helmet Inspection

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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 head 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. Sparring, 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 2025

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 22 football players in the United States died of EHS between 2014 and 2023. 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 10th. The school year begins August 11th 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. Schools can rent their vehicles to chaperones/coaches for the activity.

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 does not count as part of the three hours of activity.

Typical Agenda:

7:00 AM-8:00 AM	Weight room
8:00 AM-9:30 AM	Football Physical Activity- First 90 minutes (Offense)
9:30 AM-10:30 AM	Chalkboard Time- Film Breakdown and Team Building
10:30 AM-12:00 PM	Football Physical Activity- Second 90 minutes (Defense)

Coach-Athlete contact is completed for the day.

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.**

PROPER FIT = PROPER PROTECTION

The right football helmet is the first step in safety

Designed to withstand repeat blows, the football helmet is a player's first line of defense. An ill-fitting helmet puts the player at risk. It's important to thoroughly read and follow the manufacturer's fit guidelines. When in doubt, talk with your athletic trainer or equipment manager to ensure your player is properly protected.

GETTING THE RIGHT FIT

Measure the player's head circumference 1 inch above the eyebrows and select the appropriate helmet size according to the helmet manufacturer. Make sure the air bladders are inflated. Place the helmet on the player's head and check that:

The helmet fits snugly around the front, sides and crown of the player's head

There aren't any gaps between the cheek pads and face

The helmet sits two finger widths above the eyes

The base of the skull is covered

The chin strap is snug against the chin, preventing the helmet from moving side to side or up and down

When pressing down on the helmet, the player feels pressure on the crown of the head, not the brow. Pressure on the brow indicates the fit is wrong

The helmet doesn't twist—it only moves with the player's head

The face mask is securely attached, doesn't block the player's vision and is three finger widths away from the chin

The ear holes align with the opening of the ear canal

PLAYERS, REMEMBER ...

- Inspect your helmet before each use, checking for:
 - Proper fit
 - Damage to the liner, shell or face mask
 - Loose hardware

***Never wear a damaged or ill-fitting helmet**

- Keep your chin strap locked at all times during play

- Multiple factors can impact the fit of a helmet, including (but not limited to):
 - Air temperature
 - Changes in altitude
 - Hair length
 - Damage to air bladder valve

Source: "Principles of Athletic Training: A Guide to Evidence-based Clinical Practice 16th edition"; Riddell Fitting Guide; Schutt Helmet Fitting Instructions; USA Football Infographic provided by the National Athletic Trainers' Association

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, 2025

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!

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.



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 provider 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

Key 3

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.

- 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.

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.

- 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

Management of a Concussed Student- Athlete

STAGE 1: Complete Mental & Physical Rest

The student-athlete experiences signs and symptoms of a concussion & MUST be removed from play. The first 24-48 hours the student-athlete should try to sleep & rest as much as possible. Full mental and physical rest is recommended. The student-athlete should refrain from watching television, texting, using the computer, and listening to loud music. If these activities are performed & symptoms continue to occur with activities – stop immediately & continue to rest as recommended.

STAGE 2: Gradual Return to school within the Return to Learn Protocol:

Following the 48 hours of full mental & physical rest, the student-athlete may progress back into school related activities. Recommendations for academic accommodations may be implemented into school's RTL through school nurse or healthcare provider based on symptoms the student-athlete is experiencing. Following accommodations will help athlete stay in the classroom and decrease symptoms. Delays are common and every concussion management timeline is different.

Once the student-athlete is participating in school related activities with no symptoms and no further assistance with accommodations. They must follow-up with healthcare provider or school nurse. Provides the teacher concussion feedback form with specific instructions and signatures needed from teachers and parent/guardians. The athlete may also see their physician or other healthcare provider at this time. But student-athlete will not be fully cleared until gradually participating through the return to sport protocol.

Aim	Activity	Goal of Each Step
Daily Activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (ex: reading, texting, screen time) Start with 5-15 minutes at a time & gradually build up	Gradual Return to Normal Activities
School Activities	Homework, reading or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
Return to School Part Time	Gradual Introduction of school work, may need to start with a partial school day or increased breaks during the day	Increase academic activities
Return to School Full Time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities –catch up on missed work

STAGE 3: Gradual Return to Sport Protocol:

Will only start when student-athlete has completed teacher feedback forms – focusing on that athlete is back to their pre-concussion learning level with no further signs or symptoms. Athlete will work with the School's healthcare provider (if applicable) to determine the plan of each day's steps. The HCP will give next step to help student-athlete follow-through protocol. School's Healthcare provider will fill out the completed Return to Sport Protocol & email the AD, Coach, school nurse, and parent with full clearance. Each RTP stage is 24 hours. If the athlete has symptoms following a stage, it will be completed the next day.

Steps	Aim	Activity	Goal of Each Step
1	Low Impact/Light Aerobic Exercise	Walking, Jogging or Cardio Equipment. No resistance training or weightlifting	Increase Heart Rate
2	Basic Moderate Exercise	Body weight & Individual conditioning No contact drills or risk of contact. Light exercise during Physical education	Add Movement
3	Non-Contact Sport Drills – Return to Practice	Team Warm-up & conditioning, Sport Specific Drills, Non-contact drills only, Team plays. No Live scrimmages or Live Contact drills. Weights may begin No contact during Physical Education	Coordination, Cognitive Load, Confidence
4	Return to Full Practice	Full Contact practice with Team. Full weight training may continue. Can begin full PE or Weights	Confidence & Assess Function
5	Normal Competition	Game Release	Date of Contest: _____

Adjustments/Accommodations in Return to Learn Protocol

ACCOMMODATIONS/ADJUSTMENTS AVAILABLE FOR PHYSICAL SYMPTOMS:

[Examples: headache/nausea, dizziness/balance, light sensitivity, blurry vision, noise sensitivity, neck pain]

- Scheduled 15 – 20 minutes breaks in quiet space (mid-morning, mid-afternoon as needed)
- Sunglasses (inside or outside)
- Quiet room/environment, quiet lunch, quiet recess
- More frequent breaks in classroom
- Allow quiet passing in halls
- Sit out of music, band and computer classes if symptoms are provoked

ACCOMMODATIONS/ADJUSTMENTS AVAILABLE FOR COGNITIVE SYMPTOMS:

[Examples: concentration, remembering, mentally “foggy”, slowed processing]

- REDUCE workload in the classroom/homework
- REMOVE non-essential workload
- Adjust “due” dates; allow for extra time
- Allow for demonstration of learning in alternative fashion
- Provide written instructions
- Postpone large tests/projects, alternative testing (quiet environment), oral testing

ACCOMMODATIONS/ADJUSTMENTS AVAILABLE FOR EMOTIONAL SYMPTOMS:

[Examples: emotional, nervous, sad, anxious, angry, irritable]

- Allow student to have “signal” to leave room
- Allow student to remove him/herself to de-escalate
- Allow student to visit with support adult (counselor, nurse, athletic trainer, advisor)

ACCOMMODATIONS/ADJUSTMENTS AVAILABLE FOR SLEEP/ENERGY SYMPTOMS:

[Examples: mentally fatigued, drowsy, sleeping too much, sleeping too little, can’t maintain sleep]

- Allow for rest breaks in classroom (ie: “brain rest breaks” = head on desk, eyes closed for 5-10 minutes)
- Allow partial days of school – start school later in the day or leave early as needed

When the Concussion is assessed and managed correctly, the effect of this injury on a student classroom achievement is minimized.

Concussion Recovery Teacher & Parent Feedback Form

STUDENT NAME: _____

Students: You will be given this form from your school's healthcare provider. It is your responsibility to gather your teacher's signatures to prove you are participating in classroom work, assignment & tests at 100% in classroom. This form will be given to you once you are symptom free in class. You are responsible for gathering all your teacher signatures. Return completed form to school nurse or athletic trainer for next steps.	Teachers: Thank you for your help with this student's recovery & return to learn. Your feedback is valuable & we do not want to release this student back to sport if you are still seeing physical, cognitive, and emotional or sleep/energy symptoms in your classroom. Use the space below to share any concerns you have regarding the student's post – concussion related performance
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Teacher Name & Class Taught	Student still receiving academic adjustments in your class? If so, What?	Have you recently noticed, or has the student reported, the student is experiencing any concussion symptoms?	Do you believe this student is performing at their pre-concussion learning level?
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ SIGNATURE: _____
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ SIGNATURE: _____
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ SIGNATURE: _____
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ SIGNATURE: _____
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ SIGNATURE: _____
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ SIGNATURE: _____

Dear Parent,

Your signature below indicates your child is back to their typical self at home, has resumed a normal academic load, and is no longer exhibiting physical, cognitive, or emotional symptoms concerning for concussion (see below) at more than pre-injury levels. You believe your child is back to pre-injury baseline and understand that attempting a return to sports or strenuous physical activity if they are not 100% recovered may cause harm.

Physical Symptoms: headaches, nausea, fatigue, vision/balance problems, sensitivity to light or noise, dizziness, sleeping more or less than usual, trouble falling asleep, drowsiness

Cognitive Symptoms: problems concentrating, problems remembering, feeling mentally foggy, feeling more slowed down
Emotional Symptoms: nervousness, irritability, sadness, feeling more emotional

Parent/Guardian: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Gradual Return to Play Concussion Protocol – Football

STAGE 1: COMPLETE PHYSICAL & PHYSICAL REST (48 HOURS) COMPLETE: _____

STAGE 2: COMPLETE RETURN TO LEARN PROTOCOL – CLEARANCE FROM TEACHERS - COMPLETE: _____

STAGE 3: ATHLETE CAN NOW COMPLETE RETURN TO SPORT PROTOCOL STEPS BELOW: **STEP 1: Low Impact, Light Aerobic Exercise. Goal – Increase HR: Less than 70% MAX HR**

Low Impact: Light Aerobic Activity – total 20 minutes max. No weight or resistance training				Date/Initial
Dynamic Warm-Up	Brisk Walking Exercise Bike Light Jogging	<i>Sport Imagery Positive Thinking exercise</i>	<i>Recovery! Foam roll! Stretch!</i>	

STEP 2: Moderate Aerobic Activity. Light Resistance Training. Goal – Increase aerobic activity or complete Buffalo Concussion Treadmill testing in Concussion Physical therapy.

20-30 minutes jogging w/helmet				Date/Initial
Dynamic Warm Up (Carry Football)	Circuit Training: 1. Light Jog, Push-ups, 2. Light Jog, Bicycles, Mountain Climbers. 3. Light Jog, Sit-ups, Leg Lifts. Exercises 10 reps. Jog: 20" (2-3 laps)			
Backpedal, side shuffle	Planks & Side Planks Squats	Recovery! Stretch & Foam Roll	Reverse Lunge Forward Lunge	
Push-up or Modified Push-up	Body Weight Squats	Upper body strength	Recovery!	
Core Work: Leg Lifts, Leg Climbs, Reverse Crunch, Bicycle		Glute Workouts	<i>Review Plays Film/Hudl</i>	

STEP 3: Non-Contact Football Specific Drills – Team Conditioning/Light/Moderate Weight Training Allowed

Goals: Maximize aerobic activity. Accelerate to full speed with change of directions (cuts), Introduce head movements				
Team Dynamic Warm-up Bear Crawls Step or run over Bags – Vertical & Lateral // shuffle *Start without helmet; progress to helmet & shoulder pads if symptom free				
Speed Ladder Drills Quick Feet – SL/DL Agility Drills <ul style="list-style-type: none"> - T-Test - 5-10-5 - W drill - 20 yd. dash - Backwards run (20yd) 	LB – Back pedal turn & catch Back pedal & React (coach signal – player backpedal, then break down in direction of signal – accelerate to finish) Wave Drill (2 pt. stance, backpedal or shuffle forward to moderate jog)	QB – Pocket Movement 3-5-6 Drops/Throws (3 step drop, quick 5 step drop, big 5 step drop, 7 step drop) Throw routes to receivers	OL/DL – drop & flip drill (drops per coach direction, flips hip & at 4 th moderately jogs to end zone)	Date/Initial
DB – Back Pedal Turn & Catch Backpedal, break forward, speed turn & catch “W-drill”	WR – Quick Feet Explosion Drill (Circle the Cones) Over shoulder pass drill Wide Out routes	RB – Weaving In/Out Cone Drill Pass Routes Change of Direction	<i>Review Play Watch Film Recovery</i>	

STEP 4: Limited Contact Football Drills progressing to Full Contact Football Drills –

Full Participation in PE with supervision

Workout in full pads – Step & Hit – Run & Hit Hit/Push pads then sled (focus on technique – head up, square up stay low)	Goals: Maximize aerobic activity Add deceleration/rotational forces in controlled setting Date/Initial: _____
---	--

STEP 5: Return to Play – Normal Game Play

Goals: Assess frequently, consider one side of the ball only, no special teams play
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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 25.

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

Rationale: By definition, “Control” 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” likely carries a high injury risk to the body than does “Control.” 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 19-24) 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 (Control & Live) 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.

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

AIR:

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

BAGS:

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

CONTROL:

- Intensity: 2
- Drill is run at an 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.

CONTROL TO GROUND:

- Intensity: 3
- Drill is run at an assigned non-competitive speed or with players pre-engaged. One player is pre-determined as the winner. Players are allowed to take their opponent to the ground in a controlled manner.

THUD:

- Intensity: 4
- Drill is run at a competitive speed through the moment of contact. There is no pre-determined "winner." Contact is above the waist. Players stay on their feet and quick whistle ends the drill.

LIVE:

- Intensity: 5
- Drill is run at a competitive speed in game-like conditions.

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 7-12 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.
 - Weight room activities 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.
- Sunday, August 17th and either Saturday, August 23rd or Sunday, August 24th 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 sanctions, including but not limited to:
 - 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!

WBGT 9–12 Table & Football Considerations

< 79.7	Normal activities. 3 separate rest/water breaks (3–5 minutes each) / hour
79.8 – 84.6	Use discretion for intense / prolonged practice 3 separate rest/water breaks (4–6 minutes each) / hour. Monitor at-risk athletes closely. Cold water immersion available – see additional info sheet
84.7 – 87.6	Maximum practice time is 2 hours. Reduce equipment to partial uniform. Remove all additional equipment if conditioning (football) *if WBGT rises to this level during practice, players may continue practicing in football pants 4 separate rest/water breaks (4–6 minutes each) / hour. Monitor at-risk athletes closely. Cold water immersion available – see additional info sheet. CONTESTS: Implement additional/extended timeouts for rest/water breaks
87.7 – 89.7	Maximum practice time is 1 hour. Reduce equipment to out of uniform. No conditioning allowed. There must be 20 minutes of rest breaks distributed throughout the one hour of practice. Monitor athletes closely. Cold water immersion available – see additional info sheet. CONTESTS: Consider moving start times earlier or postponing; Implement additional/ extended timeouts for rest/water and shade.
≥ 89.7	No (outdoor) activities. Cancel or delay outdoor practices / contests until lower WBGT is recorded

Football Practice:

WBGT 84.7 to 87.6 (ORANGE): Helmets, Shoulder Pads and Shorts only should be worn and any additional equipment (e.g. shoulder pads) should be removed for conditioning. If WBGT rises to this level during practice, players may continue to practice in football pants.

WBGT 87.7 to 89.7 (RED): Shorts, t-shirts and footwear only for activities. No conditioning allowed.

WBGT 89.8 or greater (BLACK): No outdoor activities, cancel or delay practices until lower WBGT is recorded

Football Games:

When kick off temperature is **87.7 to 89.7 WBGT (RED)**—A mandatory hydration break should take place at approximately the 6 min mark of the quarter of each quarter.

- The hydration break will last 3 minutes and all players will remove their helmets and go to the sideline for a break.
- No coaches allowed on the field.

If kick off temperature is at or above **89.8 WBGT or greater (BLACK)**—A mandatory hydration break should take place at approximately the 4 and 8 min mark of the quarter of each quarter.

- The hydration break will last 3 minutes and all players will remove their helmets and go to the sideline for a break.
- No coaches allowed on the field.

COLD WATER IMMERSION BAG/TUB INSTRUCTIONS

SUPPLIES NEEDED:

- 1-2 Coolers of ice with water. Temperature must be between 39- 56°F. (separate from athlete drinking water)
- Make sure you have access to student-athlete parent/guardian contact information readily available

WHEN TO USE CWI:

- Athletes that are confused, headache, fatigue, blurred vision, cool/moist skin, dizziness/fainting, rapid heartbeat or shallow breathing, nausea or vomiting, trouble speaking or standing
- High Risk Athletes: overweight athletes, athletes with diabetes, sickle cell trait

WHAT HAPPENS NEXT:

1. Remove equipment or excess clothing
2. Using a bag - Un zip Cold Water Immersion Bag & place on the ground. Place athlete inside of bag.
3. Using a tub - Hoist athlete safely in to the tub, ensuring enough people present or use a towel to hold athlete up from behind.
4. Dump cooler of Ice/Water around athlete & zip up bag to upper chest. Cover as much as the athlete as possible. May need to add more ice or water if melting occurs.
5. Set a timer for 20 minutes. Call 911 using EAP steps on the back of this instructions sheet. Call athlete's parent/guardian.
6. You may need to oscillate (move) the bag or water to circulate, Monitor vital signs every 10 minutes & mental status during cooling (if applicable) (watch for breathing changes & mental status improvements)
7. Do not remove the athlete from the bag or tub until EMS arrives & they assume care. Communicate what care is being provided when EMS arrives
8. Communicate to your school's Athletic Director & School Nurse for continued follow-up.

2025 Preseason Schedule for Week 1 (Week 0)

First Legal Day of Practice – August 11 (August 4)

- 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

Second Legal Day of Practice – August 12 (August 5)

- 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

Third Legal Day of Practice – August 13 (August 6)

- 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

Fourth Legal Day of Practice – August 14 (August 7)

- 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

Fifth Legal Day of Practice – August 15 (August 8)

- 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

Sixth Legal Day of Practice – August 16 (August 9)

- 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 (Day 7) – August 17 (August 10)

- No practice or contact with athletes allowed

Seventh Legal Day of Practice – August 18 (August 11)

- 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

Eighth Legal Day of Practice – August 19 (August 12)

- 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

Ninth Legal Day of Practice – August 20 (August 13)

- 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

Tenth Legal Day of Practice – August 21 (August 14)

- 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

Eleventh Legal Day of Practice – August 22 (August 15)

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

Twelfth Legal Day of Practice – August 23 (August 16) OR August 24 (August 17)

- Schools can practice on either Saturday or Sunday this week but not both days
- 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

Thirteenth Legal Day of Practice – August 25 (August 18)

- 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

Fourteenth Legal Day of Practice – August 26 (August 19)

- 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

Fifteenth Legal Day of Practice – August 27 (August 20)

- 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

First Legal Playing Date – August 28 (August 21)

It is intended that the local school could have more than 14 days of acclimatization and the local administrator, because of heat, Labor Day, or other matters, would have the choice whether or not to practice. A weekday is considered Monday, Tuesday, Wednesday, Thursday, Friday and Saturday.

Team weightlifting sessions do not count as a stand-alone practice or hours allowed during a practice session. No team weightlifting session can occur on Day 7 (August 17 (August 10)) or the day opposite of the twelfth day of practice (August 23/24 (August 16/17)).



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.

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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.

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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.

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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.

Identifying personnel responsibilities for proper management of an emergency:

- 1) Head Coach or Healthcare professional - Provide care to injured athlete - determine if EAP should be activated:**
 - Any loss of consciousness
 - Difficulty or absent breathing or pulse
 - Dislocation, open fracture, displaced closed fracture
 - Possible spinal injury
 - Uncertainty if you have a medical emergency
- 2) Call 911 - Assistant Coach**
 - Call 911 using a call script. Provide necessary information. Assist in care if/as able
- 3) Retrieve medical equipment: AED, splints, other special equipment**
 - AED should be within 3 minutes of all playing fields & all coaches/players should know where the AED is
- 4) Parent/Guardian Communication - Assistant Coach**
 - If not already present, call parent/guardian using emergency contact information for player. Get any extra student medical information from parent to relay information to EMS.
- 5) Access - Administrative Role**
 - Have keys for needed gates and/or doors
 - Remove barriers for EMS access & meet EMS to direct to location

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.

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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 ext. 220 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.

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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) | ● Superintendent #000-000-0004 |
| ● Police Department #000-000-0001 | ● Principal #000-000-0005 |
| ● Fire Department #000-000-0002 | ● Principal #000-000-0006 |
| ● Hospital #000-000-0003 | |

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.

EMERGENCY ACTION PLAN STEPS

1. Immediate Care of student-athlete
2. Activation of Emergency Medical Services (EMS) - Call 911. Remain Calm using call script below:
 - a. My name is _____
 - b. I need paramedics at _____
(location/address of fields)
 - c. Please have EMS enter the location
by _____
 - d. Give athlete's age, current condition & care
being given _____
 - e. Let Operator hang up first
3. Call Parent/guardian to inform them of injury & care being given.
4. Following EMS Arrival/end of practice - Communication to school's AD, HCP (if applicable) & School Nurse following any Emergency Action Plan activation.

Emergency Action Plan Checklist

Based on the National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport

My institution/organization....	Checklist (yes/no)	Notes
1. Has a written EAP for all sponsored activities (including in-season and out-of-season games, practices, conditioning and skill sessions)		
2(a) Has a written EAP for each venue.		
2(b) Has a written EAP for each sport.		
3. Provides educational resources for lay responders on the management of catastrophic illnesses and injuries most common in sport.		
4. Has a designated EAP coordinator (<i>facilitates development, implementation, distribution and review of the EAP</i>).		
5. Evaluates safety considerations for each facility when developing and updating the EAP		
6. Delineates a chain of command with anticipated roles of available personnel.		
7. Develops an EAP involving an interdisciplinary healthcare team.		
8. Distributes the EAP at least annually to all members of the interdisciplinary healthcare team.		
9. Reviews the EAP at least annually, with all members of the interdisciplinary healthcare team.		
10. Rehearses the EAP at least annually with all members of the interdisciplinary healthcare team.		
11. Documents the EAP rehearsal (including when, where, those present).		
12. Coordinates the EAP with local emergency responders and public safety officials		
13. Makes the EAP available (e.g., posted, electronic).		
14. Approved the EAP by organizational leadership and clarified with signatures.		
15. Ensures the EAP is reviewed by new athletic trainers at orientation.		
16. Conducts and documents a debriefing following an emergency event.		
17. Conducts a critical incident stress debriefing after an emergency event.		
18. Documents an incident report following the activation of the EAP.		
19. Discusses the EAP as part of a pre-event medical meeting.		
20. Conducts a readiness checks of the venue- and sport-specific EAP, including emergency equipment and EMS access points.		
21. Ensures availability and accessibility of emergency equipment.		
22. Ensures access to an AED within 3 minutes of all sport venues		
23. Outlines the need for a rapid initial head-to-toe assessment by healthcare professionals.		
24. Ensures the EAP is activated as soon as possible by the first responding individual.		
25. Ensures the EAP activation begins with contacting local emergency responders.		

Emergency Action Plan (EAP) Resources:

Coaches EAP Checklist/Review Planning

- **Coaches Resource Document/Checklist –**
 - This document can be used by coaches, ADs, Healthcare professionals or others to help review each facility they use. Once completed, it could serve as the document for the coach and school administrator. This form can lead the discussion about how to best handle emergencies that may arise and what may need to be addressed.
 - When partnered with the [Anyone Can Save a Life](#) form, this can be filled out by coaches and teams so that they may identify particular students to help fill various roles during an emergency. (form is at the end of the website)
- **National Athletic Trainers Association (NATA)**
 - [2024 \(June\) Position Statement – Emergency Action Plan](#)
 - [EAP Checklist](#) – Guidelines
- **EAP TEMPLATE**
 - [KSI EAP Template](#) – fillable document to create for your department to outline overall plan
 - [Example Venue Specific EAP](#)
- **Additional Resources**
 - Anyone can Save a Life – Coaches planning document
 - National Center for Sport Safety – [Additional resource articles](#)
- **Foundations**
 - [Iowa Heart Foundation](#) – AED Placement programs
 - [Apply for an AED Grant](#)
- **Videos**
 - Claire's Story (2016, Georgia)
 - [Project S.A.V.E.: Claire's Story](#)
 - [How to SAVE a LIFE – Recognize Sudden Cardiac Arrest in Athletes](#)
- **Webinars (some might have a small fee)**
 - [The Collapsed Athlete Course](#)
 - [Sudden Cardiac Arrest Course](#)
 - [Developing a Policy & Procedure for Concussion Management](#)
- **Pre-Event Medical Time out**
 - [What is a Medical Time Out?](#)
 - Pre-event Medical Time Out Meeting – [KSI resource](#)
- **EAP Venue Specific /[Role Definition Card Template](#)** – customize and print for your specific needs
 - These cards are general in nature. Please refer to your organization/venue for more specific information
- **Policy & Procedures Coach Resources**
 - Heat Illness – [WBGT & Special Considerations](#) & [Cold Water Immersion Bag Instructions](#)
 - [Blood Glucose Procedures](#)
 - [Epi Pen Procedures](#)

Email to request a pdf electronic version or with questions – Allison Russ (ALRuss@selectmedical.com)

Coaches EAP Responsibility Cards

EAP Roles & Responsibility / Call Script

1. Immediate Care of student-athlete

2. Activation of Emergency Medical Services (EMS) - Call 911.

Remain Calm using call script below:

- a. My name is _____
 - b. I need paramedics at _____ (location of athlete in school /address of school)
 - c. Please have EMS enter the location by _____
 - d. Give athlete's age, current condition & care being given _____
 - e. Let Operator hang up first
3. Call Parent/guardian to inform them of injury & care being given.
 4. Follow-up communication with school's HCP, Athletic Director & School Nurse

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1) Care

Activate the EAP if:

- Any loss of consciousness
- Difficulty or absent breathing or pulse
- Dislocation, Open fracture, displaced closed fracture
- Possible Spine Injury
- Uncertainty of if you have a medical emergency

2a) Call 911

Emergency Task Card

- Call 911 using the call script
- Provide necessary information (see reverse)
- Assist in care if/as able

2b) Call Parent/Guardian

Emergency Task Card

- If not already present call HCP / Admin
- Contact Parent/Guardian & meetparent/guardian
- Get student's medical information
- Document care and assist in care if able

3) AED & First Aid Kit

Emergency Task Card

- Retrieve nearest AED
- Retrieve First Aid Kit
- Other emergency equipment asneeded
- Help with care as needed

4) Access

Emergency Task Card

- Have keys for needed gates and/or doors
- Remove barriers for EMS access
- Meet EMS in parking lot and direct to specific location
- Use additional people as needed