**Please watch this video below about concussion awareness with your children***

http://youtu.be/zCCD52Pty4A

**Guidelines for Youth Sports Safety**

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1. **Make sure the athlete is physically & mentally in the game.**
   
a. Conditioned for the sport or activity level they are playing?
   
b. If returning from an injury, does athlete have right ‘mind set, training, rehab, & confidence’ to return to play & avoid repeat injury?
   
c. Most often, a doctor’s note or a ‘release to return to play’ is required to be on file.

2. **Get a pre-participation exam.**
   
a. Determine one’s physical readiness to play.
   
   
c. Is the athlete on medication? Medication that could delay responsiveness as antihistamine? Needing glasses or contacts? Disability?
   
d. Immunizations should be up-to-date. Specifically, TdaP by 6th grade. Optional & recommended is meningococcal vaccination, a quick-spreading, life-threatening disease.

3. **Medical team approach to care:**
   
a. In case of injury, who will provide care?
   
b. Review caregiver’s credentials? Athletic trainer? First-aid certified?

4. **Beat the heat:**
   
a. Acclimatize athletes to warm weather activities over a 14-day period.
   
b. Goal is to increase exercise heat tolerance & enhance ability to exercise safely & effectively in warm, hot, & humid conditions.
   
c. **Water** remains the beverage of choice! Sports drinks can be helpful for young athletes engaged in prolonged, vigorous physical activities, but, are unnecessary in most cases. Sports drinks contain extra calories that are not needed & could have negative health consequences including obesity. **Energy drinks should never be**
consumed by children. They pose significant health risks due to the stimulants they contain.

5. **Use your head:**
   a. Symptoms of a sports-related concussion can vary between males & females.

   1) **Males:** Report more cognitive symptoms such as amnesia, confusion & disorientation.

   2) **Females:** Report more neurobehavioral & physical symptoms such as drowsiness & greater sensitivity to noise. Females are more likely to experience a sports-related concussion.

   b. *Any* symptom of a concussion should be carefully evaluated, monitored, & must be fully resolved *before* the student should be allowed to ‘return to play’. Students, coaches, & parents must be educated accordingly. Colorado has a Brain Concussion Program for reference.

6. **Take it to heart:**
   a. Is there an AED (Automated external defibrillator) on-site? Located where? Who knows how to use it?

   b. Is there an AED at each game? On the sidelines? During practice? Competitions?

   c. Who is on the AED response team? Are drills practiced to ensure optimal performance?

7. **Share the athlete’s medical history**
   a. Parents should complete an emergency medical authorization form, providing parent contact information, & permission for emergency medical care for the student athlete.

8. **Ensure that equipment is in working order.**
   a. All equipments from goals, flooring, apparatus, field turn should be safe & in working order.

   b. Include: spine boards, splint devices, & AEDs (Check monthly for working batteries & pads)

9. **Ascertain coaches’ qualifications.**
   a. Perform background check on coaches & volunteers.

   b. Does coach have knowledge in the sport they are coaching? Are they credentialed
according to state, conference, or league requirements?

c. Does coach strictly enforce sports rules?

d. CPR, AED, & First Aid certified?

e. Parents should be able to check coaching qualifications.

10. Check that locker rooms, gyms, & shower surfaces are clean:

a. Clean surfaces routinely

b. Discourage sharing of towels, athletic gear, water bottles, disposable, razors, & hair clippers.

c. All clothing & equipment should be laundered &/or disinfected on a daily basis.

11. Be smart about sickle cell trait:

a. All USA newborns are tested. Results should be place on the pre-participation exam.

b. Foreign-born students need to be tested.

c. If the disease is present, red blood cells can sickle during intense exertion, blocking blood vessels, which can result in death. Watch for fatigue or shortness of breath. The athlete with this condition might be in danger.

12. Ask if the school or league has an emergency action plan:

a. Have a written emergency plan (for all grades from elementary, middle & high school) which has been reviewed by the athletic trainer or local EMS.

b. Provide individual assignments.

c. Include emergency equipment & supplies to be present.

d. This will provide peace of mind for all.

13. Build in recovery time:

a. Allow time for the body to rest in-between seasons to prevent injury.

b. Acclimatize to the next sport with appropriate strength, flexibility & balance training under the supervision of an athletic trainer(s).

14. Pay attention to sport-specific injury prevention:

a. Increase power, agility, & range of motion to athletes through stretching exercises that improve flexibility; braces to help control joint movement if necessary; and, drills to strengthen the quads, legs, hips, pelvic, & core muscles.
b. Remember, sports require lots of twists, turns, & jumping motions to put added stress on the anterior cruciate ligament, or ACL. A torn ACL is a common injury.

Source

1) NASN School Nurse, Anderson, Martha, RN, Automated External Defibrillator Drills, November 2011, pg. 346-351.
