

# WHERE ARE WE NOW?

3<sup>rd</sup> Annual Collaborative Solutions for  
Safety in Sport National Meeting  
Douglas Casa, PhD, ATC





# Collaborative Solutions for Safety in Sports



2015- NFL HQ, NYC  
2016- NCAA HQ, IN  
2017- Kansas City



*Leading Sports Medicine into the Future*



# Thank You- Swag Bags and Giveaways!



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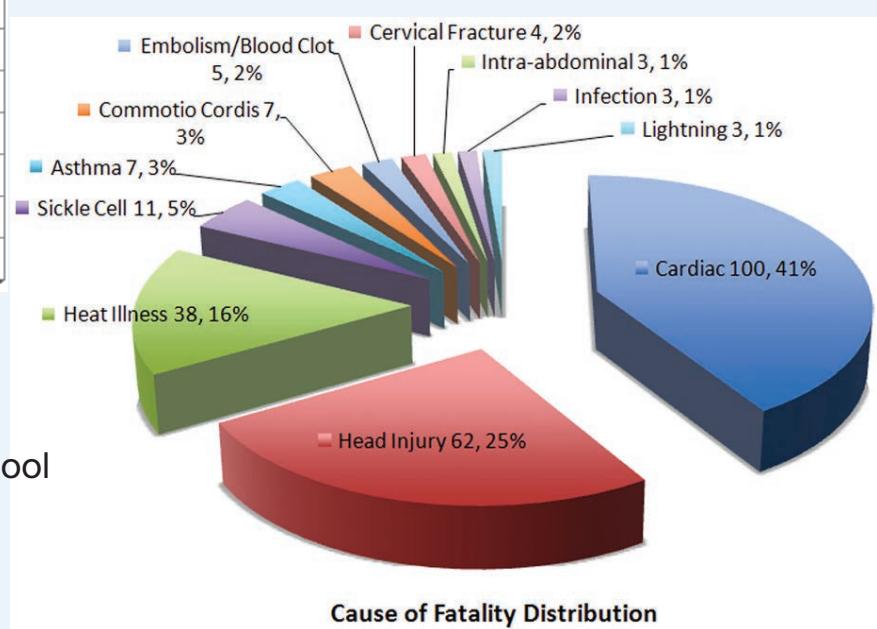
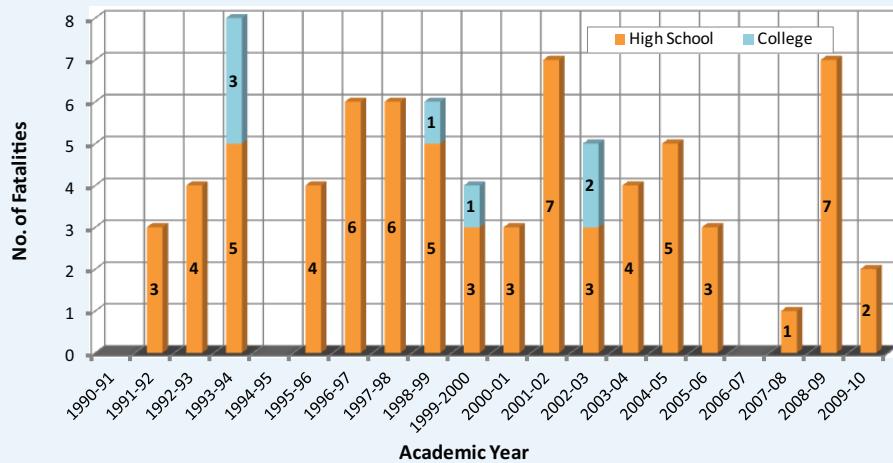
# The Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics Programs: Best-Practices Recommendations

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# Fatalities in High School and College Football Players

Barry P. Boden,<sup>\*†</sup> MD, Ilan Breit,<sup>†</sup> BS, Jason A. Beachler,<sup>†</sup> BS, Aaron Williams,<sup>†</sup> DO, and Frederick O. Mueller,<sup>‡</sup> PhD

*Investigation performed at The Orthopaedic Center, Rockville, Maryland*



**Figure 3.** Direct football fatalities annually at the high school and college levels, 1990-1991 through 2009-2010.

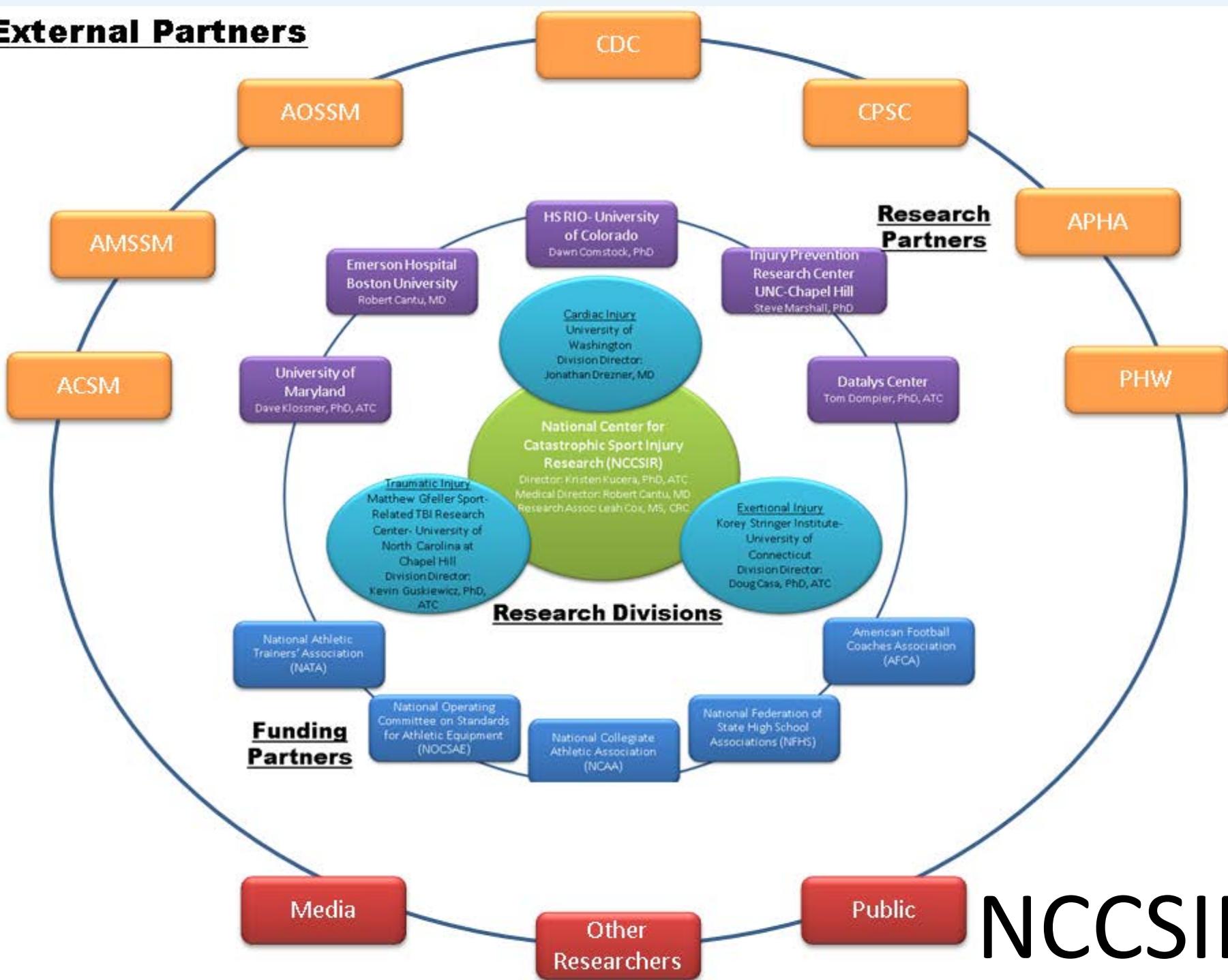
**Four H's**  
Heart, Heat, Head,  
Hemoglobin

2017 Collaborative Solutions for Safety in Sport

**Figure 4.** Number and percentage of football fatalities by diagnosis.



# External Partners



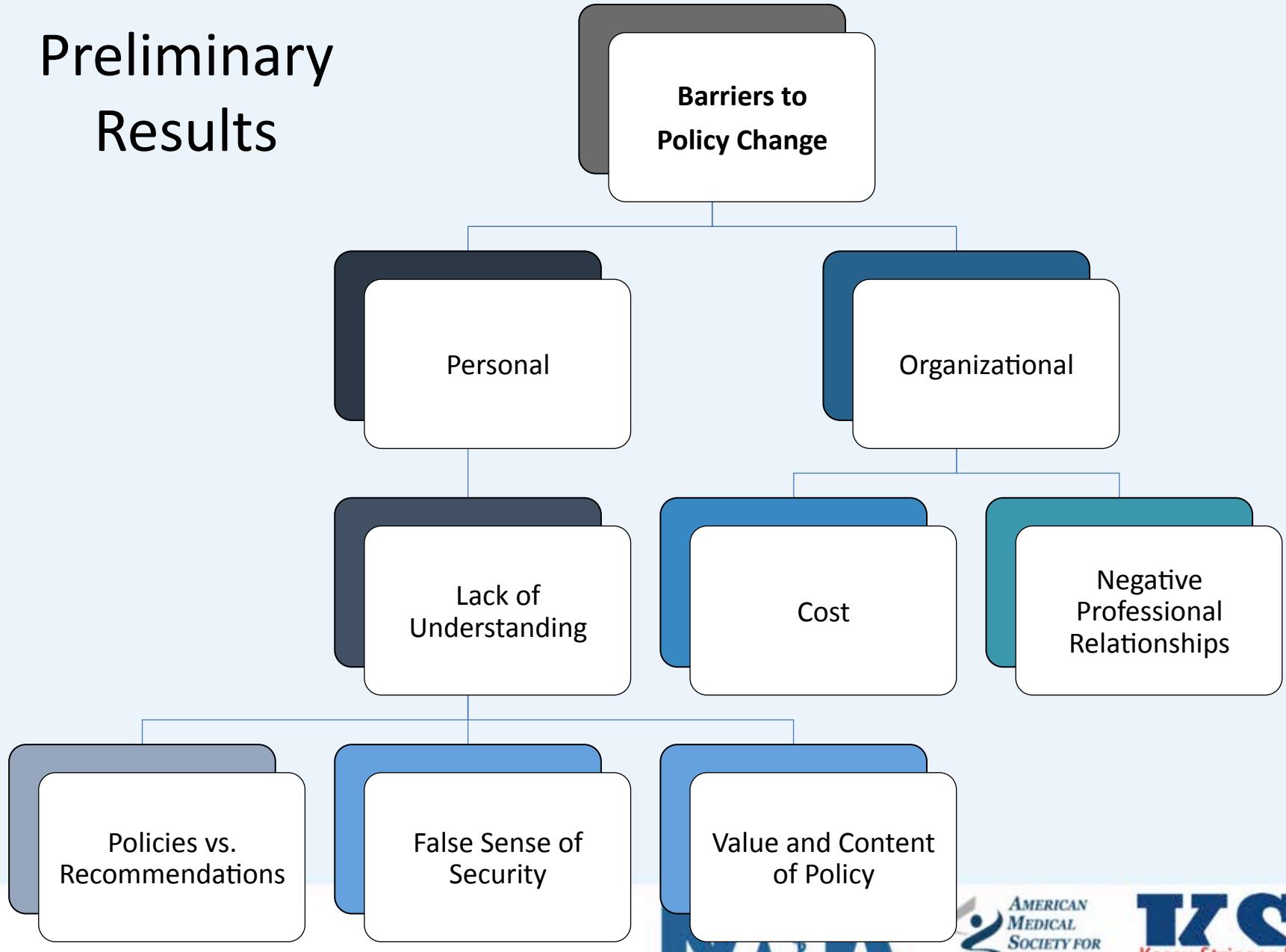
# Examining Sport Safety Policies in Secondary Schools:

An Analysis of Progress Towards and Barriers To Policy Development and Implementation

# About the Study

- Purpose: to identify perceptions of and barriers to policy development and implementation in order to assist key constituents with enactment of various health and safety initiatives.
- Participants selected from pool of CSSS attendees who completed the survey following the 2015 meeting (35)
  - 10 interviews conducted
  - Chair, Sports Medicine Advisory Committee (or equivalent)
  - Executive Director (or equivalent) of High School Athletic Association

# Preliminary Results



# Personal Barriers to Policy Change

- Lack of Understanding: *Policies vs. Recommendations*

“The [High School Athletic Association] is very strong on advising, what should be done or creating guidelines as to what should be done, but they do not necessarily back those with penalties if they’re not followed. So in terms of policy where there’d be some penalty theoretically, nothing.” (Chair, SMAC)

“We have docs from the [state] medical society and they get loathed to change things, kind of “if it ain’t broke don’t fix it” in their opinion. (Chair, SMAC)

# Barriers to Policy Change

- Lack of Understanding: *Value/Content of Policy*

“I guess I’d have to see the sample policy because, you know, like I said, **our schools all have AEDs...So I’m not sure what an AED policy would consist of beyond what we’re already doing.**” (Executive Director, HSAA)

“So we say, **as long as you’ve got something** and you practice it [EAP] and you know how to implement it when an emergency occurs, **then that’s good enough for us.** So, that’s kind of the way that we’ve implemented that plan.” (Executive Director, HSAA)

# Barriers to Policy Change

- Lack of Understanding: *False Sense of Security*

“The perception is, well **we don’t have a problem**, we don’t have kids dropping of heart attack, we don’t have kids who are having issues with exertional sickling, we don’t have kids who are hospitalized with heat stroke and kidney failure; **and because of that, we don’t need to make big sweeping changes.** (Chair, SMAC)

# Organizational Barriers to Policy Change

- Cost

“...we talk about it a lot, but when you start getting into those required pieces, it's difficult... And a life is worth more than a twelve hundred dollar AED, I understand that, but at the same time, it's a very difficult thing to do. So we like to go ahead and educate as much as we can and bang on it until they're tired of hearing it and they do it.” (Executive Director, HSAA)

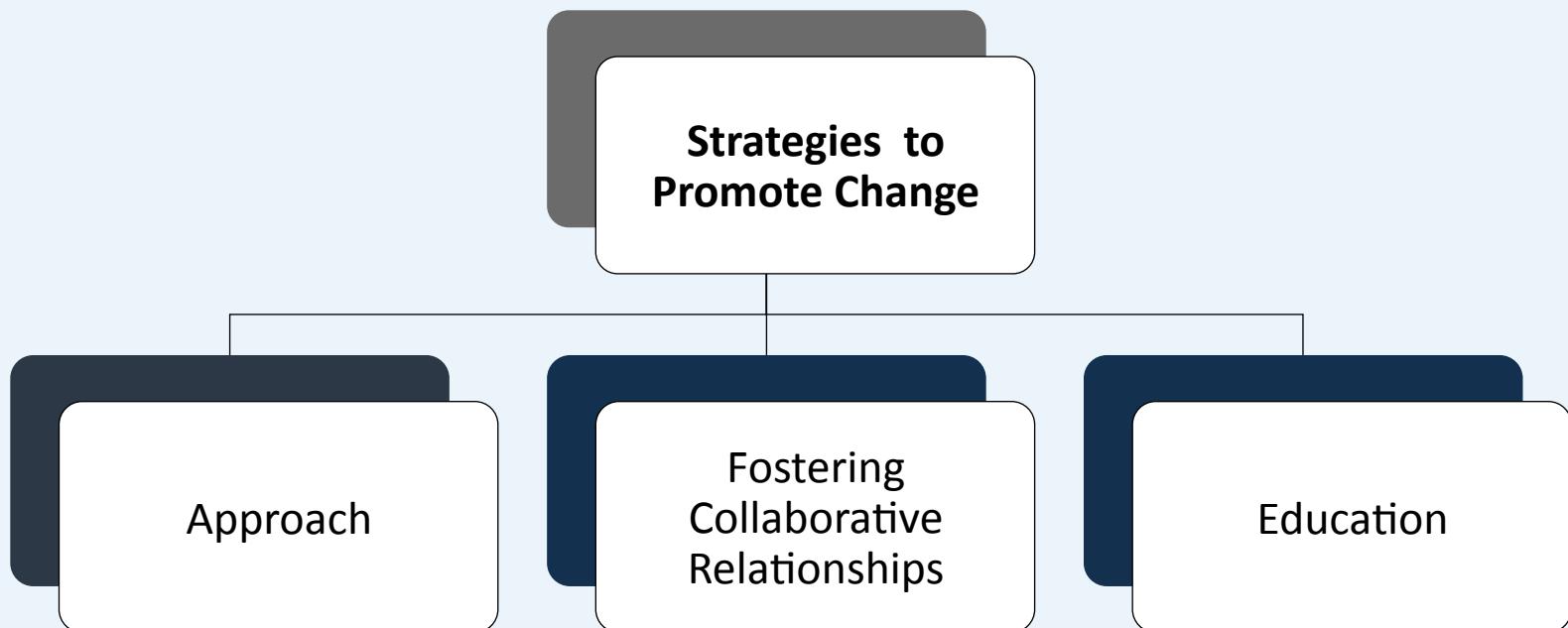
# Organizational Barriers to Policy Change

- Negative Professional Relationships

“...if it’s his [Executive Director] idea or something that’s brought forward to him by others, not athletic trainers, then he’s willing to run with it. But I think...**when we make recommendations to him...he just doesn’t want to hear or listen.**”

“I think as far as the athletic trainers go, I think it’s been very positive. As far as **people outside of the realm of medicine, they are not really on board**. They see it more as it’s either going to cost more money. Situations where if they’re not on board, but we are it’s going to cause...legality type stuff.”

# Preliminary Results



# Strategies to Promote Change

- Approach
  - Use varied approaches to policy change if one is not working
  - Introduce change as a recommendation and communicate amount of time before it becomes a mandated policy

“Rather than mandating something [right away], I think it’s very important to make them [coaches] be a part of the process and make them feel that they’re being proactive...we allowed them [Athletic Directors] time to talk to their coaches, to tell them that something was coming so they weren’t just blindsided by it.”

# Strategies to Promote Change

- Education

“Education is one of the main things. I mean, **you have to help people to understand the benefit of what you’re trying to do**, especially if it’s a recommendation. Now if it’s a requirement, you have a little bit more of a hammer...I think the main thing is to educate people so that they understand that this is in everybody’s best interest, **particularly the major goal is to protect students**; that’s what we try to do...**our mission is to do the very best we can for our schools so that students benefit.**” (Executive Director, HSAA)



# Strategies to Promote Change

- Professional Collaborative Relationships\*

**When asked what has helped their state to be successful:**

"I think probably collaboration of the Sports Medicine Advisory Committee in maintaining positive relationships with those individuals and also with our [state] Athletic Trainers Society...just having healthy relationships with those entities has been - I can't tell you how valuable that's been for us...Fostering and nurturing those relationships I think, has been one of the biggest keys for our success. (Assistant Executive Director, HSAA)



# Where Are We Now?

## The Work of KSI

# Health and Safety Policies by State

- How is the information gathered?
  - Each State Association's Handbooks/Constitution/bylaws, public access documents (i.e. state association website), enacted legislation, Dept of Ed policies
- Policy vs. Recommendation
  - State Associations get credit for requiring/mandating all member schools to have policy
  - Recommending/encouraging such policies does not guarantee that all member schools will follow

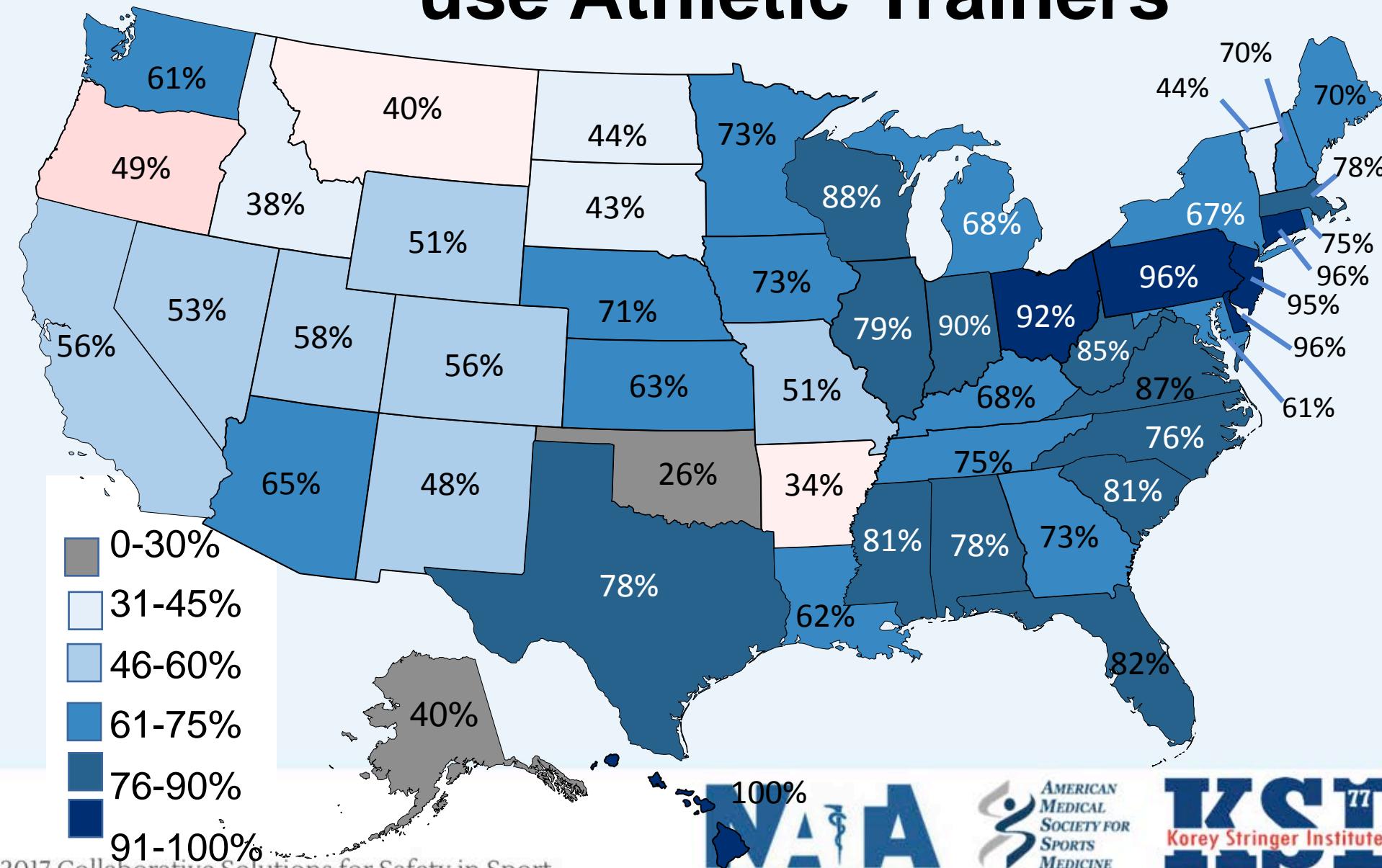
# Health and Safety Policies by State

- What resources are used for policies?
  - 2013 Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics and supporting documentation
    - This document was endorsed by 14 leading organizations and is considered current minimum best practices
- If there are any discrepancies please provide what the discrepancy is **AND** provide the document in which it is located for review.
  - We cannot change things without reviewing the documentation.

# Changes to State Policy Review

- Upcoming publication
  - KSI will be publishing current standing of evidence-based health and safety policies required by state associations.
  - A more stringent analysis of the policies will be done and related directly to current evidence-based minimum best practices
    - Heat Acclimatization has been completed to date
    - 5 Independent reviews of all state association documentation
    - State associations will be given credit if it meets all aspects of evidence-based best practices

# % of Schools that use Athletic Trainers



# Changes to State Policy Example: Georgia Heat Acclimatization

## Football Preseason Practice Regulations

### Football

The following regulations were adopted by the State Executive Committee at its meeting on March 19, 2012 and go into effect for the 2012-13 school year:

Football practice may begin five consecutive weekdays prior to August 1st (July 25th in 2012).

1. In the first five days of practice for any student, the practice shall not last longer than 2 hours, and the student shall not wear more than shorts, helmet, mouthpiece, and shoes. (NOTE: The time for a session shall be measured from the time the players report to the field until they leave the field.)
2. Beginning August 1st, any student may practice in full pads and may practice two times in single calendar day under the following stipulations:
  - a. A student must have participated in five conditioning practices wearing shorts and helmet before being allowed to practice in full pads
  - b. If multiple workouts are held in a single day:
    - i. No single session may last longer than 3 hours
    - ii. The total amount of time in the two practices shall not exceed 5 hours.
    - iii. There must be at least a 3-hour time of rest between sessions
    - iv. There may not be consecutive days of two-a-day practices. All double-session days must be followed by a single-session day or a day off.
- c. These procedures are derived from recommendations created by the Inter-Association Task Force for Preseason Secondary School Athletics Participants in the research paper "Preseason Heat-Acclimatization Guidelines for Secondary School Athletics."

# Changes to State Policy Example: Georgia Heat Acclimatization

Heat Acclimatization Policies		
Policy Recommendations	Meets Recommendation?	Percent of States that Meet Recommendation
1H. Days 1–5 are the first formal practices. No more than 1 practice occurs per day.	✓	41%
2H. Total practice time should not exceed 3 hours in any 1 day.	✓	33%
3H. 1-hour maximum walk-through is permitted on days 1–5, however there must be a 3 hour minimum between practice and walk-through (or vice versa).	✓	43%
4H. During days 1–2 of first formal practices, a helmet should be the only protective equipment permitted (if applicable). During days 3–5, only helmets and shoulder pads should be worn. Beginning on day 6, all protective equipment may be worn and full contact may begin. a. Football only: on days 3–5, contact with blocking sleds and tackling dummies may be initiated. b. Full-contact sports: 100% live contact drills should begin no earlier than day 6.	✓	43%
5H. Day 6–14, double-practice days must be followed by a single-practice day. On single-practice days, 1 walk-through is permitted, separated from the practice by at least 3 hours of continuous rest. When a double-practice day is followed by a rest day, another double practice day is permitted after the rest day.	✓	33%
6H. On a double-practice day, neither practice day should exceed 3 hours in duration, and no more than 5 total hours of practice in the day. Warm-up, stretching, cool-down, walk-through, conditioning and weight-room activities are included as part of the practice time. The 2 practices should be separated by at least 3 continuous hours in a cool environment.		37%
7H. Because the risk of exertional heat illnesses during the preseason heat-acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during and after all practices.		43%

# The Story of Florida



March 9th & 10th, 2017

# TOPICS COVERED

- AED's
- Environmental Monitoring
- Head's Up Football/Coaching Education
- Concussion
- EAP's
- Exertional Heat Stroke Recognition and Treatment
- PPE's/Exertional Sickling

# Equipment Needed to Implement P & P's: Cost Of Saving Lives

- EAP- \$0
- AED- ~\$1,000
- Cold water immersion tub- \$150
- Rectal Thermometer- \$250
- WBGT Meter- \$500
- Heat Acclimatization Policy- \$0
- Sickle cell screening- <\$20 or free
- Cool first, transport second- \$0

# Is Your State Ready To Make Changes?

Our goal is to help you in any way possible over the next 2 days.